

## **Right to Health: With Special Focus on Undernutrition Among Rural Children in Kerala**

**Gayathri G. S**

---

### **Abstract**

“Health is defined as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” The Constitution of India also guarantees the basic child rights such as right to health, education, and protection from the exploitation and hazardous employment. The Government of India made a commitment and ratified to the United Nation’s “Committee on the Rights of the Child” on 11th December, 1992. “The UN Convention on the Rights of the Child is concerned with the Right to Health of the child.” As the health issues of the child continues to be the greater concern, the state as well as central governments adopted many policies and programmes to combat these issues. The Global Nutrition Report, 2018, found that the problem of undernutrition remains high across the world. Despite there is reductions in the percentage of incidence during the last two decades, the wave of reduction remains very low. The state of undernutrition commonly existed in the forms of stunting, wasting and underweight. In India the situation is also worse as it is in the other countries. The present study mainly focused on the issue of undernutrition in Rural Kerala. According to NFHS-4 data, in Kerala, from the children under age five the stunted are 19.16 percent, wasted (16.03percent), severely wasted (6.72 percent) and underweight (15.92 percent) etc. The objectives of the study were, 1.To understand the under-

---

\*Gayathri G.S, II LLB, Govt.Law College, Thiruvananthapuram, Kerala. email:gayathrigs1996@gmail.com

---

World Health Organization, ( WHO, Constitution) retrieved from; [who.int/about/who-we-are/constitution](http://who.int/about/who-we-are/constitution)

Article 24 of the UN Convention on the Rights of the Child

nutrition among the rural children, 2.To analyze the major socio-economic factors leading to undernutrition. 3. Socio-Legal analysis of Child Health etc. The methodology adopted in this study was content analysis by using various reports of WHO, UNICEF, reports of the Govt. of India and Kerala etc. The major findings were, the factors such as, level of education of mothers, monthly income, place of residence, mothers knowledge on health, poor performance of government machineries, etc were identified as the important factors responsible for undernutrition.

**Key words:** Health, undernutrition, rural children, mal nutrition, rights of children

### Introduction

Nutrition is the significant indicator of child's right towards the right to life and development. Undernutrition can be defined as "the state of lack of proper nutrition, caused by not having enough food, not eating enough food containing substances for growth and health and other direct and indirect causes"(UNICEF).The problem of undernutrition remains high among the children under the age of five across the world. It often resulting increase in morbidity and mortality among children under the age of five. Reports says, globally undernutrition is responsible for 2.2 million deaths and 21 percent of disability adjusted life years(DALYs) for the children under the age of five years. So this study attempted to analyze the problem of undernutrition among children of 0-59 months old. The state of undernutrition among the children under the age of five commonly existed in the forms of stunting, wasting, micronutrient deficiencies and underweight. Stunting is a form of growth failure ie; low height for weight and it is caused due to the limited access of food and health care. Stunting as a chronic undernutrition often associated with cognitive impairments including poor performance, impaired brain function etc.

---

Global Nutrition Report-Shining A Light to Spur Action On Nutrition,(2018)  
WHO: The Double Burden of Malnutrition. Policy brief, Geneva: (2017) retrieved from;  
<http://www.who.int/nutrition/double-burden-malnutrition/en>

It can be measured by using height for age nutritional index and it developed over a long period of time. Secondly, wasting is associated with thin in size for height and it is characterized by rapid deficiencies of nutrition over a short period of time. Due to acute malnutrition those children affected by wasting faces higher risk of dying and it can be measured by using weight for height nutritional index. Thirdly, micronutrient deficiencies or insufficiencies is the state in which the deficiency of important vitamins and minerals such as, iron, zinc, iodine, folate and vitamin A etc. These micronutrients are closely associated with health of heart, growth of brain and other internal organs. Next is underweight, it is the state of low weight for age and it can be measured by weight for age nutritional index. Since, the problem of undernutrition continues to be the greater concern; the national and international bodies took many steps to combat such issues. According to the Universal Declaration of Human Rights 1948, the childhood is more entitled to the special care and protection. It stated that, the child by reason of his physical and mental immaturity needs special safeguards and care including appropriate legal protection before as well as after birth. Though the interventions of undernutrition had achieved to reduce the problem to some extent, but still it remains globally a major threat.

## **Status of Undernutrition**

### **Global Scenario**

The status of undernutrition in all its forms remains high across all regions of the globe. "Globally there are 150.8 million (22.2 percent) of children under the age of five years are stunted and 50.5 million(7.5 percent) children are wasted. The underweight children are estimated to be 20 million from the total children in the age of 0-59 months. From the available sources, stunting

---

Ibid.,<sup>3</sup>

Levels and Trends in Child Malnutrition UNICEF/WHO/WORLD BANK, Joint Child Malnutrition Estimates,(March 2019) retrieved from, <https://www.who.int/gho/child-malnutrition>.

National Family Health Survey: Phase-3 (2005-2006), & Phase-4 (2015-2016)

*Educere-BCM Journal of Social Work*

at global level in 2017 was 22.2 percent while during 2000 it was 32.6 percent.” “The Asian region has declined from 38.1 percent in 2000 to 23.2 percent in 2017. The African region showed the reduction of stunted children from 38.3 percent in 2000 to 30.3 percent in 2017. It is also found that, South Asia is the home of the world’s stunted children with 38.9 percent and among the wasted children it was estimated that more than half of the world’s wasted children ie; 26.9 million are living in South Asia.” According to the World Health Organization, from the available data the percentage of underweight children under the age of five was found to be 99 million whereas there were 6 million children were identified as simultaneously stunted and wasted.

### **Indian Scenario**

In India the situation is also worse as it is in the other countries. According to NFHS-4 data, from the children under the age of five those who stunted are 38 percent, wasted 21 percent and underweight 36 percent etc whereas NFHS-3 data showed much higher rate of undernourished children. The data shows there are 48 percent of children were found to be stunted while 20 percent were wasted and 43 percent were underweight children. The stunting affected children during NFHS-4 were highest in Bihar with 48 percent. The survey also found that, stunting decreases with an increase in wealth and it was higher among children in rural areas (41 percent) than the urban areas (31 percent).

### **Kerala Scenario**

According to, NFHS-4 data, in Kerala, the children under the age of five, those who stunted are 19.16 percent; wasted (16.03 percent), severely wasted (6.72 percent) and underweight are 15.92 percent etc. With respect to the district wise analysis of stunted children, the districts such as Wayanad, Malappuram, Kannur and Kottayam were recorded with highest percentage stunted children under the age of five ie; 27.7, 26.3, 25.3 and 22 percent respectively. The least percentage of stunted children was found in Ernakulam (12.4 percent) district. The districts such as, Idukki (24.2 percent), Wayanad (23.9 per-

cent) and Malappuram (22.3 percent) were showed highest percent of wasted children, whereas Idukki (14.3 percent) and Wayanad (10.6 percent) are the districts severely affected by wasting. While the more number of underweight children were found in the districts such as Wayanad (27.2 percent), Thiruvananthapuram (21.6 percent), Palakkad (19.1 percent) and Kozhikode with 18.5 percent. Kannur, Kottayam and Pathanamthitta are three districts having least number of underweight children ie: 10.5, 11.2, 11.4 and 12 percent respectively. From the data, it can be observed that, the worst affected in the districts of undernutrition are Wayanad, Idukki and Malappuram etc.

The rural-urban disparity was more visible in Kerala. In rural Kerala, the percentage of children who stunted are 18.74 percent, wasted are 16.22 percent whereas severely wasted are traced as 6.44 percent and 16.42 percent children were found to be undernourished. But the status of undernutrition in urban areas was far better than the rural one. Among the urban children under five years of age, it was found that 11.9 percent were stunted, 9.3 percent were identified as wasted and 3.92 percent were found to be severely wasted and 9.71 percent were traced as undernourished children. From the above data it can be observed that, the problem of undernutrition in Kerala is mainly affected by the rural children than that of the urban one. The NFHS-4 data shows, in Kerala majority of the rural children were affected by the problem of undernutrition are from the districts such as Wayanad, Idukki, Malappuram and Kozhikkode etc whereas majority of the urban counterparts are concentrated in the districts of Kannur, Malappuram, Kasarcode and Thiruvananthapuram.

### **Right to Health of the Child: A Socio-Legal Analysis**

The children have their own right as the rights enjoyed by adults. "Child is defined as a human being below the age of 18 years unless under the law applicable to the child, majority is attained earlier." Every child is entitled the right to life, proper care and protection, health, education and against exploitation etc. It is the responsibility of the parents and the state to ensure these rights

---

NFHS- 3 & 4, District Fact Sheet, Kerala, (2015-2016)

UN Convention on the Rights of the Child, 1989

*Educere-BCM Journal of Social Work*

to the children especially in their early childhood stage. The World Health Organization defines, “health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO Constitution). As the health is considered as an inevitable component of one’s life and physical-mental development, proper care and protection should be given for the needy. One cannot achieve good health without an adequate nutrition. As the health issues of the children continues to be the grave concern, the international community together obliged to protect the rights of children across the globe. The Geneva Declaration on the Rights of the Child was adopted in 1924 and drafted an international document for promoting the rights of children. Though the United Nations declared the Declaration on the Rights of the Child in 1959, it was an extended form of Geneva Declaration on the Rights of the Child (1924). In the year 1989, the General Assembly of the United Nations, unanimously proclaimed the International Convention on the Rights of the Child. The Convention on the Rights of the Child has established an international body named as the “Committee on the Rights of the Child” to implement and monitor the international policies specially formulated for children. The CRC takes the principles of the 1959 Declaration on the Rights of the Child and expands these principles into 54 Articles. Under Article 24 of the CRC, the right to health of children was safeguarded. Article 3(3) of the UNCRC “the state shall ensure that the institutions, services and facilities responsible for the care and protection of children particularly in providing health and safety” (UNCRC). India also ratified the United Nations Conventions on the Rights of the Child on 11 December 1992 and took many steps to ensure the rights of the children. The Constitution of India also guarantees certain basic child rights such as right to health, education, protection from hazardous employment and against exploitation. One cannot achieve good health without an adequate nutrition. Nutrition is an important indicator for good health of children. Since, undernutrition continues to be the grave concern, the United Nations declared the year 2016-2025 as the Decade

---

GEETA CHOPRA, CHILD RIGHTS IN INDIA: CHALLENGES AND SOCIAL ACTION 87-98 (2015). Article 21, Constitution of India

of Action on Nutrition and the Sustainable Development Goals implies the global and national attention to address malnutrition. The Global Nutrition Report, 2018 suggested the steps to combat and strengthen the nutrition food systems to deliver nutritious and sustainable diets for children at the global and national levels.

As India ratified the UN Convention on the Rights of the Child in 1992, all the rights embodied in UNCRC shall be ensured through constitutional and legal measures. Thus the child rights in India were incorporated in the Directive Principles of State Policy. “The Constitution of India provides the right to life and personal liberty; it states that no person shall be deprived of his life. The right to life is not merely the act of breathing rather it includes the right to live with human dignity, right to livelihood, right to health etc”. Since right to health continues to be the most important fundamental right to every citizen of India, it is also applicable to the children’s right too. Article 45 of the constitution, directs the state shall endeavor to provide early childhood care and education for children until the age of six years. Article 47 of the constitution directs the state that, it shall be the duty of the state to raise the level of nutrition and standard of living to improve public health. By recognizing these articles the Govt. of India has formulated many policies and programmes to ensure the health rights of children. In the year 1997, the Supreme Court held in its judgment that the right to health is an integral to the right to life.

### **Policies and Programmes to combat Undernutrition in India**

- Integrated Child Development Service Programme (ICDS) launched in 1975-76, aims to improve the nutritional status of children under the age of six.
- Balawadi & Anganwadi Centres- aims to improve the nutritional status
- National Nutrition Policy-1993, implies malnutrition is a matter of combination of factors includes, lack of attention to childcare, poor health, inade-

---

Ministry of Women and Child Development & Press Information Bureau- Government of India, selected policies and programmes

State of Punjab v Mohinder Singh Chawla (1997) 2.SCC.83 ( India)

quate feeding of the child etc.

- National Food Security Act- 2013 mandating food and nutrition entitlements for children, pregnant and breastfeeding mothers.
- National Policy for Children-2013 provides the priority to health and nutrition.
- National Health Mission-2013 aims at management of malnutrition by establishing national rehabilitation centers.
- Rajiv Gandhi National Creche Scheme(2013) for the children of working mothers aims to improve the nutrition and health status of children.
- Pradhan Mantri Matru Vandana Yojana (PMMVY)-2016, aims to partial wage compensation to pregnant women and good nutrition and healthy feeding practices.
- Five Year Plans- the special emphasis has been provided for reduce undernutrition.

### **Factors responsible for Undernutrition**

Undernutrition is more responsible for higher rate of morbidity and mortality among children in the age of 0-59 months(WHO). The State as well as Central Government had formulated many policies and programmes since independence to combat nutritional problems among the children especially the children the age of five. Eventhough the interventions to tackle the problem of undernution had achieved reductions of incidence to some extent; still it remains a grave concern in our society. Even the highly literate state is not exceptional in this matter of infant deaths and death of children due to undernutrition. It is noted that, few years back in Kerala many tribal children were died due to severe undernutrition.In this study it was found that, the nutritional problems are more visible among the rural children than the urban areas. According to, UNICEF, “the main causes of undernutrition are poverty, economic level, environmental factors and socio-political contexts etc.” In this study, the factors responsible for undernutrition among rural children are

broadly divided into four areas. They are 1. Socio-economic causes. 2. Factors related to individual's health & hygiene. 3. Cultural factors. 4. Institutional or Governmental factors etc.

- Socio-economic factors includes, poor diet due to poverty, low income of family, lack of education, place of residence, lack of knowledge on maternal and infant health and lack of knowledge on adequate nutrients to the child were identified among the rural women and vulnerable groups.

- Factors related to individual's health & hygiene, which includes the severe health problems of both infant and maternal mother, poor maternal nutrition, inadequate feeding and lack of sanitation etc.

- Cultural factors- includes neglection of institutional care and health services due to practicing traditional health care, food habits of vulnerable social groups.

- Institutional or Governmental factors including the lack of pre and post natal care, failure of reporting pregnancy, failure of infant born in home, absence of adequate funding in rural health sector, ineffective implementation of health policies and programmes etc.

### **Conclusion & Suggestions**

Undernutrition is more responsible for increasing morbidity and mortality rate among the children under the age of five. The factors such as, level of education of mothers, monthly income, place of residence, mothers knowledge on health, poor performance of government machineries, etc were identified as the important factors responsible for undernutrition. So, it is the collective responsibility of both family and state to ensure adequate health care facilities and the state should initiate steps to provide adequate healthcare education to the rural mothers. Since right to health continues to be the most important fundamental right under Article 21, the government should initiate steps to make right to nutrition (Article 47) as fundamental right.