

Hunger in India: Causes, Consequences, And Policy Interventions

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Abstract- Hunger in India remains a persistent development challenge despite significant progress in economic growth, food production, and poverty alleviation programs. The country faces multidimensional undernutrition, including macro- and micronutrient deficiencies, high child malnutrition rates, maternal underweight, and widespread dietary insufficiencies. These challenges are compounded by socio-economic inequalities, poor sanitation, gender discrimination, and inefficient governance mechanisms. This paper analyzes the forms and causes of hunger, its socio-economic and health consequences, government interventions, and international support mechanisms. Using secondary data from the Global Hunger Index (GHI) 2024, National Family Health Survey (NFHS-5), and other peer-reviewed sources, the study highlights structural and non-structural determinants of hunger in India. The findings underscore the urgent need for integrated, multi-sectoral strategies, including nutrition-sensitive agriculture, social protection measures, enhanced maternal and child healthcare, climate-resilient farming, sanitation, women's empowerment, and effective governance, to achieve Sustainable Development Goal 2 (Zero Hunger) by 2030.

Keywords: Hunger, Malnutrition, India, Global Hunger Index, Food Security, Nutrition, SDG 2

I. INTRODUCTION

Hunger has been a central concern in global development discourse for decades. Initially, the focus was primarily on food availability and production, assuming that increasing supply would automatically resolve malnutrition. However, seminal works by Amartya Sen (1981, 1987) emphasized that hunger is often a problem of access, entitlements, and social inequalities rather than mere availability. In India, the paradox of hunger persists despite food grain self-sufficiency achieved through the Green Revolution

and modern agricultural practices. According to the Global Hunger Index (GHI) 2024, India ranks 105th out of 127 countries, placing it in the “serious” category for hunger. High rates of child stunting, wasting, maternal undernutrition, and dietary deficiencies highlight systemic failures in food distribution, nutrition awareness, and governance. Furthermore, rapid urbanization, climate variability, and socio-cultural practices continue to exacerbate hunger, particularly among vulnerable groups like women, children, Scheduled Castes, Scheduled Tribes, and rural poor. This paper aims to provide a holistic overview of the multidimensional hunger scenario in India, its determinants, consequences, and policy responses.

II. LITERATURE REVIEW

Hunger manifests in multiple forms, each with distinct physiological and social implications:

1. **Overt Hunger:** This is the immediate sensation of food deprivation, often observable in underweight individuals and those reporting insufficient food intake. This form of hunger is generally self-reported and visible, but it represents only the tip of the malnutrition iceberg.
2. **Chronic Hunger:** Long-term calorie and nutrient deficiencies lead to stunting, wasting, impaired cognitive development, and susceptibility to diseases. Chronic hunger has lifelong consequences, affecting school performance, workforce productivity, and intergenerational poverty. Studies show that children born to undernourished mothers are more likely to suffer from low birth weight, stunting, and chronic diseases in adulthood.

3. Hidden Hunger: Micronutrient deficiencies such as iron, vitamin A, iodine, zinc, and calcium often go unnoticed as individuals may consume enough calories but not essential nutrients. Hidden hunger contributes to anemia, poor immunity, and impaired cognitive function.

Research by FAO/WHO (1992c), Gopaldas (2006), and Krishnaraj (2006) confirms that high child malnutrition, low maternal body weight, and inadequate sanitation are key contributors to India’s persistent hunger problem. Seasonal agricultural fluctuations, gender discrimination in food allocation, and social inequalities exacerbate these challenges. Moreover, studies indicate that increases in household income alone do not always translate into improved nutritional outcomes, highlighting the multifaceted nature of hunger.

III. METHODS

This study employs secondary data analysis to understand hunger in India, combining global, national, and state-level datasets for a comprehensive perspective:

- Global Hunger Index (2024): Provides a comparative assessment of India’s hunger status relative to other countries and quantifies undernourishment, child stunting, wasting, and under-five mortality.
- National Family Health Survey (NFHS-5): Offers state-wise and demographic insights into child and maternal malnutrition, dietary patterns, household health, and sanitation.
- Government reports and peer-reviewed literature: Provide contextual understanding of socio-economic, policy, agricultural, and health determinants of hunger.

Data visualization, including bar charts and multi-bar comparisons, helps identify disparities between states and regions, highlighting where policy interventions are most urgently needed.

IV. RESULTS

4.1 India’s Global Hunger Index Indicators (2024)

Indicator	Value (%)	Comment
Undernourishment	13.7	Share of population with insufficient caloric intake
Child Wasting	18.7	Acute undernutrition
Child Stunting	35.5	Chronic undernutrition
Under-five Mortality	2.9	Combination of poor nutrition and health outcomes

These indicators reveal that despite economic growth, a significant proportion of the population remains undernourished, with child stunting exceeding one-third of all children under five years. Child wasting, indicative of acute malnutrition, affects nearly 19% of children, while under-five mortality highlights the combined effect of nutrition and healthcare deficits. These data suggest systemic challenges in equitable food access, maternal nutrition, and public health infrastructure.

4.2 State-Wise Hunger Comparison

State	Stunting (%)	Wasting (%)	Underweight (%)
Bihar	43	21	42
Jharkhand	42	20	40
Uttar Pradesh	38	19	39
Madhya Pradesh	37	18	36
Chhattisgarh	35	18	35
Odisha	34	17	33
Rajasthan	33	16	31
Assam	32	16	30
Tamil Nadu	22	12	20
Kerala	19	9	17

State-level comparisons indicate a clear north-south divide, with Bihar, Jharkhand, and Uttar Pradesh exhibiting the highest malnutrition rates. Socio-economic inequalities, poor maternal health, lack of access to clean water, and low literacy rates contribute to these disparities. Southern states like Kerala and Tamil Nadu have comparatively lower hunger

indicators due to better healthcare access, female literacy, and social welfare programs.

malnutrition and poverty contribute to long-term societal inequities.

V. DISCUSSION

5.1 Causes of Hunger

Hunger in India is a multifactorial problem driven by:

- **Economic:** Poverty, income inequality, unemployment, and rising food prices limit household access to nutritious diets. The COVID-19 pandemic further aggravated food insecurity, pushing millions into extreme poverty.
- **Agricultural:** Low productivity, climate variability, droughts, floods, unequal land distribution, and limited adoption of modern farming techniques reduce food availability and household resilience.
- **Social:** Caste and gender discrimination, early marriage, and poor maternal nutrition influence intra-household food allocation and child nutrition outcomes.
- **Health & Sanitation:** Poor hygiene, inadequate clean water supply, and prevalence of diarrheal diseases impair nutrient absorption, exacerbating malnutrition.
- **Governance:** Leakages in the Public Distribution System (PDS), insufficient monitoring of nutrition schemes, and weak coordination among departments reduce program effectiveness.

5.2 Consequences

The consequences of hunger are profound and multidimensional:

- **Health:** Chronic malnutrition results in stunting, wasting, anemia, weakened immunity, and cognitive delays. Adults suffer higher susceptibility to chronic diseases such as diabetes and hypertension due to childhood undernutrition.
- **Economic:** Reduced labor productivity, increased healthcare expenditures, and loss of human capital constrain economic growth. Hunger perpetuates poverty, limiting social mobility.
- **Social:** High school dropout rates, gender disparities, and intergenerational cycles of

5.3 Government Initiatives

Key government interventions include:

- **Nutrition-specific:** POSHAN Abhiyaan, ICDS, Mid-Day Meal Scheme, PMMVY focus on improving maternal and child nutrition.
- **Food security:** NFSA, One Nation One Ration Card, PMGKAY aim to enhance access to subsidized food.
- **Agriculture & Livelihoods:** PM-KISAN, PMKSY, and NMSA promote farmer incomes, irrigation, and sustainable agriculture practices.
- **Health & Sanitation:** Swachh Bharat Mission, Jal Jeevan Mission, and Ayushman Bharat strengthen WASH and healthcare infrastructure.

5.4 International Support

- **WFP:** Supports school feeding programs and emergency food distribution.
- **FAO:** Promotes climate-resilient agriculture and sustainable farming practices.
- **IFAD:** Enhances rural development and smallholder farmer capacity.
- **UNICEF:** Focuses on maternal and child nutrition interventions, immunization, and micronutrient supplementation.

VI. POLICY GAPS

Despite significant progress, persistent gaps hinder the reduction of hunger:

- Weak inter-departmental coordination and policy convergence.
- Inadequate monitoring of nutritional outcomes and program coverage.
- Persistent PDS leakages and inefficiencies.
- Gender and caste-based inequalities in food access.
- Climate vulnerabilities, including floods and droughts, not fully addressed.

- Insufficient focus on behavior change communication for nutrition awareness.

VII. CONCLUSION

Hunger in India is a multidimensional problem extending beyond food availability to include social, economic, structural, and environmental determinants. To achieve SDG-2 (Zero Hunger) by 2030, India must implement integrated, multi-sectoral strategies:

- Nutrition-sensitive agriculture and promotion of dietary diversity.
- Strengthening social protection systems, including cash transfers and food programs.
- Women's empowerment, maternal health improvement, and gender-sensitive nutrition programs.
- Climate-resilient farming and water conservation techniques.
- Improved sanitation, WASH infrastructure, and public health services.
- Efficient governance, monitoring of hunger indicators, and data-driven interventions.

A comprehensive, evidence-based approach is critical to ensuring equitable food access, reducing malnutrition, and breaking the intergenerational cycle of hunger in India.

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