Q7

There is a growing divergence in the relationship between poverty and hunger in India. The shrinking of social expenditure by the government is forcing the poor to spend more on Non-Food essential items squeezing their food - budget.- Elucidate.

UPSC Civil Services Mains 2019 · GS II · 10 marks · Poverty and Hunger

Issues relating to poverty and hunger.

Core demand of the question

- Elucidate the growing divergence between poverty and hunger in India
- Show how shrinking social expenditure forces the poor to spend more on non-food essentials and squeezes the food budget

Revision summary

Headcount poverty can fall while stunting, anaemia and calorie quality stay poor.

That is the poverty-hunger divergence.

Thin public health and schooling force private non-food spending.

Food is the residual head, so hunger survives a better poverty line.

NFSA, NHM, RTE meals, ICDS and MGNREGA must rise in real terms to protect the food budget.

Introduction

Income poverty lines can fall while hunger and undernutrition stay high. That divergence appears when households earn a little more, or receive a little more cash, but must spend it on health, schooling, housing, fuel, and transport because the State has stepped back. The food share of the budget then shrinks even if the stomach is not full.

Body

Divergence of poverty and hunger

- Official poverty ratios declined over the 2000s and 2010s on Tendulkar and later estimates, yet National Family Health Survey rounds still showed high stunting, wasting, and anaemia.
- Global Hunger Index-type measures, calorie-intake puzzles in National Sample Survey data, and hidden hunger of protein and micronutrients can worsen even when the headcount ratio improves.
- A household may cross a money poverty line after a construction wage or a transfer, and still skip meals, which is why poverty and hunger are related but no longer move as one line.

Shrinking social expenditure and non-food squeeze

- When public clinics, the National Health Mission's last mile, and insurance coverage are thin, out-of-pocket medicine and private hospitals take the first rupees after rent.

- When neighbourhood schools under the RTE Act are weak, fees, coaching, and transport become non-food essentials that compete with grain and milk.
- Fuel, urban rent, and water tanker costs rose faster than many poor budgets; if subsidies and public provision shrink, these heads are inelastic and food becomes the residual.
- Rural households then rely more on the National Food Security Act, 2013, PDS, midday meals, and ICDS; if those leak or shrink in real per-person terms, hunger persists beside a better poverty statistic.
- MGNREGA delays or capped person-days cut the cash that would have bought vegetables and pulses after PDS rice and wheat.

Why the food budget yields

- Food can be stretched by cheaper calories; a hospital bill or a school fee cannot. That is the squeeze the question names.
- Women's unpaid care and intra-household inequality mean children and women absorb the hunger first, which NFHS anaemia numbers record.

Short way forward

- Protect and raise real social expenditure on NHM primary care, RTE quality, and PDS-NFSA nutrition, including pulses and millets, so non-food essentials are not privatised onto the poor.
- Keep MGNREGA as timely wage, and treat school meals and ICDS as hunger policy, not as optional welfare.
- Measure success by NFHS nutrition and dietary diversity, not only by a lower poverty headcount.

Flow diagram

Falling money poverty -> Divergence

Thin social expenditure -> Health school rent fuel

Health school rent fuel -> Squeezed food budget

Squeezed food budget -> Persistent hunger NFHS

Divergence -> Persistent hunger NFHS

Conclusion

Poverty and hunger diverge when money poverty falls but public health, schooling, and utilities do not. Shrinking social expenditure pushes the poor toward private non-food bills, and the food budget is what gives way. NFSA, NHM, RTE meals, and MGNREGA are the instruments that can close that gap.

Facts & figures

National Food Security Act, 2013

Statutory PDS entitlements for priority and Antyodaya households; the main public food floor when cash is squeezed.

National Health Mission

Public primary-care architecture; weak last-mile NHM cover raises out-of-pocket medical costs that crowd out food.

NFHS nutrition indicators
Stunting, wasting and anaemia series that can remain high after official poverty ratios improve.

Mahatma Gandhi NREGA, 2005
Rural wage employment whose delays or short person-days cut cash for non-PDS foods.

RTE Act, 2009, and school meals
Public schooling and midday meals (later PM POSHAN) that, if weak, push fees and still leave child hunger.
