

**POVERTY, FOOD INSECURITY AND CHRONIC DISEASES
AMONG FAMILIES: A STUDY OF YAURI LOCAL
GOVERNMENT AREA, OF KEBBI STATE**

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ABSTRACT: This paper examines the reciprocal relationships among poverty, food insecurity and chronic disease among family dynamics as a social variable. This paper explains how chronic illness plays a pivotal role on families, especially individuals with lower socioeconomic status who are affected by different diseases that may lead to immature death. These diseases include chlamydia, genital warts, herpes, gonorrhoea, hepatitis, syphilis, lung cancer and HIV. Some of these diseases can lead to permanent functional disability or even death. The main objective of this study was to examine the reciprocal relationships between chronic diseases among families. The paper adopted triangulation methods of data collection within quantitative and qualitative methods of social science research. The paper has a sample size of 90 respondents from both quantitative and qualitative research. In the qualitative methods, judgemental interviews and key informant interviews (KII) were used to obtain information. The interviewee profile included three nurses, four medical doctors and three members the general population. Relative deprivation theory was used as theoretical framework to explain the issue at hand. The findings of the study revealed that there is a prevalence of hepatitis, HIV and gonorrhoea in the area of the Yauri local government. These findings also indicate that, severe food insecurity among households can cause serious challenges that the members of those houses are at risk of malnourishment and severe hunger and that their children will grow stunted, which can lead to outbreaks of several diseases as the body cannot resist attacked by germs. The study recommended that there be a holistic intervention of public awareness to alert individuals that when they engage in risky behaviours, they may attract several illnesses. In conclusion, the government, healthcare personnel, nongovernmental organizations, and private and public donors, provide good, and adequate medicine that can minimize or reduce certain pain, because it is incurable.

Keywords: Chronic Disease, Family, Food Insecurity, Poverty

INTRODUCTION

The issue of food security was brought to limelight in 1974 during the world food conference when it dawned on the government that all nations all over the world needed to strategize on how best to improve agricultural production so as to match the per capita needs of the population (Metu, et al, 2016). At the beginning of the millennium, through the efforts of the United Nations, world leaders gathered to seek and decipher a better way of tackling economic

challenges in 2015. Their deliberations gave birth to what was known and referred to as the Millennium Development Goals (MDGs). The first and most important goal of MDGs was to eliminate extreme poverty and hunger (Okolo, 2015). Today, the Sustainable Development Goal (SDG) No. 1 seeks to end poverty in all its forms everywhere. Although MDGs have made positive impacts on the lives of people, one in five people in developing regions still live on less than \$1.25 a day, and there is panic that millions might panic back into poverty if adequate measures are not explored, hence, there is a need for SDGs. The agenda is set to address food insecurity and national insecurity in its 2nd and 16th provision (United Nations, 2015). Poverty and hunger continue to be serious problems for many people in most developing countries. More importantly the relationship between food insecurity and national insecurity is multifaceted in nature.

Poverty exists with food insecurity and is the leading cause of hunger, malnutrition, low income, illiteracy, homelessness, inadequate housing, social discrimination, etc. India is the largest populated country of hungry people which is around 194.6 million (15.2%) of the population (FAO et al., 2019). The total number of undernourished people was 172.4 million in 1990-92, which increased to 237.7 million in 2005-07, i.e., a nearly 38% increase in undernourished people. (Skoet & Stamoulis, 2023). More than 820 million people all over the world were still hungry in 2024 (World Health Organization. 2018). While (Shakeel, 2017) states that despite the increase in production the per capita availability of food is declining at the same time the most needed people are far away from the food and the gap between those eating less and those eating more are continuously increasing are far the production of the food increases and the upper class of the society are eating better. So, the inequality will rise, because the resources are not allocated equally.

Although urbanization is increasing day by day and poor people are still living mainly in rural areas. Though the number of middle-class citizens is also growing, there is a big gap between the rich and poor which is increasing continuously. The growing number of populations is overstressing natural resources, i.e., water, housing and electricity in the cities have not been able to fulfil the requirement of people moving into the city. As a result, low-cost housing is being built and many people are bound to live in the slums and hamlets, having more people in a one-room shed. The people living in the slum area (ghetto) also face the problem of food insecurity and nutrition due to low poverty, Nigeria can produce a sufficient amount of food to feed its entire population of the country.

The success or failure of crops in the country is directly related to climate and weather because a significant proportion of the farmers are mainly based on monsoon for agriculture (Kaczor, 2013). However, Nigeria is the overall economy status in Africa and trade relations are improving, but the poor people are still struggling to survive. Food and nutritional security can be improved through developments in both national domestic policies. Thus, this study seeks to provide basic concepts of food insecurity and possible solutions.

The issue of insecurity and the need for protection is not a recent development. This could be traced to the era in which private the ownership of properties first surfaced. Additionally, what constitute national insecurity and its causal factors differs from person to person. Factors that influence our perception of insecurity includes but are limited not to our conceptual models, theoretical concepts, world view, traditional background, experience and environment. Insecurity has been a highly contestable concept.

There has been recent speculation about whether food insecurity causes chronic disease. In cross-sectional analysis, a number of findings suggest that household food insecurity is linked to chronic disease. In particular, food insecurity was significantly associated with type 2 diabetes, even after controlling for several covariates. Household food insecurity has been previously hypothesized to promote dependence on inexpensive, highly palatable foods that are energy dense. This dependence, and the cyclical nature of having enough food at the beginning of the month followed by food scarcity at the end of the month, could lead to weight gain over a short period of time. This hypothesized mechanism depends on the following assumptions: 1) that households are dependent on inexpensive energy-dense foods, 2) that households experience a cyclical pattern of food consumption, and 3) that this mechanism happens over enough time to alter metabolism and results in a positive energy balance, (Holben, 2006).

Other compounding factors have been well described, including pathways by which stress can influence visceral fat accumulation and chronic disease. Under severe stress conditions, both the hypothalamus-pituitary and adrenal axis and reward pathways can contribute to the release of cortisol, neuropeptide Y, and other substances, increasing the desire to consume high energy-dense foods and altering metabolism, (Adam 2007). In particular, these pathways can promote the accumulation of visceral fat which plays a critical role in chronic disease. Seligman and Schillinger proposed a model of the cycle of food insecurity and chronic disease that incorporates constrained dietary options, compensatory eating behaviours and strategies, and subsequent changes in health status and stress that work in a cyclical way to increase both disease onset and disease progression. Further, if household food insecurity is experienced during critical developmental periods, then an individual may be particularly prone to metabolic syndrome, (Kaufman, et, al, 2007). This review paper summarizes the literature on the links between food insecurity and the following: 1) diet, 2) weight gain, and 3) chronic diseases, especially among women. This paper also proposes a framework for considering how they lived experience of household food insecurity may potentiate the development of chronic disease by activating the stress response among individuals at critical junctures in their life course in a food-impooverished environment. The primary objective of this paper is to examine poverty, food insecurity and chronic diseases among families: A Study of Yauri Local Government Area, of Kebbi State.

Conceptual clarification

Within the context of this research study, some concepts are recurrently utilized. Therefore, in order to ensure adequate understanding of this study, the following concepts are demystified clearly.

Chronic disease

Chronic diseases, which generally refer to conditions that last one year or more and required ongoing medical attention from time to time or limit daily activities, are the leading causes of death and disability. Common chronic diseases include hypertension, heart disease, and diabetes. Among these few chronic diseases are listed below.

Food insecurity

The term food insecurity can be seen from the angle of shortage in the access to nutritionally adequate and safe food resulting majorly from poverty. It is a product of inadequate consumption of nutritionally adequate food, considering the psychological requirement of food by the body as being within the sphere of nutrition and health, (Kleinman, et, al 2017). Chronic food insecurity is as a result of lack of resources to acquire and produce food, thereby leading to persistent inadequate diet, (Adeoti, 2016).

Food insecurity is described as the limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable ways. (American Dietetic Association 1998). Those individuals whose food intake decreases below their minimum calorie requirement fall coming under the food insecure category, as do people who are physically not fit, or who have some disease due to the lack of food hunger or an unbalance diet. (FAO, 2000).

Thomas (2006) defines food insecurity as food insecurity exist when people do not have adequate physical, social or economic access to the sufficient, safe and nutritional food to meet their dietary needs and food preferences for an active and healthy life. According to the FAO food insecurity is defined as a situation in which people lack secure access to a sufficient amount of safe and nutritious food for normal growth and development and active and healthy life. (FAO, IFAD. 2013).

Poverty

Poverty is a multidimensional concept which points to lack of access to services, empowerment, assets and income. It is a situation where a person lacks a certain amount of possession or money. Poverty includes political, social and economic elements. The two forms of poverty are absolute and relative poverty. The former is the ability to meet one's basic needs which are food, shelter and clothing, these are the essential items in the world mentioned in the definition of poverty. This conception remains the same irrespective of location. While the later connotes a situation where people are unable to enjoy a required minimum level of living standards, comparing the level at which others do in the same society. Here, the location is taken into serious considerations. Many people and nations of the world today suffer from chronic poverty, (Sabates, 2013).

Poverty is unavoidable in situations where there is inadequate attention to human development, agriculture and capacity building. It is a condition where people live on less than \$2 per day. But in real sense, the consequences of poverty exist on a comparative degree. Poverty is characterized by ill being. Ill being implies a state of powerlessness, bad social relationship, insecurity, material lack, and physical weakness. Poor people are those without money and other resources required for good conditions of life, which includes good food, amenities, standards and services, which enables them to function well in their society, (WHO, 2017).

Poverty and hunger

Poverty and food insecurity are clearly closely related. This view strongly stresses that food insecurity is a direct result of poverty. When you are hungry, you cannot do anything. As a result, you will continue to be poor and hungry. Hunger, poverty and disease are interlinked,

and with the contribution of hunger, the disease is generated. Hunger individuals reduce the immunity against most diseases and make are prone to the illness. Poor people often cannot produce or purchase enough food to eat and are thus vulnerable to disease. Individuals with few sources of money are easily contacted or anguished with disease which lead to permanent functional disability or even death.

Malnutrition

Poor access to food and chiefly healthy food contributes to malnutrition in both aspects, i.e, under nutrition as well as overweight and obesity. Malnutrition increases the risk of low birth weight, childhood stunting, and anaemia etc, in women of reproductive age, Food insecurity can affect the child stunting, wasting and micronutrient deficiencies by negatively affecting the degree of food consumption. A diet with insufficient intake of vitamins, protein, calories, and minerals will also obstructs foetal, infant and child growth and development (World Health Organization 2018).

Causes of Food Insecurity

Food insecurity is both a cause and a consequence of violence, contributing to a vicious cycle or “conflict trap”. Food security is critical for political stability. It is linked to increased risk of common failure, protests and rioting, communal violence and civil conflict. Violent conflicts, in turn, create food insecurity, malnutrition and in some instances famine. Thus, food insecurity can perpetuate conflict, although its effects depend on the context, with the most robust links evident in states that already have fragile markets and weak political institutions (Collier et al., 2003). The inability of people to gain access to food due to poverty in developing countries is the root cause of food insecurity.

Effects of Food Insecurity

Global food crises imperil the lives of millions of people in the most vulnerable communities, particularly in the countries where poverty, malnutrition and death from hunger are increasing daily. The combined effect of rising food prices and a lack of health care could be catastrophic for the poor. The countries, such as India are experiencing constant food shortages and distribution problems leading to chronic and often widespread hunger among significant numbers of people. It effects of social and economic well-being such as education, health, living of standards, and behavioural challenges, etc. in the society. Therefore, food insecurity enables malnutrition and leaves children weak, vulnerable, and less able to fight common childhood diseases like diarrhoea, gonorrhoea, acute respiratory infections, malaria, and measles etc. Adolescents and adults also experience adverse effects of food insecurity. Food insecurity can lead to low levels of energy, growth failure, and delays in maturation, impaired cognitive ability, a low likelihood of picking in academic tussles, the forgotten of something, the absence of retention, a reduced capacity to learn, less ability to resist from infections and illnesses, reduced life expectancy, increased maternal mortality, maternal morbidity, and low birth weight.

THEORETICAL FRAMEWORK

This paper adopts relative deprivation theory as a theoretical framework to guide the information obtained from the hand. The theory is the right theory to explain the phenomenon

in which almost half of the people live every day with hunger or food insecurity as their constant companion. One cannot distinguish between the ‘‘have’’ and ‘‘have not’’, people are married with anguished diseases that could lead permanent functional disability or even death.

‘‘The theory was first articulated by (Stouffer and his colleagues, 1949) to explain series of unexpected relationships between feelings of satisfaction and ones position in the army. Ted Robert Gurr, 1966), a prominent contributor to the relative deprivation theory saw relative deprivation as ‘‘the tension that develops from a discrepancy between the ‘ought’ and the ‘is’ of collective value satisfaction, and this disposes men to agitation and later violence. Gurr’s definition explains the difference between what people ought to obtain or their value expectation and what they actually obtain; and thus, they are likely to agitate and then revolt when their expectations are not met. This is as a result of the fact that there are other persons who have what they are entitled to and that they know that what they want is realistic and this can obtained only be with employment or use of violence. This is also reflected in Runciman’s four preconditions of relative deprivation (of object X by person A):

- i. Person A does not have X
- ii. Person A knows of other persons who have X
- iii. Person A wants to have X
- iv. (Therefore) Person A believes that obtaining X is realistic

The four preconditions of relative deprivation here, are trying to explain how each individual wants to perform certain responsibilities and to meet their basic needs. This need can be in one way or another. Similarly, food, shelter, clothing, and bisexual status are all determinant of standard basic needs. Deduced from the above, relative deprivation essentially means the feeling of being deprived of what one feels entitled to. Agitation for food security, poverty eradication, improvements of standards of living and the concomitant individual or group violence, robbery, kidnapping, cultism, child molestation, etc, are quintessential cases in the community.

METHODOLOGY

This study use a methods of triangulating data with a sample size of ninety respondents (90) from both quantitative and qualitative social sciences research which involves the administration of structured questionnaires and a KII interview, and a judgemental interview with some selected people from general hospital Yauri local government which is in the study area. Research is aimed at gathering information will help in examining the reciprocal relationships of poverty, food insecurity, and chronic diseases among families.

Study Area

Yauri, historic kingdom and traditional emirate, Kebbi state, Northwestern Nigeria. The kingdom was probably founded by the Reshe (Gungawa) people. The date of its founding is unknown, but by the mid-14th century it was considered one of the most important of the banza bakwai (the ‘‘seven unsanctioned states’’ of the Hausa-speaking peoples). A political power

struggle took place between Yauri and Zaria (emirate), both Hausa-speaking groups, over the governmental control of the Seven Hausa states. Yauri lost the struggle and Zaria was then recognized as comprising the Seven True Hausa States. Yauri, however, became known as the “seven illegitimate states” of the Hausa people. The walls of its first capital, Bin Yauri (Birnin Yauri, Ireshe Bino, Ireshe), which was traditionally said to date from the 10th century have long been in ruins. Yauri’s 5th and 11th kings (Yauri and Jerebana II, respectively) are both credited with establishing Islam as the state religion. The target population of this study is 90 respondents within the study area.

Economic Activities of Yauri People

The Yauri local government has its own ways of generating revenue through internal sources. The Revenue are generated throughout fish production and commercial fishing activities in the area. Fish production is carried out by both male and female actors, and I is doing so on a large scale for domestic consumption and income federation. People come from neighboring states. For example, Lagos, Kwara, Oyo, Sokoto, Niger states etc., exchange for example in the area because of the availability of fish in the area.

Trends in the risk of death between the ages of 18 and 27 years for both males and females from June to July

Gender	Frequency	Percentage (%)
Male	60	57.1
Female	30	42.9
Total	90	100%
Age	Frequency	Percentage (%)
18-27 years	13	18.5
27-37 years	15	21.5
38-47years	32	45.8
48-57 years	10	14.2
58 years above	0	1
Total	90	100%
Marital Status	Frequency	Percentage
Single	45	50
Married	10	11.1
Widowed	35	38.9
Total	90	100

Source: General Hospital Yauri, (2024)

Table 1.0 shows that 57.1% of the respondents are males, whereas 42.9% are females. This indicates that the majority of the respondents are males. This may be due to the nature of the environment which makes males to be more visible than their female counterparts. With respect to the age categories of the respondents, those aged 18-27 years constituted 18.5%, while those aged 27-37 years constituted 21.5% also, those from 38-47 also constituted 45.8% and those from 48-57 constituted 14.2% and those from 58-above constituted 1. This shows that most of the respondents are within the age categories of 38-47 years.

Furthermore, the marital status indicates that those who are single constitute 50%, while those who are married constitute 14.3%, and those who fall under the widow category constitute

35.7. This shows that most of the respondents are single. Finally with the Sociodemographic characteristics of the respondents shows that 50 % had high frequency of chronic diseases in the study area.

Table 1: Which kind of chronic diseases are prevalent in Yauri?

Response	Frequency	Percentage
Genital warts	12	13.4
HIV	18	20
Hepatitis	47	52.2
Gonorrhoea	13	14.4
Total	90	100

Source: General Hospital Yauri, (2024)

Table 1. The respondents' believed that there was prevalence of hepatitis, HIV and gonorrhoea in the area of Yauri local government, as reported by the majority of the respondents constituting (52.2%)who believed that the aforementioned diseases play pivotal roles towards increasing health risk conditions in the study area. These finding indicate that, these diseases disturb the well-being of the population living in the study area which can lead to immature death. In view of the above, a medical doctor in an interview has this to say:

It is quite certain that everybody knows the water that the people are drinking here in Yauri is unhygienic and unsafe. People may contact with water borne diseases, which can cause numerous health risks, (KII, medical doctor).

Table 2: Did you believe that poverty leads to food insecurity among family?

Response	Frequency	Percentage
Yes	55	61.1
No	35	38.9
Total	90	100

Source: General Hospital Yauri, (2024)

The table above shows that 61.1 % of the respondents were from the general public, whereas 38.9 were from the general hospital Yauri, these respondents were selected and administered questionnaires.

Judgemental interviews were conducted with three (3) participants, and similar views were reported. Thus:

In any household where poverty manifests itself, one can find severe food insecurity in such houses, and the members of those houses are at risk of malnourishment, severe hunger and stunted children. Moreover, this can lead to outbreaks of several diseases as the body cannot resist attacked by germs. (Judgemental interview, nurse).

Table 3: How does food insecurity affect the life of housewives?

Response	Frequency	Percentage
Malnourishment	27	30
Child stunted	26	28.8
General health risk	37	41.1
Total	90	100

Source: General Hospital Yauri, (2024)

The above table indicates that 27 respondents with 30 percent respond to malnourishment, 26 respondents with 28.8 percent view their child as stunted, and 37 respondents with 41.1 percent agree with the general health risk. This means that, though general health risk constituted the highest number of views, the results show that other diseases also prevailed in the study area.

What would be done to solve poverty, food insecurity and chronic disease among families?

Response	Frequency	Percentage
Provision of adequate nutrition	45	50
Periodic health check-up	20	22.2
Provision of affordable foodstuffs	25	27.8
Total	90	100

Source: General Hospital Yauri, (2024)

The above table shows that 50% of the respondents believed that providing adequate nutrition can solve the problem of food insecurity in the study area, 22.2% of them agreed with the periodic health check-up and 27.8% reported providing affordable foodstuffs. This means that if all the items listed above are provided adequately, they can reduce food insecurity in the Yauri local government area. During an interview held with the participants, they said:

Food insecurity can be solved if the government allows the entrance of food in the country, reducing the level of this hardship and everybody will engage in one thing or the other, at least one people benefits from the two sides, one food will be available in the market and job opportunities will be available to citizens and the level of insecurity will still decrease in the country, (KII, general public).

DISCUSSION OF THE MAJOR FINDINGS

The findings of the study revealed that there is a prevalence of hepatitis, HIV, and gonorrhoea in the area of the Yauri local government. These findings also indicate that, severe food insecurity among households can cause serious challenges that the members of those houses are at risk of malnourishment and severe hunger and that their children will grow stunted, which can lead to outbreaks of several diseases as the body cannot resist attacked by germs. The study findings further revealed that food insecurity can lead to malnourishment, child stunting, and general health risks. To address food insecurity, the findings identified the provision of adequate nutrition, the periodic health check-up and the provision of affordable foodstuffs. The study further discusses the effects of food insecurity, malnutrition, and the causes of food insecurity, poverty and hunger. Poverty is clearly a wide phenomenon that has crippled the

economies of developed countries and underdeveloped countries especially countries such as Nigeria. In any household where poverty manifests itself, one can find severe food insecurity in such houses, and the members of those houses are at risk of malnourishment, severe hunger and stunted children. Moreover, this can lead to outbreaks of several diseases as the body cannot resist attacked by germs. The paper clearly pinpoints that food insecurity can be solved if the government allows the entrance of food in the country, reducing the level of this hardship and everybody will engage in one thing or the other, at least one people benefits from the two sides, one food will be available in the market and job opportunities will be available to citizens and the level of insecurity will still decrease in the country.

Recommendations

1. The study recommended that there is a need for holistic intervention in public awareness to alert individuals and groups on the health risk behaviours they may attack with several illnesses.
2. There is need for a clarification call from legislative to intervene addressing food insecurity. Food security should be enough for a citizen to minimize the level of curb hunger in the state and Nigeria at large.
3. Furthermore, the government should put prices control and provide a committee to checkmate people hoarding foodstuffs.

Conclusion

The article concludes that the government, healthcare personnel, nongovernmental organizations, and private and public donors, provide good, and adequate medicine which can minimize or reduce certain types of pain, because it is incurable. Hence again, the paper examined poverty, food insecurity is a key determinant that affects the basic standard living conditions of individuals especially people with lower socioeconomic backgrounds who face the dilemma of not having access to food or food of an adequate quality to meet one basic need. Poor people living in rural areas and people living in urban areas, but, impoverished, face the abovementioned problems. These slum areas are characterized by overcrowding, unhygienic and degraded environments, with unsafe drinking water, and so forth. In the study area, it is quite certain that everybody knows the water that the people are drinking here in Yauri is unhygienic and unsafe. People may contact with water-borne diseases, which can cause numerous health risks.

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