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Operationalizing the Capability Approach to Human Rights for Children's Nutrition and Health: A Legal Analysis for Full Realization and Future Directions Towards Potential Well-being

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Abstract

All individuals possess inherent human rights, irrespective of their nationality, place of residence, gender, national or ethnic origin, color, religion, language, or any other distinctive status. Because these rights are linked, interdependent, and indivisible, everyone is entitled to them without prejudice. The articulation and assurance of universal human rights find manifestation through treaties, customary international law, general principles, and various other sources within the framework of international law. The present investigation extensively centers on exploring the impact of dietary components on the progression of chronic degenerative diseases, including coronary heart disease, cancer, and dental caries. Nutrition affects many areas of human function, including prenatal health and development, infection resistance, mental function, and athletic performance. The ongoing research aims to unravel the complex interaction between dietary determinants and general health. The growing convergence of nutritional science and molecular biology provides insights into how dietary components function at the cellular level and contribute to the many biochemical reactions in humans. Furthermore, nutrition includes the motivations behind people's eating choices, even when such decisions are regarded as harmful despite opposing advice. The Food and Agriculture Organization (FAO) has officially approved the voluntary guidelines designed to facilitate the gradual fulfilment of the right to adequate food within the context of national food security. These recommendations provide governments with practical support in implementing the right to adequate nourishment. Exploring legal options is critical for guaranteeing the correct application of healthcare and human rights legislation, which are critical for resolving rising difficulties in these sectors.

Keywords: Food availability, health, legal analysis, human rights, malnutrition

INTRODUCTION

Every individual has human rights, regardless of nationality, domicile, gender, national or ethnic heritage, color, religion, language, or any other attribute. Everyone has an equal right to these rights and must not face any kind of discrimination [1]. These are interrelated, interdependent, and indivisible rights. Treaties, customary international law, general principles, and various other sources of international law are routinely utilized to articulate and ensure human rights. International human rights legislation delineates governmental obligations to undertake specific actions or refrain from certain behaviors, aiming to advance and safeguard the human rights and fundamental freedoms of individuals and groups [2]. Human rights, which encompass civil and political rights such as the right to life, legal equality, and freedom

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of expression, as well as economic, social, and cultural rights like the right to work, social security, and education, along with collective rights such as the right to development and self-determination, are inherently interconnected. These rights are interrelated and interdependent, with achievements in one leading to improvements in others. In contrast, the violation of one right has a negative impact on the others [3].

INTERNATIONAL SCENARIO TOWARDS HEALTH OF CHILDREN

The 1948 Universal Declaration of Human Rights (UDHR) is usually regarded as the ultimate and universal declaration that laid the groundwork for contemporary human rights. Its importance becomes clear when examining future human rights treaties that build on and formalize the rights outlined in the UDHR. Human nutrition is the study of the effect of any component found in a diet on people. The inquiry commences by delving into the comprehension of physiological and biochemical processes linked to nourishment, examining the mechanisms through which substances in food supply energy, contribute to the development of body tissues, and contribute to ailments resulting from deficiencies or excesses of essential nutrients, a condition known as malnutrition. The significance of dietary components in the development of chronic degenerative illnesses such as coronary heart disease, cancer, and dental caries is a major focus of current study [4]. The domain of nutrition encompasses the impact of food on various aspects of human function, spanning from fetal health and development to immune resilience, cognitive function, and physical performance.

Nutritional science and molecular biology are becoming more interwoven, providing insight into the cellular-level activities of dietary components as well as the different biochemical reactions in people. Nutrition also investigates the motivations underlying people's eating choices, especially when they are cautioned against possibly harmful selections. Research in food habits intersects with other disciplines in the social sciences, including psychology, anthropology, sociology, and economics. Dietetics and community nutrition are disciplines focused on applying nutritional knowledge to enhance health and overall well-being. Dietitians advise people on how to change their diets to maintain or regain optimal health and to help with illness treatment [5]. Individuals anticipate the pleasure of consuming healthful meals, and the substantial workforce engaged in the production, preparation, and distribution of food plays a pivotal role in meeting these expectations. Individuals' perceptions of a healthy diet differ, and those concerned with children's nutrition are no exception.

RELEVANCE OF FOOD AND NUTRITION: WELL-BEING AND DEVELOPMENT

Food has significant psychological, economic, physiological, and political significance due to its fundamental connotations of feeding and support. Furthermore, it is a powerful predictor of ethnicity, and those who have travelled often show great reluctance to changing their eating habits. Surprisingly, the maintenance of dietary habits can serve as a uniting and stabilizing impact in a potentially stressful situation [6]. A culinary culture's community sharing builds a basis for collective identity and communal dining, signifying both inclusivity and distinction.

Food security is often overlooked in the industrialized world, thanks to the presence of stable political and social systems that facilitate widespread access to safe and nutritious food essential for maintaining a healthy and active lifestyle. In sharp contrast, the situation in the developing world is dramatically different, with approximately one billion people suffering from chronic malnutrition and ingesting less than 2000 calories per day on a daily basis (FAO, 2006). Furthermore, roughly two billion people lack the necessary nutrients while having access to an appropriate calorie supply [7]. This implies that at any given moment, hunger could potentially affect up to half of the global population. When comparing traditional versus biotechnology-based techniques for improving nutrition, food fortification with vitamins and minerals is a suitable standard [8].

Numerous processed products, such as bread, cereal, milk, and soft drinks, are enriched with vitamins and minerals, leading to an average diet that surpasses the requirements for micronutrients. However, in underdeveloped nations, less robust and trustworthy food delivery infrastructure,

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inefficient administration, and insufficient money render such fortification projects unproductive and unsustainable, especially when targeting distant communities [9]. While iodine fortification and, to a lesser extent, vitamin A supplementation have demonstrated some success, other initiatives, especially those implemented at the local level in small and isolated communities, have encountered failures [10].

SIGNIFICANCE OF HEALTHCARE

The idea of health is difficult to define, because changes in the environment expose us to new health risks and dangers. Development, with its many facets, may have both beneficial and negative effects on physical and mental health [11]. Poverty exists in Third World cities and is rising in wealthy countries. Macroeconomic policies, Western recessions, Third-World debt servicing, and the implications of structural adjustment policies frequently result in cuts to already insufficient health services and worsening of gaps in access to resources and healthcare. Diseases are developing despite increased life expectancy and changing lifestyles [12]. The link between health and development is complicated, and it is not certain that health conditions always improve.

The ideas of "health" and "development" are notoriously difficult to define and measure in a way that is generally accepted [13]. Nonetheless, health care providers, academics, and policymakers recognize that health status fluctuates with time, and these changes are not necessarily beneficial. While many people are living longer lives, there are worries regarding the quality of those extra years, and a large proportion of people in many nations have not witnessed health gains despite progress. Infectious and chronic/degenerative illnesses, for example, represent twin risks among the poor, particularly in the so-called Third World [14]. These difficulties are not limited to economically challenged countries, since reductions in both public and private health-care spending are becoming more widespread, resulting in a decrease and strain [15].

ROLE OF WORLD HEALTH ORGANIZATION CONCERNING HEALTH PROTECTION AND FOOD SECURITY

The World Health Organization characterizes optimal health as 'a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity'. Physical well-being is concerned with one's body, mental well-being with one's soul, and social well-being with one's position in society [16]. The definition stresses that perfect health must include all of these factors. People want a variety of desirable outcomes, including good health. In the field of health, results are frequently viewed as inputs, with a tendency to assume that higher spending is a reliable indicator of success [17]. While this is a prevalent assumption in the world of health, it may be the result of wishful thinking that equates more investment with better outcomes. This perception also improves.

Personnel candidates encompass a range of healthcare professionals, including general practitioners, hospital physicians, radiographers, physiotherapists, pharmacists, hospital and district nurses, health visitors, dentists, and others within the healthcare sector [18]. Aside from staff, capital stock should be evaluated, which includes hospital beds, diagnostic equipment, therapeutic facilities, and stored medical supplies (such as medications, linens, and surgical gloves), as well as medical complements such as wheelchairs, dentures, and walking frames. These ratios are broken down by area, region, or other subgroups to illustrate local variances that may be obscured by national statistics. Occasionally, the data are provided as economic metrics rather than basic quantities (such as the number of ambulances or scanners). For instance, this could involve evaluating the financial implications of technology implementation in a general practitioner's clinic or assessing the market value of referrals to a highly specialized physician [19].

Beyond basic availability, assessing use is critical. As a result, data collection should include patient consultations, outpatient visits, medical tests performed, immunizations delivered, prescriptions supplied, and dressings changed. Relevant statistics in hospitals would include patient throughput, treatments delivered, and bed occupancy rates [20]. These data points show how

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healthcare services flow. Unused beds are essentially inactive objects that do not contribute to medical treatment unless they are occupied. Similarly, a doctor watching television passively is no different from anybody else, making doctor hours committed to patient care more meaningful. It should represent comparable criteria in order to generate a consistent sequence of statistics. Statisticians must guarantee that treatment metrics are consistently high in quality. Otherwise, cost-cutting may have come at the expense of quality. The task of adaptation is challenging due to the complexities associated with defining and measuring the concept of quality. There is still disagreement on what defines quality in healthcare. Furthermore, because there is no centralized body collecting and processing data, there is no obligatory national system and only a few local systems to check the quality of care supplied to the public. Despite the lack of agreement, policymakers must identify useful proxies for assessing healthcare quality. There are three approaches available for reconstructing non-visible information, and one strategy involves utilizing input as a gauge of standards. Key indicators in this approach encompass factors such as capital equipment per staffed bed, the amount of staff time per patient visit, doctor/patient or nurse/patient ratios, capital vintage, specialists enlisted by the hospital, and the adoption of computerized record-keeping. Some indicators carry an educational dimension, where the level of investment in advanced proficiency can be inferred from activities such as research involvement, decennial recertification, in-service training for hospital professionals, and a noteworthy output of staff educated in prestigious institutions like the 'ivy league'. Additionally, statistics may focus on the dynamics of the healthcare encounter, using group practices as a quality indicator due to their capacity to enable general practitioners to refine and specialize their skills [21].

PATHWAY OF FOOD AND AGRICULTURE ORGANIZATION

As per the Food and Agriculture Organization of the United Nations (FAO), the global prevalence of malnutrition affects over one billion people, with more than two billion experiencing deficiencies in crucial vitamins and minerals. Every year, around six million children die from hunger-related illnesses, accounting for roughly half of all avoidable fatalities [22]. The overwhelming majority of individuals grappling with hunger and malnutrition are smallholders or landless individuals, predominantly women and girls residing in rural areas with limited or no access to productive resources. Contrary to popular belief, only around 10% of hunger-related deaths are caused by armed conflicts, natural catastrophes, or extreme weather conditions. The remaining 90% are victims of long-term limited access to nutritious meals. Combating poverty and malnutrition goes beyond food.

CONCLUDING REMARKS

The right to food, acknowledged as an integral component of the right to an acceptable standard of living in the 1948 Universal Declaration of Human Rights, is explicitly articulated in the 1966 International Covenant on Economic, Social, and Cultural Rights. This right is safeguarded by regional treaties, national constitutions, and various international accords that recognize the right to food for specific populations. The entitlement to an adequate food supply and freedom from hunger is applicable universally, transcending distinctions of race, color, gender, language, religion, political or other beliefs, national or social origin, property, birth, or any other status.

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