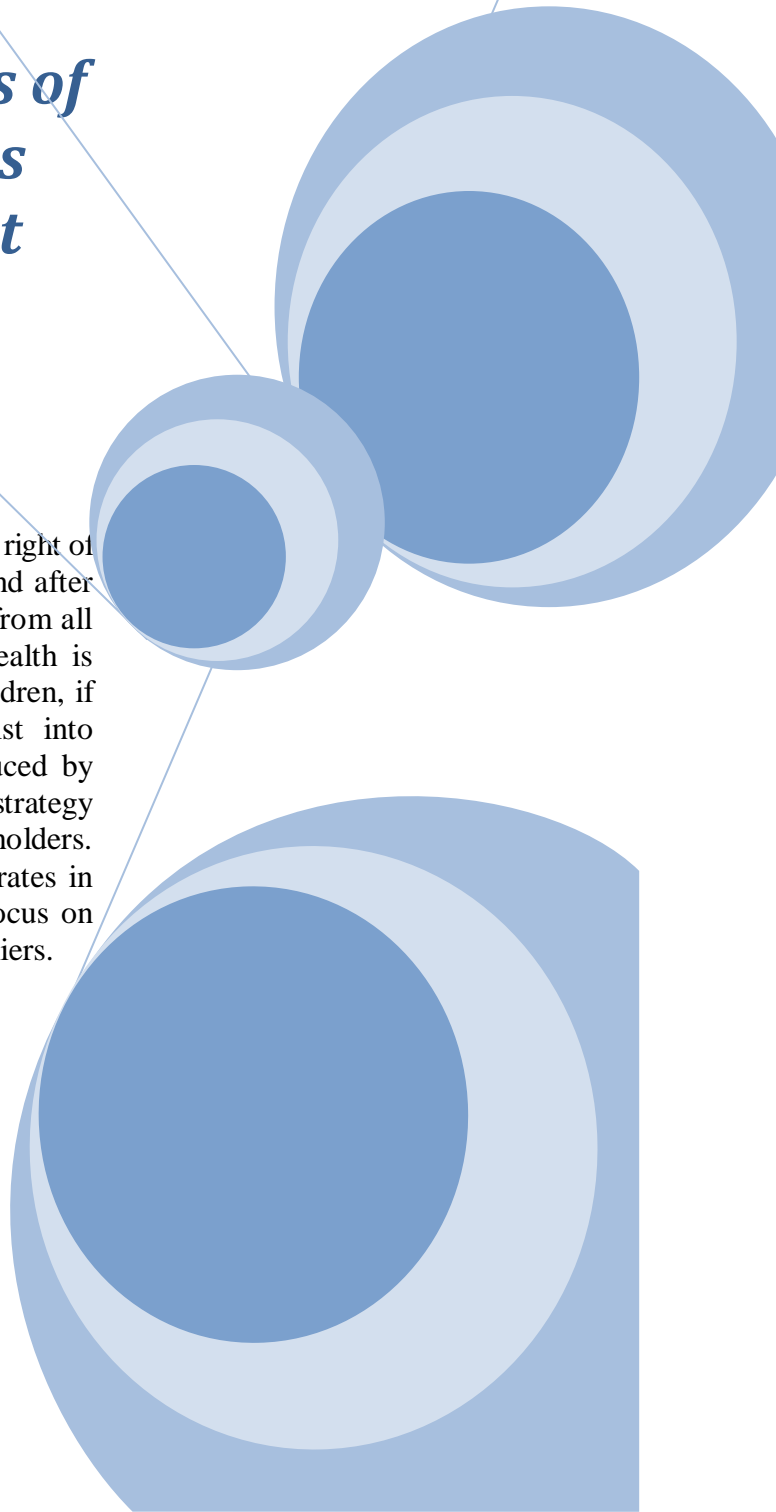


# ***The Inevitability of Equitable Health Rights of Newborn Child Towards The attainment of Right To Survival: The Indian Scenario***

Children are the future of a nation. It is the basic right of every child to get quality health facilities before and after their birth so as to prevent and protect themselves from all possible survival risk. The importance of child health is derived from the fact that poor health of infant children, if not corrected in the early days, tends to persist into adulthood .The risk of child survival can be reduced by identifying the causes of child mortality, proper strategy and interventions at appropriate time by all stakeholders. In spite of significant reduction in child mortality rates in recent years, the Government of India needs to focus on the underperforming states which are persistent outliers.

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## **KEY WORDS**

- *Right to survival*
- *Right to health*
- *Child survival*
- *Child mortality*
- *Neonatal mortality rate*
- *Infant mortality rate*
- *Equitable health rights*
- *Determinants of mortality*

### **I. Introduction:**

Every human being below the age of 18 years is known as ‘child’ according to the definition of United Nations Convention on the Rights of the Child. Newborn children (0-28 days) are the weakest among the whole population, vulnerable towards risk of survival and other health hazards. The Convention on the Rights of the Child stipulates that all children have the right to life, survival and development. Without the access to right to survival other human rights can not be availed by any human being. The right to survival of a child includes- access to healthcare services for children in emergency situation and for prevention of disease, access to shelter and provision of nutrition. The right to survival is mostly dependent on the status of health of a child; because children without any healthcare facilities and poor health condition are more prone to risk of survival.

Children are the future of a Nation, they are not just objects who belong to their parents and for whom decisions are made, or adults in training; rather, they are human beings and individuals with their own rights.. The newborn is a person and as such he is entitled to the full respect of his dignity. He is in spite of that a very special “citizen” who has rights but no duties and who, for the recognition of his rights, depends totally on the attention and commitment of others. The awareness of the newborn as a person and of his vulnerability and dependence constitutes the fundamental grounds for his rights to be recognized, protected and satisfied.

It is the basic right of every child to get quality health facilities before and after their birth so as to prevent and protect themselves from all possible survival risk. The importance of child health is derived from the fact that poor health of infant children, if not corrected in the early days, tends to persist into adulthood. In any country Neo-natal mortality Rate (NM), Infant Mortality Rate, Child Mortality Rate is good indicators of status of health of children, the higher the rate, more the denial of right to health and right to life towards them. Mortality during neonatal period is considered a good indicator of both maternal and newborn health and care. Infant Mortality Rate reflects the state of medical services at the time of the delivery of the child.

## **II. The concept of right to survival & right to health of child:**

Right to survival is vitally important for realization of all other human rights including social, economic, cultural, civil and political rights. The right to health has been enshrined in various international and regional treaties as well as national constitution all over the world. But only some of them focus on child survival and health. The Declaration of the Rights of the Child 1959 ensures special protection, opportunities and facilities to enable children to develop in a healthy and normal manner with freedom and dignity; social security including adequate nutrition, housing and medical facilities.

The International Covenant on Economic Social and Cultural Rights obligates the states to provide health and medical facilities to the child and to ensure those highest attainable standards

of physical and mental health and a healthy childhood. The Convention on the Rights of the Child is an outstanding achievement in the field of child rights. The CRC under articles 6 and 24 provides for protection of right to survival and health. The Alma-Ata Declaration 1978 defined Primary Healthcare as “an essential healthcare made universally made accessible to individuals and families in the community by means acceptable to them, through their full participation and at a cost that the community and the country can afford”

The Constitution of India guaranteed Right to life as a fundamental right under article 21. Right to live means something more than ‘mere animal existence’ and right to live consistently with human dignity and decency. Right to health has been guaranteed by the Constitution of India under many of its provisions i.e., Articles-38, 39,40, 41,42,48A,51A,243G,243W.

National health policies, strategies, and plans play an essential role in defining a country’s vision, priorities, budgetary decisions, and course of action for improving and maintaining the health of its people. India’s commitments towards child health norms were initiated by adoption of *National Health Policy, 1983; National Nutrition Policy, 1993; National Plan of Action for Children, 2005; National Vaccine Policy,2011; National Policy for Children, 2013; National Health Policy,17* etc. The *Integrated Child Development Scheme, 1975* is one of the flagship programmes of the Government of India and represents world’s largest and unique programmes for early childhood care and development.

The *India Newborn Action Plan, 2014* lays out a vision and a plan for India to end preventable newborn deaths, accelerate progress progress, and scale up high-impact yet cost-effective interventions. INAP aims at attaining single digit neonatal mortality by 2030 and focused on ending preventable newborn deaths, improving quality care, and care beyond survival. *Janani-Shishu Suraksha Karyakram, 2011* launched with utmost emphasis on entitlements and elimination of out of pocket expenses for both pregnant mother and sick neonates. *The Reproductive, Maternal, Newborn, Child and Adolescent Health RMNCH+A,*

2013 essentially looks to address the major causes of mortality among women and children as well as the delays in accessing and utilizing healthcare and services.

Child Survival Rate is an important health indicator in demonstrating child rights towards protection of health. However, before being survived, a child can lead for health disaster due to poor antenatal care and maternal malnutrition. About one third of expectant mothers in India are deprived from tetanus vaccine, an important defense against infection at birth. This raises the propensity of Infant Mortality Rate (IMR) and Child Survival Rate declines

This 20th anniversary of CRC calls for ensuring every child has access to the basic right of survival. Society must save the large number of lives snuffed out within the first few days of life. Eliminating malnourishment should be our top priority as it directly contributes to child mortality, school drop-out rates, gender equality and poverty reduction. Almost 55 million children under five in India are underweight for their age. Children who are chronically undernourished before their second birthday are likely to have diminished cognitive and physical development for the rest of their lives. As adults, they are less productive and earn less than their healthy peers and the cycle of under nutrition and poverty repeats itself, generation after generation.

In India, close to one million newborns die each year during the first month of life and another million die between 29 days and five years. UNICEF is closely working with the Government to encourage all women to have institutional deliveries and ensure both mother and baby receives critical post-natal care for at least 72 hours. UNICEF is also partnering with the government to ensure that the nutrition needs of the country's most vulnerable children and women are met.

### **III. The necessity Equitable health rights of newborn child:**

The expression 'Equity' connotes fairness and justice. The term 'Equity' is a derivation from the Roman term 'aquitas' which means equalization or levelling. Equity means social justice or fairness; it is an ethical concept grounded on principle of distributive justice. Equity is not

same as equality. The concept of equity is inherently normative, that is value based while equality is not necessarily so.

Health equity refers to the study of differences in the quality of health and healthcare services across different sections of populations. It is a political concept which differs from health equality. Equity in health can be – and has widely been- defined as the absence of socially unjust or unfair health disparities. The concept of health equity focuses attention on the distribution of resources and other processes that drive a particular kind of health inequality between more and less advantaged social groups, in other words, a health inequality that is unjust or unfair.

The effective delivery of health care services to stands on the nature of education, training and appropriate orientation towards community health personnel and their capacity to function as an integrated team, each of its members performing given task within a coordinate action programme. Merely providing equality of opportunity to access health services are not enough, when social deprivation has already created a large lag in health status and limits real and ready access to health services. As British economist Tawney pointed out in his seminal book Equality, over 80 years ago, people need “not just an open road, but also an equal start” in a society that promises social justice.

India continue to lose thousands of children below the age of five years every day-ranking fifth globally in child mortality but in terms of numbers the figure is a whopping 14 lakh which is the highest number in the world. This figure is unacceptable by all standards for a country whose economy is poised to grow at 7% annually. Even more painful is the fact that more than half of these children die within 28 days of their birth, and of causes which are preventable.

Indians constitute sixteen percent of the world population, where every 3rd malnourished and 2<sup>nd</sup> underweight child of the world is born. Every three out of four children are anaemic and every second new born baby has reduced listening capacity due to iodine deficiency. Thus the health issue continues to be the grave concern for our economy and environmental degradation

due to industrialization and other economic development and pollution lead to a further deterioration in child's health.

Various evidences are found where children suffer from malnutrition or die out of starvation or preventable diseases. According to UNSAIDS, there are 170,000 children infected by HIV/AIDS in India. Even juvenile diabetes is reported to be taking on pandemic proportions. Various sources of reliable data on health and health care in India like NFHS (National Family Health Survey), DLHS (District Level Household Survey), SRS (Sample Registration System), NSSO (National Sample Survey Office), etc are used to gather information on indicators of health status and these sources can be used to measure the inequities in distribution of health by different parameters like socio-economic status, gender, region, caste, etc.

#### **IV. Levels and Trends of Child Mortality and its components in India**

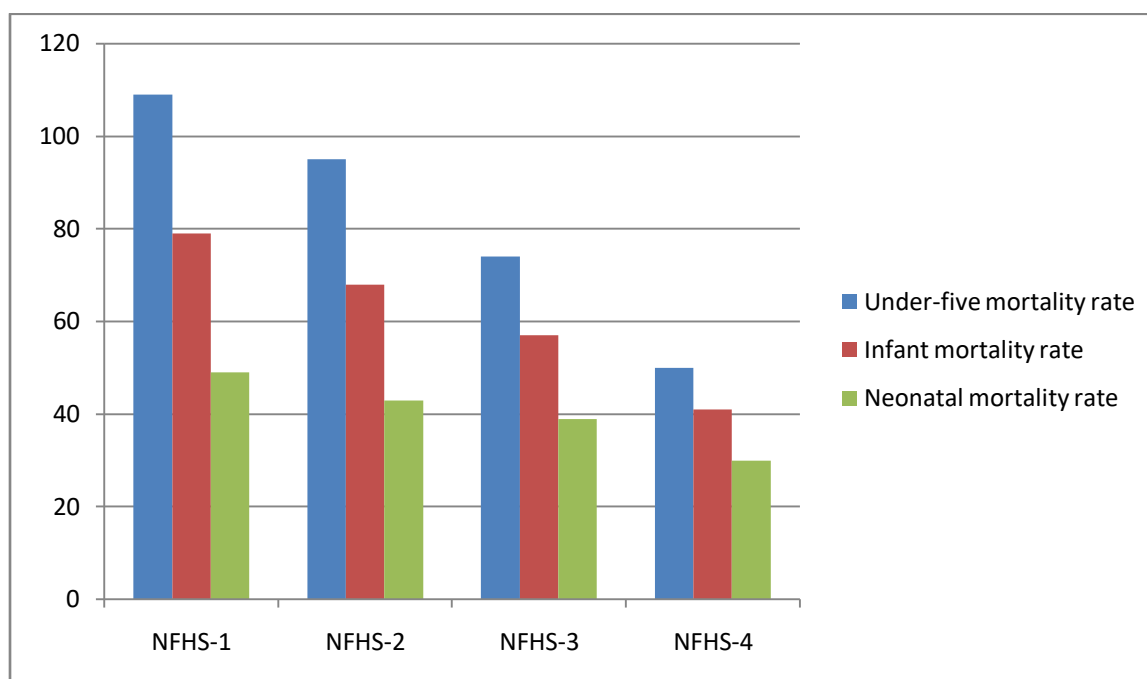
Information on infant and child mortality is relevant to a demographic assessment of the population, and is an important indicator of the country's socioeconomic development and quality of life. These estimates can also help identify children who may be at higher risk of death and lead to strategies to reduce this risk, such as promoting birth spacing.

Right to survival is a prerequisite for the realization of all other rights including social, economic, cultural, civil and political rights. Right to health is a right to life, right to live with a dignity and right to livelihood. But poverty, undernourishment, ill health, rural-urban divide, regional variations and disparities among different socio-economic groups, and various other factors contribute to the uneven attainment of health for children of this country.

The data received from SRS, NFHS reveals that, following rapid decline of under-five mortality in the seventies stagnated for almost a decade and then started declining further: it fell to a level of 118 in 1990, 93 in 2000, 66 in 2009 and 50 in 2016. Simultaneously there is decline in IMR from 80 in 1990 to 16 in 2000 and further to 41 in 2016. But the matter of concern is that the Neonatal Mortality has declined from 43 in 1999 to 39 in 2006 further to 30 in 2016; which

is less in comparison to decline of Under-five mortality and Infant mortality. Within neo-natal period, decline in early neonatal mortality has been even slower, and stagnated in recent years.

Fig.1: Trends in Early Childhood Mortality Rates



**Source:** National Family Health Survey (NFHS-4) 2015-16, India

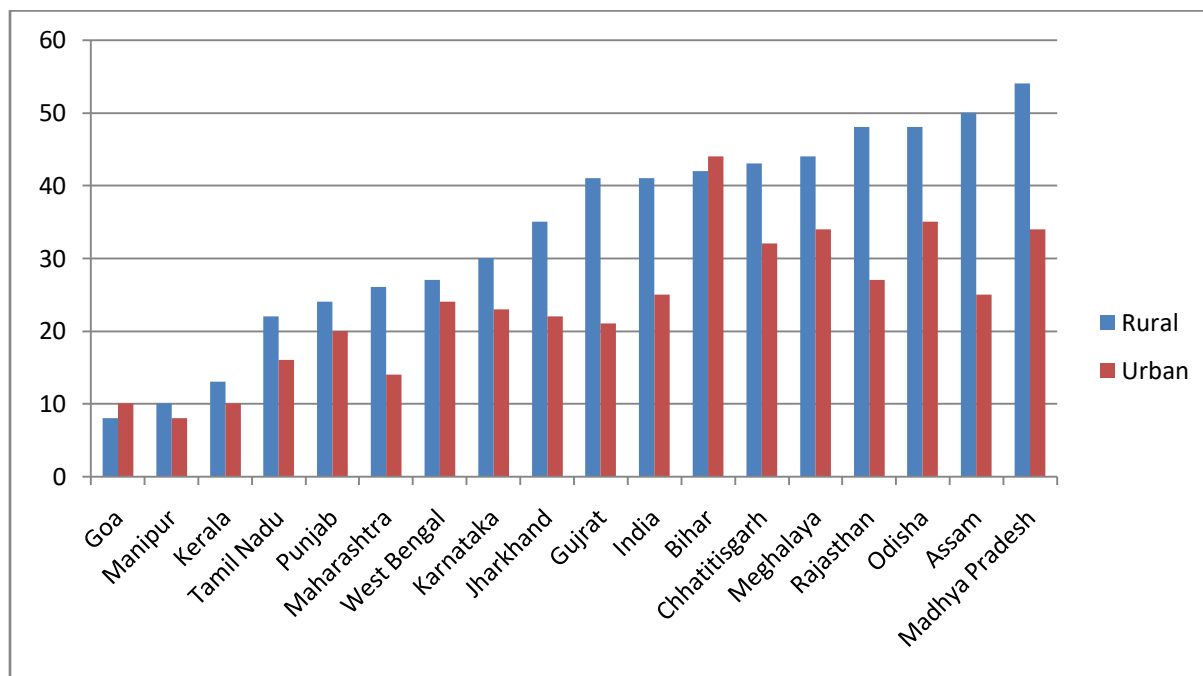
Data from recently conducted NFHS-4 (2015-16) revealed a significant inequity in health status, unavoidable state-level and urban-rural differentials. Trends in IMR indicates that the decline in infant mortality rate have stagnated in recent past in most of the states in our country



at unacceptably high levels. In spite of governments initiatives by launch of various programmes, schemes such as Child Survival and Safe Motherhood (CSSM) Programme, Reproductive and Child Health programme (RCH), National Rural Health Mission (NRHM) etc. to arrest persisting high levels of neonatal and postneonatal mortality.

The most critical period for both newborn and mothers are the time of childbirth and the immediate postpartum period being the most critical one demands more attention. More than two-third of newborn deaths occur by the end of the first week after birth. India is no exception to this; 39% of neonatal deaths in India occur on first day of life and 57% during the first three days.

Fig.3: State-wise Infant Mortality Rate, 2015



Source: SRS Bulletin, 2016

A high Infant Mortality Rate of a state indicates the risk of death to the child within the first year of his/her life which broadly also means unmet health needs and unfavorable environmental factors during birth. India has wide disparity in Infant Mortality Rate among the states according to Sample Registration System records, Goa at 9 and Madhya Pradesh at 50. Underdeveloped states like Madhya Pradesh, Assam, Odisha, Rajasthan, Chhattisgarh, and Bihar bear great burden of Infant mortality whereas developed states like Goa, Manipur, Kerala and Maharashtra have lower IMR (Figure 3). The highest disparities between rural and urban risk of child survival is found in Assam where rural risk (50) is double that of urban risk (25).

## **V. Determinants of Health Outcomes in relation to child survival:**

India's health system reflects the iniquitous nature of development with respect to child health in spite of experiencing National Health Policies since 1983 and NRHM (National Rural Health Mission) since 2005. As Dreze and Sen report, as a share of GDP and as a share of total health expenditure, public health spending in India is not only well below the world average (only 2.5 percent of GDP), but more disturbingly, nearly half, that in Sub-Saharan Africa and in the Middle East & North Africa.

If public investment in health care does not increase, private investment would, but there is no certainty that this would lead to better health outcomes in terms of child survival as economically and socially backward section of India will not be able to afford it, being the weakest victim. It is usually seen that utilization of health services as well as health status indicators regarding maternal and child health is always better in urban population than slums and rural or tribal population.

Health inequities emerge from a systematically unequal distribution of power, prestige and resources among groups in society, thus defining and identifying health inequities involve analysis with respect to social justice and social determinants of health. To define and

identify health inequities among children, one needs to analyze health outcomes in relation with children and various determinants of child health.

The most important social determinants i.e. structural determinants of health inequities are Income, Gender, Education, Occupation, Social Class, Gender and Ethnicity and their role in determining child survival is discussed below-

## **1. Social and Economic Determinants**

Usually the lower an individual's socioeconomic position, the worse their health. Poverty leads to material deprivation, social exclusion, lack of education, unemployment, limits the choices as a result threaten the health of vulnerable (pregnant woman, newborn child) leading towards risk of death. Occupation is one of the important determinants of socio-economic status of a family which has an important role to play in case of newborn child's health. Poverty has many dimensions which materially affect maternal and newborn child's health for e.g. material deprivation (of food, shelter, sanitation and safe drinking water), social exclusion, lack of education, unemployment, and low income reduces opportunities, limits choices undermine hope and as a result threaten health.

## **2. Gender**

Gender as a structural determinant of health operates through different intermediary determinants that influence the maternal and reproductive health of women and their access to care. Gender norms also influence the attitudes towards the use of contraceptives and women's ability to make decisions in family planning. Early marriage and early pregnancy results in high fertility and puts women in risk of pregnancy complications and increasing the infant mortality. Mortality among children born to malnourished, anemic as well as obese mothers is higher. Analysis of the National Family Health Survey (NFHS)-3 data showed that neonatal mortality among children born to mothers with low Body Mass Index (BMI) (<18.5) was slightly higher than those with normal BMI (18.5-24.9).

### **3. Education**

Education, particularly woman's education, makes significant difference in utilization of RCH (Reproductive and Child Health) services and health seeking behavior. Education is a decisive factor and it has been found that children born to mothers with at least 8 years of schooling have more chances to survive than children of illiterate mother. Education promotes awareness, when mothers are not aware of available reproductive and child health rights, disparities in health equities increase in society.

### **4. Social Class**

Socially backward groups like SC/ST and OBC are usually associated with lower use of reproductive health services and poorer health outcomes. According to the NFHS (National Family Health Survey) 3, the likelihood of receiving any type of ANC (anti-natal care) is lowest among women belonging to SC or ST. Only 18 percent of the births among these women are conducted at a health facility, compared to 51 percent among women, who do not belong to SC, ST, or any OBC.

India is the home of 104.28 million tribes, as per 2011 census which is about 8.61% of the total population of India, if left abandoned without actual implementation of health care services and policies, India cannot achieve the target provided by the National Health Policy 2017.

### **5. Environmental Factors:**

Disparities can be seen in environmental factors such as inadequate water and sanitation, indoor air pollution, overcrowding, poor housing conditions and exposure to vector disease. Lack of awareness regarding health and hygiene regarding maternal and newborns health is a major determinant of poor status of health which evidently increases the risk of child survival. Environmental barriers are mostly faced by people of lower socio-economic class, it becomes difficult for them to access modern health facilities ,due to lack of encouragement from fellow mates, families women from that background do not come forward to save themselves and their children.

If business in rural India (all total 6.27 lakh villages) can grow at about 11% annually over the last decade why environmental and socio economic barriers for health services cannot be removed by us? To educate them and making them aware of health and hygiene would be first priority with the rest of the society to eradicate environmental barriers towards health rights.

## **6. Lack of Infrastructure and Manpower**

Social barriers to access, lack of infrastructure and manpower in rural, far-flung areas, urban slums are problems affecting child health which needs to be addressed urgently. Although the National Health Policy 2017 recommends strengthening existing medical colleges and converting district hospitals to new medical colleges to increase number of doctors and specialist, in states with large human resource deficit it would be difficult to develop every under privileged districts with a minimum funds.

## **VI. Immunization:**

Globally, more than 70 percent of almost 1.1 crore children die every year due to diarrhea, malaria, neonatal infection, pneumonia, preterm delivery or lack of oxygen at birth. As per latest statistics, India contributes to about 21 percent of the global burden of child deaths. While India has made laudable improvement in Infant Mortality Rate, even today, over 7, 60,000 children die every year and many of these deaths occur due to preventable diseases. Immunization remains the single most feasible and cost-effective way of ensuring that all children enjoy their rights to survival and good health. In the developing world, immunization saves the lives of 2.5 million children every year. The Government of India recognizes immunization as a crucial aspect in the country's child survival strategy and has been working to strengthen this routine immunization program. In December 2014 the Ministry of Health and Family Welfare (MoHFW) launched Mission Indradhanush as a special nationwide initiative to cover all unimmunized and partially immunized children that are left out during the routine immunization program.

The Mission focuses on interventions to expand full immunization coverage in India from 65% in 2014 to at least 90% children in the coming five years. The programme provide immunization against seven life threatening diseases (diphtheria, whooping cough, tetanus, polio , tuberculosis, measles and hepatitis B) in the entire country. In addition, vaccination against Haemophilus influenza type B and Japanese Encephalitis is provided in select districts/states. Under this Mission the Health Ministry identified 201 high focus districts across the country that have the highest number of partially vaccinated and unvaccinated children.

## **VII. Nutrition:**

There is no basic human right more important than right to adequate food. This right is recognized as a basic human right specifically by the Universal Declaration of Human Rights 1948. Equitable health rights of newborn child could not be achieved without maintaining a good nutritional status of mothers both before and after delivery of the baby. It is a well established fact that the good health of the mother has a direct and distinct impact on the child, affecting the store of the nutrients in the foetus, a full term well developed baby at birth, a risk free delivery, and breast milk of good quality during the lactation period. It is the utmost obligation of a state to provide a support system that ensures additional dietary allowances to all pregnant women, systematic antenatal care, life free from stress and risk, and a positive attitude from family and society.

Malnutrition at an early age leads to reduced physical and mental development during childhood. The three indices of nutritional status, viz., weight for age(under weight), height for age(stunting), and weight for height(wasting) indicate a high prevalence of malnutrition among children less than three years of age. Stunting affects more than 147 million pre-schoolers in developing countries (UNSCN 5).Worldwide under nutrition is responsible for 45% of child deaths, directly or through diseases made more severe because of it.

The intergenerational cycle of growth failure, first described in 1992 explains how growth failure is transmitted across generations through the mother, thereby highlighting the importance of addressing women's health and well being to bring about a significant change in the situation of malnutrition. Undernourished girls are likely to reach adolescence in disadvantaged physical conditions, and this may in turn, have severe implications for their overall health, in particular when they experienced early pregnancies. Stunted and/or anaemic adolescence mothers are more likely to have complications during child birth and the postpartum period, as well as to give birth to premature and low-weight babies

Closely- spaced pregnancies and repeated childbearing, along with heavy physical work, poor diets, discrimination and inadequate health care, may severely undermine the nutritional status of many women, with consequences for both them and for the health and the nutrition of the next generation.

## **VIII. Breastfeeding: an important aspect of neonatal health**

Breastfeeding is recognized as the single most important strategy in infant survival. The superiority of breast milk over any other food in promoting the optimum growth of the newborn and in combating infections has clearly been established. The WHO recommends that breastfeeding should begin as early as possible, be maintained exclusively for the first 4-6 months of life, and continued with supplementary feeds at least up to the second year of life. Of late much concern is being expressed worldwide over the declining trend in breast feeding, largely attributed to the aggressive marketing strategies adopted by manufacturers of baby food.

Appropriate infant and young child feeding (IYCF) practices include exclusive breastfeeding in the first six months of life, continued breastfeeding through age two years, introduction of solid and semi-solid foods at age six months, and gradual increases in the amount of food given and the frequency of feeding as the child gets older. It is also important for young children to receive a diverse diet, i.e., eating foods from different food groups to take care of the growing micronutrient needs. Early initiation of breastfeeding is important for both the mother

and the child. The first breastmilk contains colostrum, which is highly nutritious and has antibodies that protect the newborn from diseases.

## **IX. Conclusion**

Child health is a basic right and the level of child mortality is an important indicator in the assessment of the development of any nation. The United Nations Sustainable Development Goals Declaration (2015) also includes the health and welfare of the world's poorest people including reduction of child mortality as one of its goals, which was earlier laid out by the Millennium Development Goals (MDG) Declaration 1990. 5.3 million Children under the age of 5 die worldwide annually, primarily in low income and middle-income countries, out of preventable and treatable causes with cheap and effective interventions.

India being the largest democracy, comprising 16% of the global population has the highest number of under-five deaths with a total of 1.08 million in 2016. The risk of child survival can be reduced by identifying the causes of child mortality, proper strategy and interventions at appropriate time by all stakeholders. In spite of significant reduction in child mortality rates in recent years, the Government of India needs to focus on the underperforming states which are persistent outliers. In this regard policy makers should target underperforming states, with a special focus on lower socio-economic groups. Another important aspect to be taken into consideration is the contribution of neonatal mortality to the total infant mortality. India has achieved reduction in infant mortality mainly due to reduction in post-neonatal mortality rates, which are comparatively more amenable to existing set of interventions. However existing strategies and interventions on their own may not be adequate and a new set of high tech and expensive strategies would be needed if the focus is to shift to neonatal mortality.



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