**IMPROVING FARM WOMEN'S NUTRITIONAL SECURITY**

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**Introduction**

In recent times, one of the main global challenges is how to ensure nutritional security for a growing population while accommodating for increasing extremities of disasters, including those caused by climate change, increased economic volatility and ensuring long-term sustainable development. In this context, one of the agricultural pathways toward sustainable nutritional security is through local production of nutritious food actively in which the farm women can play a pivotal role as the nutritious food consumer. All rural and urban people in our country depend heavily on the efficiency of farm women to satisfy their nutritional needs. Agriculture contributes to excellent nutrition, and good nutrition contributes to human capital, which is also an input for agro-production, forming a virtuous circle between agriculture and nutrition.

The past century has witnessed an unprecedented change in the lifestyle of people affecting demography, food supplies, eating patterns and the health of the population. While the dietary and nutrition transition characterized by improved agricultural practices, food supplies, and advanced food processing techniques has enhanced food availability to more people, but, at the same time, it has also resulted in an imbalanced nutrient intake leading to a change in the health profiles.

The concept of nutritional security emerged with the recognition of the necessity to include nutritional aspects in food security. Unlike food which is mostly defined as any substance that people eat and drink to maintain life and growth, nutrition adds the aspects of health services, a healthy environment and caring practices. More precisely, a person is considered nutritionally secure when she or he has a nutritionally adequate diet and the food consumed is biologically utilized such that adequate for performance to be maintained in growth, resisting and recovering from diseases and physical work. The immediate causes of nutritional status at the household level are dietary intake and health status. The two factors are interlinked with each other. The dietary intake should meet a certain threshold level in terms of quality and quantity, which also considers the balanced nutrient intake to be appropriately absorbed in the human body. At the household level, the dietary intake of specific individuals involves two major issues – household food demand and intra-household food distribution. Other aspects like habits and knowledge about food processing and feeding practices influence the diet composition as well as their biological utilization. Other factors related to nutritional status may be availability and accessibility to household food, care, qualitative health service and a healthy environment. Women’s capacity and autonomy in the household are frequently hampered by cultural and institutional aspects. Similarly, because of the prevailing culture and traditional practices in India, the health and nutritional status of women particularly the rural women are also becoming worse affected even though the rural women are responsible for half of the world’s food production and produces between 60-80 percent of the food in most developing countries.

In this regard, a healthy and balanced diet is quite important in the lifetime of rural women. Proper nutrition and balanced diet full of whole grains, fruits and vegetables will help to keep good health throughout life. Inadequate nutrition may lead to less efficiency of work among the rural women. Undernourished women frequently have weak bodies and can't do household tasks and income-generating activities to their full ability, which has negative impacts that last for generations and causes financial losses for families and nations. Finally, a women’s health affects the household’s economic well being too.

**Role of women in agriculture**

With the "Azaadi Ka Amrit Mahotsav," India is remembering its progressive 75 years after gaining its independence and promoting the goal of making women the "Empowered Women Empowered Nation.". India is an agrarian economy with about 54.6 percent of the total workforce engaged in agricultural and allied sector activities (Census 2011). Women are extensively engaged in the activities pertaining to agriculture and the allied sector. The workforce participation rate for rural females is significantly higher at 41.8 percent against urban women’s participation rate of 35.31 percent (MoSPI, 2017). In India, reforms are underlined for the holistic development of women, enabling socio-economic and health security. Since Independence, several government flagship schemes and programs are initiated to improve rural women stature in society by creating livelihood opportunities and engagements in paid employment. Various schemes, such as the Prime Minister’s Employment Generation Program (PMEGP), National Livelihoods Mission, DeenDayalUpadhayay Grameen Kaushalya Yojana (DDU-GKY), Pradhan Mantri Kaushal Vikas Yojana (PMKVY), Beti Bachao Beti Padhao, Pradhan Mantri Matru Vandana Yojana in creating gender parity and socio-economic empowerment of women in India. Through government beneficiary schemes, rural women now have access to education, productive resources, capacity training, skill development, healthcare facilities, and a variety of livelihood choices.

**Global Nutrition Targets**

The World Health Assembly (the World Health Organization's decision-making body) announced six nutrition targets to be attained by 2025 in 2012. They are as follows:

* Reduce stunting by 40% in children under 5.
* Reduce the prevalence of anaemia by 50% among women in the age group of 19-49 years.
* Ensure 30% reduction in low-birth weight.
* Ensure no increase in childhood overweight.
* Increase the rate of exclusive breastfeeding in the first six months up to at least 50%
* Reduce and maintain childhood wasting to less than 5%.

**Global Nutrition Report 2021 and India** –

In 2012, World Health Organization identified 6 global nutrition targets to be achieved by 2025 that included – 50% reduction of anemia among women at reproductive age, 30% reduction in low birthweight, increase the rate of first 6 months’ exclusive breastfeeding up to at least 50%, 40% reduction of stunting among under-5 children, ensuring below 5% reduction and maintenance of under-5 wasting, no increase in under-5 overweight; and seizing the increase in obesity and diabetes prevalence. The 2021 Global Nutrition Report (GNR 2021) revealed five out of six global maternal, infant and young children nutrition (MIYCN) targets to address stunting, wasting, anemia, low birth weight and childhood obesity are off track. At the same time, the global nutrition target (GNT) to combat the growing prevalence of non-communicable diseases (NCDs) is also off track. A shift from eating whole-food-based balanced meals to consuming sugary drinks, ultra-processed foods and processed red meat is negatively impacting our health and environment.

Except for three MIYCN targets, India is falling short of all other GNTs (fig 4). India is on track to fulfil the stunting target, but 34.7 percent of children under the age of 5 are still affected, far more than the Asian average of 21.8 percent.There has been no progress on achieving the GNT for waste. In comparison to the Asian average (9.1%), India has 17.3% stunted children under the age of 5. In the meantime, India recorded some progress in achieving exclusive breastfeeding, with 58.0 percent of infants aged 0 to 5 months being exclusively breastfed. Unfortunately, there is little data to evaluate India's progress toward the low birth weight target or prevalence.

The Indian diet is notably deficient in fruits, legumes, nuts, fish, and dairy, all of which are essential for optimal growth, development, and prevention of NCDs. India has made only slow progress toward GNT for diet-related NCDs. Obesity affects an estimated 6.2 percent of adult (aged 18 and above) women and 3.2 percent of adult men in India, according to GNR 2021. Meanwhile, diabetes is expected to affect 9% of adult females and 10.2% of adult males.

**India has a poor diet-**according to GNR 2021, which compared the dietary intakes of important foods and nutrients among adults aged 25 and up with the minimum and maximum requirements**.** Except for whole grains, the results show that adult Indians are not fulfilling the EAT-Lancet commission on healthy diets from sustainable food systems' recommended dietary targets for essential food groups. The Indian diet is notably deficient in fruits, legumes, nuts, fish, and dairy, all of which are essential for optimal growth, development, and prevention of NCDs.

**Where are we lacking?**

In recent years, India has achieved grain self-sufficiency and sustained economic growth. Despite this progress, the country has seen no reduction in poverty, food insecurity, or malnutrition. According to a WFP report, about 21.25 percent of the Indian population lives on USD 1.90 per day, with a wide range of inequality and social exclusion. In terms of public health nutrition, the following factors may be the most significant impediment to securing food for all in the country.

**Gaps and road to recovery**

The global nutrition targets are deficient in terms of food's environmental impact and how to manage micronutrient deficiencies. Furthermore, nutritional assessments for children and adolescent malnutrition are omitted.

* The first step for India in combating the triple burden of malnutrition, nutrition disparity, and food insecurity is to fill nutritional gaps in the daily diet.
* Adding nutrient-dense, climate-smart crops like millets to the Indian daily diet could be beneficial in minimising nutritional deficiencies and diet-related NCDs.Policy actions involving all stakeholders are urgently needed to reform the current food system.
* More funding is required to address additional pandemic-induced nutritional loss.
* Simultaneously, India need a stronger data management system, improved responsibility in the food distribution system, effective resource management, enough nutrition education, personnel reinforcement, and rigorous monitoring in order to meet global nutrition targets by 2030.

**The 5 main nutrition interventions for women are as follows:**

**1. Enhancing the quantity and nutrient content of food consumed in the household**

This essentially entails increasing access to generic household food rations via the public distribution system. The integrated child development services system also includes access to additional nutrition. Through nutrition and health education, knowledge is imparted to improve the local diet, production, and household behaviors.

**2. Preventing micronutrient deficiencies and anemia**

This is accomplished by providing Iron Folic Acid Supplementation deworming, pre and peri-conceptional folic acid supplementation, and Iodized salt is available to everyone. Malaria treatment and prevention in malaria-endemic areas, Access to information and assistance in quitting smoking during pregnancy Maternal calcium supplementation, as well as maternal vitamin A supplementation

**3. Increasing women’s access to basic nutrition and health services**

By offering early pregnancy registration and high-quality antenatal care, with a focus on pregnancy weight gain tracking, screening, and special care for at-risk moms.

**4. Improving water and sanitation education and facilities access**

By educating people about cleanliness and hygiene, particularly menstrual hygiene.

**5. Empowering women to prevent pregnancies that are too early, too frequent, or too close together**

By promoting marriage at/after the legal age of 18 and guaranteeing that a female completes secondary school. Also, through family planning, reproductive health knowledge, incentives, and services, we can reduce maternal depletion by postponing first and subsequent pregnancies. As part of maternity entitlement, it also supports a community support system for women, skill development, and economic empowerment. Providing a community support structure for women to help them make decisions, gain confidence, develop skills, and gain economic empowerment.

**What might the future hold?**

**Integrated Initiatives for Better Health Services:** The NFHS results serve as a timely reminder of the critical importance of closing the achievement gap for girls and improving the health condition of women. In order to make health care services accessible, affordable, and acceptable, particularly for those who can't easily afford them, today's health institutions, academia, and other partners directly or indirectly associated with the health care industry must work together in an integrated and coordinated manner.

**Promoting Technology-Based Services among Women:** Mobile technology, banking, education, and women's economic empowerment will all play major roles in the next several years in addressing informal discriminatory attitudes. Despite a rise, women still use a smaller percentage of mobile, internet, and financial services than do males. The availability and use of such resources are also indicators of women's empowerment, thus it is important to place enough emphasis on marketing and training women how to use them.

**Need to Address the Problems Collectively:** A court of law alone cannot resolve crimes against women. It is necessary to take a comprehensive approach and alter the entire ecology. All parties, involving lawmakers, police, forensic investigators, prosecutors, judges, medical & health officials, NGOs, and rehabilitation facilities, must band together.

**Addressing Discriminatory Social Norms:** It's crucial to stop harmful customs like child marriage and sex discrimination in order to empower women and promote gender justice. By striving to change unequal power relations, structural inequities, and discriminatory conventions, attitudes, and behaviors, we can increase the value of women and girls. In order to foster positive masculinity and gender-equal ideals, it is also crucial to interact with men and boys, especially during their early years.

**Need for Nutritional Counseling and Inclusion of Diverse Diet Sources:** The government's health and nutrition policies need to place a strong emphasis on strong compliance with a variety of diets and physical activities in addition to continuing to provide WIFS services. This entails using seasonal foods, buying your fruits and veggies locally, and eating millets. Adolescent girls' nutrition counseling needs to be strengthened through home visits from community workers, the creation of a supportive environment in schools to encourage healthy eating and lifestyles, online counseling, and thorough nutrition counseling through community-based activities and Village Health, Sanitation, and Nutrition Days.

**Policy intervention improvisation**: It is required, combined with a women-centric perspective where women are not viewed as passive recipients but rather as potential contributors to society. Reforms like the one that raised the marriage age for women from 18 to 21 years in the most recent amendment. Women-centric policymaking and an integrated strategy are required, with women being considered as potential contributors to society rather than as passive recipients of benefits.

**Towards Millennium Development Goals@2030**

The performance of India has increased from 0.665 in 2018 to 0.668 in 2020. (Global Gender Gap Index Report 2020). Initiatives aimed at mainstreaming women's engagement in economic activities could serve as a stimulus for reaching the United Nations' Sustainable Development Goals. Gender equality and access to government schemes/programs will encourage women to participate in agriculture. This will aid in the alleviation of extreme poverty and hunger, as well as the improvement of the country's economy.Furthermore, proper investment in pro-rural women initiatives and increased community participation will accelerate empowerment in a mission mode for better future prospects. Access to education, health care, and the digital ecosystem, as well as skill development, can make a big difference in the lives of rural women. Women farmers can benefit from proper training and capacity building in new agricultural technologies.

**Conclusion**

Rural women are major stakeholders in growth of agricultural sector for the New India. Acknowledging and mainstreaming of rural women via ensured access to resources, technology, education, health facilities, ownership rights and skill development will improve agriculture productivity and help in building an empowered nation. Considering the importance of rural women in ensuring the nutritional security of the rural farm families, various initiatives have been taken from both the Government and non-Government sectors namely the Integrated Child Development Scheme (ICDS), Development of Women and Child in Rural Areas (DWCRA) programme, etc. But, still more efforts are required to address the issue of nutritional security in the country. Rural area women have to be motivated to participate actively in the training and awareness campaigns regarding nutritional aspects and in this context, intensive and sustained family counseling can be an effective strategy to improve the nutritional status of the farm families. But, before formulating any strategic intervention for enhancing the nutritional security of farm women, it is a prerequisite to analyze the existing situation regarding the nutritional status of the farm women and their families.

**Reference**

1. Bhandari, S., Sayami, J. T., Thapa, P., Sayami, M., Kandel, B. P., & Banjara, M. R. (2016). Dietary intake patterns and nutritional status of women of reproductive age in Nepal: findings from a health survey. *Archives of public health*, *74*(1), 1-11.
2. Das, T. C., & Neog, A. (2021). Food security in india: sustainability and challenges in the wake of covid-19 pandemic. *International Journal of Management (IJM)*, *12*(1).
3. James, P. T., Wrottesley, S. V., Lelijveld, N., Brennan, E., Fenn, B., Menezes, R., & Mates, E. (2022). Women's nutrition: A summary of evidence, policy and practice including adolescent and maternal life stages.
4. Rao, K. M., Balakrishna, N., Arlappa, N., Laxmaiah, A., & Brahmam, G. N. V. (2010). Diet and nutritional status of women in India. *Journal of Human Ecology*, *29*(3), 165-170.
5. Vir, S. C., & Malik, R. (2015). Nutrition situation of women in India: current status, implications on child undernutrition and challenges ahead. *Stat Appl*, *13*(1-2), 71-84.