**IMPROVING FARM WOMEN'S NUTRITIONAL SECURITY**

Karishma Baidya1, Kh. Pusparani2, Dr. Venkteshwar Jallaraph3 and Dr. Shubham Mishra4

1&2 Ph.D. Scholar, Department of Agricultural Extension, IGKV, Raipur

3Senior Research Fellow, ICAR-ATARI, Zone-IX, Jabalpur

4Assistant Professor, BRDPG College, Deoria

1. **Introduction**

One of the most pressing global challenges in recent years has been how to ensure nutritional security for an expanding population while adapting to increasing disaster extremes, including those caused by climate change, increased economic volatility, and long-term sustainable development. In this context, one of the agricultural pathways to long-term nutritional security is active local food production that is nutritious. farm women can play an important role as nutritious food consumers. All rural and urban residents in our country rely largely on farm women's efficiency to meet their nutritional demands. Agriculture contributes to good nutrition, and good nutrition contributes to human capital, which is also an input for agriculture, generating a virtuous circle between agriculture and nutrition.

People's lifestyles have changed dramatically during the last century, altering demographics, food supplies, eating habits, and population health. While improved agricultural practices, food supplies, and advanced food processing techniques have increased food availability to more people, they have also resulted in an imbalanced nutrient intake, which has resulted in a change in health profiles.

The notion of nutritional security arose as as a result of recognising the significance of including nutritional components in food security Nutrition, as opposed to food, which is frequently defined as any material that humans eat and drink in order to maintain life and growth, incorporates aspects of health services, a healthy environment, and caring practices. More specifically, a person is called nutritionally secure when she or he consumes a nutritionally appropriate diet and the food consumed is physiologically metabolized in such a way that acceptable performance in growth, resistance to and recovery from diseases, and physical work is maintained. Nutritional intake and overall health are the immediate causes of nutritional status at the household level. The two elements are inextricably intertwined. Dietary intake should meet a certain quality and quantity threshold level, which also considers the balanced nutrient intake to be appropriately absorbed in the human body. The nutritional intake of specific individuals at the household level involves two key issues: household food demand and intra-household food allocation. Other factors, including as eating habits and understanding of food processing and feeding procedures, influence diet composition as well as biological utilization. Other nutritional status-related issues include the availability and accessibility of household food, care, quality health care, and a healthy environment. Cultural and structural factors frequently limit women's capacity and autonomy in the home. Similarly, because to the prevalent culture and traditional practices in India, the health and nutritional status of women, particularly rural women, is deteriorating, despite the fact that rural women produce half of the world's food and 60-80 percent of 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**

The "Azaadi Ka Amrit Mahotsav" commemorates India's progressive 75th anniversary of independence while supporting the objective of making women the "Empowered Women Empowered Nation." India has an agrarian economy, with agriculture and associated sector activities employing approximately 54.6 percent of the total workforce (Census 2011). Women are heavily involved in agricultural and allied industry operations. Rural female labor-force participation is much greater, at 41.8 percent, than urban female labor-force participation, which is 35.31 percent (MoSPI, 2017). In India, reforms are being emphasised to enable women's comprehensive development, including socioeconomic and health security. Since independence, various government flagship initiatives and programmes have been launched to elevate rural women's status in society through the creation of economic possibilities and paid jobs. The Prime Minister's Employment Generation Program (PMEGP), the National Livelihoods Mission, the Deen Dayal Upadhayay Grameen Kaushalya Yojana (DDU-GKY), the Pradhan Mantri Kaushal Vikas Yojana (PMKVY), Beti Bachao Beti Padhao, and the Pradhan Mantri Matru In India, the Vandana Yojana is promoting gender equality and women's socioeconomic empowerment. Rural women today have access to education, productive resources, capacity building, skill development, healthcare, and a variety of livelihood options thanks to government beneficiary schemes.

1. **Global Nutrition Targets**

In 2012, the World Health Assembly (the World Health Organization's decision-making body) set six nutrition goals to be achieved by 2025. They are listed below:

1. Reduce impeding by 40% in children under the age of five.
2. Cut the prevalence of anemia in women aged 19 to 49 years by half.
3. Guarantee a 30% reduction in low-birth weight.
4. Make certain that there is no increase in childhood obesity.
5. Raise the rate of exclusive breastfeeding to at least 50% in the first six months.
6. Preserve and reduce childhood waste to less than 5%.
7. **India and the Global Nutrition Report 2021** –

The World Health Organization set six global nutrition targets for 2025: a 50% reduction in anemia among women of reproductive age, a 30% decline in low birth weight, a 50% increase in the rate of first 6 months' exclusive breastfeeding, a 40% decrease in impeding by many children under the age of five, a 5% decrease in under-5 wasting, and no increase in under-5 overweight children. According to the Global Nutrition Report 2021 (GNR 2021), five of the six global maternal, infant, and young child nutrition (MIYCN) targets for addressing stunting, wasting, anemia, low birth weight, and childhood obesity are off track. Simultaneously, the global nutrition target (GNT) for combating the rising prevalence of noncommunicable diseases (NCDs) has veered off course. A shift away from eating whole-food-based balanced meals and toward sugary drinks, ultra-processed foods, and processed red meat is harming our health and the environment..

With the exception of three MIYCN targets, India falls short of all other GNTs (fig 4). India is on track to achieve the stunting target, but 34.7 percent of children under the age of five remain stunted, far higher than the Asian average of 21.8 percent. There has been no advancement toward achieving the GNT for waste. India has 17.3% stunted children under the age of five, compared to the Asian average of 9.1%. In the meantime, India made some headway toward exclusive breastfeeding, with 58.0 percent of infants aged 0 to 5 months exclusively breastfed. Unfortunately, there is insufficient data to assess India's progress toward the low birth weight or prevalence targets.

Fruits, legumes, nuts, fish, and dairy are all deficient in the Indian diet, despite the fact that they are all necessary for optimal growth, development, and prevention of NCDs. India has made only slow progress toward GNT for NCDs caused by diet. According to GNR 2021, obesity affects an estimated 6.2 percent of adult (aged 18 and above) women and 3.2 percent of adult men in India. In the meantime, diabetes is expected to affect 9% of adult females and 10.2% of adult males.

According to GNR 2021, which compared the dietary intakes of vital foods and nutrients among adults aged 25 and up with the minimum and maximum requirements, India has a poor diet.Except for whole grains, the findings indicate that adult Indians do not meet the EAT-Lancet commission on healthy diets from sustainable food systems' recommended dietary guidelines for essential food groups. Fruits, legumes, nuts, fish, and dairy are all inadequate in the Indian diet, despite the fact that they are all necessary for good growth, development, and prevention of NCDs.

1. **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 World Food Programme report, approximately 21.25 percent of India's population lives on USD 1.90 per day, resulting in significant inequality and social isolation.. The following issues may be the most significant hurdle to ensuring food for all in the country in terms of public health nutrition.

1. **Gaps and road to recovery**
2. Worldwide nutrition goals are inadequate in terms of addressing micronutrient deficiencies and the environmental impact of food. Nutritional evaluations for children as well as adolescent undernutrition are also neglected.
3. India's initial step is to alleviate the burden of malnutrition, nutrition inequity, and food insecurity, nutritional gaps in the daily diet must be filled.
4. Incorporating nutrient-dense, climate-smart crops like millets into the Indian diet may aid in the reduction of nutritional deficits and diet-related NCDs. Policy initiatives involving all stakeholders are urgently needed to overhaul the current food system. Additional funding is required to address pandemic-induced nutritional loss.
5. To meet global nutrition targets by 2030, India requires a more robust improved accountability in the food distribution system, effective resource management, adequate nutrition education, manpower encouragement, and rigorous surveillance.
6. **The 5 main nutrition interventions for women are as follows:**
7. **Increasing the quantity and nutritional value of food consumed in the household**

This entails broadening access to basic household food rations via the public distribution system. Supplemental nutrition is also provided as part of the integrated child development services system. Knowledge is provided to improve the local diet, productivity, and household behaviours through nutrition and health education.

1. **Deficiencies in micronutrients and anemia are avoided.**

This is accomplished by providing deworming, pre and post-conceptional folic acid supplementation, and universal access to iodized salt. Malaria treatment and mitigation in malaria-endemic areas, as well as information and assistance in quitting smoking while pregnant It is also recommended that mothers take calcium and vitamin A supplements.

1. **Increasing women's access to basic nutrition and health care.**

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

1. **Improving water and sanitation education and facility access**

People can be educated about cleanliness and hygiene, particularly menstrual hygiene.

1. **Educating women on how to avoid pregnancies that are too early, too frequent, or too close together.**

By inspiring marital relationship prior to or after the legal marriage age of 18 and ensuring that a female completes secondary school. We can also avoid maternal depletion by postponing first and subsequent pregnancies through family planning, reproductive health education, incentives, and services. As part of the maternity entitlement, it also promotes a community support system for women, skill development, and economic empowerment. Giving women a community support framework to help them make decisions, gain confidence, develop skills, and achieve economic.

1. **What might the future hold?**
2. **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 who are directly or indirectly involved in health care industry must work together in an integrated and coordinated manner.

1. **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.

1. **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.

1. **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.

1. **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.

1. **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.

1. **Towards Millennium Development Goals@2030**

The performance of India enhanced from 0.665 in 2018 to 0.668 in 2020. Initiatives aimed at mainstreaming women's economic participation could serve as a catalyst for achieving the United Nations' Sustainable Development Goals. Gender equality and equal access to government programs will encourage more women to work in agriculture. This will aid in the alleviation of extreme poverty and hunger while also strengthening the country's economy. Increasing community participation and effective funding in pro-rural women programs will also accelerate empowerment in a mission mode for better future prospects. Rural women's lives can be significantly improved by increased access to education, health care, the digital ecosystem, and skill development. Women farmers can benefit from training in new agricultural technologies and capacity building.

1. **Conclusion**

Rural women have an important role in the development of the agricultural sector in New India. Recognizing and mainstreaming rural women through improved resource availability, techniques, qualification development, medical services, ownership rights, and skills enhancement can boost agricultural productivity and contribute to the creation of 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.