**IMPROVING FARM WOMEN'S NUTRITIONAL SECURITY**

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**Introduction**

One of the most pressing global challenges in recent years has been how to ensure nutritional security for a growing population while accommodating for increasing disaster extremes, including those caused by climate change, increased economic volatility, and ensuring long-term sustainable development. In this context, one of the agricultural pathways to long-term nutritional security is active local production of nutritious food, in which 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 the dietary and nutrition transition characterised by improved agricultural practises, food supplies, and advanced food processing techniques has increased food availability to more people, it has also resulted in an imbalanced nutrient intake, which has resulted in a change in health profiles.

The notion of nutritional security arose as a result of the understanding of the importance of including nutritional components in food security. Nutrition, as opposed to food, which is often described as any material that humans eat and drink in order to preserve life and growth, incorporates features 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. Dietary intake and health status 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.

**Global Nutrition Targets**

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

* Cut stunting in children under the age of five by 40%.
* Cut the prevalence of anemia in women aged 19 to 49 years by half.
* Ensure a 30% reduction in low-birth weight.
* Make certain that there is no increase in childhood obesity.
* Raise the rate of exclusive breastfeeding to at least 50% in the first six months.
* Reduce and sustain childhood waste to less than 5%.

**India and the Global Nutrition Report 2021** –

In 2012, the World Health Organization identified six global nutrition targets to be met by 2025: a 50% reduction in anaemia among women of reproductive age, a 30% reduction in low birthweight, a 50% increase in the rate of first 6 months' exclusive breastfeeding, a 40% reduction in stunting among under-5 children, a 5% reduction and maintenance of under-5 wasting, and no increase in under-5 overweight. According to the Worldwide Nutrition Report 2021 (GNR 2021), five of six global maternal, infant, and young child nutrition (MIYCN) targets to address 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) is off track. A trend 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.

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.

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.

**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, around 21.25 percent of the Indian population lives on USD 1.90 per day, with 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.

**Gaps and road to recovery**

* Global nutrition targets are inadequate in terms of the environmental impact of food and how to address micronutrient deficiencies. Nutritional assessments for children and teenage malnutrition are also neglected.
* • Filling nutritional gaps in the daily diet is the first step for India in fighting the triple burden of malnutrition, nutrition inequity, and food insecurity.
* • Including nutrient-dense, climate-smart crops like millets in the Indian diet could help to reduce nutritional deficits and diet-related NCDs. To overhaul the current food system, policy initiatives involving all stakeholders are urgently required. More funding is required to address additional pandemic-induced nutritional loss.
* To reach global nutrition targets by 2030, India needs a stronger data management system, improved accountability in the food distribution system, effective resource management, enough nutrition education, personnel reinforcement, and rigorous monitoring.

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

**1. Increasing the amount and nutrient content of food consumed in the household**

This means expanding access to generic household food rations through the public distribution system. Access to supplemental nutrition is also 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.

**2. Preventing micronutrient deficiencies and anemia**

This is accomplished through the provision of Iron Folic Acid Supplementation deworming, pre and peri-conceptional folic acid supplementation, and the availability of iodized salt to everybody. Malaria prevention and treatment in malaria-endemic areas, Information and aid on stopping smoking when pregnant Maternal calcium supplementation and vitamin A supplementation are also recommended.

**3. Improving women's access to basic nutrition and health services**

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

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

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

**5. Educating women on how to avoid premature, frequent, or close-spaced pregnancies.**

By encouraging marriage before/after the legal age of 18 and ensuring that a female finishes secondary school. We can also prevent maternal depletion by deferring first and future pregnancies through family planning, reproductive health information, incentives, and services. It also promotes a community support system for women, skill development, and economic empowerment as part of the maternity entitlement. Providing a community support framework for women to assist them in making decisions, gaining confidence, developing skills, and achieving 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**

India's performance has improved from 0.665 in 2018 to 0.668 in 2020. 2020 Global Gender Gap Index Report Initiatives aiming at mainstreaming women's economic participation could act as a catalyst for achieving the United Nations' Sustainable Development Goals. Gender equality and equal access to government schemes and initiatives will encourage more women to work in agriculture. This will help to alleviate extreme poverty and hunger while also improving the country's economy. Furthermore, increasing community participation and effective funding in pro-rural women programmes will expedite empowerment in a mission mode for better future prospects. Access to education, health care, the digital ecosystem, and skill development can significantly improve the lives of rural women. Women farmers can benefit from new agricultural technology training and capacity building.

**Conclusion**

Rural women have an important role in the development of the agricultural sector in New India. Recognizing and mainstreaming rural women through improved access to resources, technology, education, health care, ownership rights, and skill development 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.

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