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## Women nutrition in India

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### Abstract

Women's nutrition is one such aspect that requires urgent attention as it has a direct bearing on family and community health. Adequate nutrition is primarily an issue of rights and not just utility alone. Women's nutrition is linked to their health, education to perform better in schools and at work. If Indian women are healthy, they can contribute to the progress of their family, society, and country. Furthermore, in line with 'Sabka Saath, Sabka Vikas, Sabka Vishwas', women with health on their side will also be empowered with the agency to choose their life paths and contribute to India's holistic development.

**Keywords:** Women's, nutrition, health, development, family

### Introduction

The health of women is direct linked to the society. The demographic consequence of the women has formed expression in various forms, such as female infanticide, higher death rate, lower sex ratio, low literacy level and lower level of employment of women in the non-agricultural sector as compared to men. Generally, at household level, cultural norms and practices and socio-economic factors determine the extent of nutritional status among women. National Nutrition Monitoring Bureau has been carrying out regular surveys on diet and nutritional status of different population groups since 1972. For the purpose of present investigation, the data collected during 1998-99 and 2005-06 on diet and nutritional status of tribal and rural population respectively in nine States of India was utilized. The intake of all the foods except for other vegetables and roots and tubers was lower than the suggested level among rural as well as tribal women. The study revealed inadequate dietary intake, especially micronutrient deficiency (hidden hunger) during pregnancy and lactation. The prevalence of goiter was relatively higher (4.9%) among tribal women compared to their rural counterparts (0.8%). Tribal women were particularly vulnerable to under nutrition compared to women in rural areas. The prevalence of chronic energy deficiency was higher (56%) among tribal NPNL women compared to rural women (36%).

### Break the stereotypes

Women upbringing happens in such a way that women often eat at the end due to social norms then only they can be recognized as good wives and mothers. From the childhood girls faces this types of rituals. This stereotypical thinking also paves challenges towards addressing women nutrition. As per the latest National Family Health Survey (NFHS) data, 18.8 per cent of women of reproductive age, i.e., 32.8 million women, are undernourished with a BMI of less than 18.5 kg/m<sup>2</sup> even when they cook food for the entire family. Awareness of micro nutrition, especially among women irrespective of geographical location, hinders the intake of balanced nutrition crucial for holistic well-being.

National Nutrition Monitoring Bureau data on food consumption by individual women highlights the issue of the low intake of micronutrients against the Recommended Dietary Allowance (RDA). This is exemplified by the 2012 data that reports that among girls between 16-17 years of age the nutrient intake as a percentage of the RDA is only 68 for calories, 82 for protein, 42 for calcium, 52 for iron, and 41 for vitamin A, while among adult moderate women it is 80 for calorie, 89 for protein, 62 for calcium, 69 for iron, and 42 for vitamin A.

### Women's malnutrition in India

India has high rates of malnutrition among women that undermine their productivity,

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resistance to diseases and capacity to generate income. In addition, food security in terms of availability, affordability, and quality and safety remain a challenge in India according to the Global Food Security Index, 2020, where the country ranks 71 out of 113 countries in this aspect.

The NFHS – 5 (2019-20) revealed that anemia has increased to 57.2 per cent in the reproductive women age group (15 to 49 years) in most of the states as compared to 49.7 per cent in NFHS – 4 (2015-16). This poses a severe threat to human health and well-being and indicates that adequate nutrition is a critical challenge for us. Deficiencies of micronutrients such as Iron, Vitamin A, Zinc, etc., arise from inadequate intakes, impaired absorption and utilization, excessive losses, or a combination of these factors. It exacerbates during times of greater physiological need such as infancy, pregnancy, lactation, and catch-up growth following an illness.

The diets of many households are based predominantly on cereals/grains or starchy roots and tubers, which have lower micro-nutrient content.

- The proportion of fresh fruits, vegetables, eggs, meat, poultry, fish, readily available iron, zinc, and vitamin A sources are often small because of economic and cultural constraints.
- A study conducted across India in 2020 revealed that cereals/grains are most consumed.
- When considering other nutritional food groups constituted by vitamin-rich fruits and vegetables, green leafy vegetables, beans, legumes, pulses are consumed in half of the households.
- Eggs, meat, and other non-vegetarian items formed less prevalent items in the diet of respondents.
- Overall consumption of protein, vitamin, and minerals rich diets is an issue reflected in poor dietary habits, especially among women.

### COVID-19 impact on nutrition

The COVID-19 pandemic has devastating effects on the nutrition status of vulnerable groups, especially women. The major challenge is how to save them from a nutritional crisis. Here comes the role of the supply chain of the essential food commodities. The COVID-19 pandemic disrupted the supply chain for nutrition-rich food due to lockdown, limited transport services, etc. Many women migrated to their hometowns and are struggling to earn their livelihood. When there is a struggle to deal with hunger, focusing on nutrition automatically takes the back seat.

The study by Tata-Cornell Institute for Agriculture and Nutrition in four economically backward districts of Uttar Pradesh's Maharajganj, Bihar's Munger, and Odisha's Kandhamal and Kalahandi indicate a decline in household food expenditures and women's dietary diversity in May 2020 compared to May 2019, particularly for non-staples like meats, eggs, vegetables and fruits.

“Our findings contribute to the growing body of evidence of women's disproportionate vulnerability to economic shocks, the impact of a staple grain focused safety net programme, and restricted markets on the access and availability of diverse nutritious foods,” says the paper which makes a case for policy reforms towards PDS diversification to include nutrition-rich foods and market reforms to remove supply-side bottlenecks and expansion of direct benefit transfers for healthy food access.

“Women's diets were lacking in diverse foods even before the pandemic, but COVID-19 has further exacerbated the situation,” said Soumya Gupta, a research economist at TCI

who co-authored the study along with Prabhu Pingali, TCI director; Mathew Abraham, assistant director; and consultant Payal Seth. “Any policies addressing the impact of the pandemic on nutritional outcomes must do so through a gendered lens that reflects the specific, and often persistent, vulnerabilities faced by women,” she said in a statement issued by the Cornell University.

Researchers said that policymakers should recognize the disproportionate impact of the pandemic and other disruptive events on women's nutrition by bolstering safety-net programmes to ensure that they meet the needs of women and other marginalized groups.

The government of India's provision of supplies through ration shops played a key role to ensure food security. Now, the focus should be on diet diversity, giving greater attention to balanced nutrient consumption.

### Public awareness on nutrition matters

Public awareness generation, knowledge development and nutrition education are critical among the community so that women have access to nutritious food, rich in protein, vitamins, and minerals. For India to achieve its commitment to Sustainable Development Goal 2 – ‘Zero Hunger’ and end all forms of hunger and malnutrition by 2030, the gendered aspect of nutrition access must be addressed for which increased community awareness is the first step.

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