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INTRODUCTION

In 2020 India had the highest number of people experiencing food insecurity globally, 10% of the population, leading to 200 million people undernourished (Ganpule et al., 2023)(McKay. et al, 2020). The WHO (World Health Organisation) reported <u>alarmingly high rates</u> in adolescent girls, pregnant and *: lactating women (Narayan et al., 2018).

Why are women in India disproportionally impacted?

This poster AIMS to examine:

- Physical, social, cultural, and the community barriers contributing to these inequalities.
- Impact of malnutrition on physical and mental well-being.

Food insecurity in India is complex and multifactorial; the causes of this are not explored (Ganpule et al., 2023).

Method

Using "Web of Science", "Pub Med" and "Google Scholar" articles were found with the key words "India", "food security", "gender", "inequality", " malnutrition", "undernutrition", "health" and "wellbeing". Several sites were used to access a range of literature. The abstracts were assessed to determine their relevancy to gender inequalities in food distribution in India. Articles suggesting the highest relevance were then read fully. All the selected papers had research carried out in India, and were written or translated into English.

DEFINITIONS:

NUTRITIONAL EMPOWERMENT: ABILITY TO ACHIEVE GOOD NUTRITION AND HEATLH. MEASURED BY WOMENS EMPOWERMENT NUTRITIONAL INDEX (WENI)(NARAYANAN ET AL., 2019). FOOD INSECURITY: LACK OF ACCESS TO A

VARIETY OF HEALTHY, DESIRED FOODS WHICH MEET BASIC NEEDS. CAN VARY BY SEASON AND WITHIN HOUSEHOLDS. MEASURED USING FIES AN 8 QUESTION SELF REPORT TOOL (FAO, 2023).

IMPACT OF FOOD INSECURITY

MALNUTRITION CAUSES:

- MUSCLE WASTING
- INCREASED WOUND HEALING TIME
- HIGHER RISK OF INFECTION
- DIZZINESS

GUILTI

SHAME!

- LACK OF CONCENTRATION
- PSYCHOSOCIAL IMPACTS
- DEPRESSION, ANXIETY AND SELF NEGLECT
- FETAL COMPLICATIONS

(SAUNDERS J AND SMITH T. 2010).

NOT ENOUGH FOOD

- 60% of mothers in West Singhbhuest, India, experienced muscle wasting (Sinha et al., 2020).
- 45% of mothers in Bihar, Chhattisgarh and Odisha, India, were undernourished (Reshmi S R. et al., 2019).
- 18.7% of women have a BMI of less than 18, classified as thin compared to only 15.8% of men in India (USAID, 2023).

WOMEN MEN

LEVELS OF FOOD INSECURITY (MAXFIELD, A. 2020)

GIRLS

You had to skip a meal? You ate only a few kinds of food? You were unable to eat healthy and nutritious food You were worried you would not have enough food to eat? PERCENTAGE OF PARTICIPANTS (Ganpule, A et al,. 2023)

WOMEN

FOOD SECURITY IN VIZAG, INDIA

You went without eating for a whole day?

You ate less than you thought you should?

You were hungry but did not eat?

Your household ran out of food?

The above cross-sectional study of 9,005 adults across the North and South of India show women reporting more food insecurity than men in all FIES questions (Ganpule, A et al, 2023). To the left shows girls in Jaipur were found to experience more food insecurity than boys, even within the same household (Maxfield, A, 2020).

FOOD INSECURITY

INADEQUATE NUTRITION

- Over half of mothers of reproductive age in Vizag, rural India, suffer from anaemia (Gupta et al., 2019b). In 2019, USAID found 25% of Men across India had anaemia compared to 57% of women (USAID, 2023).
- Women across rural India eat considerably less nutrient-rich food such as, dairy, fruit, vegetables and meat than men (Ganpule et al., 2023).

ANAEMIA RATES 57%

NO CHOICE IN FOOD

- In Maharashtra, India, only 39.5% of mothers with children under 5 are nutritionally empowered, compared to their spouses' rate of 77.2% (Saha, S and Narayanan, S, 2022).
- Female non-agricultural workers earn only 65% of male wages, and female manufacturing workers earn a mere 59% of male wages. Only 25% of women in India are formally employed, compared to 76% of men (Srivastava, N and Srivastava, R. 2010).
- Only 18% of employed women in India have full control over how their own money is spent (USAID, 2023).

PORTION SIZES

Social norms, still encourage woman to be submissive, docile and connected to the home. They become responsible for household chores, including cooking and food preparation and ensuring the available food is able to stretch (Chorghade, G. et al. 2006). Additionally, social convention, particularly in rural India, leads to women serving themselves last and often boys before girls. These reasons both simultaneously lead to women recieveing in smaller portion sizes.

NEED FOR MORE

A focus group study in rural Maharashtra, India found men and women agreed women had the most work in the house and on the farm. This resulted in women having less time to eat and were sometimes too tired to eat. With this increased workload, the quantity of food should reflect this (Chorghade, G. et al. 2006). There is no evidence woman in Maharashtra reduced their workload or increased their diet during pregnancy, severely affecting their level of nutrition (Chorghade, G. et al. 2006).

WHAT HAS ALREADY BEEN DONE:

- India launched the EAT Right campaign in 2021 to promote sustainability in the nutrition agenda.
- The Indian government has begun educating on the importance of a varied diet (Narayan et al., 2018).

LIMITATIONS OF THE DATA:

- This data is from various locations in India, yet national disparities have not been accounted for. However, the range of data does highlight the clear gender inequity.
- Multiple data sets have been used without highlighting the limitations of individual collection methods, or specific research challenges.
- No exploration into causes of Indian food insecurity.

REFERENCES:

Reasons for these inequalities



SOCIAL ISOLATION

In rural India, young girls are married young and typically move away from their original support network to live with their husbands. This physical distance results in girls feeling unrelaxed, unsettled and distressed, leading to their inability to eat adequately (Chorghade, G. et al. 2006). Additionally, a new wife will be of the lowest status and expected to be to subordinate to other members within her husbands household. This often results in her eating and serving herself last (Narayana et al., 2019).

IMPACT OF THIS DATA:

- sensitive policy-making, ensuring policy implementation is used to combat India's societal gender inequalities.
- Community-based nutritional interventions involving women have shown success in Nepal at improving the nutritional status of target populations and empowering females. value and variation (Gupta et al., 2019a).
- This emphasises the importance of gender- Female empowerment objectives need to be prioritised.

(SKETCHIFY., 2023 D)

- Greater woman empowerment has been shown to increase crop production in low-income households (Connors, K et al. 2023).
- A woman's iron levels Twith †agricultural empowerment. This is due to women being able to demand larger portions of food as well as food of greater nutritional

EMPOWERMENT

Woman's empowerment is an indicator of their capability to move freely and safely, financially and socially (Rajkhowa, P. and Qaim, M. 2022).

A lack of personal autonomy and freedom of movement, reflects a reduced level of empowerment. With little purchasing power this reduces their ability to source additional food available to men, reducing their nutritional empowerment (Srivastava et al, 2009). The lack of independence and societal expectation on women may lead them to priorities feeding their children and husband. With limited empowerment they are unable to demand larger portions

EDUCATION AND EMPLOYMENT

Women in India face significant obstacles when seeking education, particularly at a higher level. This under-representation reduces their chances for future employment. Only 44% of women can read a whole sentence compared to 52% of men (USAID, 2023). This hinders their ability to access information, including valuable information on nutrition and a healthy diet.

Gender specific wage disparity means men have more potential for income and therefore receive a greater proportion of the household food supply in order to support the household finances. This gender economic disparity filters down into childhood, with girls being fed less than their own brothers (Maxfield, A. 2020).

CONCLUSION

OVERALL, GENDER INEQUALITY IS PROMINENT IN THE WAY FOOD IS DISTRIBUTED ACROSS INDIA. THE **DISCREPANCY IS SEEN ACROSS** MANY DOMAINS, FROM WENI TO **ANAEMIA RATES. THESE INEQUALITIES ARE IMPACTING NUTRITION, DIRECTLY IMPACTING A** WOMENS PHYSICAL HEALTH AND WELL-BEING. MORE NEEDS TO BE **DONE TO ADDRESS THESE INEQUALITIES TO SUBSEQUENTLY** IMPROVE THE HEALTH OF HALF OF INDIAS POPULATION.