

## **BABE 2018- Food and nutrition security and its association with women and children health of deprived community- Ramu Rawat , Research Scholar at International Institute for Population Sciences**

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The basic food is a significant physical input to improve nutritional status. People can satisfy their basic nutritional requirements on a regular basis, adequate and safe food with the respective energy are essential pre-condition for an active life. While, better dietary diversity helps ensure adequate intake of essential nutrients, especially to keep one in a healthy position and the value of a diverse diet has long been recognized. The basic aim of this study was to understand food and nutritional security and health status of women and children of deprived community in rural areas. Women and children food habits, diet diversity also examined. To fulfill the study objective primary data (N=300 women & 585 children) was collected from selected areas during November 2016 to March 2017. Bi-variate and multinomial techniques are performed in STATA 12 software to examine data. The result depicts, about 30 percent households belonged from moderately food insecure category followed by severely food insecure (21.7%). Study findings reveal that women and children health extensively linked with food security. Whereas, about 27 percent women belonged to underweight and 11 percent form overweight category respectively. Likewise, the percentage of underweight women increased from 23.9 to 29.2 percent among food secure to severely insecure food categories. Further, malnutrition (stunting & wasting) among the children were gradually increased from food secure to severely insecure food category (46.3 to 55.4 & 37.3 to 49.2 %). Mother's food habits make the impact on their own health as well as their children. The children educational performance statistically associ-

ated with health and high values of the chi-square test. Midday Meal in school and food in Anganwadi Centre plays a significant role to enhance women and children health. Furthermore, target-based intervention, strengthening PDS and ICDS may help to achieve the target and ensure food and for everyone. The purpose of the present article is to provide an overview of what is known about the impact of poverty during pregnancy on subsequent child health outcomes and what can be done to reduce the disparities that continue to occur. This is not a systematic literature review; however, the paper will focus on published literature that links maternal poverty to child health outcomes in economically advantaged countries that can be extrapolated to the Canadian context. This includes peer-reviewed publications of studies performed in Canada and in other industrialized, developed countries, and also includes the 'grey' literature published by organizations that advocate for improved health among the poor. Plainly stated, it is clear from these readings that to be born into poverty is not good for a child's health. This is a well-established fact. To continue to experience poverty throughout childhood is even worse, with the health consequences for these children remaining with them for the duration of their lives. While there exists widespread consensus regarding the detrimental impact of poverty or income disparities on health, there is considerable debate regarding the magnitude of and reasons for the impact

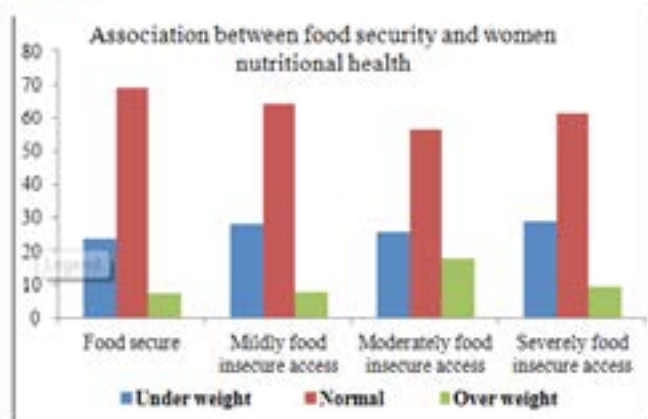
**Review/Reference:** Food and nutrition security The UN Food and Agriculture Organisation (FAO), in its most recent report on the subject with other inter-

national agencies, indicates that more than 820 million people in the world were hungry in 2018 (FAO et al, 2019). Worryingly, this figure has increased since 2015 by some 36 million people. The prevalence of hunger – i.e. the share of hungry people in the population - has remained stagnant over the last four years. However, the lack of progress in recent years needs to be seen in the context of sustained progress in cutting both the number and prevalence of hungry people in preceding decades. Meanwhile, other malnutrition indicators show a mixed picture. The prevalence of stunting among children under 5 is decreasing, although with 149 million children still stunted, the rate of progress is too slow to meet the SDG target in this area. The FAO has also reported that the prevalence of overweight is increasing across all age groups, with particularly sharp increases among school-age children and adults. Furthermore, the increase in obesity between 2000 and 2016 was even more rapid than the increase in overweight (FAO et al, 2019). Climate change and conflict are among the factors that have reversed progress in improving nutrition in recent years. However, slow and uneven economic growth has also hampered efforts to reduce poverty – a key factor in improving access to food.

Estimated as far as calorific accessibility, there is no deficiency of food at the worldwide level. The commonness of destitution is along these lines a significant factor in clarifying the constancy of the under nutrition segment of food instability, to the extent that it bargains the capacity of poor people and networks to get to satisfactory food, notwithstanding its accessibility on worldwide markets<sup>4</sup>. In his 2019 report on progress towards the SDGs, the United Nations Secretary-General notes that salary disparity is proceeding to ascend in numerous areas, despite the fact that the least 40 percent of the populace in numerous nations has encountered positive development rates (United Nations, 2019). The report noticed that, in over portion of the 92 nations with tantamount information during the 2011–2016 periods, salary development for the last 40 percent of

the populace was higher than the national normal – a key marker of progress on imbalance under SDG 10. Be that as it may, it additionally takes note of that this segment of the populace despite everything got under 25 percent of the general pay or utilization. Recent Publications (minimum 5)

Image



1. Rawat, R. (2017). The association between economic development, education and FGM in six selected African countries. *African Journal of Midwifery and Women's Health*, 11(3), 137-146.
2. Rawat R., Gouda, J. and Shekhar, C. (2015): Smokeless tobacco use among male adults in India and selected States; Assessment of education and occupation linkages. *Journal of Human Behaviour in the Social Environment*.
3. Rawat R. and Masthan T. (2015): Explosion of rape cases in India: A study of last one decade. *International Journal of Current Research*, 7(07):17976-17984.
4. Rawat R. (2015): Multi-Dimensional Burden on Lesbian, Gay, Bisexual, and Transgender (LGBT) Community: Health Perspective. *AASCIT Communications*, 02 (6); 320-326.
5. Ramu (2015): A Multi-Country Study On Female Genital Mutilation and Inter-Generational Practices. *International Journal of Health Sciences and Research*, 5(6):491-502. ISSN: 2249-9571.