

Gendered Malnutrition in India

For Prelims: <u>POSHAN Abhiyaan</u>, <u>National Family Health Survey</u>, <u>Anaemia</u>, <u>Integrated Child</u> <u>Development Scheme</u>

For Mains: Women and Child Nutrition in India, Socio-economic determinants of gender-based malnutrition

Source:TH

Why in News?

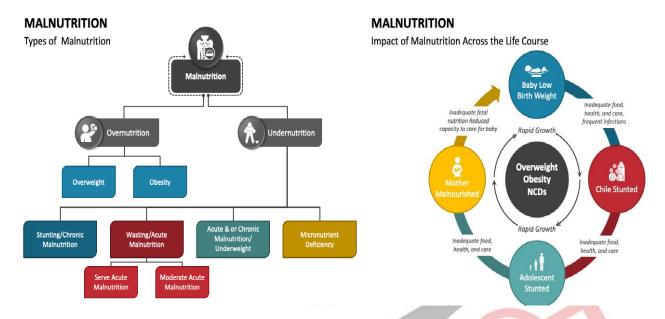
India's free foodgrain programme currently covers approximately 800 million people, yet challenges related to hunger and malnutrition persist, particularly among women and girls.

Despite economic growth and the implementation of <u>POSHAN Abhiyaan (Prime Minister's</u> <u>Overarching Scheme for Holistic Nourishment)</u>, gender-based nutritional disparities remain stark.

What are the Factors Behind Gendered Malnutrition in India?

- Higher Rates of Anaemia and Underweight: According to <u>National Family Health Survey</u> (<u>NFHS</u>)-5, 57% of women aged 15-49 are <u>anaemic</u>, compared to just 26% of men. Nearly 1 in 5 women are <u>underweight</u>.
 - Women have higher nutritional needs during menstruation, pregnancy, and lactation. These physiological demands, if unmet, exacerbate deficiencies such as anaemia and underweight status, impacting both maternal and child health.
- **Limited Education:** As per Census 2011, the overall literacy rate in India is 72.98%, with a significant gender gap 80.9% for males and only 64.63% for females.
 - This disparity in education affects women's awareness about nutrition, health practices, and access to healthcare services, contributing to gendered malnutrition.
- Entrenched Social Norms: In many economically disadvantaged Indian households, food distribution is unequal where women and girls often eat last and receive the least.
 - Malnutrition in such cases reflects not only food scarcity but also deep-rooted social injustice and gender-based discrimination.
 - Cultural biases that prioritize the nutritional needs of men further worsen health outcomes for women.
- **Economic Dependency:** Around **49% of women lack decision-making power** over their earnings, which translates to compromised nutrition. Economic vulnerability restricts women's access to nutritious food, perpetuating malnutrition.
- **Policy Gaps:** Despite large investments (Rs 24,000 crore for 2022-23), POSHAN Abhiyaan had utilized only **69% of its funds by December 2022.**
 - The scheme has created awareness about nutrition, but failed to improve key outcomes, like reducing anaemia or undernutrition **among women.**

 POSHAN 2.0 remains isolated from schemes aimed at women's economic empowerment. Nutritional interventions alone are insufficient if women lack the financial means and agency to access nutritious food.



What is the POSHAN Abhiyaan?

- About: POSHAN Abhiyaan (formerly known as the National Nutrition Mission), is the flagship nutrition mission of the Government of India launched in 2018.
 - Its primary aim is to improve the nutritional outcomes for children (0-6 years),
 adolescent girls, pregnant women, and lactating mothers in a time-bound manner.
 - It targets to reduce <u>stunting</u>, <u>under-nutrition</u>, <u>anaemia</u> (among young children, women and adolescent girls) and reduce low birth weight by 2%, 2%, 3% and 2% per annum respectively.
 - It promotes behavioural change through Jan Andolan (People's Movement) and the development of Poshan Vatikas (Nutri-Gardens) to ensure local and diverse access to nutritious food.
- Pillars of Poshan Abhiyaan:
 - Access to Quality Services: Providing essential health services through schemes like <u>Integrated Child Development Scheme (ICDS)</u>, <u>National Health Mission (NHM)</u>
 , and <u>Pradhan Mantri Matru Vandana Yojana (PMMVY)</u>, especially during the first 1,000 days of a child's life.
 - Cross-Sectoral Convergence: Coordinating efforts across multiple ministries, including water and sanitation under the <u>Swachh Bharat Mission</u> and drinking water access through the <u>National Drinking Water Mission</u>.
 - Leveraging Technology: Tools like the <u>Poshan Tracker application</u> enable real-time data collection and intervention.
 - **Jan Andolan:** Community engagement is key to driving mass awareness and encouraging behavioral change around nutrition.
- **POSHAN 2.0:** Initially launched as a three-year programme, POSHAN Abhiyaan was expanded in 2021 into **Mission POSHAN 2.0,** which integrated multiple nutrition-related schemes under a single umbrella.
 - These include the ICDS Anganwadi Services, <u>Supplementary Nutrition Programme</u>, POSHAN Abhiyaan, <u>Scheme for Adolescent Girls</u>, and the <u>National Crèche Scheme</u>.
 - This integrated initiative is now implemented as <u>Mission Saksham Anganwadi and</u> <u>POSHAN 2.0.</u> commonly referred to as **POSHAN 2.0.**
- Implementation and Funding: Poshan 2.0 is a Centrally-sponsored program, with a costsharing ratio of 60:40 between the Central and State Governments.
- **Progress:** Mission Poshan 2.0 covers an impressive 8.9 crore children (0-6 years). Poshan Abhiyan benefits **69.42 lakh Pregnant Women (PW) and 42.54 lakh Lactating Mothers (LM).**



What Measures can be Taken to Address Gendered Malnutrition in India?

- Financial Independence and Nutrition: Research by Nobel Laureate Esther Duflo shows that women who control financial resources tend to prioritize nutrition and child well-being.
 - Despite a rise in female labour force participation from 23% in 2017-18 to 47.6% in 2023-24, most women remain in low-paying, insecure jobs, earning 53% less than men on average.
 - This underscores that workforce entry alone is insufficient, what's needed are secure, fairly paid jobs.
 - Empowering women through skill training, financial literacy, and credit access is key
 to improving nutrition outcomes.
- Integrated Approach to Nutrition and Livelihood: POSHAN 2.0 should integrate with skill development, microfinance, and employment schemes to empower women economically. Joint monitoring of health, nutrition, and livelihood parameters in high-malnutrition districts is essential.
 - Use Anganwadi centres as multi-service hubs, not only for nutrition and antenatal care but also for skill-building, financial literacy, and access to government livelihood schemes.
 - Health workers should be trained to link women with government schemes like Jan Dhan Yojana and Stand Up India.
- Targeted Government Initiatives: Schemes like <u>PM Mudra Yojana</u> and <u>Deendayal</u>
 <u>Antyodaya Yojana</u> need targeted interventions for women in high-malnutrition districts.
- Setting Measurable Targets: Define clear goals not only for reducing anaemia and stunting but also for boosting women's financial independence and decision-making capacity. Regular audits and transparent fund utilization reports should be mandatory.

- **Breaking Socio-Cultural Barriers:** Promote community-led initiatives to change societal norms around food distribution and women's nutrition are crucial.
 - Campaigns should focus on shifting perceptions that prioritize men's nutrition over women's health.

Drishti Mains Question:

"Despite high levels of investment and policy attention, gendered malnutrition persists in India." Discuss.

UPSC Civil Services Examination, Previous Year Questions (PYQs)

Prelims

- Q. Which of the following are the objectives of 'National Nutrition Mission'? (2017)
 - 1. To create awareness relating to malnutrition among pregnant women and lactating mothers.
 - 2. To reduce the incidence of anaemia among young children, adolescent girls and women.
 - 3. To promote the consumption of millets, coarse cereals and unpolished rice.
 - 4. To promote the consumption of poultry eggs.

Select the correct answer using the code given below:

- (a) 1 and 2 only
- (b) 1, 2 and 3 only
- (c) 1, 2 and 4 only
- (d) 3 and 4 only

Ans: (a)

Q. Which of the following is/are the indicator/indicators used by IFPRI to compute the Global Hunger Index Report? (2016)

- 1. Undernourishment
- 2. Child stunting
- 3. Child mortality

Select the correct answer using the code given below:

- (a) 1 only
- (b) 2 and 3 only
- (c) 1, 2 and 3
- (d) 1 and 3 only

Ans: (c)

