

Role of Women Entrepreneurs in Reducing Child Malnourishment: A Study During COVID-19

Aarya Jain

T. Y. B. Com.- Entrepreneurship
Symbiosis College of Arts and Commerce

Abstract

India is home to one of the youngest populations in the world. However, India also has the largest number of malnourished children in the world. The potential of the young population is useless if they are not provided with adequate nutrition for proper physical and mental development. The COVID-19 induced lockdown led to closure of the mid-day meal schemes and the anganwadis, leading to an increased number of malnourished children. The research paper is an attempt to look into the problem closely as well as how a local and regional diet along with the help of women self-help groups and „Mahila Gruha Udyog“ can reduce malnutrition rate and help women be more financially independent. The study was based on secondary qualitative and quantitative data as well as case studies. Through investigation and research, a link has been found between consuming an indigenous diet and well-nourished population, a link also exists between financially independent women and healthier children.

Keywords - *child malnourishment, nutrition, financial independence, pandemic, indigenous diet, self-help group*

1. Introduction

Malnourishment, as defined by the World Health Organisation (WHO) refers to ‘*deficiencies, excesses or imbalances in a person’s intake of energy and/or nutrients.*’ It can be broadly classified into, “Undernutrition”- which includes stunting (low height for age), wasting (low weight for height), underweight (low weight for age) and micronutrient deficiencies or insufficiencies (a lack of major vitamins and minerals) and “Overweight, obesity” and other excessive diet related issues.

Malnutrition is the cause of 69% death of children below the age of 5 in India. UNICEF also states that every 2nd child in India under the age of 5 is malnourished, with stunting in 35% children, wasting in 17% and overweight in 2%. India also ranks 102 in Global Hunger Index.

Adding to the load of the already malnourished population in India was the lockdown due to the coronavirus pandemic. As the government announced closure of public schools, The Mid day meal plan, a major source of nutrition for the economically poor children of India was shut down. Anganwadi closure also led to disruption in the supply of nutritional supplements to children. Many of the ASHA, (**Accredited Social Health Activist**) and other health care workers that were previously employed in looking after the health care programs for children are now involved in COVID-19 vaccination drives and contact tracing programs. The large- scale migration of workers from cities to their home towns also put children at a higher risk. Even though the government did ensure programs to provide dry ration to low-income households, the loss caused by the lockdown is irrecoverable.

The consequences of the lockdown induced malnutrition can be detrimental not only to the long-term health of children but also in the academic performance and overall mental well-being of the child. It would also result in higher child mortality rate, higher school dropouts, reduced academic performance. Children who have experienced food insecurity are also more likely to score lesser than their peers.

If women self-help groups are given contracts, children can be provided food locally even in case of school closures and lockdowns. The Indian government's main scheme for providing children with adequate nutrition is the nation-wide mid-day meal scheme.

The food is prepared by contractors, appointed by the government, through a bidding process. They are given a standardized menu and expected to adhere to it. However, if the government decides to use a local diet approach, they are more likely to save money and help eradicate malnutrition faster. These contracts can be given to local women self-help groups rather than contractors, as more women are aware of local food customs and recipes in the majority of India.

Also, a huge number of women self-help groups are already involved in making local foods like pickles, sweets, dairy products etc. (many having nutrients required for proper development). They can provide the government with this expertise and help to boost their businesses. Also, economic independence and financial power in the hand of women can boost the overall economy. There has been a direct link observed in the economic independence of women and lesser child mortality rates, healthier pregnancies (leading to less infant mortality at birth) and more access to education for children.

2. Literature Review

Malnutrition and Local Diet

Research has time and again shown that malnutrition is one of the most dangerous non-communicable diseases which can have a significant impact on the health of an individual. Children are most vulnerable to malnutrition due to their heightened nutrition requirements needed for proper development.

UNICEF in their most recent recommendations have spoken of the importance of working along with food systems rather than food groups to ensure adequate nutrition for children. Working with local food systems is also environmentally sustainable as we are going through multiple environmental crisis and using local food systems would ensure least amount of carbon footprint, water wastage, plastic packaging and various other elements harmful to the environment, with the demand for food likely to increase by 50% in the next decade, local diet is the way to go ahead *Food and Agricultural Organisation (2019)*

Various real-life studies have shown that when children were fed with at least one local nutritious meal a day, the overall malnutrition levels decreased, the number of anaemic children reduced, school dropout rate reduced and the children on an average performed better academically.

Local diets also tend to be much fresher and hence have much more nutritional availability. Local diets ensure that the food consumed is socially, culturally and economically relevant, helping keeping the cultural food practices of the areas intact. *IS Bisht, PS Mehta, KS Negi, Rawat R, Singh R, et al. 2018*

Role of Women Self-help Groups

Studies have shown that women's freedom can be measured by their personal, economic, familial and political autonomy. Women that were involved in self-help groups were shown to have more freedom and asset ownership than before they got involved in self-help groups *Pandey, Jatin & Roberts, Rini. 2012*

In a study of low-income households in Mumbai, it was observed that women with greater freedom were less likely to experience pregnancy related health issues as compared to their counterparts. *Moonzwe, Schensul, 2014*

The government getting women involved would definitely help in them getting more empowered leading to reduced gender inequality and help women be more empowered.

3. Research Gap

The topic of malnutrition, its impact on children and the need to reduce malnutrition is extensively studied. Studies related to ideal diets have also been conducted. However, the idea of an ideal diet is mostly considered to be the one filled with food consumed and identified by the masses and not food that is hyper local and equally nutritious. As such the field of study of local diets is very new. Most government programs are based on food that is not local. Also, most of the contracts are given to bidders, however giving out such responsibilities to Women Self-Help Groups (SHG's) can benefit in multiple ways and haven't been studied at all.

Studying the inclusion of local food through women's SHG's of local food and women self-help groups will help in reducing the cost of the programs, increasing their outreach and possibly making them more effective to all parties involved. Also increasing the income level and employment of women in various parts of the country. However, the research on local food inclusion is poorly addressed. The scale of such studies is very small and more research might be required on how large-scale implementation of such programs may be done.

4. Research Objectives.

1. To study causes leading to malnutrition and its long-term negative impact on children.
2. To understand the role of traditional diets in malnutrition.
3. To analyse the possibilities of women entrepreneurs through Self Help Groups and MahilaGruhaUdyog in reducing malnutrition.

5. Research Methodology

This exploratory research was conducted using secondary qualitative and quantitative data. The data was compared cross-sectional and changes in factors were conducted to understand the interplay of the various elements responsible for increase or decrease in malnutrition levels in a population. Most of the data was based on UNICEF, WHO and Indian government's centralised survey statistics. A few case studies and their conclusions were also used.

6. Data Analysis and Interpretation

A reduction of body weight of about 0.5% to 1% According to the study conducted by **Rajpal S, Joe W, Subramanian SV, (2020)** is found in the average country, which could lead to significantly high levels of increased wasting. Populous states like Bihar, Uttar Pradesh and Madhya Pradesh account for about 40% increase in the malnourished children. Only an approximate of 22% of children are supposed to be getting their dietary requirements met. The deep shock of the closure of the country on the nutrition of children is evident.

According to UNICEF data, 1.2 million children become more vulnerable to diseases and preventable health issues.

Various local foods are shown to have more nutrition than their popular counterparts, for example. Mahua flowers, used for making ladoos are rich in protein and minerals like potassium, phosphorus, calcium, carotene, niacin, thiamine etc. Ragi is also richer in iron as compared to most other grains. A regular consumption of these will not only make children healthier but also supposed to reduce pollution and will reduce all the excess wastage caused by packaging to transport food.

Studies by WHO have also shown that greater economic freedom for women makes them more likely to choose proper postnatal care, provide better nutrition to their children and in general improves a lot of health indicators of a population. Women's self-help groups can maybe help provide nutritious diets for a small population but taking this on a larger scale could be difficult.

7. Contribution and Conclusion

The paper provides some correlation as to how a local diet could help alleviate malnutrition. It also suggests how contracting the food preparation of anganwadis and mid-day meals to women's self-help groups can ensure that food that is local is freshly prepared and the kids get access to nutritious meals even in case of lock down/school closures. Also, women self-help groups would experience increased business and in general women would get more employment opportunities and economic independence. All factors could lead to overall betterment of the society. The research on this area is limited. More extensive research needs to be done on how the programs can be implemented on a larger scale and if they could help improve the overall population and if they are useful, how they could maximize benefits for all stakeholders involved.

References

1. Green, R., Milner, J., Joy, E. J., Agrawal, S., & Dangour, A. D. (2016). Dietary patterns in India: a systematic review. *The British Journal of Nutrition*, 116(1), 142–148. <https://doi.org/10.1017/S0007114516001598>
2. T Arthur, S. S., Nyide, B., Soura, A. B., Kahn, K., Weston, M., & Sankoh, O. (2015). Tackling malnutrition: a systematic review of 15-year research evidence from INDEPTH health and demographic surveillance systems. *Global health action*, 8, 28298. <https://doi.org/10.3402/gha.v8.28298>
3. Rajpal S, Joe W, Subramanian SV. Living on the edge? Sensitivity of child undernutrition prevalence to bodyweight shocks in the context of the 2020 national

- lockdown strategy in India. J Glob Health Sci. 2020 Dec;2(2):e19. <https://doi.org/10.35500/jghs.2020.2.e19>
4. Kumari, K., Sinha, R., Krishna, G., Kumar, S., Singh, S., & Srinivastava, A. (n.d.). Sensory and nutritional evaluation of value-added products prepared from mahua products.
 5. IS Bisht, PS Mehta, KS Negi, Rawat R, Singh R, et al. (2018) Food-based Approaches towards Community Nutrition and Health: A case of Uttarakhand Hills in North-Western India. J Food Sci Toxicol Vol.2 No.1:5
 6. World health organisation. (2013), Promoting women's empowerment for better health outcomes for women and children.
 7. Moonzwe Davis, L., Schensul, S. L., Schensul, J. J., Verma, R. K., Nastasi, B. K., & Singh, R. (2014). Women's empowerment and its differential impact on health in low-income communities in Mumbai, India. Global public health, 9(5), 481–494. <https://doi.org/10.1080/17441692.2014.904919>
 8. Pandey, Jatin & Roberts, Rini. (2012). A study on empowerment of rural women through self-help groups. Research in Commerce & Management. 1. 1-10.
 9. UNICEF report <https://data.unicef.org/covid-19-and-children/>
 10. WHO Report <https://apps.who.int/iris/bitstream/handle/10665/272603/9789241514064-eng.pdf>