

NUTRITION FOR WOMEN

Global Conference on Meeting Nutritional Challenges with Sustainability and Equity

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DEVELOPMENT OF A NATION
IS SEEN IN
HOW IT TREATS ITS WOMEN , CHILDREN
&
ITS MORE VULNERABLE CITIZENS

**HDI Human Development Index
GDI Gender Development Index**

Gender Gap Index 113th

Health & Survival 128th

Health Gap has widened

HIGHEST MATERNAL MORTALITY RATE in the world .MDG 5

Inspite of Increased Economic Growth-jobless growth

I.C.D -Z 59.5 , Increased Inequities

Economic Reality 77% surviving on less than Rs 20/day

36% Below Poverty Line

70% income spent on Food

Food Prices spiralling of basic cereals , pulses –Vegetables , fruits milk

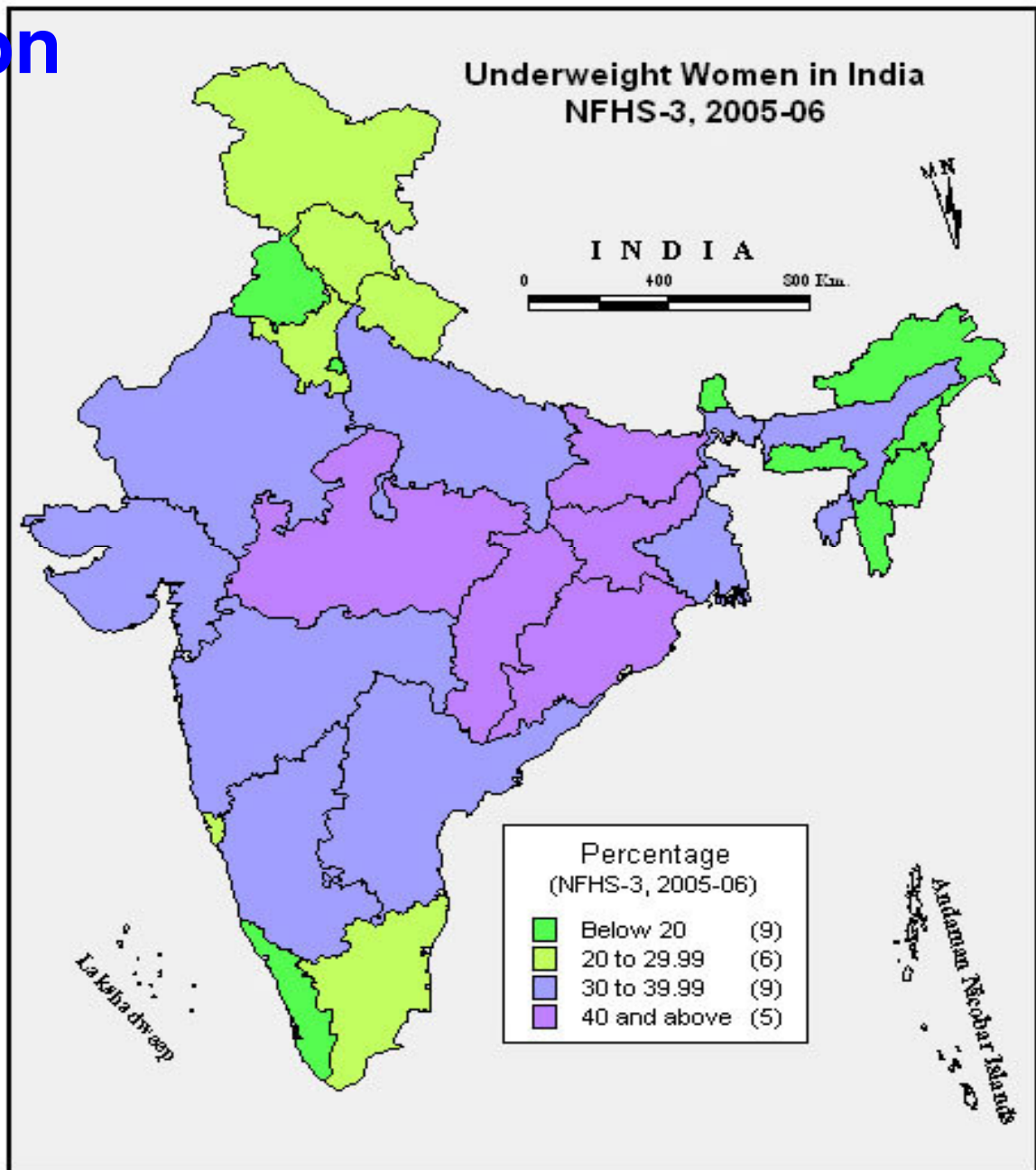
Out of reach of most

**Most deprived SC /ST , widows , deserted women , Displaced ,women
in families displaced , victims of disasters , conflicts ,**

State Variations in Malnutrition

The percentage of women who are too thin is particularly high in Bihar (45%), Chhattisgarh and Jharkhand (43% each).

Malnutrition levels are lowest in Delhi, Punjab, and several of the small northeastern states.



NUTRITIONAL REALITY

CHRONIC NUTRITIONAL DEFICIENCY

High levels of Anaemia 70%

Anaemia has actually worsened by 10%

20 % Maternal Mortality Anaemia related

Low Body Mass Index

36%WOMEN HAVE LOW BMI <18.5%

INDICATING HIGH LEVELS OF NUTRITIONAL DEFICIENCY

44% MODERATELY to SEVERELY THIN

47% of 15 yr olds Body Weight <38kg

Pregnancy Low Weight Gain (3-4 Kg instead of 10 Kg)

30% Newborns

Low Birth Weight Babies

1 in 3 babies

Body Mass Index (BMI)

- The BMI is defined as weight in kilograms divided by height in metres squared (kg/m²).
- A cut-off point of 18.5 is used to define thinness or acute undernutrition and a BMI of 25 or above indicates overweight or obesity. BMI of 17.0-18.4 refers to mildly thin and <17.0 refers to moderately/severely thin. BMI of over 30.0 refers to obesity.
- This index excludes women who were pregnant at the time of the survey and women who gave birth during the two months preceding the survey.

Why Women are Malnourished ?

Poverty

Patriarchy

Gender Discrimination reflected in
Worsening Sex ratio at birth because of
Sex selective abortion .

Higher Infant & child Mortality

Discrimination in access to food ,education
health care Women's Productive &
Reproductive Role-TRIPLE BURDEN

Women eat last & least. social discrimination
nurturing caring role – self negation

A girl of 15-16 years still a child
Adolescent age period of growth of Body &
Bones

Completion of growth only by 18-20 years
Teenage Pregnancy Child Labour at worst
Which comes with far greater risks than
other forms of child labour

Child bearing –child rearing by already
malnourished anaemic teen perpetuates
intergenerational malnutrition

Reflected in Low Birth Weights
Higher Morbidity & Mortality MMR NNM

Nutritional Needs increase in adolescence ,
pregnancy lactation .

Chronic poor nutritional access with
increased work load creates **NEGATIVE
NUTRITIONAL BALANCE** 1000 caloric deficit

Astra Study

Need for categorization of women according
to their work energy expenditure

Categorization of House wives , Nurses as
SEDENTARY

Need for Dietary & Nutritional Requirement
Reassessment With additional 300
calorieno weight gain beyond 42 kg

House Hold work energy consumption high
Women's Survival work Higher if fuel , water
,fodder collection involved

Average Body weight in rural areas 42 Kg
chronic caloric deficit -results in weight
loss or decrease in activities to conserve

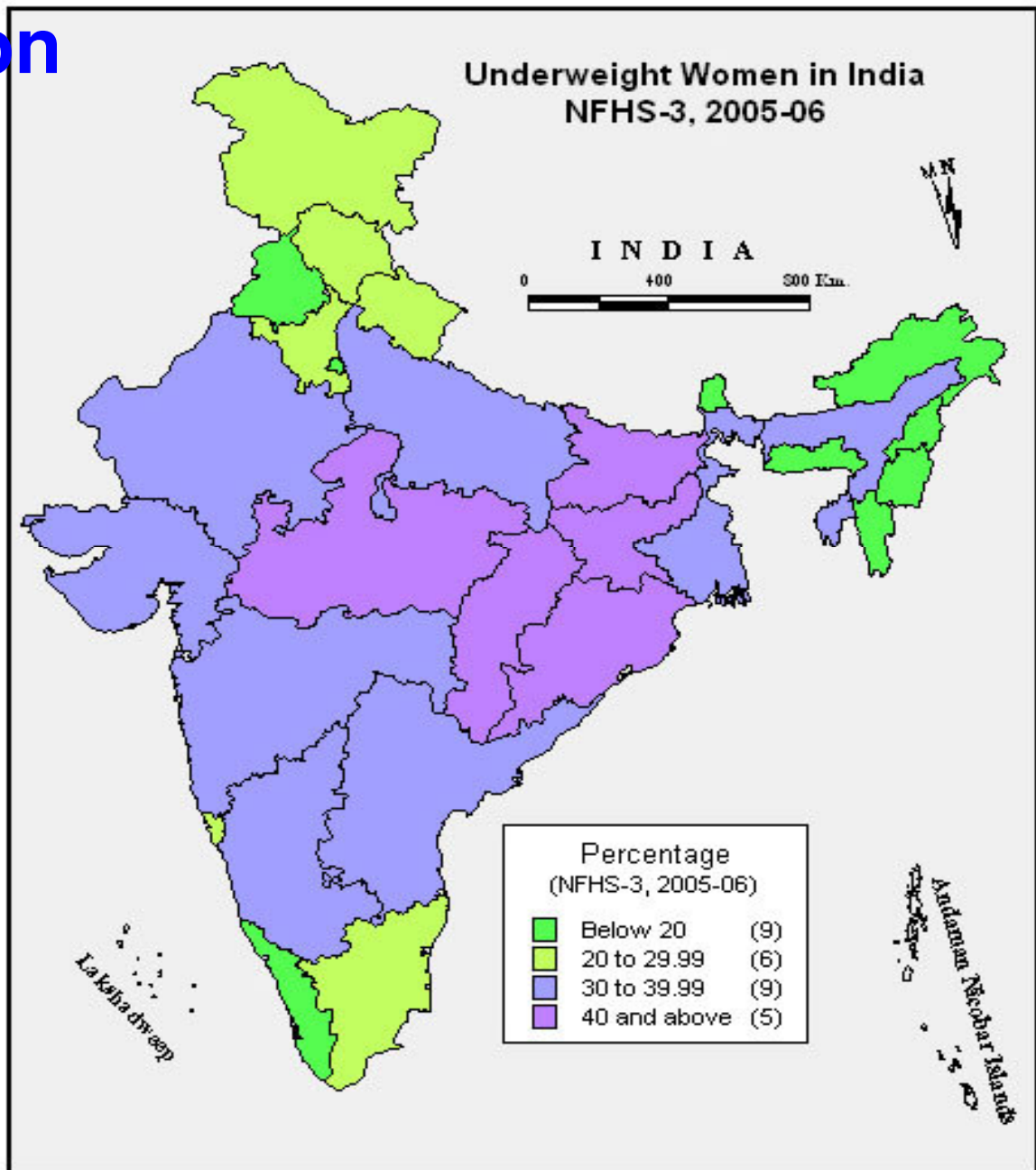
Food Consumption decreasing
In 1951- 60.7gm perday Per capita
availability of pulses

By 1996 it decreased to 34 gms per day
Significant section intake 5 to 8 kg less than
desirable every day With Rs 80 -100 /kg
rate of Pulses further decrease expected

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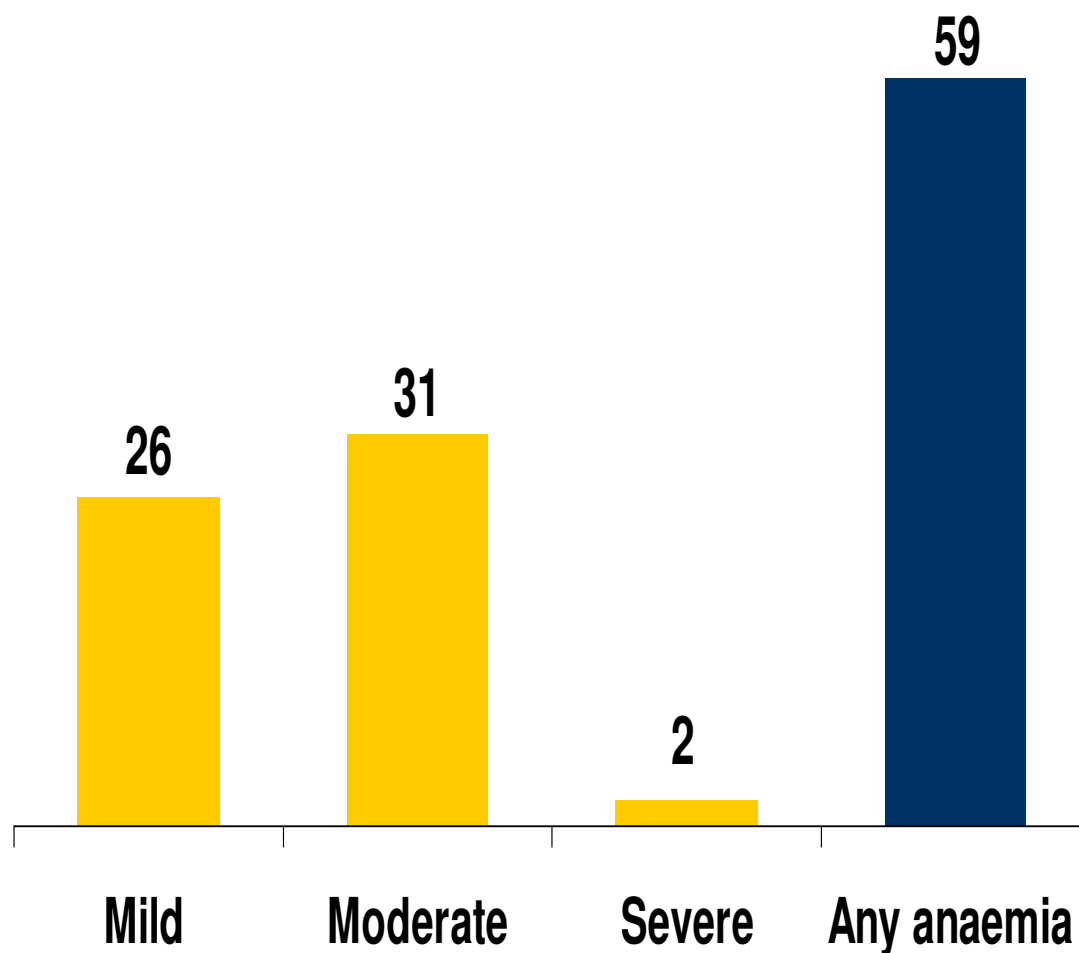
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Anaemia Prevalence among Pregnant Women

The prevalence of anaemia among pregnant women is higher.

The prevalence of moderate to severe anaemia is greater among pregnant women



NUTRITION NEEDS

Cheapest energy provision by Cereals

Today large number of women unable to purchase even cereals

In absence of inadequate calories mothers muscles breakdown to provide calories

During Pregnancy & Lactation , need to eat for 2 to build tissue & bones of baby

Preexisting Calcium deficiency because of Inadequate Calcium in diet Babies bones made by thinning & demineralization of mothers bones . Osteoporosis , fractures .

Repeated births ,abortions increase calcium depletion

Requirement of Calcium 1000mg/day

More in pregnancy

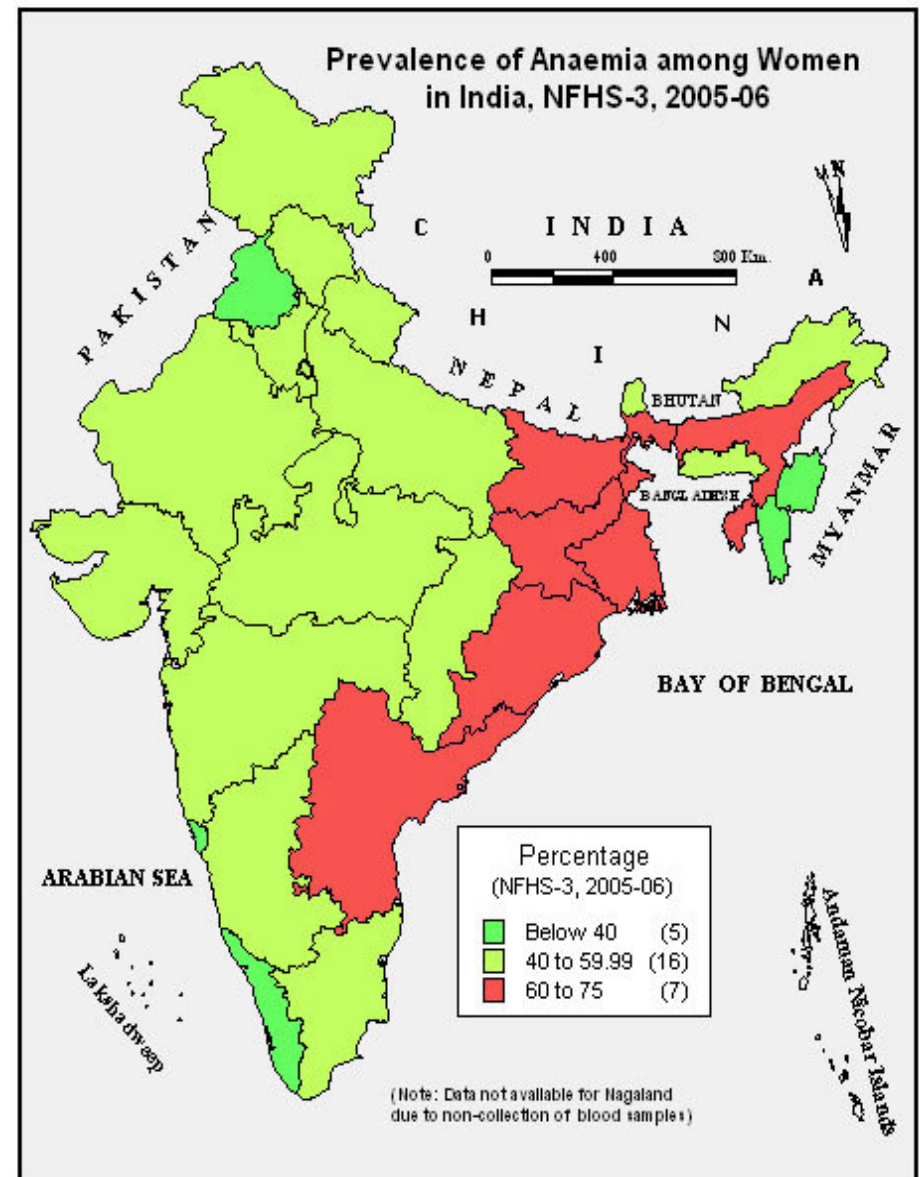
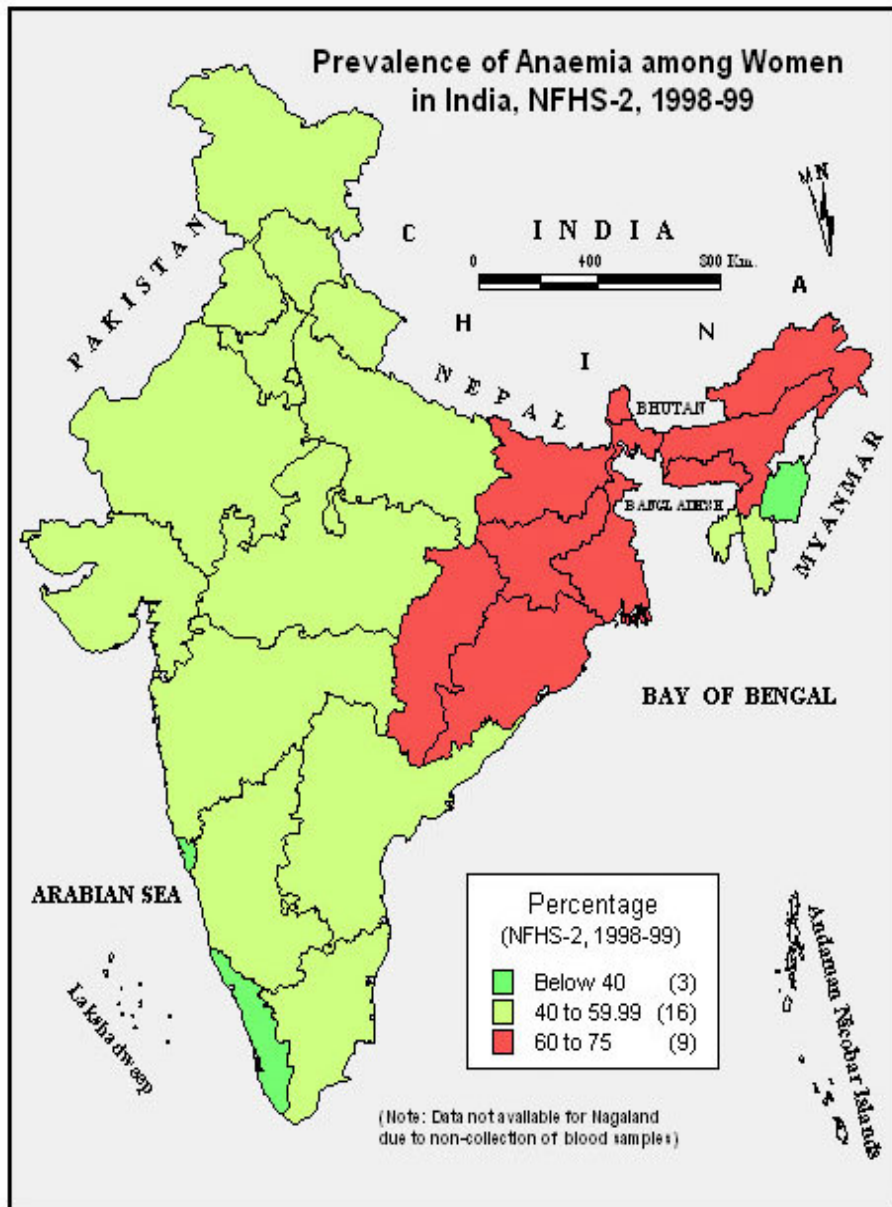
Pregnant women need 60 gms protein per day

15 to 20 gms protein per day shortfall seen in Pregnant & Lactating mothers

Proteins needed for tissue musclesenzymes hormones , Antibodies

Oils & Fats needed for energy ,

For absorption of Vit A,D,E,K



NUTRITIONAL ANAEMIA

10% worsening of Anaemia (NFHS 3) 20%
Maternal Mortality Anaemia related

Nutritional Deficiency

Blood Loss Menstruation , repeated
abortions , child birth , falciparum Malaria

Commonest cause of Maternal Death

Bleeding Antepartum but mainly Post

Partum Haemorrhage Women denied
adequate food denied medical care (80%

Out of Pocket Expenditure)

Denied Access to Blood to save life

Emergency Obstetric care

What does Iron Deficiency anaemia mean to women ?

Fatigue

Tiredness

Palpitations

Breathlessness on exertion

Folate requirement for iron use Folatee deficiency associated with congenital malformation Spina Bifida

What Needs to be done

**Recognize the Diverse Nutrition Needs of girls ,
adolescence , pregnant , Breastfeeding
Mothers**

Different activity levels

**Recognize the deep gender bias in policy making
, health care provision , training , education ,
society**

**Recognize the denial of adequate , nutritive
food to women as violation of their health &
human Rights**

Universalization of Food Distribution

Need to give Priority to women 's Nutritional needs in respect of their social contribution

Priority to majority of women from vulnerable sections & regions , specially during this period of Food crisis , public health crisis , financial crisis , ecological crisis which is bound to perpetuate problems for women

**Treat women with dignity , respecting their rights to food & nutrition & not as beggars awaiting largesse from high tables of the privileged power yielders
Treat deaths of women due to denial of nutrition needs , medical needs as crime**

Women need diverse , balanced , nutritive food providing nutrition needs including micronutrients

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Revisit commitments made

National Nutrition Policy 1993

**Millinium Development Goals 2000 specially MDG 1
MDG 5**

National Health Policy 2002

NRHM 2005

International commitments Alma Ata Charter 1978

**International Conference in Population &
Development 1994**

**Convention on Elimination Discrimination against
Women CEDAW**

UN Convention on Human Rights

Extent of Maternal Mortality , Maternal Morbidity , women with anaemia , stunted underweight mothers & children be treated as the indicator of Development , & performance of the Govt .

Policies failing to need Nutritive & Health needs of Women & those worsening their situation be treated as Violations of Women's rights as citizens , & their Human Rights

as purposeful discrimination against them (CEDAW)

Accountability of

Decision makers & implementers of economic , development , health , nutrition programs .

Priority to providing adequate , nutritive diverse agriculturally appropriate food to mothers & children of our nation

















