



ROLE OF WOMEN IN ENSURING FOOD SAFETY FOR CHILDREN-A REVIEW PAPER

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ABSTRACT

Food Safety is a global health goal and food borne illness are among the most widespread public health concern. Throughout the world, women are the principal guarantors of food safety and quality of food at the household level. In India, according to UNICEF, an estimated 400 000 children below five years of age die each year due to diarrhoea. The latest consolidated revised National Rural Health Mission (NRHM) report-2012-13 for Bihar, released recently, presents a gloomy picture as far as malnourishment among children below five years goes. The report says, malnourishment in Bihar in the age group of 0-3 years has increased by 3% since 2002. It has put the latest figure at 55%. Around 80% of children below five years of age in Bihar are malnourished. Hence educating and empowering women with safe food keeping, storage and preparation and good personal hygiene practices during handing them will surely combat the malnutrition to some extent.

Introduction

The World Bank estimates that India is one of the highest ranking countries in the world for the number of children suffering from malnutrition. The prevalence of underweight children in India is among the highest in the world, and is nearly double that of Sub Saharan Africa with dire consequences for mobility, mortality, productivity and economic growth. The 2015 Global Hunger Index (GHI) Report ranked India 20th amongst leading countries with a serious hunger situation. According to The India Health Report: Nutrition 2015 across 28 states and in Delhi, 38.7 per cent of children under 5 in India are stunted, which is a measure of chronic under nutrition. Additionally 19.8 per cent are wasted, indicating acute under nutrition and 42.56 per cent are underweight which is a composite of the two conditions.

Bihar's child malnutrition rate is higher than any country in the world (Grebmer et al 2011). Over half of the children under five years of age are underweight or stunted, indicating chronic malnourishment (NFHS-3). The latest consolidated revised National Rural Health Mission (NRHM) report-2012-13 for Bihar, released recently, presents a gloomy picture as far as malnourishment among children below five years goes. The report says, malnourishment in Bihar in the age group of 0-3 years has increased by 3% since 2002. It has put the latest figure at 55%. Around 80% of children below five years of age in Bihar are malnourished. Elaborating on the status of child malnutrition in Bihar, Mr. Bijaya Rajbhandari, State Representative, UNICEF emphasised, "Bihar has the third highest number of malnourished children in India. In Bihar, the percentage of underweight children went up from 54.3 per cent to 58.4 per cent between the period 1999 and 2005. It is estimated that 8.33 per cent or 9,74,610 children in Bihar are severely and acutely malnourished and are at the highest risk of dying. High incidence of malnutrition among children is attributed to several factors, which include low intake of nutritious food, non-availability of quality health services, absence of adequate community workers, low institutional delivery and non-access to cheap medicines. Social practices such as early marriage and pregnancy and lack of breastfeeding, too, contribute to higher malnutrition rate. There are other hindrances too, like low-birth weight babies, non-spacing of children, anaemia among women, improper handling of food and personal hygiene also add to this problem.

Women and Malnutrition

Malnutrition refers to the situation where there is an unbalanced diet in which some nutrients are in excess, lacking or wrong proportion. Simply put, we can categorise it to be under-nutrition and over-nutrition. Despite India's 50% increase in GDP since 1991, more than one third of the world's malnourished children live in India. Among these, half of them under 3 are underweight and a third of wealthiest children are over-nutrient. Some of the major causes for malnutrition in India is Economic inequality. Due to the low social status of some population groups, their diet often lacks in both quality and quantity. Women who suffer malnutrition are less likely to have healthy babies. In India, mothers generally lack proper knowledge in feeding children. Consequently, new born infants are unable to get adequate amount of nutrition from their mothers.

Throughout the world, women are the principal guarantors of food safety and quality of food at the household level. They are the ones who most often produce, purchase, handle, prepare and serve food for the family. In the context that 1400 million episodes of diarrhoea

occur annually in children under the age of five years across the world (excluding China), the role of mothers in ensuring food safety becomes pivotal. In India alone, 400 000 children (< 5 years) die each year due to diarrhoea and millions more suffer from other food-borne illnesses. Elisa Langiano (2011) found that there was an insufficient amount of knowledge regarding food borne diseases and pathogens. In most families, we found that there was a lack of correct adherence to food hygiene, mainly due to errors during both food preparation and storage. There was a higher risk for food safety errors in families with children, older persons and pregnant women. Considering that a significant proportion of food-borne illnesses arise from practices in the home kitchen, empowering women with the wherewithal to ensure household food safety is the need of the hour.

Women are ensuring food safety

Women's are not always the decision-makers, they are sentinels of children's health and are responsible for ensuring food safety at the household level. Considering that unlike in the West, raw or semi-processed agricultural produce is processed and cooked at the household level in Indian homes, it is mostly women who ensure food safety. As Motarjemi and Moaref (2000) observed, mere awareness may not always lead to correct attitudes that result in safe and healthy practices for example in some instances it was observed that certain food safety measures were traditionally practised, perhaps even without an awareness of any scientific rationale behind them.

Need to empower women

Most existing food safety measures that women practise in their day-to-day life are innate cultural practices imbibed through generations. Such traditional wisdom is reflected in instinctive cleaning of hands before preparation and handling of food; storing food and drinking water in covered containers; inclination to cook food more number of times per day and serving it hot. Such practices can be strengthened if women are made aware of the scientific rationale behind them. It appears that 13.2% of food-borne illnesses reported at the household level are as much attributable to lack of an enabling environment as to the lack of proper food safety-related practices or awareness. Although providing an enabling environment for food safety is essential, it may not be a sufficient condition for food safety because a review of improved water supplies and sanitation facilities for control of diarrhoeal diseases among young children has shown that even under the most favourable circumstances the rate of morbidity is reduced only by 27%⁵. In this scenario it should be realized that food

safety education for women is a powerful and practical means that enables them to make informed choices.

Conclusion

Women hold the key to ensuring food safety to all, provided they are empowered with an enabling environment and supported by sound awareness-creation endeavours. Since cooking and dietary practices and cultural activities are traditionally viewed as activities performed by women, they can play a key role in continuance of these practices for generations. Investing in food safety education for them is an essential and wise investment in “human capital”.

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