

IMPACT OF GENDER PARITY AND ITS INFLUENCE ON NUTRITION OF WOMEN

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Abstract

To address the social inequality and food security in the country, there is a need to increase over food availability and diversify the diet, particularly with respect to animal foods, vegetables and pulses. It's not the matter of ancient days where existed the disparity between man and women but same is seen in modern social structure. Having few exceptions, women have no power to take decisions either inside or outside home. Due to this women are g Developing countries are confronted with the undernourished mothers who are more likely to give birth to low- birth – weight (LBW) babies. If these babies survive they become stunted children and small adults with impaired physical and mental capacities. Because of gender norms, women often also have limited access to and control over resources and may therefore be excluded from household decision-making of male participation: Men's low involvement in infant and childcare further has a negative impact on children's nutrition quantities and quality of food, but also of nutrition insecurity. Because of their triple burden of productive, reproductive, and social roles, women also tend to have less time to attend to their own needs, leisure related or otherwise. Gender Inequality Is Bad for All Inequities in access to and control of assets have severe consequences for women's ability to provide food, care, and health and sanitation services to themselves, their husbands, and their children, especially their female children. Let's hope and wish that our participative democracy, in time to come, and with the efforts of both women and men, would be able to found solutions to the problem of gender inequality and allow us all towards our cherished dream of a truly modern society in both thought and action.

Introduction

We proud Indians of 21st century rejoice in celebrations when a boy is born, and if it is a girl, no celebrations is the norm. Love for a male child is so much so that from the time immemorial we are killing our daughters at birth or before birth, and fortunately, she is not killed we find various ways to discriminate against her throughout her life. Though our religious beliefs make women a goddess but we fail to recognize her as a human being first; we worship goddesses but we exploit girls. We are a society of people with double-standards as far as our attitude towards women is concerned; our thoughts and preaching are different than our actions. Let's try to understand the concept of gender inequality and search for some solutions. As per ancient Hindu law giver MANU: "Women are supposed to be in the custody of their father when they are children, they must be under the custody of their husband when married and under the custody of her son in old age or as widows. In no circumstances she should be allowed to assert herself independently". It's not the matter of ancient days still we see the same in modern social structure. Having few exceptions, women have no power to take decisions either inside or outside home.

'Gender' is a socio-cultural term referring socially defined roles and behaviors assigned to 'males' and 'females' in a given society; whereas, the term 'sex' is a biological

and physiological phenomenon which defines man and woman. Gender is a function of power relationship between men and women where men are considered superior to women.

Gender Inequality, in simple words, may be defined as discrimination against women, based on their sex. Women are traditionally considered by the society as weaker sex. She has been given a subordinate position to men. She is exploited, degraded, violated and discriminated both in our homes and in outside world. This peculiar type of discrimination against women is prevalent everywhere in the world and more so in Indian society. In Muslims also the situation is same and there too sanction for discrimination or subordination is provided by religious texts and traditions. Similarly in other religious beliefs also women are being discriminated against in one way or other. Extreme poverty and lack of education are also some of the reasons for women's low status in society. Poverty and lack of education derives countless women to work in low paying domestic service, organized prostitution or as migrant laborers. Women are not only getting unequal pay for equal or more work but also they are being offered only low skill jobs for which lower wages are paid. This has become a major form of inequality on the basis of gender. Educating girl child is still seen as a bad investment because she get married and leave her paternal home one day. Thus,

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without having good education women are found lacking in present day's demanding job skills; Not only in education, in case of family food habits, it is the male child who gets all the nutritious and choicest foods while the girl child gets whatever is left behind after the male members have taken their meals or the food which is low in both quality and nutrition. And this becomes a major health issue in her later years. One of the main reasons for the high incidences of difficult births and anemia in women is the poor quality of food which a girl always gets either in her paternal home or in her in-laws. So the inequality or discrimination against women is at various levels in the society, either in home or outside home.

Gender status in India: Gender inequalities, and its social causes, impact India's sex ratio, women's health over their lifetimes, their educational attainment, and economic conditions. Gender inequality in India is a multifaceted issue. Some argue that some gender equality measures, place men at a disadvantage. In India, Although the constitution has granted men and women equal rights, gender disparity still remains. Discriminatory attitudes towards men and women have existed for generations and affect the lives of both. The world's largest human resources association with members in 140 countries, in a 2009 report wrote that female labour participation is lower than men, but has been rapidly increasing since the 1990s. Out of India's 397 million workers in 2001, 124 million were women, states Lockwood. Over 50% of Indian labour is employed in agriculture. A majority of rural men work as cultivators, while a majority of women work in livestock maintenance, egg and milk production. Rao states that about 78 percent of rural women are engaged in agriculture, compared to 63 percent of men. About 37% of women are cultivators, but they are more active in the irrigation, weeding, winnowing, transplanting, and harvesting stages of agriculture. About 70 percent of farm work was performed by women in India in 2004. Women's labour participation rate is about 47% in India's tea plantations, 46% in cotton cultivation, 45% growing oil seeds and 39% in horticulture. There is wage inequality between men and women in India. The largest wage gap was in manual ploughing operations in 2009, where men were paid ₹ 103 per day, while women were paid ₹ 55, a wage gap ratio of 1.87.

India is on target to meet Million Development Goal of gender parity in education by 2015. UNICEF's measure of attendance rate and Gender Equality in Education Index (GEEI) capture the quality of education. Despite some gains, India needs to triple its rate of improvement to reach GEEI score of 95% by 2015 under the Million Development Goals. In rural India girls continue to be less educated than the boys. According to a 1998 report

by U.S. Department of Commerce, the chief barrier to female education in India are inadequate school facilities, shortage of female teachers and gender bias in curriculum. Literacy Though it is gradually rising, the female literacy rate in India is lower than the male literacy rate. According to Census of India 2011, literacy rate of females is 65.46% compared to males which is 82.14%. Compared to boys, far fewer girls are enrolled in the schools, and many of them drop out. According to the National Sample Survey Data of 1997, only the states of **Kerala** and **Mizoram** have approached universal female literacy rates. According to majority of the scholars, the major factor behind the improved social and economic status of women in Kerala is literacy. From 2006-2010, the percent of females who completed at least a secondary education was almost half that of men, 26.6% compared to 50.4%. In the current generation of youth, the gap seems to be closing at the primary level and increasing in the secondary level. In rural Punjab, the gap between girls and boys in school enrollment increases dramatically with age as demonstrated in National Family Health Survey-3 where girls age 15-17 in Punjab are 10% more likely than boys to drop out of school.^[39] Although this gap has been reduced significantly, problems still remain in the quality of education for girls where boys in the same family will be sent to higher quality private schools and girls sent to the government school in the village. A key factor driving gender inequality is the preference for sons, as they are deemed more useful than girls. Boys are given the exclusive rights to inherit the family name and properties and they are viewed as additional status for their family. In a survey-based study of 1990s data, scholars found that son are believed to have a higher economic utility as they can provide additional labour in agriculture. Another factor is that of religious practices, which can only be performed by males for their parents' afterlife.

Some studies in south India have found that gender disadvantages, such as negative attitudes towards women's empowerment are risk factors for suicidal behavior and common mental disorders like anxiety and depression. While women express a strong preference for one son, the evidence of discrimination against girls after they are born is mixed. A study of 1990s survey data by scholars found less evidence of systematic discrimination in feeding practices between young boys and girls. In impoverished families, these scholars found that daughters face discrimination in the medical treatment of illnesses and in the administration of vaccinations against serious childhood diseases. Immunisation rates for 2 year olds was 41.7% for girls and 45.3% for boys according to the 2005 National Family Health Survey-3, indicating a slight disadvantage for girls. Malnutrition rates in India are nearly equal in boys and

girls. During adolescence, girls' During pregnancy, anemia increases the risk of complications and is also a main cause of maternal death. ESAR has one of the highest maternal mortality ratios in the world with some 80,000 women dying every year from causes related to pregnancy and childbirth. Risk of anemia and iron deficiency increases due to quick growth and menstruation, often further enhanced by malaria and parasitic infections. Iron deficiency and anemia slow growth and increase fatigue, leading to lower performance in school. Gender inequality is an important underlying cause of women's under-nutrition and is further increased by poverty and lack of access to resources. In many cultural settings, boys and men traditionally eat first, and girls and women eat the leftovers. When food is short, this can mean females have very little, or nothing to eat. Because of gender norms, women often also have limited access to and control over resources and may therefore be excluded from household decision-making of male participation: Men's low involvement in infant and childcare further has a negative impact on children's nutrition.

A similar study which was conducted in Zambia has revealed that Through **the Feed the Future Zambia Mawa Project**, Catholic Relief Services and partners are supporting communities tackling food insecurity and malnutrition by promoting essential health and nutrition practices, such as optimal breastfeeding and complementary feeding practices, to women and men in rural households. Since participating in Mawa, both women and men have been feeding their children more diverse and nutritious food using better feeding practices, and they feel empowered by seeing their children growing up healthy. Including men in nutrition activities and discussions has helped them recognize the importance of providing nutritious food to their families and increasing their participation in household chores related to child care and feeding. As a result, women were able to find the time to rest or participate in other Mawa activities. During focus group discussions, fear of women's empowerment leading to men's disempowerment, women's laziness and perhaps divorce were observed among a few participants including both men and women. The project found that couples responded more positively to messages linking gender equality to better household development outcomes, such as improved child health, increased agricultural production and increased income, compared with messaging focusing solely on women's empowerment.

The health of a child is inextricably linked to the health and nutritional status of the mother. An under-nourished woman will give birth to a baby with low birth weight, causing the cycle of under-nutrition and poor health to continue. Poor nutrition in girls and women is not only

the result of inadequate quantity. Risk of anemia and iron deficiency increases due to quick growth and menstruation, often further enhanced by malaria and parasitic infections. Iron deficiency and anemia slow growth and increase fatigue, leading to lower performance in school. Gender inequality is an important underlying cause of women's under-nutrition and is further aggravated by poverty and lack of access to resources. In many cultural settings in the region, boys and men traditionally eat first, and girls and women eat the leftovers. When food is short, this can mean females have very little, or nothing at all, to eat.

Because of gender norms, women often also have limited access to and control over resources and may therefore be excluded from household decision-making of male participation: Men's low involvement in infant and childcare further has a negative impact on children's nutrition quantities and quality of food, but also of nutrition insecurity, which can have many causes: limited access to quality healthcare services; deficits in environmental health; lack of safe water, sanitation and hygiene; and unsafe food preparation practices.

If a woman's nutritional status is poor at conception and if she does not gain sufficient weight during pregnancy, she will most likely give birth to a low birth weight baby. Her child may never catch up in terms of growth and, as an adult, will run an increased risk of chronic illness such as heart disease and diabetes.

Low levels of exclusive breastfeeding further contribute to morbidity and mortality among children. In ESAR only 40 percent of babies are exclusively breastfed during the first six months, despite the fact that breast milk is the best form of nutrition for infants and significantly reduces the risk of diarrhoea, acute respiratory infection and other child killers. A woman may fail to breastfeed exclusively due to inadequate support from her partner or family.

Gender and nutrition are inextricable parts of the vicious cycle of poverty. Gender inequality can be a cause of hunger and malnutrition. Not surprisingly, higher levels of gender inequality are associated with higher levels of under nutrition, both acute and chronic undernutrition. In order to improve children's nutritional status, women's nutrition needs to be addressed at all stages of the life cycle. Nutrition and the life cycle Physiological factors augment nutritional vulnerability among adolescent girls and women. Selected nutritional requirements (e.g. iron) are higher among women of child-bearing age than among their male counterparts in order to sustain/compensate biological processes including menstruation, pregnancy and lactation. For example, gender disparities are observed with respect to iron deficiency and iron deficiency anaemia due regular blood loss during menses

in girls post-menarche and premenopausal women. Both pregnancy and lactation considerably augment nutritional needs in terms of dietary quantity (e.g. daily caloric needs increase) and quality (micronutrient intake, particularly folate/folic acid, iron and iodine).

Results from a recent, seminal study on maternal nutrition have indicated that maternal nutrition during early stages of pregnancy contribute more to pregnancy outcomes than later stages of pregnancy, identifying clear implications for nutrition policy and programming. While exclusive breastfeeding is promoted for the first six months of life and continued breastfeeding promoted up to the first two years of life, breastfeeding places an extra time and physical burden on women. In many cases, women do not receive support and/or time compensation to help them breastfeed their children, which may contribute to continued low levels of breastfeeding. Social norms frequently exacerbate the situation with men (and sometimes male children) receiving preferential access to meat and other nutritious foods. This situation is further compounded if the mother is overburdened with tasks, poorly educated, in poor health, as her ability to provide proper infant and young child feeding is compromised. Linkages have been observed between excessive physical activity during pregnancy and poor birth outcomes, namely increased risk of: preterm-deliveries, small-for gestational age and low birth weight. Other landmark studies have shown that suboptimal maternal nutrition and poor infant and young child nutrition, starting in pregnancy through the first two years of life, can lead to largely irreversible effects on growth and development, both physical and cognitive.

Further evidence suggests that mothers experience difficulty meeting the increased energy (calories) required of lactation when facing high physical demands (e.g. manual labour in fields). For these reasons, targeting women in nutrition programmes and activities is warranted. Local food culture and gender Food taboos, preferences and consumption patterns have an impact on the nutritional status and frequently have a gender dimension. These factors should be addressed if they hinder healthy dietary practices (e.g. the tendency of women to eat smaller portions than other household members in some countries¹¹). Likewise, there is often a gender dimension to the roles and responsibilities of food collection, preservation, preparation and distribution. Women play a key role in household food preservation/processing (e.g. solar-drying, soaking, fermentation, etc.), appealing to local tastes and preferences, which can also help smooth consumption during lean seasons and support nutrition gains (e.g. sustained consumption of micronutrient-rich fruits and vegetables). Their role in food preparation goes well beyond knowledge of recipes

and cooking techniques; it also encompasses access to water, fuel/wood and cooking utensils.

Furthermore, women tend to be knowledgeable about food that was grown locally and consumed in the past, even if this knowledge is not always appreciated. These food items are often healthy and affordable since they are produced locally. Women who possess this knowledge should be encouraged to share it with others, passing it down to younger generations, in support of sustainable diets. Nutrition programmes should foster such information exchange, where feasible. Income-generating activities and spending income on nutrition. While enhancing agricultural production is one lever used to address malnutrition, it does not automatically improve nutrition. Agriculture also provides a source of income to 70-80% of the people in developing countries, who suffer from hunger. Improving nutrition empowers people and helps them generate income given linkages between nutrition, cognitive development, educational attainment and productivity. Some income-generating activities are targeted to women, recognising that women tend to spend a larger portion of additional income and other resources on household nutrition, health and education.

Conclusion

Gender and nutrition have multiple dimensions and are highly context-specific. Ideally, the pathway towards improved food and nutrition security - for all - should be a gender-equitable process. In recent years, considerable progress has been made with regard to prioritizing gender and nutrition in policies, programmes and projects though these efforts have largely treated gender and nutrition as two distinct topics. Greater attention is needed for operationalising opportunities to combine the two. The above recommendations are a preliminary attempt to bridge these two areas in support of gender-sensitive nutrition policies, programming and projects as a means to increasing nutritional impact. Nutrition can offer opportunities to address otherwise sensitive issues regarding gender roles. Mainstreaming gender in nutrition within the field of agriculture is a critical aspect of strengthening gender and nutrition linkages in recognition of their substantial contribution to agriculture production and their central role in household food collection, preservation/processing and preparation.

The inclusion of gender-sensitive approaches in primary health care, water and sanitation, social protection and education are equally weigh, and may be achieved through multiple entry points. Furthermore, mainstreaming gender in nutrition offers opportunities to integrate agriculture and health approaches. This will require increased collaboration and coordination between

and within organizations working in the field of gender and nutrition so as to apply a holistic approach.

Facilitating household logistics such as making childcare services available at household and/or community levels is critical, with increased accountability also needed between household members to achieve a more balanced distribution of reproductive tasks among men and women. Practical measures to work towards greater equality include livelihood support for women and girls, reducing women's workloads, ensuring protection from gender-based violence and equitable access to resources and services, and, more broadly, transforming gender relations. Specific measures are often required to increase the limited opportunities women and girls may have in up scaling their livelihoods. Gender and generational analysis – the study of the different roles, needs, and priorities of women and men of different ages and socio-economic groups – is therefore needed in each specific context. In the case of conflicts, analysis is required of how gender relations shape the ways in which women and girls engage in, are seek to resolve conflict. In situations where rigid gender roles and highly unequal relations exist between men and women in terms of decision-making and their access to resources, knowledge and information, targeting women for productive activities requires specific strategies.

This can provide a way out of the vicious circle of poverty. Poor female nutrition early in life reduces learning potential, increases reproductive and maternal health risks, and lowers productivity. This situation contributes to women's diminished ability to gain access to other assets later in life and undermines attempts to eliminate gender inequalities. In essence, women with poor nutrition are caught in a vicious circle of poverty and under nutrition. Women typically have limited access to land, education, information, credit, technology, and decision making forums.

When involved in formal employment, they typically command lower remuneration rates than their male colleagues, even when they hold the same skills. Because of their triple burden of productive, reproductive, and social roles, women also tend to have less time to attend to their own needs, leisure related or otherwise. Gender Inequality Is Bad for All Inequities in access to and control of assets have severe consequences for women's ability to provide food, care, and health and sanitation services to themselves, their husbands, and their children, especially their female children. Women with less influence or power within the household and community will be unable to guarantee fair food distribution within the household. These women will also have less ability to visit health clinics when their infants and children are sick and to spend time interacting with their infants and other children. Any reduction in gender

asymmetries benefits the entire family. Equal access to and control over assets raises agricultural output, increases investment in child education, improves visits to health facilities for infants, raises household food security, and accelerates child growth and development.

Women's contribution to food production, food preparation, and child care are critical underpinnings for the social and economic development of communities, yet efforts in this direction are hampered by malnutrition. Furthermore, malnutrition in women contributes significantly to growing rates of maternal deaths and is directly related to negative nutritional status and growth retardation in children. Maternal malnutrition has been linked to low birth weight, which in turn results in high infant morbidity and Nutrition and mortality rates, adding to health care costs and undermining the human resource potential for an economy. It is also now clear that foetal malnutrition harms health status in later life, and in fact predisposes one to increased incidence of non communicable diseases. In addition, malnutrition in mothers affect the quality of care giving they can offer their children by reducing the meaningful mother-child interaction that is necessary for proper growth.

The list of legislations as well as types of discriminations or inequalities may go on but the real change will only come when the mentality of men will change; when the male species of human beings would start treating women as equal and not subordinate or weaker to them. In fact not only men but women also need to change their mindset as through cultural conditioning they have also become part of the same exploitative system of patriarchy and are playing a supportive role in furthering men's agenda of dominating women.

Therefore, what is needed is the movement for Women's empowerment where women can become economically independent and self-reliant; where they can fight their own fears and go out in the world fearless; where they can snatch their rights from the clutches of men and they don't have to ask for them; where women have good education, good career, ownership of property and above all where they have freedom of choice and also the freedom to make their own decisions without the bondages of age old saying of **Manu**.

Let's hope and wish that our participative democracy, in times to come, and with the efforts of both women and men, would be able to found solutions to the problem of gender inequality and would take us all towards our cherished dream of a truly modern society in both thought and action. In many countries in the world including India, girls face a lot of issues. From female infanticide to gender inequality to sexual abuse, there is no dearth of issues. To erase these menaces, there is need of awareness on the importance of girl child and for the

same, every year on January 24 in India people celebrate National Girl Child day. The main aim of the day to bring to light the menaces faced by girls in our country and also to create awareness about the rights that every girl has in India. The day marks the significance of the daughters of India and on this day people promote the importance of girl education, health and also to promote how people should discourage sex selection. "We commend the 104 companies included in the 2018 GEI for their efforts to create work environments that support gender equality across a diverse range of industries," said **Peter T Grauer**, chairman of Bloomberg and founding chairman of the US 30% Club (the members of which aim to have women accounting for a third of their boards). "Their leadership sets an important example that will help all organisations innovate and navigate the growing demand for diverse and inclusive workplaces."

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