

Identify The Causes And Constraints Contributing To Malnutrition Among Rural Women And Propose Strategies To Enhance Food Security And Reduce Malnutrition

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Abstract

Introduction: Historically, the primary concerns for global health improvement have encompassed nutrition, access to clean water, hygiene, and sanitation. Malnutrition, a multifaceted issue predominantly affecting the underprivileged, is characterized by restricted access to essential needs such as a balanced diet, adequate hygiene, sanitation, and healthcare. **Objectives:** The principal aim of this study is to elucidate the causes and constraints contributing to malnutrition among rural women and to propose strategic interventions to enhance food security and mitigate malnutrition. **Methodology:** The study population comprised rural families belonging to marginalized groups experiencing food insecurity. From a total of twenty-five union councils, two—Rahimabad and Qadarpur—were selected through a simple random sampling technique. Subsequently, two villages from each selected rural union council were randomly chosen. A comprehensive list of the respective union councils was compiled with the assistance of key informants from the villages. The interview schedule underwent pre-testing on 16 respondents within the research area to refine its final form. Necessary amendments were made based on the pre-testing results. To facilitate data collection and ensure effective communication, the interview schedule was translated into Urdu. **Results:** The demographic characteristics of respondents, such as age, education, marital status, family type, source of income, and landholding, play significant roles in the context of malnutrition. Specifically, 22.1% of the respondents were aged between 51-65 years, while 20.7% were aged between 26-35 years. Approximately 23.9% of respondents reported constraints due to the distance of the farm from their homes, making agricultural work arduous. Additionally, 21.8%, 30.3%, 22.5%, and 24.6% of respondents identified constraints related to domestic food security challenges, lack of information regarding proper food intake, difficulties in marketing agricultural products due to insufficient marketing channels, and food shortages caused by floods, respectively.

Conclusion: The study concludes that malnutrition among rural women is a complex issue influenced by an array of interrelated factors. These include limited access to nutrient-dense foods, poor maternal health, gender inequality, and food security challenges such as

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insufficient agricultural resources and infrastructure. Addressing these issues requires a multifaceted approach that targets the underlying causes to enhance food security and reduce malnutrition effectively.

Keywords: *Malnutrition, farm women, food security and strategies.*

Introduction

Malnutrition predominantly affects underprivileged populations who lack access to essential needs like a balanced diet, hygiene, sanitation, and healthcare (Nayak et al.,2024; Sarwar et al.,2024). This issue is closely linked to climate change, which impacts food security and water quality, exacerbating malnutrition in low- and middle-income countries (Babu et al.,2024; Wood et al.,2024) . Various international and local interventions have aimed to address food security and water, sanitation, and hygiene (WASH) issues (Osei-Owusu et al.,2024; D'Mello-Guyett et al.,2024; Ezugwu et al.,2024; sharif et al.,2024 ; Mujtaba et al.,2024).

Farm women, constituting a significant portion of the global population, are crucial in food production (Antriyandarti et al.,2024; Balasha et al.,2024) . Despite their role, many farm women suffer from malnutrition due to factors such as climate change and economic instability (Zarei et al.,2024). Women play a vital role in food security, not only through production but also in storage, packaging, processing, and preparation of food. Yet, they often lack adequate nutrition themselves, with maternal malnutrition leading to severe health consequences including increased risk of maternal mortality and anemia (Nepal, 2015; Abid, et al.,2018; Agostoni et al.,2023).

Recent studies underscore the gravity of malnutrition and its rising prevalence. According to the 2023 Global Report on Food Crises, over a quarter of a billion people are experiencing acute food insecurity, with economic shocks and the Ukraine war exacerbating the situation. The report highlights that in 2022, 258 million people across 58 countries faced crisis levels of food insecurity, up from 193 million in 2021 (WFP,2023 ; Martin and Vos, 2024).

Additionally, updated guidelines from the World Health Organization (WHO) have introduced new protocols for managing acute malnutrition, emphasizing the need for evidence-based care. These guidelines include managing moderately malnourished children and infants at risk of poor growth and development, and endorse the treatment by community health workers, extending access to those living far from health facilities (Ibrahim et al.,2024 ; Nanga et al.,2024) . In developing countries, especially Pakistan, a significant number of farm women suffer from malnutrition. Despite global and national efforts, substantial gaps remain, particularly in rural areas. The main objective of the study is to identify the causes and constraints contributing to malnutrition among rural women and propose strategies to enhance food security and reduce malnutrition.

METHODOLOGY: The study was conducted in Tehsil Sadiqabad of Punjab, focusing on malnutrition issues among women in three union councils. Tehsil Sadiqabad served as the universe for the study. The population comprised rural families from marginalized, food-insecure groups in Sadiqabad Tehsil, selected randomly from the four tehsils of Rahim Yar Khan district (Sadiqabad, Khanpur, Liaquatpur, Rajanpur). Two union councils, Rahimabad and Qadarpur, were selected through simple random sampling. From each council, two villages were randomly chosen. A list of farm women from marginalized families was compiled with local key informants' help, and 164 women were selected through purposive sampling to ensure a diverse representation. Interview Schedule Preparation: An interview schedule was designed based on study objectives. The schedule was pre-tested on 16

respondents, refined, and translated into Urdu for effective communication. The researcher personally interviewed respondents at their homes using the finalized schedule, ensuring unbiased responses. Collected data were coded and analyzed using SPSS. Descriptive statistics were employed to draw conclusions and formulate recommendations.

RESULTS

Demographic characteristics of respondents

Demographic characteristics of respondents like age, education, marital status, family type, and source of income, land holding all play an important role. Table 1 indicate that less than one fourth 32.3% of the respondents were in the age of 36-50 years and 22.1% of the respondents were in the age group of 51-65 years while 20.7 % of the respondent were in the age group of 26-35 years.

Table 1: Distribution of the respondents according to their age

Age	Frequency	Percent
15-25	24	14.6
26-35	34	20.7
36-50	53	32.31
51-65	37	22.1
above 65	16	9.73
Total	164	100.0

Table 2 Indicate that less than half (40.5%) of the respondents were illiterate, about 18.5% of the respondents were primary, almost 25.1 % of the respondents were middle and only 15% of the respondents had matric graduation level. Data shows that that majority (40.5%) of the respondents were illiterate because situation is alarming in rural areas ultimately leads to malnutrition.

Table 2: Distribution of the respondents according to their education

Education level	Frequency	Percent
Middle	41	25
Illiterate	67	40.5
Primary	30	18.5
Matric	26	15.85
Total	164	100.0

Table 3 reflects that less than half of (49.5 %) of the respondents had 3-5 children whereas only 23.78 % of the respondent had between of 6-8 years while 12.8% of the respondents had between 1-2 years and only 17% had between 8-10 numbers of children. Data show less than one third (23.78 %) of the respondents had between 6-8 years.

Table 3: Distribution of the respondents according to their total number of children

Total number of children	Frequency	Percent
1-2	20	12.8

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3-5		81	49.5
6-8		39	23.78
Above 8		28	17
Total		164	100.0

Table 4 revealed that less than one fourth (37.8%) of the respondents had 4-6 numbers of male children. Whereas 34.1% of the respondents had 1-4 numbers of male children. Data show 37.80% of the respondents had between 4-6 number of male children and 8.8% of the respondents had between 7-9 numbers of male children.

Table 4: Distribution of the respondents according to their number of male children

No. of male children	Frequency	Percent
0	32	19.5
1-4	56	34.1
4-6	62	37.8
7-9	14	8.8
Total	164	100.0

Table 5 Illustrate that less than half (42%) of the respondents had 1-3 female children. Whereas, 35.95% had 4-6 number of female children while 12.4% of the respondents had no female child. Data show 4.2% of the respondents had between 7-9 female children.

Table 5: Distribution of the respondents according to their number of female children

No. of female children	Frequency	Percent
0	29	12.42
1-3	69	42.07
4-6	59	35.95
7-9	7	4.26
Total	164	100.0

Table 5 depicted that less than half (46.9%) of the respondents had information about the proper diet and 53.8 % of the respondents had not information about the proper diet. Data shows that majority of the respondents 45.8% were had no information about the proper diet. It also indicated that 26.82% of the respondents had taken diet properly which is necessary for health and 73.1 % of the respondents had not taken diet properly which is necessary for health. While 45.8% of the respondents had taken regular meal which is necessary for health and 54.2% of the respondents had not taken regular meal properly which is necessary for health. Similarly 54.9% of the respondents having information about advantages of milk and 31.7% of the respondents having not information about advantages of milk.

Table 5: Distribution of the respondents according to the level of awareness of nutritional status among the farm women

Statement	Frequency	Percent
Do you have any information about proper diet	77	46.9
Do you take your diet properly which is necessary for your health	44	26.82
Do you take regular meal	75	45.8
Do You Know advantages of milk in your daily life	68	54.9
Do you Know advantages of minerals in your daily life	48	29.26

Table 6 show that less than thirty (23.9%) had faced constraints due to farm distance from the house a tough job not bought while others were 21.8%, 30.3%, 22.5% and 24.6%, of the respondents having constrained faced by the farm women problem in domestic food security, lack of information related to food intake is the problem for farm women, problem in marketing of agri. products due to lack of marketing products and flood is the reason for food insecurity and shortage of food.

Table 6: Food security constrains in rural women

Statement	1		2		3		4		5	
	No.	%	No.	%	No.	%	No.	%	No.	%
Do you think going to a distant farm daily is a tough job	15	10.6	32	22.5	34	23.9	32	22.5	20	14.1
Do you face any problem in domestic food security	22	15.5	28	19.7	24	16.9	31	21.8	27	19.0
Do you think lack of information related to food intake is the problem for farm women	22	15.5	32	22.5	43	30.3	31	21.8	27	19.0
Do you feel any problem in marketing of agri. products due to lack of	15	10.6	35	18.3	29	20.4	32	22.5	20	14.1

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marketing products										
Do you think that flood is the reason for food insecurity and shortage of food	12	8.45	33	23.2	29	20.42	35	24.64	33	23.23

Scale: 1=Very low, 2= Low, 3= Medium, 4= high, 5=Very High

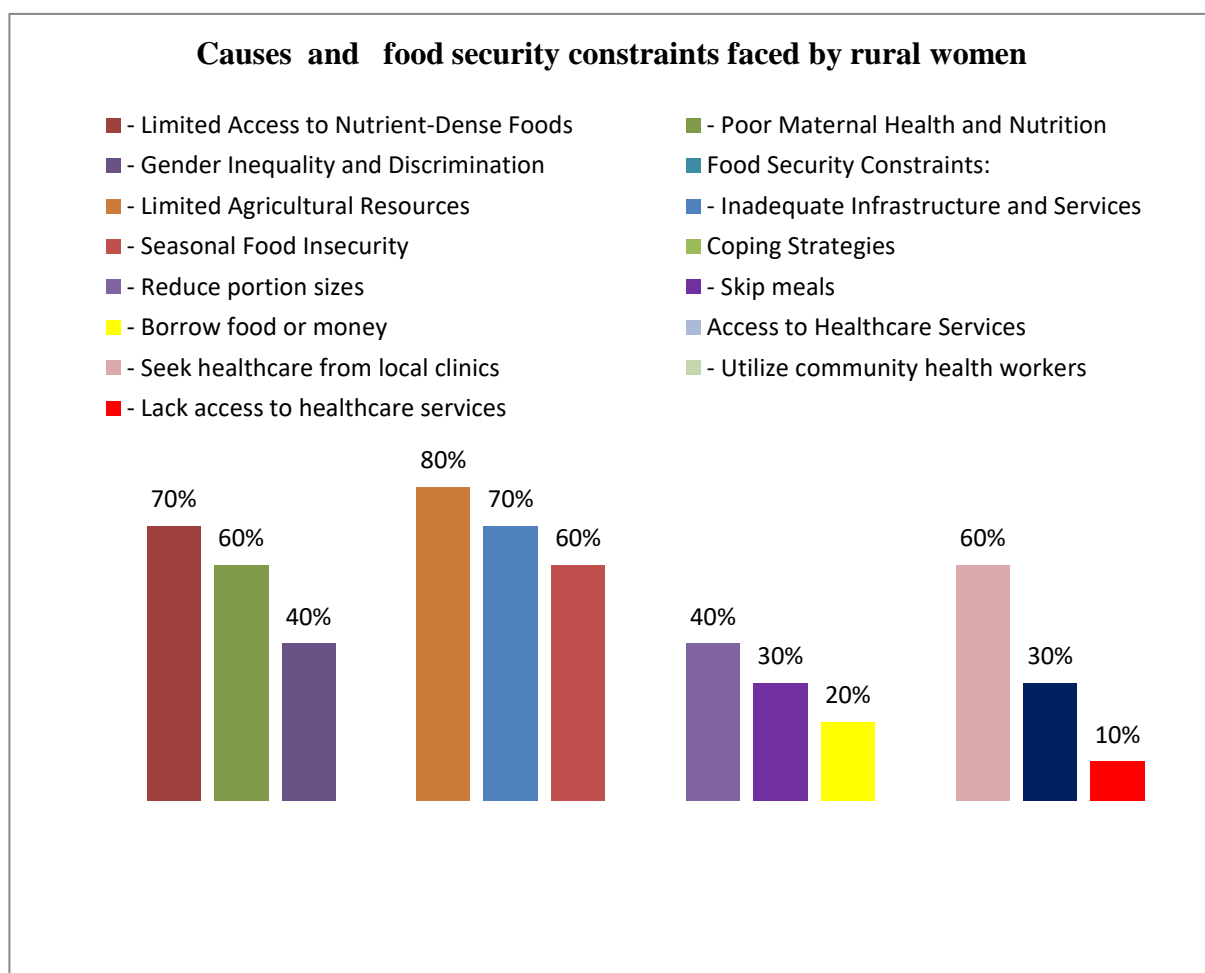


Figure: 1 : Causes and food security constraints faced by rural women

Table: 8 Proposed strategies to enhance food security and reduce malnutrition

Strategy	Description	Expected Outcome
Improve Agricultural Productivity	Provide training, resources, and access to technology for farmers to boost crop yields and diversity.	Increased food availability and variety, leading to better nutrition.
Enhance Access to Education	Implement educational programs focused on nutrition, health, and sustainable farming practices.	Better-informed communities capable of making healthier food choices.
Strengthen Infrastructure	Develop rural infrastructure such as roads, storage facilities, and markets.	Reduced post-harvest losses and improved access to markets.
Promote Women's Empowerment	Provide resources, training, and support for women in agriculture to improve their productivity and income.	Enhanced economic stability and food security for families.
Implement Social Safety Nets	Establish food assistance programs, subsidies, and other safety nets for vulnerable populations.	Immediate relief for malnourished populations and increased resilience.
Support Diversified Farming Systems	Encourage crop diversification and mixed farming to reduce dependency on single crops.	Improved dietary diversity and resilience to market fluctuations.
Strengthen Health Services	Improve access to healthcare and nutritional services in rural areas.	Early detection and treatment of malnutrition and related health issues.
Promote Sustainable Practices	Encourage sustainable farming practices to ensure long-term food security and environmental health.	Long-term sustainability of food production and natural resources.
Facilitate Access to Credit	Provide microloans and financial services to smallholder farmers.	Increased investment in agriculture leading to higher productivity.
Support Community-Based Programs	Develop community programs that focus on local food production, nutrition education, and collective action.	Stronger local food systems and community resilience.

These strategies, if effectively implemented, can significantly enhance food security and reduce malnutrition in rural areas of developing countries like Pakistan.

Discussion

Diet is a basic support of the human life especially played role in women as compared to men. Health and progress through the entire life. In Pakistan, about 52% population is women but they are discriminated in numerous aspects of life like education, health, marriage and economical control. In Pakistan, majority women are malnourished and anemic. The malnutrition are leaving the bad effects on the society and therefore it will require the combined efforts of all community institutions with the social work occupation, to stop malnutrition effectively. Malnutrition disturbs physical development, morbidity, humanity, reasoning development, reproduction, and physical work bulk ultimately impacts on human performance, health and survival. Diseases, in humans are directly or indirectly caused by indecorous consumption and malnutrition. These comprise, but are not incomplete to, shortage diseases, caused by a lack of essential nutrients. Additionally,

several diseases are straight or indirect stuck by dietary habits and required very close consideration to the nutrient food.

Somebody may be suffering from malnutrition due to many causes or reasons. It could be a lack of knowledge concerning proper diet that is able to lead a person to actually eat sufficient food, but not the right food and consequently compulsory nutrients. Poor absorption power of the body can also be a reason for malnutrition. Poverty is amongst the utmost common reason of the malnutrition problems. Deficiency of proper diet does not only disturb the mother health as well as health of the infants and it reduced the intellect levels of the individual. Scarcities have been initiate to be amongst other major reasons behindhand the beginning of the malnutrition surrounded by a particular region. Famine precisely absence of essential amounts of protein, vitamins and vital minerals in a broad common people food. Malnutrition is causing medicinal difficulties in the individual's body. Iron shortage might be reducing the work ability. Some people feel pain shortness of breath on excretion rapid heartbeat, dizziness, light headiness and headache ranging in the cars, irritability and other mood disturbances, pale skin, loss of weight and intellectual confusion. Protein-energy malnutrition had been related with a number of health consequences counting decreased bone mass, anemia, decrease cognitive function and poor wound curing. Under nutrition has also been allied with a loss of power of muscle, which could affect breathing function, increasing susceptibility to chest infection. . Include measure that protect and empower the poor women for access to decent quality of food in their life. Security nets that allow people to right of entry nutritious food during tremors and periodic times. When income is short; land occupancy rights; reasonable access to creative resources; marketplace access for susceptible producers.

Conclusion

Malnutrition among rural women in developing countries like Pakistan is a multifaceted issue influenced by poverty, lack of education, gender inequality, inadequate healthcare, and infrastructural deficiencies. Addressing these causes requires a holistic and integrated approach, combining immediate relief efforts with long-term strategies. Improving agricultural productivity, enhancing education and healthcare access, empowering women, and promoting sustainable practices are crucial steps toward achieving food security and reducing malnutrition. By implementing targeted interventions and fostering community resilience, it is possible to create a sustainable and equitable food system that ensures the well-being of rural women and their families. These efforts not only address immediate nutritional needs but also lay the foundation for long-term socio-economic development.

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