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# THEMATIC WEBINAR SERIES ON WOMEN'S NUTRITION: ISSUES, CHALLENGES AND WAY FORWARD

15th September, 2020

organized by:

Resource Centre for Advancement of  
Public Health Nutrition  
Dept. of CM & FM, AIIMS Bhubaneswar  
in collaboration with UNICEF, Odisha



*Moderator:*

**Mr. Sourav Bhattacharjee**  
Nutrition Specialist,  
UNICEF, Odisha



*Moderator:*

**Dr. Swayam Pragyan Parida**  
Associate Professor, CM & FM Dept,  
AIIMS, Bhubaneswar

Webinar link: <https://unicef.zoom.us/j/94717350561>



*Key note Address by:*  
**Dr. Vikas Bhatia**  
Executive Director, AIIMS,  
Bibinagar, Telangana



*Issues & Challenges by:*  
**Dr. Babita Mahapatra**  
Addl. CEO, Odisha Livelihoods Mission  
Panchayati Raj & Drinking Water Dept.  
Govt. of Odisha



*Public Policies and Way Forward by:*  
**Dr. Sheila C. Vir**  
Director, Public Health Nutrition and  
Development Centre, New Delhi

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**WOMEN'S NUTRITION**  
**ISSUES, CHALLENGES AND WAY FORWARD**

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Date & Time 15th Sept 2020	TOPIC	PANELIST
11.00-11.05 am	Welcome Address	<b>Dr. Swayam Pragyan Parida</b> Associate Professor, CM & FM Dept, AIIMS, Bhubaneswar
11.05-11.10 am	Setting the Context	<b>Mr. Sourav Bhattacharjee,</b> Nutrition Specialist, UNICEF, Odisha
11.10-11.20 am	Key note Address	<b>Dr. Vikas Bhatia</b> Executive Director, AIIMS, Bibinagar, Telangana
11.20-11.40 am	Issues & Challenges in Women's Nutrition in Odisha- Reference to COVID 19	<b>Dr. Babita Mahapatra</b> Addl. CEO, Odisha Livelihoods Mission Panchayati Raj & Drinking Water Dept. Govt. of Odisha
11.40-12.05pm	Women's Nutrition: Significance, Public Policies and Way Forward in the Current Challenging Situation	<b>Dr. Sheila C. Vir</b> Director, Public Health Nutrition and Development Centre, New Delhi
12.05-12.25 pm	Open House Discussion	Moderator: <b>Mr. Sourav Bhattacharjee,</b> Nutrition Specialist, UNICEF, Odisha
12.25-12.30 pm	Vote of Thanks	<b>Ms. Sonali Sinha</b> Sr. Consultant, Women's Nutrition RCAPHN, AIIMS, Bhubaneswar

# Women's Nutrition

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Many of the health concerns of women at different life stages are affected by nutrition. Diet is one lifestyle factor that is amenable to change. Health practitioners have a major role to play in helping women to adopt a healthier diet in order to gain the benefits that this offers. Low iron status is an issue for many women, including pregnant women. Indeed once a woman decides to try for a baby, becomes pregnant and breastfeeds, concerns for the health of her baby, may lead her to focus more on her diet. Childhood undernutrition, gender discrimination, reproductive health, teenage pregnancy, work and energy expenditure, the implications of time constraints for nutrition and health care, dietary intakes, intra household food distribution, chronic energy deficiency, anemia, and older women are some of the key issues

It is globally acknowledged that maternal undernutrition and anaemia, before and during pregnancy, adversely affect maternal mortality, foetal growth (weight and length) and a woman's own health. In geographic pockets where maternal mortality is high or its decadal decline is slow, the maternal undernutrition and anaemia have remained persistently high.

Maternal undernutrition influences child growth. It is known that in deprived settings 50% of growth failure in length that gets accrued by age 24 months in Indian children, occurs in the womb. Low maternal weight gain in first trimester of pregnancy has determinant effects on both length of gestation and on fetal length. By full term of pregnancy, the gain in weight for a healthy woman with desirable body weight is about 12 to 13 kgs. There are studies to show that less than one kilogram weight gain per month after first trimester of pregnancy, increases the risk of having a LBW baby. [At present, 23% of women of reproductive age suffer from low body mass index and 50% pregnant women 15-49 years are anemic \(NFHS 4\).](#)

Anemia is associated with postpartum haemorrhage, neural tube defects, low birth weight, premature births and stillbirths and a cause of 23% of maternal deaths. Nutritional anemia is caused largely due to the deficiency of iron but folic acid, B-12 and vitamin A deficiencies can also be contributory in some settings. Other important causes of anemia include malaria and intestinal hook worm infections in some situations. Folate deficiency in the 28 days prior to and post conception has been shown to play a significant role in development of neural tube defects in foetus and increases risk of developing megaloblastic anaemia. Since 90 % of human brain development occurs between 3rd month of pregnancy and 3rd year of life. Correcting iodine deficiency before and during pregnancy can primarily prevent this brain damage. B12 deficiency affects foetal mental and physical development. Low maternal iodine status is associated with an increased risk of suboptimum scores for verbal IQ at age 8 years, and reading accuracy, comprehension, and reading score at age 9 years. Deficiency of zinc can lead to congenital abnormalities and pre-term delivery. Calcium deficiency in pregnant women increases the risk of pre-eclampsia, abnormal foetal development, maternal death and low birth weight.

Poor pre-pregnancy nutrition and inadequate dietary intake during pregnancy result in poor nutritional status of pregnant adolescent girls and their children. Antenatal and postnatal care

programmes must ensure that pregnant and lactating adolescent mothers receive suitable nutrition counselling and support. Data from rural India show that adolescent girls have limited contact with the health system during and after pregnancy. Therefore, community based programmes must be introduced to complement the health system.

The adequacy of women’s nutrition in preconception, pregnancy and post-pregnancy is critical for reducing child stunting. Among chronically undernourished or stunted children, as high as 20 per cent of impairment occurs before birth in the womb [Victora et al., 2010; Sachdev, 2011]. It is important that the nutritional needs of girls are holistically addressed right from adolescence and as they progress towards child bearing and caregiver roles. These crucial interventions will help keep mothers and their children healthy.

The pandemic has worst hit the women & girls in terms of affecting livelihoods, large scale migration, increased domestic violence, drop out from schools etc. High cost of food items, vegetables, fruits has impacted intake and added to the poor diet diversity.

The objective of this webinar is to delve into the key issues and challenges that affect nutrition in women and delve into the policies & programmes that try to address and improve the scenario.

Key Maternal Nutrition Indicators:

Indicator	India	Source
<b>MMR</b>	122	SRS (2015-17)
<b>Adolescent Girls (15-19 yrs) BMI &lt; 18.5</b>	42 %	NFHS4
<b>Pregnant Women (15-49 yrs) BMI &lt;18.5</b>	23%	NFHS4
<b>Girls (15-19 yrs) Anemic</b>	54%	NFHS4
<b>Pregnant Women (15-49 yrs) Anemic</b>	50%	NFHS4
<b>Women (15-49 yrs) Anemic</b>	53%	NFHS4