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STRENGTHENING WEST AFRICAN WOMEN THROUGH NUTRITION

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ABSTRACT: Human capital development and health and well-being are known to be significantly impacted by nutrition. Africa's nutritional status has deteriorated remarkably over the past decade, increasing questions regarding the region's capacity to achieve the sustainable development goal SDG 2 that focuses on nutrition and food security. One of the highest rates of malnutrition is found in West Africa. Therefore, dietary deficiencies are frequently caused by a lack of funds, resources, such as labor and land, and time, particularly for women. Strengthening West African Women through Nutrition concepts is described in this paper. Strengthening or empowering women changes dietary patterns in the household, improves nutrition, and thus impacts diet-related health outcomes in Africa. We discovered causal relationships between certain areas of food security and dietary enhancement and women's empowerment. It has been demonstrated that empowering women through nutrition decision-making improves household nutrition rates overall.

KEYWORDS: Nutrition, Food security, Africa, Sustainable Development Goal (SDG), Empowerment.

I. INTRODUCTION

Understanding the factors that affect our diet is essential for improved nutrition and healthy life. One of the oldest and oldest cultural behaviors that has a significant impact on people's behavior is their eating habits. When and how people eat depends on their cultural background. The foods that people in every community eat are significantly affected by their culture. People in every section of society have different feeding habits that have been passed along through the generations [1].

Through food has significant psychological associations with the family and the community, changing eating patterns is slow and challenging. Food is familiar comforting and satisfying especially childhood favorites that evoke strong emotional reactions. Over the last three generations, there have been significant changes in household diets and food supply in many African nations. In many African cities, exotic (untraditional) foods are becoming the dominate. Due in part to increasing production and processing costs as well as long and laborious household preparation techniques, the amount of traditional domestic foodstuffs has significantly decreased, even in rural areas. As a result, they now make up a much smaller portion of the family diet.

A nutritious diet is essential for maintaining good health throughout life. Starting with the preconception phase and continuing

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throughout the aging process, proper nutritional intake is crucial. Throughout life, our nutritional requirements change, necessitating modifications to the types and amounts of food we consume in order to maintain optimum health. Conception to around age three, when the majority of physical growth takes place, is the most crucial time in a person's development. Growth and development, the production of bone and skeletal tissue, brain development, and proper protection against the early onset of chronic diseases including diabetes, heart disease, osteoporosis, hypertension, and some types of cancer are all impacted by nutrition starting in the fetal stage [2].

Overweight/obesity and diets low in nutritional value and high in processed sugar, fats, and salt are on an increase among some subgroups of the population (such as those living in urban areas), while undernutrition continues to contribute to high levels of stunting and underweight in populations in many African countries, especially those in Western, Eastern, and Southern Africa. Economic policies in agriculture, commerce, investment, and marketing have changed the total quantity, type, costs, distribution, and desirability of foods available, and these changes in diet are strongly related to these developments [3].

Consumption of fruits and vegetables is one measure of a nutritious diet. Countries on the continent consume different amounts of fruits and vegetables, with vegetables being consumed significantly more often than fruits. On the whole, though, people in the majority of countries do not consume enough fruits and vegetables each day. A survey measuring the prevalence of risk factors for non-communicable diseases (NCDs) in the general population was completed by 32 countries. More than 60% of the adult population in each of these countries reported not eating the five servings of fruits and vegetables per day that are recommend. Madagascar had a 62% rate, whereas Ethiopia had a 99% level. Almost 9 in 10 of adults in half of the countries were found to not consume the required amounts of fruits and vegetables each day. In Africa today, iron deficiency anemia is among the most prevalent health issues. For example, 50% of people in Kenya have iron deficiency anemia in one form or another. Folic acid is another common nutrients deficiency. An infant developed to a woman with inadequate folic acid intake is more likely to have neural tube abnormalities, which are incomplete brain and spine development.

African women are a valuable resource that should be strengthened whenever possible. This is especially true for their role in supporting their sisters through the frequently difficult and, in the African setting, high-risk process of providing a child to term and giving birth. Modifying established techniques and implementing those evaluated appropriate can improve service efficiency and affordability. Furthermore, understanding cultural conceptions about pregnancy, labor, and postpartum care will not only support in the development of new maternal mortality

procedures, but will also have a synergistic influence on other women's health issues.

Women in the African region have a crucial role in providing care for their families and maintain an important position in both public and private health systems. Indeed, in many African countries, women made up the majority of the formal health workforce. However, they are typically concentrated in occupations like community health services, midwifery, and nursing. Women's advancement in the health system must be prioritized, and governments should pledge to recognize the work they already do by providing pre-service and in service training, mentoring programs, and support to aim for higher. As was previously mentioned, one of the most important factors in empowering African women and a major contributor to the overall socioeconomic growth is education.

II. LITERATURE SURVEY

In [4] demonstrated Tanzanian women's preference for eating more fruits and vegetables and less sugar and alcohol than males. The results of these three research clearly show that when empowerment takes place, household dietary substitution is likely to occur, even though they do not address women's empowerment. The household may be able to change its consumption toward meals that women prefer as a result of women empowerment.

In [5] in the fourth of six widely accepted connections between nutrition and agriculture. Thus, it is crucial to understand that women's empowerment contributes to better nutrition in the home, but it is also critical to understand whether this empowerment results in pressure to consume specific food items.

In [6], In general, women spent a greater percentage of their income on their families than men's. The information that has been highlighted thus far suggests that women's empowerment and diversity in diets have a positive connection, which makes reason given the empowerment and greater control over resources.

In [7] Examining the relationship between maternal undernutrition and low birth weight (LBW) and women's empowerment was the objective. Data from the 2011 and 2014 Bangladesh Demographic Health Surveys that were nationally representative were used. We examined 9234 mother-child pairings and 27357 women. A thorough measure of women's empowerment was utilized in this study, which offers strong evidence that low levels of women's empowerment are linked to both LBW baby deliveries and maternal undernutrition in Bangladesh. Therefore, programs which support women's empowerment will also improve public health.

In [8], A study on the relationship between recommended blood hemoglobin levels (Hb) and body mass index (BMI) and women's empowerment was conducted in East African countries when it was discovered that these factors were linked to a healthy diet. BMI and Hb had a positive relationship with all three of the empowerment indices utilized in the study (instrumental agency, intrinsic agency, and assets), indicating that

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empowerment may play a significant role in promoting nutritional improvement.

III. Strengthening West African Women through Nutrition

1. Gender Considerations for Food and Nutrition Security:

Achieving food and nutrition security requires gender equality and also the empowerment of women and girls. How people and their households experience and manage food and nutrition insecurity is significantly affected by gender roles. A gender-responsive EWS (Early Warning Systems) promotes evidence-based planning suited to the various requirements and capacities of an impacted population, as well as better targeting to reach the most vulnerable. People in charge of food procurement, usually women and girls, may become separated and exposed to GBV (Gender-Based Violence) if there is an unexpected scarcity of food in familiar nearby locations. On the other hand, lack of food and other essential resources can lead to negative coping mechanisms, such as young girls marrying young and violent partners. Similarly, there is an intrinsic connection between structural gender inequality and the long-standing causes of starvation. Overall household nutrition rates have been demonstrated to improve when women are empowered to make decisions.

2. Women's Empowerment and Dietary Diversity:

Aside from overall food security, another issue that Africa faces is the diversity of a household's diet. The regional epidemiological change has been made worse by inadequate food diversity. On average, 9.7% of adult males and 9.9% of adult womens have diabetes. Similarly, 9.2% of adult males and 20.7% of adult females are obesity, and the number of cases with vitamin and mineral micronutrient deficiencies remains alarming. Moreover, low birth weight occurs in about 13.7% of all babies.

Furthermore, empowering women is also meant to address the issue of limited diets in families, given their significant roles in managing the home. With very few indecisive observations, women's empowerment experiences in Africa have generally been positive. In Nigeria, for example, Olumakaiye and Ajayi [9] found that the food frequency table, which measures household food diversity, improved when women were empowered via education. Similarly, Murugani and Thamaga-Chitja [10] revealed that women's participation in production and public speaking enhanced dietary diversity in South Africa using a list of 17 foods.

3. Women's Empowerment and Nutritional Improvement:

Overall, the research that has been done in Africa shows a significant connection between the empowerment of women in various settings and improvements in nutrition, whether those benefits are for the women or the children in the household. Given that women tend to the home better, it seems to reason that giving them greater control over their resources could enhance their nutrition and diet. Nutrition and food security as measured by the household food

insecurity access scale (HFIAS) had a positive relationship with three empowerment domains: control over one's own time, control over income and workload, and access to and control over land and livestock.

4. Women's Empowerment and Diet-Related Health:

A healthy diet is crucial for preventing a number of chronic illnesses, such as heart disease, diabetes, hypertension, and many cancers. A healthy diet and food intake from childhood are considered preventive treatments for future health issues because several human health conditions can be linked to feeding practices during childhood. In this context, it is especially crucial to consider if women's empowerment may enhance the health of the home through eating. The World Health Organization's (WHO) measures of minimal acceptable diets and minimum meal frequency among family children, as well as observations from empirical investigations, have shown that dietary diversity is increased when women are economically empowered.

IV. CONCLUSION

In this paper, Strengthening West African Women through Nutrition is analyzed. Therefore, a lack of funds, resources (such as labor and land), and time frequently leads to dietary inadequacies. Strengthening or empowering women changes food habits in the home, improves nutrition, and thus impacts diet-related health outcomes in Africa. Although there is limited empirical research on the cause-and-effect relationship between food consumption changes in African families and women's empowerment, the literature that is currently available suggests that women may adjust their diets after becoming more empowered.

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