Eliminating iron deficiency in women subsistence farmers
A public statement from the Associated Country Women of the World

Many rural women in Africa and South Asia are deficient in both iron and vitamin C due to poverty, poor diet, low dietary awareness; as well as a lack of appropriate seeds, suffering the impact of hookworm and malaria. This is causing chronic lethargy and high maternal morbidity.

The Associated Country Women of the World (ACWW) has sponsored more than 1,000 small-scale, Women-to-Women, rural development projects in Africa and Asia. Recent data collected from our community-based projects in Punjab, Pakistan and Bungoma, Kenya confirms that almost all women are suffering from chronic fatigue and have slow healing wounds. Minimal intake of meat and fresh fruit also contribute to a diet deficient in iron and vitamin C.

Although this is a critical issue that is well documented, it is not yet being addressed for women who are subsistence farmers: iron complex and vitamin pills should be provided, free of charge, to all pregnant and lactating women in rural areas of sub-Saharan Africa and South Asia. Food fortification is not an option for subsistence farmers. Seeds of pigeon pea or other iron-rich pulses could, and should, be made more widely available at low cost. This could be done by creating a market for these pulses and paying a ‘nutrition premium’ to growers. Furthermore, there is a need to combine the consumption of non-heme Iron from pulses with vitamin C; the average adult woman (19-50 years) requires 15mg of iron per day, (equivalent to 100g of pigeon pea), which should be combined with sources of vitamin C such as 100g tomatoes or 100g green leafy vegetables for maximum absorption. Information in the form of illustrated posters on nutrition (e.g. showing a healthy mother and child sharing a plate of cooked pulses and green leafy vegetables) should be made available to school children, faith-based organisations and local NGOs. It could also be distributed with anti-malarial bed nets. Heme iron could also be made available through the provision of caste iron cook ware, or the distribution of ‘modern’ technology, such as the ‘Lucky Iron Fish’.

ACWW believes that action on this issue is crucial, and time-critical.

Ruth Shanks AM
ACWW World President

Margaret Yetman
Chairman, ACWW Agriculture Committee

Main actors who could be involved in the response
FAO, WHO, NGOs, midwives, school teachers, faith-based organisations, seed merchants.
There is need to scale-up ICRISAT’s work on pigeon pea and chickpea.

Other evidence
According to the World Health Organization (2008) non-pregnant women are the population group most affected by anaemia (468.4 million) with the highest proportion being in Africa (47.5–67.6%). Among pregnant women, there is a prevalence of 57.1% and 48.2% in Africa and South East Asia, respectively. Additional and specific evidence relating to Iron deficiency reported in ACWW-funded projects can be found at www.acww.org.uk.

Linkages to the Sustainable Development Goals
SDG 2.2 By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons.

SDG 3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births;
3.2 By 2030, end preventable deaths of new-borns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.

The WHO target: a 50% reduction of anaemia in women of reproductive age.
References

1. Lucky Iron Fish  “The Lucky Iron Fish is a carefully formulated health innovation that has been shown to substantially reduce instances of iron deficiency and iron deficiency anemia. As a certified B-Corp we are committed to doing business in a socially responsible way.”
   http://www.luckyironfish.com

   http://www.icrisat.org/the-pulse-of-the-drylands/

   http://apps.who.int/iris/bitstream/10665/43894/1/9789241596657_eng.pdf

Additional references and resources

a) Food & Agriculture Organisation (FAO)  “Human vitamin and mineral requirements, Chapter 13: Iron”.
   http://www.fao.org/docrep/004/y2809e/y2809e0j.htm

b) World Health Organisation  “Anaemia Policy Brief”
   http://www.who.int/nutrition/topics/globaltargets_anaemia_policybrief.pdf?ua=1&ua=1