



REVIEW OF RESEARCH

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FOOD SECURITY, NUTRITION AND HEALTH AWARENESS

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ABSTRACT

Food security, nutrition, and health awareness are fundamental pillars for the sustainable development of individuals and societies. Food security ensures that all people have physical, social, and economic access to sufficient, safe, and nutritious food to meet their dietary needs for an active and healthy life. Proper nutrition plays a vital role in physical growth, mental development, immunity, and prevention of malnutrition and lifestyle-related diseases. However, lack of awareness, poverty, poor dietary habits, and unhygienic practices continue to pose major challenges to nutritional well-being.



Health awareness is essential to educate individuals about balanced diets, micronutrient requirements, food safety, sanitation, and healthy lifestyles. Preventive measures such as consuming diversified foods, maintaining personal and environmental hygiene, safe storage and handling of food, regular health check-ups, and avoiding contaminated or processed foods can significantly reduce health risks. Community participation, government programs, and nutrition education are crucial in promoting food security and improving public health. Strengthening awareness and adopting preventive practices can help achieve better nutritional status, reduce disease burden, and ensure overall health and well-being.

KEYWORDS: Food security, nutrition, and health awareness , physical, social, and economic .

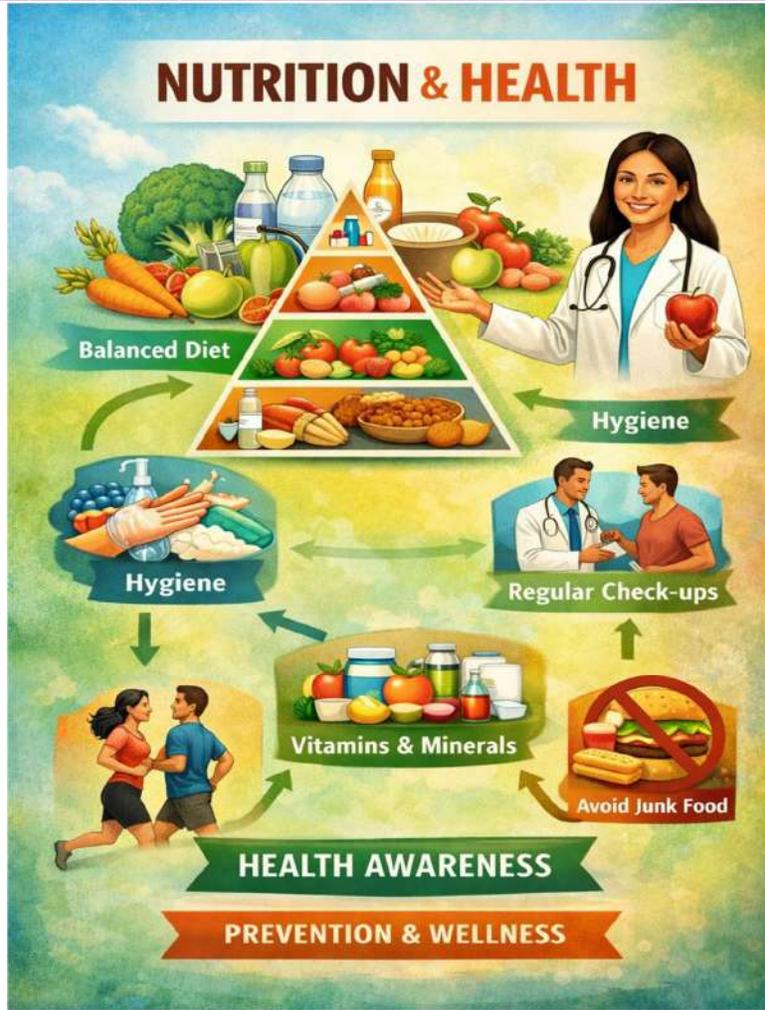


WHAT IS NUTRITION SECURITY?

Consistent access to nutritious foods that promote optimal health and well-being for all Americans, throughout all stages of life.



The infographic is titled "FOOD SECURITY & NUTRITION & HEALTH AWARENESS". It features a central illustration of a family (a man, a woman, and two children) holding a basket of fresh fruits and vegetables. Surrounding this central image are several smaller illustrations and text boxes, all connected by arrows pointing towards the center. The elements include: "Food Security" (with a globe and farm icon), "Balanced Diet" (with a plate of food), "Food Safety" (with a magnifying glass over a plate), "Malnutrition & Disease" (with a person and a virus icon), "Hygiene" (with a hand being washed), "Health Awareness & Prevention" (with a doctor and a woman), "Regular Check-Ups" (with a doctor and a woman), "Exercise" (with a person running), "Vitamins & Minerals" (with various bottles and containers), "Avoid Junk Food" (with a burger and a 'no' symbol), and "Awareness & Education" (with a group of people listening to a speaker). At the bottom, a banner reads "SUSTAINABLE HEALTH SAFE & NUTRITIOUS FOOD FOR ALL".

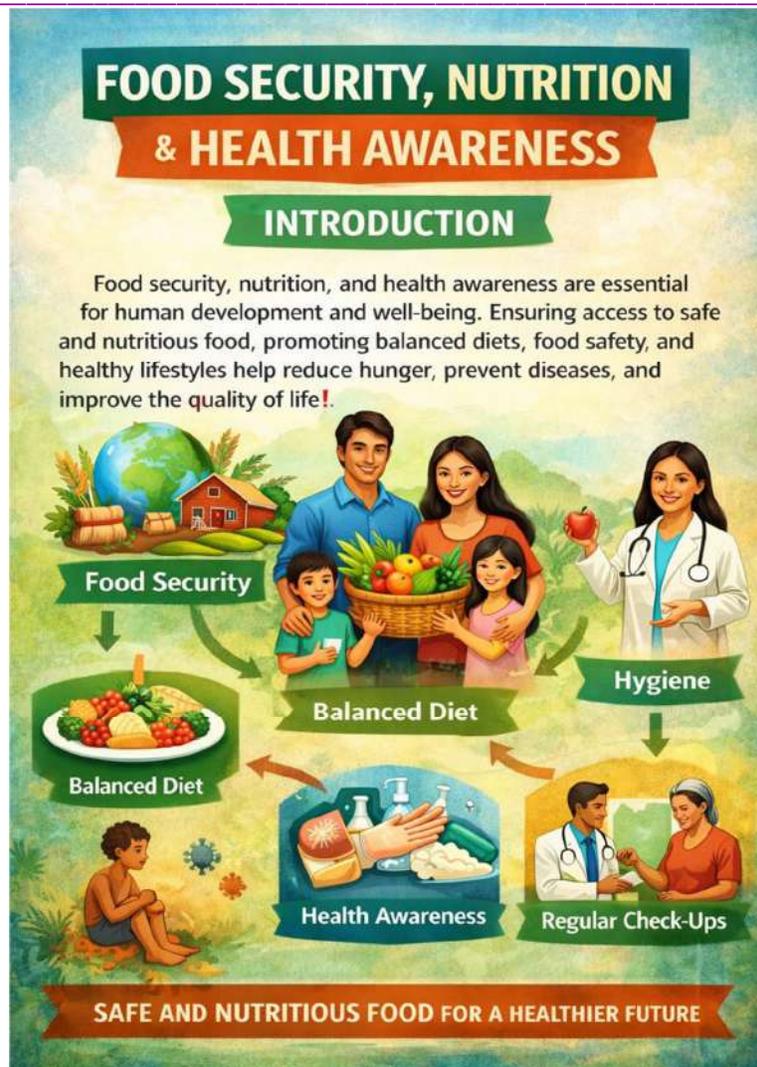


1. INTRODUCTION

Food security, nutrition, and health awareness are essential components of human development and overall well-being. Food security means ensuring that all individuals have continuous access to sufficient, safe, and nutritious food to meet their daily dietary needs. Proper nutrition provides the energy and nutrients required for physical growth, mental development, and disease resistance, especially among children, pregnant women, and the elderly.

Despite advances in food production, many communities continue to face challenges such as malnutrition, micronutrient deficiencies, unhealthy eating habits, and food-related illnesses. Lack of awareness about balanced diets, food hygiene, and healthy lifestyles further increases the risk of health problems. Health awareness plays a crucial role in educating people about nutritious food choices, safe food handling, sanitation, regular physical activity, and preventive healthcare.

Promoting food security along with nutrition and health awareness helps reduce hunger, prevent diseases, and improve the quality of life. Through education, community participation, and effective government programs, sustainable health and nutritional well-being can be achieved.

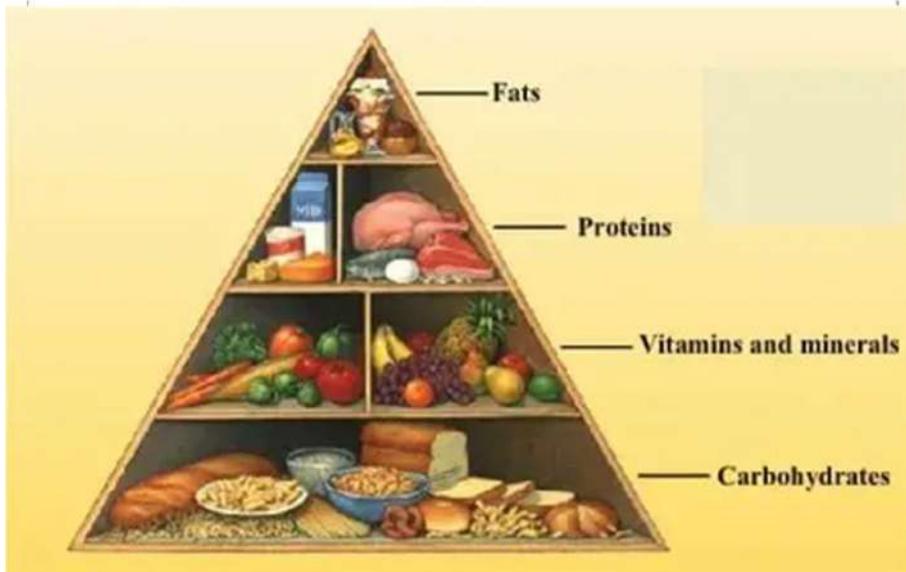
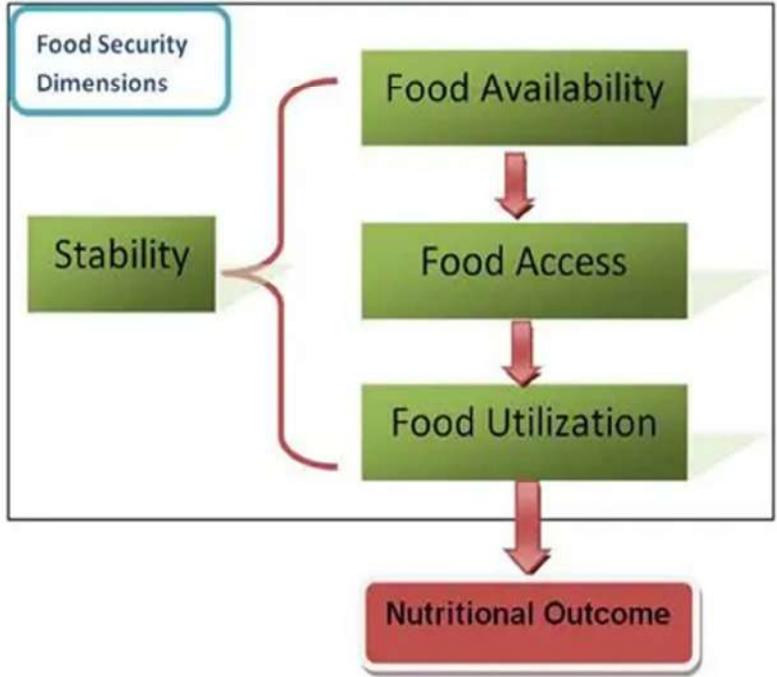


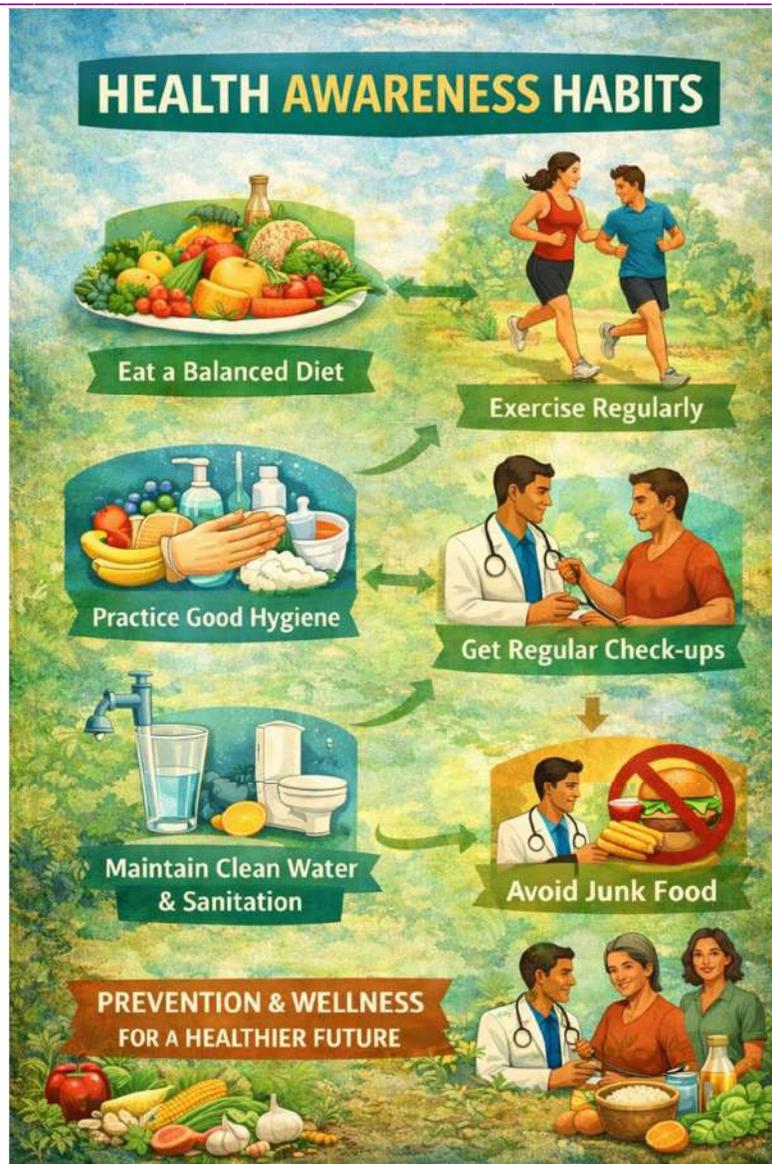
2. BACKGROUND

Food security, nutrition, and health awareness have emerged as critical global and national concerns due to increasing population growth, changing lifestyles, poverty, and unequal access to resources. Although food production has improved over the years, millions of people still suffer from hunger, undernutrition, and micronutrient deficiencies. In many developing countries, food insecurity is closely linked with poor health outcomes, low immunity, and increased vulnerability to diseases.

Unbalanced diets, dependence on processed and junk foods, lack of clean drinking water, and poor sanitation further contribute to malnutrition and health problems. Children, pregnant women, and elderly populations are the most affected groups. At the same time, lack of awareness about proper nutrition, food hygiene, and preventive healthcare practices worsens the situation.

Governments and international organizations have introduced various programs to improve food availability, nutrition supplementation, and health education. However, sustainable improvement depends not only on food supply but also on educating communities about healthy food choices, safe food handling, personal hygiene, and regular health monitoring. Understanding the background of food security and nutrition is essential for developing effective strategies to promote a healthier and more resilient society.





3. RESEARCH METHODOLOGY

1.1 Research Design

The study adopts a **descriptive and analytical research design** to understand the level of food security, nutritional status, and health awareness among the selected population. This design helps in collecting factual information and analyzing existing practices and awareness levels.

1.2. Study Area

The research is conducted in selected **rural and/or urban communities** (schools, households, or community centers), depending on availability and relevance. The area is chosen to reflect common nutritional and health-related challenges.

1.3. Study Population

The study population includes:

- Households
- Adults (18 years and above)

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- Women (especially pregnant and lactating mothers)
 - Children and adolescents (where applicable)

1.4. Sample Size and Sampling Method

- A sample of **50–100 respondents** is selected.
- **Simple random sampling** or **convenience sampling** is used to ensure easy access and representation of different age and income groups.

1.5. Sources of Data

Primary Data

Collected through:

- Structured questionnaires
- Personal interviews
- Observation of dietary and hygiene practices

Secondary Data

Collected from:

- Government reports (NFHS, WHO, FAO)
- Research journals and books
- Health department publications
- Online articles and official websites

1.6. Tools for Data Collection

- Questionnaire (multiple-choice and short-answer questions)
- Interview schedule
- Observation checklist

1.7. Data Analysis

The collected data is analyzed using:

- Percentage analysis
- Tables, charts, and graphs
- Simple statistical methods for interpretation

1.8. Ethical Considerations

- Informed consent is taken from respondents
- Confidentiality of personal information is maintained
- Participation is voluntary

1.9. Limitations of the Study

- Limited sample size
- Time constraints
- Dependence on self-reported data

1.10 Expected Outcome

The study aims to assess awareness levels, identify gaps in nutrition and food security, and suggest effective health and dietary precautions to improve overall well-being.

3 Data Collection

3.1. Primary Data Collection

Primary data was collected directly from respondents to understand their food availability, dietary habits, and health awareness levels. The following methods were used:

- **Questionnaire Method:**

A structured questionnaire was prepared containing questions related to food consumption patterns, awareness of balanced diets, hygiene practices, access to safe drinking water, and preventive health measures.

- **Personal Interviews:**

Face-to-face interviews were conducted with selected individuals to gather detailed information, especially from respondents who had difficulty understanding written questionnaires.

- **Observation Method:**

Direct observation was used to assess hygiene practices, food storage methods, and sanitation conditions in households and surrounding environments.

2. Secondary Data Collection

Secondary data was collected to support and compare primary findings. Sources included:

- Government reports and surveys (NFHS, FAO, WHO)
- Health and nutrition-related books and journals
- Research articles and academic publications
- Official websites of health and nutrition organizations.

3. Data Collection Procedure

Respondents were informed about the purpose of the study before data collection. Consent was obtained, and confidentiality was maintained. Data was collected over a fixed period using simple and understandable language.

4. DATA EXTRACTION

Data extraction refers to the systematic process of identifying, selecting, and recording relevant information from the collected primary and secondary data sources. In the present study, data extraction was carried out carefully to ensure accuracy and consistency.

4.1. Extraction from Primary Data

Information obtained through questionnaires, interviews, and observations was reviewed and categorized. Key variables extracted included:

- Availability and accessibility of food
- Dietary diversity and meal frequency
- Awareness of balanced nutrition
- Hygiene and sanitation practices
- Health awareness and preventive measures
- Use of healthcare services and regular health check-ups

Responses were coded and organized into themes for easy analysis and interpretation.

4.2. Extraction from Secondary Data

Relevant data was extracted from government reports, research articles, and health publications. Important indicators such as:

- Malnutrition rates
- Food security status
- Nutritional deficiencies
- Public health initiatives and programs were identified and summarized to support the study objectives.

4.3. Data Organization

The extracted data was compiled in the form of:

- Tables
- Charts
- Graphs

- Thematic summaries
This helped in comparing primary findings with secondary information.

4.4. Data Verification

Extracted data was cross-checked to avoid duplication, errors, and inconsistencies. Only reliable and relevant information aligned with the research objectives was included.

5. DESCRIPTIVE ANALYSIS

The descriptive analysis of the study provides an overview of food security status, nutritional practices, and health awareness among the respondents. The data collected from questionnaires, interviews, and observations were analyzed using percentages, tables, and simple interpretations.

5.1. Food Security Status

The analysis revealed that a majority of respondents had access to basic food items such as cereals, pulses, and vegetables on a regular basis. However, a significant proportion of households experienced occasional food insecurity due to economic constraints, seasonal unemployment, or rising food prices. Limited dietary diversity was observed in low-income households.

5.2. Nutritional Practices

The study found that while most respondents consumed three meals a day, the quality of diet varied considerably. Intake of fruits, green leafy vegetables, milk, and protein-rich foods was inadequate among many participants. Dependence on carbohydrate-rich foods was common, increasing the risk of nutritional deficiencies. Awareness about balanced diets existed, but proper implementation was lacking.

5.3. Health Awareness

Descriptive findings showed moderate awareness regarding personal hygiene, clean drinking water, and sanitation. Most respondents practiced basic hygiene such as hand washing, but regular health check-ups and preventive care were less common. Awareness about micronutrient deficiencies, anemia, and lifestyle-related diseases was limited.

5.4. Preventive Health Practices

The analysis indicated that respondents who had higher education levels showed better health-seeking behavior. Use of government health services and nutrition programs was observed, though lack of complete information reduced their effective utilization.

5.5. Overall Interpretation

Overall, the descriptive analysis highlights a gap between awareness and practice in food security, nutrition, and health care. Strengthening nutrition education, improving food accessibility, and enhancing community-level health awareness programs are essential to improve overall health outcomes.

6. RESEARCH GAPS

Despite significant global and national efforts to improve food security, nutrition, and health awareness, several gaps remain that warrant further investigation:

6.1 Limited Awareness vs. Practice:

Many studies highlight awareness of balanced diets and hygiene practices, but there is limited research on why this awareness often does not translate into consistent practice at the household level.

6.2 Regional Disparities:

Most existing research focuses on urban populations or specific regions, leaving a knowledge gap regarding rural and marginalized communities where food insecurity and malnutrition are often higher.

6.3 Integration of Health and Nutrition Education:

There is insufficient research on the effectiveness of integrated programs combining nutrition education with preventive health measures, sanitation, and hygiene awareness.

7. IMPACT OF SOCIOECONOMIC FACTORS:

While socioeconomic status influences food choices and health behaviors, few studies analyze the interplay between income, education, cultural practices, and nutrition outcomes comprehensively.

Longitudinal Evidence:

Most studies provide cross-sectional snapshots of food security and health awareness. There is a lack of longitudinal studies to assess changes over time and the sustainability of interventions.

Community Participation and Policy Impact:

The role of community engagement and local government policies in improving food security and health awareness is underexplored, especially in the context of measuring tangible outcomes.

8. Limitations

Limitations of the Study

Limited Sample Size:

The study was conducted on a limited number of respondents, which may not fully represent the larger population.

Geographical Constraints:

The research focused on selected urban or rural areas, so findings may not reflect conditions in other regions with different socioeconomic or cultural settings.

Time Constraints:

Due to limited time, the data collection and follow-up for observing long-term health and nutrition practices were restricted.

Reliance on Self-Reported Data:

Some information, such as dietary habits and hygiene practices, was based on respondents' self-reporting, which may be affected by recall bias or social desirability bias.

Resource Limitations:

Limited resources prevented detailed laboratory-based nutritional assessments or comprehensive health screenings.

Rapidly Changing Factors:

Food availability, prices, and health awareness are dynamic and may change over time, making the results time-specific.

9. CONCLUSION:

Despite these limitations, the study provides valuable insights into food security, nutritional practices, and health awareness, highlighting areas that require further attention and intervention.

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