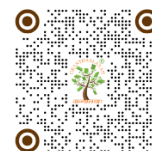


Original Article

## A STUDY ON AWARENESS OF GOVERNMENT NUTRITION PROGRAMMES AMONG RURAL WOMEN IN DEOGHAR DISTRICT, JHARKHAND

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### ABSTRACT

**Purpose:** The present study examines the level of awareness of rural women regarding Government Nutrition Programmes in Deoghar district, Jharkhand. The study aims to assess whether rural women possess adequate awareness about major Government Nutrition Programmes, including Anganwadi services, supplementary nutrition, Iron and Folic Acid (IFA) supplementation, child growth monitoring, and POSHAN Abhiyaan.

**Methodology:** The study is based on primary data collected from 230 rural women through a structured questionnaire. Ten awareness statements measured on a five-point Likert scale were analysed using descriptive statistics, reliability analysis (Cronbach's Alpha), and the One Sample t-test in SPSS.

**Findings:** It has been found that the awareness level of rural women concerning Government Nutrition Programmes is below the neutral point. Awareness of Anganwadi was comparatively higher among respondents, but on the other hand, awareness of POSHAN Abhiyaan, IFA Supplementation and child growth monitoring was relatively lower. Most of the statements were found to be significantly different with the help of One Sample t-test.

**Originality:** This paper serves as an analysis of awareness about the Government Nutrition Programs amongst the rural women in the district of Deoghar, Jharkhand, and also emphasizes the importance of increasing nutrition awareness programs at the community level.

**Keywords:** Government Nutrition Programmes, Rural Women Awareness, Anganwadi Centre, Poshan Abhiyaan, Deoghar District

### INTRODUCTION

Good nutrition is an essential component of human health and development. Proper nutrition in one's adolescent age, pregnancy period, lactation period, and early childhood is an important factor that helps achieve proper physical and mental development, immunity to diseases, and improves the quality of life. In contrast, the lack of nutrition, deficiency of micronutrients, and improper dietary practices remain one of the major public health problems, especially for women and children living in rural parts of developing nations [Ministry of Women and Child Development \(2024\)](#).

Understanding the significance of nutritional security, the Government of India has introduced a number of nutrition-related initiatives under the Ministry of Women and Child Development. Since its inception in 1975, the Integrated Child Development Services (ICDS) has been one of the key initiatives that offer supplementary nutrition, nutrition and health education, immunization, health check-ups, referral services and pre-school education through Anganwadi Centres. With the intent of making these efforts

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more effective and coherent, the Government introduced Mission Saksham Anganwadi and POSHAN 2.0 that integrates nutritional assistance, early childhood development, technology enabled tracking, community involvement, and behavioural change communication for better nutritional outcomes among children, pregnant women, lactating mothers, and adolescent girls [Ministry of Women and Child Development \(2024\)](#).

The programme of Mission Saksham Anganwadi and POSHAN 2.0 follows the approach of convergence that focuses on maternal nutrition, infant and young child feeding practices, treatment of malnutrition, nutrition awareness, and improved service delivery by way of the digital platform of Poshan Tracker. Community participation is facilitated through Jan Andolan approach owing to the fact that awareness and behaviour change at household level are imperative for nutritional improvement [Ministry of Women and Child Development \(2024\)](#).

Despite the persistent efforts by the government to solve the nutritional issues, there are still some Indian states where this problem still remains topical, for example, Jharkhand. According to the NFHS-5 survey, there are still nutritional indicators concerning women and children in the region that need special attention. Thus, apart from the implementation of government programs, there is a need to increase awareness among people about their availability, purposes, and benefits [International Institute for Population Sciences, and ICF \(2021\)](#).

Within the framework of the District Nutrition Profile, Deoghar – one of the districts of Jharkhand – has been included in this report due to its NFHS-based data. This information helps develop local plans and monitor the implementation of nutrition-related programs within each district. It is crucial to assess the level of awareness of rural women about government nutrition programs since, first of all, they are the target audience, and secondly, women are responsible for making decisions in terms of nutrition in the family [NITI Aayog \(2022\)](#).

Awareness about government nutrition programs is one of the key factors that play a crucial role in ensuring whether the potential beneficiaries are able to avail themselves of the nutrition services that are available. Lack of awareness about such programs can lead to reduced utilization of services despite availability of nutrition services in Anganwadi centers. Hence, the level of awareness among the rural women can be used as an important source of evidence to improve the nutrition education and awareness among the target group.

Keeping in view this backdrop, the current study "A Study on Awareness of Government Nutrition Programmes among Rural Women in Deoghar District, Jharkhand" seeks to measure the level of awareness among rural women about government nutrition programs.

## LITERATURE REVIEW

Government programs for nutrition in India have moved from the provision of food supplements to an integration of nutrition, health and behavior change programs. For example, the Integrated Child Development Services (ICDS) introduced in 1975 and Mission Saksham Anganwadi and POSHAN 2.0 which is recently introduced intend to achieve improvements in maternal and child nutrition through supplementary nutrition, health education, growth monitoring and community involvement. Nevertheless, success in the implementation of such programs depends mostly on the beneficiaries' knowledge and use of services provided [Ministry of Women and Child Development \(2024\)](#).

In their paper reviewing government nutrition programs that target the first 1000 days of life, [Khandelwal et al. \(2014\)](#) found several nutrition-specific programs which target maternal and child health in India. They noted that despite there being many government programs in existence, the effectiveness of these programs has been hindered by the inability to implement the programs, lack of nutrition education and ignoring the behavioral aspect of nutrition.

[Hiremath \(2023\)](#) conducted a study on food and nutrition security awareness among rural communities and found that lack of knowledge of nutrition is one of the primary factors causing poor diets among the most vulnerable people, namely pregnant women and lactating mothers. According to Hiremath, education related to nutrition and based on the consumption of local foods within the framework of government programmes can significantly increase awareness of food and nutrition security in communities.

Like Hiremath, [Anjana et al. \(2018\)](#) explored the sources of information and the level of awareness regarding food and nutrition security in rural households. As a result, the researchers found that awareness was determined by the availability of information sources, and women had better nutrition awareness since they were more actively involved in preparing food for the family. However, awareness of fortified foods and some other nutrition terms was rather insufficient.

The literature shows that nutrition education can be used as an effective tool to increase nutrition awareness. [Salam et al. \(2023\)](#) examined the effect of a school-based nutrition education programme in rural Karnataka on the nutrition awareness of adolescents. After conducting some educational classes, the researchers have found that adolescents knew more about iron deficiency

Consistent with the above findings, [Mangwane et al. \(2024\)](#) showed how nutrition education interventions have helped increase women's nutrition knowledge and improve food-related behaviors in rural communities. The study revealed that the knowledge level and consumption of varied nutrient-rich foods have been increased as a result of the intervention, indicating the importance of community-based nutrition education programs.

Maternal nutrition behavior is also affected by other social, cultural, and household factors. In an exploratory study carried out by [Jhaveri et al. \(2023\)](#), facilitators and barriers related to maternal nutrition behavior were analyzed in Uttar Pradesh. It was revealed that the availability of family support, counseling from frontline health care workers, and antenatal services positively affect maternal nutrition behavior, whereas lack of awareness, inadequate counseling, financial constraints, and less frequent consumption of supplements decrease effectiveness of the program. The authors noted that awareness alone cannot make any difference unless there is an appropriate environment in the family and community.

One more determinant of effective interventions is the participation of communities. [Sethi et al. \(2017\)](#) examined the possibility of involvement of women's Self-Help Groups (SHGs) in providing necessary nutrition services in Jharkhand, Odisha, and Chhattisgarh. According to their results, SHGs have strong organizational

Similarly, [Pradhan et al. \(2023\)](#) observed that community women's involvement in nutrition intervention programmes increased programme efficiency as well as women empowerment. The study revealed that trained community members can serve as efficient change agents for increasing awareness and utilization of health and nutrition services.

It has been suggested from recent research that behaviour change communication through Self-Help Group of women leads to an increase in utilization of government schemes and nutrition related awareness but better implementation and community engagement may be required for improving nutritional status [Kumar et al. \(2024\)](#).

In general, it is observed that previous studies consistently reveal that awareness, nutrition education, communication, community participation and institutional support are important for enhancing utilization of government nutrition programmes. However, less number of empirical findings is available about awareness of government nutrition programmes among rural women of Deoghar district, Jharkhand. Most of the available studies in literature were concentrated on programme implementation, maternal nutrition, behavior change or community participation instead of district-level awareness about government nutrition programmes. Thus, the current study aims at bridging this gap by examining the awareness about government nutrition programmes among rural women in Deoghar district, Jharkhand.

## OBJECTIVES OF THE STUDY

- To examine the level of awareness of rural women regarding Government Nutrition Programmes in Deoghar district, Jharkhand.

## HYPOTHESES OF THE STUDY

- NH01: There is a significant level of awareness among rural women regarding Government Nutrition Programmes.
- AH01: There is no significant level of awareness among rural women regarding Government Nutrition Programmes.

## RESEARCH METHODOLOGY

This study has used a quantitative research approach in order to investigate the awareness level of rural women about government nutrition schemes in the Deoghar district of Jharkhand state. The survey research technique has been used to gather primary data from the respondents.

## POPULATION OF THE STUDY

The target population comprised rural women residing in Deoghar district, Jharkhand, who were eligible to participate in or benefit from Government Nutrition Programmes.

## SAMPLE SIZE

A total of 230 rural women were selected as respondents for the study.

## SAMPLING TECHNIQUE

The respondents were selected using the Convenience Sampling Technique.

## RESEARCH INSTRUMENT

An organized questionnaire was prepared to measure the level of awareness among rural women towards government nutrition programs. It was divided into two parts. Part one comprised of demographic data, whereas part two had ten awareness statements on a five-point Likert scale from 1= strongly disagree to 5= strongly agree.

## STATISTICAL TOOLS USED

The data obtained was analyzed, coded, and tabulated using MS Excel and Statistical Package for the Social Sciences (SPSS).

The following statistical tests were used:

- Frequency and Percentage
- Mean
- Standard Deviation
- One Sample t-test

## RESULTS AND DISCUSSION

**Table 1** reveals the demographic characteristics of the 230 rural women who were included in the study. The findings reveal that the highest number of respondents (38.3%) fell in the 25-35 years age group and 26.5% in the age group of 35-45 years. The respondents under 25 years of age comprised 18.2% and those aged 45 years and above comprised 17.0%. Thus, it can be seen that most of the respondents were young to middle-aged women.

In terms of educational qualifications, the highest percentage of respondents (31.7%) possessed secondary education and this was the maximum amongst all the respondents. About 25.2% of the respondents had received primary education, 23.1% higher secondary education or above and 20.0% were illiterate respondents. Thus, it can be said that most of the respondents had attained at least some level of education.

When it comes to occupation, the majority of the respondents (68.3%) were homemakers. Around 13.9% respondents were in agriculture sector, 10.4% worked as daily wage labourers and 7.4% respondents were self-employed/other occupation workers.

From the analysis of the monthly family income, it is found that 40.0% of the respondents had their families' monthly income between ₹10,001-₹20,000, followed by 27.8% having less than ₹10,000. Around 20.9% of the respondents had their monthly income between ₹20,001-₹30,000, whereas 11.3% respondents had their family's monthly income higher than ₹30,000. Hence, it can be concluded that most of the respondents had a low to middle income.

In terms of family type, 58.3% respondents were from the nuclear families, whereas 41.7% respondents belonged to joint families. Therefore, it can be said that nuclear families were more prevalent among the respondents.

Lastly, according to the information provided by the respondents on the number of children, it is evident that 47.0% respondents had two children, 31.7% had three or more than three children, and 21.3% had only one child. Thus, it can be seen that most of the respondents had two children.

It is clear that the demographic profile of the respondents comprised of young and middle-aged rural women who were homemakers, educated up to the secondary level, low to middle-income, nuclear families, and having two children.

**Table 1**

| <b>Table 1 Demographic Profile of the Respondents (N = 230)</b> |                            |                  |                   |
|-----------------------------------------------------------------|----------------------------|------------------|-------------------|
| <b>Variables</b>                                                | <b>Categories</b>          | <b>Frequency</b> | <b>Percentage</b> |
| <b>Age (Years)</b>                                              | Below 25                   | 42               | 18.2              |
|                                                                 | 25-35                      | 88               | 38.3              |
|                                                                 | 35-45                      | 61               | 26.5              |
|                                                                 | 45 and Above               | 39               | 17.0              |
|                                                                 | <b>Total</b>               | <b>230</b>       | <b>100.0</b>      |
| <b>Educational Qualification</b>                                | Illiterate                 | 46               | 20.0              |
|                                                                 | Primary                    | 58               | 25.2              |
|                                                                 | Secondary                  | 73               | 31.7              |
|                                                                 | Higher Secondary and Above | 53               | 23.1              |
|                                                                 | <b>Total</b>               | <b>230</b>       | <b>100.0</b>      |
| <b>Occupation</b>                                               | Homemaker                  | 157              | 68.3              |
|                                                                 | Agriculture                | 32               | 13.9              |
|                                                                 | Daily Wage Labour          | 24               | 10.4              |
|                                                                 | Self-employed/Others       | 17               | 7.40              |

|                              |                |            |              |
|------------------------------|----------------|------------|--------------|
|                              | <b>Total</b>   | <b>230</b> | <b>100</b>   |
| <b>Monthly Family Income</b> | Below ₹10,000  | 64         | 27.8         |
|                              | ₹10,001–20,000 | 92         | 40.0         |
|                              | ₹20,001–30,000 | 48         | 20.9         |
|                              | Above ₹30,000  | 26         | 11.3         |
|                              | <b>Total</b>   | <b>230</b> | <b>100.0</b> |
| <b>Family Type</b>           | Nuclear        | 134        | 58.3         |
|                              | Joint          | 96         | 41.7         |
|                              | <b>Total</b>   | <b>230</b> | <b>100.0</b> |
| <b>Number of Children</b>    | One            | 49         | 21.3         |
|                              | Two            | 108        | 47.0         |
|                              | Three or More  | 73         | 31.7         |
|                              | <b>Total</b>   | <b>230</b> | <b>100.0</b> |

**Source:** Primary Data

Table 2 shows the reliability test of the questionnaire used in the study. "Awareness of Government Nutrition Programmes" construct contains ten items. The value of the Cronbach's Alpha was determined to be 0.846, and hence high internal consistency exists between the questionnaire items. This implies that all the statements used to determine awareness reliability are consistent in measuring the same concept. It is therefore clear that the reliability of the questionnaire is high and thus the appropriate tool for data collection for this study.

**Table 2**

| <b>Table 2 Reliability Analysis</b>          |                        |                         |                             |
|----------------------------------------------|------------------------|-------------------------|-----------------------------|
| <b>Constructs</b>                            | <b>Number of Items</b> | <b>Cronbach's Alpha</b> | <b>Internal Consistency</b> |
| Awareness of Government Nutrition Programmes | 10                     | 0.846                   | Good                        |

**Source:** Primary Data

Table 3 shows the output obtained from the One Sample t-test carried out in order to find out the awareness of rural women about Government Nutrition Programmes. The test value was set at 3 (Neutral). It can be seen from the above table that the mean score for the awareness of the services offered by the Anganwadi Centres is 3.01, with a p-value of 0.709, which is higher than 0.05. It suggests that there is no significant difference between the awareness level of the respondents and the neutral level. Hence, rural women have an average level of awareness about the services provided by Anganwadi Centres. The mean score for the awareness about the supplementary nutrition provided to pregnant women is 2.84 with a p-value of 0.005, which is lower than 0.05. It suggests that the awareness level is significantly lower than the neutral level.

Likewise, the mean score for the awareness about the supplementary nutrition of children below 6 years through Anganwadi Centres is 2.86 ( $p = 0.022$ ), which is significantly lower than the neutral level.

The awareness about the significance of taking Iron and Folic Acid (IFA) tablets during pregnancy is 2.82 with a p-value of 0.001. Mean scores for the awareness of the benefits of exclusively feeding the baby from birth up to six months were found to be 2.89 ( $P = 0.048$ ), and these results are statistically significant, showing that awareness on this issue was below neutral.

The respondents' awareness on regular monitoring of children's growth in Anganwadi Centres was found to have a mean score of 2.79 ( $P = 0.001$ ), which shows the relatively low levels of their awareness.

Awareness of the nutrition-related information provided by Anganwadi Workers had a mean score of 2.83 ( $P = 0.004$ ), showing the level of low awareness of the respondents on this topic.

Among all statements, the lowest mean score (2.64) was found for the awareness of the objectives of POSHAN Abhiyaan (Mission Poshan 2.0), and the result is highly significant ( $P < 0.001$ ).

The mean score for the item "Awareness about government nutrition programmes has increased my nutrition knowledge" was 2.87 with a p-value of 0.031 showing that respondents did not feel a higher increase in nutrition knowledge because of government nutrition awareness programmes.

The overall awareness of Government Nutrition Programmes has scored a mean value of 2.81 with a p-value of 0.001 which shows that overall awareness of rural women about Government Nutrition Programmes was significantly lower than the neutral value.

Generally speaking, it can be said that rural women in Deoghar district do not have much awareness regarding Government Nutrition Programmes. All awareness indicators except awareness of the services of Anganwadi Centres have scored a mean value less than the neutral value and are also statistically different from the neutral value. Hence, we reject the null hypothesis and accept the alternative hypothesis, which means that there is no significant level of awareness about Government Nutrition Programmes among rural women.

**Table 3**

| <b>Table 3 One Sample T-Test Results on Awareness of Government Nutrition Programmes among Rural Women (N = 230)</b> |             |                  |          |           |          |
|----------------------------------------------------------------------------------------------------------------------|-------------|------------------|----------|-----------|----------|
| <b>Statements</b>                                                                                                    | <b>Mean</b> | <b>Std. Dev.</b> | <b>t</b> | <b>df</b> | <b>p</b> |
| I am aware of the services provided by the Anganwadi Centre.                                                         | 3.01        | 0.812            | -0.373   | 229       | .709     |
| I know that pregnant women receive supplementary nutrition through government nutrition programmes.                  | 2.84        | 0.851            | -2.853   | 229       | .005     |
| I know that children below six years receive supplementary nutrition through Anganwadi Centres.                      | 2.86        | 0.921            | -2.308   | 229       | .022     |
| I know the importance of Iron and Folic Acid (IFA) tablets during pregnancy.                                         | 2.82        | 0.824            | -3.313   | 229       | .001     |
| I am aware of the benefits of exclusive breastfeeding for the first six months.                                      | 2.89        | 0.842            | -1.986   | 229       | .048     |
| I know that regular child growth monitoring is conducted at Anganwadi Centres.                                       | 2.79        | 0.973            | -3.278   | 229       | .001     |
| Anganwadi Workers provide useful nutrition-related information.                                                      | 2.83        | 0.891            | -2.896   | 229       | .004     |
| I know the objectives of POSHAN Abhiyaan (Mission Poshan 2.0).                                                       | 2.64        | 1.026            | -5.335   | 229       | <.001    |
| Government nutrition awareness programmes have improved my nutrition knowledge.                                      | 2.87        | 0.908            | -2.176   | 229       | .031     |
| Overall, I am aware of the major Government Nutrition Programmes available for women and children.                   | 2.81        | 0.873            | -3.295   | 229       | .001     |

**Source:** Primary Data

## CONCLUSION

The current research focused on studying the level of awareness of rural women about the Government Nutrition Programmes in Deoghar district, Jharkhand. From the results, it is evident that the level of awareness of the respondents about the selected statements is less than neutral in most of the cases. Even though the respondents are moderately aware of the services available in Anganwadi Centres, still, the level of awareness about the important government nutrition programmes like POSHAN Abhiyaan, Iron and Folic Acid (IFA), child growth monitoring, and supplementary nutrition programmes is comparatively low.

One Sample t-test results found that the most awareness statements differ significantly from the neutral value, which shows that the respondents are not well-aware about the Government Nutrition Programmes. It is suggested from the above findings that there is a need to improve nutrition awareness by conducting regular awareness campaigns, nutrition education programme, and involving Anganwadi Workers.

## LIMITATIONS OF THE STUDY

- 1) The survey was conducted for 230 women in Deoghar district, Jharkhand only, thus the conclusions drawn can't be extended to all rural women in India.
- 2) The survey concentrated only on knowledge about the Government Nutrition Programs and didn't evaluate their practical application and efficiency.

- 3) The primary data were collected through the administration of a questionnaire and the respondents' answers were subjective opinions.
- 4) The sampling method that was used is called Convenient Sampling.

### FUTURE SCOPE OF THE STUDY

Future research could involve:

- 1) A bigger sample involving various districts or states so as to generalize results.
- 2) The correlation of awareness and the usage of Government Nutrition Programs may be studied.
- 3) Comparative study between rural and urban women can help understand the difference in nutrition awareness.

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