

Review Article

Food Fortification to combat micronutrient deficiencies- a review

ABSTRACT-

The Fortification of food products with micronutrients to address their deficiencies is a concept which has been introduced over a hundred years from now. Yet the problem of malnutrition still persists in 21st century. Micronutrient deficiencies is a problem which disproportionately affects vulnerable groups like women, child, low income families. Fortifying foods with required micro nutrients is a legitimate solution that employs highly effective strategies to combat deficiencies in these essential nutrients. Food fortification has been a vital part of missions to face micronutrient deficiencies worldwide especially in developing countries. In this review paper we have started with how fortification works as a viable solution in the current scenario worldwide. A historical overview has been provided. All over the world there are many programs where specific foods are mandated to be fortified with certain micronutrients in fixed amounts to make sure of proper nutritional access to affected socio-economic groups. We used data available from various research articles, government reports, policies to assess the current situation of fortification programmes especially in regard to government stand and commitment through policies in India. Various potential advantages and risks of fortification have been analysed from available research.

Key words: Fortification, micronutrient deficiencies, policies, nutrients, vitamin, minerals, FSSAI, WHO.

1. INTRODUCTION-

Our diet requires proper nutrients for normal growth, development, health and functioning of body [1]. But proper nutrition continues to be beyond reached of a large segment of population especially in developing countries. Deficiencies of micronutrients can cause various disorders like impaired physical development and cognitive disability, increased risk of functional impairment, perinatal complications, increase in morbidity and mortality [2]. WHO acknowledges that there are more than 2 billion individuals around the world that suffer from various micronutrient deficiencies. Of the 2 billion people experiencing these micronutrient deficiencies, one-third belong to India [3]. Providing required nutrients helps to prevent many diseases, preventing deficiencies and optimal functioning of the body [4]. In this situation food fortification comes across as a viable solution. It is increasingly used and is aimed at all age groups and is often used to minimize micronutrient deficiencies. Food fortification involves adding nutrients or bioactive ingredients to foods [5]. All over the world people suffers from various types of malnutrition but people from low-income groups are most affected, especially in developing countries like India. Fortification, as a strategy to diversify and complement the diet, provides the required nutritional needs in a cost-effective manner. For every USD invested in biofortification it brings returns on average USD 17 of benefits by reducing burden on healthcare from micronutrient deficiencies [6]. It has been in practice from a long time in the developed countries to combat these micronutrient deficiencies. Fortification in the United States commenced in 1924 by introducing iodine into salt to decrease the prevalence of goitre, a prevalent condition during that era stemming from micronutrient shortages. Developing countries are too fast catching up on fortification programme. 29 countries from the developing world began expanding or they are already in expanded stages of development of wide variety of vitamin A fortified foods [7]. Many foods like milk, oils, rice, wheat flour, double fortified salt are mandated to be fortified in many countries [3]. Currently 100+ developing countries have salt iodization programs underway [7]. Food products all over

the world are now fortified to become richer in micronutrients like iron, calcium, vitamins, phosphorus[8]. Infact due to their circumstances Fortification has attracted more attention in developing countries leading to more rapid advances than anticipated by experts previously. The appeal of fortification is being reflected in government policies around the world too. Government of India has suggested fortification in 5-year plans to combat nutrients deficiencies along with implementing other schemes.

2.PRINCIPLE OFFORTIFICATION:

Fortification, which involves the process of enhancing the nutritional content of frequently consumed food items with micronutrients, has been widely acknowledged as a well-established, secure, and economically efficient strategy to ameliorate dietary quality and safeguard against nutritional deficits[9]. The benefits of fortification to public health have been demonstrated over time by the scientific community. They include helping to control micronutrient deficiencies, improving nutritional status and food intake, and thus improving dietary habits and lifestyle[10]. Food fortification aims to tackle a proven deficiency of one or more micronutrients within the broader population, or a particular demography[11]. Required nutrients can be provided in food to accomplish any of these: fortification; restoration of nutrients lost during processing; the nutritional similarity of substitute foods; and making sure a special purpose food has the right nutrient makeup[12].

3.HISTORY

The idea of adding nutrients to staple foods is not new; it has been used to address micronutrient deficits for more than 70 years in Europe and North America[13]. In Switzerland and USA during the early 1920s the fortification of salt with iodine was initiated to address prevalence of goitre due to deficiencies[14]. In 1918, Denmark launched margarine supplemented with vitamin A, as well as vitamin A-enriched milk, vitamin B and iron fortified flour during the 1930s in advanced nations[15]. Due to the prevalence of rickets in youngsters, in the United States, vitamin D fortification of milk was initiated in 1932. Additionally, in 1941, B vitamins were added to flour and bread [15]. In the year 1992, the U.S. Public Health Service suggested pregnant women to take about 400 g vitamin B9 per day to prevent neural tube abnormalities, along with obtaining folates from their diet [16].

4.TYPES OF FORTIFICATION:

For the selection of a suitable and successful fortification method for a country we take into multiple factors such as type of deficiency, their extent, the demographic groups that are most impacted, dietary patterns, government policies and initiative, infrastructure, food processing and production capabilities. Following are major types of fortifications-

4.1.Biofortification- Micro nutrient deficiency is commonly caused by the insufficient availability of essential minerals in crops grown in regions with poor bioavailability, coupled with limited consumption of these crops and a lack of fish or other nutrient-rich foods in the region [17]. One solution to address the issue of inadequate minerals in crops grown is to breed and genetically modify plants to enhance their nutrient content and absorption. This method is known as Biofortification [18]. It also involves Agronomic biofortification where mineral fertilizers are made bioavailable by applying them on field and crops [19]. One of popular examples of biofortification in crops is of Orange sweet potato being fortified to address vitamin A Deficiencies [20]. "Golden rice" is another prominent examples which is a genetically modified crop having twice the normal iron level and a large amount of beta carotene [21]. In biofortification approach staple foods are targeted.

4.2.Industrial fortification – It entails fortification of processed products, such as rice, flour, sauces, butter, oils[21]. For example, a large amount of B1, B2 and B3 are lost during refining which occurs

in grain processing and it can be restored through fortification of processed food in smaller amounts with the missing ingredients. Industrial fortification is often made mandatory by the order of government as in the case of salt fortified with iodine which is mandatory in over 130 countries [22]. This solution is the most optimal means of reaching a vast number of people. The implementation of this strategic approach to boost the nutritional value of foods on a large-scale has a crucial role in tackling prevalent nutrient deficiencies among populations. Industrial fortification extends beyond just one food item and covers vast array of products, including cereals, flours, oils, dairy, and more. Health authorities typically regulate and monitor it to ensure that the added nutrients meet specified standards. This practice acts as an economical and effective way to enhance the overall nutritional value of staple foods.

4.3. Point of use fortification- It is a combination of supplements with fortification which involves micronutrients packets or tablets added during cooking or eating at home to reach populations at risk of micronutrient [21]. The effectiveness of various products, such as tablets, powders, and spreads that contain micronutrients, is currently being studied to determine their ability to improve micronutrient intake. The WHO suggested in 2016 that addition of micronutrient powders (MNPs) in complementary foods at the moment of consumption was a crucial tactic for increasing micronutrient consumption [23]. MNPs don't affect the taste or colour of food.

5. FORTIFIED FOODS:

5.1. Milk: In India, vitamin D and A are provided in milk. Even though India leads the world in milk production, a lamentable issue persists, wherein milk, despite its prolific production, continues to elude affordability for individuals with lower incomes. This disparity can be attributed to the ever-increasing demand for milk along with still limited supply. Unlike some other countries, milk in India is not homogenized, leading to noticeable separation upon storage, with higher fat content in the upper layers. To ensure consistent distribution of added vitamin A and D in milk, it would be necessary to homogenize it [24].

5.2. Flour: Fortification of flour is found in 1942. Fortified flours containing various vitamins have been used to address nutritional deficiencies and combat diseases. For instance, vitamin A-fortified rice has been employed to enhance the vitamin A and iron levels. Additionally, B vitamins have been added in maize flour, helping to eliminate pellagra and beriberi in many nations. Furthermore, vitamin B12, when fortified in flour and subsequently baked into bread, maintains its high bioavailability, thereby contributing to the reduction of vitamin deficiency when consumed [25].

5.3. Sugar: Sugar is provided with vitamin D and A to reduce deficiencies of micronutrients [26]. The practice, often carried out in collaboration with governments and public health agencies, ensures that a widely consumed product like sugar becomes a vehicle for delivering vital nutrients to the masses, particularly in regions where nutrient deficiencies are prevalent.

5.4. Salt: In Switzerland and United State of America, Salt iodization was initiated during 1920s [14]. Salt is used in every home. The lack of iodine results in hypothyroidism, goitre, cretinism, intellectual disabilities, decreased fertility, and is a factor contributing to elevated rates of prenatal and infant mortality. So salt is fortified with iodine [27].

5.5. Oil: Oil is fortified with fatty acid. Essential fatty acids have an important role in the human body, particularly for sustaining well-being of the cardiovascular system. Western diets often lack sufficient omega-3 fatty acids and tend to have an excess of omega-6 when compared with the dietary patterns that have shaped our genetic heritage over time. Decreasing the deficiencies of fatty acid oil is fortified with fatty acid [28].

5.6.Yogurt: Yogurt is fortified with selenium. It is crucial for humans as well as animals because it is vital micronutrient. It serves as a key element in glutathione peroxidase, a renowned antioxidant that mitigates cellular oxidative damage. Additionally, selenium has an important role in facilitating the synthesis of the active form of thyroid hormone [29].

5.7.Rice: Rice is fortified with calcium. It is necessary for the development, functioning, and upkeep of human body [30]. Concerns about bone health are widespread in the public. Each year, roughly 9 million individuals worldwide experience fractures caused by osteoporosis [31]. Inadequate calcium levels can result in diminished blood clotting abilities, dental weakness, and various other symptoms [32]. Calcium, in the form of calcium carbonate, tricalcium phosphate and calcium lysinate is added to foods like rice for the purpose of fortification [33].

5.8.Corn flour: Corn flour fortified with folate. As of November 1, 1998, the Government of Canada has advocated for incorporation of folic acid into a variety of cereals, such as corn flour to decrease the deficiencies of megaloblastic anaemia [34].

Table 1. Fortified foods to address micronutrient deficiencies.

Serial number	Micronutrient	Deficiency disorder	Fortified in foods	Reference
1.	Vitamin A	Night blindness	Orange sweet potato, cassava, maize, wheat flour, edible oils, rice	[35,36,37,38,25,39]
2.	Vitamin B complex	Pellagra, Beriberi, Anaemia Cardiovascular diseases, Alzheimer's disease.	Rice, maida, corn flour	[34,35,40,41,42,]
3.	Iron	Anaemia, pregnancy complications, retarded growth.	Milk, rice, pearl millet, beans, biscuits	[42,43,44,45,46,47]
4.	Zinc	Retarded growth and development, susceptibility to infections, Alopecia, Obesity	Rice, wheat, corn flour, infant formula, pearl millet	[48,49]
5.	Iodine	Goiter, Hypothyroidism, reduced fertility, mental retardation	Salt, oils	[50,51,52]
6.	Vitamin D	osteoporosis, osteomalacia and rickets	Margarine, milk and other dairy products	[53,54]
7.	Vitamin C	Scurvy	Baby food, milk, beverages	[55,56,57]
8.	Calcium	Osteoporosis	Wheat flour, potato chips, milk	[35,58,59,60]
9.	Selenium	Cardiomyopathy, osteoarthritis, increased risk of cancer	Yogurt, salt, milk, baby food, corn and wheat flour	[57,61]
10.	Fatty acids	Scaly dermatitis, alopecia, mental retardation in children and thrombocytopenia	Bread, oil, butter, meat, jelly, Dahi	[62,63]
11.	Protein	Organ failure, impaired mental health, oedema, marasmus, kwashiorkor	Mushroom sausages, meat products	[64,65,66]

6. Fortification in Indian context of legislation and policies

India recently became the most populated nation on earth surpassing China, ensuring food security for such a massive population is a challenging situation for any government. This is seen by government

focus on fortification through implementing new schemes and working under already existing schemes to meet nutrient needs of this growing population.

6.1 Regulations

In 2016, FSSAI introduced food fortification regulations to fortify vitamin B-12, folic acid along with iron in staple foods in order to decrease the occurrence of deficiencies all over the country. Further fssai in the year 2018 implemented food safety and standards regulations for fortified food products. These standards set up mandatory levels of fortification of essential micronutrients in staple foods of Indian diet.

To differentiate fortified products and promote them in market a fortified logo was also launched indicating that the food product is fortified. The logo is a F+ sign where f stands for fortified surrounded by a square which symbolizes fullness, while the plus sign denotes the inclusion of important minerals and vitamins in order to meet daily needs of nutrition. The ring signifies robust health and safeguards for a vibrant and active life. Food businesses can apply for the logo by completing a straightforward form on the FFRC website, enabling them to easily share details about the fortified products they offer, making customers aware about the food product [3].



Figure 1. Fortified logo

Recently a third amendment was made to the standards laid down earlier. From 22nd September, 2021 this amendment is in effect.

Table 2. Fortification standards for salt, milk and oil as per Food Safety and Standards (Fortification of Foods) Regulations, Food Safety and Standards Authority of India, 2018

Serial number	Component	Level of nutrients	Source
1.	Iodine in salt	a) 20–30 ppm (on the basis of dry weight) at the manufacturing level b) 15-30 ppm (on dry weight basis) at distribution channel including retail level	Potassium Iodate
2.	Iodine in double fortified salt	15-30 ppm (on the basis of dry weight)	Potassium Iodate
3.	Iron in double fortified salt	850-1100 ppm	Ferrous fumarate or Ferrous sulphate

The schedule III of Food Safety and Standards (Fortification of Foods) Regulations, FSSAI 2018 in the 3rd version has also included standards for fortified processed foods like bakery wares, cereal processed foods (pasta, noodles, cereal breakfasts) and juices.

6.2. Government schemes to promote fortification

Along with these regulations various government schemes are being implemented to reach fortification goals. They include

6.2.1. Fortification in Mid-Day Meal - The Mid Day Meal (MDM) Scheme strives to enhance the nutritional status of children attending government, municipal, and government-supported schools up to the 8th standard. A recent directive has mandated the inclusion of Double Fortified Salt, fortified wheat flour, and fortified edible oil in the MDM scheme. States like Tripura and Tamil nadu are now supplying double fortified salt in diet through MDM. Maharashtra supplies fortified wheat flour in its three districts and Haryana have introduced fortified rice and flour in Ambala [3].

6.2.2. The Integrated Child Development Scheme (ICDS)- It provides complementary nutrition in form of Take-home rations (THR) for pregnant women, breastfeeding mothers and children along with hot meals for children aged 3-6 [3].

6.2.3. National Nutrition Mission- It was initiated by prime minister's office in 2018 introducing staple food fortification as a cost-efficient method to combat vitamin and mineral deficiencies. The National Nutrition Mission is also known as the Poshan Abhiyan. The mission adopts a multi-sectoral approach, involving various government departments and agencies, to tackle the complex problem of malnutrition.

6.2.4. Fortification in Public Distribution System (PDS)- It is the main channel for government to ensure food security in the country and it reaches to 67% of the population making it ideal for fortification programs for staple foods. Many states are providing Fortified rice, wheat flour, oils and double fortified salts using these channels [3].

6.2.5. Eat Right India Initiatives – The Eat Right India Initiatives were launched with the aim of comprehensively transforming the country's food system to guarantee the availability of safe, nutritious, and sustainable food for every Indian. It strengthens government efforts, key players in food industry, area experts, civil society organizations, professionals, along with playing role in development of organizations and people [67].

6.2.6. National Iodine deficiency disorders control programme (NIDDCP)- This programme helps to promote iodine fortification in salt along with its adoption by general population [68]. It is a important public health initiative in India dedicated to combating iodine deficiency disorders (IDD) and ensuring the overall well-being of its population. The program also emphasizes awareness and education, urging the consumption of iodized salt to prevent IDD.

6.2.7. Sabla Scheme- It is a central government program designed for the holistic advancement of adolescents aged 11 to 18 and presents an excellent opportunity for introducing fortified staple foods. This intervention could effectively combat micronutrient deficiencies during the crucial adolescent phase, which precedes motherhood. The nutritional aspect of the program strives to enhance the health and nutritional well-being of these girls by supplying additional nutrients through fortification.

7. ADVANTAGES OF FOOD FORTIFICATION:

The advantages of food fortification are far-reaching, contributing significantly to public health and nutrition. It is a cost-efficient approach to enhance the nutritional well-being of a

population[69]. Micronutrients have consistently been rated as the most cost-effective development intervention in reviews like the Copenhagen Consensus, offering substantial returns at a minimal cost[70]. Food fortification is a strategic public health approach that effectively reaches larger vulnerable population segments through established food distribution systems, all without necessitating significant alterations in current consumption habits. It's a cost-efficient method to enhance nutrient intake in the population, and fortified foods help maintain consistent nutrient stores within the body [15]. Staple foods grown in specific regions may be lacking in essential nutrients due to factors like soil conditions or natural dietary limitations. Incorporating micronutrients into condiments and staple foods can effectively prevent widespread malnutrition -related diseases on a significant scale [71]. The scientific community has consistently shown that fortification offers notable benefits to public health. It aids in correcting and preventing micronutrient deficiencies within a population, leading to improved nutritional well-being, dietary intake, and ultimately fostering healthier dietary habits and way of living [71]. Moreover, the ability to customize fortification to target specific regional needs, alongside the preservation of taste and texture, ensures easier acceptance by consumers. As a result, fortification leads to better public health outcomes, reducing the incidence of nutrition-related diseases and promoting overall well-being, making it an essential strategy for improving nutrition on a large scale.

8. DISADVANTAGE OF FOOD FORTIFICATION:

Although food fortification has its advantages, it is not without its drawbacks and complexities. Fortification is insufficient in addressing micronutrient deficiencies when a large part among the targeted demographics lacks access to foods which are fortified due to poverty or location, when deficiencies are severe, or when infections increase the body's need for micronutrients. Furthermore, safety, technology, and cost-related factors can limit the effectiveness of food fortification interventions. Therefore, successful planning for such programs necessitates not only evaluating their potential impact on the population's nutrition but also assessing their feasibility in specific circumstances.

Additionally, appropriate legislation is essential to oversee these intervention [72]. Overloading the body with excessive amounts of vitamins and minerals can carry many dangers and lead to adverse health consequences. Food fortification with various micronutrients can potentially lead to unwanted interactions with individuals using prescription medications. This fortification may cause instances of reduced absorption, treatment ineffectiveness, and an elevated risk of mortality [73]. The effective regulation and consistent monitoring of fortification processes to maintain correct nutrient levels can be a challenge.

9. CONCLUSION-

Though various staple foods have been fortified and many mandates on fortification of foods through government channels has been passed and seen considerable success in addressing micronutrient deficiencies, a significant population still suffers from many micronutrient deficiencies. Stronger lobbying and laws are required to push mandatory fortification of food products as in the case of iodine fortification of salt all over the world.

In addition to these there are many risk factors associated with fortified foods. Many times, fortified is not accessible or available equally to all section of society. More research and investments are required in this field to property address these problems so that fortification program achieve their true potential and to ensure a malnutrition free world. Addressing these concerns and ensuring responsible implementation of fortification initiatives is essential for optimizing benefits while mitigating drawbacks.

REFERENCES:

1. Jha AB, Warkentin TD. Biofortification of Pulse Crops: Status and Future Perspectives. *Plants* (Basel, Switzerland). 2020 Jan;9(1):73. Doi: 10.3390/plants9010073. PMID: 31952211; PMCID: PMC7022855.
2. Bailey RL, West KP Jr, Black RE. The epidemiology of global micronutrient deficiencies. *Ann NutrMetab*. 2015;66:22-33. Doi: 10.1159/000371618. PMID: 25591760.
3. FSSAI. Large Scale Food Fortification in India – The Journey So Far and Road Ahead. 2017.
4. Jakubowska D, Staniewska K. Information on food fortification with bioactive compounds in observation and consumer studies. *Polish Journal of Natural Science*. 2015;30:307-318.
5. Dwyer JT, Wiemer KL, Dary O, Keen CL, King JC, Miller KB et al. Fortification and health: challenges and opportunities. *Adv Nutr*. 2015 Jan 15;6(1):124-31. Doi: 10.3945/an.114.007443. PMID: 25593151; PMCID: PMC4288271.
6. Horton S, Alderman H, Rivera JA. Copenhagen consensus 2008 malnutrition and hunger. 2008.
7. Mason JB, Lotfi M, Dalmiya N, Sethuraman K, Deitchler M. The Micronutrient Report: Current Progress and Trends in the Control of Vitamin A, Iodine, and Iron Deficiencies. Tulane University/MI/UNICEF. Ottawa, Ont.: Micronutrient initiative; 2001.
8. Mozaffarian D, Rosenberg I, Uauy RI. History of modern nutrition science—implications for current research, dietary guidelines, and food policy. *BMJ*. 2018 Jun 13;361:k2392. Doi: 10.1136/bmj.k2392. PMID: 29899029.
9. Hoddinott J, Rosegrant M, Torero M. Investments to Reduce Hunger and Undernutrition. Copenhagen Consensus Center Working Paper March. Copenhagen, Denmark; 2012.
10. FAO, IFAD, UNICEF, WFP, WHO. The State of Food Security and Nutrition in the World 2018: Building Climate Resilience for Food Security and Nutrition. Rome; 2018.
11. Ahmed T, Hossain M, Sanin KI. Global burden of maternal and child undernutrition and micronutrient deficiencies. *Ann NutrMetab*. 2012;61:8-17. Doi: 10.1159/000342889. PMID: 22965055.
12. Lindsay A, de Benoist B, Dary O, Hurrell R. Guidelines on Food Fortification with Micronutrients. Geneva, Switzerland: WHO Library; 2006.
13. Venkatesh Mannar MG, Wesley Annie. Food Fortification. *International Encyclopedia of Public Health*. 2008;622-630.
14. Burgi H, Supersaxo Z, Selz B. Iodine deficiency diseases in Switzerland one hundred years after Theodor Kocher's Survey: a historical review with some new goitre prevalence data. *Acta Endocrinologica*. 1990;123(6):577-590.
15. Das JK, Salam RA, Kumar R, Bhutta ZA. Micronutrient fortification of food and its impact on woman and child health: a systematic review. *Syst Rev*. 2013 Aug 23;2:67. Doi: 10.1186/2046-4053-2-67. PMID: 23971426; PMCID: PMC3765883.
16. Centers for Disease Control. Recommendations for the use of folic acid to reduce the number of cases of spina bifida and other neural tube defects. *MMWR Recommendations and Reports*. 1992;41(RR-14):1-7.
17. Samoraj M, Tuhy Ł, Dmytryk A, Chojnacka K. Biofortification of food with trace elements. In: *Recent Advances in Trace Elements*. Wiley Online Library; 2018. P. 443-456. Doi: 10.1002/9781119133780.ch21.
18. World Health Organization, Food and Agricultural Organization of the United Nations. Guidelines on food fortification with micronutrients. Allen L, de Benoist B, Dary O, Hurrell R, eds. Geneva, Switzerland; 2006.
19. Adu MO, Asare PA, Yawson DO, Nyarko MA, Osei-Agyeman K. Agronomic biofortification of selected underutilised solanaceae vegetables for improved dietary intake of potassium (K) in Ghana. *Heliyon*. 2018 Oct;4(10):e00750. Doi: 10.1016/j.heliyon.2018.e00750. PMID: 30386725; PMCID: PMC6200089.
20. De Brauw A, Moursi M, Munhaua AB. Vitamin A intakes remain higher among intervention participants 3 years after a biofortification intervention in Mozambique. *Br J Nutr*. 2019 Nov 14;122(10):1175-1181. Doi: 10.1017/S0007114519002237. PMID: 31587623.

21. Liyanage C, Hettiarachchi M. Food fortification. *Ceylon Med J*. 2011;56(3):124-127. <https://doi.org/10.4038/cmj.v56i3.3607>
22. Iodine Global Network. Global Scorecard for Iodine Nutrition in 2016.
23. World Health Organization. WHO Guideline: Use of multiple micronutrient powders for Point-of-Use fortification of foods consumed by infants and young children aged 6–23 months and children aged 2–12 Years. Geneva, Switzerland.
24. Babu J, Kumar S, Babu P, Prasad JH, Ghoshal UC. Frequency of lactose malabsorption among healthy southern and northern Indian populations by genetic analysis and lactose hydrogen breath and tolerance tests. *Am J Clin Nutr*. 2010;91:140-146.
25. Akhtar S, Anjum FM, Anjum MA. Micronutrient fortification of wheat flour: Recent development and strategies. *Food Res Int*. 2011;44:652-659.
26. Fiedler JL, Helleranta M. Recommendations for improving Guatemala's food fortification program based on household income and expenditure survey (HIES) data. *Food Nutr Bull*. 2010;31:251-269.
27. World Health Organization. Iodine Deficiency in Europe: A Continuing Public Health Problem. In: Andersson M, de Benoist B, Darnton-Hill I, eds. Geneva, Switzerland: WHO; 2007.
28. Simopoulos AP. Dossier: Polyunsaturated fatty acids in biology and diseases. The importance of the ratio of omega-6/omega-3 essential fatty acids. *Biomed Pharmacother*. 2002;56:365-379.
29. Stuss M, Michalska-Kasiczak M, Sewerynek E. The role of selenium in thyroid gland pathophysiology. *Endokrynol Pol*. 2017;68:440-454. DOI: 10.5603/EP.2017.0051.
30. El-Shibiny S, El-Gawad M, Assem FM, El-Sayed SM. The use of nano-sized eggshell powder for calcium fortification of cow's and buffalo's milk yogurts. *Acta Sci Pol Technol Aliment*. 2018;17(1):37-49. DOI: 10.17306/J.AFS.0541.
31. Curtis EM, Moon RJ, Dennison EM, Harvey NC, Cooper C. Recent advances in the pathogenesis and treatment of osteoporosis. *Clin Med*. 2015;15(6):92-96. DOI: 10.7861/clinmedicine.15-6-s92.
32. Meschino J. Calcium: Requirements, bioavailable forms, physiology and clinical aspects. *Dyn Chiropr*. 2002;20(18):1-12.
33. Janve M, Singhal RS. Fortification of puffed rice extrudates and rice noodles with different calcium salts: Physicochemical properties and calcium bioaccessibility. *Lebensmittel-Wiss Technol*. 2018;97:67-75. DOI: 10.1016/j.lwt.2018.06.030.
34. Wilson RD; GENETICS COMMITTEE; MOTHERISK. RETIRED: Pre-conceptional vitamin/folic acid supplementation 2007: the use of folic acid in combination with a multivitamin supplement for the prevention of neural tube defects and other congenital anomalies. *J ObstetGynaecol Can*. 2007 Dec;29(12):1003-1013. English, French. Doi: 10.1016/S1701-2163(16)32685-8. Erratum in: *J ObstetGynaecol Can*. 2008 Mar;30(3):193. Goh, Ingrid [corrected to Goh, Y Ingrid]. PMID: 18053387.
35. World Health Organization. Vitamin and Mineral Nutrition Information System (VMNIS). Micronutrients database.
36. Hotz C, Loechl C, Lubowa A, Tumwine JK, Masawi GN, Baingana R, et al. Introduction of β -Carotene-rich orange sweet potato in rural Uganda resulted in increased vitamin A intakes among children and women and improved vitamin A status among children. *J Nutr*. 2012;142(10):1871-1880. DOI: 10.3945/jn.111.151829.
37. Afolami I, Mwangi MN, Samuel F, Boy E, Ilona P, Talsma EF, et al. Daily consumption of pro-vitamin A biofortified (yellow) cassava improves serum retinol concentrations in preschool children in Nigeria: a randomized controlled trial. *Am J Clin Nutr*. 2021;113(2):221-231. DOI: 10.1093/ajcn/nqaa290.
38. Tanumihardjo SA, Ball AM, Kaliwile C, Pixley KV. The research and implementation continuum of biofortified sweet potato and maize in Africa. *Ann N Y Acad Sci*. 2017;1390:88-103. DOI: 10.1111/nyas.13315.

39. Paine JA, Shipton CA, Chaggar S, Howells RM, Kennedy MJ, Vernon G et al. Improving the nutritional value of Golden Rice through increased pro-vitamin A content. *Nat Biotechnol.* 2005;23(4):482-487.
40. GFDx. Map: Number of Nutrients – Global Fortification Data Exchange | GFDx. Retrieved February 1, 2019, from <https://fortificationdata.org/map-number-of-nutrients/#>.
41. McCully KS. Homocysteine, vitamins, and vascular disease prevention. *Am J Clin Nutr.* 2007;86(5):1563S-1568S.
42. Sirohi A, Sampat Ghosh, Aditya Pundhir. FOOD FORTIFICATION: A NUTRITIONAL MANAGEMENT STRATEGY IN INDIA. *Innovare J Food Sci.* 2018;6(2):1-8.
43. Gupta C, Chawla P, Arora S. Development and evaluation of iron microencapsules for milk fortification. *CyTA-J Food.* 2015;13(1):116-123.
44. Alavi S, Bugusu B, Cramer G, Dary O, Lee TC, Martin L, et al. Rice fortification in developing countries: a critical review of the technical and economic feasibility. Institute of Food Technologists, Washington, DC; 2008.
45. Lozoff B, Clark KM, Jing Y, Armony-Sivan R, Angelilli ML, Jacobson SW. Dose-response relationships between iron deficiency with or without anemia and infant social-emotional behavior. *J Pediatr.* 2008;152(5):696-702.
46. Allen LH. Anaemia and iron deficiency: Effects on pregnancy outcome. *Am J Clin Nutr.* 2000;71(5):1280S-1284S.
47. Finkelstein JL, Haas J, Mehta S. Iron-biofortified staple food crops for improving iron status: a review of the current evidence. *Current Opinion in Biotechnology.* 2017;44, 138–145.
48. Roohani N, Hurrell R, Kelishadi R, Schulin R. Zinc and its importance for human health: An integrative review. *J Res Med Sci.* 2013;18(2):144-157.
49. Hotz C. The potential to improve zinc status through biofortification of staple food crops with zinc. *Food Nutr Bull.* 2009;30(1):S172-S178.
50. Delange F. The disorders induced by iodine deficiency. *Thyroid.* 1994;4(2):107-128.
51. World Health Organization; United Nations Children's Fund; International Council for the Control of Iodine Deficiency Disorders. Assessment of iodine deficiency disorders and monitoring their elimination. In: *A Guide for Programme Managers*, 3rd ed. Geneva, Switzerland: World Health Organization; 2007.
52. Dunn J. Iodine. In: Shils M, editor. *Modern Nutrition in Health and Disease*, 10th ed. Lippincott Williams & Wilkins; New York, NY, USA; 2006.
53. Singh GM, Micha R, Khatibzadeh S, Shi P, Lim S, Rews KG, et al. Global, regional, and national consumption of sugar-sweetened beverages, fruit juices, and milk: A systematic assessment of beverage intake in 187 countries. *PLoS One.* 2015;10(8):1-20. DOI: 10.1371/journal.pone.0124845.
54. Gani LU, How CH. PILL Series. Vitamin D deficiency. *Singapore Med J.* 2015;56(8):433-437.
55. Wang AH, Still C. Old world meets modern: A case report of scurvy.
56. Reidy KC, Bailey RL, Deming DM, O'Neill L, Carr BT, Lesniasukas R, et al. Food consumption patterns and micronutrient density of complementary foods consumed by infants fed commercially prepared baby foods. *Nutr Today.* 2018;53(2):68-78. DOI: 10.1097/NT.0000000000000265.

57. Nagy M, Semeniuc CA, Socaci SA, Pop CR, Rotar AM, Sălăgean CD, et al. Utilization of brewer's spent grain and mushrooms in fortification of smoked sausages. *Food Sci Technol.* 2017;37(2):315-320. Doi: 10.1590/1678-457x.23816.
58. Muhammad A, Khan MR, Tareen AK, Fahad S, Faiq M, Qazi IM et al. Effect of calcium fortification on whole wheat flour-based leavened and unleavened breads by utilizing food industrial wastes. *Asian J Chem.* 2016;29:423-430.
59. Tiwari P, Joshi A, Varghese E, Thakur M. Process standardization and storability of calcium fortified potato chips through vacuum impregnation. *J Food Sci Technol.* 2018;55:3221-3231. Doi: 10.1007/s13197-018-3284-5.
60. Osendarp SJM, Martínez H, Garrett GS, Neufeld L, de Regil L, Vossenaar M, Darnton-Hill I. Large-Scale Food Fortification and Biofortification in Low- and Middle-Income Countries: A Review of Programs, Trends, Challenges, and Evidence Gaps. *Food Nutr Bull.* 2018;39(3):315-331.
61. Alsuhaibani AMA. Functional role of selenium-fortified yogurt against aflatoxin-contaminated nuts in Rats. *Agriculture & Food Security.* 2018;7(1). DOI: 10.1186/s40066-018-0171-77.
62. Preedy VR, Watson RR, Patel VB. *Flour and Breads and Their Fortification in Health and Disease Prevention.* 1st ed. USA: Elsevier/Academic Press; 2011.
63. Goyal A, Sharma V, Sihag MK, Singh AK, Arora S, Sabikhi L. Fortification of dahi (Indian yoghurt) with omega-3 fatty acids using microencapsulated flaxseed oil microcapsules. *J Food Sci Technol.* 2016;53:2422-2433.
64. Khan A, Khan S, Jan AA, et al. Health complications caused by protein deficiency. *J Food Sci Nutr.* 2017;1(1):1-2.
65. Nagy M, Semeniuc CA, Socaci SA, Pop CR, Rotar AM, Sălăgean CD, et al. Utilization of brewer's spent grain and mushrooms in fortification of smoked sausages. *Food Sci Technol.* 2017;37(2):315-320. Doi: 10.1590/1678-457x.23816.
66. Zhang W, Xiao S, Samaraweera H, Lee EJ, Ahn DU. Improving the functional value of meat products. *Meat Sci.* 2010;86(1):15-31. Doi: 10.1016/j.meatsci.2010.04.018.
67. Department of Health and Family Welfare, Ministry of Health and Family Welfare (MoHFW). Annual Report. Government of India. 2020-21. Retrieved from <https://main.mohfw.gov.in/sites/default/files/Annual%20Report%202020-21%20English.pdf>
68. Thakur S, Singh A, Insac B, Sharma S. Food fortification in India as a malnutrition concern: A global approach. *Sustainable Food Technology.* 2023. DOI: 10.1039/d3fb00079f.
69. Hoddinott J, Rosegrant M, Torero M. Hunger and malnutrition. In: *Global Problems, Smart Solutions: Costs and Benefits*; B. Lomborg (Ed.), Cambridge University Press and Copenhagen Consensus Center: New York, NY, USA, pp. 332–367; 2013.
70. Spohrer R, Larson M, Maurin C, Laillou A, Capanzana M, Garrett GS. The growing importance of staple foods and condiments used as ingredients in the food industry and implications for large-scale food fortification programs in Southeast Asia. *Food Nutr Bull.* 2013;34(Suppl. 2):S50–S61.
71. FAO, IFAD, UNICEF, WFP, WHO. *The State of Food Security and Nutrition in the World 2018: Building Climate Resilience for Food Security and Nutrition.* Rome; 2018.
72. World Health Organization. *World Health Report.* Geneva: WHO; 2000.

73. Schuna C. What Are the Dangers of Fortified Foods and Supplements? Healthy Eating SF Gate. [No publication date available].

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