A study on health and nutritional problems of women in rural community

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Abstract: **In all facets of a woman's life, her health condition plays a vital role in determining her success. Firstly, it is vital that women's health is improved by addressing bias social customs and cultural traditions that are affecting their wellbeing. The study area consisted of three villages named Ramnagar, Badipatiya, and Chittupur that are located in the state of Varanasi in Uttar Pradesh. It is worth mentioning that this study mainly focused on "Studying the knowledge of health and nutritional problems of women in rural communities". Data was collected by using a questionnaire interview schedule method of obtaining information. The results of the study were derived using the percentage method. Based on the results of this study, it was found that dietary intake in all age groups was inadequate as a result of a lack of knowledge. According to the results of the study, this population was suffering from nutritional problems due to both under nutrition and over nutrition.**

Keywords: **women health, nutritional problems, lack of knowledge**

Introduction

The population that lives in villages is called rural population. Approximately 74% of the Indian population lives in rural areas. If these areas were taken into account and provided with basic necessities and basic facilities they would provide a fundamental structure for the nation's growth and development. The entire country will progress in the right direction. In rural areas, if the population is educated, they may be prosperous. According to Aristotle, "A sound body leads to a sound mind." Therefore, good health leads to good thinking, and good thinking leads to a good society in which both men and women participate.
Women who are educated educate entire societies, whereas men who are educated educate a single individual. The education of women is therefore crucial to our community. Therefore, they can play an essential role in the development of our community. Healthy women are the backbone of a healthy society. Children are more likely to be healthy and happy when their mothers are healthy. Women and children who are healthy will progress in the right direction.
A woman's health situation plays a crucial role in her success in all spheres of endeavour. The health of women must be improved by dealing first with bias social customs and cultural traditions that affect their wellbeing. There are a number of cultural norms that are particularly harmful to women's health, including attitudes towards divorce, the age of marriage, the value attached to fertility and sex, family structure, and social roles offered to women. The family determines her place within the family, her level of access to medical care, education, nutrition, and other aspects of health.
Currently, nutritional problems and poor health status of women are serious concerns. As a result of the multiple roles women play, they have serious nutritional and health problems. In general, women have unique dietary requirements, and in some cases (adolescence, pregnancy, and lactation) they may require more nutrition than normal. There are access issues for women in rural areas, particularly nutritional awareness and lack of knowledge about health care facilities. In rural areas, there are also more nutritional problems like protein-energy malnutrition, obesity, vitamin A deficiency, iodine deficiency, anaemia, low birth weight, endemic fluorosis, lathyrism, and chronic diseases like heart disease, diabetes, obesity, and cancer.

Factors affecting women's health

Health is multifaceted. Factors that influence health status include biological, social, and cultural factors that are particularly interrelated. A person's health is affected both internally and externally by the society in which they live.

Nutritional problems faced by rural women

As women age, there is a steady and substantial increase in over nutrition rates. Indian women in northern and eastern states are more likely to suffer from over nutrition. There has not been an increase in energy intake for women over the year, but there has been a steep drop in physical activity. Accordingly, the drastic drop in physical activity is likely to be a major factor contributing to the increase in women's over nutrition. There is an increased risk of non-communicable diseases such as hypertension, cardiovascular disease, diabetes, and cancer associated with over nutrition.
The need for women to undergo periodic health checks is, therefore, imperative. Women have to be educated on the dangers of excessive weight gain and the need to seek periodic medical check-ups for early detection and effective management of non-communicable diseases using all forms of communication.

Methodology

The study area was a villages name Ramnagar, Badipatiya and Chittupur situated in Varanasi state of Uttar Pradesh. Since the study was concentrated on "To study about knowledge of health and nutritional problems of women in rural community". Female subjects

were belonging to the age group of 20-50 years formed the study population and were selection based on random sampling method. The required information was collected using questionnaire interview schedule method. Data regarding socio demographic characteristics like age, religion, education, occupation. Socio-economic status by using BG Prasad classification and other history was collected. Study were makes the sample size 30. Nutritional assessments were having used Anthropometry measurement such as height, weight and BMI. For the dietary assessment two methods were employed- food frequency and 24 hour recall method. Information on frequency of consumption of each food item listed in the questionnaire was collected by interviewing the respondents. The results of the study were done using percentage.

Results and discussion

Total 30 women from rural area were included in the analysis of the study.

1. **Socio Economic Profile of rural women**

- Table no. 1 shows that total 9(30%) respondents were in age group of 20-30 years, 15(50%) respondents were in age group of 31-40 years, and rest 6(20%) respondents were in age group of 41-50.
- In context with religion 27(90%) respondents were Hindu and 3(10%) respondents were Muslim.
- Regarding education majority of the respondents had high literacy level ie; 33% were high school level and 20% respondents were intermediate level, 20% respondents were post graduate level, 17% respondents were undergraduate level and rest 7% illiterate and 3% respondents were primary level respectively.
- Out of 30 respondents, the majority of them ie; 53% respondents were belonging to nuclear family and 47% respondents were belonging to joint family.
- In the context with family size, 37% respondents were having 5-7 family members in their family, 33% of respondents were having 1-4 family members in their family, and rest 30% of respondents are those whose family members are more than 7.
- Table no 1 depicts that out of 30 respondents, majority of them 93% were having type of house as semi pacca, 7% of respondents were having pacca house.
- Regarding occupation majority of the respondents had 73% were engaged in private service and rest 27% of respondents were engaged in household activities?
- Table1 depicts monthly per capita income, majority 50% of respondents had middle income group, 33% of respondents were belonging to high income group and 17% of respondents were belonging to low income group.
- All of them were married.

Table–1. Socio Economic Profile of the Rural Women

S.l. no.	**Age in year**	**N**	**%**	**S.l.no**	**Type of family**	**N**	**%**
1.	20-30	9	30	1.	Nuclear	16	53
2.	31-40	15	50	2.	Joint family	14	47
3.	41-50	6	20		Total	30	100
	Total	30	100				
S.l. no.	**Religion**	**N**	**%**	**S.l. no.**	**Family size**	**N**	**%**
1.	Hindu	27	90	1.	1-4	10	33
2.	Muslim	3	10	2.	5-7	11	37
	Total	30	100	3.	> 7	9	30
					Total	30	100
S.l. no.	**Education**	**N**	**%**	**S.l.no**	**Type of house**	**N**	**%**
1.	Illiterate	2	7	1.	Semi-pucca	28	93
2.	Primary	1	3	2.	pucca	2	7
3.	High school	10	33		Total	30	100
4.	Intermediate	6	20				
5.	U.G. level	5	17				
6.	P.G. level	6	20				
	Total	30	100				
S.l. no	**Occupation**	**N**	**%**	**S.l.no**	**Per capita income (monthly)**	**N**	**%**
1.	Working	22	73	1.	Rs.> 6528	10	33
2.	Nonworking	8	27	2.	Rs. > 3264- 6527	15	50
	Total	30	100	3.	Rs. 1959-3263	5	17
					Total	30	100

2. *Food and Nutrient Intake*

The intakes of all the nutrients were lower than the recommended levels suggested by ICMR (Indian Council of Medical Research) in all the physiological condition in the rural women. The average daily intake of food nutrients were calculated (Gopalan etal.1990) and compared with the suggested levels of intake (ICMR 1981, revised RDA 2010).

Table-2. Average consumption of food stuffs in rural women.

Food groups		Intake frequency					
		Daily		Twice in week		Once a week	
		N	%	N	%	N	%
1.	Cereals	30	100	-	-	-	-
2.	Pulses	30	100	-	-	-	-
3.	GLV	20	67	10	33	-	-
4.	Roots &Tubers	25	83	5	17	-	-
5.	FRUITS	15	50	5	17	10	33
6.	Milk & Milk product	15	50	10	33	5	17
7.	Eggs	5	17	15	50	10	33
8	Meats & Fish	-	-	-	-	30	100

- Above the table no.2 shows that 100% of respondents were consuming cereals in different form like puri, paratha, chappati, halua, vegetable pulao etc. and pulses in different forms including dal, curry, bada etc.
- Consumption of green leafy vegetables too high with as daily 67% of respondents, 33% of respondents were consuming twice in a week. Out of 30 respondents, 83% were consuming roots and tubers daily, 17% twice in a week.
- Daily consumption of fruits was among 50% of respondents, 17% of respondents take some time while 33% of respondents were consumed once in a week.
- Regarding 50% of respondents were consuming milk product daily, 33% of respondents take some time and rest 17% were consumed once in a week.
- Intake of egg was only among 17% of respondents while rest 50% of respondents in some time and 33% respondents were consumed once in a week.
- 100% of respondents were consumed meat/fish in once a week
- 100% of respondents were used fats and oil in form of refine oil, mustard oil in their cooking medium because they are rich source of essential fatty acids. Sugar and jaggery gives plenty source of energy.

Table-3. Average intake of nutrients among rural women.

Nutrients	Average intake	RDA	differences
Protein (gm)	40.65 g/d	55g/kg	14.35 gm.
Fat (gm)	40.10g/d	20-25g/d	-15.1gm.
Energy (kcal)	1161.24kcal	1900-2230 kcal	738.76 kcal

- Table no. 3 indicates the average nutrients intake of respondents. The nutrient intake was compared with recommended dietary allowances (RDA) lay down by ICMR.
- The mean calorie consumption per day was 1161.24 kcal in respondents.
- Daily, mean intake of protein was 40.65g/kg of body weight in respondents.
- Per day, mean fat intake was 40.10g/d in respondents.
- Nutrient intakes of respondents were also calculated and it was observed that fat intake was high in their diet while protein and energy intake was low than the recommended dietary allowances.

3. Nutritional Status

Nutritional status of women was assessed by using anthropometry method including Body Mass Index (BMI). Body Mass Index was calculated using weight in kg/height in cm2 and grade using WHO classification.

- ✓ Table no. 4 depicts the BMI (Body Mass Index) status of the respondents.
  According to WHO (World Health Organisation) standard of BMI, among 30 respondents, 13% were suffer from chronic energy deficiency grade III severe, 3% of respondents were suffer from chronic energy deficiency grade II moderate, 17% were suffer from CED-grade I mild, 20% of respondents were suffer from low weight normal, 27% had normal BMI while 20% of respondents were lying in overweight category.
- ✓ All the 30 respondents take advice from doctor when they were suffering from diseases.

Table-4.Classifications of respondents on the basis of physiological status.

Presumptive diagnosis	BMI	female	
		N	%
Chronic energy deficiency-grade III severe	<16.0	4	13
Chronic energy deficiency-grade II moderate	16.0-17.0	1	3
Chronic energy deficiency-grade I mild	17.0-18.0	5	17
Low weight normal	18.5-20.0	6	20
Normal	20.0-23.0	8	27
overweight	>23	6	20
Total		**30**	**100**

Conclusion and recommendations

The results of the present study revealed that inadequate dietary intake, in all age groups, was due to lack of knowledge. It was observed that they were suffering from nutritional problems mainly due to under nutrition and over nutrition. Inadequate nutrition is not only due to insufficient food availability, but also to factors like faulty food habits and taboos. This is in addition to a lack of awareness of the right food choices.

Health and nutrition education should be strengthened through the department of health. This is to bring awareness and behavioural change for better health and nutritional practice. This will improve the nutritional problems of rural women in our community.

Strategies for improving the health and nutrition of rural women

1. Promotion of health and nutritional education through women's organization.
2. Creating awareness among the village mass about proper hygiene, sanitation and safe drinking water.
3. Promotion of establishment of kitchen gardens as an integral part of nutrition programme.
4. Nutrition education should always employ a wide range of hands-on teaching/learning methods.
5. Providing nutrition education to students of all ages in rural communities by creating awareness
6. Promotion of active involvement of rural women, communities and local government in the development and implementation of community nutrition programme.

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