

Health And Well-Being Of Rural Women

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Abstract

Diet and nutrition are important factors in the promotion and maintenance of good health throughout the life cycle. Income, prices, individual preferences and beliefs, cultural traditions, as well as geographical, environmental, social and economic factors all interact in a complex manner to shape dietary consumption patterns and affect the morbidity and clinical status of women. A normal balanced diet must include daily foods from the various food groups in sufficient amounts to meet the needs of an individual and to increase immunity. The present study is undertaken to study the Health and Well-being of Rural women. For the purpose of study, 75 women between the age-group 25-45 years who were moderate workers, were selected from rural areas of district Yamunanagar, (Haryana). The mean daily intake of nutrients was calculated by using the Food Composition Tables and was compared with the Recommended Dietary Allowances for adult women (I.C.M.R,1990).The analysis of the data showed that only 10 per cent of the studied women were consuming a balanced diet. Majority of the women were suffering from anaemia and complained of backache, head ache and pain in the body. A balanced diet ensures nutritional adequacy, increases food acceptability, adds variety and also increases the resistance to various diseases.

INTRODUCTION

Diet and nutrition are important factors in the promotion and maintenance of good health throughout the life cycle. A normal balanced diet must include daily foods from the various food groups in sufficient amounts to meet the needs of an individual. Health and nutritional status of an individual depends on the food she eats. The components of the diet must be chosen judiciously to provide all the nutrients needed in adequate amounts and proportions. Foodstuffs selected from each group should take into account the income, socio-cultural factors, availability and nutritional requirements. Selection of foods from the different food groups also results in variety in the diet, which not only ensures nutritional adequacy but also increases food acceptability. It was reported by Zive et. al (1996) that deficient intakes of essential nutrients such as calcium, iron, magnesium, zinc, folate, vitamin A, vitamin B₆, vitamin C, were found more in large proportion of young women than young men. A faulty diet can certainly be a source of stress and this leads to the formation of poor dietary habits. Women with deficiencies of folic acid and other B-vitamins are at an increased risk of cardio-vascular diseases (Stoney, 1999). Keeping this in view, the present study has been undertaken with the following objectives:

- To study the dietary habits of the rural women and

compare their intake with the Recommended Dietary Allowance.

- To examine the morbidity and clinical status among rural women.

LOCALE OF THE STUDY

A number of 75 women in the age group 25-45 years were selected from various villages of district Yamunanagar. Their marital status could be single or married.

METHODOLOGY

Purposive sampling was used to select the respondents. In some cases the respondents had to be convinced to actively participate in the research work. A meeting was arranged with the selected respondents to confirm their participation in the study. Women selected for this study were assured of absolute anonymity. The survey method was used to gather information for the study. A well-structured interview schedule was developed considering the specific objectives of the study. Seventy-five women respondents were interviewed randomly and the data was analyzed.

DIETARY PATTERN

Dietary survey was carried out in the following steps with the help of a questionnaire:

a) Assessment of food consumption by 24-hour recall method: The respondents were asked to recall all the foods eaten during the reference time period and describe the foods consumed. The amounts of food eaten were noted using standardized spoons, glasses and plates for measurement of the foodstuffs.

b) The mean daily intake of nutrients like energy, proteins, carbohydrates, fats, fibre, calcium, iron, β -carotene, Vitamin C, Thiamine, Riboflavin and Niacin was calculated with the help of Food composition tables and compared with the R.D.A values for adult women (Gopalan et al, 2002).

MORBIDITY AND CLINICAL STATUS

Morbidity symptoms of the women and information regarding the illness suffered by them since past two months was noted down. All the women were clinically examined and the presence or absence of the clinical deficiency symptoms was recorded.

RESULTS AND DISCUSSION

Table 1 and 2 show the mean food group and nutrient intake of rural women with reference to the Recommended Dietary Allowances (R.D.A). The rural family diet was monotonous. Consumption of all food groups was less than the recommended allowance. The women showed a poor intake of vegetables, fruits and milk products however, the intake of oil, sugar and jaggery was nearly adequate. The findings of the present study were supported by Johansson and Anderson (1998) who reported that most people had an intake of fruits and vegetables below recommended level. The daily intake of fruits and vegetables was higher in men than women. The diet was deficient in minerals and vitamins. The calories obtained were also less than the minimum amount required by an adult women (Table 2).

Figure 1

Table 1

Food groups(gm/day)	R.D.A.	Intake
Cereals	375	355
Pulses	40	30
Vegetables	180	75
Fruits	50	30
Milk and milk products	200	100
Fats and oils	20	25
Sugar and jaggery	20	20

Figure 2

Table 2

Nutrients	R.D.A.	Intake
Energy, K.cal	2225	1800
Carbohydrate, g	250-300	225
Protein, g	50	25
Fat, g	20	30
Fibre, g	10-12	8
Calcium, mg	400-500	300
Iron mg	30	16
Thiamine, mg	1.1	1.0
Riboflavin, mg	1.3	1.0
Niacin, mg	14.0	8
Vit.C, mg	40	48
β - carotene, μ g	2400	1800

Table 3 and 4 show the common illnesses and nutritional deficiencies in rural women. The physical well being of an individual is related closely to her status of nutrition.

Furnishing adequate food to a well functioning body assures good nutrition. On the other hand, poor nutrition results from an inadequate food intake or a failure of the body to use efficiently the nutrients supplied to it. The illness reported among the women in the study were backache, headache, pain in legs and hands and pain in the abdomen (Table-3). This may be due to considerable workload for women who spend 10-11 hours at working in fields, continue doing their work at home also and consume less food.

Table 4 shows the prevalence of nutritional deficiencies among women. The table reveals that 60% of them had anemia as they consumed inadequate amounts of iron, B complex vitamins and vitamin C. 40% of the subjects had poor eyesight and 10 % had goiter. Eating well, consuming fresh fruits and vegetables boosts energy and drinking lots of water helps the body to function properly.

Figure 3

Table 3: Common Diseases in rural women (n=75)

S.No.	Symptoms	Women (No.)	%
1	Cold	28	36.8
2	Cough	19	25
3	Fever	27	35.5
4	Headache	35	46
5	Pain In The Body	35	46
6	Backache	35	46

Figure 4

Table 4: Nutritional Deficiency Diseases In Rural Women (n=75)

S.No.	Symptoms	Women (%)
1	Anaemia	60
2	Goitre	10
3	Scurvy	50
4	Angular Stomatitis	25
5	Poor Eyesight	40

CONCLUSION

Nutritional deficiencies that have a major impact on economic growth are protein calorie malnutrition and deficiencies of iron, vitamin A and iodine. This may not be true for urban populations in India, who have rising incomes and greater access to a diverse and varied diet. The results of this study reveal the status of nutritional deficiency in rural Indian villages. The study calls for an all-out effort on the part of researchers, policy makers and extension workers in popularizing the beneficial effects of a balanced diet containing more vegetables and fruits which will ensure nutritional security to the rural population. There are a variety of dietary interventions that can relieve or help prevent particular types of diseases. It has been found that a diet, which contains liberal quantities of seeds, nuts, grains, vegetables and fruits would provide an adequate amount of all the essential nutrients. Each of these food groups should roughly form the bulk of one of the three meals. These three basic health-building foods should be supplemented with certain special foods such as milk, vegetable oils and honey. Vegetables, fruits, whole grains, complex carbohydrates will help to maintain desirable weight. Limit the intake of refined sugar, salt and alcohol. Try to drink 8-10 glasses of water a day. Avoid foods high in sodium, saturated fat and cholesterol. Eating is one of life's greatest pleasures. Since there are many foods and many ways to build a healthy diet and lifestyle, there is lots of room for choice. The ABC's for health are:

- Aim for fitness.
- Build a healthy base.
- Choose sensibly.

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