

## Nutritional Status of Rural Women with Special Reference to Sangli District

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### Abstract

A female's health status has a direct bearing on the health and well-being of the whole family. Maternal morbidity and mortality affect not just the mother but the entire family. Most often, women not only shoulder the responsibility of home management and child care, but are also actively involved in economically gainful employment outside the household or even contribute significantly in the family business, be it agriculture or industry. They play dominant role in rural economy. It implies that their health and nutritional status is of paramount importance for their own family as well as, for the nation's development. Poor health condition reduces their ability to take care of the family members and also their earning capacity. This study aims to determine the nutritional status and to explore factors associated with it in rural Indian women population, in Sangli district of Maharashtra state. A total of 180 rural women, from 9 villages in Sangli district were selected randomly. Data on socioeconomic status, nutritional status and food consumption were collected. Observed data were analyzed statistically. It was investigated in the present study, that prevalence of low nutritional level among rural women was significantly higher. The contributing factors found were: literacy, occupation, low standard of living and low awareness of the study women.

**Key Words:** Rural women, dietary intake, nutritional status

### Introduction:

The World Health Organization defines 'Health' as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". It is a utopian concept of health. Practically, we see that health is a dynamic state and most people fall in between the continuum of complete ill-health and perfect health. Nutrition is the pre-requirement of health status. Health is a basic need and a fundamental right of everyone and it assumes special significance in the case of women. The reasons are many. Firstly, females constitute almost a-half of the total population and more than one-third of the

total workforce. Secondly, major responsibility of bearing and rearing children lies with the women. Their health status directly influences the health and well-being of children. An inadequate intake of nutrients could lead to malnutrition and deficiency diseases. Low nutritional status makes women prone to certain ailments. Lower health status manifests itself in lower life expectancy, higher rates of morbidity and mortality, lower levels of productivity, and a decreased ability to earn and support. From the above discussion, it may be inferred that health and nutrition go hand in hand. Women's health and nutrition have a direct and strong repercussion on health

status of the whole family, particularly their offspring.

Many research out puts are shown that, the patriarchal social structure, gender discrimination right from the birth, malnutrition, illiteracy, unskilled labour, hard physical work, early marriage, repeated and multiple pregnancies and poverty are some of the factors that weigh against the rural females. Even after being biologically superior, females have higher rate of morbidity. Females suffer from triple jeopardy. Apart from having nutritional deficiency disorders, they often have gynecological and pregnancy related diseases. On this background this study aims to determine the nutritional status and to explore factors associated with it in rural Indian women population, in Sangli district of Maharashtra state. Thus the present study has undertaken with the following objectives.

#### Main Objectives of the Study:

The main objectives of the present study are as follows:

- To assess socio-economic status, food consumption pattern and nutrient intake of rural women.
- To assess the health and nutritional status of rural women in Sangli district of Maharashtra state.

#### Methodology:

- **Research Design:** For this study descriptive type research design was adopted.
- **Study area:** Sangli district of Maharashtra state was purposefully selected for the present study.
- **Selection of sample:** Samples were selected randomly from Sangli district i.e.180 rural women from 9 villages were selected.
- **Data collection techniques and Statistical analysis of study:** Questionnaire method was used to obtain the information. The collected data were analyzed with the help of computer by means of SPSS software and Excel. The out-put was utilized for analysis and interpretation.

#### Results and Discussions:

The study was carried out from March to September 2019. The results obtained are discussed as under. In the Table 1, name of the village with respect to their sample population is recorded Altogether Ten villages were selected randomly from Sangli district of Maharashtra state for the present study.

**Table 1: Total no. of villages and women respondents (n = 180).**

Name of the Tahsil in Sangli District	Name of the Village	No. of Respondents
1. Miraj	1. Kavlapur	20
	2. Nandra	20
	3. Soni	20
2. Tasgaon	1. Kavathe Ekand	20
	2. Manerajuri	20

	3. Kumathe	20
3. Palus	1. Naghthane	20
	2. Ankhalkhop	20
	3. Palus	20
<b>Total =</b>	<b>9</b>	<b>180</b>

**Socio-Economic Status:**

**Table 2: Personal and Social Background of the Rural Women (n= 180)**

Sr. No.	Category	Frequency	Percentage
1.	<b>Age:</b>		
	21-30 Years	03	01.7
	31-40 Years	42	23.3
	41-50 Years	116	64.4
	51-60 Years	09	05.0
2.	<b>Marital Status:</b>		
	Unmarried	05	02.8
	Married	158	87.8
	Widow	17	09.4
3.	<b>Religion:</b>		
	Hindu	137	76.1
	Muslim	11	06.1
	Jain	26	14.4
	Other	06	03.3
4.	<b>Caste Category:</b>		
	Open	89	49.4
	SC	36	20.0
	OBC	42	23.3
	Other	13	7.2
5.	<b>Education:</b>		
	Illiterate	13	7.2
	Can read and write	43	23.9
	Primary	94	52.2
	Secondary	26	14.4
	Graduate	4	2.2
6.	<b>Main Occupation:</b>		
	Self farming and labour	126	70.0
	Labour	54	30.0

It is clear from the above table that majority of the respondents, 64.4 per cent belonged to

the age group of 41-50 years. 87.8 per cent of the respondents were married, 76.1 per

cent of the respondents were Hindu, majority of the respondents belonged to open caste category which formed 49.4 per cent followed by other backward caste category which formed 23.3 per cent and scheduled caste category which formed 20 percent. The educational level of

#### Nutritional Status:

respondents showed that 52.2 per cent of them had primary education. Among the women 70 per cent women did both farming and labour activities and 30 per cent women had agriculture labour as their main occupation.

**Table 3: Nutritional Status of the respondents**

Nutritional Status	No. of Respondents	Percentage
Under nutrition	62	34.45
Malnutrition	103	57.22
Over nutrition	15	08.33
<b>Total =</b>	<b>180</b>	<b>100.0</b>

Table: 3 clearly show that, altogether 57.22 % of respondents were malnourished. The percentage of under nutrition respondents was 34.45.

#### Frequency of Illness in a Year:

Table no. 4 shows the number of times the respondents fell ill in the year.

**Table 4: Frequency of Illness in a Year**

Illness	Frequency	Percentage
Once	6	3.3
Twice	27	15.0
Thrice	74	41.1
Four times	60	33.3
Five times or more	13	7.2
<b>Total</b>	<b>180</b>	<b>100.0</b>

As shown in table no. 4, many of the respondents (74.4 per cent) fell ill three or four times in the last year thus averaging once in three or four months. Only very few

(7.2 per cent) fell ill five or more times whereas other respondents fell ill one or two times in a year.

### **Health awareness and consumption of dietary foods:**

The majority of rural women in all villages possessed land for kitchen garden. More than half of the respondents did not have any health institutions providing awareness on nutrition. In addition 5.3 % of women in their household did not use iodized salt. Almost eighty-five percent of the women consumed junk foods. Regarding the frequency of consumption of staple foods rich in carbohydrates, more than eighty-seven percent of the women respondents consumed cereals more than once a day. The majority of women consumed pulses/legumes once a day.

### **Summary and Conclusions:**

Health and malnutrition of women is a serious problem as it interferes with the development of human resources. There are several indicators of the low levels of health and nutrition among women. Some of these are anemia, low weight and height, proportion of LBW babies and maternal mortality. While the female child is

### **Acknowledgement:**

This study is a part of minor research project aided by University Grants Commission, Western Regional Office, Pune, India.

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biologically superior, several factors act against this 'capacity' and contribute to her ill health and malnutrition. Prominent among them are illiteracy, early marriage, repeated and closely spaced pregnancies and socio-cultural factors. Currently, it is the MCH programme, which provides health care facilities to expectant mothers. The Prophylaxis scheme against nutritional anaemia, the Universal Immunization Programme and the ICDS are major schemes, which cater to the health and nutrition status of the mother and, subsequently, enhance her quality of life. Efforts must be made to educate women to enhance their level of economic status. Food fortification i. e. sugar or salt with iron and folic acid, Proper ANC services from first trimester Consumption of IFAT regularly. It is imperative that the government and non-government organizations act to improve dietary intake pattern of women in rural area to promote women's health. General awareness should be created through mass media about the positive aspects of the rural women.