



## Nutrition Of Women: The Hindrances – A Descriptive Study

### KEYWORDS

Women, Nutrition, Hygiene, Focus Group Discussion, Case Study, health practices, social work implications and self-care.

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**ABSTRACT** *Nutrition for women has always been an area of concern in the Indian context. Among the several factors that act as potential hindrances. It is against this background that the present research study was envisaged to analyse the varied hurdles faced by women in five villages in Mahabalipuram. Further the women were studied in-depth regarding their unique nutritive needs and health practices through Qualitative research using Focussed Group Discussion and Case studies. A structured interview schedule was used to collect data from the women regarding the hindrances towards their nutrition through survey method. Inductive and deductive reasoning supplemented with extensive field work was relied on. The findings of the study are presented in the full paper.*

### INTRODUCTION

Nutrition for women has always been an area of concern in the Indian context. Among the several factors that act as potential hindrances are Poverty, Illiteracy, Domicile, cultural, and socio-economic factors. Contemporary scenario has thrown in a newer hurdle in the form of double burden experienced by women the consequence of which drives them to least concentrate on their health and nutritive needs. The women on their part compromise their nutrition, as after marriage their focus revolves around taking care of children. They hardly avail timely medical treatment for their health ailments. Rural women and the economically vulnerable are deprived of sanitation facilities. It is against this background that the present research study is envisaged to analyse the varied hurdles faced by women in five villages in Mahabalipuram.

### SCOPE

The study targeted both the working women and homemakers in the five villages. The diet pattern, knowledge of nutrition, beliefs and myths about a healthy diet, accessibility to healthy food and nutritive supplements, cooking habits of the women were explored in general through quantitative research. Further the women were studied in-depth regarding their unique nutritive needs and health practices through Qualitative research using Focussed Group Discussion and Case studies. Mixed methodology culminated in triangulation of the varied findings. Thus structured interview schedule method was adopted for the quantitative study and leading questions were used to elicit the responses in focussed group discussion and Grounded theory was relied on.

### Aim

To elicit the varied hindrances in ensuring healthy and balanced nutrition to women in five villages of Mahabalipuram.

- **Objective**
- To study the diet pattern of women
- To assess the knowledge of women with regard to nutrition and balanced diet
- To analyse the perceived societal hurdles experienced by women with regard to their intake of adequate nutrition and wellbeing
- To look at the healthy cooking habits of women and the knowhow of it among them
- To enquire into the availability of sanitation facilities for the women

- To understand the timely availing of health services by the women
- To highlight the nutritive care as undertaken by women during their pregnancy with special reference to intake of folic acid, iron supplements and Iodized salt
- To examine the awareness of the benefits of breast feeding the new born baby among the women
- To describe any gender preferences by the women in the nutritive supplements given to their children

### METHODS AND MATERIALS

#### Research Design

Descriptive cum Diagnostic research design was adopted for the study. Mixed methodology was employed comprising of Quantitative and qualitative techniques. The outcome of the Survey, Focussed Group Discussion and Case studies were subjected to triangulation.

#### Universe and Sampling

The universe comprised of 2473 women belonging to five villages (505 in Vembusham, 567 in Kogilametu, 439 in Savadi, 740 in Poonchery, and 222 Devaneri) of Mahabalipuram. Quota sampling technique was employed and 5% of women in each village were covered using survey method. Thus samples of 136 women were included for the study. FGD was conducted in the five villages with separate groups comprising of six women respectively. Case studies were also done in the five villages.

#### Tools of Data collection

A self prepared interview schedule was used to collect data from the women regarding the hindrances towards their nutrition through survey method. A semi structured interview schedule comprising of leading questions was used to elicit information from the women participating in FGD and case studies. Inductive and deductive reasoning supplemented with extensive field work was relied on.

#### Statistical Design

The collected quantitative data was edited, coded and subjected to statistical analysis using SPSS. Both descriptive (Contingency tables) and inferential statistics (Chi Square) was used to describe the hindrances faced by women in their pursuit for adequate nutrition and to test the working hypotheses. Qualitative data was analysed using content analysis.

## ANALYSIS AND INTERPRETATION

Table:1 Findings related to Socio Demographic characteristics of the Respondents

Sl. No	Variables	Frequency (n=136)	Percentage
1	<b>Age in Category</b>		
	Less than 30	14	10.3
	31 - 40 years	54	39.7
	41-50 years	35	25.7
	51-60 years	14	10.3
2	<b>Number of Dependents</b>		
	Less than 2	36	26.5
	3 – 6	100	73.5
3	<b>Educational Qualification</b>		
	Illiterate	32	23.5
	Elementary	9	6.6
	Middle School	44	32.4
	High School	45	33.1
	Higher Secondary	1	.7
	Under Graduation	1	.7
	Post Graduation	2	1.5
	Diploma	2	1.5
4	<b>Occupation</b>		
	Coolie	29	21.3
	Private	5	3.7
	Self	20	14.7
5	<b>Type of Family</b>		
	Nuclear	101	74.3
	Extended	35	25.7
6	<b>Nature of House</b>		
	Own	131	96.3
	Rental	5	3.7
7	<b>Type of House</b>		
	Thatched	2	1.5
	Tiled	23	16.9
	Concrete	111	81.6
8	<b>Number of Dependents in the Family</b>		
	Less than 2	36	26.5
	3 – 6	100	73.5
9	<b>Monthly Family income</b>		
	Less than Rs.5000	60	44.1
	6000 – 10000	72	52.9
	11000 and above	4	2.9
10	<b>Debt Incurred</b>		
	Yes	31	22.8
	No	105	77.2
11	<b>Immovable property</b>		
	Yes	132	97.1
	No	4	2.9

It is seen from the above table that most of the respondents are in the age group of 31-40 years, and have pursued high school education. A vast majority of the respondents have 3-6 dependents in their family, and are homemakers. They hail from nuclear families and live in concrete houses which are the predominant immovable property they possess, which was constructed under the tsunami relief initiatives. Nearly half of the respondents have stated their monthly income to be in the range of Rs.6000 – Rs.10000.

Table: 2 Findings related to availing of Government Schemes and Access to civic amenities

Sl. No	Variables	Frequency (n=136)	Percentage
1	<b>Availing provisions from the Public Distribution System</b>		
	Yes	134	98.5
	No	2	1.5
2	<b>Household member receiving pension</b>		
	Yes	6	4.4
	No	130	95.6
4	<b>Availing of Government Schemes</b>		
	Yes	122	89.7
	No	14	10.3
5	<b>Toilets in home</b>		
	Yes	63	46.3
	No	73	53.7
6	<b>Adequate Drainage system in village</b>		
	Yes	58	42.6
	No	78	57.4
8	<b>Where do you get the drinking water from</b>		
	Well	2	1.5
	Village Panchayat Tap	134	98.5
9	<b>Disposal of Garbage</b>		
	In the open street	57	41.9
	Garbage Bin	63	46.3
	Dump Yard	16	11.8

It is evident from the above table that a vast majority of the respondents are availing provisions from the public distribution system and are beneficiaries of government schemes. However a vast majority of them have stated that their family members are not receiving pension. Majority of the respondents do not have toilets in their homes and have opined that there is no adequate drainage system in their village. Majority of the respondents get drinking water supply through the panchayat tap. Most of the respondents dispose their waste in the garbage bin.

**Table: 3 Findings related to accessing of Health Facilities, Awareness of Disease and Nutritive intake**

Sl. No	Variables	Frequency (n=136)	Percentage
1	<b>Accessing health facilities</b>		
	Private Hospital	2	1.5
	GH	134	98.5
2	<b>Visit by the Village Health Nurse</b>		
	Yes	67	49.3
	No	69	50.7
3	<b>Distribution of Folic Acid and Iron supplements to pregnant women</b>		
	Yes	127	93.4
	No	9	6.6
4	<b>Does anyone in the family suffer from chronic illness</b>		
	Yes	12	8.8
	No	124	91.2
5	<b>Have you adopted any family planning</b>		
	Yes	9	6.6
	No	127	93.4
6	<b>Method of family planning</b>		
	Female Sterilization	7	5.1
	Safe period	2	1.5
	Not Applicable	127	93.4
7	<b>Prevalence of Alcoholism</b>		
	Yes	135	99.3
	No	1	.7
8	<b>Are you aware of HIV/AIDS</b>		
	Yes	4	2.9
	No	132	97.1
9	<b>Perceived Degree of Household chores</b>		
	Very Heavy	53	39.0
	Heavy	49	36.0
	Moderate	32	23.5
	Mild	2	1.5
10	<b>Perceived Intake of adequate Nutritive food</b>		
	Yes	56	41.2
	No	80	58.8

It is seen from the above table that a vast majority of the respondents are accessing health facilities from the

Government Hospital and opined that pregnant women are getting supplied with folic acid and iron supplements. However an equal percentage of the respondents have replied positively and negatively about visit by Village Health Nurse. A vast majority of the respondents have not adopted family planning, opined that their family members do not suffer from chronic diseases and lack awareness about HIV/AIDS. Most of the respondents perceive the degree of household chores performed by them to be very heavy. Majority of the respondents have stated that they do not take adequate nutritive food.

**Table: 4 Association between the Age of the Respondents and their perceived intake of Nutritive food**

Age	Perceived intake of nutritive food		c2
	Yes	No	
Less than 30	7	7	3.115 df=4 P>0.05
31 - 40 years	26	28	
41-50 years	12	23	
51-60 years	5	9	
61 and above	6	13	

The above table reveals that there is no significant association between the age of the respondents and their perceived intake of nutritive food.

**Table: 5 Association between the Monthly Family Income of the Respondents and their perceived intake of Nutritive food**

Monthly Family Income	Perceived intake of nutritive food		χ <sup>2</sup>
	Yes	No	
Less than Rs. 5000	22	38	1.581 df=4 P>0.05
Rs. 6000 - 10000	33	39	
Rs. 11000 and above	1	3	

It is evident from the above table that there is no significant association between the monthly family income of the respondents and their perceived intake of nutritive food.

**Table: 6 Association between the Number of Dependents of the Respondents and their perceived intake of Nutritive food**

Number of Dependents	Perceived intake of nutritive food		χ <sup>2</sup>
	Yes	No	
Less than 2	15	21	.007 df=4 P>0.05
3-4	39	56	
5 and above	2	3	

It is inferred from the above table that there is no significant association between the number of dependents of the respondents and their perceived intake of nutritive food.

**Table:7 Association between the perceived degree of household chores performed by the respondents and their**

Degree of household chores	Perceived intake of nutritive food		χ <sup>2</sup>
	Yes	No	
Very Heavy	5	48	71.469 df=3 P<0.05
Heavy	17	32	
Moderate	32	0	
Mild	2	0	

A perusal of the above table reveals that there is a significant association between the degree of household chores performed by the respondents and their perceived intake of nutritive food.

**Table: 8 Association between the occupation of the Respondents and their perceived intake of Nutritive food**

Occupation	Perceived intake of nutritive food		2
	Yes	No	
Coolie	12	17	1.840 dF=3 P>0.05
Private	3	2	
Self	6	14	
Home Maker	35	47	

The above table shows that there is no significant association between the occupation of the respondents and their perceived intake of nutritive food.

**FINDINGS OF CASE STUDIES**

Mrs. X 34 years old is a resident of Poonjeri. She is a Hindu SC married and has two girl children. She is a post graduate and currently pursuing her LLB. She said that she is very happy in having two girls and stated that her husband too wanted girl children. She has toilet in her house. She and her elder daughter have problems with obesity. Her elder daughter also has skin problem. Watery warts are present in her hands. She is aware of nutritive requirements and cooks healthy food but is worried about the preference of junk food by her daughters. She expressed her concern about prevalence of alcoholism in the village which according to her is 70%.

Mrs. XX, 80 years old elderly women hails from Devaneri. She is living on her own in a dilapidated house. She gets the food supplied in local Balwadi. She had been receiving the Old Age pension and this month she has not been able to get it. She has been running from pillar to post to obtain her Rs. 1000/- which is the only source of income for her. She lives in a pitiable condition as the roof of her house has withered and rainwater literally pours in driving her to the nearby temple for shelter. She is hard of hearing and has poor eye sight. She suffers from the physical complications of old age and is deserted by her only child.

Mrs. XXX 36 years old is a widow hailing from Vembusham. She belongs to the Nayakkara community. She lost her husband two years back and since then has been taking care of her two children, a boy and a girl, on her own. She is doing tailoring work for a company. She has her own house but does not have toilet facility. She does not have awareness about diseases and doesn't perceive the importance of health and hygiene. She doesn't find the time to cook nutritive food as she has to balance work and household chores. She stressed the need for

hospital facilities as they have to go to Poonjeri for health needs. She lacks awareness about HIV/AIDS.

**FINDINGS OF FGD WITH WOMEN**

- ❖ Women working in the gardening work at Kalpakkam are worried about the impact it could have on their health and wellbeing
- ❖ Intake of adequate nutrition is not a reality due to lack of time, as more women are working and financial constraints prevent regular intake of proteins and other essential nutrients
- ❖ The cooking habits of women result in more consumption of carbohydrates as rice is a preferred and more convenient food commonly relied on. Vegetables are a rarity and fruits are hardly consumed. Occasional intake of non-vegetarian food was reported.
- ❖ Women lack awareness about balanced diet
- ❖ The major hurdle faced by women with regard to taking nutritive food is the financial constraints and lack of time in case of working women
- ❖ Sanitary facilities are poor. Many use open air for defecation
- ❖ Menstrual hygiene is poor, their working condition and financial constraints prevent the women from using pads and changing them at regular intervals. Most of the women use cloths and maintenance of hygiene becomes questionable
- ❖ Women seek medical treatments during pregnancy and are taking folic acid and iron supplements. They are aware of the importance of breast feeding but many complain their inability to secrete adequate milk.

**IMPLICATIONS FOR SOCIAL WORK INTERVENTION**

Health awareness is the need of the hour in the five villages where the study was undertaken. Importance of Health and Hygiene, Nutrition and balanced diet need to be oriented to the women in the villages, Insight on Communicable and Non Communicable diseases need to be strengthened among the respondents. Evil effects of Alcoholism need to be addressed to the local villagers and sensitization about de-addiction centers created to the women as they are the major sufferers, both in terms of economic constraints and domestic violence due the addiction of their spouse. Mobile medical services could be offered. Gender sensitization could be undertaken. Menstrual hygiene among women needs to be strengthened. Uterine complications of women could be concentrated on.

**CONCLUSION**

The research study undertaken in the five villages reveals poor sanitary facilities and lack of adequate accessible medical facilities. There is general lack of awareness about communicable and non-communicable diseases among the villagers. Problem of Alcoholism is visible. Women suffer from anemia and lack awareness about balanced diet and are not taking nutritive food.

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