Analysis of Nutritional Awareness among Rural Women in Distt. Saharanpur, U.P. Dr. Seema Rani

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#### Abstract

Awareness of nutritional intake, dietary practices and healthy food habits are needed for every person, specially for women, as the reflection of their health can be seen in growth and productivity of every family member and of the nation. Good nutrition is considered as a major factor in the advancement and maintenance of good health throughout the life. A balanced diet must include a diversity of food items in our daily diet. Although so many factors- economical, social, geographical etc., affect their selection of food items, yet knowledge and awareness of individuals about food and nutrition is an important factor of maternal health and morbidity. Keeping this in mind, the present study was undertaken to get a view of rural women's awareness about nutrition. For the present study, rural women of 20- 50 years were randomly selected from two blocks namely Baliakheri and Rampur Maniharan of Saharanpur district, U.P. Sabdalpur and Nandpur villages were selected from these blocks respectively. 40 women were selected randomly from each village, thus a sample of 80 women were interviewed. Data was collected through personal interview method and then analysed. Study revealed that the majority of respondents (78.8%) had knowledge of only about one nutrient. Most of them stated that nutrients only give protection to our body (82.5%). Therefore, proper nutrition education based on food and it's nutritional value should be given to the rural community so that they can improve their nutritional status and combat the horrible implications of malnutrition.

Keywords: Awareness, nutrition, balanced diet

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#### Introduction

Food is a prime necessity of life. The virtual administration of food intake and nutrition are both key to health. Proper nutrition promotes healthy pregnancy consequences, assists normal growth, development and ageing, supports to maintain a healthy body weight, and reduces the threat of chronic disease leading to overall health & wellbeing. Although adequate nutrition is important for every person at all ages, some groups are more likely to be affected by malnutrition than others because of various factors. Nutritional requirements are increased in groups such as young children, adolescent boys and expectant & nursing mothers because of the increased demand for nutrients during periods of expeditious growth in the former two groups and the growth of the unborn child and growing infant in the latter case. Article 47 of the constitution states that it is the "duty of the state to raise the level of nutrition & the standard of living and to improve public health".

From 8 March 2018, every year, September month is celebrated as 'Poshan Maah' in which various programmes are organized by the Government institutions along with media coverage of nutritional messages to overcome malnutrition. In spite of these efforts, the nutritional status as well as nutritional knowledge of women were found to be unsatisfactory and needed interventions (Upadhyay et al.2011).

Out of eight goals, one of the crucial goal of the Millennium Development Goals, 2020 is to 'improve maternal health' focusing on good nutrition & well-being of mothers. Awareness campaign and initiatives on exclusive breastfeeding, balanced diet, promotion of locally available foods, health and hygiene, nutrition education through institutions and mass media are some steps in the direction of female health. Many programmes and schemes have been launched and implemented for improving health and nutrition as well as combating malnutrition by the Government of India. Yet, farm women's extent of knowledge in relation to nutrition was low, however, it could be improved through nutrition training programmes (Kumari et al.2016).

Still, the question before us is- where are we in rural scenario? Keeping this in mind, the study is laid on the following objectives-

1. To assess the nutritional awareness of women belonging to rural community.

2. To find out the general health status of the respondents.

### **RESEARCH METHODOLOGY**

A descriptive survey research design was employed in the study to assess the nutritional awareness of rural women of Saharanpur district. Two blocks namely Baliakheri and Rampur Maniharan were randomly selected. Sabdalpur and Nandpur villages were randomly selected from these blocks respectively. 40 women [20-50 years age group] were selected randomly from each village, thus a sample of 80 women interviewed. The information was gathered from face to face communication through an interview schedule containing a combination of open and close ended questions. Further, the collected data was tabulated, and analyzed in order to draw meaningful inferences.

S.No.	Category	Frequency	Percentage
	AGE		
	20-30 years	22	27.5
1	31-40 years	40	50
	41-50 years	18	22.5
	Education		
	Illiterate	12	15
2	Upto High school	28	35
	Intermediate and	40	50
	above		
	Family Occupation		
	Agriculture	32	40
3	Service	16	20
	Business	30	37.5
	Others	02	25
	Family Income		
	>2000	02	2.5
4	2001-5000	28	35
	5001-10,000	36	45
	10,001 and above	14	17.5
5	Marital Status		
	Married	80	100
	Unmarried	00	

Table 1Socio-demographic characteristics of the respondents(N=80)

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6	No of Children			
	No child		21	26.25
	1-2		38	47.5
	3-4		21	26.25
	5 or moi	re	-	-
7	Special Physical Condition			
	Pregnant		18	22.5
	(Foetus time) 0	-3months	02	11.11
		4-6 months	04	22.22
	-	7-9 months	08	44.44
	Lactation Period		20	25
	(Infant Age)	0-6 months	06	30
		7-12 months	14	70
8	Benefited by Nut health related Go			
	Anganwadi		30	37.5
	Government hospital	12	30	
	Other Govt. sche	mes	22	27.5

\*Multiple responses

#### Table 2

## Awareness regarding involvement of basic food items in their daily diet (N=80)

S. No.	Nutrients that they knew	No. of respondents	Percent
1	Protein	63	78.8
2	Carbohydrates	39	48.8
3	Vitamins	12	15
4	Minerals	21	26.3
5	Fat	06	7.5

\*Multiple responses

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Table /

Awareness about functions of nutrients			(N=80)
S. No.	Function of Nutrient	No of respondents	Percent
1	To protect the body from illness	66	82.5
2	To provide energy	39	48.8
3	To build the body	15	18.75

\*Multiple responses

Con	Common deficiency diseases that they face frequently (N=80)			
S. No.	Deficiency Diseases	No. of respondents	Percent	
1	Weakness in body	48	60	
2	Anemia	20	25	
3	Brittleness of bones	09	11.25	
4	Blurred or low eye sight	26	32.5	
5	Others, like body ache, muscle pain etc.	06	7.5	

Table 5 (N=80) ommon deficiency diseases that they face frequently

\*Multiple responses

## **RESULTS AND DISCUSSION**

#### 1. Socio-demographic characteristics of the respondents

The data presented in Table 1 revels that 50 per cent respondents were in the age group of 31-40 years and majority of them (50%) were educated up to intermediate and above. This is a good sign towards female education, focused by our government from past many years. Their majority in upper education is paving a path in the direction of family progression and country's development. Majority of the respondents (40%) had agriculture as their main occupation followed by business (37.5%). Majority of the respondents (75) fell in medium income group, i.e. 5001-10,000. They all were married, 47.5 per cent respondents had 1-2 children. 22.5 per cent were pregnant and 25 per cent were in the stage of lactation. Therefore, due to their special conditions, their nutritional requirements were also more. Majority of

them (37.5%) were taking benefit from AWC followed by other government schemes (27.5%).

# 2. Awareness regarding involvement of basic food items in their daily diet

Table 2 depicts that in case of awareness about basic food items, all the respondents were in favour of milk and milk products and cereals which should be included in their daily diet, followed by pulses and legumes (70%). Similar results were observed by Surabhi,& Panda, 2020, that the dietary practice of most farm women is consuming cereals (rice, wheat and maize). But if we compare the data with inclusion of these food items in their diet, they give rank 1 to cereals (100%) and rank 2 to pulses and legumes (87.5%), followed by milk and milk products (65%) with rank 3. Rank 6 was given to fruits (15%). Reasons may be unavailability, high cost and ignorance about other food elements.

### 3. Awareness regarding nutrients

Table 3 showed their awareness about nutrients. Most of the respondents (78.8%) were aware of the protein but least aware of the fat (7.5%) as a nutrient. They had medium awareness about vitamins (15%) and minerals (26.3%). Therefore, it can be concluded that they had less awareness about all nutrients except for protein and to make efforts to include all these nutrients in their daily diet.

#### 4. Awareness about functions of nutrients

Table 4- We can clearly observe how much awareness they have about the functions of nutrients from Table 4. Most of the respondents (82.5%) have thought that the only function nutrients have is to keep us safe from any possible illness. They had medium awareness about its energy giving function (48.8%) and body building function (18.75%). Although they knew about protein, they had no knowledge of its proper function. Due to this lack of awareness, they can't figure out what should be eaten and what not. As 22.5% respondents were pregnant and 25% were in lactating stage, it becomes a basic necessity to provide proper nutrition education in rural areas so that they can understand the importance of some major nutrients like calcium, iron, phosphorus, vitamins to list a few, and improve the health of themselves and their children.

#### 5. Common deficiency diseases that they face frequently

Table 5 depicts the common deficiency diseases that they face frequently. 60% respondents stated that they generally face weakness in the body, followed by bone breaking (11.25%).

#### **CONCLUSION**

In spite of development, usage and exposure to mass media like- television, radio, newspaper etc., the nutritional awareness of women is still very limited. Particularly they are not much aware of the nutritional requirements during special conditions i.e. Pregnancy and lactation period which leads the next generation towards malnutrition. Most of the deficiency disorders occur due to the lack of proper knowledge and resources. Their focused attitude towards their own health and family health can contribute towards upgrading the nation's health indicators. These findings are supported by the findings of Surabhi,& Panda, 2020, who reported that there is a knowledge gap of farm women about food nutritional value and importance, so training and awareness programmes may be conducted on a regular basis. We have to inculcate in their minds that their small efforts such as utilization of locally available food items, kitchen gardening, growing vegetables, paying more attention during pregnancy and taking nutritious food can enhance maternal and child health. Also, the message must be conveyed that for good health there is no need to take expensive food items, rather the need is to intake local, rich food with awareness and alertness.

On the other hand, some nutrition education programmes should also be conducted for rural masses through/ with the help of schools and colleges, so that all women of rural areas can be healthy and fully nourished and can contribute in achieving the Millennium Development Goals to "improve maternal health".

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