



Rural Women: Health and Nutrition Insecurity

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Abstract Nutrition is a basic need of human life and life cannot be imagined in its absence. 'Health is an integral part of the entire living world, and good health is essential for a successful life. Health and nutrition are two sides of the same coin. Therefore, it is important to get good nutrition for good health. Women are no longer limited to home and help in other work and the contribution of women has been important in all social fields. The Human Development Report 1990 published by UNDP states that female labourers work 113 hours while men work only 87 hours. Even after doing all the work, they do not get complete nutrition and due to non-fulfilment of their energy and other nutritional needs, they become physically unhealthy and malnourished. Improving women's health in Madhya Pradesh is a challenge. This challenge has not arisen due to lack of resources, but due to lack of improvement in the infrastructure of services and benefits of various schemes not reaching the needy. Women are an important part of the society, as long as her kitchen keeps burning, human society will continue to be nurtured in this world. Therefore, it is necessary to seriously focus on women's health and nutritional security.

Keywords Acetylcholinesterase (AChE), molecular docking, ADMET, *Piper betel* L

Introduction

India is an agricultural country where more than 75 percent of the population lives in rural areas. 45-48 percent of this population is women. If it is said that today our country has become self-sufficient in agricultural production due to the immense contribution of this class, then it would not be an exaggeration.

It appears that agriculture is the domain of women and more than two-thirds of India's labour force and about 81 percent of economically active women are engaged in agriculture and allied occupations, and most of these rural women are engaged in small and They belong to marginal farming families and these farming women work for 14-18 hours every day with their own hands.

Even today, women contribute in rural areas by running kitchens, collecting fuel for the kitchen, collecting fodder for animals and doing many tasks related to farming. It has been observed that in rural areas, men spend more time either playing cards or drinking alcohol and Indian women, especially from poor families, work five hours more every day than men, including household work. Much of the work involved is invisible but despite their health and nutritional security. Is. But why so? Any work requires energy. Despite the time and effort required, their work is ignored and not counted, as well as women themselves not taking special rest and diet to compensate for their health and energy consumption, their health status is adversely affected.

International Institute of Population Sciences (2006) 'Under food and nutrition security, the progress of a country depends first on its military power. But today the progress of any country is measured by looking at its nutritional status. About 35 percent women in India suffer from chronic energy deficiency due to which their weight is less than normal and 50 percent women are anemic. W.H.O. According to (1999), recent studies have found that women who



are malnourished give birth to underweight children and this side effect of malnutrition continues from mother to child.

Dr. Taneja Preeti (1993) found in her study that only 30 percent of women get health checkups done during pregnancy and most of the women do not pay any special attention to health checkups.

Objective:

1. To study regarding general health and nutritional status of rural women is studying.
2. Important suggestions presented for women's health and nutritional security to do.

Material and Testing method - In the presented research study, a total of 400 tribal women of Banswara district have been selected on the basis of objective sampling method. With the help of questionnaire, data has been collected through group discussion and personal interview method. Chi square test has been used to calculate statistics.

Results and Discussion

The results have been analysed on the basis of data obtained through personal interview method with the help of questionnaire.

Table 1: Classification of conditions related to the experience of fatigue and weakness in normal condition of tribal women

S. No.	Feeling Weak and Tired	Frequency	Percent
1.	Mostly	178	44.5
2.	Sometimes	118	29.5
3.	Not Normal at all	104	26
	Grand Total	400	100

Table 1.1: If Yes, treatment Options:

S. No.	Options	Frequency	Percent
1.	Medical Treatment	27	9.12
2.	Exorcism	117	39.53
3.	Home Remedies	49	16.55
4.	Nothing	103	34.80
	Grand Total:	296	100

In the above table 1, under the condition related to experience of fatigue and weakness during normal condition of tribal women, maximum i.e. 44.5 percent women experience weakness and fatigue mostly, 29.5 percent women sometimes experience fatigue or weakness, while only 2 percent women do not experience the above condition at all, that is, they are healthy.

Similarly, according to the data shown in Table 1.1, most of the women, i.e. 34.80 percent, do not pay any treatment related attention to their health even after feeling weakness and fatigue in normal condition. 39.53 percent women go to exorcists for exorcism, while 16.55 percent women treat their condition at home. Only 9.12 percent women are aware of their health and go to the health center for medical treatment.

Conclusion: Feeling weak and tired even in normal condition.

The situation reflects poor health and malnutrition among women, but due to lack of attention to this, they have to face many types of physical problems. The above condition further leads to miscarriage, complications in delivery, weak baby birth etc.

Therefore, as per the above, it can be said that weak health of the mother also has an adverse effect on the health and nutritional level of the child.

Testing of Hypothesis: The value of X^2 - Based on Therefore, at 0.05 level of significance, our hypothesis - 'The general health and nutritional status of tribal women will not be lower' is rejected because a low weak level of significant effect has been found between the general health and nutritional status of tribal women. Therefore, on the basis of testing, it can be said that most of the tribal women experience fatigue or weakness even in normal



condition. Therefore, in normal conditions, the condition related to feeling tired or weak has an impact on the health level of the woman.

Table 2: Special Food during pregnancy by tribal women Intake Classification

Sr. No.	Special Food	Frequency	Percent
1.	YES	67	16.75
2.	NO	333	83.25
	Grand Total:	400	100

Table 2 above shows the status of the targeted tribal women regarding taking special food during pregnancy, under which during the discussion, maximum i.e. 83.25 percent women do not take any kind of special food during pregnancy whereas only 16.75 percent women do. In the above situation a response was given regarding taking special food.

Conclusion - Based on the data obtained, it was found that most of the women

During pregnancy, she doesn't even eat special food or eat food on time. They work the most but have their meal last. Most of the time - women eat whatever is prepared at home or eat stale food like leftovers from the night in the morning and leftovers from the morning in the evening. Instead of including balanced diet like dal, rice, vegetable roti in her and her family's diet, she is able to include only dal roti or cheap vegetables like potato, brinjal etc.

Testing of Hypothesis: The value of X^2 was found to be 176.88 which is 3.841 higher than the table value. Therefore, at 0.05 level of significance, our hypothesis - 'There will be no significant effect between the general health status and nutritional status of tribal women' is rejected because a medium to low level of significant effect was found on the general health and nutritional status of tribal women. Are. Therefore, on the basis of tests, it can be said that special food nutrition during pregnancy has a significant impact on the health of the woman.

Table 3: Classification of regular medical checkups during pregnancy

S. No.	Status of Medical Examination	Frequency	Percent
1.	Regular	70	17.5
2.	Irregular	218	54.5
3.	No Way	112	28
	Grand Total:	400	100

Based on the results obtained in the above table no. 3 regarding regular medical check-up during pregnancy of tribal women, maximum i.e. 54.5 percent women get the medical check-up done only when the pain increases and 28 percent women do not get it done at all. Only 17.5 percent women undergo regular medical checkups during pregnancy, which is the lowest percentage. Conclusion - Based on the above results, it is clear that most of the women in the study area do not get regular checkups done during pregnancy and go to the hospital for treatment only when the pain increases. Only home and traditional remedies are adopted.

The above situation reflects the ignorance, lack of health awareness and carelessness among tribal women, which results in complications during delivery, lack of nutrients, birth of premature baby etc. Therefore, through the responses received above, it can be said that traditional misconceptions, poverty, illiteracy etc. are prevalent in the study area due to which they are not aware of their health, but currently there has been a change in the above beliefs. Some people have started giving importance to important conditions and health like medical treatment and pregnancy, but its percentage has been found to be relatively low.

Suggestions for women's health and nutritional security:

1. Women constitute 50 percent of the resources of our country and they are responsible for food and family care in almost 100 percent of the families, hence it is necessary that they should be made empowered and aware to save the family from malnutrition.
2. Will have to be made financially independent, educated and aware of new technologies.
3. The most important among these is the provision of proper care during pregnancy and proper upbringing of children.



4. Other basic needs are drinking water, fuel, toilet sanitation and health services.
5. The contribution of women in agricultural production is very high. This contribution can be made more effective if they are empowered to help the family and community by producing pulses, fruits, preservation, more nutritious food items using better technology in addition to grains and thus reducing malnutrition in the family and community. Should be trained for prevention.
6. Making tools according to the work of women so that their time, strength and energy can be saved, care should be taken that their labor and work should be diversified i.e. employment opportunities should increase and not be replaced by machines.
7. Both the Central and State Governments will have to ensure that there is adequate financial provision for providing social services related to health facilities, accident, pregnancy, child welfare, housing and old age to agricultural women.

While on one hand India's food production capacity has increased, on the other hand the challenging task of food supply has increased the rate of development, while according to the National Family Health Survey, about 53 percent of children under four years of age, are victims of malnutrition and more than 85 percent of pregnant women are victims of anemia. 585,000 women die each year due to complications and anemia during pregnancy and childbirth, and folic acid deficiency in pregnant women can cause birth defects such as damaged spinal cords in babies. Ultimately, the entire responsibility lies on women to ensure that the roots of malnutrition do not spread in the family, hence it is extremely important to pay attention to their health and nutrition first of all.

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