

**NUTRITIONAL STATUS OF WOMEN: A *STUDY OF ITS
DETERMINANTS IN HAILAKANDI DISTRICT, ASSAM***

**A Thesis submitted to Assam University in partial fulfillment for the
award of degree of Doctor of Philosophy in Department of Economics**

Submitted by

FARDOUSI HASSINA BARBHUIYA

Ph. D Registration No. 2727/15

Dated 15.09.2015



**DEPARTMENT OF ECONOMICS
MAHATMA GANDHI SCHOOL OF ECONOMICS AND COMMERCE
ASSAM UNIVERSITY, SILCHAR, 2019**

Chapter - 5

SUMMARY AND CONCLUSIONS

5.1 Summary and Conclusions

Nutrition has major effects on health which enables one to lead socially and economically active life. The unbalanced diet not only reduces the health status of women but also their economic status. Women health needs to be prioritized, concerned, and researched for, specially the health of marginalized and poor women because they are doubly vulnerable to discrimination. The present study is an assessment of nutritional status of women in Hailakandi district, Assam. It is based on primary survey carried out among 1291 women from 529 households of the three development blocks of Hailakandi district. From each of these three blocks, two rural and two urban areas are chosen to collect representative sample.

Nutrition is one of the basic determinants of health status. Health is a multi-dimensional concept which includes physical, mental; social and in addition to these, spiritual, emotional, vocational, and political dimensions. During the Ottawa Charter for health Promotion in 1986, the WHO said that health is “a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources as well and physical capacities”. The famous Indian economist Partha Dasgupta (1993) while defining the concept of nutrition stated that low income and food intake is related in a two-way. Low income is the major cause of malnutrition, which in turn is a cause of low income and it impairs work efficiency and productivity. Indices or measures of malnutrition can either be based on nutritional requirements in terms of different kinds of food or on food energy; both affect labour productivity. The food requirements that nutritionists consider energy for efficient working and healthy living are far greater than the levels achieved by the vast mass of the population living in developing countries. Calorie deficiency causes loss of body weight, tiredness, deterioration of mental faculties. Calories are also required for the absorption of protein. When it comes to the relation between nutrition and capacity for physical effort, nutrition is generally defined in terms of the energy requirement. Nutritional status influences the capacity to learn, which in turn determines productivity and economic growth. Nutrition plays an important role in

human resource development as lack of essential nutrients lead to malnutrition, which affects an individual's mental and physical state, resulting in poor health and poor work performance. According to the recommendation of WHO, nutritional outcome can be categorized into under-weight, normal and over-weight or obesity. The unbalanced diet where some nutrients are excess is called overweight or obesity or where some nutrients are lacking or in wrong proportion are recognized as under-weight. Nutritional status is measured by Body Mass Index (BMI). If the measurement of BMI is less than 18.5, the situation is defined as under-weight and if the situation is greater than equal to 25, the situation is termed as over-weight or obesity. The normal BMI value takes the range of $18.5 < \text{BMI} \leq 25$. People whose diets fall short of standard levels of intake for essential nutrients suffer from malnutrition that can be mild, moderate, or severe, depending on the level of deficiency. The nutritional status of this district is quite satisfactory as 59.17% women are attaining normal nutritional status. The percentage of malnourished women is 40.81 of which 27.34% women falls under the category of over-weight or obesity and 13.47% women falls under the category of under-weight.

From the various review of literature, it has been found that in India, widespread malnutrition is largely as a result of dietary inadequacy and unhealthy lifestyle. Other contributing factors are poor purchasing power, gender inequality, indoor air pollution, religion, region, education, domestic violence, women disempowerment, faulty feeding habits, poor health care, large family size, frequent infections, inadequate sanitation, and low agricultural production. All these factors should be simultaneously considered to sustain healthy life. One of the objectives of the study is to identify rural-urban disparity in terms of nutritional status of women in Hailakandi district. The study found that majority women dwelling in urban areas are attaining normal nutritional status as compared to women dwelling in rural areas. But in case of malnourished women, rural women are worst sufferer of under-weight while urban women are worst sufferer of overweight nutritional status. The rural women are not aware of proper dietary intake and concern of their health issues as compared to urban women.

An important objective of the study is to identify the socio-economic covariates of nutritional status of women in Hailakandi district. The aim is to examine the

significant determinant variable of nutritional status of women in this district. Therefore various variables have been considered like religion, region, age, work status, education status, caste, physical activity, marital status, and food habit so as to find out the determinant variable of nutritional status of women in Hailakandi district. The determinant of nutritional status of women in Hailakandi district reflects that age is an important factor in determining nutritional status of women in Hailakandi district. Higher the age, higher is the risk of malnourishment but in both extremes, age is a risk factor i.e., in the lower age group, women tends to suffer from under-weight and in the higher age group, women tend to suffer from over-weight or obesity. It also implies that women in the middle age group are mostly attaining normal nutritional status in the study area. Secondly, religion is considered as an important indicator in determining nutritional status of women in the study area. It has been found that Muslim women are worst sufferer in both extremes than the other non-muslim women of the district. These women are found to be bounded by various religious rituals and social values. The over-weight women like to prefer to work inside the house or engaged in daily household activities while the under-weight women are physically weak and hence not able to participate in social and economic spheres. Women's ability to afford nutritious food and to enjoy recreational activities is limited by their incomes; and also women with low income have significantly shorter life expectancies and are more likely to die prematurely. Poverty increases malnutrition because to consume healthy and nutritious dietary intake, purchasing power is required. Majority of the low income group population were unskilled workers engaged in manual labour. Under-nutrition had an adverse effect on work capacity and increased susceptibility to infections. Again, an unhealthy woman could not be effective in labour force market. More consumption of calorie intake makes people to work efficiently in the labour force market. The study found that working women are attaining normal nutritional status than non-working women. In the study area, the non-working women are mostly engaged to do household works inside their house only. It has been found that women who have better health provide immediate benefits to themselves and to their employers by gaining greater mental acuity, strength, and stamina while in the job. There is no doubt that the stress of living in poverty, compounded by exclusion from education, employment opportunities, all contribute to poor nutritional outcome. It has been found that in Hailakandi district, women having post matriculation education are enjoying better nutritional status than

illiterate women or women having pre-matriculation education status. Educated woman is more aware of the dietary intake that improves her nutritional status and that of her family. The study showed that the higher the level of education, the lower the proportion of undernourished women. The other determinant of nutritional status of women in Hailakandi district is caste. The study states that the women who fall under general caste category suffer from malnourishment than the women of different caste. This is because in this study, majority malnourished women are Muslim women, who bear general category caste. The study further states that marriage is one of the determinants of nutritional status of women in Hailakandi district. The married women are found to be vulnerable as these women mostly bear under-weight nutritional status while the unmarried women of this district mostly attain normal nutritional status. The one obvious reason might be that after post pregnancy, these women could not quickly recover their old nutritional outcome which they had before marriage. The other reason is that these women could not cope up with the consumption pattern of in-laws family and also most of the time, these women hesitates or feel shy to take proper dietary intake in their in-laws house. The last important determinant of nutritional status of women is food habit. It has been found that women who consume non-vegetarian food attain normal nutritional status while most of the vegetarian women suffer from under-weight nutritional outcome. Hailakandi is such a place where most of the people are non-vegetarian. So, people who are vegetarian, are not vegetarian by birth but by choice. They choose to be vegetarian either after marriage where they are compelled to consume that food which they are asked to consume or these women are bound to be vegetarian because of some religious rituals or social values. To adequately improve the health of women (one of the backward class of the society), multiple dimensions of well being must be analyzed in relation to global health averages and also in comparison to men in a state like Assam and more specifically Hailakandi district.

5.2 Suggestions

As health is one of the major challenge and important issue so everyone should be very much concerned for being healthy not only for him or her but also for the nation, because health contributes human well being and economic growth of the nation. A deeper look into health awareness generation must be addressed to encourage women

to maintain proper dietary intake which will help them to get rid of various health problems as energy intake and efficiency are positively related.

Government of India is providing various women rojgar (employment) schemes but these are not actually reaching to the needy women of the society. Secondly, there should be good governance system to supervise and regulate those women to avail benefits from those schemes which are actually meant for them. There should be strict action against the dalals or the middleman who puts hurdles for not reaching those benefits to the needy women of the society.

Thirdly, as found in the study that married women are prone to ill-health. So, the mean age of marriage should be increased to 21 or above. There should be strict law to monitor the age of marriage at the time of their (female) marriage. There should be strict action against those parents and the groom who bounds or manipulates the girl to bind with marital rituals.

Fourthly, post matriculation educational status lays a significant role of attaining normal nutritional status. So, there should be some effective policies to encourage female student to study after class-X and more specifically the drop-out female.

Fifthly, government of India is providing only one food crop i.e rice at subsidized rate through Public Distribution System in the district of Hailakandi but the other food crops are not being provided at subsidized rate. There should be some initiative in this regard in order to solve the problem of under-nutrition in the district.

5.3 Limitations

Though the present study has brought light into the nutritional outcomes of Hailakandi women yet it is not free from certain limitations. This is because the study focused only on the nutritional status of women in Hailakandi district of Assam.

1. Nutritional is one of the components of health status. To know the overall health status of women, nutritional outcome alone cannot justify the status of women health.
2. Nutritional outcome is measured by body mass index in the present study but this outcome may be reflected by level of deficiencies of anemia, hemoglobin, iron

and zinc, minerals, vitamins, etc. which are not being considered by the present study.

3. Since, the study focused on nutritional status of women but it did not consider pregnant women as a representative sample.
4. The study laid emphasis on the determinants of nutritional status of women but it did not consider the other family members of those households say children and husband. While aspects related to children largely affects women's nutritional outcome.

5.4 Future Scope of the study

The weakness and limitations of the study have been indicated and hence there arises concerns for the deeper analysis of the future work as recommended below:

1. As dietary intake largely affects nutritional outcomes, so, one can focus on the impact of agriculture on nutritional status of women in Hailakandi district.
2. Since, the study is focused on the three development blocks of Hailakandi district; one can extend this study covering the whole district.
3. The status of women in the family influences their nutritional outcome. One can address on this issue.
4. The future scope of the study also lies on the aspects related to the mean age of marriage and the nutritional outcome of women in Hailakandi district.