

Malnutrition in Women

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ABSTRACT

The assignment aims to understand the relationship between malnutrition and women. Malnutrition is found at all stages of life. Women play an important role in giving birth to the next generation, in food security, and as custodians for the family. It is therefore important to increase the physical, mental, and intellectual well-being of every woman as a good investment for the well-being of future society and human rights. Here the sample survey has been undertaken from the area covered and subjects were selected randomly through the questionnaire. The survey has shown us some familiar sacrifices from the women, which we frequently have overlooked. Another thing we have found here, domestic violence is a great cause of women's malnutrition, also women are careless too. As a result, we have concluded, that people should be conscious of the women's condition in households, and women must empathize with their rights and well-being. The future generation will be much more productive if we value today's women.

Keyword – Malnutrition in women, Woman health, Gender role, A case study, Ethnography research, Poverty, Awareness

Date of Submission: 01-08-2023

Date of Acceptance: 12-08-2023

I. INTRODUCTION

Malnutrition refers to deficiencies, excesses, or imbalances during a person's intake of energy and/or nutrients. Malnutrition is that the condition that develops when the body is bereft of vitamins, minerals and other nutrients it has to maintain healthy tissues and organ function. The term malnutrition addresses 3 broad groups of conditions; Undernutrition, which has wasting(low weight-for-height), stunting(low height-for-age), and underweight(low weight-forage). Micronutrient-related malnutrition includes micronutrient deficiencies (a lack of important vitamins and minerals)or micronutrient excess and Overweight, obesity, and diet-related non-communicable diseases(such as cardiovascular disease, stroke, diabetes, and a few cancers). India – one-fifth population (230 million people) is undernourished, (The State of Food Insecurity within the World, FAO,2008) Global Hunger Index – India ranks 94th out of 119 countries. (2/3rd of the score is owing to its high child and girls malnutrition rate).

Factors associated with malnutrition

- Social & economic (poverty, ignorance, female gender, rural area, low birth weight, illiterate, etc)
- Biological factors (maternal malnutrition, prematurity, environment).

II. LITERATURE REVIEW

Malnutrition in developed countries is unfortunately still more common in situations of poverty, social isolation, and substance misuse. Malnutrition results from an imbalance between the requirements of the body and also the intake of nutrients. In India, gender inequality in nutrition is present from infancy to adulthood. Malnutrition is usually seen in women and youngsters. Women never reach their full growth potential because of nutritional deprivation. Malnutrition in women is expounded to poverty, lack of development, lack of awareness, and illiteracy. a large scale of development actions are needed to enhance their food security and nutrition of girls. Women have always emerged because the pillars of the agricultural economy because of their involvement with agriculture and household chores. Global entry of girls into economic employment, particularly specializing in agriculture and therefore the occupational hazards and related adverse health outcomes that they encounter in farm women is additionally increased in terms of malnutrition. a 3rd of girls of reproductive age in India are undernourished, with a body mass index (BMI)of but 18.5% kg/m₂ . it's well-known that an undernourished mother inevitably gives birth to an undernourished baby, perpetuating an intergenerational cycle of undernutrition (UNICEF). Malnutrition could be a major problem, especially for pregnant women.

Poor fetal growth or stunting within the first 2 years of life results in irreversible damage, including shorter adult height, lower attained schooling, reduced adult income, and decreased offspring birth weight. Children who are undernourished within the first 2 years of life and who placed on weight rapidly later in childhood and adolescence are at high risk of chronic diseases associated with nutrition. Malnutrition is directly

related to other factors also like lack of health awareness amongst women, illiteracy, low socioeconomic status, poor housing conditions, early marriage, low income, poor sanitation, stressful environment, use of narcotics, childbearing, overwork, and to some extent lethargy. The health of Indian women is intrinsically linked to their status in society, especially for those living in rural areas. Women are more likely to suffer from nutritional deficiencies than men are, for reasons including women's reproductive biology, low status, poverty, and lack of education. Socio-cultural traditions and disparities in household work patterns also can increase women's chances of being malnourished. Today, the connection between women's nutrition with birth outcomes, and stunting rates in young children is well established and measures for improving the nutritional situation within the country must be accorded a high priority.

STUDY AREA

Durgapur is located at 23.55°N87. 32°E. It has an average elevation of 65 meters (213ft). Durgapur has been nicknamed the RUHR OF BENGAL. It is the fourth-largest urban agglomeration after Kolkata, Asansol, and Siliguri in West Bengal and was planned by two American architects, Joseph Allen Stein and Benjamin Polk in 1955. Durgapur is in the Paschim Bardhaman District of West Bengal on the bank of the Damodar River, just before it enters the alluvial plains of Bengal. My study area is Faridpur (in West Bengal, India), which is a community development block that forms an administrative division in the Durgapur Municipal corporation.

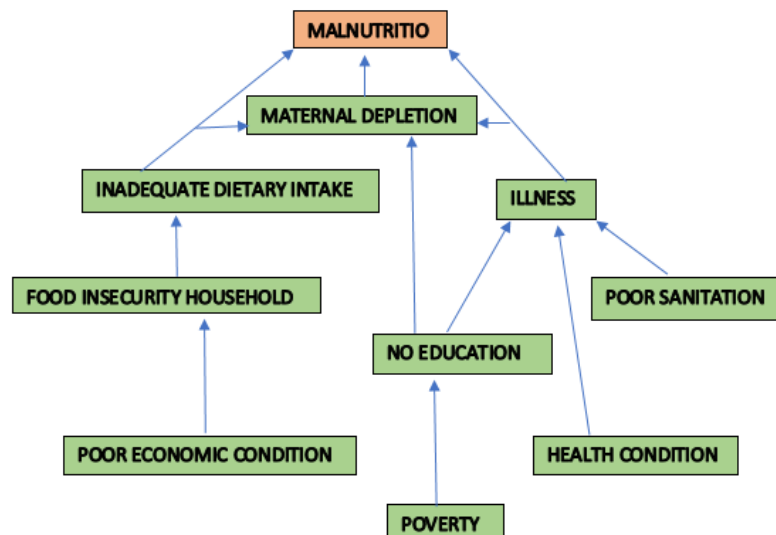
III. OBJECTIVE & METHODOLOGY

The objective of the survey was to provide reproductive and child health, quality of health of women, and nutrition of women and children.

Data were collected between Mid-November to December, women of age group 15-49 in 100 households. The household response rate was 98 percent and the women's response rate was 93 percent. In addition, the survey also collected measures of height and weight of women. This survey was undertaken to understand the quality of life of women and malnutrition in women. A questionnaire was made and circulated to understand malnutrition in women's life around our locality. The basic question of age, education status, income, and gender, was considered to understand the demographic of the sample.

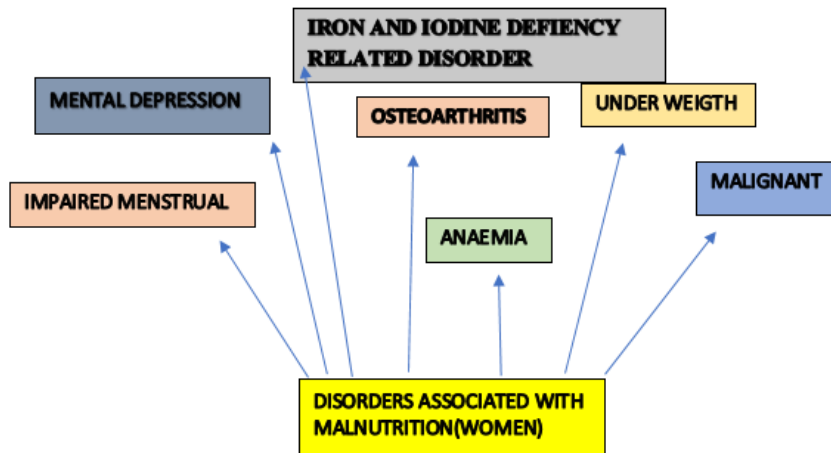
IV. RESULTS & DISCUSSION

In developing countries, the prevalence of bacterial and parasitic diseases contributes greatly to malnutrition. Similarly, malnutrition increases susceptibility to and therefore the severity of infections, and is thus a serious explanation for illness and death from disease and thus the foremost important risk factor for the burden of disease in developing countries. From the people I surveyed in Faridpur village of Durgapur, I found that the majority of the people here have but 3 lakh rupees annual income, and 30% of them have quite 3 lakh rupees annual income.



This figure shows the explanations why the ladies of these households get malnutrition all told these families. Poverty is that the main underlying explanation for malnutrition and its determinants. However, the degree and distribution of protein-energy malnutrition and micronutrient deficiencies among a population depend upon many factors, including the political and economic situation; the amount of education and sanitation; the season and climate conditions; food production, cultural and non secular food customs; breastfeeding habits; the

prevalence of infectious diseases; the existence and effectiveness of nutrition programs; and also the availability and quality of health services. Undernutrition in females may occur during childhood, adolescence, and pregnancy and incorporates a cumulative adverse impact on the birthweight of future babies and later developmental milestones. Besides, men and ladies aren't given equal rights all told families till now. it's also seen in many cases that if a relative comes into the family and doesn't say ahead, then therein case the ladies of the family should sacrifice a number of their meals. This causes malnutrition in women. The status of the household is one among the foremost significant predictors of malnutrition (includes both undernutrition and overnutrition). it's been observed that the prevalence of malnutrition varies significantly per the household's living standard. Women within the highest socioeconomic groups are more likely to be overweight or obese and fewer likely to be underweight. Other problems occur because of malnutrition in women.



V. CONCLUSION

Malnutrition is caused by a multitude of factors, some of which are biological, others are environmental, cultural, or social. Education of the invisible half of the population, who look after the children and the family, is an important strategy to alleviate this problem. In most developing economies, prevalence of malnutrition in young women residing in both urban and rural areas are higher, especially in countries at higher levels of socioeconomic development. Women have to perform different roles during their lifetime, and their nutritional needs vary from situation to situation. The information presented here makes it clear that interventions before the first or later conceptions have the potential for an important impact on subsequent reproductive success.

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Susmita Mondal, et. al. "Malnutrition in Women." *International Journal of Engineering and Science*, vol. 13, no. 8, 2023, pp. 11-13.