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Research Article

NUTRITION AND FOOD CONSUMPTION OF NON-WORKING WOMEN IN KASHMIR (RURAL & URBAN)

[1]Seerat, [2,*]Sumeeza Majied and [3]Sadiqa Shafiq

[1]Research Scholar at Indira Gandhi National Open University of Kashmir, Srinagar, J&K
[2]Research Scholar at Indira Gandhi National Open University of Kashmir, Srinagar, J&K
[3]M.Sc, NET, JRF, Research Associate University of Kashmir Hazratbal, Srinagar, J&K

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ABSTRACT

The study was undertaken to assess the nutritional status of non-working females residing in Kashmir both rural and urban population. The study shows status of disease, use of nutritional supplements and quantity of cream used in coffee. The study also depicts that how much butter they consume and also consumption of eggs, fried foods, poultry, snacks and this study shows how often they take fruits.The results of the study shows that the subjects eat fried foods sometimes in a week, study also manifests that some subjects use to eat fruits but some don't have concept of fruit benefits. The study also reveals that the rural women have less diseases as compared to urban women.

Aim: The aim of this study is to check Nutrition and Food Consumption of Non-Working Women in Kashmir (rural and urban).

Method: The study was conducted in Jammu & Kashmir division. The sample comprised of hundred females who were selected for convenient sampling technique and were taken from both rural and urban community.

INTRODUCTION

Personal health is a dynamic state of human being. It is influenced by four multiple factors, such as heredity, environment, personal behavior and access to professional health care practitioners and other health services. Good health is very much important for normal works in daily life and also for the professional works. Housewives were engaged in their households' works. Each group of women had different life style and workloads for which they might have different fitness level as well as different health status. Woman plays an important role at home as well as in the society. In earlier days majority of Indian women were shy, illiterate, pessimistic and traditional and their traditional mind feels that being women they are subordinate in society and restricted themselves to household activity only. Present study was designed to find out the health and nutritional status of non-working women.The study shows dietary life is the fundamental element affecting health maintenance. Women's social participation has recently increased the number of working housewives, resulting in changes in dietary patterns. Recently, the use of instant and processed foods has increased for reasons of convenience.

****Corresponding author: Sumeeza Majied,***
Research Scholar at Indira Gandhi National Open University of Kashmir, Srinagar, J&K.

Instant and processed foods are high-calorie foods and lead to safety problems when consumed regularly. Consequently, diseases associated with obesity and a sedimentary lifestyle have increased due to unbalanced diets (Shin et al., 2010). Housewives often have less time available to maintain their health due to typical homemaking duties, which include maintenance of familial dietary life and child care (Choi J et al., 2006).Women are usually vulnerable to malnutrition for both social and biological reasons, throughout their life cycle. As children in some parts of the world, girls are discriminated against in access to health care, to food and education and in other ways. As teenagers, they risk of early pregnancy and suffer with more risk of retarded growth than boys. Reproductive aged women are subject to numerous stresses affecting the health and well-being. Thus, participation of women in different fields has become a common feature. However, the changed social status of women resulted in additional workload and stress. The aggregate workload placed on the women tends to be high thereby lowering efficiency and leading to irreparable damage to their body in long run. It is necessary to take more care of women than men who are vulnerable to mal-nutrition. Mal-nutrition in women is further aggravated by repeated pregnancies and lactation Ronzio (2004). Health is crucial area where no due attention has been paid for women.

Anaemia is one of the health problems from which women suffer mostly. Nutritional anaemia is one of India's major public health problems and according to the new National Health Family Survey more than 50 per cent of women are suffering from it (Micronutrient profile of India, 2005). Anaemia adversely affects health of an individual by causing decreased work performance, impaired defense mechanism, lowered physical stamina and attentiveness. Anaemia is the most widely spread disease currently affecting women(Kale et al., 1999).The belief that a woman should eat better foods and more foods (for pregnant women) is as old and has been held by both the extremes- laymen and scientists Measham et al (1999). The working women, performing dual role at home as well as outside in the profession, often undergo the stress and strain and frequently neglect dietary intake and are compelled to neglect their own health due to pressure of work. Such situation gradually leads (Gopalan, 1999).Individual dietary life is influenced by several environmental factors such as age, education, job, economic level, family status, and residence (Kim et al., 1992). There has been a gap between the thought and the action. This study aims at providing a database showing the exact picture of Orissa regarding food, nutrition and health (Fleck, 1971).

MATERIALS AND METHODS

The study was conducted in Jammu & Kashmir division. The sample comprised of hundred females who were selected for convenient sampling technique. The researcher visited the nearest houses and first 100 women encountered were recruited for the study. The research tools used was an interview schedule and the socio demographic profile sheet which was developed by the investigator keeping in view the objective of the study. The analysis of data was done using the Microsoft excel and spss, programme employing the tests like mean and correlation.

RESULTS AND DISCUSSION

Table 1. Status of Health (n=100)

Parameters		Rural	Urban	%age	Chi-Square	P-Value
Subjects having any kind of health disease						
Yes		11	16	27.0	10.1	0.31
No		38	35	73.0		
Nutritional supplement						
Vitamin		3	6	9.0	13.5	0.00
Iron		7	11	18.0		
Calcium		11	23	34.0		
None		28	11	39.0		

The mean score of the above table infers that the 22.45% (n=11) rural women have health disease and 77.55% (n=38) women did not have health disease, where as in urban 31.37% (n=16) women have health disease and 68.63% (n=35) did not have health disease. Hence the bivariate values x^2 (10.1) and p-value (0.31) depicts that majority of the subjects did not have any kind of health disease it shows positive correlation with given variables. Also the table reveals that the 6.12% (n=3) rural women take vitamin supplement, 14.29% (n=14) women take iron supplements, 22.450% (n=11) women take calcium supplements and 57.14% (n=28) women did not take any supplement.

Consequently 11.76% (n=6) women take vitamin supplements, 21.57% (n=11) women take iron supplements, however 45.10% (n=23) women take calcium supplements and 21.57% (n=11) women did not take any kind of supplement. Hence the descriptive analysis of values x^2 (13.5) and p-value (0.00) manifests that the majority of the subjects did not take any nutritional supplement which shows positive correlation with given variables. The study reveals that the majority of subjects did not have any kind of health disease from both rural and urban, it also conveys that the subjects did not take any nutritional supplement both rural and urban moreover in both cases they shows positive correlation.

Table 2. Consumption ofCream (n=100)

parameters		Rural	Urban	%age	Chi-Square	P-Value
Consumption of cream in coffee						
Yes		9	13	22.0	7.3	0.39
No		40	38	78.0		
Consumption of butter on bread						
Yes		33	18	51.0	10.27	0.00
No		16	33	49.0		

The above table depicts that the majority of the subjects did not use cream in coffee of which 18.37% (n=9) rural women use cream in coffee and 81.63% (n=40) women did not use cream in coffee. While as in urban 25.49% (n=13) use cram in coffee subjects and 74.51% (n=38) women did not use cream in coffee. Hence the calculated data values x^2 (7.3) and p-value (0.39) revealed that the majority of subjects did not use cream which shows highly positive correlation with given variables.
Table also illustrates that the 67.35% (n=33) rural women use routinely butter on bread and 32.65% (n=16) women did not use routinely butter on bread. Moreover in urban 35.29% (n=18) women use routinely butter on bread and 64.71% (n=33) women did not use routinely butter on bread. Hence the descriptive statistical values x^2(10.27) and p-value (0.00) conveys that the majority of the subjects use butter on bread products which shows the negative correlation with given variables. The study intended that majority of the subjects did not use cream in coffee from both rural and urban and shows positive correlation. Whereas study also conveys that the rural women use butter more as compared to the urban, hence the overall value shows the negative correlation.

Table 3. Egg Consumption (n=100)

parameters		Rural	Urban	%age	Chi-Square	P-Value
Intake of butter for cooking						
Yes		12	23	35.0	4.66	0.03
No		37	28	65.0		
Weekly egg consumption						
12 or more eggs		5	3	8.0	3.81	0.43
8- 11 eggs		13	10	23.0		
5-7 eggs		14	15	29.0		
3-4 eggs		12	11	23.0		
less than 2 egg		5	12	17.0		

The mean score depicts that the majority of the subjects did not use butter for cooking of which 24.49% (n=12) rural women use routinely butter for cooking and 75.51% (n=37) women did not use butter for cooking. Moreover 45.10% (n=23) women use routinely butter for cooking and 54.90% (n=28) women did not use butter for cooking.

Hence the calculated values x^2 (4.66) and p-value (0.03) manifests that majority of the subjects shows positive correlation with given variables. Further table shows that the 10.20% (n=5) rural women eat more than 12 eggs weakly, 26.53% (n=13) women eat 8-11 eggs weakly, 28.58% (n=14) women eat 5-7 eggs, 24.49% (n=12) eat 3-4 eggs weakly and 10.20% (n=5) women eat less than 2 eggs weakly. Whereas in urban 5.88% (n=13) women eat more than 12 eggs, 19.61% (n=10) eat 8-11 eggs, 29.41% (n=15) eat 5-7 eggs, 21.57% (n=11) eat 3-4 eggs and 23.53% (n=12) women eat less than 2 eggs weakly. Hence the descriptive values x^2 (3.81) and p-value (0.43) revealed that the majority of the subject ate 5-7 eggs weakly this shows positive correlation with given variables. The study reveals that the majority of the subjects did not use routinely butter for cooking from both urban and rural also the study conveys that the subjects both from rural and urban mostly eat 5-7 eggs while as both the above cases shows positive correlation.

Table 4. Fried food consumption (n=100)

parameters		Rural	Urban	%age	Chi-Square	P-Value
Consumption of fried foods						
7 or more times		9	8	17.0	1.81	0.61
5-6 times		15	14	29.0		
2-4 times		17	15	32.0		
0-1 time		8	14	22.0		
Consumption of poultry in place of red meat						
Yes		22	32	54.0	3.9	0.14
No		26	19	45.0		
sometimes		1	0	1.0		

The mean score conveys that the 18.37% (n=9) rural women eat fried food more than 7 times weakly, 30.61% (n=15) women eat 5-6 times weakly, 34.69% (n=17) women eat 2-4 times and 16.33% (n=8) eat fried foods 0-1times weakly. While as in urban 15.69% (n=8) women eat fried foods more than 7 times weakly, 27.45% (n=14) eat 5-6 times, 29.41% (n=15) eat 2-4 times and 27.45% (n=14) eat fried foods 0-1 time weakly. Hence the descriptive analysis of values x^2 (1.81) and p-value (0.61) illustrates that the majority of the subject ate fried foods 2-4 times weakly this shows positive correlation with given variables. In addition table infers that the majority of the subjects use poultry in place of red meat, in which 44.90% (n=22) rural women used poultry in place of red meat, 53.06% (n=26) women did not use poultry in place of red meat and 2.04% (n=1) women sometimes use poultry in place of red meat. While as in urban 62.75% (n=32) women choose poultry in place of red meat, 37.25% (n=19) women did not choose poultry in place of red meat and there is no women present in urban which choose poultry sometimes in place of red meat. Hence the calculated data values x^2 (3.9) and p-value (0.14) revealed that the majority of the subjects choose poultry in place of red meat which shows positive correlation with given values. The study is done in mistimed manner and it reveals that the majority of subjects eat fried foods 2-4 times weakly from both rural and urban. And also study shows that most of the subjects choose poultry in place of red meat from both rural and urban however both cases show positive correlation.

Table 5. Food intake content (n=100)

parameters		Rural	Urban	%age	Chi-Square	P-Value
Fruit intake						
Yes		28	30	58.0	11.3	0.56
No		4	7	11.0		
Sometimes		17	14	31.0		
Consumption of snacks						
Yes		2	8	10.0	5.96	0.51
No		19	11	30.0		
sometimes		28	32	60.0		

In table the mean score manifests that the majority of the subjects mostly take fruits, in which 57.14% (n=28) rural women take fruits, 8.16% (n=4) women did not take and 34.70% (n=17) women sometimes take fruits. While as in urban 58.82% (n=30) women take fruits, 13.73% (n=7) women did not take fruits and 27.45% (n=14) women sometimes like to take fruits. Hence the calculated values x^2 (11.3) and p-value (0.56) depicts that the majority of the subjects take fruits which shows positive correlation with given variables. Table also reveals that the majority of the subjects sometimes take snacks, in which 4.08% (n=2) rural women take snacks, 38.78% (n=19) women did not take and 57.14% (n=28) women sometimes take snacks. However in urban 15.69% (n=8) women take snacks, 21.57% (n=11) women did not take snacks and 62.74% (n=32) women sometimes like to take snacks. Hence the bivariate values x^2 (5.96) and p-value (0.51) depicts that the majority of the subjects take snacks sometimes which shows positive correlation with given variables. The intended study conveys that the majority of the subjects agreed that they take fruits from both rural and urban. In addition the study describes that the majority of the subjects take snacks sometimes not on regular basis from both rural and urban therefore it shows the positive correlation in both cases.

Recommendation

- Use limited butter for eating, it can be harmful to health.
- During cooking dot not deep fry food, it can cause cancers.
- Do not eat more fried foods, it can cause stomach ulcers.
- Take fruits on regular basis as it is good for health.

Conclusion

The results of the study shows that the subjects eat fried foods sometimes in a week, study also manifests that some subjects use to eat fruits but some don't have concept of fruit benefits. The study also reveals that the rural women have less diseases as compared to urban women.

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