

# Nutritional and health status of rural farm women in Tehri Garhwal district of Uttarakhand state

Aditi Vats

Department of Home Science, College of Forestry and Hill Agriculture, G.B.P.U.A&T, Hill campus, Ranichauri-249 199 ( Uttarakhand)India

(Accepted : March, 2006)

Rural farm woman who is involved in extensive work on fields for about 12 hrs daily is exposed to all the risks of ill health, poor nutrition, inadequate care and non-existence rights. As the head of the household she is expected to procure treatment for her children and herself without adequate resources or control. In a study conducted on 250 rural farm families it was observed that 51% of women were found to be suffering from anaemia and among these 6.3% had severe anaemia. About half of the women suffered one or the other symptom indicative of reproductive tract infection or pathology. Majority did not get additional food during pregnancy. It was found that inadequate and improper nutrition does not commensurate with her workload and physiological needs during pregnancy and lactation. The main reasons for poor health status were illiteracy, poverty, improper health and hygiene, lack of time, overburdened with work, lack of facilities, considered as downtrodden by the society and not given due empowerment. World has woken up to the ecological linkages between the mountain and low-lying areas. But what often goes unrecognized is the fact that it is the woman who is the de facto natural resources manager in the hills- more than men.

**Key words** : Health, Nutrition, Rural women.

## INTRODUCTION

**S**INCE woman in the hill area is seen working so much and so often, her work is taken for granted. Like ambient air, she pervades all aspects of hill life and hence, rarely talked or thought about; But the problem and issues of health and nutrition in the hills have typically a feminine face. According to WHO health is defined as a state of complete mental, physical, social and spiritual well being free from any infirmity or disease. Nutritional status is the maintenance of health with well balanced diet and proportionate work. World has woken up to the broader ecological linkages between the mountains and the low lying areas: But what often goes unrecognized is the fact that it is the woman who is the de facto natural resource manager in the hills more than the man. As is true in many Asian countries, Being a woman itself exposes her to all risks of ill health, poor nutrition, inadequate care and non-existence rights. The decline of forest, agricultural and water resources, intensification of work burdens, limited access to decent health care and social contexts are some of the pressures that highland communities especially the women have to face. The health status of girls are more affected by generally deteriorating conditions.

## MATERIALS AND METHODS

A total sample of 250 rural farm families from Tehri district were taken to know the nutritional and health status of the women. The sample were chosen at random. The families who had their own land, their own livestock and were extensively involved in farming, livestock and household activities were chosen as the sample. Interview schedule through questionnaire was taken, besides using PRA technique for attaining the exact information on their nutritional standards. Observation and medical tests were done to get information on their health status and to know their drudgery problems.

## RESULTS AND DISCUSSION

From the previous studies it has been concluded that in Himalayan region in one hectares of land one pair of bullock works for 1064 hrs, male works for 1212 hrs and a female works for 3485 hrs. Women's role in agricultural operations is very significant in the

hill economy. These women participate in almost all agricultural operations, viz land preparation, manuring, sowing, transplanting, weeding, hoeing, applying fertilizers, taking care of crops from wild animals, harvesting, storage of food grains and so on. The success or failure of agricultural production depends largely on contribution made by womenfolk and as far as human labour is concerned since the participation of menfolk in agriculture is confined mainly to ploughing of land, irrigation and harvesting. Social and cultural aspects also govern the extent of participation of women at the farm.

## PROFILE OF THE UTTARANCHAL WOMEN

Description	Total	Percentage
Population	4163161	49.10
Females per thousand males	964	-
Literacy	-	60.26
Working women	-	27.08
Participation of working women	-	35.98
Unemployed women	-	17.35
Women suffering from anaemia	-	45.60
Females giving birth after 2 years of first delivery	-	24.70
Maximum literate district in Uttarakhand state (Dehradun)	-	71.22
District with very low literacy rate (Uttarkashi)	-	47.48
Undernourished females	-	32.00

The women of hill region have to undergo a very hard life due to geo-physical conditions of the region. This work in the absence of proper nutrition and health care is bound to create serious health repercussions for the mother and child and infant it does. The outdoor activities are highly time consuming and about 10.25hrs out of a total daily routine work of 16.49 hrs is absorbed towards its performance.

The conditions of the rural women are very alarming. Most of the women (92%) are overburdened with work. They don't have sufficient time to look after themselves. Approximately 88 percent reported that due to lack of skills and technical know

how they are unable to do the day today work properly. Moreover fifty-nine reported that male migration was further increasing their work burden. Nearly 72% lacked facilities and resources as reported by them. Other constraints, which add to their malnutrition, were illiteracy/ lack of education, improper health and hygiene and considered as downtrodden by the society.

Drudgery of hill women was the most important reason for their undernourishment. The other factors which account for poor health of the women in the hills were

- Primary health services were in poor shape,
- it's field workers are not able to reach out to women in need be because of the scattered land holdings.
- Gender biasness is there both in the family, the community and the service provider.
- Accidents and non-reproductive health problems are not yet the priority of the health care service providers but these constitute an important source of suffering and ill-health.
- Highly mismanaged fertility or rural women is responsible for poor reproductive health.

The major findings related to health status among 250 rural farm families of Tehri District of Uttaranchal state were the following:

**Table 1:** Showing the sufferings of the hill women of the selected village

Sufferings of the hill women	Percentage
Anaemia	59%
Underweight	62%
Undernourished	71%
Backache	83%
Bodyache	53%
Low BP	47%
High BP	10%
Eye sight problem	43%
Headache	29%
Difficulty in pregnancy	41%
Other problems	37%

- 51% women were illiterate and only 26 had primary education.
- 77% of women in Garhwal region were found to be suffering from anaemia. Among these, 6.3% had severe anaemia.
- About half of the women suffered one or the other symptom indicative of reproductive tract infection or pathology
- It was found in a survey of young married women that majority did not get additional food during pregnancy. Quality and quantity of food intake remained the same as before getting pregnant.
- Workload on women continues till just before the onset of

labour pains.

- Deliveries were conducted by trained dai only in 23.6% cases. By untrained dais 34.6% , by family 20.5%. In 3.4% cases women delivered themselves. In certain cases deliveries took place in cowshed. Postnatal care by the health service provider is very poor.
- About 55% got married before they were 18years of age. Gave birth to 4 offsprings on an average, of which just 3 survived.
- 11.5% women reported an accident in their families in last one year. Often women themselves are involved, since it is they who go out daily to collect fodder, firewood and water. Common reasons for accident are slip and fall from trees, rocksetc, attacks by wild animals in the forest.

There is a lot of difference in the total daily intake of well balanced diet as required by females and recommended by ICMR in comparison to that what the females of the hill are getting. This is clearly indicated in the table 2.

The need of the daily intake is very high in comparison to that taken by the females of the farmwomen. They are malnourished because of the heavy burden being given to them without taking care of their health. Moreover they do not have that much of time to look after themselves. Besides this their socio-economic status is not well off so that they can look after themselves. The main reasons of the poor health status of women falls in the following large clusters:

- Inadequate/improper nutrition, not commensurate with her work load and physiological needs during pregnancy and lactation.
- Poor scope for practising personal personal hygiene
- Many and poorly spaced pregnancies
- Women alone has to shoulder the entire responsibility of family planning
- Women has poor access to health services. There is a gender bias both in services and staffing of the services. This is in addition to the fact that most services are considerably poor in the hills in comparison to plains.

A new trend is observed in men opting jobs in plains especially for army career. On the surface, it would seem to provide women more psychological space, more visibility and decision making powers. But it has only increased her stress as major decision still have to be referred on husbands return.

When the health of elderly women in considered we see that most hill women do not enter old age with a satisfactory state of health. By the time they reach late forties their bodies and physiological resources have been dissipated by the following factors:

- Many poorly spaced, uncared for pregnancies
- Poor nutritional status due to food taboos which extend from pregnancy to lactation to next pregnancy in an unending cycle in the 15-20 years subsequent to their marriage

**Table 2 :** Showing the balanced diet as required by females and recommended by ICMR in comparison to that what the females of the hill are getting.

Food item	Quantity in grams as given by ICMR	In actual they are getting	Quantity in grams as given by ICMR	In actual they are getting	Quantity in grams as given by ICMR	In actual they are getting
Cereals	575gm	75gm	+35gm	-	470gm	-
Pulses	50gm	40gm	+15gm	-	70gm	--
Green leafy Veg.	100gm	40gm	-	-	100gm	-
Other Veg.	50gm	20gm	-	-	40gm	-
Milk	200gm	50gm	+100gm	-	200ml	-
Oil or ghee	40gm	20gm	+10gm	-	30gm	-
Sugar & Jaggery	40gm	20gm	+10gm	-	30gm	-

- Tremendous workload in a hostile degraded terrain which affects their backs and joints forever
- Health services are rarely geared to the needs of elderly women
- Many physiological events in women's lives have been medicalised under the prevailing patriarchal set up
- Due to anxiety ensuing from physiological changes, presence of daughter in law and other resulting tensions.

Therefore we can state that Uttaranchal, which is a newly created state, and women here constitute the backbone of the Himalayan economic system of Uttaranchal as hill agriculture is absolutely dependent on them. Women generally work more than 15 hours a day, attending to agricultural work, cattles, collection of fuel, fodder and water as well as the normal duties within their homes. To outsiders these women are often perceived as being oppressed by the dominant males. However a proper understanding of the status of women necessitates an in-depth analysis of the role of women from cultural perspectives. The hard work of the hill women can be interpreted as their enterprising nature based on cultural and community perception of shared need. Therefore, due enterprise should be given to females who constitute about half of the population of Uttaranchal state. In all aspects of life whether geographical, sociological,

cultural and economic females of Uttaranchal are always on the forefront showing their hard work, dedication and constant support with full enthusiasm. The females come in the forefront when areas concerning forest, fuel and fodder are being emphasized. The participation in agriculture is about 60% Approximately. Their work participation does not match with the food intake which is leading to poor health status and therefore a lot needs to be done in this area which can reduce their drudgery and work and finally increase their nutritional condition.

#### REFERENCES

- Kuksal, Arun** (2005). Mahila Ki Samasya Ki Vishistha Ko Samajhna Hoga, *Lok Ganga*, pp.23-25.
- Pande, P.N.** (1996) Drudgery of the Hill Women. Indus Publishing Company. pp25-26.
- Punia, R.K.** (1991). Women in Agriculture. Vol. I Their Status and Role. Northern Book Centre. pp 56-78.

