SUMMARY AND CONCLUSIONS

Women play a crucial role in food production and family welfare. The role of women in intra-household control and allocation of resources, in addition to the influencing factors such as socio-economic and socio-cultural measures is important in the context of health and nutrition of women in the family. It was with this intention that the present study on intra familial distribution of food and nutritional status of women from urban and rural areas of Rayalaseema region was carried out.

Random sampling procedure was adopted in selecting the families. Tirupati town was selected as urban area and six villages were selected which fell within a radius of 30 Km from Tirupati. 238 families from urban and 232 families from rural areas were selected randomly for the study.

Diet and nutritional status including energy expenditure was studied with main focus on intra familial food allocation pattern. Mode of living, likings and preference given to family members were also taken into consideration.

Hindus represented the largest population in both urban and rural areas. Nuclear families with the family size between 3 and 5 were in greater percentage. Low income families with the income ranging from Rs.500-700 were more in rural areas than in urban areas, probably because in majority of the families, the main occupation was farm labour where they get very less wages. More number of rural women were found to be illiterate. In general, among the educated, majority of women in both the
areas had education up to 5th class. Only few women were educated upto college level. In most of the families surveyed, almost 73% of urban and 58% of rural women were housewives. Farming was the primary occupation in rural areas, whereas, clerical work or domestic assistance were found to be the main occupation in urban area.

Urban women (even if they contributed to the economic security) had no say in the financial management. In rural areas, the financial management and family needs were looked after by the women from the amount they were getting as daily wages.

Interestingly, equal participation of both head of the family and the housewife was observed with regard to purchasing of food items for the family. This revealed that women can also exercise their own rights with regard to likes and dislikes while purchasing food for the family.

When the pattern of preference given to the linkings of family members towards food were analysed, head of the family and children got first and second preferences respectively. Irrespective of family structure, family size and economic status, women's preference did not figure anywhere. Even when special items were prepared and quantity of food was less, preference pattern remained the same.

Thus, it was observed that though women were in a commanding position over the household resources, they were expected to cook and serve food to the men and children in the family first. This, was again, surprisingly, some-what more obvious in urban situation.
Irrespective of the socio-economic and socio-cultural levels, 90-95% of urban and 75 to 85% of rural women did not have likes or dislikes of their own with regard to food, while the rest of them preferred the same foods liked by the family members. Ninety three per cent of urban and rural families used the left-over food for consumption. In more than half of the families, the housewife, consumed the left-over food and the second person to eat was the female child followed by the male child and head of the family.

When the nutrient intake of the women waiting and not waiting for their husbands was considered, "waiting for their husbands", helped them to get a better share of nutrients. This may be perhaps because the fear of shortage of food for late comers deterred them consuming sufficient quantity of food, whenever they ate before the arrival of their husbands. This was not true in rural women, probably because a smaller percentage of women waited for their husbands. Mode of eating did not affect the nutritional status of women.

When other socio-economic and socio-cultural factors were taken into consideration, generally the amount of nutrients consumed was significantly lower than that available in both urban and rural areas.

The diet of women in urban and rural areas was predominantly cereal based and the amount of cereals consumed, ranged between 338 to 378 g/day. The intake of protein rich foods like pulses and milk, and protective foods like vegetables were considerably low in both the areas. The intake of food and nutrients were far below the recommended allowances.
Consumption of cereals and vegetables were slightly better in rural women, but that of protein rich foods were more in urban women. The energy consumption of these women was around 1800 Cals per day.

Intake of nutrients such as protein, calcium and iron was observed to be more in urban women. On the contrary, Calorie and vitamin A intake was found to be more in rural women. Though the mean intake of women from different socio-economic and socio-cultural groups did not meet the ICMR recommended allowances, urban women were slightly better than the rural women in food and nutrient intake. Lower per capita income, increased family size, low literacy level, working status, and long working hours were found to be responsible for poor intake.

Most of the women were in negative energy balance, their energy expenditure being much higher than their consumption. Socio-economic, socio-cultural variations along with the food distribution pattern in the family might be the reasons for negative energy balance.

Nutrition and health status improved with a rise in income and educational level. Fifty per cent of rural women and 25% of urban women were suffering from anaemia. Women from low income group, illiterates, and women with larger family sizes were victims of nutritional anaemia due to inadequate intakes of iron and protein. Significant difference was observed in serum protein and serum vitamin A levels between the women from urban and rural areas, rural women being worse than the urban women due to low intakes of protein foods and protective foods.
The awareness about the supplementary feeding programmes was better among rural women than among urban women. The services of RASS was better utilized than that of ICDS. Nevertheless, the utilization of services in general by the pregnant women and children was very poor (15% in rural and 5% in urban area).

In the present study, health status of women who attended RASS regularly and those who did not was assessed. Though there was some difference in the haemoglobin, serum protein, and serum vitamin A levels between beneficiaries and non-beneficiaries, this was not statistically significant.

Eighty per cent of the rural women irrespective of socio-economic status preferred home delivery conducted either by "dais" or ANMs. In urban area educated, employed women from high income group preferred hospital and trained staff for delivery. Probably because of this still births were more among, women from rural areas urban illiterates and among those from low income group.

It was observed that immunization coverage for polio, and DPT reached almost 80% in both the areas. However, the coverage was less in rural areas than in urban area. High rate of illiteracy low income and high incidence of home deliveries in rural areas appeared to be the reasons for lower percentage coverage.

The attitudes of women illustrate the stronghold of cultural, economic and social influences that impede efforts to promote behavioural change.
The traditional attitudes inculcated from early childhood such as husband as "bread winner" not "bread maker", men as decision maker with regard to family, and finance eating of food after everyone else in the family finished and food taboos, deter them from attempting changes.

Thus, socio-economic and socio-cultural factors play a significant role in food distribution pattern within the family, and in determining the nutritional status of women. Improvement in literacy, non-formal education through voluntary organisations and changes in the attitudes of women and other family members, is the core of the issue of development as they play a crucial role in food production distribution and family welfare, which will in turn improve the nutritional status of women.