CHAPTER - I

INTRODUCTION
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In recent years there has been a remarkable upsurge of interest in the health and nutritional problems of women in the country. During the last 40 years there have been some impressive gains with respect to women's status in India. Life expectancy at birth for female in the country, which stood at 31.7 in 1950, rose to 54.7 in 1980. Female infant mortality had declined to 97 (1986) and female child mortality (0-4 years) to 38.6 (1986) per 1000 live births. While more women are thus surviving, there is unfortunately not much evidence of substantial improvement in the health and nutritional status of the survivors.

Though the female form is worshipped as supreme manifestation of energy in the form of Durga, Parvathi, Kali, Lakshmi etc., the demographic consequence of the lower status of women has found expression in various forms such as female infanticide, higher death rates for women compared to men in almost all ages, lower expectation of life of females than males, lower sex ratio on the population in terms of number of females per 1000 males, lower literacy rate in females, higher morbidity rates among females, lower levels of employment of women in the non-agricultural sector as compared to men etc.

The status of women in a society is a significant reflection of the level of social justice in that society. In India the family never sits down to a meal at the same time. The women is expected to cook and serve the men in the family first, then comes the turn of the boys. The women and
girls are the last to eat by which time, both quantitatively and qualitatively the food tends to run out.

Sex discrimination as a factor responsible for poor health and nutrition of our women becomes less important when compared to the overwhelming role of poverty which equally afflicts vast sections of men, women and children in rural countryside. Poor women, like poor men, just do not have access to adequate food. Therefore, a very large part of the current quantum of ill-health and under-nutrition among our women remain still troubling. The disparity with respect to health and nutritional status between well-to-do women and poor women in the country is far greater than that between poor men and poor women (Gopalan et al., 1984).

It is estimated that in India working women constitute about 12 per cent of the total population and there is a trend towards increasing employment of women. Dual stress and conflicting demands of work in and outside the house have been shown to have adverse effect on maternal and child health and nutritional status. On the other hand, employment outside the house may bestow upon the working woman and her family such benefits as rise in purchasing power and standard of living, with consequent improvement in nutritional status.

When it comes to education, mothers' knowledge may be more important than income. Literate mothers fare better than those with illiterates in terms of nourishment. However, "literacy and prosperity" go hand in hand with respect to beneficial effect. This underlines the need to
emphasise both women's employment and education as the means to improve health and nutrition.

Women are "providers" of nutrition to their households in two distinct ways. First, they are instrumental in the acquisition of food through work. Second, they prepare food for consumption. Thus, most important social/economic/cultural dimensions which affect women's provision of nutrition are women's employment and women's decision making power (including marketing of food produced or purchasing food in the market), on the one hand, and their ability to cook and distribute the food to the household members on the other hand.

This intra-household food distribution also known as intra-familial food distribution, refers to patterns of eating and feeding that take place in the home. It does not include, but may be influenced by feeding which takes place outside the household. Intra household food distribution patterns are the result of a complex of factors including:

**Environment**: Seasonality, variety of available foods, distance to markets, availability of fuel for cooking and availability of appropriate technology.

**Economics**: Total income, food availability and purchasing power, source, periodicity and stability of income.

**Culture**: Taboos, special properties of food, prevailing attitudes towards food, food avoidances, health, disease and convalescent care and feeding.
Perceived biological need: Perception about the food needs of certain population groups according to age, phase in life cycle, health status and size.

Individual preference: Special likes and dislikes, cravings, anorexia and disease conditions.

Social organisation: Division of labour, household budget control, the role and status of women, time available for food preparation and household eating patterns.

Intra-household food distribution pattern cannot be understood in terms of economic or cultural factors alone. The income or the purchasing power that determines total food availability and variety or lack of it cannot be ignored. Similarly, a knowledge of cultural factors relating to food beliefs, food preferences and cultural norms and values is also necessary.

While social factors are well known to be important determinants of nutritional levels and differences in nutritional status between males and females have been widely documented, the synergistic effects of socio-economic levels and gender on nutritional status have been demonstrated less frequently. The male and female differences in nutritional status are especially greater among the lower socio-economic/ caste groups than in high caste/land owning groups. Moreover, there may be regional differences with regard to the dietary intakes and nutritional status of women.
According to National Institute of Nutrition 10 to 20% of all maternal deaths are due to nutritional anemia. Women do not receive additional nutrients so essential during pregnancy and lactation. Moreover, the diet during pregnancy and lactation is strongly influenced by beliefs, customs and taboos, and as a result, various food items are excluded from the diet. These dietary restrictions very adversely affect the nutritional status of women resulting in poor off-springs.

Although there are number of studies on sex discrimination in social and economic aspects, and a number of reports to say that the poor nutritional status of pregnant and lactating women leads to poor off-springs, it is not clear as to what are the influential factors that determine the poor nutritional status of mothers.

The deep rooted traditions, habits, distribution pattern of the food within different religions, changes in educational and occupational levels of women in rural and urban areas in the present day context raise the curiosity of the factors that influence their nutrition related roles and nutritional status.

Also since it would appear that among poorer segments of populations, physical work during pregnancy could not be reduced without serious social, economic and domestic sequelae, attention has been focussed on investigating whether the food supplements, given to pregnant women by ICDS/RASS to reduce the energy gap, could mitigate some of the adverse obstetric consequences of under-nutrition in these women.
The "nutrition equity" between males and females in North and South (Harris, 1986) appears to be culturally mediated. On the other hand, the socio-economic difference seems to be the determinant of nutritional deprivation among females according to Levinson (1974). Some authors cited sex bias as an important factor in etiology of malnutrition among women and children. This inconsistency remains troubling as the southern states of the country appear to be poorer than northern states in general, as well as certain pockets in each state in particular, and as the cultural taboos are more persistent in southern states both in rural and urban areas.

The present study therefore focused on the food distribution pattern and the nutritional status of women in rural and urban areas of Chittoor district in Andhra Pradesh.

The main objectives of the study were:

To find out the food distribution pattern in a family and the portion of food a woman gets.
To analyse the factors that influence the food distribution pattern.
To study the attitudes of mothers towards present system.
To investigate the extent of use of prenatal services offered by the integrated child development scheme and Rayalseema Seva Samithi.
To assess the nutritional status of women.