Chapter - 1

INTRODUCTION
"Maternal death is the tragic end of the road for girls whose health and nutrition deficiencies have accumulated to fatal proportions”

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INTRODUCTION

Nutrition in regarded as vital component of health. The word nutrition comes from a Latin root nutr, which means to nurture or nourish. Nutrition has been simply defined as "the food you eat and how your body uses it." The physiological need for food is actually the need for nutrients, the chemical substances obtained from the food that allow the proper functioning of the body. Nutrition itself is seen as an outcome, a result of access to food, dietary intake, care of the individual and health are among the universally adopted human rights. Adequate nutrition is also a prerequisite for most other human aspirations. From conception through old age, adequate nutrition is essential for individual development, activity, good health and self fulfillment. For societies and nations adequate nutrition is required for their function and success. The concerns range from day to day meeting of needs including survival especially in infants and children through lagged effects on performance of individual and societies, even to inter generational influences notably through women’s nutrition. Inadequate nutrition encompasses a set of issues with biological and social dimensions.

The field of nutrition in India had been sadly neglected but in recent years there has been a remarkable upsurge of interest in Health and Nutrition problems of women in the country due to the vigorous women movements. Women generally occupy a very underprivileged position in Indian society, although there are significant regional variations. Discriminations against females begin early in life with more females dying in infancy and childhood. Infact female mortality is greater than male mortality up until the age of 35, while in most of the rest of the world female mortality is correspondingly lower. Nutritional status refers to health of an individual as it is affected by intake and utilization of nutrients.
sometimes the term nutrition is used to refer to the nutritional status of an individual. “The condition of the body resulting from the utilization of the essential nutrients available to the body” is termed nutritional status. It may be good, fair or poor depending on the intake of dietary essentials, on the relative need for them and on body’s ability to utilize them. The health status of a person mainly depends on his nutritional status. So there is a need to achieve nutrition and health balance. Nutrition is an important factor that influences the health status of people. Many health problems can be solved just by providing better nutrition.

Nutritional status refers to both the types and amounts of nutrients available in the body and the body’s utilization of nutrients. Good nutritional status is necessary but not sufficient for optimal health. Nutrient intake is affected by psychological, socio-cultural and physiological influences. The form of food eaten may influence the bio-availability of certain nutrients that is whether they can be used by the body. Once inside the body, nutrients work together in physiologic processes. Physiologic processes can be influenced by the thoughts and emotions. Interactions of nutrients with each other and with individual are exceedingly important. Food is a common denominator to all people throughout the world. Not only is it essential for their physiological needs but it also fulfills social, economic, geographic, ethnic and religious needs.

Women of reproductive age constitute 22% of total population and are considered vulnerable or special risk group. The nutrition and health status of women is important for the quality of their lives and for the survival and healthy development of their children. Nutritional status of women is important for health and work capacity of women themselves as well as for the health of their offspring. Unfortunately, problems of under as
well as over nutrition prevail in female population world wide. The proportion of women suffering from chronic energy deficiency (BMI < 18.5 Kg/m²) is about 70% in India, Bangladesh and Pakistan (ACC/SCN 1998). For Africa this proportion is 20 – 40%. There is evidence that women are more likely than men to suffer under-nutrition in some of these regions (e.g. South Asia) in part because of burdens of reproduction and social conditions in general (Laslie, 1991). In some regions (Africa) rates of under-nutrition have increased during recent decades as result of economic turmoil. Concern has been raised that babies born to malnourished women have a high risk of developing chronic diseases during adulthood than babies born to better nourished women (Stein et al, 1996). At present however, evidence is lacking to support a link between poor maternal nutritional status and the determinants or consequences of chronic disease in the off spring of such women as children or as adults (Rasmussen, 2001). A woman’s nutritional status at conception may modify not only the course of pregnancy and its outcome but also the way her nutritional status changes during her pregnancy.⁽¹⁾

Much of the information available on nutrition of women relates to their nutritional status during pregnancy and lactation and its effects on delivery and child bearing functions. Malnourished women are particularly vulnerable to pregnancy and lactation and its effects on delivery and child bearing functions. Malnourished women are particularly vulnerable to pregnancy and child birth complications which can end in loss of their lives. Low weight and / or immature and malnourished children born to such women are themselves vulnerable to life threatening disease and nutritional problems. Deficiency of energy, protein and macronutrients like vitamin A, iron and iodine have well recognized health consequences. It is thus obvious that by concentrating on proper nutrition throughout the life cycle of a
A woman, she would have much healthier life to pursue her multiple responsibilities for production, reproduction and care of family more efficiently, thereby in turn enhancing her social and economic status.\textsuperscript{12}

There is a strong association between nutritional status and attainment of menarche as the girl has to reach a certain height and body weight before menarche occurs. The average age of menarche in India is 13.5 years. However the girl from upper socio economic status appear to be attaining menarche around 12.6 years in contrast to 13.9 years in girls from low socio-economic status.\textsuperscript{13} Poor pre-pregnancy weights of mothers and poor nutrition status are a reflection of the poor status of girls during childhood and adolescence.\textsuperscript{14} The hallmark of poor maternal nutrition in a community is the high proportion of babies born in it with low birth weights – less than 2.5 kg (small for gestational age). Available evidence suggests that nearly one-third of babies born in our country are of low birth weights which is not only an evidence of poor maternal nutritional status but is also indicator of possible poor future development of the baby.\textsuperscript{15} Adequate nutrition before and during pregnancy has greater potential for a long term health impact than it does at any time. Needs of the pregnant women are not sum of the needs of the growing foetus added to those of a mature women. Maternal health is a complex, influenced by various genetic, social and economic factors, infections and environmental conditions, many of which may affect the foetal growth.

A woman who has been well nourished before conception begins her pregnancy with reserves of several nutrients so that the needs of the growing foetus can be met without affecting her health. The effect of under-nutrition during reproduction will vary depending upon the nutrients involved, the length of time it is lacking and the stage of gestation at which it occurs. A
woman whose diet is adequate before pregnancy is usually able to bear a full term viable infant, without extensive modifications of her diet. Mother’s diet should produce adequate nutrients so that the maternal stores do not get depleted and produce sufficient milk to nourish her child after birth. The nutritional demands are highly increased in an adolescent mother. Due to under nourishment of the mother the baby is at an increased risk of being premature with low birth weight and developmental irregularities. Intra-uterine nutrition is highly important for the growth of central nervous system and kidneys of the foetus which mature during the latter part of pregnancy. Therefore nutrition deficits before birth can never be wholly reversed after birth; although role of nutrition in determining pregnancy outcome is not yet precisely known but increasing evidence indicates that malnutrition of mother is associated with low birth weights, still births, neonatal mortality and birth defects. Research is continuing to investigate the relationship between maternal malnutrition and physical performance of offspring. The effect of maternal malnutrition on foetal growth is not fully known. It is very difficult to define a direct cause and effect relationship between the nutritional status of the mother and the pregnancy outcome, in part because nutrition is associated with socio-economic variables and exerts its influence in concert with many other factors. A variety of ill effects caused by prolonged and severe maternal malnutrition during pregnancy include reduced size and number of brain cells, organs and placenta as well as changes in normal physiological functioning and cell constituents.

Lactation also exerts significant physiological and nutritional demands on the mother. A mother whose nutrition is inadequate may often deplete her reserves to provide needed extra energy for lactation. The calorie and protein content of milk from under nourished mothers may not
significantly vary from that of well-nourished mothers, but the quantity is often reduced.\(^{(15)}\)

Nutritional Assessment is the process whereby the state of nutritional health of an individual or group of individuals, is determined. It includes anthropometric, clinical biochemical and dietary data. The conclusion reached through nutritional assessment becomes the basis for the development of intervention programmes in the community and for the planning and implementation of nutritional care for individuals. Nutritional assessment is important to determine those individuals who are vulnerable to nutritional problems. It is also helpful in providing information about the general nutritional status of the community.

Malnutrition plays a key role in maternal mortality. “Need to young children, pregnant and lactating women are nutritionally the most vulnerable group, especially in the developing regions of the world and yet comparatively little is known of their special nutritional needs” (WHO-1965). Majority of women are in constant state of nutritional stress beginning in the childhood, then adolescence, and continuing through the child bearing period which often commences before growth has ceased, and consists of a continuous cycle of pregnancy and lactation, all too resulting in premature death. Chronic protein energy malnutrition and Iron deficiency anaemia are among the common nutritional deficiencies prevalent in women.\(^{(16)}\)

Women should not be considered solely with respect to their reproductive roles as mothers, adequate nutrition is a human right for all and the nutritional benefits to women’s social and economic capabilities need to be viewed as goals.\(^{(10)}\)
Dietary habits are among the oldest and most enriched aspect of any culture. Their formation begins in early childhood and is effected by variety of factors and all impinge on the individual. By the time adulthood is reached food habits are apt to be fairly rigid and immutable. Food habits are sum of the food choices of an individual, constituting his total diet. The manual for the study of food habits defines food habits as, “the way in which individual or groups of individuals in response to social and cultural preserves, select consume and utilize portions of available food supply.”

Eating behavior develop from cultural, societal and psychological patterns. These patterns reflecting food habits that have been transmitted from preceding generations are the heritage of any given ethnic group. They may be influenced by interactions with other groups, so that some intermingling of patterns is inevitable. Nutritional practices and patterns are developed by people’s tendency to settle into fixed habits. Eventually, they characterize regional and national eating practices either poor or good. Poor food habits are seen in a person who eats only what he likes while total disregard to the quality of food and to the possibility that they may not add up to an adequate diet. These habits may also be due to poverty and other deprivations. Good food habits on the other hand are judged by the willingness and interest a person shows in eating the kind and amounts of foods which are needed for nutritional adequacy. Thus the food habits of a community furnish presumptive evidence of nutritional status of it population.

Careful systematic analysis of women’s diet and nutritional status are rare. Data from small and infrequent studies of women’s anthropometry, iron status and dietary intake suggest that they are at high nutritional risk.
In the state of Jammu and Kashmir much work has not been done to study nutritional status and dietary habits of Kashmiri Women. A need was hence felt to go into the study. Therefore the researcher has undertaken the present study entitled “Nutritional Status and Dietary Habits of Kashmiri Women”. The present study in the long run will help to improve nutritional knowledge, dietary habits which in turn will have impact on nutritional status of women. As already mentioned women form very important group of our society, therefore in order to prepare them for being healthy mother’s nutritional status and dietary habits play an important role. Thus the present study aims at following objectives:

1. To assess nutritional status of women through:
   i) Anthropometry
   ii) General Physical Examination
   iii) Dietary Assessment
2. To know dietary habits of women and their likeliness towards these foods.
3. To assess if women are aware about various nutrients, their sources and functions.
4. To know if women have knowledge regarding nutrient requirement and meeting additional nutrient requirements during different physiological states.
5. To assess the knowledge of women regarding the cooking practices.

The present chapter dealt with the introduction of the study undertaken wherein aims and objectives were also laid down. Since secondary data forms an important documentation of any research work accordingly the second chapter is devoted to “Review of Literature done for the study”.