"A healthy body is the guest chamber for the soul, a sick body is a prison" Human can live in happiness without many earthly possessions but not without good health. They are considered superior to other animals with a protected period of Infancy, childhood, adolescence and adulthood. The above period is characterized by continuous process of growth development and functional maturation. Good health is a crucial element in the quality of life, a prerequisite for better educational attainment and essential for national economic productivity. It is redundant to say that healthy people enhance the human resources of a nation which ultimately contribute to a healthy economy.

Women constitute almost half of the country's population reports Ravishankar (2002). The total population of women in India is 495.74 million of which 75 percent are living in rural areas (Census, 2001). Women make up 50% of the world's population comprise 33.3 percent of the official labor force perform nearly 66.6 percent of all working hours receive 10 percent of the world's income and own less than 1 percent of the world's property according to voice of working women-UNO.

In everyday life and in various crisis, woman displays strength and patience in carrying out her responsibilities. Through her hard work and dedication to house keeping, child rearing and assisting in agriculture and industry, woman contributes much to national, economic and social development. She is responsible for the food the family consumes and for the care of her children. She takes care of food production, food processing, food preparation and serving, cleaning the household, carrying water, gathering fuel and washing dishes and clothes. Management of resources-human and material-sending children to school, meeting the needs of adolescents, improving the environment and planning for her daughter's future are
also among her heavy responsibilities and also she exerts great influence on the mental and social development of children. Woman is the fulcrum around whom all the decisions and actions of the family revolve (Sarada, 1999). In her dual capacity as a working women and housewife she has not only to look after needs of the husband and children but also attend to the needs of her career and vocation (Acharya, 1998). Yet her health is always a question.

Despite the exemplary medical advances and technological progress, good health and well being continue to elude large majority of women reports Bhaskaran (2004).

Women suffer from a variety of common gynecological problems including menstrual dysfunctions at perimenarchal and perimenopausal age. Cancer cervix is of one of the most common malignancies in India and accounts for over a third of all malignacies in women. Women often work long hours-increasing their exposure to illness and injuries. (Goel, 2004).

Anaemia is a major disorder affecting population in all spheres of life in most developing countries including India. On a global basis an estimated 20 percent of men, 35 percent of women and 40 percent of all children are anaemic. (Mai et al 2003). Recent reports suggests a high prevalence of generalised obesity, abdominal obesity, high values of skin folds and excess body fat associated with high prevalence of dyslipidemia and hypertension in Asian Indian Women (Misra, 2001).

Approximately 65% women belonging to poor socio-economic strata had at least one coronary risk factor and approximately 25% were insulin resistant. Specifically a significant association was shown between percent body fat and serum insulin levels. These metabolic perturbations were particularly common in post menopausal Asian Indian Women (Devi et al 2003).
Now, there is a growing realization that investing on women’s health is investing in the health of families, communities and societies in other words investing in health for all. Over one third of all healthy life lost in adult women in the developing world is due to reproductive health problems, as compared to only 12% in men. (Goel, 2004)

Women are often exhausted by the combination of reproductive demands heavy work load and inadequate diet. Maternal depletion over the course of numerous or closely spaced pregnancies is a little measured phenomenon and research is needed on this aspect. Systematic analysis of women’s diet and nutritional status are scarce. Data from small and infrequent studies of women’s anthropometry, iron status and dietary intake suggest that they are at high nutritional risk. Therefore better surveillance of women’s nutrition is needed.

The population of menopausal women world wide is projected to increase rapidly from 467 million in 1990 to 1.2 billion by 2030. The great majority of this growth is projected to occur in developing world where during the period between 1990 to 2030 will see a tripling of the number of post menopausal women. (Hill, 2002).

In a study conducted by Paul (2002) it was observed post menopausal osteoporosis is a very common problem leading to increased risk of fractures. Oestrogen replacement and calcium supplementation prevent the bone loss. Fracture incidence rates rise steeply amongst women older than 45 years with approximately 70% of fractures in people aged more than 45 years being due to osteoporosis.

Women’s illnesses or conditions like menopause that affect only women have often been neglected by medical research. More women are taking up role of researchers, doctors, medical staffs—but no guarantee that this will advance women's
health. As life expectancy increases around the globe it is estimated that the number of women over 65 will increase from 330 million in 1990 to 60 million in 2014. Many of these elderly women have faced poor nutrition, reproductive ill health, dangerous working conditions and lifestyle related diseases (Rao, 1999). While nutritional problems of women in the reproductive age group have attracted considerable attention, the subject of nutritional profile of post menopause has apparently evoked little interest.

The health status of middle aged women especially post menopausal women in India is an area which so far has received inadequate scholarly attention. The limited evidences from few studies available, present a dismal picture only (Ravindran, 1995).

**Scope of the study:** Postmenopausal women too deserve greater nutritional protection as they continue to participate in the labour force and because appropriate measures could prevent debility due to chronic diseases. With increase in life expectancy the average women now lives approximately one third of her life in the postmenopausal period. Not much data is available on the nutritional status of postmenopausal women. A study in this direction will throw light upon these aspects and help the policy makers to chart out beneficial programmes for this group.

The present study on “Nutritional status of post menopausal women was carried out with the following objectives:

1. To assess the nutritional Profile.
2. To assess the life style pattern and health history and
3. To assess the Bone Mineral Density, Serum Calcium, Serum Phosphorus and lipid profile of Postmenopausal women and
4. To impart dietary counseling to them.
Limitation of the study: Since this study is a part of the doctorate programme of the investigator, there have been constraints due to time, finance and resources. These constraints have restricted the selection of the study area and sample size. However, the study has been conducted in a sincere manner following a scientific approach as far as possible.