Impact of Health, Nutrition education and Food Technological practices on the Nutritional status of women (30-50yrs) working in self help groups in Sivaganga District.

INTRODUCTION

“Nutrition education” as it is used in this presentation, connotes not only the process of communication of nutrition information to the community, but also orientation and training in nutrition of appropriate personnel.

Nutrition education requires identification of needs and collection of baseline data which enables to identify the needs. It is a popular belief that young mothers and adolescents must be educated about the basic principles of health and nutrition. Studies on nutrition education in our country have proved that even elderly women need education as they are the one who guide and train the youngsters.

Nutrition education assumes special significance in Indian context because the problem of malnutrition in India is mainly due to ignorance, poverty and lack of knowledge regarding the values of food. Dietary practices especially in women and children are often governed by social taboos based on food fads. Nutrition education is the foundation for improvement in the dietary habits and nutrition awareness is essential to bring changes in dietary habits.
and creating nutrition awareness which entirely depends on education and training.

Most of the women suffer from anemia which is a serious health problem as they do not eat balanced diets. In addition due to traditional practice, men eat first and then the women eat the leftover food after feeding to their children as well. Over eating, semi-starvation and unbalanced diet which lead to obesity and under nutrition are both signs of malnutrition which has a preformed effect on psychological and physical health and lowers resistance to fatigue and disease and affects working capacity of women.

Health means not only the absence of disease but is a state of well being physically, mentally, socially, environmentally and spiritually. According to (World Health Organisation) WHO expert committee on “Early Detection of Health Impairment” in occupational exposure of health hazards, “Health connotes rather a way of functioning within one’s environment (work, recreation, living)” Health develops and is maintained through interaction between the genotype and the total environment.

A Self Help Group in its present form of development orientation owed its origin to the starting of the Grameen Bank, founded by Mohamed yonus of Bangaladesh the Nobel prize winner for peace for the year 2006. The experience of Bangaladesh had proved to the world the banking wisdom in
helping the women and the poor people to improve their economic condition and to overcome their problem of poverty.

Self Help Groups (SHG) had been unceasingly accepted as the agents of social change, development and empowerment of the weaker sections. SHG’s approach represent a paradigm shift from development towards empowerment. The SHG’s are considered as the agents of transformation through the mobilisation and the organisation of the poor, and through banking institutions and the voluntary organisation which follow the self-help approach to achieve rural development and the empowerment of the weaker sections in the society. The self – employment programmes had already credit delivery system in many parts of the world. The basic principle on which self-help groups function is the group approach based on mutual trust. Organisation of the poor, in manageable small groups with group cohesiveness, a spirit of thrift with demand based lending with collateral free, women – friendly loans, the peer group pressure in the repayment of loans, skill training capacity building and empowerment of women. It is a pre-micro enterprise for the majority of the rural poor.

The characteristics of the SHGs include an identical interest, a small size mutual confidence, transparency in its operations common fund contributions, flexibility and responsiveness, democratic functioning, rate of interest is as fixed by the group’s decisions simple documentation, terms of credit are
decided by the groups, minimum external intervention, repayment of loans by being transformed into one that are SHGs based. The banking institutions channelize their credit to the poor through the SHGs. Nowadays there are a number of NGOs organising SHGs with or without the support of the Government all over the country. The voluntary autonomous, self–functioning SHGs have been motivated by these external institution to engage themselves in micro credit operations and in-come generating micro enterprises.

SHG is a group of rural poor, who had volunteered to organise themselves into groups for the eradication of poverty among the members. SHGs have the potential to remedy the ills of the formal banking system in the rural areas and to empower the women economically and socially by acting as a bridge between women living in poverty and the formal financial sector. The concept of the self-help group (SHG) in a silent revolution in the rural by group dynamics conflict resolving exercise through meetings and casual group solidarity.

The Nutrition Foundation of India had advocated a programme of “education for better living and vocational training of rural women”. It is gratifying that this proposal has attracted wide attention and several programmes have been proposed on the lines of the proposal. A programme of this nature can help to generate the health brigade referred to earlier.
Women form a major segment of our society and a home maker, and nurtures like knowledge, awareness and efforts have a marked impact on growth, development and nutritional status of their family members.

Nutrition education for women is extremely important because they as nurturers are engaged in bringing up our future generations (Santosh and Rashmi, 1999).

In recent years there has been a remarkable upsurge of interest in the health and nutrition problems of women in the country. Thanks to the vigorous “Women’s movements”, which have been served to highlight the current disabilities of our women. In order that this new awakening is channelised into truly constructive directions, it is important that the scientific foundations of our present concern with respect to the women’s health and nutrition are clearly articulated and understood (Gopalan 1999).

**Origin and Growth of SHGs in India : Definition of SHG**

The definition of SHG as approved by National bank for Agriculture and Rural Development (NABARD) the apex banking body in India is, “A SHG is a small, economically homogenous and affinity group of rural poor, voluntarily formed to save and mutually agree to contribute to common fund to be lent to its members as peer group decision for their socio-economic development”. (Malik et al, 2004; Sanjeev, 2004) SHGs are mostly informal groups whose
members pool their savings and relend within the group on rotational or need basis (Nandhii & Rani, 2006; Sengh, et al. 2004).

Hence essentially an SHG comprises like minded individuals who save as a group and distribute loans to the members for meeting their requirements based on the priority decided by the group (Raju 2007; and Amutha 2006). These groups may be said as change oriented mutual aid group that addresses life problems or condition commonly shared by all members (Kamaraj and Muralidaran, 2004).

**Origin of SHGs in India**

Though NABARD initiated SHGs in 1986-87 the real effort was taken after 1991-92 from the linkage of SHGs with the banks (Vinayaga Moorthy, 2007).

Siva – Shakti project was started with the assurance of International Fund for Agricultural Development (IFAD) and World Bank in October 1999. The overall objective of the project was to launch a programme which strengthen the processes to promote the social and economic development of women and create an environment for social change to improve their quality of life. The projects builds on four ‘pillars’ namely:

* Successful experience with SHGs
* * Growing response of banks to group lending,
**Increasing opportunities provided through the panchatiraj system for women to play a role in decision making and.**

**The experience gained through other programmes.**

Most of the Self Help Groups of the country are concentrated in southern India about 29000 SHGs are in Andhra Pradesh alone followed by Tamilnadu, Karnataka and Maharashtra. As many as 7670 are also working in Uttar Pradesh. About 90% of these cover only women (Rao, 2002).

The central Government announced (1998) a holistic programme called Swarnjayanthi Gram Swarozgar Yojana (SGSY). In this programme the rural poor were organized into self help groups and took up viable economic activities on their own on a sustained basis with the support from government subsidy and bank credit. SHGs were also formed under Swayam Siddha, Mission Shakti, Rashtriya Mahita Kosh, SHG – Bank linkage scheme of National Bank for Agriculture and Rural Development (NABARD) Small Industries Development Bank of India (SIDBI) etc (Tripathy, 2004).

**Origin of SHGs in Tamilnadu**

In Tamilnadu the SHGs were started in 1989 in Dharmapuri District. At present 1.40 lakh groups are functioning with 23.83 lakh members all over Tamil Nadu. Many men also venture to form SHGs (Vinayagamoorthy, 2007).
As on 30.06.2006, there were 3,19,713 SHGs under Mahalir Thittam with a total savings of Rs.1,127.89 crores in Tamil Nadu. 22,44,939 women members have been mobilized into 1,31,749 self help groups in the state.

There are 1,26,404 rural Self Help Groups (21,46,856 members) and 35,735 urban Self Help Groups (6,03,518) in Tamil Nadu. The self help groups have mobilized a savings of Rs.439.34 crores (Mahalir Thittam 2004).

Besides savings SHGs are running ration shops, internet kiosks, floriculture dairy farming, courier services etc, with substantial success (Government of Tamil Nadu policy Note, 2007).

The Tamil Nadu Women Development project (TNWDP) was set up for implementation by the Government of Tamilnadu through the Tamil Nadu corporation for Development of Women Ltd in eight districts of Tamil Nadu in 1989-90 (Kala, 2004). The Tamil Nadu Women Development Corporation launched a series of training programmes for the members of women’s Self Help Groups of the Mahalir Thittam through different departments and agencies. The Tamil Nadu Women Development Corporation has been the main source of inspiration for formation of thousands of groups by Arivoli Iyakkam, TANWA, SGSY, Banks and NGOs (Suguna 2001). Entrepreneur Development training has been given to 22000 SHG women and skill training to 3000 SHG women and skill up gradation training to 650 SHG women (Social Welfare and Nutrition’s Meal Programme Department, 2005).
The State Government has set apart Rs. One crore for establishing a state level retail centre to sell products made by Self Help Groups (Government of Tamil Nadu, 2007). The Government supports and motivates women to join SHGs. It has a plan of covering 35 lakhs over the next four years. (Balaganessen, 2005).

It is seen that the number of SHGs linked with banks was 7,17,360 at the end of March 2003 (Loganathan, 2007). In Tamil Nadu, out of 56,129 SHGs, 32,433 are assisted by commercial banks, 17,743 and 5,953 SHGs are assisted by Regional Rural Bank (RRB) and Primary Urban Cooperative Bank (PUCB) respectively (Venkatachalam, 2005).

Women in Tamilnadu are encouraged to become entrepreneurs. There are around 14,000 SHGs who have been economically assisted for producing a wide range of products. The number of products produced by SHGs is bound to multiply over a period of time (Gariyali and Vetrivel, 2004). The Government of Tamil Nadu had constituted 225 village shops and 28 district marketing complexes for the use of SHGs. Fourteen complexes are also in proposed at tourist places in Tamil Nadu (Tamil Nadu Women Development Corporation, 2007).

Reddy and Venkatesh (2006) list lack of motivation, managerial and behavioural competence, absence of mentoring and women role models, lack of collateral security. Lack of proper training and knowledge, over dependence on
intermediaries, inability to get competitive prices and family lifestyle and role conflict as the causes for failure in enterprises by SHGs.

**SHGs and Bank Linkage**

SHGs essentially work through bank linkage (Kacher, 2006). In this regard, the role of NABARD is appreciable. Many government and Non-government agencies have joined hands with NABARD, continues to provide 100% refinance to banks at an interest rate of 6.5% per annum. The estimated number of poor people assisted up to March 2004 was 83.5 million. Cumulative bank loans disbursed to SHGs upto March 2004 was more than Rs.39 billion. Average loan per SHG from bank was Rs.36180 (Chittaranjan, 2005) ninety five percent of banks had repayment and participated in the programme. 560 banks had participated in the programme. Of them 48 were commercial banks, 196 Regional Rural banks, 316 Cooperative, 3024 Non-governmental organizations and other agencies (Sanyasi, 2007) and up to March 2003, 58 million poor people were assisted and 11.6 million poor families had been accessed to the benefit of SHGs. On the whole 90 percent of women SHGs had benefitted from the linkage programme (NABARD, 2003).

In the views of Mulani (2004) SEWA bank has been successful in providing credit so as to encourage productive, economic and income generating activities of the poor self – employed.
Food Technological practices for women in SHGs

The food related enterprises include snacks and vegetables vending and managing tea stalls, coconut vending, flour grinding, selling rice and flowers and grocery items such as pulses, sugar, incense stick, candle, lime stone and paper cover. Preparation of toiletry articles like detergent powder making, phenyl making, liquid blue making are also observed.

According to Mishra (2006) the products categories established in rural market were textiles of different kinds, bathing soap, medicines and hygienic products, cooking utensils, tooth powder and tooth paste, razorblades, packed tea and other beverages including alcoholic beverages, ornaments and jewellery, tobacco and tobacco products etc.

Different kinds of enterprises have been undertaken by women of Tamilnadu. Some SHGs produce products including garments, aloe and banana fibre products, terracotta, Pathamadai mats, silk mats, handloom sarees, sanitary napkins, paper cups, vermi-compost, decorative articles and pickles (Sudhakar, 2005, Chandrasekaran, 2005).

The other products of SHGs include hanging flower vase, herbal mosquito stick, hot onion pickles, krishna doll, mango jam, mango squash, cashew nuts and flower vase. God : Ganesha clay doll, Gowri clay doll, sweater, metal vinayagar, mixed fruit jam, money purse, multi colour foot mat, pineapple squash, silk sarees, tomato pickle, umbrella, garments, embroidery
works, soft toys, gift items, decorative articles eatables. (Tamil Nadu Rural Bazaar, 2006).

**Advantage of SHGs.**

Gurumoorthy (2000) maintained that SHG is a viable alternative to achieve the objectives of rural development and to get community participation in all rural development programmes. It is also viable organizational set up to disburse microcredit to the rural women for the purpose of making them entrepreneurs and encouraging them to enter into entrepreneurial activities. Credit needs of the rural women can be fulfilled wholesomely through the SHGs. The women led SHGs have successfully demonstrated how to mobilize and manage thrift appraise credit needs maintain linkages with the banks and enforce financial self discipline. SHGs enhance the quality of status of women as participants, decision makers and beneficiaries in the democratic economic and social and cultural spheres of life. They encourage women to take active part in the socio-economic progress of the society.

**Self – Help Groups and Women’s Development**

As already mentioned the origin of SHGs is from the Grameen Bank of Bangladesh which was founded by Mohammed Yunus in 1975. Women who joined SHGs were strengthened in many ways. They were economically empowered and their social status was enhanced. As mentioned by Yunus (2006) Grameen Bank (Village bank) provides loans to nearly 7 million poor
people, 97 percent of whom are women in 73,000 villages in Bangladesh. The focus was on women because it was found that giving loan to women always brought more benefit to the families. In Bangladesh 80 percent of the poor families were provided micro-credit and it is hoped that by 2010, 100 percent of the poor families will be reached.

The SHG movement in India started as a micro finance movement. The major form of microfinance in India is based on women’s self help groups which are small groups of 10 to 20 members involved primarily in savings and credit activities. These groups collect savings from their members and provide loan to them. These groups also obtain loans from banks and lend them to their members. By 2003 over 7,00,000 groups had obtained over Rs.20 billion in loans from banks benefiting more than 10 million people. (Nair 2005).

Self Help Groups (SHGs) in rural areas changed the prevailing gender roles for women at the local level and federations of SHGs created a movement of women’s solidarity. Feminism, as a social movement, changed the traditional role and image of women to end discrimination between men and women and helped women to attain equal rights and status with men (Mackenzi 1992).

Gradually SHGs were designed to stand on two pillars which are credit and social reform. Self Help as practiced from the economic perspective of credit management requires entrepreneurship and competitiveness at the
individual level. As part of social reforms, SHGs act as community platforms which aid women to become active in village affairs, stand for local elections or take action to address social or community issues like the abuse of women, alcohol, the dowry system, schools and water supply (Sinha, 2006).

The food items grown in the home garden act as an excellent medium for educating the children particularly regarding nutrition and also help them in developing healthy food habits (Santosh and Rashmi, 1999).

Even though our country is being sufficient stage in food production, per capita availability of food is less than the required availability of food, infections and other health complications of people and also due to ignorance about nutrition exist.

A study of interfamilial sex bias in the allocation of food and health care reflected in a significantly higher prevalence of malnutrition among the female children 14 percent of them being severely malnourished as compared with 5 percent of the males (Vijanthimala 2000).

It will be necessary to provide the additional iron needed either through a programme of fortification of some commonly used food item (like, say, common salt) with iron. This must go hand in hand with programmes aimed at the improvement of diets especially with regard to increase of vitamin ‘C’ rich foods such as green leaf vegetables and fruits, which could increase the bio-
availability of food iron. Most pregnant women are deficient not only with respect to iron but with respect to other micronutrients zinc as well. (Gopalan, 2000).

The primary focus of any nutrition programme initiated today must be to prevent malnutrition and promote better health and nutrition in mothers and children rather than only identifying malnourished children and providing them supplements. Thus it is essential that the narrow objective of health promotion and nutritional upliftment of mothers and children a strategy that will ensure not just “escape from death” but better health and nutrition for our future generations (Gopalan 1999).

Organisation such as the (United Nations Children’s Emergency Fund) UNICEF, (Food and Agricultural Organization) FAO and (World Health Organization) WHO have also been contributed to spreading an awareness of the need for nutritional improvement through their Applied Nutrition Programme.

Nutrition education should form an integral part of the science curriculum. It can also be integrated with the organisation of the school lunch programme. Information media such as the radio and the newspapers can help. In many areas such as Tamil Nadu, the farmer’s programmes are popular and perhaps nutrition education can be attempted along with these. Newspaper can
have a regular column on nutrition and perhaps one for answering questions relating to nutrition.

Nutrition education thus has an important role in enlightening the women and helping them in fulfilling efficiently their role as the nurturers. As a matter of fact it is not the women alone who must be targeted but adolescent girls must also be brought under the fold of such intervention prorammes for they as the future home makers have major contribution to make to the society the success of these nutrition education programmes depend on the co-operation of all the family members so they should also be appraised on these nutrition and health aspects. It should be the endeavor of all these concerned to empower women folk by equipping them with relevant knowledge and expertise so that they can help the nation to step effectively into the millennium.
Objectives of the study

The following investigation was undertaken to study the impact of health. Nutrition education, food technological practices and income generation of women in SHG in Sivaganga district with the following objectives:

The specific objectives of the study are

1. To assess the existing socio economic and health status and nutrition knowledge of women in Self Help Groups.
2. To study the Nutritional Status through anthropometric measurements, dietary survey biochemical, clinical picture of the selected women.
3. To educate and train the selected women and assess the impact of health, nutrition education and food technological practices on the nutritional status and income generation of the selected women in self help groups.
Scope of study

The present study had mainly concentrated on the health and nutrition knowledge of selected women working in self help groups in Tamilnadu with particular reference to the Sivaganga district. The results obtained from the educational packages would help the women developmental functionaries, programmes and officers and those who are working for the women welfare programmes apart from improving the nutritional status.
Hypothesis of the study

On the basis of the above objectives the following hypothesis have been formulated:

1. The socio-economic study and democratic factors would not alone influence the knowledge of SHG women towards nutrition and health.

2. Intervention programme would bring positive impact on the Nutrition and Health Knowledge levels of the SHG women and

3. Attitude and dietary and food technological practice of the respondent with income generations.
Statement of the problem

In most of the developing countries of the world nearly one third of the working women population is not having the full physical and mental development due to malnutrition and various micro nutrient disorders. In view of the above fact the health and nutritional status of women in India and in several developing countries is not satisfactory. One of the best ways to prevent and control under / malnutrition particularly among working women is by providing nutrition education. The aim of nutrition education programme is to help the women to modify their attitudes and to create awareness with regard to food and nutrition.

Also, there have been many individual members as well as SHGs which have been successfully marketing and developing income generating schemes improving decision – making and technical skill and gaining access to credit and social services in order to alleviate poverty and malnutrition particularly at village level. Hence the present study was planned to study the “Impact of health nutrition education and food technological practices on nutritional status of women working in self help groups in sivagangai District”.

Type of Research

The present study “Impact of health, nutritional educations and food technological practices on the nutritious status of owmen (30-50yrs) working in Self Help Groups in Sivagangai district. The study was experimental in nature
as it was data based research coming up with conclusions which are capable of
being verified by observation of experiment.

**Area of the study**

The present study was carried out in Sivagangai district of Tamilnadu State. Tamilnadu has 29 districts and Sivagangai district is one among them. It is situated in the south of Tamilnadu station. It in geographically located between 9.43” and 10.42”. North latitude and between 77.4” and 78.30” east longitude “According to the 2001 censers, the total population of the district was 11,55,356. Of the total population 5,66,947 were men and 5,88,409 were women. The Rural population was 8,29,272 and the urban population was 3,26,084. The density of the population per sq.km was 276. The percentage of literacy was 7.80%. The total workers of the district were 5,13,502 and non workers were 6,41,854. The number of male workers of the district were 3,16,419 and female workers were 1,97,083. The rural workers were 4,09,281. The district comprises taluks, blocks, corporations and municipalities town, panchayats and revenue villages. There are 6 taluks 12 blocks, 12 town panchayats and 445 revenue villages.

The second reason was that the researcher belongs to the district and is familiar with the topography as well as the non-governmental organisations in this area under when a larger number of SHGs are functioning. The sample of
the study were selected from 6 taluks in Sivagangai district. They were Sivagangai, Ilayangudi, Thirupathur, Manamadurai, Singampunari, Kallal.

**Limitations of the study:**

Several biases on limitations in the present study must be acknowledged. Interviewing individual SGH woman was time taking process as they were scattered all over the district. The number of women involved in food technological practices were very few in Sivaganga district. The women following food technological practices ready to give any information during the interview was limited. Hence the number was limited.
Source of Data

The present study was based on primary data collected from the fields situation. Bastia and Sharma (2002) have stated that the primary sources are those from which information’s is gathered by researcher, was by observation schedule and interview method. In this present study primarily the data were collected from the selected women in SHG. As the study was on nutrition status of women it would be more valid to study the impact of nutrition and health education programe.