

Nutritional Status of Working Women in Kashmir (Rural and Urban Population)

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Abstract: *The health of women is linked to their status and hence related to society. The strength of women is not measured by the impact that all her hardships in life on her but the strength of a woman is measured by the extent of her refusal to allow those hardships to dictate her and who she becomes. Generally, at household level, cultural norms and practices and socio-economic factors determine the extent of nutritional status among women. National Nutrition Monitoring Bureau has been carrying out regular surveys on diet and nutritional status of different population groups since 1972. The objective of this research is to study the nutritional status of the working women and to check whether they have normal or below nutritional status. **Aim:** The aim of this study is to find out the Nutritional status among working women in Kashmir (Rural and Urban population). **Method:** The data was collected through a questionnaire from a sample of 100 women employees in which 50 respondents were taken from rural and 50 respondents from urban population. **Findings:** The study reveals that (34%) rural and (54%) urban women employees responded that both are having good health state or condition. However, (80%) rural and (76%) urban women employees did not exercise currently on regular basis. Similarly, (60%) rural women employees agree that health limit a little in their activities while as (46%) urban women employees' verdict that their health limits a lot in their activities. Around (50%) rural and (58%) urban women employees render they sometimes skip their meals. About (52%) rural and (72%) urban women employees have the concept of balanced diet. Also (82%) rural and (80%) urban women employees did not have the concept of rainbow diet. Likewise (37%) and (35%) of rural and urban women employees respectively did not check food labels while purchasing essential food commodities.*

Keywords: General health, meal pattern, currently exercise, balanced diet, rainbow diet and food labels.

1. Introduction

In India the concern over health is gradually becoming a common talk especially for women employees. A balanced life for women is one where they spread their energy and effort. Everybody wants to be health conscious as today's world is moving towards the modernization. Health is the level of functional or metabolic efficiency of a living organism. The World Health Organization (WHO, 1946) defined Health in its broader sense in its constitution as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". It also focuses in women's mental health and to build evidence on the prevalence and causes of mental health problems in women as well as on the mediating and protective factors. The nutrition of women is a critical part of their overall health status. It is related to among other things, food intake during their lifetime, the nourishment they received before birth, their energy output and work load, their power over resources for household food security, and their roles. Mental health is described by World Health Organization as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community". Good mental health is essential for the wellbeing of individuals, their families, and the community. Mental, physical and social health is interdependent. (WHO, 2005). Government of India has been making several efforts in developing health and population policies. However, there are several problems in the implementation of appropriate interventions due to poverty, gender discrimination and illiteracy in the population (Buckshee 1997). The World Health Report (2001) stated that women face so many

physical and mental illness including behavioral disorders and these are the result of a complex interaction between biological, psychological and social factors. Poor health has repercussions not only for women but also their families. Women with poor health and nutrition are more likely to give birth to low weight infants. They are also less likely to be able to provide food and adequate care for their children. Finally, a woman's health affects the household economic well-being, and as a woman with poor health will be less productive. In balancing family and work effectively creates stress among women. According to him the factors that cause stress among working women are perception for stress under working conditions, low monetary benefits, and stress due to improper safety and security. The work-family conflict is defined as a situation, in which "the demands of the work interfere with fulfilling family responsibilities (Wharton and Blair-Loy 2006). Perception of work-family conflict and work related factors served as predictor of employees' work attitude. 500 non-professionals married working women from the selected manufacturing and electronic industries in Malaysia were taken as sample. The results hypothesized that work-family conflict and work related factors perceptions were negatively related to employees' work attitude. Aspect of work commitment of work related factors was correlated positively with employees' work attitude. Among all the variables, role ambiguity appeared as the most significant predictor of employees' work attitude. Both work-family-conflict and work related factors made significant contribution to employees' work attitude (Sarminah Samad 2006). The spillover effect of inter-role conflict experienced by women on their marital relations and interpersonal communication is observed and regression analysis revealed that conflict between multiple roles certainly has spill-over

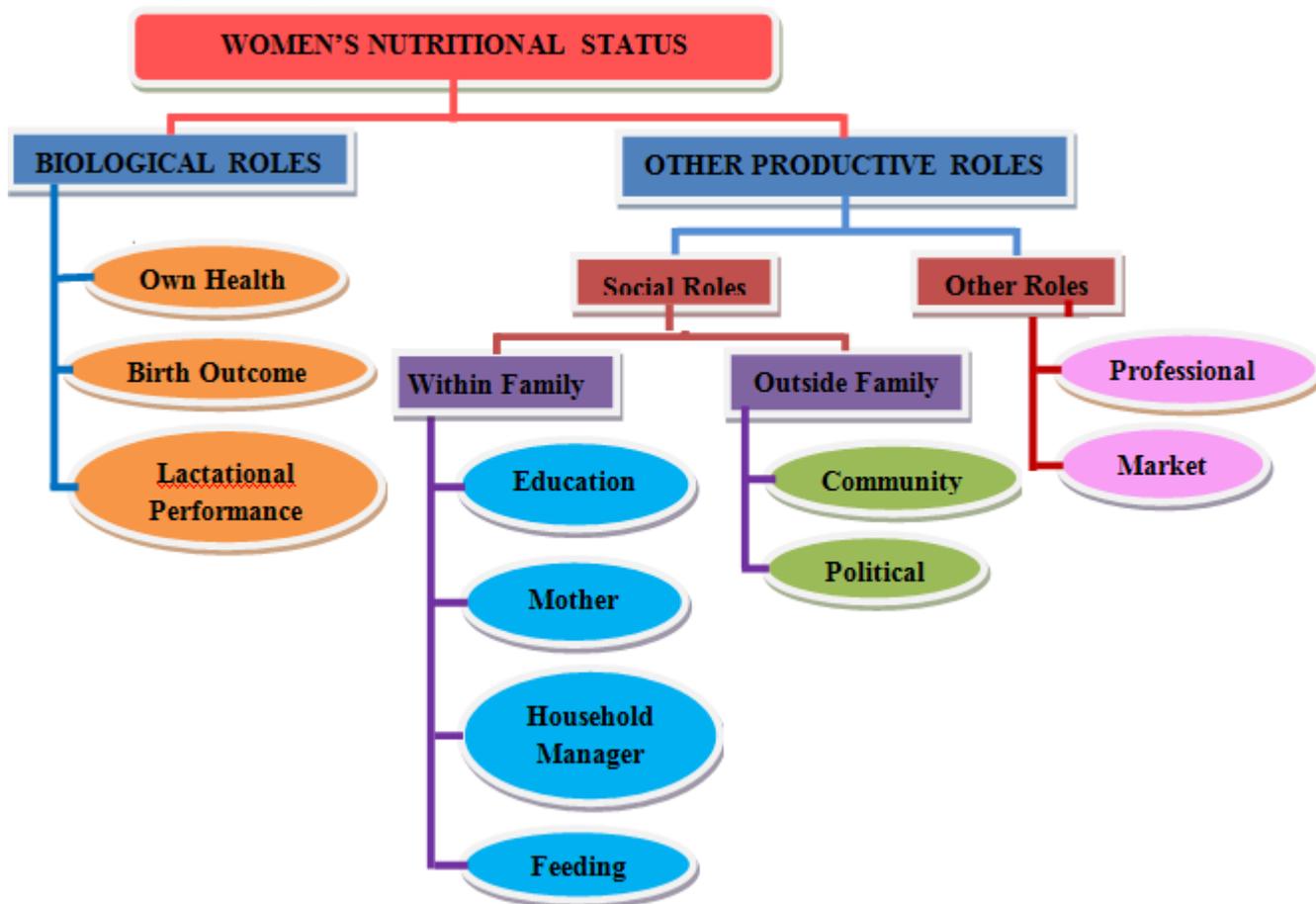
Volume 5 Issue 11, November 2016

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effects penetrating into their marital life but the extent varied with the area of marital relations (Mishra et al 1998). The dual role of women as mothers and productive workers coupled with poor diets and ill health, affect not only their own well-being but also that of the whole family. A heavy workload may push a woman with marginal food intake over the brink into a state of malnutrition (Latham 1997). Women in developing countries face a lot of nutritional problems, the most common among these problems being deficiencies in energy, protein, iron, folic acid and vitamin A. These problems negatively influence the health and well-being of women and their children. Nutritional deficiencies pose a serious health concern not only because they are a direct cause of illness but also because poor nutritional status inhibits the proper functioning of the immune system, thereby increasing susceptibility to other diseases (Tinker et al 1993). The condition is worse for some since they have to do household chores, manage the family, and go to work at the same time, the burden of the 'double day' (Lukmanji 1992). Women devote enormous amount of time and energy to both their productive and their reproductive roles. The time- and energy-consuming nature of their tasks has

significant implications for their own nutritional status and that of their children (Leslie et al., 1997). The role of Women in decision-making in the household may increase where they earn their own income, therefore, female employment may benefit household nutrition. Although the income of women is often lower than that of men, if women have control of their income they may allocate more of it to food and health expenditures (Chatterjee et al 1990). Overall, the dietary status of the women needs to be improved to enable them and their daughters to break away from the cycle of under nutrition due to poor intake of food. Nevertheless, the nutritional needs and reproductive health of the women should not be justified by the aspect of their maternity only, but also by their total well-being and health (Sai et al 1989). The conceptualized work family conflict into three source of conflict, namely time-based, strain-based and behavior-based conflicts is studied. Within the time based such as long hours in paid work will reduce the amount of time available for family activities, thereby making it difficult for employees to perform family duties and maintain family relationships (Greenhaus et al 1985).



2. Methodology

The present study was done to assess the Nutritional Status of Working Women in Kashmir which includes both rural and urban population. A cross sectional study was conducted in Kashmir (Rural and Urban) and a sample of 100 people were taken. The data was collected via self-administered questionnaire. The primary data was collected by using simple random sampling in rural and urban areas using a structured questionnaire and an interview schedule.

Collection of data through secondary source included information obtained from books, unpublished dissertations, journals University E-resource which is an excellent source of information and also from internet. The data was analyzed by using various tools mean, percentage, chi-square and p-value.

3. Result and Discussion

Table 1: General Health of the respondents

Parameters	Responses	DWELLING						χ^2	p-value
		Rural		Urban		Total			
		Frequency	Percent (%)	Frequency	Percent (%)	Frequency	Percent (%)		
General health	Excellent	12	24.0%	11	22.0%	23	23.0%	5.40	0.14
	Very good	17	34.0%	27	54.0%	44	44.0%		
	Good	17	34.0%	11	22.0%	28	28.0%		
	Fair	4	8.0%	1	2.0%	5	5.0%		
	Total	50	100.0%	50	100.0%	100	100.0%		
Currently exercise	Yes	8	16.0%	11	22.0%	19	19.0%	8.58	0.65
	No	40	80.0%	38	76.0%	78	78.0%		
	Sometimes	1	2.0%	2	4.0%	3	3.0%		
	Total	50	100.0%	50	100.0%	100	100.0%		

Table No.1 depicts the general health of the respondents and they are in the good state or condition. Of which 17 (34%) of rural women employees are in **very good** condition, 17 (34%) **good** condition, 12 (24%) **excellent** condition and only 4 (8%) having **fair** condition of health. Nevertheless 27 (54%) of urban women employees are in **very good** condition, 11 (22%) **good** condition, 11 (22%) **excellent** condition and only 1 (2%) having **fair** condition of health. Hence the multivariate data χ^2 (5.40) and p-value (0.14) shows that both rural and urban women employees illustrate that their general health is in good state which shows the positive correlation with variables.

Besides table also reveals that majority of the respondents did not exercise currently on regular basis. About 40 (80%) of rural women employees **did not exercise**, 8 (16%) **exercise** and only 1 (2%) exercises **sometimes**. In contrast 38 (76%) of urban women employees **did not exercise**, 11 (22%) **exercise** and only 2 (4%) exercises **sometimes**. Hence the statistical data χ^2 (8.58) and p-value (0.65) render that both rural and urban women did not currently exercise which shows negative correlation with variables. Similar findings were reported by *G Delina (2013)* research paper *A study on Work-Life Balance ion Working Women*.

Table 2: Meal pattern of the respondents

Parameters	Responses	DWELLING						χ^2	p-value
		Rural		Urban		Total			
		Frequency	Percent (%)	Frequency	Percent (%)	Frequency	Percent (%)		
Health limit in your activities	Yes limit a lot	19	38.0%	23	46.0%	42	42.0%	3.10	0.21
	Yes limit little	30	60.0%	23	46.0%	53	53.0%		
	No not limit at all	1	2.0%	4	8.0%	5	5.0%		
	Total	50	100.0%	50	100.0%	100	100.0%		
Skip your meals	Yes	18	36.0%	13	26.0%	31	31.0%	11.6	0.55
	Sometimes	25	50.0%	29	58.0%	54	54.0%		
	Never	7	14.0%	8	16.0%	15	15.0%		
	Total	50	100.0%	50	100.0%	100	100.0%		

Table No.2 illustrate that the respondents verdict that their health limit them in their activities. About 30 (60%) of rural women employees view that their **health limit little** in their activities, 19 (38%) health **limit a lot** and only 1 (2%) responded that health **did not limit** in their activities at all. While as 23 (46%) of urban women employees view that their **health limit a little**, 23 (46%) health **limit a lot** and only 5 (10%) responded that health **did not limit** in their activities at all. Hence the bivariate variable χ^2 (3.10) and p-value (0.21) of both rural and urban women employees manifest that their health limit little in their activities which shows positive correlation with variables.

meals and 8 (16%) **never skip** their meals. Hence the statistical data χ^2 (11.6) and p-value (0.55) render that both rural and urban women employees sometimes skip their meals which proves positive correlation with variables.

Similar findings were reported by *Z Lukmanji (1992)* in his research paper *Women's workload and its impact on their health and nutritional status*.

Furthermore table render that the respondents are of the view that they sometimes skip their meals. Of which 25 (50%) of rural women employees **sometimes skip** their meals, 18 (36%) **skip** their meals and only 7 (14%) **never skip** their meals. Whereas 29 (58%) of urban women employees **sometimes skip** their meals, 13 (26%) **skip**

Table 3: Nutritional Status of the respondents

Parameters	Responses	DWELLING						χ^2	p-value
		Rural		Urban		Total			
		Frequency	Percent (%)	Frequency	Percent (%)	Frequency	Percent (%)		
Concept of balanced diet	Yes	26	52.0%	36	72.0%	38	38.0%	4.24	0.39
	No	24	48.0%	14	28.0%	62	62.0%		
	Total	50	100.0%	50	100.0%	100	100.0%		
Concept of rainbow diet	Yes	9	18.0%	10	20.0%	19	19.0%	6.5	0.79
	No	41	82.0%	40	80.0%	81	81.0%		
	Total	50	100.0%	50	100.0%	100	100.0%		
Checking of food labels	Yes	13	26.0%	15	30.0%	28	28.0%	13.8	0.49
	No	37	75.0%	35	70.0%	72	72.0%		
	Total	50	100.0%	50	100.0%	100	100.0%		

The table unveils that most of the respondents did not have the **concept of balanced diet**. About 24 (48%) of rural women employees **did not** have the concept of balanced diet, 26 (52%) respondents **have** the concept of balanced diet. In contradict 14 (28%) of urban women employees **did not** have the concept of balanced diet and only 36 (72%) **have** the concept of balanced diet. Hence the multivariate data $\chi^2(4.24)$ and p-value (0.39) proves that both rural and urban women have the concept of proper balanced diet which shows the positive correlation with variables.

Further table shows that the majority of the respondents did not have the **concept of rainbow diet**. Of which 41 (82%) of rural women employees **did not** having the concept, 9 (18%) **have** the concept of rainbow diet. While as 40 (80%) of urban women employees **did not** have the concept and 10 (20%) **have** the concept of rainbow diet. Hence the statistical data $\chi^2(6.5)$ and p-value (0.79) depict that majority of rural and urban women did not have the concept of rainbow diet which again manifests the negative correlation with variables.

Moreover table manifest that the majority of the respondents did not ever checked the food labels. About 37 (74%) **did not checked** food labels and only 13 (26%) **checked** food labels. Whereas 35 (70%) of urban women employees **did not checked** food labels and only 15 (30%) **checked** the food labels. Hence the bivariate data $\chi^2(13.8)$ and p-value (0.49) unveils that majority of the rural and urban women did not check the food labels. So, it proves the negative correlation with variables.

4. Conclusion

The present survey shows the various parameters regarding nutrition and health of working women. Health and nutrition has gained paramount position in present world and this is the reason researches are going on worldwide to find out inputs for framing effective health related strategies. Hence, concluded that urban women employees have better health condition than rural women employees as they exercise currently on regular basis. Rural women employees have less impact of health on their activities as compared to urban women employees. Urban women employees skip more meals than rural women employees. Urban women employees have concept of balanced diet and rainbow diet than rural women employees. Also urban women employees check food labels which purchasing the food as compared to

rural women employees. Thus, the study indicated that if the working women pays more attention to health and time management then there will come out the best results which in turn make them fit and concentrated in both the sects of life whether domestic or working life. Hence concluded that urban women employees. The study indicated that if the working women pays more attention to health then their will come out the best results which in turn make them fit and concentrated in both the sects of life whether domestic or working life.

5. Recommendations

- For better health respondents should exercise on current basis so that they should stay healthy, physically as well as mentally.
- Must change the eating pattern by introducing the balanced diet which provides all the essential nutrients to the body.
- Should widen the concept about their diet by incorporating rainbow diet or colorful diets in their food in order to stay healthy and fit.
- Develop the habit of checking food labels while purchasing the food commodities as it will make the concept clear about that particular item and also shows the quality and quantity of the item.

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