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Malnutrition among housewives: Some reflections on women's health

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Abstract
Women belonging to different class have their own pattern of food consumption failing in achieving the daily intake of nutritious food each day. If the body is not met with nutritious requirements then it leads to various health problems. Women inadequate food intake leads to anemia, deficiency, and underweight, malnutrition with having bearing upon to reproductive health and child care practices. Housewives from under class families have striven hard to get two square nutritious meals whereas middle and upper class housewives get sufficient food based on their own choice. Malnutrition is a serious problem in recent years and more so among women in general and housewives in particular. The present paper explores the malnutrition situation among housewives and attempt to suggest remedial measures for overcoming it.

Keywords: health care, family economy, food intake, malnutrition, reproductive health

Introduction
The term housewife is off late replaced by the word "homemaker". As a matter of practice and for an effective speaking on the health situation among non-working women, the traditionally used sociological term 'housewife' is preferred here. Any developing or underdeveloped society is considered to have a large scale malnutrition among its people. Inadequate food supply, poor health, high incidence of disease, poor water supply and sanitation, and low productivity are the stark realities in these societies. Central and Latin American Nations, Caribbean, African countries, and most of the Asiatic societies are known to have these problems in varying degrees among their men and women almost traditionally.
As Buckshee K (1997) [2] maintains malnutrition defined as ill health caused by deficiencies of calories, proteins, vitamins, and minerals interacting with infections, poor health, and social – economic conditions which affects strength and wellness of women across world. World Health Organization (1992) [14] defines malnutrition as "the cellular imbalance between supply of nutrients, energy and the body's demand for them to ensure growth, maintenance and specific functions". If women are not provided with nutritious food from time to time then they would suffer from iron deficiency, loss of blood, low weight, joint pains etc. Basu and Others (1990) [1]. In addition to this early marriage and adolescence have made women to suffer from frequent abortions and continuous bearing which would make women anemic. Speaking on women's health Devadas R. P (1974) [12] opined that lot of awareness has been spread in the context of women's health where many private and public health organizations provide health care services to women and children such as family health service, maternity service, regular checkups and treatments, distribution of medicines etc. Care is also taken on women's food consumption and efforts are on to increase nutritional support in order to reduce malnutrition, anemia, maternal and infant mortality, infections and other health issues.

Theoretical Framework
Theory of Relative Deprivation introduced by American Sociologist Robert K Merton imply to mean lack of resources to sustain diet, life style, activities and amenities that an individual or group are accustomed to or that are widely encouraged or approved in society to which they belong. Feelings of deprivation arise when desires become legitimate expectations and those desires are blocked by society. This theory can be used here to explain housewives deprivation if the desires of food, clothing, shelter is not fulfilled and socio-economic conditions have impact on food consumption of woman. The social, economic, educational status of spouse determines living of woman in a household. Conflicts arise if the head of household cannot fulfill expectations of woman and family. The theory encourages exploration of an individual feelings of deprivation that may result from comparing male or female situation with referent person or group as well as behavioral effects of deprivation feelings.

Why housewives neglects their own health
It is presumed here that housewives can maintain good health as they are the ones in traditional family setting who cook food and have access to similar such materials which they can consume according to their choice. But in reality, it does not happen as housewives often restrain from doing so leading to ill health, low nutritional status etc. There are several reasons as to why they neglect their own health. Such factors are enlisted as follows:
- Late food intake as they stay back at home only.
- No provision of health workers to visit per household for providing health knowledge, diagnose and treatment at door steps.
- Majority of housewives' health decisions are taken by

their spouses and in-laws
- Increased inclination of taking home remedies and followers of traditionalism
- Lack of joint decisions of the couples with respect to the reproductive health of housewives.
- Skipping of food, postponement of visiting physician also creates health hazards in them.

Causes of Malnutrition

For malnutrition being prevalent among housewives in India Chatterjee Maitreyi (1986) [3] has identified the following as the causes of malnutrition under four categories. They are as follows:

a) An inadequate intake of food (food gaps) both in quantity and quality
b) Infections particularly diarrhea, measles, intestinal worms and respiratory infections
c) Psychological factors
d) Increased metabolic demand have impact on housewives.

Malnutrition among Housewives

K Srinivasan and Tara (1989) [9] have opined that Malnutrition poses a variety of threats to housewives. It weakens woman's ability to survive childbirth; makes them more susceptible to infections and leaves them with reserves to recover from illness. It also undermines woman's productivity, capacity to work at home and ability to take care of their families. Housewives with higher family status have direct resources such as food care, clean water, preventive and curative health care compared to housewives with lower family status leading many consequences on familial and individual health. It is also said one of the major cause of malnutrition among women in India is gender inequality. Due to low social, economic and cultural status the diet of Indian woman lagged behind both in quantity and quality. Gender socialization and patriarchic dominance makes woman to compromise with her food intake. Therefore, standardized care for housewives such as: appropriate intake of food during pregnancy; breast feeding of young children; food preparation and food storage practices are significant. Ramachandra, (2002) [11].

Contrary to Oakley's Ann's understandings, in India most of the urban housewives are not aware of health facilities; its accessibility, affordability and utilization pattern. Women with low family income seek public health care and middle and higher class women seek private health service. Housewives utilization of health service is dependent upon spouse income and family economy. As a result most of housewives are deprived of getting standardized treatment for various health issues. The government should make health care fees nominal for women irrespective of classes in order to afford it and avail its benefits".

Nutritional Deficiency Affecting Housewives

While discussing about woman's role and its impact on her health, Bukshee (1997) [2] says that most housewives are more likely to suffer from nutritional deficiencies because of low social status, economic dependency, poverty, lack of education, socio-cultural traditions, disparities in household work which increase woman's chances of being malnourished. Every woman need protein, iron, and other micro-nutrients to support their health and body demands to protect themselves from diseases. Housewives also suffer from reproductive health problems such as menstruation, infertility, pregnancy disorders, fungal infections and other reproductive issues. Therefore, proper food consumption can solve the health problems of women. Some deficiencies are:

- **Iron deficiency and anemia**: These are the most prevalent nutritional deficiencies. Women develop anemia because of lack of consumption of iron rich foods. Women are susceptible to iron deficiency and anemia during pregnancy. Iron deficiency and anemia cause fatigue, reduce work capacity and makes women susceptible to infection.
- **Iodine Deficiency:** Failing to meet the body's iodine requirements impairs mental functioning and can cause goiter (a swelling of thyroid gland) and hypothyroidism, a condition marked by fatigue and weakness.
- **Vitamin Deficiency:** It causes growth retardation, impairs immune system, infections and death.

Women's Malnutrition and Family Economy

Malnutrition in women leads to economic losses for families, communities and country because it reduces women's ability to household work and family care which creates ripple effects that stretch out generations. As Desai Sonalde, (1994) [4] is of an opinion that those housewives who have great control over cooking tend to be healthier and better nourished. Adequate nutrition is important for women to have good reproductive health for contributing next generation who are going to be productive members of society in future. If woman is not fed properly then family economy reduces as she is sole care taker of family.

Food Consumption among Indian Housewives

In some cultural and social contexts of India, women are prohibited from eating essential quality of food and woman serve first larger portions to her husband's and sons then they serve other women and daughters in household. Jayapalan, (2001) [7] understands that due to patriarchal set up, women are expected to follow several socio- religious rituals which limit their food intake without reducing the household chores. This discrimination begins in childhood along with strong gender socialization among women which is further compounded by food taboos and religious beliefs. Saxsena G C (2011) [13] opines that in India, women generally cook food at home and are decision makers on what to cook and eat. But every household women has cooking autonomy cannot be said. Desai and Sonalde (1994) [4] said that women are also burdened with cooking from time to time by maintaining hygiene and care in household. This is true of women of all classes, creed and caste. Kushwaha Saumya, (2003) [8] said that food has direct connectivity with family economy and education. If all these three i.e. food, economy and education are compatible together then malnutrition problem can be reduced. Urban housewives are aware of malnutrition problem in larger sense but they need efficient health infrastructure, health services and increased income of the spouses in order to prevent them from getting malnourished.

Facts on Women and Nutrition, Today

India health report 2015 revealed the nutrition level data facts among women aged 15-49 across India. The data given below comprise of India data sheet on nutrition of women.

- It explained the level of Body Mass Index among married women of reproductive age group 15-49. The data revealed that 35.6 percent of women were thin, 51.8 percent of women have normal health status, 9.8 percent of women are overweight, and 2.8 percent of women have obesity.
- 27.1 percent of married women took decisions about their own health care where as 72.9 percent of married women have no right of taking decisions of their own health.
- As less as 8.5 percent of women involved in household purchase and 91.5 percent of women are not involved in same activity.
- Nutrition, Health Care Services and Health Rights- 63.4 percent of women received adequate services before delivery whereas 36.6 percent of women did not avail it. Further, 23.6 percent of women consumed iron and folic tablets during pregnancy and remaining 76.4 percent of women did not consume it. 78.7 percent of women had institutional delivery and 21.3 percent of women did not go for it. Further, 59.6 percent of women breast fed their children and 40.4 percent of women did not go for breastfeeding, 56.6 percent of women had given advice on consumption of food and nutrition and 43.4 percent of women did not receive advice on consumption of food and nutrition by health experts.

Risk of Malnutrition among Housewives

The risk of malnutrition among housewives are increased by

- Increased requirements: It is more difficult to meet nutritional needs during periods of increased requirements. Some women have very high requirements of iron if their menstrual loses are high. If they cannot obtain enough in their diet, they develop anemia.
- Reduction in availability of food due to financial crisis of family, household income etc. A diet is based on narrow range of food is more likely to lack nutrients.
- Lack of household income makes it difficult to purchase food of adequate quality. Cultural practices mean that not everyone in a family gets a fair share in food available. Other substances in food such as dietary fiber reduce absorption of some nutrients from food.
- Psychological problems affect food intake. Unusual dietary habits lead to over nutrition. Eg: taking toxic amounts of vitamin and mineral supplements or under-nutrition have a slimming diet does not provide sufficient nutrients.

Ignorance of Malnutrition Problem

The housewives are considered to be having least awareness about malnutrition problem which is due to following factors –

- Neglect of women's desires in food consumption.
- Family adjustment and lack of health education regarding food, dietary habits and illness.
- Dependency as housewives does not have financially autonomy.

Women Health Development Programmes

Ramachandra P (2002) [11] opined government have made efforts in providing benefits to people but still there is deprivation among people in meeting basic needs due to changing life style and high cost of living. Government of India (1991) [5] maintained mortality and morbidity rates have been controlled but there is some variations occuring in the context of food and nutrition. The National Health Policy 2000 look forward to provide efficient health services to people across society. Ministry of Health and Family Welfare and WHO focused on efficient implementation of health programmes for women. The issues highlighted in the process are -

- Health care and education programmes are reached to woman per household in order to protect themselves from diseases and illness.
- The government should focus on certain issues such as: anemia; reproductive related problems; maternity problems; family planning; problem of menstruation; household health and sanitation.
- Reducing the cost of health care so that all people can afford it. Nominal medical charges and drugs provision at affordable prices.
- Programmes and campaigns on nutrition and other nutrition related chronic diseases should reach women per household.
- The government should supply food grains, fruits and vegetables at reasonable prices so that every women can have intake of it.
- Provision of health insurance with maximum benefits to women and children irrespective of classes.

Conclusion

Today's Woman's health is gaining significance in terms of it being a functional necessity from the point of individual, family, community, and larger society for it has to serve a basis in the development of the nation. But still a majority of women are not availing the benefits made available at all levels. The developed health infrastructures and other institutional foundation should come out with various ideas, new approaches and agendas, programmes and amputes operands to meet the health needs of both women and children. The governments and NGOs should set targets periodically and strive hard to achieve them for women as the best beneficiaries availing health benefits and should reduce health problems of general population.

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