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Nutritional Scenario: A Case Study in Hailakandi District, Assam

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Abstract:

The present study is an assessment of nutritional status of women in Hailakandi district of Assam. The study was confined to the 10% of the households as selected by purposive sampling technique. A simple bar diagram is used to assess nutritional status of women in the study area. The study is necessarily based on primary data. The study revealed that 59.17% of women are attaining normal BMI status; 27.34% women falls under the category of over-weight or obesity and 13.47% women falls under the category of under-weight. The study also states that urban women suffer much from obesity than rural women. The overall BMI status of the sampled areas is satisfactory but not an adequate one as less than 60 percent women are attaining normal nutritional status. To adequately improve health of women, multiple dimensions need to be considered.

Key words: Body Mass Index (BMI), Health, Nutrition, Rural, Urban, Women.

Introduction: Hailakandi has shown remarkable improvements in all the sectors of health. There are 4 (four) health blocks; 687 ASHAs; 105 sub-centres in Hailakandi district. ASHA and AWW are increasing community awareness in the district for the overall health improvement of women and children in particular. Health authorities point out that 90.30 percent of pregnant women are regularly taking supplementary nutrition under the Integrated Child Development Services (ICDS) program. Although 87.73 percent of pregnant women in the district have registered for antenatal care within the first trimester, while Assam's overall percentage is 82 percent. It has been registered in Hailakandi District of Assam about 82.42 percent availed institutional deliveries to the state's overall 70.6 percent. A nutrition campaign was started by the district commissioner to make the district malnutrition free by 2022. It focused to improve the condition of stunting, to achieve improvement in nutritional status of children till the age of six, adolescent girls, pregnant women and lactating mothers over three years, commencing from 2017-18. The Health and Family Welfare department envisages attainment of universal access to equitable, affordable and quality health care services in all the districts of Assam. In Hailakandi district to

strengthen village health and nutrition days, the technical assistance constantly focusing in 331 revenue villages covering 742,259 populations where 19008 are the pregnant women, 16,937 are the infant and 68,120 are the child. There has been increasingly community awareness by the ASHAs and AWWs and because of which beneficiaries are participating VHNDs on regular basis. According to the National Family Health Survey-4 (20015-16), the nutritional status of women in Hailakandi district in the age group 15-49 years in rural areas is 34.1 percent whose body mass index (BMI) status is below 18.5 kg/m² and 6.1 percent whose BMI status is greater than equal to 25.0 kg/m². The anaemic women in the same age group are 46.6 percent in the district. In case of pregnant women, the percentages of anaemic women are 48.2 in rural areas and the district as a whole is 49.6 percent while the percentage of anaemic non-pregnant women in rural areas are 46.5 and the district as a whole is 47.1 percent. In rural areas, the percentage of all the women who are anaemic are 46.6 and the district as a whole is 47.2 percent. This is depicted in the following table no. 1

Table no. 1.
Nutritional Status of Women.

Nutritional status of women (15-49)	Rural	Total
Women whose BMI<18.5kg/m²	34.1	33.2
Women whose BMI≥25.0 kg/m²	6.1	7.4
Women who are anaemic	46.6	47.2
Pregnant women who are anaemic	48.2	49.6
Non-pregnant women who are anaemic	46.5	47.1

Source: National Family Health Survey-4 (20015-16).

It reveals that under-weight women are more than the over-weight women in the district. The pregnant women suffer much with the problem of anemia than the non-pregnant women in the district, implying that the pregnant women are worst sufferer in case of blood deficiency. Health issues if not concerned seriously, then it will not only affect human well being but also economic wellbeing of a nation, because human beings can be regarded, among other capitals, as a stock of capital or one can opine, human resource as a human capital of a nation. The study argues that between 1950 and 2000, improvements in health in United States were as valuable as all other sources of economic growth combined (Nordhaus 2005). According to the study of Ghassemi (1990), more than one billion

populations are poor. Among which, half of them were women. Nutritionally speaking, the women in child-bearing age (15-44years) were of particular concern, and that were 300 million of these who lived under condition of severe poverty. Half of these women live in Asia, one-third of these live in Africa and rest in Latin America and Middle East. Out of them, two-third of these women lives in rural and one-third in urban settings. They usually suffered from poor health status which is characterized by low productivity; delayed menarche; poor physical structure; low weight gain during pregnancy; low birth weight during pregnancy; high prevent nutritional anemia and high incidence of maternal mortality or shorter life expectancy.

The present study is an assessment of nutritional status of women in Hailakandi district, Assam. It is based on primary survey carried out among 1291 women from 529 households of the three development blocks of Hailakandi district. From each of these three blocks, two rural and two urban areas are chosen to collect representative sample.

Results and Discussion: The unbalanced diet where some nutrients are excess is called overweight or obesity or where some nutrients are lacking or in wrong proportion are recognized as under-weight. Nutritional status is measured by Body Mass Index (BMI). If the measurement of BMI is less than 18.5, the situation is defined as under-weight and if the situation is greater than equal to 25, the situation is termed as over-weight or obesity. The normal BMI value takes the range of $18.5 < BMI < 25$. People whose diets fall short of standard levels of intake for essential nutrients suffer from malnutrition that can be mild, moderate, or severe, depending on the level of deficiency. Having defined the nutritional outcome, let us now understand the nutritional status of women across different blocks at Hailakandi district of Assam.

The nutritional status of women in different blocks under Hailakandi district is displayed in the table no.2 viz, Hailakandi Development Block, Lala Development Block, and Algapur Development Block. The aggregate sample studied in Hailakandi district is 1291 out of 529 households.

Table no.2
The Nutritional Status of Women at Hailakandi district across different blocks

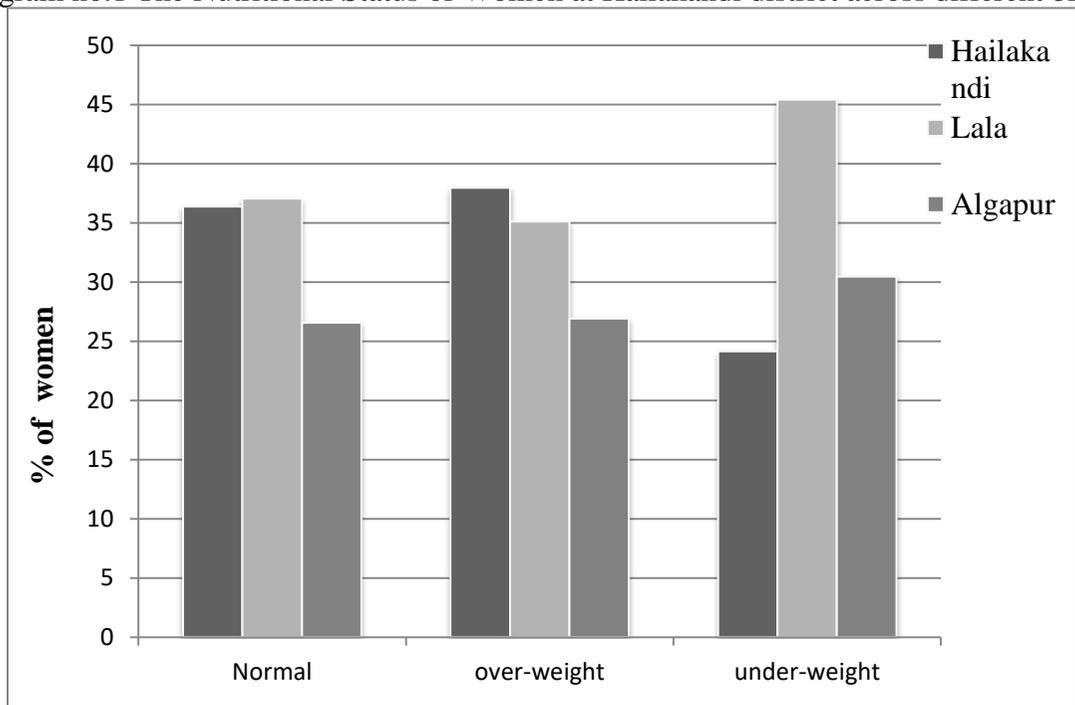
Blocks	Nutritional Status			Total
	Normal	Overweight	Under-weight	
Hailakandi	278	134	42	454
Lala	283	124	79	486
Algapur	203	95	53	351
Total	764	353	174	1291
Percentage	59.17	27.34	13.47	

Source: Field Survey Collected by the author (2020)

The above data reveals that in Hailakandi block, out of total sample studied, the number of women enjoying normal BMI status is 278 out of 454 women at 212 households. The malnourished women are 176, out of which, 134 women are suffering from obesity, and 42

women are suffering from under-weight. In lala block, the total number of sampled households is 189. Of which, 486 women are taken as a representative sample. From these 486 women, 283 women are enjoying normal BMI status and 203 women are suffering from malnutrition. In isolation, the malnourished women suffering from obesity is 124 and 79 malnourished women are suffering from under-weight BMI status. With regard to Algapur Block, 203 women are enjoying normal BMI status and 148 women are suffering from malnourishment at 128 households. Among the malnourished women, 95 women falls under obesity and 53 women falls under underweight women. In Hailakandi district, the total women studied are 1291, out of which, 764 women are enjoying normal nutritional status, and 527 women are suffering from malnourishment. Out of 527 malnourished women, 353 women falls under obesity and 174 women falls under underweight women at 529 households. The data also reflects the fact that majority women studied in Hailakandi district is enjoying normal nutritional status as the number of normal women is 764 out of 1291 women. To understand the nutritional status of women in Hailakandi district more precisely, following diagram is portrayed.

Diagram no.1 The Nutritional Status of Women at Hailakandi district across different blocks



Source: Compiled data from Table no.2

In the above diagram, it can be clearly seen that the percentage of women falls under normal category of BMI status is 59.17%, 27.34% falls under the category of obesity and 13.47% falls under under-weight women. In Hailakandi block, out of normal BMI status, 36.38% women are attaining normal BMI status, while 37.04% women are attaining normal BMI status in Lala block and in Algapur block, it is 26.57%. Regarding over-weight women, in

Hailakandi block, 37.96% women are suffering from obesity, 35.12% in Lala block, and 26.91% in Algapur block. The percentage of under-weight women is 24.13% in Hailakandi block, 45.40% in Lala block, and 30.45% in Algapur block. It also reveals that under-weight women are mostly found in Lala block as more than 45% women are suffering from under-weight.

Conclusion: Health is a multi- dimensional concept as it comprises physical, mental; social and in addition to these, spiritual, emotional, vocational, and political dimensions as stated by the Ottawa Charter for health Promotion in 1986. Nutrition is one of the basic determinants of health status. It plays a crucial role in human lives, more focusing on women lives, which ultimately affect their different chorus of their lives, be it social, be it economical, be it political. In the study, it has been found that women of Hailakandi are somewhat capable of maintaining their nutritional outcome. The ‘somewhat’ of maintenance implies that the nutritional status of women in this district is quite satisfactory as 59.17% women are attaining normal nutritional status. The percentage of malnourished women is 40.81 of which 27.34% women falls under the category of over-weight or obesity and 13.47% women falls under the category of under-weight. To adequately improve the health of women (one of the backward class of the society), multiple dimensions of well being must be analyzed in relation to global health averages and also in comparison to men in a state like Assam and more specifically Hailakandi district.

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