

A STUDY ON WOMEN HEALTH AND NUTRITION- EDUCATING WOMEN

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Abstract:

Health occupies an important place in life of a person. Health is related not only to physical well-being. It is in totality related to women mental, emotional, social, psychological and spiritual well-being. Women and health are inter-related to each other because women play a very significant role in healthy nutrition of the family and the population. Women are employed in various sectors such as health-care, nutrition, food, trading, education, manufacturing etc. In most of the household families, the women after serving the whole family eat the meal at the last. So there is need to educate the women about the health and nutrition so that they can serve and work for the development of the society. Health and nutrition education is educating an individual about incorporating changes in eating patterns and behaviour into their lives. This paper analyses the significance of health education and nutrition to the women and to the society as a whole.

Keywords: health, nutrition, education, women

Introduction:

Health is an important factor contributing in the development of human and is essential component for the overall growth of mankind. The concept of Women's health came into existence when Government of India launched community development programme on 2nd October ,1952. The World Health Organisation (WHO) defines health as 'a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity' (WHO, 1948). This is consistent with the bio psychosocial model of health, which considers physiological, psychological and social factors in health and illness, and interactions between these factors. It differs from the traditional medical model, which defines health as the absence of illness or disease and emphasizes the role of clinical

diagnosis and intervention. The WHO definition links health explicitly with wellbeing, and conceptualizes health as human right requiring physical and social resources to achieve and maintain. 'Wellbeing' refers to a positive rather than neutral state, framing health as a positive aspiration. This definition was adapted by the 1986 Ottawa charter, which describes health as 'a resource for everyday life, not the object of living'. From this perspective health is a means to living well, which highlights the link between health and participation in society.

A major criticism of this view of health is that it is unrealistic, because it 'leaves most of us unhealthy most of the time' (Smith, 2008); few, if any people will have complete physical, mental and social wellbeing all the time, which can make this approach unhelpful and counterproductive (see Godlee, 2011). It fails to take into account not just temporary spells of ill health, but also the growing number of people living with chronic illnesses and disabilities. Furthermore, it might be argued that focusing on 'complete' health as a goal contributes to the overmedicalisation of society by pathologising suboptimal health states (see Sections 7 & 8).

Huber et al. (2011) proposed a new definition of health as 'the ability to adapt and to self-manage', which includes the ability of people to adapt to their situation as key to health. It also acknowledges the subjective element of health; what health and wellbeing mean will differ from one person to the next, depending on the context and their needs. This is considered by many to be a limitation of broader definitions of health, on the grounds that wellbeing is neither objective nor measurable; this is discussed in more detail below (*Mental health and wellbeing*). A further limitation of this approach is that it is very individualistic and takes little account of the widerdeterminants of health (see Section 9). Responsibility for health is seen as individual rather than collective, with little scope to promote it as a human right.

The Relationship Between Mental and Physical Health

Mental health and physical health are inextricably linked, with evidence for a strong relationship between the two accumulating over recent decades and challenging the historical notion of mind- body duality. Mechanisms for this association can be physiological, behavioral and social, as identified by the biopsychosocial model of health. The nature of this relationship is two-way, with mental health influencing physical health and vice versa.

Mammalian stress responses (i.e. fight, flight or freeze) are known to affect physiological processes regulated by the autonomic nervous system, including cardiovascular, respiratory, digestive, repair and defence functions (see Porges, 2011). A number of medical conditions have been linked to stress, such as irritable bowel syndrome (Blanchard, 2001), asthma (e.g. Lehrer et al., 2002) and migraine headaches (e.g. Robbins, 1994). Likewise, stronger immune function has been associated with high levels of social support (e.g. Esterling et al., 1996) and hardiness (Dolbier et al., 2001), both of which may modify experiences of stress (e.g. Cottington & House, 1987) and its physiological manifestations (Karlin, Brondolo & Schwartz, 2003). Whilst it is clear that physical ill-health can be accompanied by mental health problems such as anxiety and depression, the resulting psychological state may in turn impede the recovery or stabilisation of medical conditions, thus producing a vicious circle in which wellbeing is difficult to attain (Evans et al. 2000).

Behavioural and social risk factors for physical and mental health problems tend to overlap, which can make it difficult to determine whether mental illness precedes physical illness, or viceversa. The Kings Fund estimates that more than four million people in England with a long-term physical health problem also have a mental health problem (Naylor et al., 2012), and the physical health of people with severe and enduring mental illness is often poor (Barry et al., 2015). Unhealthy lifestyles as responses to stress often contribute to this association; for example, people with mental health problems consume almost half of all tobacco (see *Better Mental Health For All*), and are more likely to develop a substance use disorder than the reverse (Frisher et al., 2003). People with mental health problems may also have more difficulty accessing services, which exacerbates both mental and physical illness.

Health related problems and Issues of Women

Health of the women is dependent on their status in the society. Most of the research studies have found out that contributions the women have made towards their families and society are extraordinary but they are often ignored and overlooked by the society. The strong preference of son in the family as compared to daughters leads to disrespect and rude behaviour towards daughters. In addition to this high dowry cost is also responsible for mistreatment of daughters in the family.

Indian women have low level of education and they, along with less freedom to go

outside, lack of decision making due to living under the control of first their fathers, then husbands and finally their sons. Such kind of situations exert a negative pressure on their mind and finally leads to deteriorating the health of the women. Due to Poor health, they are unable to look after their families, children and feel lethargic even at their work place.

There is one major health problem affecting the women is related to high fertility rate. Improving the health of the women depends upon reducing the fertility rate by making them aware of family planning programmes. Women living in rural areas don't get proper health care and proper facilities during pregnancy as most of them are unaware and think it is unnecessary. So, lack of adequate health care centres is responsible for major health related problems among women. Besides this most of the women in India have little or lack of knowledge about AIDS.

Objectives of Health Education

To sensitize women towards key aspects of women's health, not only reproductive health but health in its entirety. Educating women to be more health aware and grounded in their own health responsibilities as well as their family. It includes following objectives

- Provide information on contraception, safe sexual practices and offer HIV counselling
- Educating women on frequent health issues related to their reproductive system. e.g. fibroids, cancer, breasts, cervix, uterus and ovaries

good health practices – for example sanitation, clean drinking water, good hygiene, breast feeding, infant feeding and oral rehydration. (b) the use of preventive services – for example immunization, antenatal and child health clinics. (c) the correct use of medications and the pursuit of rehabilitation regimes – for example, in tuberculosis and leprosy respectively. (d) the recognition of early symptoms of disease and promoting early referral. (e) community support, for primary health care and government control measures

The main aim of health education is to help women to achieve health by their own actions and efforts. Health education, therefore, begins with the interest of women in improving their conditions of living, and aims at developing a sense of responsibility for their own health betterment as individuals and as members of family and community.

The Role of The Woman in Healthy Nutrition

The role of the woman in healthy nutrition includes feeding the new born, preparing meals for members of her family, and her extensive professional involvement in food manufacturing, trade, public catering, health care and education. According to the State Sanitary and Epidemiological Surveillance Service, women account for between 70 to 90% of employees in these industries and professions. A similar situation exists in the management structures of these sectors. In the Russian Federation, women have traditionally been responsible for buying food and preparing meals, so their competence in matters of healthy nutrition will largely determine the health of families and, accordingly, of society. Given this, one could safely state that it is the woman who has the key role in society in implementing a healthy nutrition policy, both in her own family and in society as a whole. Women's health status as well as their social status have a great impact on the health of their children and therefore of the future generation. There is a correlation between women's level of education and babies birth weight: the higher the level of education, the greater the birth weight. It is well known that low birth-weight babies suffer from anaemia and experience retardation of their growth and development. Eventually, this determines the intellectual and physical potential of society. If the mother herself has a low body mass, this will result in the birth of a baby with a low body mass, which is significant for the long-term health of society. Information regarding healthy nutrition during pregnancy and breastfeeding new born babies and infants in the first year of life will allow not only the health of the woman, but also that of the child, to be protected against infectious diseases during the first year of life and noncommunicable disease in adult life. The role of the woman in implementing a healthy nutrition policy in the family is important as, being aware of the basic principles of healthy eating and implementing them, the woman can ensure the implementation of a healthy nutrition policy in her family.

In view of the important role of women, strategies required to achieve this multi-faceted role could be summarized under the following headings. Public education strategy If they are given the correct information, women can educate their children, husbands and relatives.

The following channels could be used to implement this strategy:

- the mass media - especially women's magazines and TV programmes on cooking
- dietary guidelines and recommendations by doctors and teachers

- the retail trade public catering NGOs (especially women's organizations) the church.
- A strategy for professional healthy nutrition training Women act as professionals in the health, education, trade and public catering sectors. In their professional capacities they could be involved in the following:
 - providing training at the graduate and postgraduate levels
 - developing guidelines and manuals
 - providing recommendations for patients and students
 - changing the public catering sector
 - influencing policy-makers by advocating policy change. A strategy for involving the general public The general public can be involved through:
 - NGOs
 - professional associations.

On the basis of these strategies, some practical steps are as follows:

- educating women about healthy lifestyles through the mass media (especially women's magazines), including the basic principles of providing healthy nutrition for their families;
- educating those in institutions for preschool and schoolchildren about healthy nutrition, taking due regard of the age of the children;
- teaching college and university students about special healthy lifestyle programmes, which include healthy nutrition issues;
- modifying the training programmes of food industry specialists, including public catering, trade and others whose work is related to the nutrition of the population;
- developing special programmes for educating women and their families as to how to amend inappropriate dietary habits;
- teaching practical skills and the basic principles of healthy nutrition within the systems of general education and vocational training, home economics lessons and housekeeping, but also within the food industry, public catering and retail trade;

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- training women specialists who are employed within the food industry, retail trade, public catering and health and education sectors, etc. under special programmes at enterprises that manufacture and market healthy foods;
- developing and approving, in accordance with established procedures, rules for manufacturing healthy foods, including the production of ready-made dishes;
- implementing a system of official recognition at food industry enterprises, public catering and retail trade, whereby healthy foods' certificates would be issued; and
- writing and publishing special literature on healthy nutrition within the family, reflecting such issues as growing foods, processes for producing healthy foods, breastfeeding and the economic aspects of healthy nutrition.

Conclusion

Now, we have to value our health as our “valuable asset”. It is in our hand to maintain our health as only a healthy person can lead a healthy and productive life. Health is our nature and illness is an attack on nature. Health, like life, is a process – a constant flux. It is not a state that can be permanently attained. Health and nutrition education aims at enabling women and men both to gain control over the determinants of health and health behaviour and the condition that affect their health status. The decisions and actions by various sectors of society do influence the health and living conditions of not only people belonging to that sector but that of the society and the generation as a whole. Health education has therefore to play a key role in influencing all health related sectors to see that their policies and actions are in congruence with the national health objectives. It has to play a key role of an advocacy so that people are motivated and play effective role in educating and adapting sound health practices. Thus, it is well said that “Health is beauty”, as beauty is only a by-product of good health. So, let's wake up and enter into the adventure and remember that Health is a fundamental Human Right.

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