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RESEARCH ARTICLE

A STUDY OF AWARENESS REGARDING HOUSEHOLD FOOD INSECURITY, FOOD PRACTICES AND HEALTH RISKS AMONG THE RURAL WOMEN OF ALLAHABAD DISTRICT.

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Abstract

Background: The lives of rural women population are characterized by limited education, lack of knowledge pertaining to health aspects & also limited influence on decisions affecting their lives. Thus, awareness is one major factor for development of this group of population.

Objective: 1) To study the awareness regarding Household Food Insecurity, Food Practices and Health Risks among the rural women of Allahabad District aged between 18-25 years. 2) To access the impact of Health and Nutritional Awareness Program on the awareness level of selected population.

Material and Methods: The data were collected through semi-structured questionnaire among 600 rural women from the villages belongs to Jasra and Chaka block of Allahabad district. Pre test was carried out before the exposure of awareness documentary followed by post test to assess the impact of health and nutritional awareness programme.

Results: The knowledge of rural women regarding health and nutrition aspects improved significantly after intervention. There was a considerable increase in the awareness levels of rural women with regard to knowledge of household food insecurity, food practices and various health risks among rural Indian women.

Conclusion: The informative & educable intervention definitely has a positive effect on awareness levels which would eventually encourage expansion of knowledge & positive health habits.

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Introduction:-

Young population ranges from 18-25 years of age which includes adolescent and reproductive age women. This is a period of preparation for undertaking greater responsibilities including earn livelihood & healthy responsible parenthood. Future of the society depends on these young women as they form a great human resource for the society. Nutritional & health need of the young women are also more because of more requirements for growth spurt & increase in physical activity. Young women need more of all nutrient particularly calcium, iodine & iron. The need for more iron during this period is due to growth spurt, the onset of menstruation and need during the pregnancy (WHO, 2001).

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Within the family, compared to male, the women's health, nutrition, education & development are more neglected which has adverse effect on reproductive health. Young women face more problems than male in the family, largely due to socio-cultural factors. There are limited choices available for the future & girls are caught in the cycle of early marriage, pregnancy & childbearing (Cogswell *et al.*, 2003). Education regarding the nutrition & other health aspect during study period will help the young reproductive age rural women for their future life.

In spite of many efforts from different governmental & non governmental agencies focusing on different health aspects, this young population, especially the women, is deprived of the basic health care & awareness.

With the above background, the present study was formulated in order to see the awareness of reproductive age women in relation to health & to assess the effect of educational intervention on their knowledge levels in Allahabad District.

Materials and Methods:-

This study was a cross sectional and descriptive study and 600 women were selected as unit of the study. The 3 villages of Chaka (Dandupur, Dhanuha, Sarangapur) and Jasra block (Semara, Kanjasa, Dalbabari) from Allahabad district were selected as area of the study and 100 respondents were randomly selected from each village as unit of study. The predesigned and pretested pro forma was used to elicit desired information. The Pre-Test questionnaire was filled by the respondents before the exposure of awareness documentary and Post-Test questionnaire was filled after the exposure with awareness documentary again by the respondents to assess the impact of nutritional awareness program. The data obtained was subjected to statistical analysis by using appropriate statistical techniques.

Results and Discussion:-

Table 1:- Awareness regarding Anaemia among the study Participants.

S. No	Variables	Pre Test		Post Test	
		N	%	N	%
1.	Aware of Anaemia?				
	Yes	286	47.7	506	84.3
	No	314	52.3	94	15.7
2.	Awareness regarding Symptoms of Anaemia?				
	Yes	114	19	523	87.2
	No	486	81	77	12.8
3.	Aware of Preventive Measures to be taken for Anaemia?				
	Yes	246	41	518	86.3
	No	354	59	82	13.7
4.	Are you aware about the Treatment of Anaemia?				
	Yes	231	38.5	492	82
	No	369	61.5	108	18

The awareness regarding anaemia among the selected respondents was depicted in the Table-1. The observed data shows that only 47.7% respondents were aware about the condition of Anaemia and after the awareness program, the response for the same has been improves i.e. 84.3%. Correct response for the awareness regarding symptoms of anaemia was given by only 19% respondents before the education but after nutrition education, it was 87.2%. Most of the rural women were not aware about the preventive measures of the anaemia (59%) and available treatment for the anaemia (61.5). after the health and education program, response regarding both has been significantly improved i.e. 86.3% and 82% respectively. The observed data revealed that the majority of women were unaware about the term Anaemia and a very small group of women have the awareness regarding symptom, preventive measures and treatment of anaemia which may be resulted in the major health risks among rural Indian women (Patel *et al.*, 2013).

Table 2:- Awareness regarding Nutritional Management of Anaemia among the study Participants-

S. No	Variables	Pre Test		Post Test	
		N	%	N	%
1.	Can Anaemia be treated by Iron Rich Foods?				
	Yes	316	52.7	548	91.3
	No	284	47.3	52	8.7
2.	Inclusion of Vitamin C helps in Iron Absorption?				
	Yes	107	17.8	339	56.5
	No	493	82.2	261	43.5
3.	Do you aware about Iron Rich Foods?				
	Yes	241	40.2	561	93.5
	No	359	59.8	39	6.5
4.	Do you aware about Vitamin C rich Foods?				
	Yes	234	39	569	94.8
	No	366	61	31	5.2

The data regarding awareness about nutritional management of anaemia among the study participants was illustrated in the Table-2 in which the observations shows that about 52.7% women were aware that anaemia can be treated with the consumption of iron rich food and this percentage were improved (91.3%) after the exposure with awareness documentary. Among the selected women only 17.8% women were aware that vitamin C helps in the absorption of iron in the body, but after the education the response for the same has been significantly improved i.e. 56.5%. Most of the rural women were unaware about the iron rich foods (59.8%) and vitamin C rich foods (61%). But after the nutritional awareness program, the response regarding the both has been significantly improved i.e. 93.5% and 94.8% respectively. The observations shows that rural women were aware about role of iron rich food in treating anaemia and the iron rich foods into some extent but most of them were unaware regarding role of vitamin C in the iron absorption and the novel food sources of vitamin C. so this condition may leads to low level of serum iron due to poor absorption in the intestine even in the presence of iron rich foods in the daily diet (Pareek *et al.*, 2015).

Table 3:- Awareness regarding Indigenous Food Processing Practices among the study Participants.

S. No	Variables	Pre Test		Post Test	
		N	%	N	%
1.	Aware of different Indigenous Food Processing Practices?				
	Yes	133	22.2	456	76
	No	467	77.8	144	24
2.	Aware of Nutritional Benefits of Indigenous Food Processing Practices?				
	Yes	127	21.2	471	78.5
	No	473	78.8	129	21.5
3.	Aware about different food products developed by Indigenous Food processing Practices?				
	Yes	302	50.3	571	95.2
	No	298	49.7	29	4.8
4.	Aware of role of Indigenous Food products in obtaining Household Food Security?				
	Yes	513	85.5	374	62.3
	No	87	14.5	226	37.7

The data regarding awareness about indigenous food processing practices among the selected respondents were collected and gathered in the Table-3. The observations shows that only 22.2% rural women were aware about different indigenous food processing practices, but after the education program the response for the same has been significantly improved i.e. 76%. The correct response for nutritional benefits of the indigenous food processing practices was given only by 21.2% women before the nutritional awareness program but after the awareness it was 78.5%. Most of the rural women were unaware about the different foods prepared by using indigenous food processing practices (50.3%) and role of indigenous food products in obtaining household food security (85.5%). After the health and nutrition education program, the response for the both has been significantly improved i.e. 95.2% and 62.3% respectively. The obtained data revealed that most of rural population was unaware about the term indigenous food processing methods and their nutritional benefits (FAO, 2009), (FAO, 2013).

Table 4:- Awareness regarding Household Food Security among the study Participants-

S. No	Variables	Pre Test		Post Test	
		N	%	N	%
1.	Do you aware about the term "Food Security"?				
	Yes	47	7.8	229	38.2
	No	553	92.2	371	61.8
2.	Do you aware about the major consequences of Household Food Insecurity?				
	Yes	58	9.7	212	35.3
	No	542	90.3	388	64.7
3.	Aware about different measures to combat Household Food Insecurity?				
	Yes	37	6.2	194	32.3
	No	563	93.3	406	67.7
4.	Aware of reasons behind higher percentage of Food Insecure Women in India?				
	Yes	201	33.5	489	81.5
	No	399	66.5	111	18.5

The observation regarding awareness level of rural women of Allahabad district about household food security were gathered in the Table-4. The obtained data shows that a very low percentage of women were aware about the term Food Security which was improved to 38.2% after the exposure of the respondents with the awareness documentary. Majority of the women (90.3%) were unaware about major consequences of the household food insecurity but after the exposure with awareness material, the percentage was improved to 35.3%. Most of the selected women were not aware about the different measures to combat household food insecurity (93.3%) and reason behind the higher percentage of food insecure women in India (66.5%) but after the exposure with awareness material, the response for the both has been significantly improved i.e. 32.3% and 81.5% respectively. The observations revealed that there was a lack of awareness regarding food security and related aspects in the selected research area (Muro, et al., 2007).

Conclusion:-

Based on the obtained data it can be concluded that among the selected respondents, women are aware about the term anaemia (47.7%) more than the symptoms (19%), preventive measures (41%) and treatment of anaemia (38.5%) while they were also aware about impotence of iron rich foods in the treatment of anaemia (52.7%) but having low level of awareness regarding iron and vitamin C rich foods (40.2% and 39% respectively). Most of the rural women were unaware about indigenous food and related processing techniques (22.2%) and very low level of awareness were recorded about the concept of food security and related aspects (7.8%). After the exposure with the health and nutrition education program, the response for each question has been significantly improved and this will may leads to better health and healthy life of the selected respondents.

Recommendation:-

It can be concluded from the above study that educational intervention, if given in right manner, can bring out positive changes in its true sense & can modify or change the lives of people. This holds true more for the younger population as they are the future men & women who would promote growth & development of our nation.

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