



## International Journal of Home Science

ISSN: 2395-7476  
IJHS 2016; 2(3): 332-335  
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www.homesciencejournal.com  
Received: 23-07-2016  
Accepted: 24-08-2016

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### A study on nutritional and health status of adult Gujjar women of Bandipora district of Kashmir

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#### Abstract

Improper health and dietary intake in women of reproductive age can result in deficiency of several essential nutrients. Adequate nutritional status and proper dietary intake pattern of women improves maternal and child health. Thus, in this paper, an attempt has been made to investigate the nutritional status and health status of the Gujjar women in the age group 20-40 years of Bandipora district of Jammu and Kashmir. The sample for the study comprised of 50 women, purposively sampling technique has been used for the selection of sample. Anthropometric measurements, Clinical examination and dietary assessment have been conducted with the assistance of T-test in order to check the nutritional status of adult Gujjar women. Result revealed that women were found to consume diet deficient in calories, protein, calcium and iron. Thus nutritional status of women was found to be poor and they lacked general awareness related to health

**Keywords:** Anthropometric measurements, clinical examination and dietary assessment, tribal community

#### 1. Introduction

Tribal groups constitute about 8.2% of the total population in India. According to government statistics, tribes can be found in approximately 461 communities with almost 92% most of them residing in rural areas, mostly in remote underserved forest regions, with little or no basic civic amenities. Tribal community especially women lag behind other communities with respect to attainment of income, education, health and other requisites for good community nutrition [4]. women have to lead a healthy life because health of women affects the whole family. Moreover the health of women is linked to the status in the society [2]. Gujjar women being uneducated often lead a unhealthy life with lots of complications. These women are among the most backward and discriminated women in the country as also revealed by a survey [5]. Koundal (2012) reveals that Gujjar population is the third largest ethnic group in Jammu and Kashmir after Kashmiri and Ladakhi and constitutes more than 20% population of the state. Moreover out of total Gujjar population, 60% of Gujjar who fall under schedule tribe group in the state of Jammu and Kashmir and are lying below poverty line, compared to women of other communities a worse picture of Jammu and Kashmir Gujjar women has recently come to light as more than 1.4 million Gujjar women are facing utter gender discriminations in socio-political and government organizations in J&K [6].

Moreover a no. of other recent studies have indicated that the health and nutritional status of Gujjar women is poor. Samridhi *et al.* (2015) states that Gujjar women have a higher self esteem but their health index was moderate on physical and psychological distress [1]. Gul (2014) also highlighted worst picture of Gujjar women by showing that they were undergoing thorough exploitation as dull life and hard work made them physically as well as mentally fatigued. These women were also found and high risks related pregnancy and child bearing [5]. Furthermore a no. of studies have highlighted that poor nutrition is indicative of greater health risks to both mother and children born to them [3]. The health risk it could pose for women necessitates continuous monitoring of nutritional status and dietary intake especially in Gujjar women of Kashmir. The current literature provides limited information regarding dietary intake pattern and nutritional status in Kashmir. The objective of this study was therefore to assess the nutritional status and health issues of Gujjar women of Bandipora district of Kashmir.

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**2. Methodology**

50 Gujjar women has been selected from Gujjarpati Sumblar area of Bandipora District. Purposive sampling technique has been used and only women within the age group of 20-40 years are being selected

A structured questionnaire and an interview schedule were used in the collection of information from the respondents. Questionnaire was divided into various sections to obtain

various types of information. The data thus collected was tabled, analyzed and interpreted as per the needs of the study with the help of various statistical tools such as average, T-test etc.

**3. Results and Discussion**

**3.1. Results**

**Table 3.1.1:** Demographic characteristics

Particulars	No.	%
<b>Age in years</b>		
20-25	8	16
25-30	16	32
30-35	13	26
35-40	13	26
<b>Family type</b>		
Nuclear	38	76
Joint	12	26
<b>Educational status</b>		
Illiterate	10	20
Up to Matric	38	76
up to Higher Secondary	2	4
<b>Marital status</b>		
Married	50	100
Unmarried	0	0
<b>Monthly Income in Rupees</b>		
Rs.5000-10000	43	86
Rs. 10,000-15000	2	4
Rs.15000-20,000	5	10

Age, Educational and Marital status of the respondents most of the respondents (32%) are in the age group of 25-30 years. 20% of the respondents are illiterate. 100% of the respondents

are married and 76% of the respondents are living in the nuclear families. Most of the respondents ie 86% have income between 5000-10000/Rs

**Table 3.1.2:** Nutritional intake of respondents

		AGE			
		20-25	25-30	30-35	35-40
Calories (Kcal/day)	Mean	3085.9500	1392.4094	1405.0833	1563.2462
	Std. deviation	4632.11927	379.16772	442.75549	389.32132
	RDA	2230			
	T value	.523	-8.836	-6.454	-6.175
Protein (g/day)	Mean	41.7825	36.6694	39.1231	40.2348
	Std. deviation	15.95722	11.85868	14.56433	8.87264
	RDA	55			
	T value	-2.343	-6.183	-3.930	-6.000
Fat (g/day)	Mean	31.4300	30.0572	30.2323	35.4508
	Std. deviation	19.29369	13.34381	13.90060	24.72866
	RDA	25			
	T value	.943	1.516	1.357	1.524
Calcium (mg/day)	Mean	272.5125	264.1063	247.1154	565.7615
	Std. deviation	86.26142	146.33589	90.59694	847.7497
	RDA	600			
	T value	-10.738	-9.181	-14.044	-0.146
Iron (mg/day)	Mean	7.9950	6.8662	6.0609	10.2715
	Std. deviation	3.36345	3.52442	3.39256	6.63441
	RDA	21			
	T value	-10.936	-16.041	-15.877	-5.831

Table 3.1.2 depicts the distribution of respondents on the basis of intake of different nutrients. It has been observed from the table that the average caloric intake of respondents in the age group of (20-25) years is above than RDA (3085.9 kcal/day) and in rest age groups it is below than RDA. It has also been observed from the above cited table that the average intake of Protein, iron and calcium is below than RDA and in fat it is above than RDA in all the age groups.

It has been observed that the calculated value of T in calories, protein, iron and calcium for mentioned age groups are smaller than tabulated values of T at 5% level of significance.

**Table 3.1.3:** Various health problems of Gujjar women

Are you having any health problem ?	Yes		No	
	No.	%	No.	%
	19	38	31	62
Type of health problems				
BP	2	4		
Headache	4	8		
Arthritis	2	4		
Joint pain	3	6		
Back pain	2	4		
Acidity	3	6		
Chest pain	1	2		
T.B	1	2		
Jaundice	1	2		
TOTAL	19	38		

Table 3.1.3 shows distribution of respondents as per health problems respondents suffered from. As it is evident from the table that 38% have some health problems. 2% are hypertensive, 8% are having Headache, 4% have Arthritis, 6% of the respondents are suffering from joint pain, 4% related problem of Back pain. Moreover it was found that 6% have acidity, 2% have Chest pain, 2% were even suffering from T.B, and 2% of the respondents have Jaundice.

**Table 3.1.4 (a):** Awareness about health and hygiene

If u have cough with sputum for more than 2 weeks that is indicative of ?		
	NO.	%
T.B	8	16
Asthma	40	80
Bronchitis	0	0
Don't know	2	4

Table 3.1.4 (a) shows distribution of respondents as per awareness about health. As clear from the table 80% of respondents stated that it is indicative of T.B. but 4% of respondents were not aware of it.

**Table 3.1.4(b)**

What Are The Steps You Take At Home In Case Of Diarrhea/ Vomiting?	NO	%
Drink solution of salt, sugar, & lemon(homemade ORS)	10	20
Eat medicine	5	10
Go to hospital	30	60
Don't know	5	10

Table 3.1.4(b) shows distribution of respondents as per awareness about steps taken at home in case of diarrhea / vomiting. As explained from the table 60% of respondents stated that they go to hospital whereas only 20% of the respondents drink solution of salt, sugar and lemon

**Table 3.1.4(c)**

High Grade Fever For More Than Five Days with Decrease Appetite is Indicator Of?	NO	%
Typhoid	10	20
Jaundice	1	2
T.B	2	4
Don't know	37	74

Table 3.1.4(c) shows distribution of respondents as per awareness high grade fever for more than five days with decrease appetite is indicator of. As explained from the table 74% of respondents stated typhoid whereas only 4% of the respondents stated T.B.

**4. Discussions**

The result of the present study showed that Gujjar women consume diet deficient in calories, proteins, calcium and iron. Thus it can be concluded that Gujjar women of Bandipora district are under nourished. The results are somewhat similar to the study done by Tanuja *et al.* (1995) indicated that the tribal women of Bihar (Singh bum district) were highly undernourished. Thus majority of the tribal women in Bihar were found to be at risk of delivering low birth weight babies and have pregnancy complications. Some of the reasons for under nutrition among tribal women could be poor diet intake, ignorance, early marriage, and high morbidity due to unhygienic practices and surroundings. Under-nutrition of mothers may be carried over to their children. Hence it was stressed that there was a need to provide special attention to this group in improving their nutritional status by intervening appropriate health and nutrition programs like nutrition education, iron supplementation and de-worming both during adolescence and during adulthood. Gul (2014) also concluded that Gujjar and Bakerwal women of j&k do not get proper and balanced diet which leads them to anemic in terms of iron deficiency.

The Result of the study revealed that 38% of respondents are having some health problem. Thus the result are some what similar to the study done by Samridhi *et al.* (2015) who revealed that Level of health index of respondents on physical distress, psychological distress and total distress depicts that high proportion of respondents have moderate health.

Moreover present study revealed that respondents are unaware about symptoms of t.b and typhoid. Thus results are similar to the study done by Megha (2013) who also concluded that the general awareness about the commonly occurring diseases, their symptoms, health and hygiene was found to be average.

**5. Conclusion**

The present study was done to assess the nutritional and health status of Gujjar women. It was concluded that majority of respondents belonged to low middle income group. The respondents did not follow proper dietary pattern as per their requirement, the nutrient intake of the respondents was below than RDA, especially calcium, protein and iron intake was low due to which Gujjar women faced various health problems. The majority of the respondents do not have awareness about health and hygiene, they do not realize that hygiene can play a primary role in leading a healthy life.

Overall on the basis data available, it was concluded that there is a need for planning of nutritional and health programs for Gujjar community. Improving Gujjar women's health requires a strong and sustained commitment by government and other stakeholders. Long-term improvements in education and awareness opportunities will play a positive role on health of Gujjar women and their family's. In the short term, significant progress can be achieved by strengthening and expanding essential health services and promoting more positive attitudes and behavior towards Gujjar women's health.

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