

Study Of Indian Women Diet

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Introduction:

Nutrition is a basic human need and a prerequisite to a healthy life. A proper diet is essential from the very early stages of life for proper growth, development and to remain active. Food consumption, which largely depends on production and distribution, determines the health and nutritional status of the population. The recommended dietary allowances (RDA) are nutrient-centered and technical in nature. Apart from supplying nutrients, foods provide a host of other components (non-nutrient photochemical) which have a positive impact on health. Since people consume food, it is essential to advocate nutrition in terms of foods, rather than nutrients. Emphasis has, therefore, been shifted from a nutrient orientation to the food-based approach for attaining optimal nutritional status. Dietary guidelines are a translation of scientific knowledge on nutrients into specific dietary advice. They represent the recommended dietary allowances of nutrients in terms of diets that should be consumed by the population. The guidelines promote the concept of nutritionally adequate diets and healthy lifestyles from the time of conception to old age.

Brief Information Of Indian Women:

Government of India has been making several efforts in developing health and population Policies. However, there are several problems in the implementation of appropriate interventions Due to poverty, gender discrimination, illiteracy in the population According to 2001 census, only 54.3% of Indian women were literate. The literacy level of women can affect Reproductive behavior, use of contraceptives, health and upbringing of children, proper hygienic practices, access to employment and overall status of women in the society. An early marriage and child-birth is a major determinant of women's health and is also responsible for the prevailing wide variation in the socio-economic status. Inadequate and improper utilization of health facilities and wide spread anemia among all the reproductive age women, leading to high maternal mortality (540 maternal deaths per one lakh live births) (NFHS 2)

Women Pregnancy:

Women are generally vulnerable to under-nutrition especially during pregnancy and lactation where the food and nutrient requirements are more during that period. The demographic Consequences of the lower status in women has formed expression in various forms such as female Infanticide, higher death rate for women compared to men, lower sex ratio, lower literacy rate in female, during pregnancy and after delivery y a should be very care full about herself and baby also time to time her proper clean healthy food , milk and water also. if mother will take proper heavy healthy food then baby will take more feeding and healthy breast milk will generate time to time according to baby needs. Lower level of employment of women in the non-agricultural sector as compared to men etc.

Eating disorders:

Eating disorders are serious eating behaviors, which can be fatal if left untreated. They include anorexia nervosa, bulimia nervosa, and binge eating. Anorexia nervosa is characterized as becoming too thin (see malnutrition) when persons do not eat enough because they think they are fat. Bulimia nervosa involves periods of overeating followed by purging, sometimes through self-induced vomiting or using laxatives. Binge eating is out-of-control eating, often to the point of being uncomfortable. It is similar to bulimia but without purging. Compulsive overeating has been classified as a separate eating disorder by some and included with binge eating by others. It has been called an addiction to food. Persons with compulsive overeating use food to cope with their feelings, which leads to obesity. Like those who suffer from binge eating, compulsive overeaters are at risk of heart attack, high blood-pressure, high cholesterol, kidney disease and/or failure, arthritis and bone deterioration, and stroke. Who gets eating disorders? Women are more likely than men to have eating disorders. They usually start in the teenage years and often occur along with depression, anxiety disorders, and substance abuse.

Eating disorders managed:

1. A qualified health professional should assist with diagnosis and management.
2. Eating disorders can cause heart and kidney problems and even death.
3. Getting help early is important.
4. Treatment involves monitoring, mental health therapy, nutritional counseling, and sometimes medicines.

Obesity:

1. Body mass index is between 30 and 40.
2. Normal body function is compromised because of excess weight.
3. Obesity should be treated vigorously when evident.

Morbid obesity:

1. Body mass index is 40 or more.
2. Both body functions and health are impaired.
3. Aggressive action may be required to correct it.
4. Weight loss surgery may be necessary if life is in jeopardy.

Causes obesity:

1. Most commonly, obesity is due to eating more calories (energy) than used for activity and maintenance.
2. Occasionally, hormonal imbalances such as hypothyroidism or excessive hydrocortisone can help cause obesity.

Obesity managed:

1. With the proper diet
2. Daily exercise
3. Proper sleep
4. Emotional stability

Causes of malnutrition:

1. Malnutrition is the result of an inadequate intake and retention of nutrients.
2. This condition can be caused by lack of food, lack of a particular food group, failure to consume enough food or a particular food group.
3. Vomiting, diarrhea, parasitic infection, or chronic mental or physical disease.

Malnutrition managed:

1. It is critical that underlying infections and physical and emotional diseases be treated while attempting to restore a normal body weight.
2. Feeding a malnourished person is best done under the direction of a competent health care professional to avoid severe reactions to the wrong foods being fed too rapidly.

Nutrients balance:

Carefully planned nutrition must provide an energy balance and a nutrient balance.

1. **Proteins** - essential to growth and repair of muscle and other body tissues
2. **Fats** - one source of energy and important to fat-soluble vitamins
3. **Carbohydrates** - our main source of energy
4. **Minerals** - those inorganic elements occurring in the body and which are critical to its normal functions

5. **Vitamins** - water and fat-soluble vitamins play important roles in many chemical processes in the body
6. **Water** - essential to normal body function - as a vehicle for carrying other nutrients and because 60% of the human body is water.

Sources of proteins.

1. Fish
2. Chicken, turkey
3. Lean cuts of pork or beef
4. Low-fat dairy (milk, yogurt, cottage cheese, cheese)
5. Soy (tofu, soy milk, edamame)
6. Beans, lentils
7. Nuts, seeds
8. Eggs

Fats:

1. Canola oil / Olive oil
2. Walnuts
3. Avocado
4. Almond
5. Flax seeds/oil

Carbohydrates:

1. Potatoes/sweet potatoes
2. Brown rice
3. Quinoa
4. Barley
5. Whole grain pasta
6. Whole grain bread
7. Oatmeal/cereal
8. Fruit (fresh, frozen, or canned in fruit juice)
9. Tortillas
10. Corn
11. Butternut or acorn squash
12. Beans

Dietary Goals

1. Maintenance of a state of positive health and optimal performance in populations at large by maintaining ideal body weight.
2. Ensuring adequate nutritional status for pregnant women and lactating mothers.
3. Improvement of birth weights and promotion of growth of infants, children and adolescents to achieve their full genetic potential.
4. Achievement of adequacy in all nutrients and prevention of deficiency diseases.
5. Prevention of chronic diet-related disorders.
6. Maintenance of the health of the elderly and increasing the life expectancy.

Eat more food during pregnancy.

1. Eat more whole grains, sprouted grams and fermented foods.
2. Take milk/meat/eggs in adequate amounts.
3. Eat plenty of vegetables and fruits.
4. Avoid superstitions and food taboos.
5. Do not use alcohol and tobacco.
6. Take medicines only when prescribed.
7. Take iron, folate and calcium supplements regularly, after 14-16 weeks of pregnancy and continue the same during lactation.

Eat Folate-Rich Foods

1. Folic acid is essential for the synthesis of hemoglobin.
2. Folic acid deficiency leads to macrocytic anemia.
3. Pregnant women need more of folic acid.
4. Folic acid supplements increase birth weight and reduce congenital anomalies.
5. Green leafy vegetables, legumes, nuts and liver are good sources of folic acid.
6. 500 mg (0.5mg) folic acid supplementation is advised preconception ally and throughout pregnancy for women with history of congenital anomalies (neural tube defects, cleft palate).

Eat Iron-Rich Foods :

1. Iron is needed for hemoglobin synthesis, mental function and to provide immunity against diseases.
2. Deficiency of iron leads to anemia. Iron deficiency is common particularly in women of reproductive age and children.
3. Iron deficiency during pregnancy increases maternal mortality and low birth weight infants. In children, it increases susceptibility to infection and impairs learning ability.
4. Plant foods like green leafy vegetables, legumes and dry fruits contain iron. Iron is also obtained through meat, fish and poultry products.
5. Iron bio-availability is poor from plant foods but is good from animal foods. Vitamin C - rich fruits like gooseberries (Amla), guava and citrus improve iron absorption from plant foods.
6. Beverages like tea bind dietary iron and make it unavailable. Hence, they should be avoided before during or soon after a meal.

Dietary Guidelines:

1. Eat variety of foods to ensure a balanced diet.
2. Ensure provision of extra food and healthcare to pregnant and lactating women.
3. Promote exclusive breastfeeding for six months and encourage breastfeeding till two years or as long as one can.
4. Feed home based semi solid foods to the infant after six months.
5. Ensure adequate and appropriate diets for children and adolescents, both in health and sickness.
6. Eat plenty of vegetables and fruits.
7. Ensure moderate use of edible oils and animal foods and very less use of ghee/ butter/ vanaspati.
8. Avoid overeating to prevent overweight and obesity.
9. Exercise regularly and be physically active to maintain ideal body weight.
10. Restrict salt /sugar/fats intake to minimum.
11. Ensure the use of safe and clean foods.
12. Adopt right pre-cooking processes and appropriate cooking methods.
13. Drink plenty of water and take beverages in moderation.
14. Include micronutrient-rich foods in the diets of elderly people to enable them to be fit and active.

Conclutions:

1. Choose a variety of foods in amounts appropriate for age, gender, physiological status and physical activity.
2. Use a combination of whole grains, grams and greens. Include jaggery/gudh or sugar and cooking oils to bridge the calorie or energy gap.
3. Prefer fresh, locally available vegetables and fruits in plenty. Include in the diets, foods of animal origin such as milk, eggs and meat, particularly for pregnant and lactating women and children.
4. Adults should choose low-fat, protein-rich foods such as lean meat, fish, pulses and low-fat milk.
5. Develop healthy eating habits and exercise regularly and move as much as you can to avoid sedentary lifestyle.

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