

Health and Nutritional Status of Women in Sant Kabir Nagar, District of Uttar Pradesh: Deviation from State

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Abstract:

This study investigates the health and nutritional status of women in Sant Kabir Nagar, Uttar Pradesh, and offers a comparative analysis with broader trends observed across the state. The research addresses significant issues related to women's health, including malnutrition, anemia, and access to delivery care services. Utilizing data from the National Family Health Survey (NFHS-5) this study explores how far the women of the district stand from state level in terms of women's health and nutritional status. By comparing the district-specific data of Sant Kabir Nagar with state level, the study aims to identify disparities among health and nutritional status of women. The findings provide insights into regional health disparities and inform potential policy interventions to improve women's health and nutrition in both Sant Kabir Nagar and Uttar Pradesh as a whole.

Keywords: Women, Health, Nutrition, Sant Kabir Nagar, Uttar Pradesh.

Introduction:

Health and nutritional status are critical determinants of well-being and quality of life, particularly for women in rural and underdeveloped regions. This research explores the health and nutritional status of women in Sant Kabir Nagar, a district in Uttar Pradesh, India, and provides a comparative analysis with broader trends across Uttar Pradesh. Women's health and nutrition are influenced by various factors, including socioeconomic conditions, access to healthcare services, educational attainment, and dietary habits (Vidyanju; Kapur, 2019; Narges, De Francisci Morales, Mejova, & Schifanella, 2021; Dunneram & Jeewon, 2015). In Uttar Pradesh, a state characterized by high population density and diverse economic conditions, disparities in health and nutrition can be stark (Singh, 2023). According to the National Family Health Survey (NFHS-5), Uttar Pradesh faces significant challenges related to maternal and child health, with substantial proportions of women experiencing malnutrition (Tripathi & Gupta, 2023) and anemia (NFHS, 2022).

Sant Kabir Nagar, a predominantly rural district in Uttar Pradesh, often reflects the broader state-level trends but may also exhibit unique local conditions affecting women's health. Studies such as those

conducted by the Indian Council of Medical Research (ICMR) highlight the regional disparities in health outcomes and nutritional deficiencies.

This research aims to delineate these disparities by comparing the health and nutritional status of women in Sant Kabir Nagar with state level. The findings will contribute to understanding the localized impact of socioeconomic factors and healthcare accessibility on women's health, providing valuable insights for targeted interventions and policy improvements.

Objective of the Study:

On the ground of literature studied and area of the study some major objectives have been given below-

- To analyze women's health condition in the district Sant Kabir Nagar and Uttar Pradesh as a whole.
- To study current nutritional status of women among district as well as state.
- To investigate variation in women's health and nutritional status among district Sant Kabir Nagar and Uttar Pradesh.

Research Methodology:

The present work is an attempt to explore women's health and nutritional status in Uttar Pradesh and its district Sant Kabir Nagar. To capture health status in the state and its district Sant Kabir Nagar, delivery care indicators, and prevalence of anaemia – which have used in NFHS -5 – have been used in the present study. To investigate nutritional status of women, Body Mass Index (BMI) has been employed in the present study.

To fulfill the objective of the study, secondary data has been used. The secondary data have been drawn mainly from fifth round National Family Health Survey (NFHS). The collected data have been tabulated using MS – Excel software. To fulfil the objective of the paper, some required statistical tools and techniques like bar diagram, chart etc. are employed using MS –Excel, SPSS software.

Women's health is very crucial and burning issues for the societies. There are numerous indicators to capture and to find out the status of women's health and nutrition in the economy, but due to some limitation and to fulfill the objective of the paper, we are considering only two important indicators which represent status of women health in an economy or state and its district – delivery care indicators and prevalence of anaemia – and one indicator – BMI – which represents status of women's nutrition in the economy or state and its district (NFHS, 2022).

Result and Discussion:

Despite improvements and a multitude of health initiatives over the years, India continues to grapple with high maternal mortality, limited access to healthcare, nutrition disparities, and mental health (Tripathi & Prajapati, 2024) concerns (Singh, 2023).

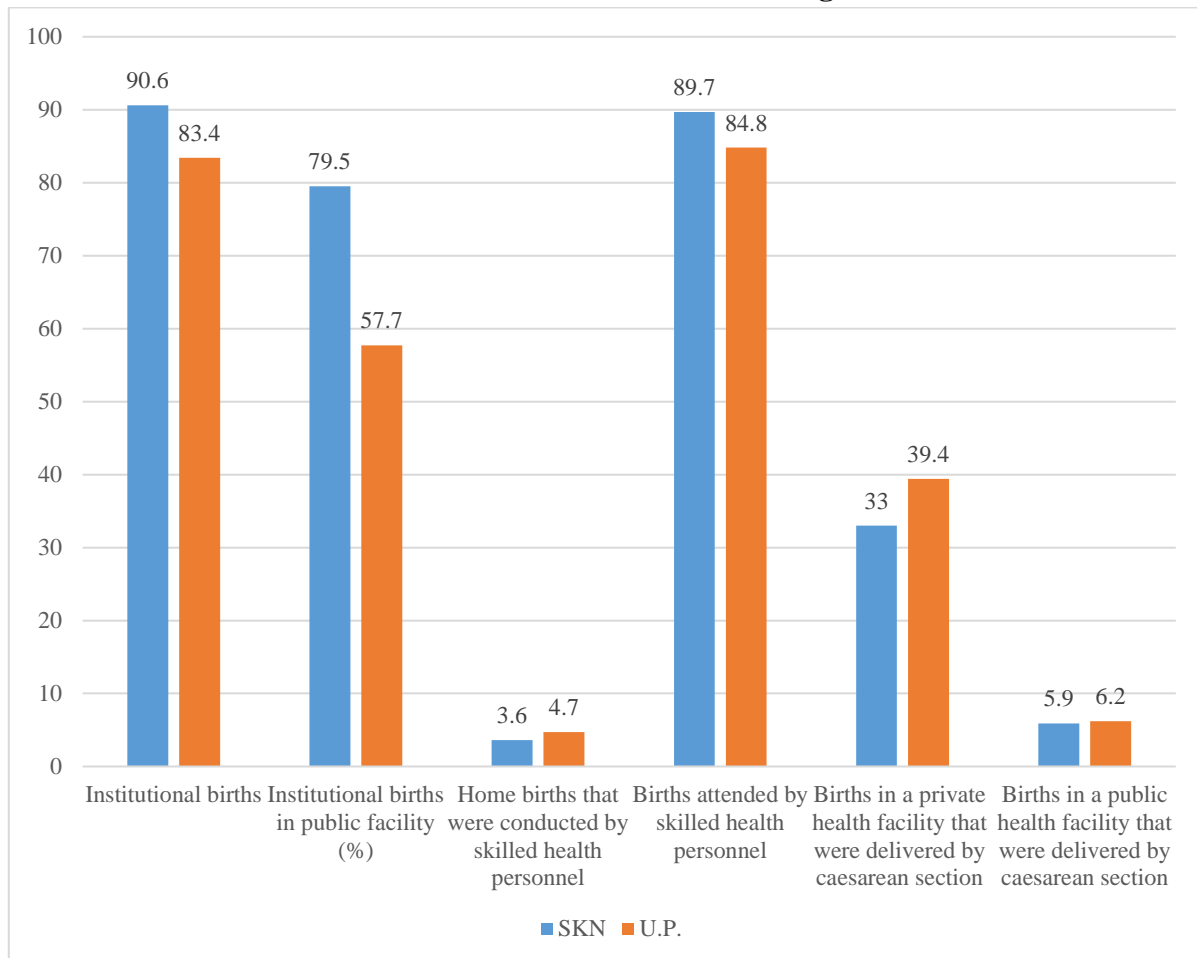
Maternal and Delivery Care:

Maternal and delivery care has become most important factor for a woman specially who has been pregnant or given birth. Appropriate delivery care has been very crucial for both maternal and prenatal health and increasing skilled attendance at birth has become a central goal of the safe motherhood and child survival movements (Kesterton, Cleland, Sloggett, & Ronsmans, 2010). Delivery has been very crucial for both mother as well as her child. So, birth must take place at well-equipped and well-structured place where skilled health personnel like doctor, nurse or other skilled person, hygienic

atmosphere, and life-saving condition are available (Kesterton, Cleland, Sloggett, & Ronsmans, 2010). This facility may reduce deaths caused by delivery related complications. It has well-known that complications arose during labor, delivery, and immediate postpartum period are responsible for majority maternal deaths (Ronsmans & Graham, 2006). The discussion made here reveals the fact that utilization of institutional delivery services could improve maternal and child health (Dixit & Dwivedi, 2016) because we know that institutional delivery centers usually have much better modern facilities and hygienic conditions in India (Dixit & Dwivedi, 2016). One of the most effective ways to improve maternal and newborn health has accepted for mothers to deliver in health facilities with adequate maternal care and hygienic atmosphere (Tripathi & Gupta, Thesis, 2024). Thus, it has revealed from the discussion that proper delivery care for all births has termed as an important indicator for both maternal and child health (Dixit & Dwivedi, 2016). For capturing maternal and delivery care 6 indicators – institutional birth, institutional births in public facility, home birth that were conducted by skilled health personnel, birth attended by skilled health personnel, births in a private health facility that were delivered by caesarean section and births in a public health facility that were delivered by caesarean section– have taken into consideration

To trace the women health situation and delivery care status, comparative analysis of state and district has done in the following chart-

Chart 1: status of women health in the Sant Kabir Nagar and Uttar Pradesh



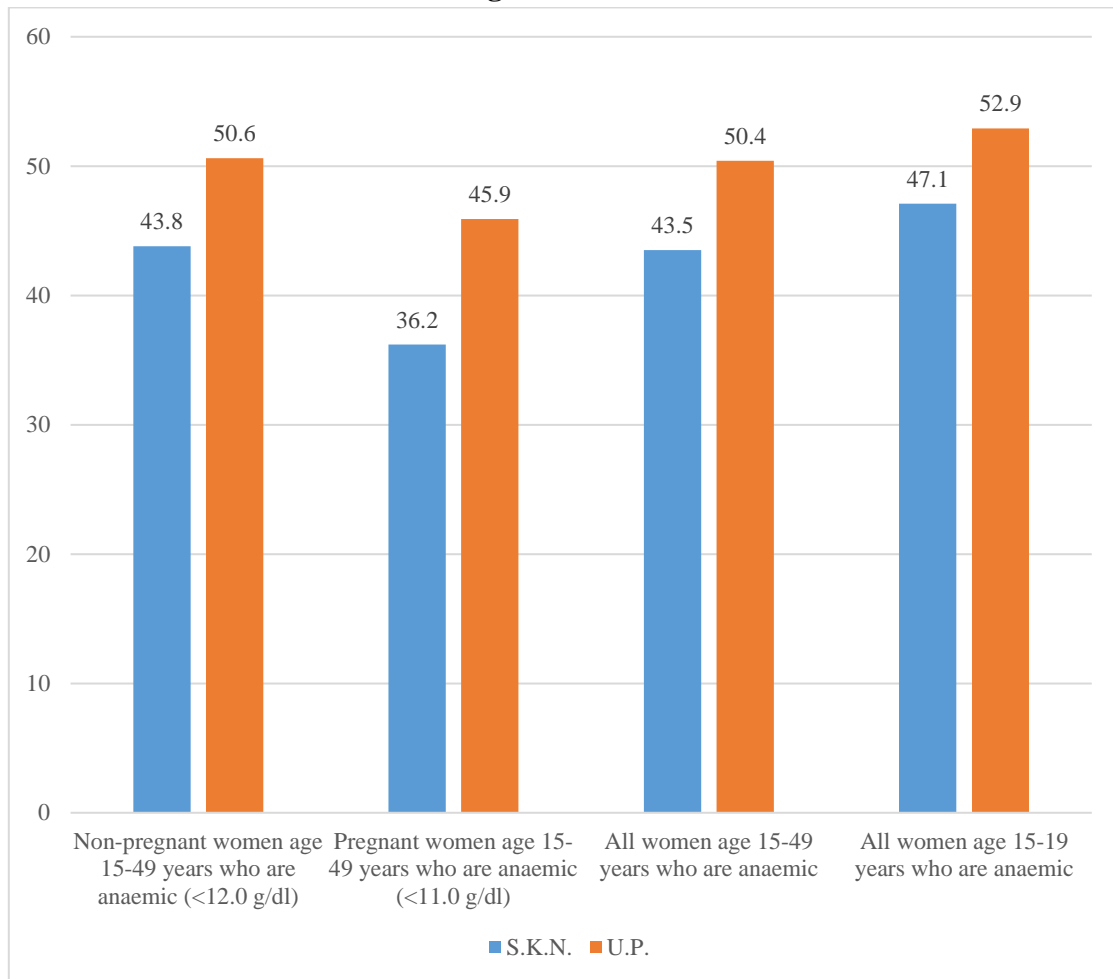
Source: NFHS-5th round survey

The above Chart shows women's health status in Sant Kabir Nagar district with compared to Uttar Pradesh during NFHS-5. It is clear from the chart that institutional births - which is a significant indicator of women health- are 90.6% in Sant Kabir Nagar district while that of 83.4% in the state during NFHS-5. It shows that the district is performing better than the state. Institutional births in the district are greater than the state by 7.2% which shows better delivery care condition in the district than the state. Next to institutional births, institutional births in public facilities in the district is 79.5% which is higher than that of state level by 21.8%. The chart reflects that the institutional births in public facilities are significantly high in the district than Uttar Pradesh It shows significantly better condition of delivery care in the district with compared to Uttar Pradesh. Home births that were conducted by skilled health personnel in the district are 3.6% which is lower than that of state level where it was 4.7%. Lower value of home births that were conducted by skilled health personnel is manifested in institutional births in the district which is significantly higher than that of state level. The chart also shows that births attended by skilled health personnel in the district is 89.7% while that of 84.8% in the state. It is also clear from the data that district is better than state at this front. Percentage births in private health facility that were delivered by caesarean section is 33% in the district while 39.4% in the state. It is clear from the data that delivery by caesarean section in the private health facility is higher in state than district level by 6.4%. Births by caesarean section in private health facility is very costly that's why poor people do not go to private health facility for common delivery or delivery by caesarean section (Kesterton, Cleland, Sloggett, & Ronsmans, 2010). Percentage of births in a public health facility that were delivered by caesarean section is 5.9% in Sant Kabir Nagar district while that of 6.2% in Uttar Pradesh during NFHS-5. It is clear from the chart that births by caesarean section is lower in the district than that of state in both public and private health facilities. Generally, people do not prefer birth by caesarean section in public facilities. They prefer private health facilities for birth by caesarean section. Thus, delivery care condition in the district is slightly good but not up to the mark and improvements are needed in this sector.

Anaemia:

Anaemia is a condition in which the number of red blood cells or the haemoglobin concentration within them is lower than normal (Anaemia). Anaemia is a state characterized by a decrease in the level of haemoglobin in the blood that result from reduced quality or quantity of red blood cells which reduce oxygen- carrying capacity to the tissues" (WHO, 2008). Haemoglobin is needed to carry oxygen (Tripathi & Gupta, Thesis, 2024) and if you have too few or abnormal red blood cells, or not enough haemoglobin, there will be a decreased capacity of the blood to carry oxygen to the body's tissues (Tripathi & Gupta, Thesis, 2024). This results in symptoms such as fatigue, weakness, dizziness, and shortness of breath, among others (Anaemia). The optimal haemoglobin concentration needed to meet physiologic needs varies by age, sex, elevation of residence, smoking habits, and pregnancy status (Anaemia). National Family Health Survey accepts global standard of anaemia and adopts the norms set by WHO (World Health Organization). Anaemia prevalence among women is compared in the following chart given bellow-

Chart 2: Prevalence of anaemia among women in Uttar Pradesh and Sant Kabir Nagar



Source: NFHS-5 round district factsheet and state factsheet

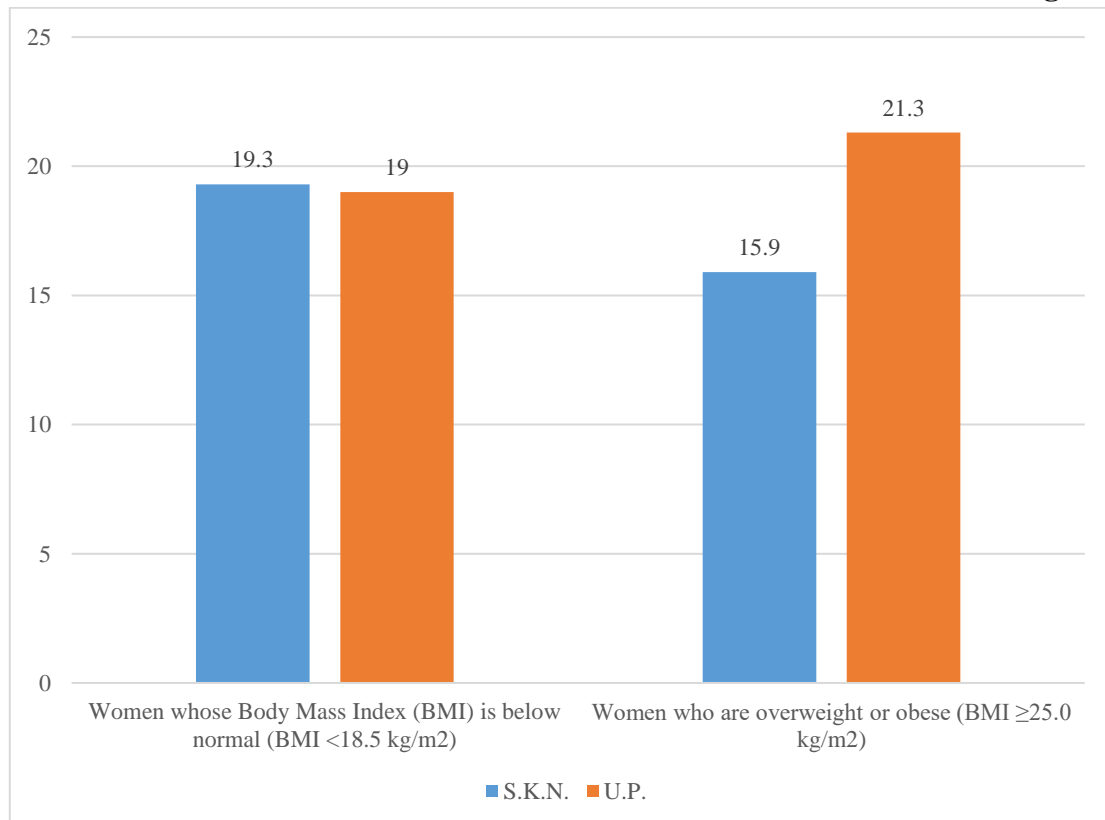
The above table shows anaemic condition of women in district and Uttar Pradesh. The table shows that prevalence of anaemia among non-pregnant women aged 15-49 years is 43.8% while that of Uttar Pradesh is 50.6% during NFHS-5. The table shows that prevalence of anaemia among non-pregnant women aged 15-49 years in district is lower than that of Uttar Pradesh by 6.8% during NFHS-5. It shows that the district is in better condition than Uttar Pradesh at this front. The table reflects that district Sant Kabir Nagar is better than Uttar Pradesh at the front of anaemic pregnant women aged 15-49 years. According to the table, prevalence of anaemia among pregnant women aged 15-49 years in the district is 36.2% while that of 45.9% in the state. It is clear from the table that prevalence of anaemia among pregnant women aged 15-49 years is significantly lower in the district than that of Uttar Pradesh. This reflects that the district is performing better than the state at this front. After going through the chart, we find that 43.5% women aged 15-49 years (pregnant and non-pregnant) are anaemic in the district while 50.4% women aged 15-49 years in the state are anaemic during NFHS-5. The chart shows that prevalence of anaemia among women aged 15-49 years is lower than that of Uttar Pradesh by 6.9% during NFHS-5. This gap is significant and reflects better condition of the district in this regard. Taking all women aged 15-19 years into consideration, we find that prevalence of anaemia among women of this age group is 47.1% in the district and 52.9% in the state. After analyzing the chart thoroughly, we can see that anaemia prevalence is highest among women of age group 15-19 years in the district as well.

as state. But prevalence of anaemia among women of age group 15-19 is lower in the district than that of Uttar Pradesh.

Body Mass Index (BMI):

Body Mass Index (BMI) is one of the best indicators for assessing health and nutritional status of the people. It measures obesity and overweight in the people (Tripathi & Gupta, Thesis, 2024). Obesity and overweight are generally defined as excessive or over fat accumulation that may adversely affect health (Obesity and overweight, 2021). Overweight is a possession of extra weight that is unproportioned to the height and age. It is the body weight falling above the range associated with minimum mortality (Sharkey, 1997). Obesity refers to much higher body fat percentages than that considered normal for age and sex. It can also be termed as the condition of having excess of non-essential body fat, Body Mass Index (BMI) above 30 (Sharkey, 1997). Body mass index (BMI) is a simple index of weight-for-height that is commonly used to classify overweight and obesity in adults. It is defined as a person's weight in kilograms divided by the square of his height in meters (kg/m²) (Obesity and overweight, 2021). Body mass index (BMI) refers to a measure of relative body weight that takes height into account and is correlated with direct measures of body fat (Sharkey, 1997). Overweight and obesity are considered a multivariate syndrome which can negatively affect the whole-body functioning (Tripathi & Gupta, Thesis, 2024). They were previously common in highly developed countries, but in recent years a progressive increase is noticeable in developing countries (Villamor, Urassa, Petraro, & Fawzi, 2004). To trace relative condition of women health and nutritional status in the district, it is necessary to compare it with state level. The required comparison is given below in the following chart-

Chart 3: Nutritional status of women in Uttar Pradesh and Sant Kabir Nagar



Source: NFHS-5 district factsheet and state factsheet

The above chart provides comparative nutritional data for the district and the state. After going through the chart, we find that percentage of women whose BMI is below normal is 19.3% in the district and 19% in the state during NFHS-5 in the year 2020-21. It is clear from the chart that percentage of undernourished women is slightly lower in the district than that of state. It can be said that women in the district as well as state are facing the same amount of problem and there is no significant difference in prevalence of malnutrition between the district and the state. On the other hand, the chart shows that percentage of women who are overweight or obese is 15.9% in the district and 21.3% in the state. This data shows poor nutrition condition of women in the state. The chart shows that about 5.4% more women are suffering from overweight or obesity in the state than the district. This is clear from the above chart that the district is in better condition in terms of women nutrition than the state. Thus, it is clear from the chart that women's nutritional status is better in the district and prevalence of overweight or obesity is significantly lower in the district than that of the state.

Conclusion and Policy Suggestion:

Women health and nutrition are very essential for not only women but also for society. The present study is an attempt to investigate the present scenario of women's health and nutrition in the state and its district Sant Kabir Nagar. The present study found that percentage of undernourished women in the district is greater than that of Uttar Pradesh while percentage of overweight and obese women is lower in the district than that of state level. It has also found that women of the district are better than women of the state whole in terms of anaemia prevalence. It has also found that delivery care condition in the district is better than that of state level. On the basis of above discussion the following suggestions are given to improve women's health and nutritional status in the state and its district –

- To improve the delivery care status in the state and district, some awareness programme should be run by government and civil societies.
- Along with awareness programme, some monetary and socially incentive programmes must be run by the government and society also.
- To reduce the prevalence of anaemia among women, some awareness programme, incentive programmes, must be opted by the government.
- To tackle the seriousness of obesity, youth, government and society simultaneously work with cooperation.

References

1. *Anaemia*. (n.d.). Retrieved 10 16, 2022, from World Health Organization: who.int/health-topics/anaemia#tab=tab_1
2. Dixit, P., & Dwivedi, L. (2016). Utilization of institutional delivery services across successive births in India. *International Journal of Population Studies*, 2 (2), 123-138.
3. Danneram, Y., & Jeewon, R. (2015). Healthy Diet and Nutrition Education Program among Women of Reproductive Age: A Necessity of Multilevel Strategies or Community Responsibility. *Health Promotion Perspectives*, 5 (2), 116-127.
4. Kapur, R. (2019). Factors Influencing Health and Nutrition among Women. *Research Gate*.
5. Kesterton, A. J., Cleland, J., Sloggett, A., & Ronsmans, C. (2010). Intrauterine growth retardation and perinatal delivery in rural India: the relative importance of accessibility and economic status. *BMC Pregnancy and Childbirth*, 10-30.

6. Narges, A., De Francisci Morales, G., Mejova, Y., & Schifanella, R. (2021). On the interplay between educational attainment and nutrition: a spatially-aware perspective. *EPJ Data Science* , 10 (18).
7. NFHS. (2022). *National Family Health Survey (NFHS-5): India Report 2019-21 Vol.1*. IIPS. Mumbai: International Institute for Population Sciences (IIPS) and ICF.
8. *Obesity and overweight*. (2021, 06 09). Retrieved 10 13, 2022, from World Health Organization: [https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight#:~:text=Body%20mass%20index%20\(BMI\)%20is,\(kg%2Fm2\).](https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight#:~:text=Body%20mass%20index%20(BMI)%20is,(kg%2Fm2).)
9. Ronsmans, C., & Graham, W. J. (2006). The Lancet Maternal Survive Series Steering group: Maternal mortality: who, when, where, and why. *Lancet* , 368, 1189-12.
10. Sharkey, B. J. (1997). *Fitness and Health* .
11. Singh, T. (2023). The State of Maternal Health in India. *Economic and Political Weekly (Engage)*.
12. Tripathi, S. K., & Gupta, R. (2023). Gender Discrimination and it's Impact on Women Health with Special Reference to Sant Kabir Nagar, District of Uttar Pradesh. Prayagraj, Uttar Pradesh, India.
13. Tripathi, S. K., & Gupta, R. (2024). *Gender Discrimination and it's Impact on Women's Health with Special Reference to Sant Kabir Nagr, District of Uttar Pradesh*. Prayagraj.
14. Tripathi, S. K., & Prajapati, J. P. (2024). Maternal and Child Health Status in Uttar Pradesh: Review from NFHS-5. *Shodh Drishti* , 63-69.
15. Vidyanju. (n.d.). *Social Factors Influencing Health and Nutrition of Rural Women*. Retrieved from Vidyanju: <https://vidyanju.org/factors-influencing-health-and-nutrition-of-rural-women/#:~:text=Explain%20social%20factors%20influencing%20Health%20and%20Nutrition%20of%20rural%20women,-Social%20Factors%20Influencing&text=The%20health%20and%20nutrition%20of,healthc>
16. Villamor, E., Urassa, W., Petraro, P., & Fawzi, W. (2004). Trends in Obesity, Underweight, and Wasting among Women Attending Prenatal Clinics in Urban Tanzania. *American Journal of Clinical Nutrition* , 6 (83).
17. WHO. (2008). *Worldwide prevalence of anaemia 1993-2005*. World Health Organization, WHO Global Database on Anaemia, Geneva.