



Letter

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## Strategy for health care of under nutrition rural Indian women

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India is one of the few countries where maternal mortality rates in rural areas are among the world's highest i.e. 570 per 100000 women [1]. Women in rural India live in lower status (except in a few states) and experience more episodes of illness than males and also are less likely to access health care facilities before the illness in well advanced [2]. The major cause seems to be undernutrition, the condition refers to inadequate intake of protein and calories for a long time that also leads to the deficiency of micronutrients such as minerals and vitamins. When sufficient calories are not consumed, the body first utilizes its stored fat then muscles and tissues, which ultimately leads to death. The situation is directly associated to other factors also such as lack of health awareness amongst women, illiteracy, low socio-economic status, poor housing conditions, early marriage, low income, poor sanitation, and stressful environment, use of narcotics, child bearing, overwork and to some extent lethargy. Body becomes more prone to diseases when adequate amount of protein is not taken in diet and have regular exposure to pesticides through vegetables, fruits, grains and other eatables and impure drinking water in such condition. Evaluation of protective role of protein *vis a vis* monocrotophos (organophosphate pesticide) toxicity in protein calorie malnutrition in albino rats was studied by the author, which revealed that the level of important metabolic enzymes and biochemical parameters were badly affected and one important enzyme of brain namely acetylcholinesterase was inhibited to the extent that rats could not survive in malnourished condition after 15 days of pesticide exposure. Further, on supplementing increased amount of protein in diet for a month showed recovery [3]. As per report available 40% women in rural areas were found to suffer with anemia [4]. Prevalence of thyroid disorder in Kangra region of Himachal Pradesh, India, was studied [5] and found that out of total one thousand suspected cases, the number of females was 884 and maximally affected age group was 31-50 years. The results of one of the studies indicated that nearly one-half (49%) of adult Indian rural population is suffering from some grade of chronic energy [6] deficiency (CED). As per study available, about 40 million Indian women die due to unavailability of proper healthcare every year. Some of these women remain so malnourished that they die soon after they reach to the site of treatment of a disease.

No systematic study is available on diet survey of rural Indian women and the preventive measures. Considering the severity and health hazards of undernutrition in rural women it is highly recommended that Government/NGO/Medical Colleges must organize regular free health camps and detect causes of most prevalent diseases and remedies for that. Health status of each and every rural Indian woman must be recorded and updated regularly so as to decide the type of assistance, guidelines and treatment they require. Government should make it mandatory for Medical Colleges to undertake the responsibility of nearby villages and maintain the record on line village wise so that the Government may launch special programs and policies for the prevention of diseases as per the statistics, and furthermore, opinion of medical experts may be utilized for the health benefits for sufferer. Systematic and authentic study is highly recommended on dietary interventions in the regions which are badly affected from diseases such as cancer.

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