

Introduction

Adolescence is a transitional phase in life when one experiences growth and maturation. Nutritional status during adolescence and youth are determinants of many of the health outcomes in later life. Undernutrition continues to be a major problem in India especially among rural population. Though the health issues like reproductive health including sexually transmitted diseases have been given due importance, limited research work was done on the nutritional status of adolescents and youth. From National Family Health Survey, 2005-2006, it was evident that almost 46 percent Indian women in the 15-19 age group had BMI of less than 18.5 kg/m^2 . Therefore, nutritional status has to be considered in present scenario which would help in achieving the goals of reproductive health such as reduction in proportion of low-birth weight babies, improving pregnancy outcomes, and reducing maternal deaths. Other than the nutritional status, the illness episodes are often experienced by young people especially in the rural India where personal hygiene is poor, availability of safe drinking water and toilet facility are lacking. The present study had collected information on socio economic and anthropometric characteristics, illness episodes experienced by young married women (13-24 years) and their health seeking behavior.

Objectives

The paper aims to-

- a) assess the level and determinants of nutritional status and body mass index among married young women
- b) study the prevalence of general illness and health-seeking behaviour

Source of data

The primary data was collected from South 24 Pargana district of West Bengal. The study was supported by Parks Small Grant, Cambridge, U.K. Total sample size is 654 women of 13-24 years.

Methodology

Multi-stage sampling technique was used to select twelve villages. Blocks were selected on the basis of female literacy and then villages were selected by arranging them in ascending order of SC/ST Population. Structured questionnaire, group discussions and in-depth interviews were conducted. Bivariate and multivariate techniques were applied for the analysis.

Main findings

A nutritional index was computed on the basis of types and frequency of food intake. Almost three-fourth of the young women reported to have low nutritional status. The nutritional status was found to be significantly lower among women in 13-17 age group, Muslim women, illiterate women, women who did not have any decision-making power regarding spending of money, women belonged to low wealth index and who felt they were not capable of taking any household decisions. Two sets of logistic regression models were used to find out the likelihoods of having poor nutritional status. In the first model, basic socio economic and demographic variables were included whereas in the second model, economic and psychological variables were introduced. The results showed that the likelihood of poor nutritional status was higher among illiterate women, tribal women, Muslim women and women in the younger age group of 13-17 years. But when the economic variables were introduced in the second model, the odds of having poor nutrition was found to be significantly higher among women belonged to low wealth index and who did not have any say about spending of money, whereas all other determinants of nutritional status in the first model lost significance. Therefore, it may be commented that economic well being and access to money were explaining the nutritional status of young women.

Young women's weight and height were measured in order to get an idea about body mass index (BMI). Pregnant women and women who were up to two months of PPA were removed from the computation of BMI. About one-third women in the age group 13-21 had BMI of less than 18.5 kg/m^2 compared to women who were 22-24 years old. More than one-fourth women had BMI of less than 18.5 kg/m^2 . BMI was found to be significantly lower among Muslim and tribal women, women who did not have any say

in spending money, women who had poor nutritional intake and belonged to low wealth index. The effect of wealth index was predominantly higher in comparison with all other predictors in determining BMI of women. In addition, BMI was found to be lower among women who got pregnant before they reached 18 years of age and who experienced three or more number of pregnancies in their lifetime. Three sets of regression models were used for further analysis of BMI.

In the second section, an attempt was made to look into the types of general illness young women were suffering from in the last one year (from the date of survey). About 45 percent young women reported to suffer from anaemia and 15 percent from water borne-disease like typhoid, jaundice and diarrhoea, 12 percent were suffering from skin disease and near about 70 percent young women reported that they were suffering from weakness and about 16 percent reported to have severe weakness due to which they could not perform household chores. The women were asked whether they did something to get some relief from such illness. It was surprising to note that about 58 percent women went to quacks for treatment. A considerable percentage of young women also went to traditional healer or faith healer for the treatment. This was more among Muslim women, tribal women, women with no education or only up to primary education and women who belonged to low wealth index. Many of the young women did not get proper medical facility. Left with no other options, they go to faith healers and Godmen, locally known as '*Tantrik*'. This conmen had strange ways of treating Jaundice patients and gave them amulet, locally known as '*Tabiz*' and were asked to dip a flower or rice given by them into a glass of water and drink the solution, which they said had special power to treat the illness. Young women reported that usually their mother-in-law used to call home the faith healers for such type of treatment.

From the Group Discussions it was evident that for many health problems either general or reproductive, tribal women believed that if one takes '*Hanria*' (a type of alcohol made in the tribal villages with a tablet called '*Bakhargoli*', mixed with rice and kept for fermentation over 4-5 days) health problems will be cured. Similar findings were evident from depth interviews.