

Key Characteristics for Good Nutritional Care and Preventing of Its Deficiencies in Women

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Abstract

Nutritious food, clean water and a hygienic environment are the building blocks of health for any public. However, these necessities are out of reach for many families particularly in women of low-resource environments. This article provides information about the good nutritional care and avoiding of its deficiencies in women. Accordingly, malnutrition contributes to several deaths of women worldwide. Women's deprivation in terms of nutrition and health care rebounds on society in the form of ill-health of their males and females offspring alike. Countries where malnutrition is common might deal with its immediate costs, including reduced income from malnourished citizens, and face long-term problems that may be related to low birth weight, including high rates of cardiac disease and diabetes in women. Public health systems need to prevent and treat micronutrient deficiencies, encourage households to meet the dietary needs of women and adolescent girls throughout their lives, and ensure their access to high-quality health services, clean water, and an adequate sanitation. By taking of such actions, not only improve the health of girls and women, but it has far-reaching intergenerational effects that can help the countries to develop further. Women must eat a healthful balanced diet to help ensure health throughout pregnancy to affect the fitness of both female and baby. Characteristically, women might moderate the consumption of animal fat, reasonable consumption of sugary soft drinks, choose low-fat dairy products, moderate the consumption of convenience foods, drink at least two litres of water per day, and esteem the subsequent meals. An example of a balanced diet is taking of breakfast (orange juice, 1 cup of milk and 60 grams of cereal), midmorning (non-fat yogurt with fruit), lunch (a bowl of rice with vegetables, tortilla chips, 40 grams of bread and fruit), snack (2-fat yogurt and 2 slices of bread with jam), and dinner (fish with vegetables, 40 grams of bread and a serving of fruit for dessert). Governments of the states should implement national recommendations in food and nutritional care in health and social precaution, promote implementation both in public and private sectors, and ensure widest possible dissemination of recommendations.

Keywords

Ladies, Food, Diet, Adolescence, Human, Malnutrition, Girls

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1. Introduction

Women are important to society at home and in the workforce around the world. Nowadays, the role of the women is very important because they have gained a lot of ground in politics and even more power within their own

households (Robina et al., 2015). However, owing to the pivotal role of women in the society by taking care of the children, they are totally dependent on an abundant and uninterrupted supply of food energy for living and working. Food is essential for the functioning of the body and in fact, it is one of the vital functions of human beings. However, nutrition does not mean eating anything, but carrying out a

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balanced diet regularly (Sarwar *et al.*, 2015).

2. Characteristics of a Balanced Diet

A balanced diet is the one that contains the proper nutrients that human's body needs to stay healthy and play a good performance. In this sense, a balanced diet is based on eating of natural and healthy foods based on the key nutrients they bring. A balanced diet should provide enough calories to perform the metabolic process, should deliver enough nutrients with soft and regulatory functions (minerals, vitamins and proteins), and the ingredients of a balanced diet must be well-adjusted with each other. Framework of a balanced diet should contain use of fats, oils and sweets, milk, yogurt and cheese, meat and meat products, fish, eggs, legumes and nuts, vegetables, fruits and cereals. A healthy diet, can take different forms and shapes depending on dietary preferences, which are in turn shaped by sociodemographic factors including age, sex and culture. Some of the healthy diet patterns are more prevalent among Hispanics, while others are more prevalent among non-Hispanic persons; some are more prevalent among women or girls) while others are more prevalent among men or boys (Montez and Eschbach, 2008; Samantha *et al.*, 2012). This suggests that nutrition education should be tailored to specific population subgroups whenever possible and should take into consideration the relevant food culture. For instance, while certain foods such as vegetables and whole grains should be encouraged across the board, preferences for particular vegetables and grains are likely to be culturally defined (Sarwar *et al.*, 2014).

3. Characteristics of a Good Nutrition Program

There are many different recommendations within the characteristics of a good nutrition program and these are originally summarized into the following key points (Reed, 1996; Guthrie *et al.*, 2007; Contento, 2008):-

- i. Everyone using healthcare and care services should be screened to identify those who are malnourished or at risk of becoming malnourished.
- ii. Everyone using care services may have a personal care support plan and where possible should have a personal input, to identify their nutritional care and fluid needs and how they are to be met.
- iii. The care provider must include specific guidance on food and beverage services and nutritional care in its service delivery and accountability arrangements.

- iv. People using care services should be involved in the planning and monitoring of arrangements for food service and beverage/ drinks provision.
- v. An environment conducive to people enjoying their meals and being able to safely consume their food and drinks should be maintained.
- vi. All staff/ volunteers might have the appropriate skills and competencies needed to ensure that the nutritional and fluid needs of people using care services are met. All staff/ volunteers might receive regular training on nutritional care and management.
- vii. Facilities and services are ought to be designed to be flexible and centered on the needs of the people using them.
- viii. The care-providing organization should have a policy for food service and nutritional care, which are centered on the needs of people using the service. Performance in delivering that care effectively can be managed in line with local governance and regulatory frameworks.
- ix. Food service and nutritional care might be provided properly and safely.
- x. Everyone working in the organization should value the contribution of people using the service and all others in the successful delivery of nutritional care.

There are key aspects of maternal nutrition in three periods, before conception, during pregnancy and after delivery, which identify health conditions that call for special nutrition services during those periods. Because breastfeeding increases the need for postpartum nutrition services, breastfeeding women are distinguished from non-breastfeeding women. Beginning before conception and extending throughout pregnancy and lactation, primary care providers need to integrate basic nutrition services into their care and to be on the alert for conditions that call for special nutrition services (Becerra *et al.*, 1990; Scheffler *et al.*, 1992).

The acquired immune deficiency syndrome or acquired immunodeficiency syndrome (AIDs) is a syndrome caused by a virus called human immunodeficiency virus (HIV). The HIV/ AIDs epidemic is primarily occurring in populations where malnutrition is already endemic. Because an adequate nutrition helps to maintain the immune system, so, sustain physical activity is essential for improving the treatment outcomes with antiretroviral drugs. The nutritional status of HIV-infected women before or during pregnancy and during lactation influences both the women's health, and the health and survival of their infants. For women who are underweight to normal weight before pregnancy, an adequate weight gain during pregnancy reduces the risks for low birth weight, stillbirth and perinatal mortality. During the

postpartum period, sufficient energy and nutrient intakes are necessary to support the demands of breastfeeding and for women to replenish their nutrient stores. The HIV infection increases energy requirements due to higher resting energy expenditures and increased nutritional needs from HIV-related infections and illnesses, thereby placing pregnant and lactating women at greater nutritional risk than their HIV-uninfected counterparts. However, for pregnant women living with HIV who are normal weight, they have higher frequency of pregnancy complications, particularly those related to hypertension and diabetes than other pregnant women living with HIV who are normal weight. Plus, pre-pregnancy obesity and excess weight gain during pregnancy are risk factors for heavier babies (Li et al., 2013).

Nutrition is very important to the health of the hair and nutritional factors appear to play a role in subjects with persistent increased hair shedding. For ladies, a quick hair loss can result from a lack of many nutrients, particularly minerals and proteins. Low iron levels are known to be a causative factor for hair loss. Often times, if iron is low, then other minerals such as zinc are low too. A lack of iron and other minerals can come from a lack of quality protein. Too much sugar and processed foods can also lead to a lack of minerals. Individuals with patchy hair loss might need more protein from various sources. Poor digestion such as bloating, heartburn or irregular bowel movements could be a sign that food is not being digested in a way that allows the body to absorb and use it well. A high potency multivitamin is often needed to help replenish the body's needs. Biotin is another vitamin that is safe and simple to use for nutrition of the hair. Essential fatty acids would complement this nutrition program. Vitamin D may also be important for those who have low hair and for those who are losing hair due to an autoimmune process. Excessive intakes of nutritional supplements may actually cause hair loss and are not recommended in the absence of a proven deficiency (Rushton, 2002).

Such data on women's nutritional status can be a powerful tool for informing communities and governments about the nature extent, and consequences of female's malnutrition, globally.

4. Improvement of Nutrition throughout Women's Lives

Addressing the needs of girls and women throughout their lives- the life cycle approach- can improve ladies nutritional status. Many nutritional deficits experienced in infancy and childhood have irreversible consequences, so interventions to support an adequate nutrition from infancy to onward directly benefit to women in later life. Because the causes of malnutrition are rarely simple, programs are needed to

address the range of factors determining the target population's nutrition. It is also important that the community must be involved in developing and supporting of the interventions, and that programs ensure that their approaches do not conflict (Achterberg, 1994).

4.1. Infancy Stage

Exclusive breastfeeding during the first six months of an infant's life benefits to both mother and child. Breastfeeding protects the infants and children from illness and helps to ensure healthy growth and development, and starting of breastfeeding soon after birth may help to prevent excessive maternal bleeding. Breastfeeding for up to two years can also help to mothers for keeping of their iron levels up by delaying the return of menstruation. Estimates suggest that improving of breastfeeding practices by encouraging women to breastfeed their infants immediately after birth and to avoid supplemental feeding for at least the first six months can save the lives of 1.5 million children each year (Carriquiry, 2003).

4.2. Childhood Stage

In late infancy and early childhood, children should receive adequate amounts of an appropriate food, and if necessary, use supplements of iron and other nutrients to complement their continued intake of breast milk as they are weaned. Monitoring whether the children in a community are growing can help the families to identify and address problems, including vitamin deficiencies and infections. Common supplements for children include iron, vitamin A and iodine. Iron is critical for cognitive development during the first two years of life and girls may be at particular risk of iron deficiency if scarce iron-rich foods are given mainly to boys. Fortifying the cereals with iron, although is helpful, but may not be enough, so children may need iron supplements. Iodine can be provided in iodized salt, although it is important that the level of fortification may be monitored by national authorities (Kramer, 1993; Sarwar et al., 2013).

4.3. Adolescence Stage

Adolescent girls need access to information and services related to nutrition, reproductive health, family planning and general health. Programs can reach to girls through a variety of avenues, including schools, workplaces, marriage registration systems and youth-oriented health programs. Schools can be a key part of helping adolescent girls to become healthy adults. Research shows that promoting of female education and literacy can improve nutrition and encourage females to seek regular health care. Ensuring that adolescent girls receive enough food, iron and folate supplements, and iron and iodine-fortified foods, as well as

helping them delay their first pregnancy and protect themselves from sexually transmitted infections and other diseases, can help the girls to become healthy women. Teaching girls to use their knowledge of nutrition when preparing and handling food can also improve their health and that of their families. For instance, adolescent girls participating in community kitchens learned to enhance their diets by adding of low-cost iron-rich items, such as chicken livers and foods that enhance iron absorption, including lemons (Guerrero *et al.*, 1999; Schulze *et al.*, 2006).

In communities where many adolescent girls are underweight, supplements may improve girl's overall health and their pregnancy outcomes, including reducing their risk of bearing low birth-weight babies. In few areas, for instance, where iron supplements have been given out in schools, the prevalence of anemia has fallen significantly. Interventions that reach adolescents help to establish healthy habits that continue into adulthood. Such programs should also involve males, as the boys who receive information about women's increased nutritional requirements during pregnancy and lactation may be better partners when they form families (Kanani *et al.*, 2000).

4.4. Pregnancy and Postpartum Periods

Pregnancy is typically the first point after early childhood when women seek out and receive health services. Because even women who have not used health care services in the past often make contact with health systems when pregnant, it is vital that nutrition interventions should be integrated into antenatal care programs. The food women eat is also the main source of nourishment for baby, so it is critical to consume foods that are rich in nutrients. Proper nutrition can help to promote the baby's growth and development. By following some fairly easy nutrition guidelines, women can be on their way to a healthy pregnancy. Women of reproductive age should be counseled about the importance of achieving the recommended calcium intake level. Calcium supplements can be considered if dietary sources are inadequate (Kusin *et al.*, 1993).

Women should consume daily iron and folate supplements when they are pregnant and for at least three months after childbirth and should receive other micronutrients as needed. In areas where many women suffer chronic energy deficiency and there is a high incidence of low birth weight, pregnant and lactating women may need high-energy food supplements. Educational programs and public information campaigns can also help to address cultural norms that prevent women from eating enough (Poppitt *et al.*, 1994).

4.5. Lifetime Nutrition

Efforts to improve the nutrition of entire populations be able

to do benefit to women, and governments can use a variety of approaches to ensure that their citizens receive enough calories and nutrients. Teaching to people about which local foods, such as mangos, papayas and chicken livers, contain essential nutrients, can help to diversify diets. Programs can also improve nutrition by fortifying widely consumed staple foods to deliver iron, iodine, vitamin A and other micronutrients to large populations (Sarwar *et al.*, 2013; Mirza *et al.*, 2015). For instance, researchers have found that fortifying soy sauce and fish sauce with iron has helped to reduce anemia in all population groups in the areas where the projects are conducted. Some countries have successfully fortified sugar with vitamin A and wheat flour with iron. Agricultural policies that promote the production of nutritionally rich crops and techniques that add nutritional value to food crops, fish and livestock can also help to promote health, as can providing of clean water and improving sanitation to prevent the transmission of intestinal parasites that can exacerbate existing malnutrition. In areas where most mothers suffer from malnutrition, giving to women energy-rich food during inter-birth intervals may increase the birth weight of the next child (Ceesay *et al.*, 1997; Newby *et al.*, 2003).

Women's energy requirements remain high after delivery, especially when women are breastfeeding, so it is important that they should continue to receive enough food. Women require approximately 50 percent more calories while breastfeeding than they need during pregnancy. Maintaining of adequate levels of vitamin A is particularly important for nursing mothers, since vitamin A is passed on to the infant through breast milk and can help to reduce the risk of maternal and infant illness and death. Nursing mothers should receive supplements of vitamin A if needed necessary (Brems and Berg, 2000).

5. Conclusion

An adequate nutrition is important for women not only because it helps them to be productive members of society, but also because of the direct effects that maternal nutrition has on the health and development of the next generation. There is also increasing concern about the possibility that maternal malnutrition may contribute to the growing burden of cardiovascular and other non-communicable diseases of adults in less developed countries. Finally, maternal malnutrition's toll on maternal and infant survival stands in the way of country's work toward key global development goals. Key targets for nutrition education efforts include high intakes of sugar-sweetened beverages, high-fat dairy and desserts. Nutrition educators should encourage decreased intake of these foods and use of healthier alternatives, such as

water, skim or low-fat milk and 100% fruit juice in moderation for beverages and fruits or low-fat/ low-calorie options for dessert. Finally, readers of this information should take several factors into consideration when interpreting present results. Policymakers should also address women's low social status and ensure that girls have access to education, which should also include information on nutrition. Such policy measures can help to increase women's age at first pregnancy, which is an important determinant of maternal health and child survival, and can encourage women to space their births.

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