AIM: A qualitative pilot study aimed to understand the socioeconomic aspects leading to malnutrition in urban poor women in Bangalore, India.

INTRODUCTION
“Malnutrition is the largest single contributor to disease”

INTRODUCTION & METHODS
- 8 brief group discussions about health issues and preventive health
- 12 in-depth individual interviews were conducted
- Questions about their daily life, nutrition and health were asked:
  - How many children do you have? What work do you do? What is your daily schedule? What foods do you cook and consume daily? What are the barriers for you to obtain healthy foods? What health problems are you experiencing? How do you access health care?

RESULTS
Background:
- Age: 25 – 40
- Average no. of children: 2-3
- Employment: Domestic Workers Or Homemakers
- Average monthly income = Rs.7000 or $ 113
- Inadequate access to public health care, education

Diet:
- Cereal heavy: mostly white rice, some vegetable
- Protein: small portions once a week

Health Problems:
- Common: High Blood Pressure, Low Blood Pressure, Type II Diabetes, Fever, Respiratory Infections, Body Aches, Arthritis, Headaches and Fatigue.
- Weight: 2/15 underweight, 3/15 overweight

Social Determinants of Malnutrition:
- Lack of Financial Means:
  - Average monthly food expense: Rs. 4000 or $2 a day for family of 4. Women explained this to be their main reason for inadequate nutrition.
- Water and Living Environment:
  - Women share ‘poor access to clean water and their children fall sick often’. Many women have access to water once a week.
- Lack of Time:
  - Responsibility and tasks to be completed in a day left women with little time or energy to spend on nutrition. Women’s day can go from 5:00am -9:00pm.
- Lack of Knowledge:
  - Incomplete information about daily nutrition and it’s connection to disease. One woman did not fully understand the relation of nutrition to her child’s Vitamin A deficiency.
- Self Neglect:
  - Women neglect their health, skip meals, overwork. This is strongly connected to gender inequality issues in India.
- Poor Preventive Health:
  - Energy and money prioritized for meeting immediate-fixed needs including education for their children, paying rent and buying medicines over nutrition, exercise, rest.

CONCLUSION
National health surveys indicate urban poor women suffer from significant malnutrition. The identified socioeconomic themes in this study elucidate the underlying causes of malnutrition. Future interventions must tackle these fundamental systemic problems to overcome malnutrition.

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