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NUTRITIONAL STATUS OF TRIBAL CHILDREN IN INDIA: AN OVERVIEW

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ABSTRACT

Tribals are one of the most vulnerable groups in India. In spite of various kinds of policies and programs they remain the most excluded and live in miserable conditions due to various factors such as geographical isolation, poor healthcare delivery systems, beliefs and customs. Exclusion from development has adversely affected the tribal children. An amalgamation of factors such as socio-economic condition i.e., poverty, high illiteracy, absence of safe drinking water, poor sanitary living conditions and lack of awareness contributes to dismal health conditions among the tribal population in India. The health status and quality of life can be improved by focusing on all the determinants of health, as it has been proved that health is not only a function of medical care but it is determined by the cultural traditions, economic, social and political organizations of the society.

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INTRODUCTION

In India, 705 groups have been notified as scheduled tribes and they form approximately 8.6 per cent of the total Indian population (Census of India, 2011). Tribals are one of the most vulnerable groups in India. In spite of various kinds of policies and programs they remain the most excluded and live in miserable conditions due to various factors such as geographical isolation, poor healthcare delivery systems, beliefs and customs. Exclusion from development has adversely affected the tribal children too. Infant mortality, Child mortality and Under-five mortality among tribal was high (84.2 %, 46.3 % and 126.6 %) in comparison to general population (67.6 %, 29.3 % and 94.9 per cent) in 2002. Similarly, as compared to the general population (51.8 per cent) a high number of tribal children were undernourished (64.9 per cent) (Xaxa, 2011) and only 26.4 per cent of the tribal children were fully immunized, while in case of general population it was 42 per cent. Besides, Institutional deliveries are less (17.7 per cent) as compared to the general population (National Family Health Survey, 2005-06). Only 2.6 per cent of the households are covered by health scheme or insurance, whereas for general population it was 31.9. An amalgamation of factors such as socio-economic condition i.e., poverty, high illiteracy, absence of safe drinking water, poor sanitary living

conditions and lack of awareness contributes to dismal health conditions among the tribal population in India (Basu, 2000). Other than the above mentioned attributes, the health culture of the tribals need special mention as the health seeking behavior which include definition of illness, causes of illness, treatment seeking depend on the health culture. Specifically, it is evident that the above factors have resulted in "poor health status among women during child bearing period, low ante-natal care, increased deliveries at home along with high prevalence of under nutrition of under five children and mothers" (Richa Chandraker, 2009, Xaxa, 2011). In particular, high infant mortality rates are due to widespread malnutrition, malaria, dysentery, polio, leprosy, diarrhea and filariasis. Tribal communities also have special genetic problems like sickle shaped anaemia, G6PD red cell enzyme deficiency and STDs. The health problems of the tribal groups are further compounded by their habitats, difficult terrains and ecologically viable niches.

Nutrition plays a vital role, as inadequate nutrition during childhood may lead to malnutrition, growth retardation, reduced work capacity, poor mental and social development (Awasthi and Kumar 1999). tribal diets are generally grossly deficient in calcium, vitamin c riboflavin and animal protein (Basu 2000). Generally, three anthropometric indicators are often used to assess nutritional status during childhood: underweight (low weight-for-age), stunting (low height-for-age), and wasting (low weight-for-height). Studies have shown

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that degree of under-nutrition is higher among the under privileged communities which include the tribal population of our country (Dakshayani *et al*, 2008). A study carried out to assess the nutritional status of preschool children of Gond tribal community in Madhya Pradesh observed 60 percent of children to be underweight. Micronutrient deficiencies such as anemia and Vitamin A deficiency were common. Unhygienic personal habit, adverse cultural practices relating to child rearing, breast feeding and weaning were also prevalent among them (Rao *et al.*, 2002). Nutritional status among Koramudi children of Paschim Medinipur, West Bengal revealed that acute malnutrition was higher in preschool children than in school going children (Bisai *et al*, 2011). In addition, increased nutritional needs in boys than girls and influences of early childhood diseases in boys had resulted in, increased malnutrition among boys than girls. Similar study on nutritional status among Koramudi tribal was carried by Kaushik B, et.al, 2006 focusing on adult (18.0 < age ≤ 65.0 years) in two villages of Phulberia and Siromonipur from Kolkata. The study found that although there was no significant difference among women and men on under nutrition, the former were highly under nourished as compared to later. Diet and Nutrition Status of Children in Thane district of Maharashtra reveals increased prevalence of underweight and stunting (Khandare *et al*, 2008)

In a study (Sonowal, 2010) among the tribal communities of the Gonds, the Bhills and the Gavits in Maharashtra it was found that socio-economic factors, health status of the mother, taboos and restrictions during pregnancy such as practice of intake of lesser amount of food from 6th month of the pregnancy in order to reduce the size of the baby to avoid the problem of delivery, restrictions to eat certain foods that generates heat and less birth-spacing/gap between two children were the contributory factors for prevalence of malnutrition among the tribal children. A community based study on nutrition status of children aged 1-5 years among the Jenu Kuruba tribes of Mysore district has shown that with increase in age of the child, the prevalence of underweight is also increasing. Especially, malnutrition is high among girls than boys due to variation in diet, cultural and racial factors. Overall prevalence of underweight, stunting and wasting was 38.6%, 36.8% and 18.6% respectively. However, sex, literacy status of the mother, family type and immunization status did not have any impact on the prevalence of malnutrition. The study emphasizes on the role of government and NGO's to uplift the socioeconomic standard of the tribal community and to study in detail the dietary habits of the family especially in the child in order to bring specific intervention measures in the community (Renuka *et al.*, 2011 and Bisai *et al.*, 2011).

A comparative study on dietary status among the children of Jenu Kuruba and Yerava in three taluks of Mysore district, Karnataka was carried out by Jai Prabhakar *et al.* (2011). The study exhibited that there was no difference between the two groups in terms of intake of energy and protein, but it was below the respective Recommended Dietary Allowance (RDA). However, the intake of calcium rich food was more among Jenu Kuruba than Yerava children. The study calls for immediate measures to be taken to ensure access to nutritious food and balanced diet. The study of clinical observation among the Jenukuruba tribes of Mysore district (Jai Prabhakar

et al 2011) reveals that majority of the children had lack of luster (94.1%), sparseness (94.1%) and straightness (83%) in hair. The skin diseases like scabies (69.6%) and xerosis (65.9%) were very common in both the sexes, followed by dental flurosia (46.7%), scarlet and raw tongue, angular stomatitis in lips, conjunctiva xerosis in eyes (34.8%) and dental caries (30.4%). Clinical observation results reveals preventive measures are needed to improve the health and nutrition condition of the Jenukuruba tribal children. The study by Yadav *et al.* (1999) regarding nutritional status and dietary intake of children in the 17 tribal districts of Bihar revealed a similar kind of picture. The study exhibited that while intake of protein was broadly in line with the RDA in all age groups, the average intake of energy and other nutrients was lower in all age groups as compared to RDA. In addition, it was evident that wasting was more frequent in girls and no difference between urban and rural areas in malnutrition level.

Childrearing Practices among Kurubas and Soliga Tribes from South India (Seema *et al*, 2008) has shown that impact of urbanization is evident in their child rearing practices and livelihood in spite of the community living in secluded areas. The study highlighted that the community largely depended upon allopathic and herbal medication. Few families even opted witchcraft as a remedy during sickness. Even though illiterate tribal mother breast-fed their children, the harmful practices of mothers such as discarding of colostrum, giving prelacteal feeds, delayed initiation of breast-feeding and delayed introduction of complementary feeds affected child health. Predominantly, tribal mother preferred giving goat's milk for 3 to 5 days for the new born infants instead of colostrum due to the reason that it leads to stomach problem to the child. Intake of vaccination and immunization of infants was found to be low among the tribal community (Basu 1997 and Gandhi Manav Kalyan Society, 2007). Specifically, health of the child among the tribal community was found to be aggravated due to their magico-religious beliefs, taboos and myths. During ill health the tribal community primarily approached the traditional healer to cure the disease and modern health care was the second choice (Sonowal 2010). In addition, to the above practices, it was found that the involvement of women in work largely affected the health of the child as mostly children were left at home to be taken care by their older ones. Status of vaccination among the tribal women and their under five children in Durgapur upazila of Netrakona district revealed that vaccination among children was satisfactory in comparison with national coverage (Rahman *et al.*, 2006).

A baseline study to know the health behaviors, practices and attitudes on reproductive health reveals a destructive picture about the mothers and their children. Mostly, girls are married at the young age i.e., between 15-18 years and half of them become pregnant between this age group which in turn has an affects on the health of the mother and new born child. Deliveries took place at homes by untrained traditional health attendants and largely based on traditional health care systems of the region (Gandhi Manav Kalyan Society, 2007, Richa Chandraker, 2009). Some practices like the habit of taking alcohol during pregnancy has been found to be usual in tribal women and almost all of them continue their regular activities including hard labour during advanced pregnancy. Besides,

tribal communities strongly believe in traditional method of treatment and cure and therefore during illness they depend upon indigenous practitioners apart from biomedical, ayurvedic practitioners and local healers.

The way forward

Although there is extensive literature on tribal community, there is dearth of work on tribal children. Moreover, even the available studies on child health mostly focus on nutrition status, child bearing practices and intake of vaccination. Thus, there is an urgent need for a research focusing on all the issues related to child health which is sustainable and systematic (Xaxa, 2011). Geographical isolation of the tribal community and their cultural beliefs are some of the main challenges encountered to improve the health status of the population in general and specifically child health. As tribal populations are located in difficult terrains, accessibility to the health services is also very frivolous (Gandhi Manav Kalyan Society, 2007). Besides, professional and healthcare providers generally do not prefer to go and provide service in these remote areas. For improved and sustainable health outcome it is vital that the community is engaged, sensitized, empowered and mobilized in planning and monitoring of health service delivery.

One approach could be to utilize already existing services such as Village Health Sanitation and the Nutrition Committee (VHSNCs) which is working at the grassroots level. The VHSNCs are village-level bodies comprised of key stakeholders comprising of 50 per cent of women with representatives from STs and SCs of the village. They are part of the local self-governance structure of Panchayat Raj Institutions. They are assigned with the responsibility of enhancing people's participation in improving health care services in the rural areas by increasing awareness about health and health entitlements with special focus on women and children. Especially they play a vital role in improving the health (nutritional status) of the child; however, studies have shown that they have failed to bring any effective change in the village. It is important that VHSNCs are brought at the centre and their capacities are built to deliver the service effectively with specific focus on children. The health status and quality of life can be improved by focusing on all the determinants of health, as it has been proved that health is not only a function of medical care but it is determined by the cultural traditions, economic, social and political organizations of the society.

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