

DIMENSIONS OF NUTRITIONAL STATUS OF SAHARIA TRIBES IN MADHYA PRADESH

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ABSTRACT:- Tribal communities are "at risk" of under nutrition due to geographical isolation and suboptimal utilization of health services. The objective of this study was to assess the nutritional status of Sahariya tribes of Madhya Pradesh (M.P.), India. A cross-sectional study was conducted in villages inhabited by Sahariya tribal community of MP. Dietary surveys, anthropometric and biochemical assessments were carried out and nutritional profile were reported. A high prevalence of under nutrition and dietary deficiency exists among Sahariyas. System strengthening, community empowerment and nutrition education may play a pivotal role in addressing this.

KEYWORDS:- Saharia, primitive tribal group, socio cultural, depressed classes, Adivasi, Scheduled Tribe, Territorial integration. Constitution.

INTRODUCTION:-

Madhya Pradesh is a rich depository of biodiversity. It has got 1,35,464 sq. mts. of forest area. Food yielding, medicinal, aromatic and herbal plants are the important products obtained from the forest area of the state. There are 46 recognized schedule tribes in Madhya Pradesh. The Sahariya is one of the primitive tribe of India dwells in forest. In Madhya Pradesh the Sahariya is found mainly in Sheopur, Gwalior, Vidisha and Raisen districts. The history of Sahariya tribe goes back to many centuries and they still persist with their old traditions. Despite of number of natural calamities this tribe has managed its survival on account of their traditional knowledge and selection of food during the period of natural calamities. But in the present scenario as the tribe traditionally dependent on the forest for their livelihood and food, the Sahariyas have become encroachers on their own land as a result of the policy of "eminent domain" under which governments since the British raj has taken over forests. Incidences of deaths caused by malnourishment are increasing at an alarming rate in the study area. This is evident by the reports related to the deaths caused by malnutrition. The Sahariyas are a

designated as particularly vulnerable tribal community, which comprises nearly 4% of the tribal population of Madhya Pradesh as per 2011 census of India. It is one of the Primitive Tribe Groups (PTGs) in India, faces extreme poverty and serious child malnutrition.

Madhya Pradesh (MP) is one of the socio-economically and demographically backward states of India with a poverty rate of 32.4%. More than one in every four children is severely underweight. Scheduled tribes and Scheduled castes constitute a significant portion of state's population. Due to different linguistic, cultural and geographical environment and its peculiar complications, the diverse tribal world of MP has been largely cut-off from the mainstream of development. Sahariyas, which constitutes 2.7% of total tribal population in MP, is one of the primitive tribes. Tribal groups are known to have low food security and are undernourished population groups. Some common diseases among all primitive tribes include acute respiratory infections, sexually transmitted diseases, diarrheal diseases and nutritional disorders. The tribal population is at a higher risk of under nutrition because of their dependence on primitive agricultural practices and irregularity of food supply. Health is a prerequisite for human development and is an essential component for the well-being of the mankind. The health problems of any community are influenced by interplay of various factors.

The present study was a part of an in-depth situational analysis and a baseline assessment of status of Sahariya tribal community of MP. Assessing improvement in anemia status of Sahariya women was the primary outcome for this planned nutrition intervention. This study reports nutritional status of women in reproductive age group and under five children studied as part of this situational analysis. Specific objectives of this study were to assess nutritional status and socio-demographic profile of Sahariya tribal community, to assess their awareness regarding nutritional disorders and study their

dietary practices and lastly to assess their awareness and utilization of health and nutrition services.

Nutritional Panorama of Sahariya :-

There is a consensus that the health status of the tribal population is very poor and worst among the primitive tribes because of their isolation, remoteness and being largely unaffected by the developmental processes going on in the country. The tribal population is at a higher risk of under nutrition because of their dependence on primitive agricultural practices and irregularity of food supply. Health is a prerequisite for human development and is an essential component for the well-being of the mankind. The health problems of any community are influenced by interplay of various factors including social, economic, biological and political ones. Nutritional status of a population is an important tool to study health of any population. Nutritional status of the population largely depends on the consumption of food in relation to the need and requirement.

Want of the tribal tribents one sahariya. There tribals are economically & physically backward for the development of these sahariya tribal government has shouted many developing programs. Still not much development can be seen with these sahariya tribal people. Livelihood of these tribal people depends on forest vegetation, wages & animal husbandry. These people are backward & still believed is superstitious values, hence many people are surrounded with different diseases. Sahariya Tribal do not have any source of economic development. Thence due to such conditions in the present scenario these tribal are facing problems of malnutrition & Health problems. There people have the habit of tobacco, smoking bidi, liqueur, etc. Due to such addiction & unhealthy livelihood these tribal people one facing many health issues, diseases, Malnutrition problems etc, & hence there quality of life is decreasing at a very fast late. They are facing determination in health, which causes diseases such as, cough, cold Jaundice, skin diseases, cancer, night blindness, & Rickets scurvy etc. According to the Research on the basis of Primary & Secondary date it show that the base of primary treatment and Refutation for Sahariya Tribes need to be healthy.

Traditionally, the Saharias pursue their indigenous sociocultural rules, customs and norms which affects

their maternal health care system. Saharias suffered due to land alienation and rehabilitation. They traditionally practiced shifting cultivation, hunting, gathering, pastoralism, etc. and sometimes also adopted nomadic quit. They have quit Nutritional and Socio-Economic Status of Saharia Tribes In Madhya Pradesh. Their traditional activities due to deforestation, consistent shortage of rainfall, limited resources etc. In the present time, most of the Saharia have become daily wage earner instead of their traditional way of occupation. It is a transition phase for them, wherein a handful of powerful people got mingled with the neighboring main stream groups, moved up in the political and occupational hierarchy and some even got jobs, however, the masses remained poor. These poor were left with no traditional occupation but are forced to work as landless laborers and daily wagers. Bread is considered as their staple food. However, sometimes, due to unavailability of wheat, they consume roots, tubers, leaves, etc. which are collected from the nearby dwindling forest. Due to poor economic conditions, most of the Saharias cannot afford to take two square meals a day. Alcohol consumption and smoking constitute a part of their regular diet. The beverages are traditionally home brewed for their own consumption, as well as entertaining their guests. Even during pregnancy period, most (62.8%) of the women smoked and consumed alcohol.

Among the Saharias, maximum deaths occurred due to pneumonia, malaria, tuberculosis, gastric problems, diarrhea etc. Low standard of living, poor food habits, hard work, malnutrition, insanitation, lack of purified drinking water, low level of socio-cultural status, unfavorable environment etc. are attributed reasons of such diseases. Due to poverty, illiteracy, socio-cultural rules and regulations, inadequacy of government health center, etc., their traditional healers are initially given preference for the treatment of their diseases. In case of failure of traditional treatment, they generally come under the treatment of modern doctors.

In the Amrawad Dam villages studied, the sources of purified drinking water were totally unavailable. They were dependent on the water from for their drinking and other purposes. This villages are connected with other villages through the undulating footpath. Most of the Saharias were landless and they mostly were engaged in primary sector as wage earners. "Anganwarn" was found

to be running in one of the village, Amrawad, where iron tablets were given to pregnant females. Most of the houses visited were kuchha mud house except very few pucca semi concrete houses. There were open drainage in all villages. The income and literacy were found to be directly related and both were found to influence the nutritional status of Saharia in Madhya Pradesh.

Nutritional Status of Women at Reproductive Age :-

Most of the Saharias are dominated by nuclear families. Saharias are strictly clan exogamous and tribe endogamous. They generally practice negotiation and monogamy form of marriage at very early age. Divorce among Saharias is very rare. Literacy rate of Saharia is 23.2 percent, whereas 28.2 percent and 17.7 percent are for males and females respectively.

Underweight in women Although 750 women constituted the study sample, BMI was calculated in 606 women who were present in the HH at the time of survey. About 42.4% of women were found to have various degrees of CED; 7.4% were found to suffer from CED Grade from CED Grade II from CED Grade I. The mean BMI among women was 19.23 kg/m².

Anemia in women Overall prevalence of anemia in these women was found to be 90.1%. Almost half of these women (48%) had moderate anemia while 2.8% had severe anemia.

Health of a community is better judged by the maternal care among that community. Among the Saharias special attention to diet is not provided during the pregnancy period of most women. They consumed locally available seasonal vegetables but rarely fruits. Poor maternal care may be attributed to low educational status, high extent of poverty, inadequate modern health care facilities, non-admixture with modern society and abode in a remote geographical areas. To rescue from extreme labor pain, a major group of expectant mothers observed fast occasionally (90.7 percent) to please spiritual power, etc. Saharias follow lot of sociocultural rules and regulations.

Nutritional Status of Children (1 to 5 Years) –

Among 1-5 year children, about 1% had oedema and 5.7% were emaciated. The prevalence of Bitots spots, an objective sign of vitamin A deficiency was much higher than that reported during the survey in drought affected

areas. Similarly, very high proportion of preschool children exhibited conjunctival xerosis. The prevalence of clinical signs of B-complex vitamin deficiencies such as angular stomatitis and glossitis was low.

Among adults, the prevalence of clinical signs of nutritional deficiencies was observed to be negligible. The common forms of illnesses reported were fever upper respiratory tract infections, diarrhoea and measles.

The distribution of infants and preschool children according to weight for age, height for age and weight for height by standard deviation (SD). The prevalence of under nutrition among 1-5 year children is compared with the figures reported during the drought survey about 72% of 1-5 year children, in general, had underweight while the proportion of those with severe underweight was about 24%. The overall prevalence of underweight among Saharias was marginally higher compared to drought survey while it was significantly higher than that reported

DISCUSSION –

Tribals are particularly vulnerable to malnutrition because of their geographical isolation, uncertainty of food supply, lack of adequate health care facilities and due to certain traditional belief systems and cultural practices.

Studies carried out earlier by National Institute of Nutrition among primitive tribal groups in different areas of the country revealed that socioeconomic conditions and nutritional status of these tribes were influenced by the eco-system they live in. In general, dietary intakes of the Saharia community, barring cereals, was poor compared to the suggested levels of balanced diets.

This was reflected in higher prevalence of under nutrition both among children as well as adults. The extent of deficit in the intake of nutrients was relatively higher with respect to micronutrients such as vitamin A, riboflavin and free folic acid. High prevalence of clinical deficiency signs such as conjunctival xerosis and Bitot spots indicate that vitamin A deficiency is a major public health problem among this tribe. The fact that the prevalence of underweight and stunting among preschool children and chronic energy deficiency among adults of

Saharia tribe was significantly higher compared to their rural counterparts or those studied in drought affected areas indicates that the tribe is nutritionally highly vulnerable. Practices such as delayed initiation of breast feeding, discarding of colostrum and faulty feeding habits seem to have significantly contributed to higher.

This is a real cause of concern and needs urgent attention. The dietary intake data of the women elicited a poor quality diet with a low intake of macro and micronutrients. The IYCF practices in present study were comparable with the NIN study and practices like delayed introduction of complementary feeding may further accentuate the poor nutritional status of children. With regards to access to health and nutrition services by women and children, there was a gap between availability and utilization. The utilization of services that may have an impact on nutritional status was found to be sub optimal. Although schemes and programs like the Antyodaya Ann Yojana under PDS and supplementary feeding under Integrated Child Development Services exist, their utilization, which was found to be dictated by awareness and perception of quality was far from satisfactory. General awareness about nutritional problem was poor, which indicated a lack of awareness generation activities regarding some crucial nutritional problems in the community.

Food security aspect of this population needs special attention. There was significant association between under nutrition i.e., underweight and stunting in children with HH food security status. This tribal group had low food security and unless there is enough food in the HH, any specific program may not be able to bring about substantial improvement in the nutritional status.

CONCLUSION:-

On account of poor educational status, hygiene and inadequate supply of food the tribe is facing several serious health problems. Several reports of Government and non-government agencies are there to explain the devastating condition of the tribe. Low food security was found in Saharia inhabitant villages the odds of children were being found underweight and stunted. Calorie, fat, vitamin A, riboflavin, vitamin C and folic acid intake among women was lower than recommended dietary. According to the report from Govt. of India, food deficiency usually prevails in under developed tribal

areas. Still such tribal groups sustain successfully under adverse conditions as they stick on the alternative source of food, in the absence of wheat and rice and other kinds of conventional staple food plants. A large number of plant species as supplementary food, used by tribes of India. Broad nutrient categories include carbohydrates, fats, proteins, vitamins and minerals such as sodium, calcium, potassium etc. which are required in comparatively larger amount by the body and therefore called as macro-elements, whereas elements required in smaller amount are called trace or minor elements e.g. iron, zinc and copper etc.

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