

## **The Problem of Malnutrition Among Tribal Women and Children in Gujarat**

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### **Abstract**

*A proper nutritious diet is a basic human need. After all, the whole organism can survive only if it gets enough nutritious food. Nutrition is the foundation of human progress of the infection (Infection) reduces disease, illness, weakness, and mortality. It makes a man physically and intellectually capable. Thus getting nutrition is a human right. Malnutrition has two aspects: 1) the lack of nutrition (undernutrition) 2) Extreme Nutrition (over Is nutrition) . The baby weighs less at birth due to lack of nutrition. The child's development is stunted. Mental development does not happen properly. Lack of nutritious food increases the risk of infection, weakness, and death at an early age. Malnutrition is born out of a lack of a proper and nutritious diet. If a pregnant mother does not get nutritious food, the development of her unborn child remains inadequate. In fact, both malnutrition and malnutrition cause problems in the human body, but malnutrition has been a major problem in the human world. The human body needs carbohydrates, proteins, vitamins, and minerals. Only when all this is sufficient will the human body is able and healthy. If the human body does not get the required nutrients, it suffers from various diseases and ailments. Science has proven that if a woman is malnourished during her pregnancy and during the first two months of her life, her physical and mental problems will last a lifetime. Extreme malnutrition can be termed as starvation with symptoms such as an extremely emaciated body, low weight and height, swollen and swollen legs, and carrot-like stomach. Such individuals fall prey to infections, viruses, and the cold season immediately and often die due to a lack of immunity. Nearby resort regions of malnutrition in third world countries was a problem with the most advanced. Even in a developing country like India, the problem of malnutrition is still a matter of concern.*

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### **Malnutrition in Tribal women and Child**

According to the National Family Health Survey 2016-17, the number of women in India between the ages of 20 and 5 who got married before the age of 18 was 16.60% in urban areas and 61.50% in rural areas. The number of women who got married before the age of 21 is 40.50%. A total of 2.50% of women who become pregnant or mothers at the age of 15 to 18 years. If we talk about the infant mortality rate, it is 31 per 1000 thousand children above the age of 5 years and it has been found to be 40 in the children below the age of 5 years. Even today, 4.5% of women in the country between the ages of 18 and 6 are underweight. Depending on the age, 4.5% of children aged 6 to 8 months are anemic while 4.1% of women aged 15 to 6 months are anemic. According to the report, 4.5% of children under the age of 6 are underweight. 4.5% of children below 5 years of age are underweight and 51% of children are underweight.

As far as the state of Gujarat is concerned, the number of women between the ages of 20 and 5 who got married before the age of 18 was 12.5% in urban areas and 20.5% in rural areas. The number of women who got married before the age of 21 is 4.5%. A total of 4.5% of women become pregnant or mothers between the ages of 15 and 18. If we talk about the infant mortality rate, it is 4 out of 1000 thousand children above the age of 5 years and it is found in the children below 5 years. Even today, 4.5% of women in the country between the ages of 18 and 6 are underweight. 4.5% of children aged 6 to 8 months are anemic while 5.5% of women aged 15 to 6 months are anemic. According to the report, 4.5% of children under the age of 6 are underweight. 4.5% of children below 5 years of age are underweight and 3.2 % of children are underweight. The letters also established that the average position of developing States like Gujarat's children and women's health position of the comparison is not satisfactory.

Thus, malnutrition stunts the development of the child and in the long run slow down the development of not only the individual but also the nation. Malnutrition is a silent killer that goes unnoticed. Children and women are the main victims of malnutrition. According to the 2016 Global Survey Report, India ranks 116th out of 171 countries in the Child Development Index (CDI). In this study, 42% of children are underweight in India (Underweight) and 58% of children between the ages of two are underdeveloped and weak in others.

According to a 2016 UNICEF study, one-third of children under the age of five die due to malnutrition. Women and children are the main victims of hunger and malnutrition. Malnutrition affects not only certain stages of life but throughout life as

malnourished girls become malnourished mothers who give birth to low birth weight babies. UNICEF this report states that in every two women in the cells of suffers lack. He is fewer pest proportions and pandurogi (Anemic) remains.

The years before and after birth are very important in the development of a child, which affects his whole life. 4% of the human brain develops in the three years of its infancy. It is during these years that the foundation of human physical, emotional, ideological, social, and linguistic development is laid. The relationship between gender discrimination and nutrition is not ignored. Malnourished girls become malnourished teenagers who marry early and have children malnourished, and so the cycle continues.

Every year, 4.5 million children worldwide die by the age of five . Such deaths are preventable and treatable. In many countries, children survive due to proper medical treatment and vaccinations but in developing and underdeveloped countries such children die. Unfortunately, in some countries, the child malnutrition and Rescue (Child Survival) scheme that is not given priority in the program. Lack of hygiene and health also causes millions of children to die of diseases like diarrhea and diarrhea. In addition to the problem of malnutrition, an unhealthy environment, contaminated water, unhealthy food, dirt, etc. are responsible for the high mortality rate of children. In addition , unsafe and contaminated drinking water for child mortality, lack of sanitation and clean toilets, sewage streams passing by the house which become breeding grounds for mosquitoes, diseases like diarrhea, cholera, jaundice and typhoid, malaria, dengue, filariasis, etc.

In India, the proportion of socially and economically backward people is higher among malnourished women and children. According to the 2001 census, there are 2.6 million tribals in the total population of India, accounting for 4.5 % of the total population of the country. Tribesmen mostly live in forests or in hilly areas. That amount of money is extremely low in urban areas. In India, tribes live mainly in Gujarat, Madhya Pradesh, Maharashtra, Odisha, Rajasthan, Jharkhand, Chhattisgarh, Andhra Pradesh, West Bengal, and Karna Tak. Due to poverty and backwardness, the proportion of Protein Energy Malnutrition (PEN) and Chronic Energy Deficiency (CED) is higher among the tribes.

One in three women in India is malnourished and one out of every two is anemic. The picture of malnutrition is alarming. The prevalence of malnutrition is very high among the tribes and the backward classes. Due to a lack of nutritious food, daughters are malnourished and anemic. She gets married at an early age and becomes a mother at an early age. Even during pregnancy, due to a lack of proper

diet, the fetus remains underdeveloped and underweight. Gujarat is an industrially and economically developing the state of India. In the last 12-15 years, Gujarat has emerged as an economic model in the country. According to the 2011 census, the population of Gujarat is 40988 with 461912 tribal people. Which is 12.5% of the total population of the state. Gujarat's Tapi, Bharuch, Narmada, Dang, districts like Valsad, Navsari, Surat, Panchmahal, Vadodara, Sabarkantha, Banaskantha, Aravalli tribal population of substantially is. Gujarat mainly Bhil tribes, Kubala, dhodiya, Chaudhary, gamita, Cookie include, Raghava, Dhaka, Warli others. Out of the total 9 tribal castes of Gujarat, five tribal castes are extremely backward including Kotwadia, Koldha, Kathodi, Sindhi, and Padhar. Most of the tribes do farm labor and other types of labor. Her diet consists largely of natural things such as wild fruits, vegetables, leaves, tubers, grains, flowers, honey. They get bamboo, wood, grass, clay, and stone from the surroundings to build a house. They cultivate small plots of land and also raise livestock. They have deep faith in the gods and goddesses of the forest. Now with the efforts of the Central Government and the State Government, health-related facilities like vaccinations, hospitals, maternity homes, and tribal areas have become accessible. However, even today, superstition, ghosts due to lack of education, geo- being of their faith-dakala mam health facilities or they do not take sufficient advantage of them. Midwives are used instead of taking advantage of maternity wards for delivery. Such obstetrics lack the necessary care and scientific approach. Such causes of infant and maternal mortality continue to occur. After the birth of the child, the mother and the newborn should get the necessary treatment and nutritious food which they do not get. Vaccination facilities are available but they avoid taking advantage of it. Young children suffer from a wide range of diseases such as diarrhea-vomiting, shortness of breath, worms, dysentery, typhoid, typhoid, measles, malaria, pneumonia. Hence the infant mortality rate is also found to be high among tribal children. Tribal women also die at an early age due to early marriage and early motherhood as well as malnutrition. Adequate nutrition is not enough to prevent malnutrition, but health services, clean drinking water, sanitation facilities, hygiene, proper care of women are essential. Weighing less than one-third of women are having babies and 30% less weight HIV and malnourished. Children do not develop due to a lack of vitamins and minerals and become emaciated and diseased. Lack of iodine reduces the ability of children to learn. The right nutritious diet should be met at the right time. After the baby is born, the baby should get breast milk through breastfeeding and after six months, in addition to breastfeeding, other nutrients should be provided which should include proteins, micronutrients, vitamins, and minerals.

Drinking water plays a major role in the transmission of the disease so clean, pure, and sterile water should be available to all. Dirt, unhealthy environment, lack of toilet facilities also helps in disease transmission. The habit of washing hands plays an important role in preventing diseases. Gujarat is a developing state which is constantly evolving. However, the problem of malnutrition in Gujarat is especially prevalent among backward as well as tribal children and women. As per the report of 2016-17, out of 6 lakh Anganwadi children, 1.5 lakh children are suffering from malnutrition. Economic development alone is not the answer to malnutrition. Economic development has certainly taken place in Gujarat but not as much attention has been paid to human development and prevention of malnutrition. However, in the last few years, the incidence of malnutrition has started declining through the implementation of the Integrated Child Development Scheme (ICDS). However, due to inadequate use of funds, lack of infrastructure in Anganwadi, lack of adequate nutrients in the nutritious diet, the results of ICDS are not as good as they should be.

As per the report of Times of India, according to the answer submitted by the government regarding the question asked in the Gujarat Legislative Assembly, in 2017, a total of 1,09,3 children are malnourished in the state. Aboriginal children are still prevails even malnutrition, Vadodara district in 7625, Dahod 7419, Banaskantha 6539, SABARKANTHA 6247, Panchmahal 5790, mahisagaramam 4051, Aravalli 3959, Valsad, 2188, Tapi 3540, Surat in 4089, Narmada 2741, Bharuch 2636 and Dangs 3738 The children are still malnourished. ICDS covers pregnant mothers, children from 6 months to 6 years, adolescents, and midwives in which they are provided services like supplementary nutrition, vaccination, health services, distribution of medicines. According to this scheme Mamta Divas, Vatsalya Divas, Children's Day, Kishori Divas, Poshan Sabha, Anna Prashan Divas are celebrated. Under this scheme, Janani Suraksha Yojana, Chirinjivi Yojana, Anganwadi Centers are implemented. The Government of Gujarat is actively working to eradicate malnutrition, the results of which will soon be known.

An overview of the malnutrition situation in India and Gujarat presented in this paper shows that a large proportion of the country's population is malnourished and anemic, and a number of factors are responsible for this. Some of these factors cause malnutrition in people. Unemployment; Ignorance and lack of education; Unhealthy lifestyle; Lack of nutritious food, safe water, sanitation and hygiene, availability of adequate funding; And ineffective performance by the government in the implementation of schemes, etc. can be held responsible.

Gujarat state chief minister Mr. Vijaybhairu Rupani nutrition campaign started already in the children Anganwadi by the state of women and children in the Anganwadi by a nutritious diet support provided to it. 'Full', a project by Balikaonum malnutrition away to campaign start already is. The project under the 60 million to more beneficiaries to cover the taking given to it. There are more than 4,000 Anganwadi Centers active in the state of Gujarat through which great efforts are being made to eradicate the problem of malnutrition among women and children in Gujarat. The Mamata campaign, Kishori Shakti Yojna, Indira Gandhi Maternity Support Scheme, Scheme for empowerment of adolescent girls (Saksham), mother Yashoda dignity fund, Janani Suraksha Yojana, Chiranjeevi Yojana, etc. Many are employed in government schemes. There is no doubt that such schemes will be fruitful and the state of Gujarat will be malnutrition-free as the promotion and dissemination of education in tribal areas increases. Following are some suggestions for this.

1. In a forested area, the number of children is high and the time between two children is short, so the health of both the mother and the child is poor, so it is important to raise awareness about family planning tools.
2. It is most important to provide adequate food and nutrition during the mother's pregnancy as the baby will be healthy if given adequate nutritious food at this stage.
3. To increase the proportion of girls' education or girls' education as well as to give priority to body composition, constitution, the importance of food, sex education in education.
4. Traditional farming practices are changing in the forest community which is also changing their traditional diet. So the effect of dietary changes on her health is visible. Their dietary habits should be changed by informing them about the essential nutrients in their local products.
5. Programs to get foodgrains in return for work in the forest sector should be implemented and MNREGA should be strengthened to ensure better food security.
6. To reduce the poverty rate by increasing the economic status of horticulture, nursery, animal husbandry, agriculture, and allied occupations in the forested areas.
7. It is important to provide complimentary nutrition to mothers and children as well as social awareness.
8. Improving public healthcare accessible to poor communities should be required.

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