

A STUDY ON MALNUTRITION AND POVERTY IN SCHEDULED TRIBES OF INDIA

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Abstract

It Tribe is a special group usually identified by a common tertiary dialect and cultural homogeneity social and political organization. It may include several sub-groups are scheduled tribe only when it is notified as Scheduled tribe under article 342 of constitution of India there is no doubt that tribes are backward and exploited more when compared to other ethnic groups of a country.

India is widely considered as a success story in terms of growth and poverty reduction. In just over two decades National poverty rates have fallen by more than 20% from 45.6% in 1983 to 22% in 2012. However, it is widely acknowledged that growth has been as not touch everyone equitably and that many groups are left Behind aimed in proving living standards. Among them on tribal groups identified by the constitution as scheduled tribes, through their self preferred terms is adivasi (literally original inhabitants). Comprising about 8% of India population they account for a 4th of population living in the poorest wealth decile. Their poverty rates are closer to wear the general population was 20 years ago while they have seen considerably progress poverty among groups declined by more than a third over 1983-2005. Yet nearly half the countries schedule tribe population remain in poverty, and indicator of their low starting point. Education indicator tell a similar story, with improvements but large and persistent differences. Scheduled tribe children leg for behind when it comes to educational attainment above the primary level. Face the worst even among younger age cohorts (ages 15-21 in 2005), they attain and average of just 4 years of education, 3 years less than non tribal women. Similarly, although maternal health indicators have improved rapidly faster than for most groups exports are you that they started at such a low base that there is much more ground to make up.

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Malnutrition, the most crucial keyword for nutrition Research and compasses a wide range of deficiency (protein energy) an excess (overweight obesity), which are clearly associated with unfavorable health outcomes. However, one area of malnutrition that is, under nutrition continues to be a major public health problem in most of the developing countries including India despite their continued contribution towards overweight/ obesity burden of the globe. In India, nearly 20% of the adult population is under nourished according to a 2009 report on nutraceuticals buy Global Services from Ernst and Young. The Global epidemic stalks India's tribal residence the most as they are socially and economically vulnerable. India with its large and divers tribal population is witnessed wide variations with respect to nutritional status and axis to utilization of nutrition and health services, leading to myopic interpretations of casual effect notions pertaining to under nutrition. Under nourishment was observed in tribal areas or among those who were in transition from rural to urbanization.

There is a consensus that the health status of the tribal population is very poor and was because of their isolation, remoteness and being largely on affected by the development process going on in the country. The tribal population is that hard risk of under nutrition because of their dependence on primitive agriculture practices and also transition of occupations as daily and it regularity of food supply.

Significance of the Study

The poverty and health problems need special attention in the context of tribal communities of India. Available research studies point out that the tribal population has distinctive health problems which are mainly governed by their habitat, difficult terrains and Ecology variable niches. The health, nutrition and medico genetic problems of divorce tribal groups have been found to be unique and present of formidable challenge for which appropriate solutions have to be found out by planning and evolving research studies.

Objectives of the study

The following objectives of the present paper are as follows:

1. To study the poverty and its causes among Scheduled tribe population.
2. To study the malnutrition among the schedule tribe.

To discuss about the budget allocation for the development of tribes through 5 year plans.

Methodology

The present study purely based on the secondary data and was by the review of journals, research articles and books. The in-depth data collected through secondary source of methods.

Tribal poverty in India

Poverty indicates want or deficiency or scarcity of means of livelihood. Condition of insufficient means of livelihood is called poverty and family living in this condition is called 'poor family'. In this way poverty is a problem of acute economic disparity but, reality it is a social cultural problem in India.

Poverty related with unequal distribution of economic means of livelihood, caste system and culture. Basic reasons of poverty decides in social, economic, cultural layer of the society has poverty is a structural problem. Poor families are included in the last layer of the society and they are considered as and layer of marginal people. Planning Commission of India has considered a person who cannot expense amount less than minimum amount the minimum amount of rural area is Rs. 28 per month and for the urban area that amount is Rs. 32 person who is less than this amount is called the poor. According to Prof. Rohit Shukla amount of living, residing and maintaining is efficiency by which one can purchase food to which can give the needed calorie is called 'poverty line' and a person who expenses less amount is called poor. After independence, a secular constitution was adopted to govern the country. Several constitutional provisions are made for the development of tribe. Many schemes are of development where formulated and implemented. Several schemes of tribal development are still active to Five Year Plan in India. Attempts has been made to made the schedule tribes to develop socially, educationally, economically, politically and culturally. For the development of tribe, various models, approaches and theories of development have been propounded in different five year plan periods. Some of them include community development program, multipurpose tribal block, tribal development block, development agencies, primitive tribal groups, integrated tribal development projects, modified area development approach, tribal sub plan, dispose tribal development program and central schemes etc.

Main reasons for poverty among schedule tribe population

Illiteracy: in ST population formal education given in school colleges is considered useless, vain and time wasting. So, illiteracy sustains in them. ST people do not accept need of latest education, having in traditional and backward condition. Hence, the remain unknown from rights and chances.

Backwardness in farming: farming of ST people is backward. Facility of irrigation is not sufficient land is not fertile, use of technology is less, so they have to work hard and the rewards are less.

Alcoholism: alcoholism is a part of ST culture. And it is one of the reason and result of poverty, they take alcohol at social and religious events. They consume alcohol made from Mahuda and Tadi.

Attitude of Fatalism: Fatalism is seen in ST people which keeps them poor. They do not even believe in try.

High birth rate: due to high birth rate under the pressure of population, problem of poverty is seen.

Eradication of poverty among scheduled tribes

- * Priority should be given to ST developmental schemes.
- * Try to be done to remove illiteracy among ST population. Awareness should be brought so that they may accept the need of latest education
- * Economic age should be given so that facility of irrigation, chemical fertilizers and Technology in farming may increase.
- * Alcoholism should be removed for that awareness should be given to them on effects of alcoholism.

In short, gear life mein changes if the circumstances raised out of condition for poverty change. If circumstances producing poverty is removed and new circumstance like employment which can give constant an sufficient income, increase in chances training, skills, education, professional education, nutritional food, facilitated dwelling, technology extra should be developed so that their poverty may removed.

Malnutrition Tribals in India

Despite constitutional protection positive discrimination policies and earmark budgets, India's 104 million tribal people remain among the poorest and most nutritionally deprived social groups. In 2005 - 06, 54% of tribal children under 5 years of stunted, which is a major of chronic under nutrition, this this is well about the national average of 48%. Studies carried out between 2006 and 2013 percentage of tribal children who are stunted remains stubbornly high at above 50%. Health Care is one of the most important of all human and yours to improve the quality of life specially of the tribal people (Balgir, 2007). It implies the provision of conditions for normal, physical and mental development and functioning of human being individually as well as in a group. A great realisation has come from the medical scientist that human being can no longer be treated as an Anatomical and physiological entity, and that man's individually should be understood in terms of perceptions, culture and belief system. Tribal health

system and medical knowledge over the ages, which is known as traditional Healthcare system, depend both on the herbal and psychosomatic lines of treatment. While flowers plants seeds animals and other naturally available substances from the major basis of treatment, this practice always had a touch of mysticism, Supernatural and magic, of one result in specific magico-religious rights. Faith healing hej always been a part of the traditional treatment in the tribal Healthcare system. Studies by anthropologists indicate that the traditional medicines do exist and persist even though the health consumer has now access to Western medicine, there is a neat to scientifically study the traditional tribe medicine and healing systems and combined them with modern allopathy system show as to make it available and affordable for the poor tribal population. Do deaths due to malnutrition among these children are hardly uncommon, only a few cash the headlines. This situation is reflection of multiple deprivations that the tribal population has faced over the years. Poverty rates among tribal are high (at 47% in rural areas and 30% in urban areas) and nearly every second tribal family is food-insecure, with low calorie and protein consumption 25% to 53% below the recommended battery allowance. The consequences of chronic under nutrition are Irreversible and life long. At least 45% of child mortality is attributed to poor nutrition. Those who survive have impaired physical and mental development and I likely to do poorly in Academics and grow up to be unhealthy, less economically productive adults. It is clear that improving the nutrition of tribal children need to become the heart of the equity agenda cutting across department for significant and sustained impact. Post, civil society and fake based organizations should be involved to generate community demand to reach out to mothers with information, counselling and support on a periodic basis. Second, you will need to be available and use to inform policy program decisions and scope of national nutrition monitoring Bureau tribal nutrition surveys. Third, addressing under nutrition should focus on scaling up prone nutrition interventions during the first 1000 days of life, improving live news, increasing access to essential nutrition services, as well as enhancing tribal leadership for sustain results. Finally, Vigilance again limited legislative enforcement is Paramount to address the core reasons fueling persisting poverty and hunger. Accelerating multi-sectorial commitments for improving the nutrition of India's tribal children is a more imperative. This calls for a rethinking on differential programming strategies, budget and government accountability mechanism where tribal communities are not just informants but partners and influencers of change.

Malnutrition

The following has been identified as the major contributors to increased disease burden among the tribal communities (a) Poverty and consequent (b) Poor environmental sanitation, poor hygiene and lack of safe drinking water, leading to increase morbidity from water and vector born infection (c) lack of access to health care facilities resulting in increased civility and/ or duration of illness (d) social barriers preventing utilisation of available health care services (e) Vulnerability two specific disease like G-6PD deficiency, Yaw, and other endemic disease like malaria etc. The nutrition status of various schedule tribes varies from tribe to tribe, depending up on the social, economical, cultural and ecological background. Through, no system and comprehensive research investigations have been carried out, it appears that malnutrition among the time, specially tribal children and women is fairly common, debilitating their physical condition, lowering resistance to disease and in the post bearing., leading, at time event to permanent brain impairment. To court the 9th plan working group on the tribal development, experts have opined that not a single tribe in the different states of India can said to be having a satisfactory pattern as tribal diet are frequently deficient in calcium, vitamin A, Vitamin C, riboflavin and animal protein. Further, high incidence of malnutrition is observed specially among primitive tribal groups in Phulbani, Koraput and Sundargarh districts of Odisha as also amount The bhils Garasiya of Rajasthan, the padhas, Rabris and Charans of gajrath, Onges and Jarawas of Andaman and Nicobar Islands and Yerukulas of of Andhra Pradesh etc. Most tribal women suffer from anemia which lower resistance to fatigue, affects working capacity and increases susceptibility to disease. Maternal modulation is quite common among tribal women and also a serious health problem, particularly for those having closely- spaced frequent pregnancy. , the nutritional status of tribal women directly influences there reproductive performance and the birth weight of their children, which is crucial to the infants chances of India are the caught vicious cycle of malnutrition and ill health.

There is a consensus that the health status of the tribal population is very poor and worst because of their isolation, remoteness and being largely unaffected by the development processes going on in the country. The tribal population is at a risk high risk of under nutrition because of their dependence on the primitive agriculture practices and also transition of occupation is daily wages and of food supply.

Development Programmes

The constitution of India contains several provisions for ensuring a better quality of life for the weaker sections of society and STs, in particular, based on a policy of positive discrimination and affirmative action on the development of regulatory friends. There are approximately 705 tribal groups and sub groups including 74 primitive tribes live in India representing about 8.6% of India's population.

There is also government commitment to enter the existing in equities: starting from the fifth five year plan(1974-75), a separate tribal sub plan (TSP) within the umbrella of the overall state plan provides need based funds for tribal dominated administrative blocks. However most TSP items are focus on infrastructure with Limited attention to interventions that address nutrition. Most state and Central Ministries plans to not abortion once for TSP as per the schedule tribe proportion. Even when it is done, the apportioning lacks prioritization, purpose or tracking of allocation usage. To this end, the question remains whether these investments are leading to improvements in the nutrition status of tribal children.

Tribal people are more likely to be under nutrition due to their adverse living condition, food habits, availability and accessibility and affordability of the health care system, education standard and awareness level. They live in hills, forest and difficult to reach geographical areas with Limited access to public services. According to the Census of India 2011, only 14% of the tribal population in rural area have a source of drinking water within their premises, and less than half(46%) city in their households.

As tribal people have different lifestyle, tradition and cultural norms. Malnutrition could be one of the reasons for high number death amongst the tribal population. Under nutrition even has a long term effect on the socio demographic and economic condition of the people specially tribal. It could be one of the major factors responsible for their slow decadel growth rate. Tribal children at early age are more prone to under nearest due to lack of awareness among the parents, like importance of breastfeeding, nutrimix put intake, immunization, during sickness, clean drinking water, sanitation practices etc.

After independence, a secular constitution was adopted to govern the country. Several constitutional provisions were made for the development of tribes. Many schemes of development work formulated and implemented. Several schemes of tribal development or still active through several five year plans in India. Attempts have been made to make the schedule tribes to develop socially, educationally,

economically, politically and culturally. For the development of tribes, various models, approaches theories of development has been propounded in different five year plan. Some of them include community development program, multipurpose tribe blocks, tribal development blocks, Development Agency, primitive tribal groups, integrated tribal development project, modified area development approaches, tribal sub plan, disposed tribal development program, and Central is sponsored schemes etc.

Conclusion

Even after the constitution guarantees certain rights for the scheduled tribes towards the reduction of poverty through 5 years plans much more is to be done. As these people are most backward and deprived and excluded of some basic health and development services these are most vulnerable for in health and critically malnutrition. The only way to improve their health status is by effect implementation of the scheme standard to them without any corruption. Government should take measures to educate the tribal population about the good health practices by arranging awareness programs. The youth act as a major change agent and hand there should be involved in educating the community. Government should also focus on framing new schemes and programs specially in health and development.

Help problems and health practices of tribal communities have been profoundly influenced by the interplay of complex social, cultural, educational, economic and political practices. The common believes,, customs, traditions values and practices connected with health and disease have been closely associated with the treatment of diseases. In most tribal communities, there is a wealth of folklore associated with health belief. Folklore of different soci0- cultural systems of tribals may have positive impact which could provide the model for appropriate health and sanitary practices in the access of various Health Services., hands it is required to change the attitude of people towards the optimal utilisation of Health Services. Help is a much important aspect to the tribal community. This has to be considered and given due attention. Perspective to health status is highly influenced by socio culture beliefs and practices. In the context of reproductive health, trials perspective is a vital determining factor which influences their health and hygiene practice. Tribal communities, in journal, and the primitive tribal groups in particular or highly disease prone, and do not have required access to basic health facilities. They are mostly exploited, neglected and vulnerable to various diseases with high degree of malnutrition, Morbi ti morbidity and mortality (Balgir,2000). Their misery is compounded by poverty, illiteracy, ignorance of the cause of diseases, hostile environment, poor sanitation, lack of saved drinking water and blind beliefs, etc.

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