

# Nutritional Status of Tribal Women; Post Independence: A Matter of Great Concern

Swati Sharma

Assistant Professor, Shaheed Baba Deep Singh, Department of Home Science, Swami Vivekanand Subharti University, Meerut, UP

DOI: <https://doi.org/10.51584/IJRIAS.2025.10040057>

Received: 25 April 2025; Accepted: 03 May 2025; Published: 13 May 2025

## ABSTRACT

India as a country is a natural land of Tribes. According to Census 2011, there are 10.4 million tribe population is living in India covering almost 60% of forest area. There are gaps between the health outcomes of India's tribal population vis- a-vis general population. Maternal Mortality, under 5-year mortality and malnutrition are much higher among tribal groups, in addition to a higher incidence of malaria, tuberculosis, several other communicable diseases and genetic diseases like sickle cell anemia. Yet tribal population get treatment same as rural population in spite of having different health care needs and ultimately makes them vulnerable to malnutrition, morbidity and mortality. Lack of infrastructure, connectivity, health care facilities and low education rate makes the overall situation more complicated. Because of such adverse conditions' girls, women and children are major sufferers. The present paper emphasized on nutritional status of tribal women of 15-49 years age group. They still believe in supernatural powers in cure and treatment of health-related problems and on the other side they are highly inclined towards forests and nature which ultimately impacting the health conditions of tribes particularly women at large.

**Keywords:** Antecedents, malnutrition, maternal mortality, morbidity, under 5-year mortality, supernatural powers.

## INTRODUCTION

A tribe is a group of people sharing common antecedents and norms and preferably lines in a cluster in a closed society. The tribes of India are the endemic (local) people who are scattered in small sectors throughout the country covering nearly all states and union territories. As far as the census 2011, the Scheduled Tribes (ST) makes up the 8.6 % or 104 million of the total population having 105 tribes countrywide. Common tribes are Gonds, Bhils, Santhals, Munda, Khasi, Garo, Angami, Bhutia, Chanchu, Kodaba and the Great Andamanese tribes, where Bhils are the largest tribes of India constituting 38% of the total population of tribes. The states which have maximum tribal population are Mizoram (94.4%), Lakshadweep (94%), Nagaland (86.5%) and Meghalaya (86.1%) as well as Madhya Pradesh, Andhra Pradesh, Jharkhand, Orissa, Maharashtra, Rajasthan, Gujarat, Chhattisgarh, Assam and West Bengal too have important settlements of tribes.

As far as the contribution of tribes in independence of India are concerned, there are famous Khasi- Garo Movement, Mizo Movement, Kol Movement etc. and apart from that bravery of Gond Maharani Veer Durgawati, sacrifices of Rani Kamalapati, freedom fighters like Rani Durgawati, Rani Gaidinliu, Baba Tilka Manjhi, Sidhu Murmu, Kanu Murmu and Veer Birsa Munda.

**WHO Definition of Health and Well-being:** -WHO Constitution states "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". The said definition endorsed the physical, mental and social well-being of a person in a holistic manner to fulfill the requirements for complete development whether physiological, cognitive, psychological or social in all senses. This definition too applicable on Tribes of India as other human beings irrespective of their ethnicity, caste, creed, religion and eating habits. Thus, it concludes that health is not only an important aspect of any community but

it also works as a driving force behind overall development of the community at large. This definition also emphasized on absence of disease and infirmity i.e. free from any kind of ailment, symptoms, signs and related co morbidities. Health and well-being of vulnerable population is a priority area for any government. There are gaps between the health outcomes of India's tribal population vis- a-vis general population. Maternal Mortality, under 5-year mortality and malnutrition are much higher among tribal groups, in addition to a higher incidence of malaria, tuberculosis, several other communicable diseases and genetic diseases like sickle cell anemia.

**Status of Health and Health care in tribal areas:** -The tribal people in India forms a heterogeneous group with a huge diversity. Post independence it was subsumed that tribal people have same health related needs as the rural population of India. Our policy makers forget that tribal people are living in a completely different environment, have different social systems, different culture and different eating patterns thus different dietary requirements and hence different health care needs to be addressed in distinguished manner. Yet tribal population get treatment same as rural population in spite of having different health care needs and ultimately makes them vulnerable to malnutrition, morbidity and mortality. Apart from these diseases like malaria, cholera and other water borne diseases are common among population. Lack of infrastructure, connectivity, health care facilities and low education rate makes the overall situation more complicated. Because of such adverse conditions' girls, women and children are major sufferers.

### Facets of Tribal Health

**Health:** -India as a nation is a largest home for tribal population i.e. approximately 10.4 crores live here. Because of such large population as well as cultural and geographical diversities, there is a varied form of economic benightedness (backwardness) and a state of depletion. Lack of knowledge of personal health care, hygiene and sanitation are some critical areas which make them vulnerable to different seasonal, acute and chronic diseases in every terrain where they live. Poor education level puts the fuel in it. Still there are some tribal groups such as the Great Andamanese tribes are deprived of common civic facilities like food, shelter, clothing, road, sanitation, clean potable water, education and basic health care infrastructure till date. In these areas tribes are completely dependent on forests for everything. They still believe in supernatural powers in cure and treatment of health-related problems and on the other side they are highly inclined towards forests and nature which ultimately impacting the health conditions of tribes particularly women at large. It's not a surprising fact that the occurrences of health problem/ issues are much higher in number among women and children because of their vulnerability and biophysical attributes. Another gray side because of this is malnutrition.

**Health Care Facilities:** - A large proportion of tribes are collectors of produce, hunter-gatherers, shifting cultivators, pastoralists, nomadic herders and artisans. The tribal population of the country continues to live in hilly and forest areas and together account for almost 60% of the forest cover in the country. Rural Health Statistics (RHS) reveals huge gap in the health infrastructure and resources in tribal areas due to serious geographical and socio-economic challenges. Access to health services become difficult as the roads are poor or restricted due to civic and political/ insurgency situations. Poor availability of health personnel, lack of adequate equipment, language and social barriers, waiting time at health centers and poverty also added to problem of access. As per the present norms, tribal and hilly areas should have one Health Sub- Center (HSC)/3000 population, one Primary Health Center (PHC)/ 20,000 population and a Community Health Centre (CHC)/80,000 population but actual situation is not same and there is shortfall in health infrastructure in tribal areas which concludes about half of the states, the health institutions in tribal areas are deficient in number by 27-40% as compared to norms.

**Literacy Rate:** - As per the census 2011, it revealed that Scheduled Tribe (ST) females' literacy rate is increased from 3.16% (1961) to 49.40% (2011) but still there is a gap of 15.2% in between female population literacy rate nationwide i.e. 64.60%. It shows literacy rate among females is still less than 50% in tribal population and thus ultimately results in backwardness of ST female population in social, economical, nutritional and political contexts.

<b>Literacy Rate (%) Among ALL and STs Female</b>		
<b>Year</b>	<b>ALL (%)</b>	<b>Schedule Tribe (STs)(%)</b>
1961	15.35	3.16
1971	21.97	4.85
1981	29.76	8.04
1991	39.29	18.19
2001	53.67	34.76
2001	64.60	49.40

Source: - Census 2011, Office of the Registrar General, India

**Diagnosis of Tribal Health:** -Tribal Health in India, suffers from following 10 burdens-

- 1- Continuation of communicable diseases, maternal and child health and malnutrition.
- 2- Increased rate of non- communicable diseases (NCD) including mental stress and addiction.
- 3- Accidental injuries, snake and animal bites and violence in conflict situations.
- 4- Difficult geographical terrain, distances and oppressive (harsh) environment.
- 5- Unpleasant socio- economic determinants particularly in education, income, housing, connectivity, water and sanitation.
- 6- Disproportionate health care services and inferior access and coverage, inferior outputs and outcomes.
- 7- Restraint in health human resources at all levels; the doctors, paramedical support staff, unwilling to serve in tribal areas and local potential human resources are untrained thus not utilized by the health system.
- 8- Improper financial share for tribal health and lack of transparency in accounting.
- 9- Unavailability of data, monitoring and evaluation that makes all the above-mentioned problems.
- 10- Misappropriate political involvement of tribal people both at local level to national level and low inclusion of tribal people in planning, priority setting and execution of policies.

**Nutritional Status of tribal women: Post Independence:** -A case study on nutritional status of tribal women in Vishakhapatnam District, Andhra Pradesh, reveals after taking BMI (Body Mass Index) that one fifth of studied population were at the risk of nutritional deficiency as moderate to mild thinness which may lead to severe nutritional deficiency (Nayak Siva M et.al, 2016). In a comparison study of nutritional status between ST and SC women nationwide concluded that ST women are more anemic particularly suffers of Iron-Deficiency anemia i.e. around 8% more likely to be anemic relative to SC women (Maity Bipasha 2016). A cross sectional study examined the dietary intake and nutritional status of women in Santhal Tribes of Jharkhand using 24hr Dietary Recall for 2 consecutive days (in more than 2 seasons) and anthropometric assessment reveals that women consume home grown fruits and vegetables where adequate energy and protein intake was found but micronutrient intake was poor i.e. less than 66% of recommended allowance with varying degree of underweight were seen in 50% of women with no significant association between underweight and consumption of indigenous foods (Ghosh-Jerath et al 2016). In another cross-sectional study of nutritional status of tribal women of reproductive age group i.e. 15-49 years in Naugarh block, Chandauli District, Uttar Pradesh. Among 402 females BMI (Body Mass Index) and Hemoglobin (Hb) tests were conducted and 67.7% were found anemic, 15.9% with Vitamin A deficiency and 11.2% were with Vitamin C deficiency. 56.7% of total women belongs to underweight category (BMI<18.5 Kg/mt<sup>2</sup>) and 89.3% women were found anemic according to the cutoff point (Hb<12.0 gm/dl) proposed by WHO (Singh Namita 2019). Mohandas Sreelakshmi et al (2019), conducted a cross sectional study on nutritional status of tribal women in Kainatty, Wayanad District, Kerala. During the study it was found that in age group of 15- 49 years, 53.8% were underweight whereas 25% were severe underweight making them vulnerable to malnutrition.

In anthropometric assessment to find out nutritional status of Lodha Tribal women in Mayurbhanj District of Orissa, studied in 10 villages of district during 2019-2020 and 2020-2021 period. The age group of 18-45 year non- pregnant and non- lactating women was selected. In the study, findings showed that 39.7% of age group of 18-25 years; 21% of age group of 26-35 years; 7.7% age group of 36-45 years were underweight which makes maximum of 68.7% of the tribal women under underweight category (Bhuyan Jhunilata et al 2021).

## CONCLUSION

Although Government of India has launched several schemes like; Development of Particularly Vulnerable Tribal Groups (PVTGs), Special Central Assistance to Tribal Sub Schemes(SCA to TSS), Grants to States under Article 275(1) of Constitution, Aid to Voluntary Organizations working for the welfare of STs, Swasthya Portal and Sickle Cell Support Corner for improving the living conditions and health status of tribal people particularly women and children as they are most vulnerable group. But still there are much more required both on the government and people front to overcome nutritional deficiency / disorders among women. Diagnosis of tribal health therefore reveals that almost 7.5 decades after independence and despite many constitutional measures to safeguard the interests, the tribal population particularly women continue to suffer disproportionately from health issues compounded by issues of health care, access and quality. A holistic and wider approach is required to tackle issues of tribal women as they are also important part of our population and thus their contribution cannot be ignored.

## REFERENCES

1. Bharali.N et al (2017), Prevalence of Undernutrition, Overweight and Obesity among Nyishitribal women of Arunachal Pradesh, Northeast India, Human Biology Review (ISSN 227 7 4424) 6 (1) 2017, Original scientific paper (Bharali et al. pp. 63-78), [www.humanbiologyjournal.com](http://www.humanbiologyjournal.com).
2. Bhuyan Jhunilata, Behera Sasmita and Mohanty Kumar Deepak (2021), Assessment of nutritional status based on BMI of Lodha tribal women in Mayurbhanj district of Odisha: J. Res. ANGRAU 49 (3) 45-57.
3. Bipasha Maity (2016), Comparing Health Outcomes Across Scheduled Tribes and Castes in India, Osaka School of International Public Policy (OSIPP), Osaka University. Address: 1-31Machikaneyama, Toyonaka, Osaka, 560-0043, Japan. Email: [bipashamaity87@gmail.com](mailto:bipashamaity87@gmail.com).
4. Dey Uposona and Bisai Samiran (2019), The prevalence of under-nutrition among the tribal children in India: a systematic review, Anthropological Review • Vol. 82(2), 203–217 (2019), <https://doi.org/10.2478/anre-2019-0014>.
5. Ghosh-Jerath Suparna et al (2016), Contribution of indigenous foods towards nutrient intakes and nutritional status of women in the Santhal tribal community of Jharkhand, India, Public Health Nutrition: 19(12), 2256–2267, doi:10.1017/S1368980016000318.
6. M. Siva Durga Prasad Nayak and Sunita Sreegiri (2016), International Journal of Community Medicine and Public Health, Nayak MSDP et al. Int J Community Med Public Health. 2016 Aug;3(8):2049-2053, pISSN 2394-6032 | eISSN 2394-6040, DOI: <http://dx.doi.org/10.18203/2394-6040.ijcmph20162544>.
7. Ministry Of Tribal Affairs, Annual Report, 2021-2022, Government of India.
8. Mohandas Sreelakshmi et al (2019), Nutritional Assessment of Tribal Women in Kainatty, Wayanad: A Cross-Sectional Study, Indian Journal of Community Medicine Published by Wolters Kluwer – Medknow, [www.ijcm.org.in](http://www.ijcm.org.in), DOI: 10.4103/ijcm.IJCM\_39\_19.
9. Narain Jai Prakash (2019), Health of tribal populations in India: How long can we afford to neglect? Indian J Med Res 149, March 2019, pp 313-316, DOI: 10.4103/ijmr.IJMR\_2079\_18.
10. Negi Palzor Dandub and Singh Munjial Monika (2019), Tribal Health in India: A Need for a Comprehensive Health Policy; International Journal of Health Sciences and Research (IJHSR) ISSN: 2249-9571, Vol.9; Issue: 3
11. Rao Mallikharjuna Kodavanti, Balakrishna Nagalla, Laxmaiah Avula, Venkaiah Kodali and Brahmam GNV (2006), Diet and nutritional status of adolescent tribal population in nine States of India, Asia Pac J Clinical Nutrition ;15 (1):64-71.
12. Report of the expert Committee on Tribal Health, Tribal Health in India, bridging the gap and the roadmap for the future, Ministry of Health and Family Welfare and Ministry of Tribal Affairs, Government of India.
13. Singh Namita (2019), Nutritional Status of Tribal Women of Reproductive Age Group in Naugarh Block, Chandauli District, India, International Journal of Current Microbiology and Applied Sciences ISSN: 2319-7706 Volume 8 Number 07 (2019) Journal homepage: <http://www.ijcmas.com>, Int.J.Curr.Microbiol.App.Sci (2019) 8(7): 953-966, <https://doi.org/10.20546/ijcmas.2019.807.115>.