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### SOCIO-ECONOMIC STATUS AND NUTRITIONAL STATUS OF TRIBALS RESIDING IN TARAI REGIONS OF UTTARANCHAL STATE

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#### ABSTRACT

India, one of the biggest democratic countries of the world, has its commitment to the creation of a society free from poverty, ignorance and diseases so that equality freedom and justice can be made accessible to all the utilizers of the country in general and the rural, poor and tribals in particular. In this context, there has been efforts made by the central and state government for expanding educational medical and health services through their various agencies since long.

The development of a given community also depends to a large extent on the educational standard, health, hygiene and nutritional conditions of its population. Viewing to this reality the socio-economic and nutritional status of the target population can be observed.

#### INTRODUCTION

Basically health, hygiene and nutrition are interrelated with each other. Health status of an individual depends to a large extent on the hygienic conditions and nutritional pattern. In fact, there are ample evidences that the higher level of nutrition, improvement in environmental sanitation and adoption of better health care and hygiene practices have made possible improvements in the health status of the population. Health/nutritional status of the people, determines the average expectation of life production, productivity, earning capacity, employment and overall socio economic status of the person. Thus we may say that nutritional status of the people is one of the important indicators of human resources development.

ICMR and ICSSR have acknowledged the fact in its report that nutritional status and socio economic factors play a greater role in determining the physical, mental and social well being of the people. Even WHO has realized education, health hygiene and nutrition as the prime concerns of human development. The nutritional assessment of a community should aim at discovering facts and guiding action intended to improve nutrition and health.

To observe the nutritional status of people we shall have to see the conceptual analysis of the terms- health, hygiene and nutritional along with socio economic status of people. Health, in spite of being a universal phenomena, we see an cultural variation in regard of the concept of health. The meaning and definition propounded in different times by different scholars and thinkers prove difference of opinion about the concept of health. The oldest definitions of health used to be, "Health is the absence of disease". In some cultures

'health' is termed in being at peace with the self, the community, god and cosmos; "In Webster dictionary, health is defined as the condition of being sound in body, mind or spirit especially freedom from physical disease or pain". Thus it has a multidimensional concept, which should be viewed in the context of various aspects which altogether determine the health status of an individual.

There are socio-economic indicators too to measure the health status. These indicators include – (a) Rate of population increase (b) Per capita GNP (c) Level of unemployment (d) Dependency ratio (e) Literacy rates especially female literacy rates (f) Family size (g) Housing the number of persons per room and (h) Per capita calorie availability.

The word 'Hygiene' is derived from 'Hygiene' the goddess of health in Greek methodology. She is represented as a beautiful woman holding in her hand a bowl from which a serpent is drinking. In 'Greek mythology' the serpent testifies the art of healing which symbol is retained even today. Hygiene is defined as 'the science of health and embraces all factors which contribute to healthy living'. Hygiene is basically a major part of health and Nutritional status. Personal hygiene aims at promoting the standards of personal cleanliness with in the setting of conditions where people live. It includes bathing, clothing washing hands and toilet care of feet, nails and teeth, spitting, coughing, personal appearance and inculcation of clean habits in the youngsters. Environmental hygiene has two aspects (i) domestic and (ii) community hygiene. Domestic hygiene consists of home related aspects. While the community hygiene is concerned with basic sanitary services.

### RELATED REVIEW

Tribals in India, in general are a neglected lot. Their main characteristics include rural habitats, generally the earliest settlers of that area mostly engaged in agriculture and forest related occupations, economically poor, illiterate high prevalence of disease and malnutrition, addicted to drinking to country liquor and deeply attached to their lands in forest (Singh 1997). According to Chandrashekhran and Chitra (1990), a tribe is a collection of families, bearing of common name, speaking a common dialect and occupying common territory.

**D.N. Majumdur (1965)** has demarcated tribal population of India on the basis of geographical propinquity into three geographical zones.

**Bisht (1994)** States, " Some tribal communities have got the culture position in the composite culture system of Indian society. Some are passing through the transitional period while some are still illing to the pivot of their traditional Moorings.

**Sachchidanand (1995)** has elucidated the role and need of non formal education in tribal areas. Non formal education is meant to cater the needs of school dropouts in 9-14 years age bracket.

**Lakshmaiah (1995)** has conducted a comparative study of two blocks in Ranchi district in former Bihar state. This study aims at : (i) assuring the existing pattern of education and educational facilities available to the tribes (ii) identifying the constraints which impede the process of education (iii) identifying the reasons of differential success of government and non-governmental organization in delivering educational inputs and (iv) studying the impact of education on the life styles of tribals students. This study included that education in isolation cannot bring about social change.

**S.N. Ratha (1992)** has made an evaluation of literacy in tribal India. He includes that only 16.35% (1981 census) tribals in the country are reported to be literate. The difference between the literacy level of the general population and the tribal population is 19.88%. Wide differences are observed in the literacy level from tribe to tribe. The gulf between the literacy levels of the tribals population and the general population is also considerable high.

**Swain (1998)** : Presented an overview of the studies and the articles on "health and nutrition in tribals areas". The review of literature confirms that not only is there a lack of information but also there is some misinformation such as the view that tribals are ill fed but well nourished.

#### **Socio-Economic Status and Human Nutrition**

**Rao and Gopalan(1971)** studied the calories and protein intake of the diets of 500 Indian families from one socio-economic group whose family income was below Rs. 250 per month. They found that the families with three or less children had better protein and calorie intake than families with four or more children. In another study, they investigated 872 hospitalized cases of severe protein and calorie malnutrition and found that 39% of the children belonged to birth order of 3 or below, while 61% belonged to four or above. Tandon et al. (1972) reported in their study in rural areas of Kumaon hills, that wheat and rice were the main foods with average intake of 330 g per consumption unit. Sixty percent people ate no animal protein. Intake of milk was 140 ml and beans and pulses about 40g. Thimmaya et al. (1973, 1982) observed that all food intakes increased with increase in socio-economic conditions except cereals. The intake of protective food like pulses, green leafy vegetables, milk, fruits, fat and oils were quite low in the diet of middle income groups in urban areas. According to Valverde et al. (1977) nutrition has been shown to be directly related to land availability and changes that reduce the land.

**Aujala et al. (1981)** found that intake of protein, energy, calcium, iron and vitamin decreased with the increase of family size.

**Aquillon et al. (1982)** were of the opinion that food and money availability and the number of people and other various socio-economic factors affect nutritional status. Aujala (1985) observed that energy and protein intake were affected by the income of the family.

### **Women-their role, work, health and nutrition**

Women comprise half of the population and need to be viewed as productive members of the society sharing equal authority and responsibility of being citizens. Role of women is crucial in the family and household economy. Despite their infinite value in the sustenance of the family, shaping the society and people's destinies, women generally are not treated at par in different aspects of life. Poverty, unemployment and social attitudes have played not less a role in worsening the plight of the women lot. **Joshi and Alshi (1985)** reported that modernization of agriculture resulted in increased employment per hectare of cultivated area for all kinds of female labours. **Yadav and Azad (1987)** reported that in India, women contribute one third of labour force required for farming and allied practices, but in a backward state like Orissa, involvement of women in agriculture is as high as 80%. **Sheela and Shashikala(2001)** reported that women's participation in the economics productivity is not new. It is believed that women's share of labour is disproportionately higher to that of man.

### **RESULT AND DISCUSSIONS**

Socio-economic condition of selected tribal people were quite distinct and their poverty was clearly seen. In villages, the main occupation is agriculture and tribal people had very limited land. Nearly 30% Tribal families were landless. Only 7 families, out of 150 have more than 5 acres of land. This is a contrast with non-tribal population which has large farms in this area.

In villages different tribal communities were generally living in identified areas. Their houses were both Kuchha (mud) and Pucca (Masonry house) and more than 50% were Kucha houses. Most of the houses were of single room structure but there were about having 3 rooms also. There big houses of two three rooms were owned families whereas single families had one room house. These houses were not having electric connections and were mostly unauthorized. People used to go for toilet is open fields as there were not proper arrangements for it. For water supply, most of them had shallow hand pumps. Since the houses were small and beds limited, they were shared among the family members. Of the 150 families surveyed 96 (64%) possessed cattle sheds.

As far as education and occupational status of the selected tribal areas as concerned the Kimkhola village selected for Raji Tribal is still deprived of education facilities. Even the primary or under primary level school is not available in the village. In an Ashram type school studied in Baluakot, every facility of boarding and loading is available for the tribal children. The school records show very poor results in regards to Raji children. The total tribal population has been divided into different occupational grouping on the basis of their respective educational status. It is found that out of total tribal population of Ratanpur village, there are 567 people constitute the working population. While the rest are dependents.

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