



# REVIEW OF RESEARCH

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## HEALTH AND NUTRITION STATUS OF TRIBES OF TRIPURA INDIA

Sajana Begam<sup>1</sup> & Dr. Abhijeet Shamrao More<sup>2</sup>

<sup>1</sup>Research Scholar.

<sup>2</sup>Director of Physical Education and Sports,  
Mahatma Phule College, Ahemadpur.

### ABSTRACT:

The tribal population in India is 8.7% of the total population. They are more susceptible to malnutrition which is known as a prevalent health problem mainly due to the uncertainty of their food supply, which has serious long term consequences for children and adversely affects the development of the nation. Assessing nutritional status is of paramount importance as it tends to identify malnutrition which increases the risk of malnutrition and death. The purpose of this review was to find out the overall nutritional status of tribal preschool children. The new research also explores the major socio-cultural factors influencing the nutritional status of tribal children in India from a bio-cultural point of view.



**KEYWORDS:** *Preschool children, Tribal, Nutritional Status, Meta-Analysis, Underweight.*

### INTRODUCTION

The tribe is an independent political division of a population characterized by specific cultures, primitive features and socio-economic backwardness. Tribal people are the primitive inhabitants of any country. But, even after six decades of independence, the tribals in India are still mired in many problems, a dark truth. Among those problems is now the poor state of health of the tribals. India has almost half of the world's tribal population and 84.37 million people are classified as tribals, which is 8.5% of the total population. There are 461 groups of tribes spread across 29 states and 8 Union Territories with majority of 89% tribes found in the central belt of the country. Reliable and comprehensive data on disease patterns and trends in tribal areas are needed to monitor local epidemics and evaluate the effectiveness of public health programs for disease prevention and control. Religious rituals are mainly used to treat diseases and to worship the respective deities, most of whom believe that plagues associated with various diseases can be cured. No comprehensive strategy has been devised to address the health problems of the tribals, as there is insufficient knowledge about their norms, beliefs and practices, which are closely linked to the treatment of the disease. Further, there is a broad understanding of health problems and disorders in the general population, especially in urban areas, but studies related to demographic characteristics show that the health status of tribal children under 5 years of age in different tribal groups is very low and lacks comparability.

Tribal groups constitute about 8.3% of the total population of India. According to government figures, tribes can be found in about 461 communities and about 93% of them live in rural areas, mostly in remote forest areas that lack or lack basic civic amenities like transportation, roads, markets, health services, safe drinking water. Or cleanliness. Therefore, tribal communities lag other communities in terms of income, education, health and other essentials for good community nutrition. Of the 87 million tribals, who make up 8.3 per cent of the population, 80 per cent live in the Central Indian belt of Andhra Pradesh, Orissa, Jharkhand, Chhattisgarh, Madhya Pradesh, North Maharashtra, and South Gujarat. About 13 percent, or 10.1 million people, live in the Northeast. Are spread across the remaining states. Scheduled Tribes are distributed all over the country except Pondicherry, Haryana, Punjab, Chandigarh, and Delhi.

**Table 1.1 Demographical Statistics of Tribals of North Eastern States of India**

State	Population
Arunachal Pradesh	1,383,727
Assam	31,205,576
Manipur	2,570,390
Meghalaya	2,966,889
Mizoram	1,097,206
Nagaland	1,978,502
Sikkim	610,577
Tripura	3,673,917

Source: Census 2011,

**Table 1.2 Zone wise Demographic Statistics of Tripura**

Sl. No.	Name of Zone	No. of V.C	No. of Family				Population			
			ST	SC	UR	Total	ST	SC	UR	Total
1.	West Zone	185	72,308	2,436	4,487	79,231	4,02,948	12,423	23,647	4,39,018
2.	South Zone	167	56,260	2,878	7,890	67,028	2,90,153	13,288	37,654	3,41,095
3.	North Zone	79	23,750	2,733	9,865	36,303	1,25,641	13,360	47,486	1,86,487
4.	Dhalai Zone	96	37,158	3,933	5,578	46,669	2,02,818	19,442	27,605	2,49,865
<b>Total</b>		<b>527</b>	<b>1,89,431</b>	<b>11,980</b>	<b>27,820</b>	<b>2,29,231</b>	<b>10,21,560</b>	<b>58,513</b>	<b>1,36,392</b>	<b>12,16,465</b>

Source: Tripura Tribal Area Autonomous District Council

After the first influx of refugees as Hindu Bangladeshi immigrants, the state of Tripura enacted the Tripura Land and Land Revenue Act 1960 which recognizes only registered lands. Since the majority of the tribals are illiterate, they have not registered the land of the community that has been living for thousands of years as per their traditional law. So, they were declared encroachments on the land they had inhabited for hundreds of years.

The population of Tripura is characterized by social diversity. Scheduled Tribes (STs) make up about one-third of the population. Nineteen tribes are represented in the population of Tripura, the two largest being Tripuri and Reang, which in 2011 accounted for 71 per cent of the tribal population. There is also a diversity of languages and dialects; Bengali and Kokborok are the two official languages of the state. The majority of the tribal people live in rural areas.

### Health Status:

Lack of personal hygiene, poor hygiene, poor maternal and child health care health care benefits covered under the Managed Care Health Agreement, lack of health education, lack of national preventive programs and lack of health services are responsible for poor health. Problems such as tribal hygienic food supply, water contamination and improper diet affect the health status of the tribals. Tropical diseases like malaria are still prevalent in tribal areas. Therefore, good nutrition and good environmental health are important aspects of village health services.

### 1. Maternal and Health Care Practices:

Childbirth imposes additional health needs and problems on women - physically, mentally, and socially. Maternal mortality was reported to be high among various tribal groups. The main causes of maternal mortality were found to be unhygienic and primitive practices for childbirth. No specific nutritional diet is taken by women from the beginning to the end of pregnancy. On the other hand, some pregnant tribal women reduced food intake for fear of frequent vomiting and to keep the baby small and facilitate childbirth. Low intake of iron, calcium and vitamins during pregnancy. The habit of drinking alcohol during pregnancy has been found to be common among tribal women and almost all continue their regular activities with hard work during advanced pregnancies. More than 90 percent of deliveries take place at home in the presence of older women. No specific precautions are taken during childbirth which increases the susceptibility to various infections. The services of paramedical personnel are secured only in difficult labor cases.

As far as child rearing is concerned, illiterate mothers, both rural and tribal, are seen breastfeeding their babies. However, most of them resort to harmful methods such as discarding colostrum, giving preeclampsia feeds, delaying the start of breastfeeding, and delaying supplemental feeds. Vaccination and immunization of infants and children in tribal groups is inadequate. In addition, magical-religious beliefs and the end of taboos exacerbate problems.

### Nutrition Status of Tribals of Tripura:

The health and nutrition problems of the vast tribal population in India are as diverse as the tribal groups have presented amazing diversity and diversity in their socio-economic, socio-cultural and environmental settings. Malnutrition is high among tribal people. Malnutrition causes diseases such as local goiter: see thyroid gland, Anemia, pellagra and beriberi beriberi, diseases caused by deficiency of thiamine in the human body. Improper diet can lead to this deficiency. It has a profound effect on mental and physical health. Anemia reduces immunity to fatigue, affects the ability to work in stressful situations, and increases the chances of falling prey to other diseases. Maternal malnutrition is common among tribal women, especially those whose pregnancies are very close. Tribal diets are generally deficient in calcium, vitamin A, vitamin C, riboflavin, and animal protein.

India's worst track record in ensuring a basic level of nutrition as measured by the new International Multidimensional Poverty Index (MPI) is the biggest contributor to its poverty. About 652 million people or 53% of India's population are poor, as measured by this composite indicator with ten markers of education, health and living achievement levels.

In general, a balanced diet provides the body with all the nutrients it needs for healthy growth and development. Good nutrition also includes eating the right amount of food every day. It helps to keep the body healthy and fit. How does the concept of nutritious food apply to them when they are not getting two meals a day?

Lack of medical facilities is another problem. Poor tribals do not get regular meals so they get sick. Doctors recommend that people seek medical attention at the first sign of any illness. Early care can lead to early recovery. But the tribals are deprived of all these basic needs. Mosquito bites, skin ailments, jaundice, natural disasters are not treated in time. Sanitation problems are very common in rural as well as tribal areas. Unhygienic conditions cause many diseases in their children, such as measles, mumps, polio, tetanus, and whooping cough. Disease prevention is an important part of medical care. Parents should make sure their children are vaccinated against diphtheria, German

measles, mumps, polio, tetanus and whooping cough. But tribal parents are ignorant of these things.

Tribals are the second largest social group in India. Access to higher education in the tribal population is a matter of concern as indicated by the Gross Enrollment Ratio (GER) as it lags behind the rest of the population compared to other disadvantaged groups. In addition, the GER of female tribals lags behind their male counterparts. These factors reflect the inequality among the tribals in Indian society. Many tribal schools have high dropout rates. Children go to primary school for the first three to four years and they get a taste of knowledge, then they become engrossed in illiteracy. Few entering the tenth; Some of those who do, manage to complete high school. Therefore, very few people are eligible to attend higher education institutions, where the dropout rate is high. Senior tribal members are often reluctant to send their children to school, requiring them to work in the fields.

#### **CONCLUSION:**

From the above discussions, the tribal population is affected by various social, economic and developmental barriers which lead to high rates of malnutrition and health problems which are related to low percentage of higher education in the society. Tribals in India are heterogeneous. Although Scheduled Tribes have been accorded special status under the Fifth / Sixth Schedule of the Constitution of India, their condition, especially their health, is still unsatisfactory. Therefore, their health problem-solving methods should be not only multifaceted but also specific to as many individual groups as possible.