SUMMARY AND CONCLUSIONS
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Thrust in the various nutrition programmes in a country has been on the supplementary nutrition for the children and mothers with varying degree of importance on the relevant aspects such as food and nutrition. This is naturally because investment in child development is an investment in human resource development. Gross neglect of childhood nutrition ravages the child population. In India, children in the age range of 0-15 years constitute 42 percent of the total population among whom 19 percent are 5 years and 62 millions are below 3 years. (Devdas and Geeta, 1977). It has been observed that young children are the most vulnerable segment of the population suffering from nutritional disorders and it's severe consequences.

Motherhood, for the majority of the poor Indian women has always been period fought with difficulties, given the low nutritional and health status besides harsh living conditions. Women, have assumed a pivotal and significant place in the family. It is in this context, planning a study to understand nutritional status of children, women, particularly in tribes like Banjara was thought as a need of the hour. Present study therefore, directed to understand the situation, so far as it relates Nutritional status of selected children and women from Banjara community in Yavatmal district.

Findings emerged out of the present investigation have been briefly summerised below:

1. Present study was confined to 20 Banjara habitats, 16 located in rural situation and 4 in urban situation situated in 4 densely Banjara populated blocks from Yavatmal district of Vidarbha region in Maharashtra.
2. Findings emerged out of the present investigation were based on the data collected from 400 mothers from these selected Tandas, habitats purposively (dense population) with the help of specially developed and pre-tested schedule, through personal interview with the respondents selected with the help of equal interval method of randomization. (Nth method).

3. In all 200 male children and 200 female children belonging to the age category of 1-3 and 4-6 years of 100 from each naturally of these mothers also formed sample respondents, in the study.

4. Classification and subsequent distribution of respondents revealed that majority of the mothers were from the age category of 26 to 50 years, with rural native background having no formal education relying on labourship for their subsistence and had 6 to 10 members in their respective families. Further probing resulted in understanding that majority of the mothers respondents were reported to have come from high caste almost had stability and reported to have no participation in voluntary organisations existing in villages and reporting no persistence of values relating to food and nutrition in particular.

5. As far as size of holding and annual income was concerned, it was noticed that the majority of mothers had holding up to 10 acres only, with an annual income in the range of Rs. 10,001 - 20,000/- (Husband’s)

6. In view of importance and utility of some psychological characteristics responses from the respondents were sought about the knowledge about food and nutrition and their attitude towards food and nutrition. It was observed that the majority of the respondents had partial knowledge and favourable attitude towards food and nutrition.
As far as situational characteristics of the respondents were concerned, it was noticed that majority of the respondents had their localities in the distance range of 61 to 90 kilometers from district headquarter, reported to had money lenders as readily available source of financial assistance, educational facilities up to primary schools, primary health centers and pukka approach roads.

Expressing their views about the prevailing environmental conditions majority of the respondents reported kaccha type of houses, well as a source of water supply, unclean water storage, improper ventilation, lighting, sanitary facilities, garbage disposal and television as a means of entertainment.

Findings relating to Anthropometry as one of the dimensions of nutritional status, revealed almost identical trend for distribution of boys and girls with regard to weight for age, height for age. Majority of the respondents from both the categories based on gender and age groups were in the category of normal.

Classification of women respondents for their BMI indicated that majority of the respondents were in the I grade of CED with their BMI values in between 17 to 18.50, indicating thereby that they were mildly malnourished.

Nutritional deficiency signs, of children respondents indicated that majority of the boys and girls from the age categories of 1 to 3 and 4-6 years had normal general appearance. Majority of the children were suffering from Anemia (Pale conjunctiva). It was further noticed that deficiency of vitamin B complex was marked with the visibility of Angular stomatitis and Dermatitis on the part of children respondents from both the categories.

In an attempt to locate signs of nutritional deficiencies in mother respondents, it was understood that majority of
mothers had pale conjunctiva, vitamin A and vitamin C deficiency symptoms. Some of the other problems with which mother respondents were reported to have suffered were angular stomatitis, vitamin A deficiency and Dermatitis.

13 It was evident that Haemoglobin status of mother respondents was low while the same for the children respondents was acceptable.

14 Computed values for percentage adequacy with regard to cereals, pulses, animal foods, fats and oils and fruits did not show any difference on the part of children respondents from both the categories of gender particularly in the age range of 4-6 years indicating thereby adequate consumption of pulses. Consumption for cereals, animal foods, fats and oils however, was marginal inadequate, whereas consumption of green leafy vegetables, roots and tubers, other vegetables fruits and milk was inadequate for boys and girls.

15 Average daily dietary food intake of various food items by children belonging to age category of 1-3 years, revealed that mean food intake and percentage adequacy for different food groups except few items such as milk and fruits on the part of children from both the categories did not indicate substantial amount of difference. Adequate consumption of cereals, sugar and jaggery was noticed in boys and cereals by the girls. Consumption of leafy vegetables, fruits, animal foods, fats and oils and fruits were low by the children respondents in general.

16 Average daily dietary intake of various food items by mother respondents revealed that percentage adequacy for cereals, pulses green leafy vegetables, other vegetables roots and tubers, milk, fats, meat, sugar, fruits and eggs in comparison
with mother respondents from the category of SN were on higher side.

17. Computed percentage adequacy for food groups such as cereals, pulses, meat and fruits was above 81, denoting thereby the consumption of these food groups from the category of SP was adequate as compared to that MP categories.

18. As regards, the percentage adequacy of various food groups for respondents from categories of SL and ML, it was noticed that consumption of meat, fruit, pulses, for respondents from the category of SL was reported to be adequate and only meat for the respondents from the category of was reported to be adequate.

19. Findings, so far as they relate to nutrient intake of boys and girls in the age category of 1-3 years revealed that proteins and thiamin were consumed by the boys in adequate in quantity. Consumption of energy iron, Vitamin A, Niacin and Folic acid, however, was reported to be marginal inadequate. Nutrients such as calcium, Riboflavin were inadequately consumed and consumption of vitamin B\textsubscript{12} and Vitamin C was observed to be low.

20. Variability in nutrient intake of boys and girls in the age category 4-6 years, was noticed marginal, adequacy in the boys was noticed for energy, Vitamin A, Thiamin, Iron, whereas inadequacy of energy and iron was noticed in girls. Inadequate consumption of calories, Folic Acid, Vitamin B\textsubscript{12}, Vitamin C and Riboflavin in Boys and calcium, Vitamin A, Thiamin, Riboflavin, Niacin, Folic Acid, Vitamin B12 and Vitamin C was noticed in girls.

21. Information pertaining to values for percentage adequacies indicated that values for energy, protein, Thiamin, Riboflavin,
Niacin, Folic acid and Vitamin B12 for the respondents from the category of SN and Protein, Thiamin, Niacin, Vitamin B12 for the respondents from the category of MN were in between 81 to 110, indicating thereby fairly adequate consumption of these nutrients.

22. As regards, the consumption of nutrients by the respondents from the category of MP, it was observed that Consumption of nutrients such as thiamin, niacin, vitamin B12, was inadequate, protein and energy was marginal inadequate and iron, folic acid, vitamin C and vitamin A was low and calcium was very low in comparison with that of respondents from category of SP in general.

23. Consumption of nutrients such as vitamin B complex and vitamin C for the respondents form the category of SL and thiamin and niacin from the category of ML was found to be adequate, Marginal adequacy of consumption for nutrients such as energy, proteins, vitamin A, vitamin C for respondents from the category of SL and energy and proteins for the respondents from the category of ML was noticed.

24. As regards, major morbid conditions, it was observed that diarrhoea, dysentery, fever, malaria and measles were major morbid conditions with children, while respiratory infection, diarrhoea, dysentery, fever, malaria were major health problems in mother respondents.

25. Commencement of process of weaning was noticed in between 18-24 months in majority of mother respondents which was prolonged comparatively for more time particularly in rural areas. Technique of discouragement though keeping off the breast was reported by about 30 percent of the respondents, reporting no special techniques by majority of the respondents for weaning.
Majority of mother respondents from the category of pregnant had not consumed any special supplementary food, whereas majority of the mother respondents from the category of lactating women, reported to have consumed meat, fish and eggs.

Majority of respondents from both the categories had consumed rice, dal, khichadi during their illness.

Restrictions were imposed on the infants for consuming fruits like banana, custard apple, orange, milk, ghee, eggs, meat, fish, groundnut and chana dal in view of their ill effects said to have been anticipated.

Some of the worth mentioning cooking practices followed by majority of respondents washing rice several times by rubbing, throwing away of water after boiling rice, dal and vegetables besides prolonged boiling of the same without lid, washing of raw vegetables and fruits after cutting. Majority of respondents were using red chilies in great quantity and other spicy items such as onions, garlic, ginger etc. It was however observed that cooking methods, otherwise considered desirable form the point of view of nutritive consideration were used by very few respondents. Cooking methods, thus were taste oriented rather than nutrition consideration.

Most of the respondents observed to have used one or the other method of preservation for different food stuffs. Some of the common methods employed by the respondents for preservation were sun drying, roasting and drying and use of salt, condiments and sugar. Sun drying as a method of preservation was used for leafy vegetables, fruit vegetables and fish in winter and mahua flowers, fruits, garlic, mungwadi, papad, vermicelli in summer.
In majority of the families, head of the family shared the food first, followed by number of families where eating together at a time was noticed.

Items of meal pattern were identical to both the categories of respondents, with slight variation. In the morning children and mothers used to drink both tea and milk, tea being preferred by majority. Left over food such as bhakari or Chapati coupled with any type of chutney or vegetables or dal besan and wherever possible snacks such as upama, poha bread were some of the common items reported for breakfast. In the elite families, in the lunch, however, items such as rice, pulse, bhakari, chapati, dal and available vegetables were consumed. Majority of the respondents were not taking tea in the evening and almost same items of food were consumed by the respondents in their dinner. Significant change in food items however was realised, particularly on the occasion of festivals and sanskars during such occasions respondents reported to have gone for either sweets such Sheera, Guigule, Shewai, Laddu and Salai, Nareja, Patlibati in non vegetarian items.

Perusal of expenditure pattern of respondents on different food items was revealed that maximum expenditure was incurred on cereals and pulses followed by food items such as oils, chilies, spices (grossery). Expenditure on different food items such as vegetables, fruits, milk and milk products and animal food was comparatively less.

As far as food fads and fallacies of the tribe under study was concerned, results indicated that members of the family were invariably prohibited from eating bottle gourd, drumsticks and tamarind. Among non-vegetarian items head of the goat and leg of a goat was usually preferred and encouraged for key persons in the family in order to provide them strength and
energy. Mothers were also discouraged to feed colostrum to the infants considering that it was impure milk.

35. In an attempt to understand the problems encountered by the respondents, it was understood that consumption of country liquor, prevalence of undesirable customs and traditions, inadequate gainful employment resulting in lack of money for food, poor housing conditions, unsanitary conditions, non-availability of domestic and other facilities such as acute shortage of drinking water, improper storage facilities and non-availability of medical services, medicines in P.H.C. besides lack of emergency facilities were some of the crucial problems reported by the respondents, which directly or indirectly were influencing their nutritional status.

36. Respondents were certainly eager to improve upon their nutritional status in response to the query with regard to offering of suggestions. Some of the important suggestions offered were drinking water should be nearer to the residence, increase in the women wages identical to men, crechets for children near to residence and provision of medical facilities at doorstep.

37. In an attempt to establish relationship between selected variables, different dimensions and nutritional status score of mothers, it was observed that there exist significant and positive relationship between education and anthropometry, food intake, feeding habits and total nutritional status score, nature of activity and anthropometry, clinical, biochemical, food and nutrient intake, feeding habits and total nutritional status score, size of holding and feeding habits. Relationship was further noticed between annual income, monthly expenditure and anthropometry, biochemical, food and nutrient intake, feeding habits and total nutritional status score. Similarly, relationship was also observed between attitude of
mothers towards nutrition and their anthropometry, clinical, food and nutrient intake, feeding habits and their nutritional status score.

38. Distribution of respondents from both the categories namely mothers and children into three groups i.e. High, Medium and Low based on their nutritional status score revealed that majority of them were in the medium score category.

39. With a view to ascertain as to whether mother respondents differ on their nutritional status score according to stages of life and type of activity, it was understood that they did differ on their nutritional status score.

40. Further, an attempt was also made to see whether mothers and children on one side and children on the basis of gender differ on their nutritional status score. Significant difference was noticed.

On the strength of findings emerged out of the present investigation following broad conclusions can be drawn.

Respondents in general belong to low socio-economic category living in most poor housing conditions, and prevailing unhygiene and poor environmental conditions.

Careful look over the computed percentage adequacy for food and nutrients would made us to conclude that percentage adequacy for food and nutrient adequacy was far from ICMR standards, indicating thereby undesirable and unsatisfactory nutritional status.

It can also be concluded that discrimination between boys and girls for feeding was a regular feature of the tribe, preference being given for male in the matter of priorities and preferences.
Pregnant and lactating women in general were not taking care of for food and nutrient intake. Thus the importance of mother's health and growth and development of foetus was not recognised at all.