INTRODUCTION
Indian sub-continent is a land of unity in diversities. There are many languages spoken. There are different races and tribes. The influx of population is assuming an alarming shape year by year and the agricultural production is not increasing in that proportion as there are not enough irrigation facilities in this vast country. A majority of people here are cultivators. The economy of the nation also depends very much on agriculture. The cultivators have to depend on monsoon which is ever uncertain. Hence agriculture has become a sort of gambling. In these circumstances the tribal people are in great distress.

There are about 500 tribes of aborigines and there are about 250 languages spoken by them. The tribals mostly live in forests and hilly areas. They still have their primitive methods and instruments which they use for cultivation. They, being illiterate and ignorant, are knowing nothing about the modern researches and improved varieties of crops. They still continue to produce traditional crops which are deficient in nutrients. Thus they do not get the standard requirement of nutrition. Their traditional food Pej is deficient in most of the nutrients as it is prepared with little maize flour and much water. Their traditional cooking method also destroys much of vitamins and minerals. Being secluded from the civilized people and their adherence to their traditions they are as they were a thousand years ago. Malnutrition is responsible for many diseases and they go on suffering from them. They depend upon their
ojhas (magicians) for the cure of these diseases and never go to a doctor for treatment. Hence the rate of mortality is also higher among their children. That is why it becomes necessary to study their living and their drawbacks in matters of their daily diet and their deficiency in nutrition. If a part of Indians is left to their fate it will be most undemocratic. The study of tribals as regards their ways of living, their food and the deficiency of nutrients in their daily diet and diseases caused to them as a result of that has become a burning topic of the day. Hence I have been entrusted with this Herculean task. The study area has Bhils and Korkus in majority.

Study Area:

About 10 per cent of the total population of India, our country, consists of the tribes who are divided in about 500 tribes and more than 250 languages (dilects) are spoken. These tribes are even today most backward and are living in their primitive natural conditions. From many points of view the study of their food and health, in general, is very important. First of all a fast change is coming in economic system on account of rapid extension of industrialisation. It brings a change as regards their diet habit. For a long time the tribal depended solely on the forest produce only. But in rapid deforestation the sources of food in the forest are also decreasing fast and making it hard to get enough the nursing food. Fertility among these tribals has also been reduced as a result of it and rate of death among them has increased for want of nursing food. The Government has been making efforts to improve the agriculture of the tribal areas; but the results are very disappointing because they stick to their old methods and
SELECTED VILLAGES IN WESTERN SATPURA RANGE

SCALE

10 0 10 20 30 40 50 KMs
ways. The forest, main source of their food, has been diminishing fast and there is no marked improvement in agricultural produce. In this way their food problem is assuming alarming shape day by day. Less food causing starvation and lack of nutrition in their daily diet most of their children fall a prey to several diseases. Hence it is necessary to pay attention to the diet and health matters of the tribals.

In Madhya Pradesh the back ward tribes of the tribals are Korkus, Bhils and Bhilalas. They mainly reside in western Satpura region. Khandwa, Betul and Hoshangabad districts mainly fall under that area of Madhya Pradesh. The population of these tribes is about 10 per cent of the total population (Table-1.1).

Its Extension:

The total population of the study area is 1934966 and the area of the study region is 97412 sq. kms. The southern part of it touches the boundary of Maharashtra and in the north are Jhabua, Dhar and Indore districts. In the eastern part it touches the border of Chhindwara district. The map of the study region is narrow towards west but it is broad towards east. The Amarkantak lies in the eastern part from where the Narmada rises. The river Narmada flows in north-west direction from here. The Narmada is the main and important river of the study area. Here the ranges of Mahadeo mountain spread. Very high ranges are present here. The main cities of the area Khandwa, Khargone and Betul.
<table>
<thead>
<tr>
<th>S. No.</th>
<th>NAME OF TAHSIL</th>
<th>No.</th>
<th>Name of village</th>
<th>No. of selecte family</th>
<th>Main Tribe</th>
<th>LO</th>
<th>LA</th>
<th>Distant From nearest Town</th>
</tr>
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<tbody>
<tr>
<td>1.</td>
<td>KHANDWA</td>
<td>1.</td>
<td>Junapani</td>
<td>20</td>
<td>BHIL</td>
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<td>76°35'E</td>
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<td></td>
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<td>2.</td>
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<td>22</td>
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<td>19</td>
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<td>22°10'N</td>
<td>77°0'E</td>
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<td>16</td>
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<td>77°08'E</td>
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<td>BURHANPUR</td>
<td>1.</td>
<td>Khatla</td>
<td>17</td>
<td>KORKU</td>
<td>21°25'N</td>
<td>76°12'E</td>
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<td>Pangri Mall</td>
<td>20</td>
<td>KORKU</td>
<td>21°19'N</td>
<td>76°33'E</td>
<td>BURHANPUR-46</td>
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<td>4.</td>
<td>KHARGAON</td>
<td>1.</td>
<td>Chichli</td>
<td>19</td>
<td>BHIL</td>
<td>21°47'N</td>
<td>75°20'E</td>
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<td>2.</td>
<td>Teeri</td>
<td>19</td>
<td>BHIL</td>
<td>21°44'E</td>
<td>75°17'E</td>
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<td>SENDHWA</td>
<td>1.</td>
<td>Donglya Pani</td>
<td>21</td>
<td>BHIL</td>
<td>21°45'N</td>
<td>74°10'E</td>
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<td>2.</td>
<td>Bhensdad</td>
<td>18</td>
<td>BHILALIA</td>
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<td>75°0'E</td>
<td>SENDHWA- 15</td>
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<td>6.</td>
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<td>Mal Kheda</td>
<td>19</td>
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<td>Dond Wada</td>
<td>21</td>
<td>BHIL</td>
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<td>75°50'E</td>
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<td>1.</td>
<td>Borna</td>
<td>10</td>
<td>KORKU</td>
<td>21°57'N</td>
<td>78°02'E</td>
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<td>Powder-Jhanda</td>
<td>11</td>
<td>GOND</td>
<td>22°12'N</td>
<td>77°30'E</td>
<td>BETUL- 11</td>
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<td>Pipariya</td>
<td>12</td>
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<td>21°55'N</td>
<td>77°34'E</td>
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<td>Jamukhera</td>
<td>12</td>
<td>KORKU</td>
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<td>77°30'E</td>
<td>BHENSPHEHI-26</td>
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<td>9.</td>
<td>MULTAI</td>
<td>1.</td>
<td>Ghana</td>
<td>17</td>
<td>KORKU</td>
<td>21°36'N</td>
<td>78°18'E</td>
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<td>Jamtht-Sawasan</td>
<td>20</td>
<td>KORKU</td>
<td>21°36'N</td>
<td>78°0'E</td>
<td>MULTAI- 40</td>
</tr>
</tbody>
</table>
PREVIOUS WORK

The problem of malnutrition is of greater concern in the developing countries because of its mass prevalence, its tragic human implications and its adverse effect on development processes. The magnitude of the problem suggests need for vigorous effort in estimating its prevalence, specific causes and feasible solutions. During the past few years, several nutritional problems for the betterment of pre-school and school children have been in progress. There has also been a rapid industrialization in several parts of the country during the last two decades and it is to be expected that this in its wake, will bring about changes not only in the way of life but also in the pattern of expenditure and food intake. The calorie intake as well as the quality and quantity of nutrient intake in an individual can be precisely measured by the food consumption levels. Because of this fact, food consumption levels of different socio-economic groups at community level, regional and national level have been assessed through food consumption surveys and food balance sheets. The most important study at the national level was conducted by ICMR for the period covering 1960, 1969 and 1982.

In recent years many local and regional studies have been carried out in the fields of landuse, nutrition and its related subjects. In many of such studies the researchers have tried to correlate the food production with the nutritional level of the people. As a discipline dependent greatly on field work geography can make its own contribution by conducting surveying land use and deficiency diseases.
Geographers have recently taken interest in this subject. Special interest by geographers in this country dates back to the past twenty-eight years or so with pioneering work by Prof. Shafi (1960). Who selected twelve villages, typical of different soil areas in eastern U.P. and worked on the basis of personal enquiries into fields, prepared food, balance sheets to assess the caloric intake per capita per day. This kind of work has since been actively pursued by many other Universities in the country. Ayyer (1968) has made an attempt to work out on indirect relationship between land use and nutritional status in three selected villages of Bewas basin. They have pointed out the difficulty in collection of dietary data and have recommended conduct of such surveys on a family basis. Hussain (1967) in a survey of Badoun and Shahjahanpur district of U.P. found out an interesting correlation between the soil type and nutritional levels. Khan (1969) studied nutritional deficiency diseases and environmental factors in the central Ganga-Yamuna Doab. The work on the nutrition and deficiency diseases in relation to environment in U.P. was done by Siddiqui (1973), Choubey (1977) studied environment and Nutritional deficiency diseases in the eastern Malwa plateau on the basis of field survey. In a general study of India, Misra (1978) identified the level of nutrition, Mohammand Ali (1978) analyzed the situation of agricultural food and nutrition in India, and Akhtar (1980) conducted field studies on the impact of the environment of the levels of nutrition in Kumaun region. Tiwari (1982, 1988) also conducted diet survey of twenty three villages in the north-eastern child nutrition in ten selected villages of Haryana.
The greatest contribution in the field of medical geography has been made by Learmonth. During 1960 medical geography in India appears to have become strongly established in the north in contrast to its dominance in southern India during the 1940. For example, work on cancer (Indrapal, 1956, 1972) yellow water in parts of Uttar Pradesh (Indrapal, 1968) and on trachome (Indrapal 1970) have emerged from the north-western school centred at Jaipur in Rajasthan. In Bengal work on Cholera incidence gained greater importance (Sen, 1957; Basu 1969) and geitra was widely studied in the Kumoun region and Maharashtra on a geomedical basis (Akther 1978, 1979; Krishna Mathur, 1974) with regard to cholera in the latter part of the 1970 syetdnother centre of medical geography was established at Madras, where among other topics Cholera incidence at the state and city level was studied (Hyma and Ramesh 1976, 1977; Kumaraswamy, 1981).

Cultural factors and social customs influence not only the occurrence of diseases as indicated by studies of the incidence of diseases as indicated by studies of the incidence of deficiency diseases, but also the acceptance of innovation like family planning methods. These are the aspects of community and social medicine which Fonaroff and Fonaraff (1966) studied in the cultural environment of rural India. Their work though carried out on a nation in wide scale, has laid the most useful foundation for localized and rigorous follow-up. Also at nutrition level Learmonth and Akthur (1972) have examined the effects of cultural patterns on health and disease following this UP with a further study in the same field just over a decade latter, but stressing how the health risk element posed by
cultural conditioning may be controlled (Learmonth) and Akthar, 1982b) Anthropological attitude of people towards disease and sickness. Two examples illustrate this. Beliefs among tribal populations in India about malaria were studied by cultural Anthropologists (Dhillan and Kar, 1977) and the Human factors in a limited rural context (Kocher, 1978). Such contributions from other disciplines concerning had a seminal influence on geographers, with the role eye beliefs as a factor in smallpox and other infectious diseases in southern India as a prime example. In particular the geo-ecology of Cholera (Jusatz, 1968: Banerjee and Hazrd, 1978) together with its diffusion patterns (Dutta, 1973) were analysed in detail as was the ecology of guineaworm disease (Tiwari, 1968) and its biocoenosis (Mathur 1970). Two books by Akhar on the Geography of health one on nutrition and agriculture (1982) and the other a bibliography of sources in the Geography of health in India (1982) are also evidence of the international standing and importance of the field in India today.

For the first a national seminar was held at Pachmari in 1989 on tribal ecosystem and malnutrition. It was conducted by Dr. P.D. Tiwari Geographers, anthropologists, Home scientists and medical experts took very much interest in it and about 40 research papers in different sessions were presented. Special lectures were also delivered on this subject by experts of different subjects. The lectures of Prof. Indrapal, Prof. A.K. Tiwari, Prof. Maheshwari Prasad, Prof. Shinde, Prof. Mukhopadya and Dr. S.K. Agrawal are worth mention.

In this seminar Prof. Maheshwari Prasad presented his research paper on "An impact of ecosystem changes on dietary pattern of tribals in Chhota Nagpur
region in Bihar", Prof. A.K. Sinha and P. Kumar presented a paper on "Changing ecosystem and dietary pattern among the tribals of Chhota Nagpur." Ahsa patil presented a paper on "Chaning natural conditions, food habits and problems of malnutrition of Korku tribals." Prof. Singrol and Mitra presented a paper on "Food condition pattern and Nutritional status of Kamars of Raipur". A paper on "Food and nutritional status of Maharashtra's Bhil" was presented by Prof. Shinde. A paper on "Tribal food system and nutrient intake in Mandla district" was presented by Dr. Katre. Mohanti and Sahu presented a paper on "Food habits and nutritional status of the Bhumiyas of Koird sundergarh". Narendra Kumar presented a paper on "Stratagy and conservation of ecosystem in Madhya Pradesh." Mr. M. Chattopadhayaya presented his paper on "Nutritional problems, ecological aspects and planning in regard to tribals of West Bengal". These papers are worth their mention and are also very important.

Very recently Dr. Tiwari has edited a very important work having the title "A book on dietary habits in tribal India". Twenty eight (28) articles have been published in this book including dietary habits, Diet and Nutrition, Nutritional problems and Diet and Nutritional planning.

Some of these articles are based mainly on the problems of tribal communities. They are as mentioned here, eg. from ecological endowment to food habits. The primitive tribal communities of Madhya Pradesh (Mukharji and Sinha) Ecological variant of food and recipes in the tribal Bihar (Sinha and Kumar). Economy dietary pattern and habits of the plain Bhuiyas during childcare (Mahauts), An understanding the food habits of
the physiologically anbalnerable groups among tribals and non-tribals in Madhya Pradesh (Saxena and Maware), Diet survey among Kaimars of Mainpur block, Raipur District, M.P. Singiroli) of Food taboos among the Irulas of coimbatore, Diet, Tamilnadu (Dhella perumal) and Madhya Pradesh), Food consumption among the Cols in Manikpur district, U.P. (Tripathi), Dietary pattern and nutritional status in Mulnutritional villages of Bastar, M.P. (Kanchan Anup Kumar), Food habits and nutritional status of the tribals of Bastar (M.P.) (Taneja), Nutritional status and food consumption pattern among various tribal groups of Bastar (Choubey, K.), Nutrition and health problems of the pregnant women of the Birhors tribe of Bihar (Shahu). Changing dietary pattern and habits of seasonally migrated santhals of west Bengal (M.Chattopadhyaya) Nutritional status of tribal population in M.P. (M. Mishra), Nutritional status of tribal population in north-east Bastar (Prof. Gupta), Nutrition and tribal, future strategies for research (Kapoor) etc. Pattern and habits of seasonally migrated Santhals of West Bengal (M. Chattopadhyaya). Nutritional status of tribal in M.P. (M. Mishra). Nutritional status of tribal population in north-east Bastar (Prof. Gupta).

Based on direct and indirect methods of assessment the prevalence of PCM has been identified as the most important and widespread nutrition problem in India. Young children below five years of age from low socio-economic groups and from rural and urban areas, are noted to be suffering from some degree of PCM (Banik, 1971; Pereiy, 1971; Mathur, 1974 and Rathore, Mathur and Saxena, 1977). Chatterjee, 1976 estimate that the prevalence of PCM in children of 1 to 5 years of age in around 70-90 per cent of the standard weight. Several
other studies have also identified a relationship between PCM and the incidence of several infections and non-nutritional diseases (Aykroyd, 1971; Rao et al., 1974) observed higher prevalence rates of different nutritional deficiency figures. In urban slum children as compared to their rural counterparts in relationship between weights, heights, age, arm circumference, skinfold thickness and other somatic parameters have been extensively used to measure the nutritional status on the basis of least cost balance diets proposed by ICMR. The prevailing extent of malnutrition in India was assessed in a nationwide nutrition survey for pre-school children (Azad, 1975). Regional variation in several anthropometric measures on young children are clearly discernible in the nutrition, Atlas of India (Gopalan and Raghavan, 1971). Similar inter-regional differences on somatic parameters of young children are perceptible by comparing many other studies. In assessing the nutritional status, the above works clearly indicate, mass prevalence of malnutrition among pre-school children from low-income groups. Regional and socio-economic contrasts are also noticed in most of such studies.

The above mentioned works have been mainly written in the shape of research articles. The books and Ph.D. thesis which have been written by Indian geographers are on nutrition of people; the basis of these books and thesis is secondary data. Very little research work has been done on tribal communities. It has, therefore, been felt by the author that such research work should be undertaken in Korku and Bhil tribals. This should be based on primary and first hand data got through personal survey and observation.
HYPOTHESIS:

The present study is based on the following hypothesis:

1. The forest and the tribals are very closely related.
2. The dietary habits are chiefly based on their traditions and forest produce.
3. A quick change has taken place in their food consumption pattern as a result of change in their ecosystem and it has created food problem for them.
4. The effect of food consumption can be seen immediately and directly on malnutrition and diseases caused by it. In the areas where nutrition and health programmes have been carried out sincerely and successfully, a marked improvement can be seen in nutrition and health status.

Bread and Dalia (grained flour of cereal) are distributed to the children and pregnant women. They supply the children and pregnant women with nutrition and vitamins needed for good health. That is why an improvement is marked in their health status.

Under the health programme the tribal children are being given injections against many fatal diseases and this saves the children from those diseases. Thus they are made immune against such fatal diseases. The main diseases against which the preventive injections are given are whooping cough, measles, Polio and T.B. etc. This also reduces malnutrition among the children.

Objectives:

The following are the main aims of the present study:
1. To study the environment and ecosystem of the area having a majority of the tribals.

2. To observe food habits, consumption pattern and the impact of ecosystem on consumption pattern.

3. To analyse the nutrient intake pattern of Korku and Bhil families.

4. To assess of malnutrition in Kurku and Bhil Children.

5. To correlate nutritional deficiency with malnutrition and diseases.

6. And to suggest suitable measures for nutritional and health planning of Korku and Bhil communities.

Sampling Method:

Three districts situated on the western area of the Satpura, namely Khandwa, Khargone and Betul, have been selected for the study. A list of tribals of each having a majority the tribal population, has been prepared. Their position has been determined with the help of the map. Two villages from each tahsil with the majority of Korku and Bhil population have been selected. By going to the villages actually a list of the families of Korkus and Bhils was prepared and 50 per cent of the total number of tribal families was selected for this study so that all the groups of different economic standard might be represented. It was also kept in mind during this selection that distribution of these families was present in the whole village.

A thorough and complete information about each member of the selected family was collected and the complete survey of their diet was carefully made. Two children below 5 years of age from each family were
selected for health survey. One of them was a boy and the other was a girl. If such selection was not possible in a family another family was selected for this purpose. In this way 18 villages situated on the western part the Satpura region were selected and two families of Korkus and Bhils were taken under study. In total 36 families and 72 children were selected.

Surveying Method and Data Collection:

Schedule for the survey of each family was prepared as given below:

1. Environmental condition schedule.
2. Family economic schedule.
3. Socio-cultural aspect of health and nutrition schedule.
4. Diet survey schedule.
5. And an anthropometric and clinical examination schedule.

Environmental condition schedule - In the environmental schedule information about housing condition, surrounding environmental condition, drinking water supply, quality of life, sanitary habit have been noted. Under family economic schedule agricultural practices, agricultural production, agricultural income, forest live stock and other sources of income of every family have been noted. The annual income from these sources has also been noted. A detailed information about per year expenditure pattern on consumer durables and non-durables of every family has also been noted. Under socio-cultural aspect of health and nutrition schedule information restricted food habits, child feeding practices, supplementary food, health care system, disease treatment, immunization programmes, nutrition programmes and health programme has been noted.
Diet survey has been made by oral questionnaire and according to weightment method. Sixty per cent families of every village were surveyed by oral questionnaire method. In it the information from the head of the family was gathered about the breakfast, lunch and dinner consumption of all the members of the family was noted for the whole day. Forty per cent families of the village were surveyed by weightment method. In it the head of the family himself was questioned about the food intake of breakfast, lunch and dinner of the same day. The information given by him was noted and the food articles were weighed and their weight was also noted.

Diet survey was conducted avoiding the festival days but among the tribals seasonal changes in their diet are very often found. They in general make a change in their diet according to season very commonly.

That is why it becomes very necessary to conduct the survey of diet in every season. But for want of time survey in one season only was conducted and the seasonal changes were also noted after an enquiry from the head of the family.

For assessment of malnutrition two children from the selected family were examined under anthropometric measurement. In it age, sex, height and weight of the children were noted. This information of the children was gathered carefully and recorded. The weight of every child was taken with minimum clothes possible by a weighing machine.

For taking the weight, every child was made to stand near the wall for support and weight was taken with an iron rod scale and the measurement of weight was noted at once.
For clinical examination different parts of the boy e.g. head, eyes, mouth, skin, stomach were minutely examined and the results of the same were noted.

Statement of the Problem:

The present average per capita availability of food of the order of 2400 calories and 60 gm of protein indicates the true extent of the problem of malnutrition; in view of the markedly uneven distribution of food among different regions, among different socio-economic groups and of course even among different members of a household. Though there is undoubtedly an overall shortage of food stuffs, it is clear that if the available food is distributed equitably in accordance with physiological needs, the problem of malnutrition of our country can be greatly reduced. Nutritional deficiency is one of the serious problems in tribal areas comprising mostly infants in weaning and post-weaning periods and the pre-school children. It restricts their physical growth and mental development and makes them more susceptible to morbidity and mortality due to infectious diseases. Pregnant and lactating women constitute another group of the tribal population where nutritional deficiency is common. In our country the proportionate mortality rate among children below four years is as high as 40 per cent as compared to less than 7 per cent in most of the western countries. A major factor underlying this high rate of mortality is nothing but malnutrition.

With regard to the prevailing extent of malnutrition in the country, a recent country wide nutrition survey was carried out among a large number of pre-school children and it revealed that in 90 per cent of them the heights and weights were below by tenth
percent as compared to the American children of corresponding ages. Classified according to weight deficit for age 18 per cent of the children were suffering from grade III malnutrition, 65 per cent from grade II and 14 per cent from grade I malnutrition. There is no doubt, therefore, that a very large proportion of our children to the low income groups are under-nourished on the basis of the available data. It is apparent that every year nearly one million children in our country die as a result of severe malnutrition.

Apart from PCM Vitamin A deficiency is another major nutritional problem responsible to a considerable extent for the prevalence of preventable blindness. It is believed that in India alone there are one million cases of blindness; victimised from vitamin A deficiency. Malnutrition is also widespread among our poor pregnant women. Over 30 per cent of these women being in the last stages of their pregnancy have been found to be suffering from anaemia. Such malnutrition in pregnancy is found to be responsible for low birth weights and poor nutritional status of infants, and is a major factor underlying the high infant mortality. Apart from this we have also started appreciating a long term effect of malnutrition. In our country the quality of a very high proportion of human resources in undoubtedly being undermined because of widespread malnutrition. It is in any case evident that anaemia is responsible for undermining the stamina and impairing the productivity of large segments of our working population.

Data Analysis Method:

Secondary data has been compared with the data of the whole region and has been analysed. After getting the data from environmental conditions, family economic
condition and socio-cultural survey it was analysed familywise and villagewise and situation was calculated from the mean and per cent of the whole region.

After calculating the familywise adult unit daily food system intake of the whole family was divided by the adult unit and got daily per capita food item intake for the family which was later analysed. In this way per capita food item intake was calculated. After the calculation of familywise food intake, mean was found out and the food intake of the whole family and region was analysed. In order to get different nutrients of familywise different food, food-items analysis was made with the help of the tables published in the book 'Nutritive Value of Indian Foods, NIN, Hyderabad in 1984. After this calculating of food intake familywise, villagewise and the whole regionwise nutrients intake pattern was also calculated.

For measuring the malnutrition status, more than 522 children (below 5 years) of Korku, Bhiland Bhilala families have been surveyed on the basis of weight for age. The malnutrition status of each child was graded into four categories of malnutrition (normal, I grade, II grade and III grade). Grades are referred here in terms of percentage.

Normal - above 90 per cent of the reference weight, I grade 90-75 per cent, II grade 75-60 per cent and III grade below 60 per cent of the reference weight. This classification scheme was adopted from the growth chart prepared by the NNMB Hyderabad (1982). After the clinical examination mean childwise deficiency diseases of 522 children and villagewise deficiency diseases was worked out and percent was taken out. After the above analysis correlation matrix was prepared.