

CHAPTER - VIII

SUMMARY

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Health is man's natural condition. It is the result of living in accordance with natural laws pertaining to the body, mind and environment. Today health is a major concern for all human societies, it affects widely from environmental sanitation, sanitary habits to few aspects of personal hygiene.

In India, life styles, dietary-pattern, social behaviour as well as health behaviour are prescribed by the deep rooted traditions. These are more pronounced in the tribal areas where outside influences, education are minimal. The health seeking behaviour of the primitive tribal groups is supposed to be highly associated with their beliefs, customs and practices, since majority of the population in these societies are illiterate, poor and lacking modern health facilities.

Economy is an important factor influencing nutrition and health. Due to poor economic condition nutritional deficiencies are common in tribes. Lack of knowledge is another cause for their poor nutritional status.

The present study describes the socio economic status, anthropometric status, clinical assessment, dietary pattern, food intake habits and nutrition education of Hill Korwa a primitive tribe of Surguja and Raigarh districts of Madhya Pradesh.

The present thesis entitled "Assessment of nutritional status and impact of nutrition education on Hill Korwas-a primitive tribe of Madhya Pradesh" has been completely incorporated in the following chapters:

- I. INTRODUCTION
- II. MATERIALS AND METHODS
- III. SOCIO-ECONOMIC SURVEY
- IV. CLINICAL ASSESSMENT
- V. ANTHROPOMETRIC MEASUREMENTS
- VI. DIETARY SURVEY
- VII. NUTRITION EDUCATION

CHAPTER – I INTRODUCTION :- This chapter describes the meaning of tribes, classifications and the physical structure of the Hill Korwas their origin, place & topography of the tribe. This chapter also describes the shifting cultivation of the Hill Korwas which is the main feature of this tribe. Hill Korwas live in dense forest and terrain of the hill. Some years before they were the Jungle tribe and totally depend on forests and hunting for their livelihood. Now they are shifting from shifting cultivation to plough cultivation. On the basis of their cultivation practices they are classified as Plain korwas and Hill Korwas. This chapter incorporates the previous studies done on tribal population in general & Hill korwas specifically

CHAPTER – II MATERIALS AND METHODS:- This chapter deals with the selection of samples, and methodology used for collection of data. 10% of total families in both Raigarh and Surguja districts were selected randomly for the survey. Socio economic survey was done using a pretested schedule of NIN Hyderabad. Clinical examination was carried out using a

pretested schedule prepared by slight modification of the list of clinical signs compiled by WHO. In anthropometric measurement height, weight, mid arm circumference & skinfold thickness was measured. The food consumption pattern was assessed by oral questionnaire (24 hours recall method) for three consecutive days. Nutrition education was carried out using pretested schedule (Palta A).

CHAPTER – III SOCIO ECONOMIC STATUS :- Socio economic data shows that the standard of living of Hill Korwa tribe is very poor. The family size of Hill Korwa is 3.74, 21.56% Korwa lived in nuclear families. All the families lived in "Kutchha" houses. 97.97% families has no window in their houses. The water supply in Hill Korwa area is very poor. Only 12.28% Hill Korwa are literate and 87.22% are illiterate.

CHAPTER – IV CLINICAL ASSESSMENT :- Clinical survey of subjects show the poor health condition and nutrient deficiency among the Hill Korwa. Protein energy malnutrition is common among them. Vitamin A, riboflavin and calcium intakes are also found to be deficient. Consequently they suffer from related diseases like pale conjunctiva, mottled enamel and brittle nails but their built is normal. Some other causes also play major role for their poor health conditions such as illiteracy and lack of knowledge. In clinical survey general appearance, hair, face, teeth, skin, nails of each subjects were examined to observe their nutritional status.

CHAPTER – V ANTHROPOMETRIC MEASUREMENTS :-
Anthropometric measurements used were height, weight and mid arm circumference ^{and triceps skinfold thickness} which are found to be lower than the other tribes of

Maharashtra, but weight of the Hill korwa is quite comparable to the other tribe of Surguja, Jhabua and Bastar Districts. But as compared to ICMR standard, the data is found to be quite low which indicates malnutrition and poor health status of Hill Korwa.

CHAPTER – VI DIETARY SURVEY :- This chapter describes the food and drinking habits and cooking practices of the Hill Korwa. ~~is quite low.~~ The main food item they consumed are Kodo, Rice, Urad, Maize & Tuber like "Genth", "Peetharu" "Sakin", "Nakwa" etc. Among green leafy vegetables, they consume "Saroti", "Lakara Bhaji", "Koilar bhaji" etc. Due to low intake of pulses, milk and fruits, deficiency of protein, vitamin A & riboflavin is observed. Seasonal variation in diet shows fluctuation in nutrient intake. Rainy season is starving time for the tribe. Only rice, some tubers and curd is available during rainy season. But winters and summers are better time for them. Alcohol is a part of their culture and they frequently consume it. They make alcohol from Mahua flower and on special occasions like marriage, birth they make alcohol from rice called "Handia". Tobacco chewing is also seen in tribe.

CHAPTER – VII NUTRITION EDUCATION :- A special prepared questionnaire is used for the assessment of knowledge of health and nutrition. A short term nutrition education was given to the Hill Korwa and the effect of education was evaluated in terms of the scores obtained "before" and "after" the education. A positive result of nutrition education was found. People were more aware towards nutrition and health concepts after imparting nutrition education. Knowledge was given to uplift their nutritional

status with the help of mixed diet, though its cost remains the same. Advantages of right cooking practices and disadvantages of alcoholism, smoking and tobacco chewing was imparted to the subjects. Posters and charts and group discussion method were used to give them nutrition & health education.

Thus the present study reveals that Hill Korwashad quiet a low socio economic status. Economically, most of them had no assets. Their means of earning are limited due to vanishing of forest, ban on shifting cultivation and new forest policies. It is apparent from the clinical and anthropometric studies that their nutritional status can not be stated as adequate. Their diet was found to be grossly deficient in fats, iron, calcium, vitamin A and vitamin C.

As per nutrition education studies their grasping power seems to be quite good. So, nutrition education programme can be implemented there at a greater scale to bring about improvements in their nutritional & health status.