CHAPTER - VI

SUMMARY
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This study of socio-economic status, infant feeding practices and the nutritional status of infants in some of the tribal groups as well as in urban slums was undertaken. Keeping in mind the facts that the first year of child's life is the period when sound foundations of health can be laid and that the tribals with their unique culture and practices form about one fourth of state's population and the slums represent a somewhat later phenomenon of population migration from the interior to the urban centres. Urban elite group was studied for comparison.

Using various anthropometric measurements and indices, nutritional status in the different population groups showed that only the urban elite infants had satisfactory health status comparable to NCHS standards. The tribal and slum infants were much below the standard. Amongst the three tribes studied, the Kamar and Maria Gond infants were more or less at the same level while oraons were marginally better. The slum infants occupied an intermediate status between the elite and the Oraons.
This state of nutrition predictably coincides with the socio-economic status and infant feeding practices of the different population groups. The tribals, in general, have a poor economic status and low level of education, coupled with blindly following the age old customs and practices. The sum total effect of all these is clearly seen in the prevalence of malnutrition in their infants. It is noteworthy to point out that the Oraon with average family income almost double than that of Kamars and Maria Gonds and a slightly better educational level, also showed a reduced prevalence of malnutrition as compared to the other two tribes. The slum dwellers with still higher economic and educational status had a better health status and of course the urban elite with all the economic and education advantages were the best of all. The important role of socio-economic level in nutritional status is quite clearly seen.

That feeding practices also play a critical role can be seen from the general observation that most of the urban elite infants being breast fed from 1st day and being introduced to supplements at 3-4 months were the healthiest of all. Discarding colostrum, introducing supplements at a much later stage and
overall unsatisfactory hygiene and cleanliness were quite prevalent in tribals and slum dwellers. The custom of 'Annaprashan' ceremony usually performed around 6 months age, does not seem to have any relevance with respect to the initiation of supplementary food. The food fads followed by mothers labelling food items as good or bad may also deprive the mothers of nutritionally advisable food articles thus affecting the mothers nutritional status. The contribution of these factors to the nutritional status of their infants is quite apparent.

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With such association of socio-economic variables and knowledge of nutrition with health status of infants, the need for upgrading the economic condition cannot be over-emphasized. At the same time, imparting nutrition and health education should probably get priority even over the formal education. After all cleanliness in and around the living quarters, simple hygienic practices like sterilization of feeding utensils etc can be taught even without first teaching the art of reading and writing. With the present day phenomenal communication facilities available, this should be attainable and is probably only a matter of commitment.