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RESEARCH ARTICLE

NUTRITIONAL STATUS AND MORBIDITY PATTERN OF NOMADIC TRIBAL WOMEN IN NORTH KARNATAKA

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ABSTRACT

The paper investigates Nutritional status of Nomadic Tribal women residing in North Karnataka. 30 nomadic adult women aged 19 to 45years from 6 districts of North Karnataka were selected. Nutritional status in terms of Anthropometry was assessed. Results revealed that 40% of the women belong to underweight category of BMI. Poor nutritional status of women makes her more susceptible to infectious diseases. Ultimately it affects the productivity of women and in turn development of the community and the Nation.

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INTRODUCTION

The tribal population in India, though a numerically small minority, represents an enormous diversity of groups. They vary among themselves in respect of language and linguistic traits, ecological settings in which they live, physical features, size of the population, the extent of acculturation, dominant modes of making a livelihood, level of development and social stratification. They are also spread over the length and breadth of the country though their geographical distribution is far from uniform. Nomads are known as a group of communities who travel from place to place for their livelihood. Some are salttraders, fortunetellers, conjurers, ayurvedic healers, juggler s, acrobats, actors, story tellers, snake charmers, animal doctors, tattooists, grindstone makers, or basket makers. All told, anthropologists have identified about 5 nomadic groups in India, numbering perhaps 1 million people—around 1.2 percent of the country's billion-plus population. Women constitute almost 50% of world's total population. In India this percentage is about 48.27, according to 2011 census. Country having such a high ratio of women section still lag behind in their status and empowerment. The situation is more sever among the tribal or primitive societies, which constitute approximately 8.9% of the total population of the country. India is also the second largest country to have highest concentration of indigenous population after the African continent. Lack of awareness about nutritional requirements mostly leaves the tribal women weak, anemic and they suffer from various diseases. Therefore in this study an effort is made to assess the nutritional status of the nomadic tribal adult women in North Karnataka.

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MATERIALS AND METHODS

Nomadic tribal families migrating in North Karnataka were selected for the study. Six districts namely Dharwad, Hubli, Bijapur, Bagalkot, Gulbarga and Yadgiri of North Karnataka is the study location. A total of 30 nomadic tribal women of 18-45 years of age were selected for the study. Nutritional status was assessed by anthropometric measurements. The anthropometric measurements namely body weight and standing height were measured and recorded as per the guidelines suggested by Jelliffee (1966).Weight was measured on the portable weighing square spring balance with light clothing and shoe removed and recorded to the nearest 0.5 kg. Standing height was measured with an anthropometric rod to the nearest of 0.1 cm. The subjects were made to remove the shoes and stand on the flat floor by the scale with feet parallel and heel, shoulder and back in upright posture, readings were recorded. Waist circumference and hip circumference of the individuals were also measured. BMI and WHR were computed for the data. Morbidity pattern regarding suffering from any kind of illness such as cold, cough, fever and

diarrhea since past two weeks was recorded. Health problems such as head ache, leg pain, back pain, giddiness and leg cramp faced by these women were noted.

RESULTS AND DISCUSSION

The mean anthropometric measurements of adult women is represented in Table 1. Mean height was 153.86±7.3, mean weight was 47.23±5.6, mean waist circumference was 58.6±8.7, mean hip circumference was 76±11.5, mean WHR was 0.77±0.06 and mean BMI was 20.86±3.4 (Table 1.). Classification of adult nomadic tribal women based on BMI is presented in Table 2.

Table 1. Mean anthropometric measurements of women N=30

Measurements	Mean
Weight (kg)	47.23 ± 5.6
Height (cm)	153.86 ± 7.3
Waist circumference (cm)	58.6 ± 8.70
Hip circumference (cm)	76 ± 11.50
Indices	
BMI	20.86 ± 3.40
WHR	0.77 ± 0.06

Table 2. Classification of adult nomadic tribal women based on BMI N=30

BMI classification	Presumptive diagnosis	No. of Nomadic women
< 18	Underweight	12 (40.00)
18.5-22.9	Ideal BMI	16 (53.34)
> 23	Over weight	1 (3.33)
> 25	Obese Grade I	1 (3.33)
> 30	Obese Grade II	-
Total		30 (100)
	Mean ± SD	20.86 ± 3.4

Figures in the parenthesis indicate percentages

Table 3. Classification of nomadic tribal women based on WHR N=30

Classification	No. of Nomadic women	%
No risk (<0.8)	29	96.66
At risk (>0.85)	1	3.33

Table 4. Morbidity pattern in women N=30

Common ailments	Duration			
	> 2 days	2-5 days	5-10 days	Total
Fever	2 (6.67)	1 (3.33)	-	3 (10)
Cough	1 (3.33)	2 (6.67)	-	3 (10)
Cold	1 (3.33)	2 (6.67)	2 (6.67)	5 (16.67)
Diarrhea	-	1 (3.33)	-	1 (3.33)

Table 5. List of health problems faced by nomadic tribal women N=30

Health problems	Frequency	Percentage
Leg pain	8	26.66
Back pain	12	40.00
Head ache	16	53.33
Giddiness	5	16.67
Leg cramp	4	13.33

More than half of the subjects had ideal BMI (53.34%), nearly half of the subjects belonged to underweight category (40%), and about 3.33% subject belonged to overweight and obese grade 1 category. This reflects the availability of quality and quantity energy and other macro and micro nutrients and their physical activity (Devi and Sindhuja, 2015). Similar results were seen by Maiti (2005) that is 41% of both tribal and non tribal women had BMI of less than 18.5 kg/m^2. Classification of nomadic tribal women based on WHR is denoted in Table 3. Majority subjects belonged to no risk category (96.66%), only about 3.33% subject belonged to risky category. Morbidity pattern in women is presented in Table 4. It was found that cold was more commonly witnessed, total of 16.67 per cent of women suffered from cold. 3.33 per cent of them suffered less than 2 days, 6.675 suffered 2-5days and 6.67 per cent suffered 5-10 days. 10 per cent of the women suffered from cough and fever. 6.67 per cent of women had fever for less than 2 days and 3.33 per cent of them suffered for 2-5days. 3.33 per cent of them suffered from cough for less than 2 days and 6.67 per cent of them for 2-5days. Diarrhea was seen in 3.33 per cent of the population for 2-5 days. List of health problems faced by nomadic tribal women is presented in Table 5. Half of the subjects suffering from headache (53.33 per cent), followed by back pain (40 per cent), leg pain (26.66 per cent), giddiness (16.67 per cent) and leg cramp (13.33 per cent). Health problems such as head ache, back pain, leg pain, giddiness and leg cramp, might be because of their occupational activities and weakness. It was a striking feature that though the nomadic tribal women were suffering from high level of morbidity and mortality, they were not interested in going to hospitals. Majority of women were anemic. The reasons for under nutrition among tribal women could be poor dietary intake, ignorance, high morbidity due to unhygienic practices and surroundings. Similar results were observed in a study conducted by Maiti *et.al.* (2005).

Conclusion

Poor nutritional status of women makes her more susceptible to infectious diseases. Under nutrition of mothers may be carried over to the children. Hence there is need to provide special attention to this group in improving their nutritional status by intervening appropriate health and nutritional programme like nutrition education, iron supplementation and deworming during all the different physiological features. Ultimately it affects the productivity of women and in turn development of the community and the Nation, since in some states every fourth person is a tribe.

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