ECONOMIC AND HEALTH BURDEN OF SELECTED TRIBAL WOMEN

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Introduction

Nutrition is one of the major environment factors responsible for the maintenance of health and physical fitness. The importance of health care of women is of vital important area as the have to hold the responsibility of motherhood in their life (NFHS, 2007). The state of nutrition of an individual depends to a great extent on quality and quantity of total that is consumed. Women must ingest the required amount of nutrients in the form of daily diet to achieve good nutrients as the improved nurture has a strong and positive impact on productivity and for the health of society(www.en.wikipedia.org)

The ultimate purpose of production activities carried out at household levels in to meet the basic needs of household members. Women are mainly responsible for carrying out multitude of productive tasks since their men folk generally migrate with the flock of sheep/goat or in search of employment in extreme winters. However role of women in household development has not been given its full weight in struggle to eliminate poverty and hunger.

There is considerable evidence from around the world that women's employment has the potential to benefit household nutrition through increasing household income. Hence the present study was aimed to evaluate the health and burden of tribal women and variations in food consumption due to economic contribution of women. The objective of this research therefore was to determine. The demographic profile nutrient intake, anthropometric measurements, clinical signs and symptoms of nutritional deficiencies and to assess the economic and health burden of selected tribal women.

Methodology

The present study has been carried out in Vellingeri hills in Coimbatore district, this sub division has been selected because it has been declared as tribal area of the State. Purposive sampling method was followed to select the study area & respondents. The list of house holds in the selected villages was prepared with help of local administration which was further stratified according to employment states of women. A sample of respondents (N= 241) employed and (n = 37) unemployed was identified for the study.

The study was planned to understand the socio economic background and nutritional status. Interview method was followed to collect the data from 225 families on their family background, food expenditure pattern, food and nutrient intake, general nutritional knowledge prevailing among them and nutritional and health status of the selected rural women which reflects the economic and health burden of the tribal women.

The weight, height and the information on the nutritional deficiency symptom were recorded according to the standardized procedure. Body mass index was calculated by using the equation given by Garrow's to identify the health problem of the tribal women.

Results and Discussion

Background Details of the respondents:

Majority (83%) of the subjects were from nuclear family system. Sixty three percent of the respondents had 4 - 6 members in their family. Ten percent of the respondents were illiterate, whereas 34 percent and 33 percent of the respondents had primary school level and middle school level education. None of the subjects had high school level education.

Occupational status of the respondents revealed that majority 73 percentage of women were engaged in agriculture activity and remaining percent of respondent were either their own shops, enroled in self help group and only 8 percent of the respondents were house wife's.

Family income is an important indicators of the economic status. Among the selected respondent 86 percent belong the very low income group their income ranged from Rs 1500 and Rs 2400 belong to low income group,14 percent of the respondent are middle income and none of the respondents do have come high income category. Ninety percent of responded were married, among them 14 percent were widow.

Factor responsible for under nutrition

The percent study show that dietary intake among low income group women continues to be low ranging from

Table I : BMI value of the selected respondent

Criteria	Number	Percent
Underweight (>18.5)	176	64
Normal (18.5-23)	82	30
Overweight(30-40)	18	6

*Swaminathan, M. (2006)

1200- 1800 kcal/day there is no increase in dietary intake during pregnancy, lactating in later period. Women continuous to look after the household and other activities and remain same even during illness. Majority (64 percent) of the women below to underweight category.

Dietary pattern

Quality of food intake plays a significant role in maintenance of health well being. An attempt was made to evaluate the quality of food intake. All the selected respondents were non vegetarian and consumed two to three meals a day. All respondents have the habits of taking tea as hot beverage. Tea consumption reduces iron absorption subsequently in proportion to the amount of tea ingested.

Mean food and nutrient intake

The computed mean food intake of the respondent were compared with RDA, the table shows that all the mean food intake was found to be deficient. Thus, it is evident that the adequacy of consumption of food rich in vitamins and minerals was low in the selected respondents leading to the occurrence of micronutrients deficiencies. The mean nutrient intake of selected respondents revealed that their

Table II : Mean food intake

Food items	RDA (g) (ICMR)	Mean intake (g)
Cereals	350	276
Pulses	55	38
Green leafy vegetables	125	103
Other vegetables	75	67
Roots and tubers	50	45
Fruits	30	21
Milk(ml)	100	89

par line with survey carried out in India have shown that the diet consumed by large majority of the vulnerable groups of population is inadequate in quantity and quality leading to one or more deficiency diseases. The present study shows that the nutrient intake of most of the women form low income group was deficient in both quality and quantity.

Clinical pictures

Clinical sign's was examined by the trained physician was projected in Table III. Almost all the clinical signs were found to percent in the selected respondent. As 64 percent of respondent were underweight. One hundred and thirteen respondents were thin/lean, discoloration in hair was noted in11 percent, 4 percent of respondent reported for general weakness and easily fatigued. Rough and dry skin was noted in 7 percent respondents. Bleeding and swollen gums was observed in five of respondents.

Forty two percent of respondent reported to have menstrual problem, 18.5 percent of the women respondent reported that white colour discharge from vagina .Twelve percent of respondent reported,for hookworm infestation, majority the respondent do not have the habit of wearing chappal's and they do not have the habit of hygiene practices

Clinical sign	Age (years)					
	20-40		40-60		Above-60	
	No	Percent	No	percent	No	Percent
Lean	3	4	13	5	7	2.5
Hair changes	3	1.1	-	-	9	3.3
General	2	9	31	1.1	20	7.24
weakness	-	-	7	2.53	12	4.34
Paleness of	-	-	4	1.45	18	6.5
the eye	-	-	3	1.1	16	6
Fatigue						
Rough and dry	2	1	-	-	3	1.1
skin	-	-	-		-	-
Bleeding	51	18.5	-	-	-	-
gums						
Swollen						
White						
discharge						

Summary and conclusion

Data from survey have shown that tribal diets continuous to be mainly cereal based, lack diversity and are monotonous. Under nutrition continuous do be a major problem in women, maternal under nutrition in associated with high low birth weight.

There has been a reduction in energy requirement. Intake of most of the nutrients were deficient. It is essential that the dual nutrition and health burden in combated through efficient implementation of time tested, effective and inexpensive interventions to achieve significant reduction in under nutrition and their adversely health consequences of overcome economic and health burden, to improve the nutritional profile of women, therefore routine screening measures for assessing their nutritional status forms a part of their health care.

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