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SANTHAL TRIBES OF JHARKHAND**

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# The Status of Nutrition among the Tribal Women in Case of Santhal Tribes of Jharkhand

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## INTRODUCTION

Women's nutrition is a good indicator of the health of society. Although the growth and nutritional status of women at different levels of the Indian population has been assessed, knowledge of the tribal population in this respect is very limited. According to the Indian Census (Census, 2001), the Indian tribal population is over 84 million, which is 8.2% of the total population. Santhal are the largest and most sustainable tribes in eastern India. This strain is socially and economically unfavorable, and its diet has been shown to be nutritionally unsuitable. According to the census (2001), the schedule tribes (ST) in the state of Jharkhand were 7,087,068, which is 26.3% of the total population (26,945,829). Among all states and UTs, Jharkhand ranks 6th and 10th in terms of the ST population and the proportion of the ST population of the total. Of the thirty scheduled tribes registered in the state, Santhal is the most populous tribe with 2,410,509 people, making up 34% of the

state's total population (p.1). Santhal's nutritional status has not been studied in detail except for a few studies. This study was conducted to evaluate the nutritional status of Santhal women from Jharkhand. This study also focused upon the Body Mass Index (BMI), Food Habits, Agricultural and allied activities and Socio-economic factors.

## STATEMENT OF THE PROBLEM

This study mainly tries to evaluate nutrition status in the lives of Santhal tribal women residing in Jharkhand. This study will focus on bringing out the various reasons which cause the problem of malnutrition among santhal women in state Jharkhand.

## RESEARCH QUESTIONS

What are the reasons of malnutrition and nutritional insecurity among the women's of santhal tribes of Jharkhand? What are food habits of Santhal women? Do they fall below or above Normal Body Mass Index (BMI)? What is the impact of various food security and Health and Wellness program among women's of santhal tribes of Jharkhand?

## OBJECTIVES OF THE STUDY

To identify the cause roots of malnutrition and how to overcome this problem and to identify the issues related to Body Mass Index of Santhal women in Jharkhand and whether they are underweight, overweight, obese or a healthy weight for their height and to know their food habits, food practices and agricultural scenario of Jharkhand state.

## REVIEW OF LITERATURE

According to British Nutrition Foundation- "They study the nutrients in food, how the body uses them, and the relationship between diet, health, and disease". The other definition is- "Nutrition is the intake of food considered in relation to



the body's dietary needs" (Verma and Passi, 2020). Proper nutrition, a balanced diet, and regular physical activity are considered the cornerstones of health. Poor nutrition can lead to decreased immunity, increased susceptibility to disease, decreased physical and mental development, and decreased productivity (Verma and Passi, 2020).

According to the World Health Organization (WHO), Malnutrition refers to a person's lack, excess or imbalance of energy and nutrients (2020, p.35). Malnutrition remains a leading cause of disease and infant mortality in developing countries. Developing countries like India make up about 40% of malnourished women worldwide, primarily due to inadequate nutritional needs. Nutritional status is known to be an important factor for the health and well-being of women, and there is no question of its importance regarding study the nutritional status of women in both spatial and temporal dimensions. Women in underdeveloped and drought-prone areas, urban slums, and socially underprivileged groups such as scheduled caste and tribal communities are particularly vulnerable to malnutrition. It is worse among tribal communities because of their isolation from the mainstream and their lifestyle. Nearly half of the world's tribal population lives in India. More than 84 million people belonging to 698 communities are identified as registered tribes, making up 8.20% of India's total population (Joshi, Moharana, Jeeva, 2016).

According to the census (2001), the schedule tribes (ST) in the state of Jharkhand were 7,087,068, which is 26.3% of the total population (26,945,829). Among all states and UTs, Jharkhand ranks 6th and 10th in terms of the ST population and the proportion of the ST population of the total state population. There are a total of 30 schedule tribes in the state, all of which were enrolled

in the 2001 census. Of the thirty scheduled tribes registered in the state, Santhal is the most populous tribe with 2,410,509 people, making up 34% of the state's total population (p.1). Santhals is the largest tribe on the list and resides primarily in the Santhal Parganas region and is named after it. They mainly live in the cities of Singhbhum, Hazaribagh, Dhanbad, Ranchi and Palamau. Santhalis is numerically the largest tribal group in India, speaking its own language, Santhali, related to the Mundari language. Ethnically and culturally, Santhals are closely related to the Austric, Mundari or other Chotanagpur tribes. Not only for farming, but also for hunting, it is famous for its skillful dance and music. Santhal women test their aesthetic sense by drawing simple artistic patterns and patterns on their huts. In Santhals there is an organization of Bithala, a form of serious punishment, including excommunication ("Demography," 2021). According to the 2011 Indian Census, the majority of Jharkhand Santhal follow Hinduism, with 54% and 37% mostly following "other religions and beliefs" such as Sarna Dharam.

Santhal Tribes has small land base, low agricultural productivity and low income increased debt and attracted tribal families to a vicious circle of exploitation. They are becoming increasingly vulnerable to the constant lack of guaranteed rights to its resource base. Geographic isolation, primitive farming methods, socio-cultural taboos, lack of formal education, poor infrastructure, inadequate health care and poverty have always led to a variety of diseases and malnutrition. Data on the human and nutritional status of India's various tribal populations are generally scarce. Because malnutrition is a major health problem in developing countries, knowledge of the nutritional status of a community or region is essential to a full understanding of the development process. In recent years, there has been an urgent need to assess the



nutritional status of various strains in India, as each strain has its own dietary habits.

Santhal women and children majorly found in rural areas and their social, economical and environmental sustaining life is not up the mark due to which they suffer from the problem of malnutrition. The country like India health care is one of the significant service sector and more than 70% of the population lives in the villages and most of them are extremely poor and dependent on the manual labour (“Indian census says 70 percent live in villages, most are poor,” 2015). The challenges faced by this sector are high mortality rate, lacks in physical infrastructure, malnutrition etc. The normal BMI is between 18.5 and 25 and a person with a BMI of 25-30 is considered overweight and with a BMI of 30 or higher is considered overweight and a person BMI is less than 18.5, then they are considered underweight (Shmerling, 2020). In a man or women has a BMI of less than 19, they suffer from malnutrition. Low BMI is considered a leading cause of death. In India, 1 in 3 women suffer from anemia, in Jharkhand the average BMI for Jharkhand women was 19.3. 41% of women with ST have a BMI of less than 18.5, indicating a high prevalence of nutritional deficiencies among women with ST in Jharkhand (Ghosh, n.d.). In Jharkhand 3 out of 4 women suffer from anemia and the fertility rate of women during children birth is about 1000 per year. The children of the Jharkhand tribes suffer from malnutrition and women are more prone to anemia. The children under 5 years of age suffer from malnutrition. Malnutrition centers are open statewide and children from 6 to 72 months are provided with nutritious meal for 8 rupees per day (Sinha, 2017).

Pregnant Santhal women’s are more vulnerable to malnutrition. Santhali women do not eat nutritious food during pregnancy and because there is myth that pills will cause

problems during children birth, they do not take iron tablets regularly. Due to poverty, pregnant women can’t afford to eat fruit and milk and they use to have stale rice and water with drumstick and women’s do not go to the hospital to delivery and the delivery of children is done by residence of village (midwife). As a result, they do not get enough nutrition for the body. Among the santhal women are manual laborers and they drink less amount of water than necessary due to which women faces the problem of anemia and most of the health centers do not have the blood bank and for this they have travel some centers. Almost 50% of tribal women are deficit in hemoglobin and in pregnant women 8 grams of hemoglobin was found in the body but in the normal people it is about 11-14 grams (Sinha, 2017). The santhal women do not keep cows instead of that they keep pigs and goat. For this reason, they do not receive milk on regular basis. Pregnant women, doctors advised to eat four times a day, but have only twice in a day. They also carry water remotely in pots and metal pitchers. According to 2015-16 National family health survey (NFHS), the number of malnourished children in Jharkhand 71.5% of rural children aged 6 to 59 months are anemic and 67.3% of women aged 15 to 49 years have anemia and for women with anemia in Adivasi the figure rises to 85%. According to the 2011 census 50, 58,212 women in Jharkhand are malnourished (Sinha, 2017). According to the United Nation Children’s fund, the most malnourished children in the world live in India. In the regard, UNICEF India’s representative Dr. Yasmin Ali Haq launched a campaign to liberate India from malnutrition and by 2022, India will free from malnutrition (Sinha, 2017).

India continues to be one of the poorest countries in alleviating hunger and food security for it citizens and India’s record for reducing malnutrition and hunger during a period of rapid economic growth is even



difficult. With the country ranking 55th out of 88 countries in the 2015 Global Hunger Index, there is a need to efficiently strengthen food safety policies. The Indian state hunger index (ISHI) shows that most states in India are exercising severe or impressive level of hunger (Sinha, 2018). In 1993, the state developed a National nutrition goal for year 2000. The main objective was to reduce malnutrition, low-birth weight, elimination of blindness due to vitamin A deficiency and increase food grain production and improve food safety in families through poverty reduction programs (Sinha, 2018). With the implementation of Antyodaya Anna Yojana in December 2000, ensure food security, Hunger free India; improve Public Distribution System (PDS) for all poor people in rural as well as urban areas. PDS plays important role to maintain food security and remove famine from the country. The Red- colored ration card, yellow- colored card and Annapurna and antyodaya card was distributed among the poor families of rural areas but there are many loopholes while distributing the cereals and other products. One of the research papers suggests 85% gets at the fair price but while receiving the cereals from shops they only receive kerosene, rice, iodized salt out of rice, wheat, kerosene, sugar, iodized salt. Majority of santhal family told that they get the commodity at fair price is completely inappropriate even for half a month to meet the needs of family (Sinha, 2018).

In Jharkhand, Santhal families are much engaged in agriculture and allied activities which make huge contribution to Jharkhand economy. Despite of huge mineral resource and large industrial base, agriculture is still basis of the economy. More than half of the state's population is dependent on agriculture, most of which are subsistence farming. In this area there is less cultivable land which directly depends on the rain during monsoon. Therefore, changes in

participation have a direct impact on people live in agriculture and drought is one of the leading cause of large- scale migration of poor farmers, workers and peasants which directly or indirectly affects the nutrition's intake of them.

Economic status is one of the most important reasons for human nutrition. One of the research papers suggests that one-third of the Santhal family members are engaged in MGNREGA when asked about the number of working days, majority works for 30 days and few works for 50 days. In terms of remuneration, more than 50% are unaware of their family remuneration. MGNREGA was the most dissatisfied with Santhal women. They are not associated with any self- help group in spite of having skills like making disposal plate made out of leaf, Dona (disposable bowl) and making things out of bamboo sticks (Sinha, 2018).

At the institutional level government intervention is very much important to spread awareness about the programs such as POSHAN Abhiyaan, Anemia Mukh Bharat (AMB) campaign, Mission Indradhanush, Pradhan Mantri Matru Vandana Yojana, Pradhan Mantri Surakshit Matritva Abhiyaan (PMSHA) among santhal women's and they should get proper benefits of it.

#### **GAPS IN EXISTING LITERATURE:**

I have observed in all literatures that Nutrition has been focused in terms of Socio-economic factors, Public Distribution System, Agricultural and allied activities and Other prominent health and wellness schemes but another thing is Body Mass Index (BMI) is the parameter to measure the Nutrition but in the existing literature there is not much focuses on it.



## METHODOLOGY:

### Description of the research setting

The research will be conducted in the state of Jharkhand to get the nutritional status as well as the food habits of santhal women's and to identify basic facilities provided by the government.

The data to be collected (primary/secondary)

Primary data was collected through field work, personal meeting, focused group discussion etc. The secondary data collected through the articles from EPW, Kurukshetra, magazines, books, newspaper and other research paper and reports like POSHAN Abhiyaan report.

### Research design

The research design is based on the case study research design because it focuses on particular research problems that are the problems of malnutrition suffered by santhal women's of Jharkhand. They are the most excluded person. So it is the particular scenario we are highlighting upon. In this research design the purposive sampling will be used because it focuses on the particular purpose to study about the nutritional status of santhal women of state Jharkhand and my sampling size is 25 because santhal women's do not interact much which became constraints but this is an approx number we can expect that some more respondent can be contacted.

The data collection tools and techniques used in this study are:

1. Open-ended questions
2. Close-ended questions
3. Semi-structured interview
4. Personal interview
5. Focused group discussions (FGD)

## CONCLUSION:

Malnutrition is still a serious problem in states where mothers and children suffers from anemia. The Anganwadi center does not keep accurate records of how to monitor the health of malnourished children. The condition of Jharkhand is primarily underdeveloped and backward with tribal population. It shows only the capabilities of land but results of these agricultural land are questionable, also various key indicators such as women's literacy rate, urbanizations, teenage pregnancy and contraception etc when compared to national average, it reveal the characteristics of the region's backward and need for research. It is important for the government to spread awareness about the health and wellness programs and many programs to disseminate information about the health of pregnant women and efforts to destroy the myths and methods of preventing malnutrition in the country are also important.

## REFERENCES:

- I. Chakraborty, U., Chowdhury, S.D., Dutta, G. & Ghosh, T. (2008). A Comparative Study of Physical Growth and Nutritional Status in Santal Children of Ghatsila and Bolpur.
- II. Demography. (2021). Jharkhand State Open School. <https://www.jsos.ac.in/Demography.aspx>.
- III. Ghosh, A.K. (n.d.). Health status of tribal women and children in Jharkhand and west Bengal. Council for Social Development. <http://csdindia.org/wp-content/uploads/2017/04/Arun-Kumar-Health-Status-of-Tribal-Women-and-Children-in-Jharkhand-and-West-Bengal.pdf>.
- IV. Health and Nutrition. (2020, January). Kurukshetra: A Journal on Rural Development, 68(3), 21–39.