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INTERNATIONAL JOURNAL OF MULTIDISCIPLINARY EDUCATIONAL RESEARCH
ISSN:2277-7881; IMPACT FACTOR :8.017(2022); IC VALUE:5.16; ISI VALUE:2.286
Peer Reviewed and Refereed Journal: VOLUME:11, ISSUE:11(1), November: 2022
Online Copy of Article Publication Available (2022 Issues)
Scopus Review ID: A2B96D3ACF3FEA2A
Article Received: 2nd November 2022
Publication Date:10th December 2022
Publisher: Sucharitha Publication, India
Digital Certificate of Publication: www.ijmer.in/pdf/e-CertificateofPublication-IJMER.pdf

DOI: http://ijmer.in.doi./2022/11.11.11
www.ijmer.in

NUTRITIONAL AND HEALTH STATUS AMONG THE CHILDREN OF SAVARA TRIBE OF SEETAMPETA MANDAL OF SRIKAKULAM DISTRICT: AN ANTHROPOLOGICAL STUDY

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INTRODUCTION

India has the second largest tribal population in the world next to Africa. There are a total of 705 distinct tribes in India the term "Scheduled Tribes" refers to specific indigenous peoples whose status is acknowledged to some formal degree by national legislation. Article 366 (25) of the Constitution of India refers to Scheduled Tribes as those communities, who are scheduled in accordance with Article342 of the Constitution. This Article says that only those communities who have been declared as such by the President through an initial public notification or through a subsequent amending Act of Parliament will be considered to be Scheduled Tribes. Article 342 provides for specification of tribes or tribal communities or parts of or groups within tribes or tribal communities which are deemed to be for the purposes of the Constitution the Scheduled Tribes in relation to that State or Union Territory. In pursuance of these provisions, the list of Scheduled Tribes is notified for each State or Union Territory and are valid only within the jurisdiction of that State or Union Territory and not outside. The list of Scheduled Tribes is State/UT specific and a community declared as a Scheduled Tribe in a State need not be so in another State. The inclusion of a community as a scheduled Tribe is an ongoing process. The essential characteristics, first laid down by the Lokur Committee, for a community to be identified as Scheduled Tribes are

a) Indications of primitive traits
b) Distinctive culture
c) Shyness of contact with the community at large
d) Geographical isolation
e) Backwardness

Present medicine is being administered by different specialists practicing different medical systems in addition to native medicine man. Therefore, the tribals once left with no other alternative except to receive treatment from the traditional medicine man are now provided with a number of alternatives in seeking medical treatment. In traditional societies health and diseases are influenced by the combination of biological, cultural and environmental factors.

OBJECTIVES

1. To study socio-economic status of savara tribe
2. To study nutritional status in children of savara tribe
3. To study their health status
4. To study various health practices
5. To study role of anganwadis and health care centers in their area

REVIEWOFLITERATURE

Pujar A, Hoogar P, Basavanagouda TT (2016) An Assessment of children Nutritional Status among Jenukuruba Tribe of Kodagu District. Rao V,Yadav R, Dolla CK, Ukey M (2005) Under nutrition and childhood morbidity among tribal childrens. Mukhopadhyay DK, Biswas AB. Food security and anthropometric failure among tribal children in Bankura, West Bengal.

Health has always been a major concern of community development. Sathiya Susuman (2012) has attempted to find out the correlates of Antenatal and Postnatal Care among Tribal Women in India, Data for this study were taken from District Level Household Survey on Reproductive and Child Health a representative sample of 1569 Scheduled Tribes "currently married women aged 15-44, residing in eight districts of Chhatisgarh.

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AREA AND PEOPLEETHNOGRAPHYOFSAVARA TRIBES

Etymologically, in Sanskrit, savara or sabara means a mountaineer barbarian or savage. They live in the states of Andhra Pradesh, Bihar, Madhya Pradesh, Orissa and West Bengal. They are belonging to Proto-Austroloid racial stock. It is believed that saora's were one of the indigenous tribes of pre-historic India. Thesaora's were the first tribal groups mentioned in the Hindu epics like Rmayana and Mahabharata. Sri rama, during his wanderings in search of sita, is said to have met a savara women by name Sabari.

In Andhra Pradesh the savara account for about 2.4% of its total tribal population. They are mainly found in the Palakonda hill ranges (part of eastern ghats) of Srikakulam and Vizianagaram districts. About 90% of savara in Andhra Pradesh are concentrated in Srikakulam and vizianagaram. For all practical purposes the normal administrative machinery of government was absent in the past, except for the activities of forest guards. Savara's of the settlements have remained food gatherers and shifting cultivators.

In olden days, the savara country was very extensive, spreading on either side of the vindhya's up to the ganges in the north and the godavri in the south. They were further found to have inhabited the country as far south as the pennar river and also along the valleys of the Krishna River. Savra occupies more remote and mountainous areas and are closed by small close-knit communities. In the foot hill areas, their area of habitation i.e., village is clearly demarcated from other jatapu villages.

On the other hand, the naming pattern of savara villages or hamlets is different and based on 3 criteries. They are Famous tree arrived their Name of the person who first habituated their Geographical location of the hamlet. For example a village named as "Marri padu "named after a famous banyan tree found there, and another village "Rajugadiguda" named after the person "Raju" who first started.

MATERIALSANDMETHODS

For collection of data for the present study I did not restrict myself to particular technique but took help of various techniques side by side, because it becomes necessary to adopt methods according to the requirement of the local cultural scenario and attitude of the people. After selection of the field area, I paid visits to the area to make myself familiar with the villagers. Such a friendly approach helped me quite a lot in time of collecting data. Materials for the present study were collected in the year 2019. I found the people very friendly and therefore I did not face any problem in collecting the data. Another advantage was that their language is Telugu, which made my communication easy. As regards the actual investigation, I started with the preliminary census of the area, which was prepared for reference. As stated above, various methods as advocated by different anthropologists were followed while collecting the data. These include preparation of schedules and questionnaire. A few cases were also collected following case history method. Open ended interview with questionnaire schedule was applied to get certain information. On several occasion their activities, behaviour, habits, etc., Following these methods, the necessary information for the present study were collected. These include general demography, housing conditions, personal hygiene (dealing with personal cleanliness, sanitation, etc.) and causation, prevention and treatment of various pains during menstrual time period. Data on personal hygiene were collected from women belonging to the age group of 11-60. Thus, broadly speaking there are three sets of data mainly - one at personal level, one at family level and one at community level. Relevant data on the cultural scenario of consideration of periods in their community were also collected by following the abovementioned methods.

RESULTSANDDISCUSSION

Socio economic status of individuals

The individuals are studied based on their socio-economic status which include the sex, economy, educational status, income and income sources

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Table4.1: SOCIO-ECONOMICSTATUSOFINDIVIDUALS(n=186)

Sno	CHARACTERISTIC S	TOTAL	PERCENTAGE
1	**SEX**		
a	MALE	10	58.
b	FEMALE	7	42.
	INCOME		
2	<2000	5	2.6
a	2000-5000	71	38. 1
b	5000-10000		
	AGE	12	6.4
c	<1YEAR	12 6	67. 7
3	1-5		
	5-10	3	18.
b	**EDUCATIONN**	9	51.
c	1-5	5	30.
5	**INCOMESOURCE**		
		2	11.
b	LABOURG	6	35.
	OVT	6 1	4 6.4
c	JOBOTHE	2	10.
d	RS	1	2

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Based in the data collected from the respondents, their economy is too low. Out of 186 samples collected 2.6% of individuals earn less than 1800 rupees per month, 38.6% earn up to 5000 and more than60% are earning above5000 per month. In this regard it is found that there are about 11.8% of people working in agricultural fields and 35.4% as laborers in plantations and cement works. 6.4% are government employees and 36.0% are engaged in MGNREGS scheme. The male to female ratio in children is about 56:44. it is found that there are 6.4% of members under age less than 1 year and 67.7% children are between 1-5 years of age and30.6% are between 5-10 years of age. Children under 3 years are not going to school or any anganwadi centers. But very few children or going to schools. Most of the children at this age are going to anganwadi centers.

Table-4.2FOOD SUPPLIMENTS (n = 186)

s.no	Characteristics	<1year		5-10	Total	Percentage
1	Milk	16		0	36	19.3
2	Meal@Anganwadi	0		0	94	50.5
3	Meal@Home	0		63	63	33.8

Good food and nutrition to the children would provide healthy nation. Mothers use to feed their children with milk for only the first year of birth. But later very few provide milk to their children. Most of the mothers send their children to anganwadi centers. They food provided in the centers are used by few people and few are not. For the school going children there is a mid day meal programme where the children use to feed with food in the schools.

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Table:4.3 NUTRITION AND HEALTH OF CHILD (n= 186)

s.no	**Characteristics**	**YES**	**NO**
1	Whether using food at anganwadi	92	94
2	Whether going to hospital for checkup	0	50
3	Whether prefer govt hospital	123	64
4	Whether prefer private hospital	60	126
5	Do you prefertraditional healerWhetherhave	130	56
6	health problems	135	51

It is found that the mothers are not going for regular checkups for the health of their children. They go to hospitals only if they feel that their children are sick. Mostly if they take their children to hospitals, they continue the medicine till the course is completed. But few mothers provide medicine to their children only till they feel that their children are good enough. Mostly they prefer to go to PHC's nearby their villages. If the child is not well even after the treatment, then they would go to the local RMP's and private hospitals. In some cases the mother also prefer to goto the traditional healer for few illnesses. The mother says that their kids are healthy enough.

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Table4.5: Mother's attitude towards child's health and education(n=186)

S.no	Characteristics	Total	Percentage
1	Medication provided to child Till	180	96.7
a	child heals Until the	161	86.5
b	course complete Frequency to get ill	17	9.1
2	Very frequent Less frequent Govt schemes for education available	65	34.9
a		57	30.6
b	Mother's attitude	33	17.7
3	On child health	121	65.0
4		140	75.2

It is reported that the 65% of the children get sick frequently and found that they use to spend around 1000-3000 rupees on their health issues. The mother has good attitude on her child health, that they are healthy enough. The children also get enrolled in various governmental schemes which provide the benefits of education and health. They get benefits from ammavadi scheme which is recently introduced by chief minister of Andhra Pradesh. Through ICDS the children below to age of 5would get the benefits of food and health

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SUMMARY AND CONCLUSION

Good nutrition and health would provide the best nation. But in most of the tribal areas the health condition of the individuals is poor. The current study area is at seetampeta madal of srikakulam district. The consider population is savara tribe whose concentration is more in number in this area. They study is based on the socioeconomic conditions of the people and nutrition and health among them.

Based in the data collected from the respondents, their economy is too low. Out of 186 samples collected 2.6% of individuals earn less than 1800 rupees per month, 38.6% earn up to 5000 and more than 60% are earning above 5000 per month. In this regard it is found that there are about 11.8% of people working in agricultural fields and 35.4% as laborers in plantations and cement works. 6.4% are government employees and 36.0% are engaged in MGNREGS scheme. The male to female ratio in children is about 56:44. it is found that there are 6.4% of members under age less than 1 year and 67.7% children are between 1-5 years of age and30.6% are between 5-10 years of age. Children under 3 years are not going to school or any anganwadi centers. But very few children or going to schools. Most of the children at this age are going to anganwadi centers.

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