

### **Kalahandi Tribes continues to suffer hunger pangs**

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#### **Introduction:**

Tribal people were living in darkness away from the modern civilization. Their world was confined within the woods of the primitive area surrounded by the hills. The tribal population in India is accepted to be the oldest population of the land. According to 2001 census, the total tribal population is estimated to be 8,4326,240 that is about 8.07% of the total population of India. These tribal people are scattered throughout the Indian union except Haryana, Punjab, Chandigarh, Delhi and Pondicherry. They are generally inhabiting in different ecological and geo-climatic conditions mostly inaccessible to other people. So each tribal group is distinct from other in ethnic affinity and social practices. They are having some salient features which make them unique. The cultural identification or way of living is still strong among them.

Among the hundreds of tribal community living across the length and breadth of the country there are some groups who are relatively more isolated, archaic, vulnerable, deprived and backward. They have been identified and designated as primitive tribal groups for the purpose of receiving special attention for development. 75 primitive tribal groups have been identified in India. The primitive tribal group population of Odisha constitute about 0.9% of the total S.T. population of the state. As per socio-economic survey 2002 Odisha has the distinction of having the highest number of 13 primitive tribal group in the country the bonda, chuktia, Bhunjia, didayi, dengria kondha, hill kharia, mankadia birhar, juang, kedia, lanjiasoara lodha etc. These primitive people diverse in character and live in different environments of more interior and less accessible pockets and their traditional sources of substance are declining. As such, they languish in very fragile conditions of backwardness and deprivation. this made them more vulnerable to food insecurity, malnutrition and ill health. Their dietary habits are directly proportional to the low social image and stigma that is attached to their society. Extreme poverty, indebtedness, lack of agricultural tools and irrigation facilities, lack of knowledge of marketing agricultural and minor forest produce, high level of illiteracy, aloofness have badly affected their food habits, health , nutritional status.

This study is confined to the tribe to highlight their food habits. This constitutes a largest tribe of Odisha. Tribal people are well organized groups, traditional social organisations, village councils and functionaries, culture and life style. The main problems of this tribal community are hunger, malnutrition, poverty, economic insecurity chronic endemic diseases lack of basic health care facilities illiteracy exploitation by non-tribal's unemployment and under employment, poor shelter etc. They suffer from a number of diseases mainly due to lack of safe drinking water and nourishment, lack of minimum communication facilities has resulted in depriving tribal of the modern health care facilities and access to market.

#### **Objective of the Study:**

- To find out the routine food habits of the tribal people.
- To collect information on indigenous food habits and forest food consumed by the tribal people.
- To acquire knowledge about specific food consumed by the tribal people during different social, cultural and religious celebration.
- To assess the nutritional status of tribal people.
- To know about the plant material and food consumed by tribal people during different disease conditions and physiological states.
- To get information about storage, processing and cooking practices of different food items by tribal people.
- To study their attitude, beliefs, customs and traditions attached to food habits.
- To observe the changes if any. in the food habits of tribal people due to modernization, urbanization and industrialization.

#### **Methodology:**

The method of study used for food habits of tribal people of Kalahandi district consisted the following themes:

- Selection of area and sample
- Formulation of schedule
- Conduct of socio-economic survey
- Assessment of nutritional status

The selection of blocks and panchayats of Kalahandi districts were made on the basis of convenient sampling method. Three panchayats of Lanjigarh block have been chosen for the study. Total numbers of 194 households were taken for this purpose. Tribal people were taken into account for the assessment of nutritional status of tribal population. The selection of villages was undertaken as per the purposive method of sample selection. Villages from each panchayat were selected for intensive study. Direct interview, group discussion, third party interview, observation methods and scheduled sent through enumerators were used for this study. A structural questionnaire was prepared and pretested before the final collection of data through field study. General survey, dietary survey and nutritional assessment survey were framed to get the required information. Nutritional anthropometry and observation of clinical signs method have been combined adopted for assessment and grading nutritional status of tribal people. To analyses and present the various findings of the study different mathematical and statistical tools were extensively used for this study. Direct interview method using a structural scheduled, is considered to be the most frequently used methods of socio-economic and dietary assessment but a single method of data collection was not considered to be enough to gather information for this study. It is so because tribal are mostly illiterate, simple and ignorant and remain away from home most of the time. They do not believe modern man and even attack them in fear. Often they keep themselves from the mainstream. It is ascertained that the tribal may not disclose facts pertaining to their life style before unknown person. The first part of the scheduled contained queries relating to the demography, occupation, income, expenditure, socio-economic conditions, land holding pattern and other important information's of sample households. simple questions were framed to get the required information .Second part of the structured schedule deal with the details of food consumption practices of respondents. With help of this scheduled information about tribal people and their dietary pattern be collected. Data regarding details of food expenditure, daily meal pattern, methods of cooking, breast feeding and weaning practices, food fact and fallacies, diet restrictions, treatment of different diseases by edible plant materials were obtained from the families. The dietary survey, Nutritional anthropometry and observation of clinical signs method have been combined adopted for assessment and grading of nutritional status of tribal people. The references and guidelines have been used to assess nutritional status of the tribal people.

- A house to house survey was conducted in the study villages.
- Weighment method weighing of different foods consumed by the families for seven consecutive days according to the guideline of National Institute of Nutrition, Hyderabad was adopted.
- The per capita consumption of different nutrients was calculated using the Nutritive value of Indian Food by ICMR.

- Clinical signs of different vitamins, minerals and proteins-calorie malnutrition were recorded during survey time.
- Anthropometric measurements ( height, weight, mid upper arm circumference) were measured using standard techniques.
- Height of the tribal people was measured using measuring machine.
- The assessment of nutritional deficiency signs was based on certain physical signs.
- Weight for age, height for age and weight for height were calculated in standard deviation values using reference median recommended by WHO.
- People who were two standard deviation below the reference median on the basis of weight for age, height for age and weight for height nutritional indices were considered to be underweight. To analyses and present the various findings of the study different mathematical and statistical tools like diagram, table arithmetic mean, median, range, standard deviation, percentage were extensively used.

### **Findings:**

The tribal people who lead a very measurable life in the most in accessible hilly and forest regions of the district, have a very distinct life style of their own in comparison to the other tribal group like various backward class. They live in small settlements. All of them live in kaccha and thatched houses. During field study, it was found that no household had legal ownership of land. They are face lot of problem regarding electricity, water supply and sanitary facilities. Maximum tribal peoples belongs to the economic categories BPL. Their educational standard also very low. Members of this primitive tribe remain away from formal education. For acute economic reasons parents never voluntarily send their children to schools. Educational achievement of these tribal people was far from satisfactory. The tribal people pursue many occupations like shifting cultivations, settled cultivation, wage earning as farm labourers, bamboo crafts, selling of charcoal in the nearby town ship etc. But the economic organization of tribal is predominantly agriculture. Shifting cultivation, commonly known as jhum is practiced by tribal people, who inhabits the hills and forest regions of kalahandi districts. The food basket of tribal people and their community is met from the produce obtained from the produce obtained from shifting cultivation. It constitutes maximum share of income that is 35% to the tribal income, followed by 25% nonfarm labour, 17% NTFP collection, and selling of wood and charcoal 12% of family income. Working in nearby plain land for farm activities contribute 3% of income. The traditional occupation of tribal that is making of bamboo crafts and cans contributes 2% of family income. Some tribal particularly

women are engaged in petty trading which contributes 4% to the household income. Besides other occupation like poultry and goatery, caste occupation, occupation of quack etc. contribute 5% to the family subsistence. The main characteristics of tribal economy is mostly a subsistence economy of hand to mouth existence. It is found that the average per capita income of the sample household is only 1952. About 85% of sample household remain below the cut off mean income. On an average 68% tribal income is spent on food only. 15% of total income is spent largely on celebration of socio cultural festivals such as time of birth, death marriage and other religious functions. 10% of the household income is spent on alcohol, tobacco and other intoxicants and 6% of family income is spent on clothing at the time of important religious functions. Tribal spent money on medical treatment. Poverty, blind beliefs traditional method of treatment, ignorance, unavailability of health facilities are some of hurdles for which only 1% of their income is spent on medicines.

#### **Food habits:**

The food habits are different from that of the other non-tribal groups. The tribes were consuming three meals a day. The morning meal consists of ragi gruel. The same food is taken in the afternoon in the work field. The night meal comprises ragi gruel. Cooked with a cereal with green leaves or cooked vegetables or dried fish. But they are very particular about the consumption of liquor. The food of tribal people mainly consists are cereal and millets, rice, ragi, suan, kangu, khosla, gurjee, jana, khed jana, pulses, kandul, jhuudang, moong, kolath, vegetables, pumpkin, broad beans, papaya, cucumber, geurd, chilies, different types of leaves, mushrooms, fruits, berries, roots and tubers etc. were consumed by the tribal people. They are hunters and take flesh of hunted animals like wild bird, snake, rodents, wild boar etc. Fishing is a leisure activity. Fish is eaten during summer. There are three major sources of food for the tribal, these are from agriculture, local forest and water resources and local market. There is seasonal variation in food as they can not ensure steady supply of food material for the consumption of their families throughout the year. During the harvest and post harvest period they depend mainly on the produce from shifting cultivation and wet land cultivation provide the tribal their subsistence requirement hardly for six to seven months that is from October to April. The rest of the period is in fact a period of starvation, when supply of staple food runs low or totally exhausted. During the lean period the tribal derive most of their food items from the forest such as roots and tubers, mango kernel, jackfruit seeds, tamarind seeds, bamboo shoot, wild mushrooms, wild leaves. Tribal people enjoys a food security of 186 days. Tribal people purchase different food items from the market also include rice, salt, turmeric powder dry fish, biscuits, bread, potato and some seasonal vegetables. Though money is a medium of exchange barter system is still present in tribal society. Ragi, suan, khosla are exchanged in market for obtaining

salt, dry fish, country liquor. In tribal society processing and cooking of food grains are very simple and conventional. Food grains are preserved mainly for consumption and seeds for the next year. Most of the tribal people of Odisha also prefer boiled, baked and roasted food. Food materials are cooked in earthen pots. Aluminum vessels are used for storing and carrying food materials to the work field.

Tribal people establish good relationship with other people through appropriate rites and rituals and celebrates number of festivals. During these festivals they sacrifices animals to appease the deities. They do not have any special menu for religious festivals. Meat of sacrificed animal and alcoholic beverages are common food for all festivals. They also prepare different types of cake from ragi, kangu, gurjee, khosla. The food menu of life cycle events are same as that of religious festivals. During

death rituals, consumption of alcohol is must. , though it is not a period of joy rather grief. It proves that liquor is the most important and essential item for all the socio-religious functions and ceremonies observed by the tribal people. Women are ignorant about the additional food requirement during pregnancy and lactation. Even they are not prohibited from drinking alcohol during pregnancy. Tribal women are not aware about the ante natal and post natal care. Tribal infants are fed breast milk entirely up to the age of six months. Breast feeding continues for about two years. New born babies are not given colostrums and are kept only on water for two days. Supplementary food is given at about the age of six months which usually consists of ragi gruel, cakes of suan or kangu, doubled cooked rice. Around the age of 10 to 15 months alcoholic beverages are introduced into the diet young babies and 15 months onwards children share the food item cooked for the family. Magico-religious practices are frequently resorted to, for treatment of various diseases. Tribal medicines are indigenous. The medicine man identifies illness as caused by natural super natural forces and he is the custodian of indigenous herbs and roots. number of herbal and animal based medicines are prescribed by the Dishari to be taken orally and also for surface application. After uttering some magical spells the dishari puffs on the medicine as well as the patients for three to four times. Kamti penu and mardi penu are worshipped and appeased with animal sacrifice along with the treatment. number of taboo associated with food are strictly followed by the tribal people. Different types of cereals and millets, roots, tubers and fruits etc. are consumed only after these food crops are offered to the ancestral spirits. number of food taboos are also observed during pregnancy and lactation, otherwise health of the women and the new born will be affected. Over a period of time the food habits of tribal have changed considerably. Industrialization, urbanization and modernization not only have influenced their life style but also their food habits. Different types of seasonal vegetables, spices, onion, garlic etc. are now being brought from weekly markets. Bread, biscuits, snacks have been accepted in their menu. The most important change that has been noticed is the consumption of milk and

milk products. Though tribal people have accepted slight change in their food habits. There is general agreement that the health status of the tribal population in India is very poor and many scholars have tried to establish this with the help of morbidity, mortality and health statistics. The tribal groups of Odisha are no way different from most of the tribal communities in India as majority of them fail to acquire optimum nutrients essential for their body physiology, growth and development. The data obtained from various sources that except paraja of Koraput majority of tribes of Odisha are nutritionally poor. The NNMB reveal that the average intake of tribal communities is 1827 kcal per day. The protein calorie inadequacy of tribal of Odisha is 43.5% and it is quiet higher than the tribal population Madhya Pradesh and Gujarat. In this study an attempt has been made to find the average intake of different food stuffs and nutrients by the tribal people and to asses the effects of nutritional deprivation on health status of the tribal people. The consumption of different food stuffs by tribal such as cereals and millets, vegetables, fruits, fats and oils, sugar and jaggery etc, except green vegetables and roots and tubers is much less than the recommended allowance. The tribal on an average take 1734 kcal, 14-15 gm protein and the intake of other basic nutrients( except calcium) such as iron, vitamin-A, vitamin-C, vitamin-B-1 and B-2 and nicotinic acid falls short of the recommended allowance of the ICMR ( Indian council of medical research).

#### **Nutritional Deficiency:**

This study indicates that tribal people were nutritionally different as far as intake of energy, protein, Vitamin-A, Vitamin-C, Vitamin –B, Vitamin B2 and nicotinic acid is concerned. 285 tribal people were brought in for assessment of nutritional status by the research during the field visit. The assessment of nutritional status of tribal people has been made based on estimation of weight for age, height for age, weight for height. The data reveals that in weight for age assessment as a whole, the percentage of tribal people affiliated with different grades of mal-nutritional is 24.9%, grade I 24.21%, grade II 11.22%, grade III. In height for age the percentage of tribal people suffering from different grades of mal-nutritional is 44.56%, grade I, 14.38% Grade II, nil in grade III. In weight for height percentage of mal-nutritional among the tribal people is 24.91% Grade I, 23.85% Grade II and 7.01% grade III. The percentage of under weight 56.49% wasted 69.82%, stunted 78.59% and low MUAC 75.78% was also very high among the tribal people. Not only nutritional inadequate but also the factors like lack of environmental sanitation, personal hygiene, water born diseases like diarrhoea, dysentery, gastro intestinal disorder etc. Lowers the nutritional status of tribal people because the food they consume are not assimilated in the body resulting in the reduction in body weight and adipose tissue. It is evident that wide spread poverty with low purchasing power, primitive mode of agriculture system, illiteracy, malnutrition, household food

insecurity, absence of safe drinking water, prevalence of unhygienic condition, deplorable health status of tribal people and cultural seclusion, ineffective operation of health care facilities socio-cultural rigidities towards change have been traced out to be the contributing factors or dismal health conditions and poor nutritional status of tribal people. It has been realized now that despite expansion of health infrastructure and improvement of health care system operating in rural and tribal areas is not compatible with socioeconomic and socio cultural realities of rural and tribal society. However ,things are changing in the tribal community rapidly. Though their faith on their traditional medicine man has changed least the tribal of the study area have shown inclination towards modern medical practices. and there is no significant cultural resistance to acceptance of these practices provided they are efficacious and are available and accessible to them. Infact, apart from initial inhibition the major handicap is poverty which does not allow tribal to seek medical help when he is sick. The following strategies if actively pursued could go a long way towards improving the socioeconomic conditions, the nutritional status and overall health condition of the tribal people.

#### **Suggestions for the improvement of Socio-economic Development of Tribal people:**

Tribal's inhabiting the forest and hilly areas of the district should be identified and chronically poor segment of the community should be given preference while delivering family oriented income generating schemes.

Traditional skills and knowledge should be appropriately harnessed and upgraded with an aim to maximize high economic returns. Short term technical and skill development training programmes should be organized.

Land based composite schemes should be attached top priority. Integrated farm based activities, agro forestry, horticulture, sericulture, animal husbandry pisciculture etc should extensively be promoted.

Valuable alternatives to shifting cultivation need to be explored so as to enable the tribal to ensure higher productivity.

High yielding crops and vegetables conducive to ecology and compatible with socio-cultural set-up should be introduced.

Based on the available forest and agriculture produces, suitable small and cottage industries may be promoted with necessary training support to the tribal youths.



Suitable non farm based enterprises like tailoring, typing, handicrafts, cycle repairing etc., also be promoted .

Women co-operatives and SHGS for various trades may be promoted and necessary training may be provided to upgrade their traditional skills.

Considering the poor infrastructure facilities the state government should give higher priority for funding in tribal areas for creation of infrastructural facilities- roads and communication, irrigation, installation of the tube wells, electrification, educational institution, post office, health care centre, live stock centre, daily/weekly markets etc.

NGO and local voluntary organization should be encouraged to participate in implementing various developmental projects for PTGS for income generating, training, non- formal education, health education and camp etc.

#### **Suggestions for improvement of Health and Nutrition:**

- To ensure food security of tribal people, food grain centers / grain banks should be established in all the areas inhabited by the tribal. It will considerably save the poor tribal's from the clutches of the unscrupulous money lenders.
- Effective smooth and regular implementation of ICDS programme, increase in coverage of ICDS services, MDM scheme food for work scheme etc.
- The traditional medicine men practicing indigenous method of treatment of diseases should be given orientation and training in the delivery system of health care services and be engaged as health workers.
- Mobile health camps should be organized with the cooperation of local PHC staff and tribal medicine men.
- Local voluntary organizations should be encouraged and assisted to organize health awareness and educational campaign to educate the tribal about the causes of the disease preventive measures, personal hygiene, environmental status and sanitation etc.
- Provision of deep bore-well or tube-well in each village should be made to ensure safe drinking water. The practice of using safe drinking water, cleanliness and sanitation should be promoted.
- The immunization service should make cent percent coverage of all the people in the tribal areas.
- Periodic community health survey should be conducted to assess the health and nutritional status of the people and of the mortality and morbidity situation among the children and women.

- Special attention should be given for prevention and endemic diseases like Malaria, T.B., Goiter and sickle cell anemia.
- Locally available and acceptable nutritive food stuffs should be identified, analyzed for food value and promoted to feed the children also tribal people at the local centers.

Tribal people are in the present research languish in every fragile conditions of backwardness and deprivation. This has made them vulnerable to food insecurity, malnutrition and ill health. Their socio economic and educational conditions are much worse than other group of people. Their remote habitat lacks are required minimum administrative set up and infrastructural back up. Some improvements are visible in their quality of life with the adoption of the tribal sub plan(TSP) approach. During five year plan government of India identify tribal people as a special category for their overall development with a view to and enable them in improving their social, economic, and educational status. The working group on development of scheduled tribes during seventh five year plan stressed upon holistic and integrated approach with special focus on economic, educational and health programmes for the primitive tribes. Besides it was emphasized to develop basic infrastructural facilities particularly in communication, health and education sector. Specific priorities have been laid on expansion of facilities for elementary education and adult literacy, improvement of health services promotion of family oriented development schemes, provision of minimum needs already identified under minimum needs programme (MNP) enhancing the provision of social service and infrastructural facilities, liberal credit and finance support to family oriented income generating schemes. Government of India has been generous in funding specific planned development programmes for the overall development of the tribal people of Odisha.

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