



NUTRITIONAL STATUS OF TRIBAL WOMEN IN A SELECTED AREA OF MYMENSING DISTRICT

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ABSTRACT

Background: Proper nutrition is very much essential for maintaining body function and Productivity. Nutritional status of women in Bangladesh differs from area to area and also differs from lifestyle and cultural diversity. **Methods:** This descriptive type of cross-sectional study was conducted among 125 respondents from Haluaghat, Mymensingh District, from June to December 2017. Respondents were enrolled in the study using convenient sampling technique. Data was collected by face to face interview with a semi-structured questionnaire. **Results:** Here, only 11(8.4%) respondent were wash vegetables before cutting. From total respondents, 125 (100%) were taking vegetables every day, 125(100%) respondents were not taking fruits and egg every day, 104(83.2 %%) were ate fish and meat daily few respondents 27(21.6%) were daily intake of milk. In our study, 72(57.6%) respondents were normal weight, 51(40.8%) were overweight and few of the respondents 02(1.6%) were under weight. **Conclusion:** To build awareness of nutritional program in the community regarding nutritional deficiency diseases should be undertaken by the Government, private organizations such as Bangladesh nutritional society and NGO's to increase level of awareness among the tribal people.

KEYWORD: Nutritional Status, Malnutrition, Nutritional Education, Food, Illiterate.

I. INTRODUCTION

Tribes are isolated, economically and socially disadvantaged groups, often distinct of culture settings, food and dietary patterns among themselves. By nature, geographically tribal are excluded from formal education, improper health behavior, surrounded sociocultural taboos, poverty and dependency on primitive agriculture practices for livelihoods.^[1,2] Importantly, poor health status among tribal women is due to inadequate nutrients food consumption which may leads them to major health consequences like under nutrition and anemia.^[3] In India, as per latest National Family Health Survey report, 2015–16^[4] about 23% of women are underweight, 21% of overweight and 53% of anemia. Of these, one-third Scheduled tribe women are under nutrition (which is highest among other social groups) and less than a percent of obesity lives in India.^[5] The trends shows gradually declining but the proportions are still alarming.^[6]

In modern age malnutrition continues to be a serious public health problem.^[7] Despite the economic growth observed in developing countries, malnutrition and particularly under-nutrition is still highly prevalent.^[8] The socioeconomic, health and nutritional status of

women depict gloomy pictures throughout their lives. Besides, like most developing countries, the picture of nutritional status of women is far too serious in the poorer socioeconomic groups who live in the rural areas and urban slums of Bangladesh. The Garos have a different socio-cultural tradition in comparison with that of mainstream society of Bangladesh. Their family pattern, marriage, inheritance laws, norms and values, food habits, dressing, housing structure, language, cultural and religious festivals etc are different from any other tribal community, and of course not consistent with the tradition of mainstream Bangladeshi common people.^[9]

Tribal are characterized by a distinctive culture, primitive traits, and socioeconomic backwardness. Although scheduled tribes are accorded special status under the fifth/sixth schedules of the Indian Constitution, their status on the whole, especially their health still remains unsatisfactory.^[10] Tribal communities in general and primitive tribal groups in particular are highly disease prone. Also they do not have required access to basic health facilities. They are most exploited, neglected, and highly vulnerable to diseases with high degree of malnutrition, morbidity and mortality.^[11] Their

misery is compounded by poverty, illiteracy, ignorance of causes of diseases, hostile environment, poor sanitation, lack of safe drinking water and blind beliefs, etc. Some of the preventable diseases such as tuberculosis, malaria, gastroenteritis, filariasis, measles, tetanus, whooping cough, skin diseases (scabies), etc. are also high among the tribals. Some of the diseases of genetic origin reported to be occurring in the Indian tribal population are sickle cell anemia, alpha- and beta thalassemia, glucose-6-phosphate dehydrogenase (G6PD) deficiency, etc.^[12] Night blindness, sexually transmitted diseases are well known public health problems of tribals. Therefore, this study was carried out to assess the nutritional status of the tribal women.

II. MATERIALS AND METHOD

Study Design: The study was a descriptive type of cross-sectional study.

Study place: The present study was conducted in Haluaghat, Mymensingh District, Bangladesh.

Study period: The study was conducted 6 months from 1st June to 31st December, 2017.

Study population: The study population was 18 – 50 year's tribal women in Haluaghat, Mymensingh District.

Sampling Method: Respondents for data collection were enrolled in the study using convenient sampling technique. Sample size was 125.

Eligibility criteria: Age 18 - 50 year's tribal women.

Research Approach: At first, purpose of the study was informed to the respondents. A complete assurance was given that all information would be kept confidentially. Informed written consent was obtained from respondents. Informed consent was documented properly. Data was collected by face to face interview in Bangla. The right was being given to the participants not to participate and to discontinue participation at any time in study with consideration/without penalty. Their participation and contribution was acknowledge with due respects.

Data processing and analyses: All the data were checked and edited after collection. Data were then entered into computer, with the help of SPSS for Windows (IBM SPSS Statistics for Windows, version 22). An analysis plan was developed keeping in view with the objectives of the study. Statistical analyses were be done by using appropriate statistical tool.

Data quality management: The data collected from the respondents were analyzed. After completion of data collection, the data were checked and edited manually and verified before tabulation. Data were coded, entered and analyzed in a computer. The statistical analysis was conducted using SPSS (Statistical Package for Social Science) version 22 statistical software.

Ethical issues: The study was done through collection of data using questionnaire and neither any intervention nor any invasive procedures was be undertaken. However, prior to initiation of the study ethical clearance was taken from appropriate Ethical Committee.

III. RESULT

This research study was was a descriptive cross-sectional study conducted in Haluaghat, Mymensingh District of Bangladesh with a view to explore the nutritional status of tribal women. Sample size was 125.

Table 1 shows Socio-demographic characteristics of the respondents. It was observed that highest percentage 72 (58.2%) of the tribal women were in the age group of 29 -39 years, 100 (80%) respondents were married, majority of the respondents 78 (55.72%) educational level were primary school, 26 (20.8%) respondents were housewife, most of the respondents 86 (68.8%) monthly family income were 15000-20,000/-, Majority of the respondents 84(67.2%) were from nuclear family, 55(44.0%) respondents family member were above four persons and 87(69.6%) respondents had only one earning member.

Table 1: Socio-demographic characteristics of the respondents (n =125)

Age in years	Frequency (N)	Percentage (%)
18 – 28 years	17	13.70
29 – 39 years	72	58.06
40 – 50 years	35	28.22
Marital status of the respondents		
Single	14	11.2
Married	100	80
Widow	10	8
Divorced	01	0.8
Educational level of the respondents		
Illiterate	37	26.42
Primary	78	55.72
Secondary	15	10.72
Higher Secondary	10	7.14
Degree or above	00	00
Occupation of the respondents		
Jobless	24	19.2

Service	9	7.2
Business	18	14.4
Housewife	26	20.8
Labor	42	33.6
others	06	4.8
Monthly family income		
10,000-15,000/-	16	12.8
15000-20,000/-	86	68.8
20,000-25,000/-	16	12.8
30,000/- and above	7	5.6
Family members of the respondents		
Two	02	1.6
Three	22	17.6
Four	46	36.8
Above four	55	44.0
Earning members in the family		
1(one)	87	69.6
2-3 (two-Three)	27	21.6
>3 (three)	11	8.8
Total	125	100

Table 2 shows hygiene maintenance of the respondents. Here, majority of the respondents 112(89.6%) were using sanitary Latrine, 68(54.4%) respondents were washing

their hands with soap, 117(93.6%) were used Tube-well for drinking water and only 11(8.4%) respondent were wash vegetables before cutting.

Table 2: Hygiene maintenance of the respondents (n =125)

Using sanitary Latrine	Frequency (N)	Percentage (%)
Yes	112	89.6
No	13	10.4
After defecation material use for hand wash		
Soap	68	54.4
Ash	48	38.4
Mud	09	7.2
Drinking types of water		
WASA	00	00
Tube well	117	93.6
Pond	08	6.4
Wash vegetables before cutting		
Yes	11	8.8
No	114	91.2
Total	125	100

Table 3 shows food pattern of the respondents. Here, total respondents, 125 (100%) were taking vegetables every day, 125(100%) respondents were not taking fruits

and egg every day, 104(83.2%) were ate fish and meat daily few respondents 27(21.6%) were daily intake of milk.

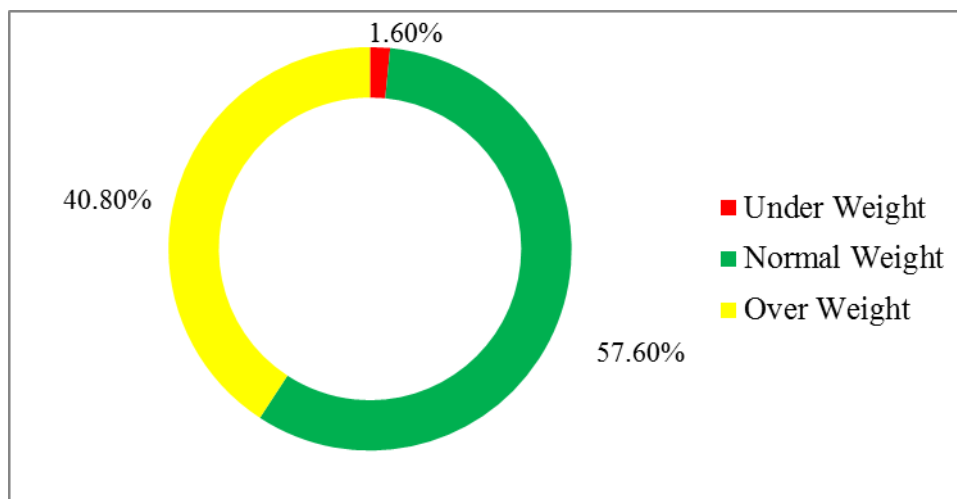
Table 3: Food pattern of the respondents (n =125)

Taking Vegetables everyday	Frequency (N)	Percentage (%)
Yes	125	100
No	00	00
Taking fruits everyday		
Yes	00	0
No	125	100
Taking Eggs everyday		
Yes	00	0
No	125	100
Daily eating habits of fish and meat		
Yes	104	83.2

No	21	16.8
Daily intake habits of milk		
Yes	27	21.6
No	98	78.4
Total	125	100

Figure 1 Shows that most of the respondents 72(57.6%) were normal weight, 51(40.8%) were overweight and few of the respondents 02(1.6%) were under weight.

Figure-1: BMI (Body Mass Index) of the respondents (=125)



IV. DISCUSSION

Nutrition and nutritional deficiency diseases of the tribal women is one of the dominant health problems in the country. The findings revealed that the majority of the respondents explored low level of conception regarding nutritional deficiency diseases. The majority of the tribal women were suffering from nutritional deficiencies diseases such as iron deficiency anemia, goiter, mental retardation, night blindness and malnutrition etc. The study suggested that the nutrient and vegetarian foods may be promoted in the tribal areas of Mymensingh district to supplement their nutritional needs. The tribal women usually like the cheap foods as vegetables, small fish, milk, meat, eggs etc. They also use iodized salts. But they are unaware of making balanced diet. So these low-cost foods may be popularized in this area by awareness building in favor of proper nutritional needs and their utilization in human body.

Majority of the respondents (63.6%) reported low level of knowledge regarding nutritional deficiency diseases. Nearly half of the respondents 39.2% was observed that the highest percentage of the tribal women were in the age group of 21-30 years. In this study revealed that most of the respondents 80% were married among the 125 of tribal women and few of one single. Previous study found that the majority of the tribal women's was suffering from nutritional deficiencies diseases such as nutritional anemia, goiter and night blindness etc.

Awareness program should be organized to create awareness among the tribal women; there should be NGO work together to create awareness among those

women. NGO committee would encourage tribal women for take proper nutrition, proper hand washing techniques. Government can take initiatives to give proper education also Health and nutrition program although the BMI was normal range but in the late age they are conveyed various diseases like goiter, night blindness, osteomyelitis, osteoarthritis and many diseases. So, we need to aware about tribal peoples.

V. CONCLUSION AND RECOMMENDATION

To build awareness of nutritional program in the community regarding nutritional deficiency diseases should be undertaken by the Government, private organizations such as Bangladesh nutritional society and NGO's to increase level of awareness among the tribal people. Some activities may helpful to maintain nutritional status of tribal women like -

Regular intake of Iron as supplement food for removing iron deficiency anemia.

Community of tribal should be given health education regarding nutrition.

Family, School teachers and different health workers should play their due role in encouraging to maintaining proper manner.

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Conflict of interest: None to declare.

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