Examining the Issue of Undernutrition among Tribal Pregnant Women in Jammu Kashmir

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KEYWORDS

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ABSTRACT

Undernutrition is a universal public health issue, particularly among pregnant women. Maternal malnutrition harms both mothers' and children's health, and as a result has significant impacts on economic and social development. One of the third goals established by the sustainable development Goals is to have good health and wellbeing.in order to achieve the goal maternal health becomes important. This paper investigates the significant issue of malnutrition among tribal pregnant women in Jammu and Kashmir. Cross sectional study was conducted among the tribal pregnant women, and it seeks to assess available literature, studies, and reports on the burden of undernutrition in this vulnerable population in depth. This research study uses a structured questionnaire, and the survey method was used to collect data.

Introduction

Maternal health remains a pressing issue on a global scale, especially in less developed regions. Each day, approximately 830 women lose their lives due to preventable complications related to pregnancy and childbirth worldwide, with a staggering 99 percent of these fatalities occurring in developing nations (WHO, 2017). South Asia bears a significant burden, with nearly one-third of these deaths, while Sub-Saharan Africa accounts for half. India, too, faces challenges in this regard, although there has been a decline in its Maternal Mortality Ratio, dropping to 97 in the period 2018-20 from 103 in 2017-19, Data from the sample registration system (2018-2020) indicates that India has not met the Sustainable Development Goal target 3.1 set by the United Nations. This goal aims to reduce the global maternal mortality ratio to less than 70 per 100,000 live births. Additionally, undernutrition among mothers is a significant public health issue worldwide, particularly impacting women in poor nations (Adebowale et al., 2011). Young children and mothers face heightened vulnerability, as noted by Uthman & Aremu (2008). Undernutrition stands as the primary contributor to mortality among both mothers and children under five years old in developing nations (Black et al., 2008).

Even though the government of India has initiated number of projects and schemes to improve the maternal health of women and there is the remarkable achievement in the said field but women from the different social groups still suffer, the tribal women are one of them tribal community of India has been largely ignored in national discussions and debates about health, education, poverty, and other social and human development indicators. Tribes have a disproportionate share of the burden of communicable and non-communicable diseases, which is compounded by inadequate healthcare infrastructure and facilities. On health indices, the indigenous population has worrying figures. The fact that 65% of tribal women between the ages of 15 and 49 are anemic is concerning. The indigenous population has a 74 percent infant mortality rate, compared to 62 percent for the rest of the population. Similarly, the maternal mortality rate (MMR) stands at 57 percent (NFHS-

4). Children are immunized at a rate of 55.7 percent, compared to 71.6 percent in the general population. Furthermore, 82.3 percent of native women still give birth at home. (NFHS-4
The significant decline in maternal mortality rates could be attributed to the implementation of various maternal healthcare services and infrastructure enhancements in both urban and rural areas throughout India. Despite facing economic and social obstacles, many women persist in working to support their families even during the late stages of pregnancy and promptly return to work postpartum, despite potential physical limitations. Jammu and Kashmir is the place with the tribal population of 11.4% as per census (2011) residing in the different corners of the place In Jammu and Kashmir the tribal women health is not good compared to the other women the pregnant women health shows grimmer picture. In tribal regions, malnutrition is an across-the-board health problem that has had a significant effect on population health and general physical well-being. Malnutrition reduces the body's ability to fight against infection, which can result in chronic sickness and in the post-weaning period causes long-term brain damage. During the pregnancy nutrition becomes more important as it affects both mother and the child. Health and nutrition among the indigenous groups are dependent upon different elements like socio-cultural, economic, awareness about the nutritional food during pre-and post-natal phase.

Methods and Material:

The study is a community based cross sectional survey undertaken in Poonch district of Jammu and Kashmir. In all 12 villages, a house-to-house survey was carried out. The study included pregnant women who were present at home during the survey. The incorporation Pregnancy-related signs and symptoms as well as a willingness to engage were requirements for study participants. The study comprised 250 pregnant women in all. They underwent a clinical examination and an interview utilizing a pre-tested, pre-structured proforma. This paper also relies on secondary sources, summarizing and assessing existing studies to offer a comprehensive insight into undernutrition, its contributing factors, and its implications for maternal and fetal health. It utilizes various forms of available literature, including published articles, books, reports, and official websites.

Results:

Socio-economic characteristics:

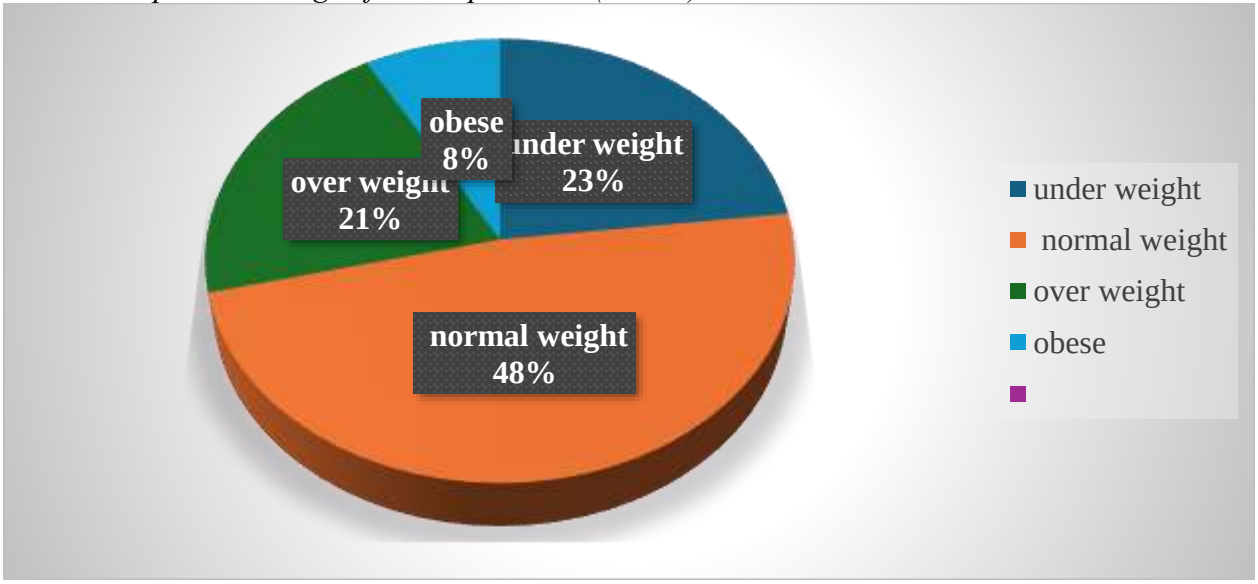
In This community's socio-demographic, cultural, and economic issues all contribute to undernutrition. A complicated combination of socioeconomic factors may be causing undernutrition among indigenous pregnant women. These issues frequently contribute to inadequate dietary intake, poor health-seeking behavior, and limited access to healthcare facilities. The socio-demographic factors listed below may lead to undernutrition in indigenous pregnant women.

Table 1.1 Age distribution of respondents

Age	Frequency	Percentage
18-25	103	41.2
25-35	89	35.6

35-45	48	19.2
45-55	10	4.0
Above 55	0	0
Total	100	100

Chart 1: Reproductive age of the respondents (n=100)



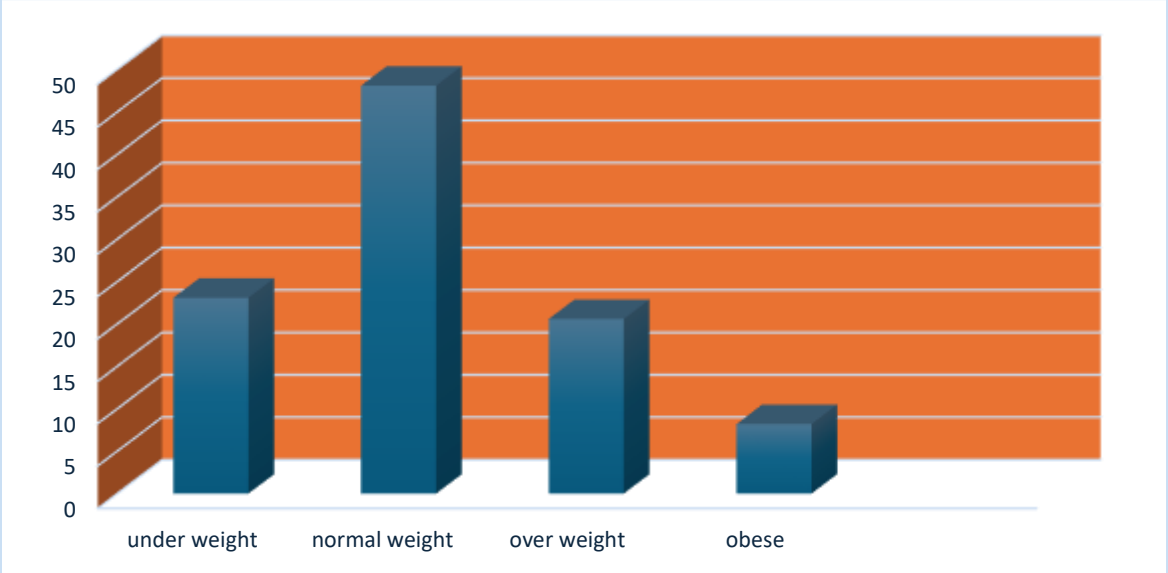
All the respondents in this sample are between the ages of 18 and 45, which corresponds to the usual childbearing years for tribal women. Young women between the ages of 18 and 25 make up 41.2% of the distribution, which indicates a sizable percentage in the early stages of reproduction. In contrast, 35.6% are between the ages of 25 and 30, which is often when women in many cultures, particularly indigenous ones, are most active in having children. The remaining 19.2% are those over 30, who may be in the later stages of childbirth but are still within reproductive age. Given that a sizable portion of young women may be starting or already in the process of becoming pregnant, this age distribution sheds light on the reproductive age dynamics within the tribal population and could impact community needs and resources around maternal care.

Table 1.2 Educational Status of the Respondents

Educational status	Frequency	Percentage
Illiterate	86	34.2
Primary Schooling	66	26.4
Secondary Schooling	58	23.2
Senior Secondary	40	16.0
Graduates & above	0	0
Total	250	100

Source: Primary data

Chart 2: Educational status of the respondents (n=100)



The fact that 34.6% of the respondents in this sample are literate indicates that a sizable percentage of tribal women in this group have completed some kind of formal education. Many literate people (26.4%) have only completed primary school, which is frequently a foundational level that may still restrict their ability to read and perform basic jobs. A smaller percentage (23.2%) has completed more schooling than primary school, suggesting that they have access to middle or

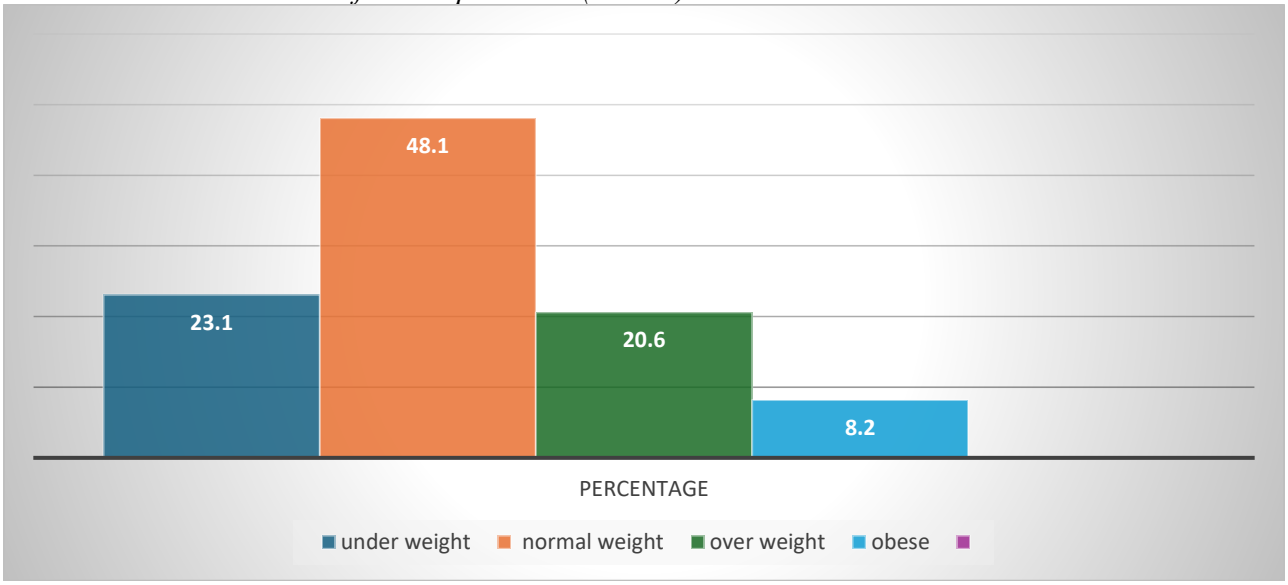
secondary school, which may provide somewhat more advanced knowledge and abilities. Relatively noteworthy, 16% of the literate women have finished education beyond the higher secondary level, suggesting that some tribal women are pursuing further education.

Table 1.3 Family income of the Respondents

Family income	Frequency	Percentage
10000	86	45.1
10000-15000	66	26.1
15000-20000	58	20.6
20000-25000	5	4.0
Above-25000	5	4.0
Total	250	100

Source: Primary data

Chart 4: Economic status of the respondents (n=100)



The survey respondents' household income levels are indicative of the economic circumstances that are frequently linked to tribal communities. A sizeable percentage, 45.1%, earn up to ₹10,000 per month, meaning that almost half of these households live within a very tight budget. This

income level indicates financial difficulties because it can make it more difficult for them to pay for necessities like wholesome food, healthcare, and education. Another 26.1% make between ₹10,000 and ₹15,000 a month, and 20.8% make between ₹15,000 and ₹20,000. Although these incomes are marginally higher, they may still limit access to programs that promote growth and well-being. Relatively few indigenous families attain a level of financial security that permits higher discretionary spending, as just 8% of them earn more than ₹25,000 per month.

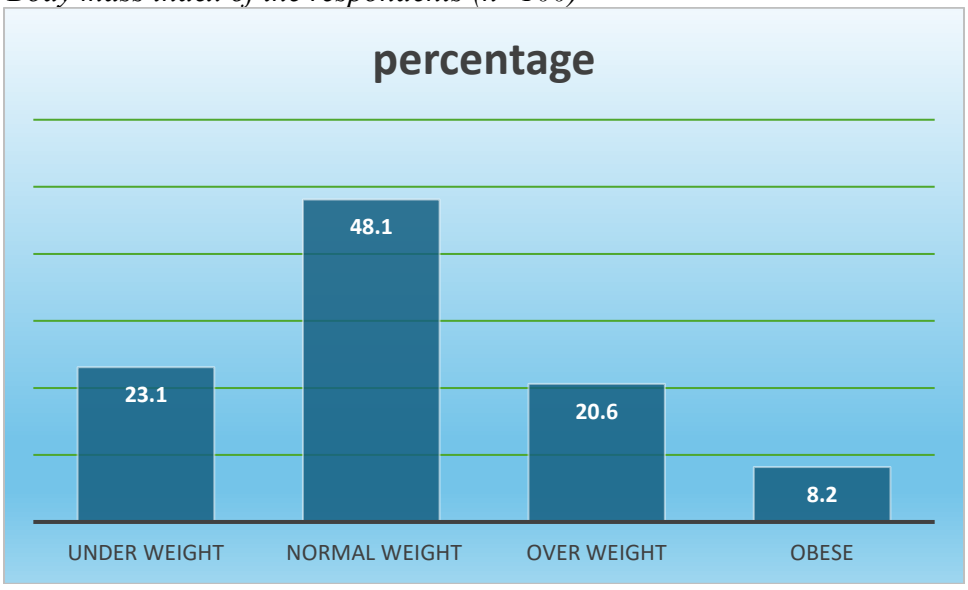
Nutritional status of Tribal women:

Table 2.1 Nutritional status of the Respondents

Body Mass Index (BMI)	Percentage
Underweight	23.1
Normal weight	48.1
Overweight	20.6
Obese	8.2
Total	100

Source: Primary data

Chart 2.1 Body mass index of the respondents (n=100)



The body mass index (BMI) profile of these respondents, who are tribal pregnant women, provides insight into both the nutritional and health status within this population. A substantial 48.1% of respondents fall within the normal weight range, which is generally associated with better pregnancy outcomes and reduced risks of complications. However, 23.1% are underweight, highlighting a significant portion of women who may face risks associated with malnutrition, such as low birth weight or developmental issues in infants due to inadequate maternal nutrition. On the other hand, 20.6% of respondents are overweight, and 8.2% are classified as obese. While less common in tribal populations, overweight and obesity can also present risks in pregnancy, including gestational diabetes, high blood pressure, and complications during childbirth.

Despite improvements in recent years, with malnutrition among adult females decreasing from 36% to 33%, the presence of both underweight and overweight women underscores a double burden of malnutrition in tribal populations. This dual trend, where malnutrition coexists with obesity, reflects challenges in achieving balanced nutrition and highlights the need for targeted health interventions to support the specific needs of tribal pregnant women. These efforts could improve maternal and infant health outcomes and address ongoing issues with undernutrition and rising overweight rates in the community.

Results and Discussion

A multitude of variables influence tribal health challenges, including social, economic, and political ones. Traditional and cultural attitudes about health and sickness influenced the community's behaviors in seeking health treatment. There is also widespread agreement that the indigenous population's health is worse since it is far from, disconnected from, and mostly unaffected by the development process. Tribal health is comprised of different components: concepts that may be responsible for a person's suffering and ignored personal behavior's, as well as the tribe's faith in natural and spiritual causes. They believe that illness originates when a person is out of sync with their environment. In Jammu and Kashmir the tribal people are having nomadic lifestyle superstitious and archaic belief system, and they are also neglected, as far as the different development projects are considered as stated by the report (TRCF). Jammu and Kashmir is one of the states with a high MMR of 46, although tribes living in remote areas may not share this view. They have a low maternal mortality rate. In Jammu & Kashmir, the tribal population resides in dispersed groups throughout hilly and often remote areas. They have been excluded from mainstream development, facing significant challenges in accessing essential services like healthcare, clean drinking water, and education. Consequently, this community experiences severe socioeconomic deprivation.

Undernutrition of pregnant women: Geographic location, social level, and access to healthcare all play a role in tribal women's undernutrition. Tribal populations are more vulnerable in general due to issues such as limited access to education, healthcare, and economic possibilities. Undernutrition rates among tribal women are higher than in the overall population. The indigenous population's health demands a great degree of attention and care. All governance stakeholders must make ongoing efforts. The lack of understanding, religious and cultural beliefs, inaccessible living conditions, and financial constraints increase the poor state of health. (Anjali,2013) Most of the tribal women in Jammu and Kashmir are undernourished and are having insufficient nutrient intake, signifying that Scheduled Tribe women have poor nutritional status. A substantial amount of deficiency in calorie, protein, iron, and calcium consumption. Inadequate nutrient intake may have multiple causes, including insufficient qualitative and quantitative food consumption, as seen by poor and low food intake from nutritional evaluation, because of poor purchasing power, primarily due to lower levels of income (Hamid and Vaida ,2016). Undernutrition among the tribal pregnant women in Jammu and Kashmir is also Due to their reliance on primitive agriculture practices and inconsistent food supply, tribal in India are at high risk of malnutrition. Insufficient food intake leads to protein energy malnutrition and chronic energy insufficiency (Dhal et al,2016).

The tribal people generally come from the low to middle income bracket. They did not follow a proper dietary pattern as per their requirements, and their nutrient intake was lower than the RDA, particularly calcium, protein, and iron intake, which resulted in Gujjar women experiencing a variety of health issues (Wani and Shafia, 2016).Tribal women are also unaware of ANC, early registration during pregnancy, the need of an ANC visit, IFA supplements, calcium, and vitamin supplements during pregnancy, (Aarora and Khan, 2017)

Nutrition Education Deficit: A lack of access to good nutrition education leads to ignorance about the necessity of a balanced diet during pregnancy. This ignorance can lead to bad food choices. Because of low economic level and backward lifestyle tribals do not eat a balanced meal on a regular basis, and as a result, their children and ladies are pale and anemic. In addition, low nutritional education and dirty living circumstances expose them to a variety of ailments. (Koundal,2012)

Gender Disparities: In tribal societies, gender disparities often lead to women facing challenges in accessing essential resources like food, healthcare, and having a say in household decisions. This inequality can have adverse effects on their health, especially during pregnancy. According to Khan and Arora (2022), Gujjar and Bakerwal women experience severe exploitation. They are responsible for a range of household tasks, including cooking, selling milk, and assisting with farming and cattle rearing alongside men. This relentless routine, stretching from early morning till late at night, leaves them physically drained and emotionally exhausted. Additionally, despite their significant contributions, Gujjar women are often marginalized, facing discrimination and superstitions that undermine their status and well-being within the community.

Cultural factors contributing to the undernutrition of tribal women

Cultural influences can have a substantial impact on indigenous women's nutritional status. Cultural norms, beliefs, traditions, and practices can have an impact on food patterns and healthcare-seeking behaviors. And overall well-being in tribal societies.

Traditional Dietary Practices: Cultural norms and traditions frequently influence dietary decisions. Traditional meals in some tribal societies may lack the diversity and nutrients required for optimal health and nutrition. Also, Certain cultural practices result in food taboos or restrictions, which prevent the consumption of certain foods during pregnancy or other life stages. These taboos may restrict the consumption of important nutrients. Tribal areas, for the most part, adopt traditional techniques of treatment known as homoeopathy at the time of disease and rest till they are cured. The tribes residing in Kashmir face significant challenges, primarily due to limited access to education, inadequate awareness about healthcare initiatives, and their nomadic way of life, as highlighted by Nabi (2020). (Shafia,2106) Stated that Poor diet intake, ignorance, early marriage, and increased morbidity owing to disease are all possible causes of malnutrition among tribal women. Unsanitary practices and environments lead to health issues among the tribal women. (Dhal et al,2016). Stated that Due to their reliance on primitive agricultural practices and inconsistent food supply, tribal in India are at high risk of malnutrition. Insufficient food intake leads to protein energy malnutrition and chronic energy insufficiency.

Economic factors contributing to the undernutrition of tribal women.

Undernourishment among indigenous women is significantly influenced by economic reasons. These elements may have a direct or indirect impact on their ability to access wholesome food, medical care, and general well-being among the tribal pregnant ladies.

Poverty among the tribal community: Because of historical marginalization, limited access to education, and limited economic possibilities, tribal people frequently confront higher levels of poverty particularly in the hilly terrains of Jammu and Kashmir Poverty results in insufficient income to buy healthful foods and get health care As per the Economic Survey of Jammu and Kashmir, over 42% of the Scheduled Tribe population comprises Gujjars and Bakerwals, who reside below the poverty threshold. Leading to poor nutrition among them. Another factor is

unemployment and underemployment due to a lack of job options and limited access to formal employment, tribal women may have insufficient income to meet their nutritional needs. Poverty is at the root of bad health, and Gujjar and Bakerwal women represent a significant proportion of those living in poverty. Moreover, their cultural and economic circumstances impact various aspects of their health, including susceptibility to diseases and injuries, dietary habits, access to healthcare services, and the manifestation and effects of illnesses. Bakerwal and Gujjar Women from low-income homes have considerably greater fertility rates, which worsens their health. (Showkeen,2014). Meal skipping is also a huge issue among society. Research findings indicate that 24% of rural inhabitants and 13% of the general population forgo one meal, typically during midday, due to work commitments, particularly in the economically constrained upper regions. This trend correlates with a higher prevalence of hypertension and dyslipidemia within tribal communities.

Dependence on a single source of income increases sensitivity to economic shocks such as crop failures or natural catastrophes, which can have an impact on food security and nutrition Adhikari et al. (2016) discovered that tribal women in India from wealthier households sought health care treatment more than tribal women from poorer households. In times of economic distress, tribal women and their families may be left without a safety net due to a lack of social protection programs such as food aid, cash transfers, or healthcare subsidies. Gender discrepancies in access to resources, such as land, credit, and education, might limit tribal women's economic possibilities and control over resources.in the tribal community Many tribal women work in informal labor, such as agriculture and domestic labor, without enough compensation or benefits. This can lead to insufficient money to meet nutritional needs. Tribal women belonging to low- and middle-income group and do not have knowledge about nutrition health and hygiene (Mahnoor and Jan,2016)

Conclusion

After the assessment of the collected data and the data from the secondary sources tribal nutritional health is concerned with different factors and each factor has its contribution. This public health concern is influenced by socioeconomic, cultural, and healthcare-related variables. The negative consequences on maternal and fetal health highlight the critical need for comprehensive interventions that address the root causes of undernutrition. Long-term gains in education and awareness opportunities will benefit tribal women and their child health. Given the high risk of malnutrition and disease that women face at all three critical stages of their lives, namely infancy and childhood, adolescence, and reproductive phase, the government is focusing on meeting the nutritional needs of women and widespread use of nutrition education to address intra-household nutritional imbalances and the special needs of pregnant and lactating women but most of the tribal women are unaware about the same. Significant progress can be made in the short term by enhancing and expanding basic health services and encouraging more positive attitudes and behavior towards tribal women's health. Future research should concentrate on assessing the effectiveness of programs, enhancing access to healthcare services, and empowering tribal groups to effectively battle undernutrition.

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