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Evaluation of Nutritional Rehabilitation Centre among Tribals of Sulthanbattery, Wayanad

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Abstract: ***Nutritional status is the physiological state of an individual that results from the relationship between nutrient intake and requirements and from the body's ability to digest, absorb and use these nutrients. The study shows the evaluation of the health status of tribal people as per the Nutritional Rehabilitation Centre in Sulthanbattery NRC centre. It is found that socio-economic status and health status are inter related. A nutritional awareness programe was conducted and it was successful to create awareness among the tribal's. From the studies and related analysis we found that National rehabilitation Centre programme is highly effective and is supplementing the remedial and rehabilitation measures among the rural and tribal society remarkably well.***
Keywords: socio-economic status, food supply, awareness, medical checkup, nutritional counseling

I. INTRODUCTION

Health is the most precious component for the happiness and all round development of man in society. An individual's health and health of a society are considered complementary to each other. It is a fact that the individuals health contributes to higher productivity and economic development, which in turn, provides them with higher wages and better prospects for good health. Thus, societal development largely depends on the health of its members. Health is a function, not only of medical care but of the overall integrated development of society-cultural, economic, education, social and political. Each of these aspects has a deep influence on health, which in turn influence all these aspects. The common beliefs, customs and practice connected with health and disease have been found to be intimately related to the treatment of disease. It is necessary to make a holistic view of all the cultural dimensions of the health of a community. The nutritional status of a nation has close relationship with other indicators like the extent of economic growth, food adequacy and its effective distribution, levels of poverty, status of women, rate of population growth, environmental sanitation, hygiene and other social services. The tribal population being heterogeneous, there are wide variations in their access of nutrition and the utilization of health services.Malnutrition is fairly common amongst the tribal's, especially among their children and women; debilitating their physical condition and lowering their resistance to disease, leading at times even to permanent brain impairment. As most tribal women suffer from anaemia which lowers resistance to fatigue, this affects their working capacity and increases susceptibility to disease particularly for those having closely-spaced frequent pregnancies.The tribal population in the country do not have a satisfactory dietary pattern as their diets are frequently deficient in calcium, Vitamin A, Vitamin C, Riboflavin and animal protein.

II. METHOD OF STUDY

A. *Selection of Sample*

A total of 30 tribal family were randomly selected from Sulthanbattery, Wayanadu district

B. *Selection of Tool*

A standardized structured interview schedule tool was used for the study. From the feedback investigator calculated the sum of scores for the sample. It include question relevant to socio economic status, Health indications, Health awareness and Nutritional awareness.

C. *Conduct of study*

The structured interview schedule was implemented among the tribal's to evaluate the activities of Nutritional Rehabilitation Center.

D. *Analysis and Interpretation*

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III. RESULTS AND DISCUSSION

A. Socio - economic Status

Hamlet status:

TABLE 1

Hamlet status	N	%
Kattunayka	4	13.3
Paniya	11	36.7
Kuruma	11	36.7
Nayka	4	13.3

Among the samples surveyed, 36.7% were Kuruma tribes and 13.3% were Kattunayka tribe, 36.7% belonged to Paniya tribe. And the rest 13.3% are belong to Nayka tribe.Several studies conducted in the past among various tribal groups revealed wide variation in their health and nutritional status characterized by their individual socio-economic, socio- biological conditions as well as socio-cultural practices. The environmental factors in which the tribes live, their health care facilities and their utilization also significantly determine the overall health status of the group. [1]

B. Age of Marriage

The age of marriage of tribal men for 26.7% were found to be between 15-20 years and 50% got married when they are between 20-2 years. About 13.3% got married between 25-30 yrs and few 10% got married at the age between 30-35 years.In the case of women 56.7% got married when they are between 15-20 age. About 30% got married when they are between 20-25 years. And about 10% got married when they are between 25-30% years. Few, 3.3% got married between 30- 35 yrs of age.

C. Educational Qualification

43.3% of husbands were illiterate. About 20% of the husbands had primary level education and 16.7%of them had high school education. The ones with secondary school education were 10% and only 10% were qualified with a degree.Majority, 43.3% of the women were illiterate. Among the women 10% of had primary education and 16.7% had high school education. About 20% were secondary education, whereas just 10% had degree education.The educational status of children revealed that 36.7% had degree qualification, 13.3% had secondary school education and 23.3% had high school education. About 26.7% had primary education. None of them were illiterate.

D. Nutritional Rehabilitation Centre Programme Status

The status of nutritional rehabilitation centre programmes were noted and explained in TABLE II

TABLE II

Support programmes availed by the Sample	N	%
Availed	29	96.7
Not Availed	1	3.3

The sample were evaluated to find the reach of Nutritional Rehabilitation Centre‘s support programes it was seen that almost 96.7% of people availed the support programme while 3.3 % did not avail,

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E. Medical Camp Attended by the Sample

TABLEIII

Medical camp attended by the sample	N	%
Regular intervals	29	96.7
Irregular	1	3.3

Majority of the sample attended medical camps. Remaining 3.3% family did not use it at all.

F. Supply of supplementary food by Nutritional Rehabilitation Centre

Due to the malnutrition among the tribal, they provide nutritious foods. The study shows that 90% of families got food from Nutritional Rehabilitation Centre and it conducted once in a week. In the same time 10% have not used it at all.

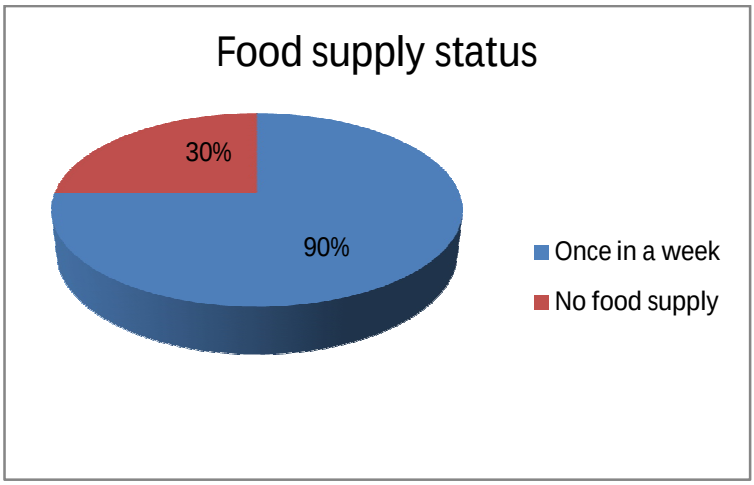

Fig. 1

G. Special checkup for pregnant women and new born child

Special checkup status were observed and noted in the following table.

TABLE III

Checkup for pregnant women and new born child	N	%
Once in a month	28	93.3
Once in a month	2	6.7

According to the special checkup status 93.3% families were supporting special checkup were getting by pregnant women and new born child once in a month. Remaining 6.7% of family samples have not used it at all.

H. Nutritional awareness programme done by nutritionalrehabilitation centre

The table below shows the distribution of sample based frequency of nutritional awareness classes.

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TABLE IV

Frequency Of Nutritional Awareness classes	N	%
One Class/month regular	28	93.3
Irregular	2	6.7

The above table depicts that 96.7% of family were attended the class and it conducted regularly once in a month. Remaining 3.3% have not used it at all.

Malnutrition is not merely a result of too little food, but of a combination of factors like insufficient protein, energy and micronutrients, frequent infections or disease, poor care and feeding practices, inadequate health services and unsafe water and sanitation. These conditions in turn are closely linked to the standard of living and whether a population can meet its basic needs, such as access to food, housing and health care. Growth assessment not only serves as a means for evaluating the health and nutritional status of children but also provides an indirect measurement of the quality of life of an entire population. Child malnutrition is internationally recognized as an important public health indicator for monitoring nutritional status and health in populations. [2]

I. Frequency of Nutritional Counseling

Counseling classes are provided as one class/ month .Majority (96.7%)were given counseling but 3.3% of family was not interested. According to them counseling camps were irregularly conducted.

TABLE V

Frequency of Nutritional Counseling	N	%
1 Class/month regular	29	96.7
No class	1	3.3

J. Over All Evaluation Of Nutritional Rehabilitation Centre

According to the survey we were able to identify how successful the programme was. About 46.7% of family samples were happy in the programme and it going in a good way 53.3% of families say excellent.

IV. SUMMARY AND CONCLUSION

Among the samplessurveyed, 36.7% were Kuruma tribes and 13.3% were Kattunayka tribe, 36.7% belonged to Paniya tribe and the rest 13.3% are belonged to Nayka tribe. According to the age at marriage status, males and females were married at their young age between 15-20.Most of them married at this age. Educational back ground of husbands and wives are very poor, most of them are illiterate. Children's educational status was much better than that of adults. In old days, the tribes did not get any educational support but now they get more support and about 36.7% of children had degree qualification. 13.3% of tribal found using the health service most often as indicated by the study on their health awareness.70% of the families makes only an occasional use of the service.The reason for not using the health service by the samples was evaluated and the results indicated that almost 73.3% of them find the service costly to avail. The study shows that 26.7% of samples were aware about family planning, while the rest have no idea of it. The sample were evaluated to find the reach of Nutritional Rehabilitation Centre's support programes it was seen that almost 96.7% of people availed the support programme. According to the health care programme status of Nutritional Rehabilitation Centre 96.7% of the sample attended medical camps. Due to the malnutrition among the tribal, they provide nutritious foods. The study shows that 90% of families got food from Nutritional Rehabilitation Centre and it conducted once in a week. According to the special checkup status 93.3% families were supporting special checkup were getting by pregnant women and new born child once in a month. Study based on the Nutritional awareness programme done by nutritional rehabilitation centre shows that 96.7% of family were attended the class and it conducted regularly once in a month. Counseling classes are provided as one class/ month .Majority (96.7%)were given counseling and counseling camps were irregularly conducted.When we evaluate the availability and utilization

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of health care facilities, we concluded that Nutritional Rehabilitation Centre is providing a lot of incentives like classes, foods, medical camps and counseling classes. Most of the family got these incentives. From the studies and related analysis we found that National rehabilitation Centre programme is highly effective and is supplementing the remedial and rehabilitation measures among the rural and tribal society remarkably well.

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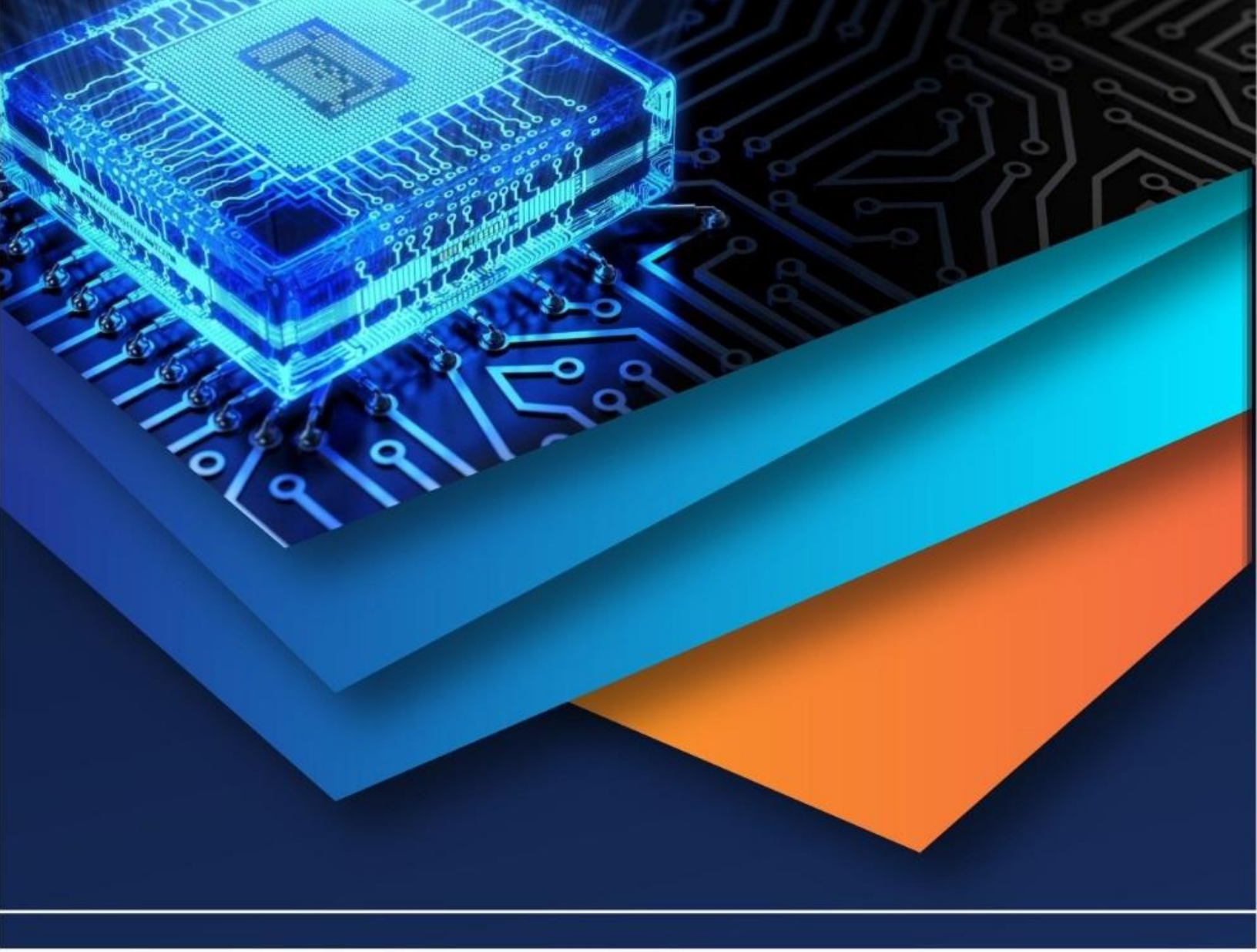

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