

3. Dietary Habits

The dietary patterns of these tribes are grossly different from those of the civilised populations. Those tribes which are receptive to modern ways of life have shifted their diets from the traditionally meat and fish based ones to cereal and pulse based ones, the other tribes still consume diets composed mainly of meat and fish and forest produce. Intakes of green leafy vegetables, other vegetables, milk and milk product are grossly inadequate in all the tribes. Consequently their dietary intake of micro-nutrients like iron, Vit. A, riboflavin etc. are highly deficient. This reflects in their health status as deficiency disorders like anaemia, conjunctival xerosis, night blindness etc.

Since these dietary inadequacies are the result of various socio-economic, cultural and medical factors, the solutions to it can be found only through inter-sectoral approach aimed at increasing the production and availability, devising culturally acceptable and scientific food preparation techniques, increasing the health and nutrition awareness of the community etc. Promotion of schemes like farming, modern type of fishing etc will not only help to meet their nutritional requirement but also will enable them to generate additional income. These tribes traditionally consume many food items, which are not commonly used by others. The nutritive values of many of these items are not known. The nutrient constitution of these food items has to be assessed.

4. Nutrition, infections and infestations

The nutritional status of all the primitive tribes show more or less the same pattern with the adults having satisfactory nutritional status and high prevalence of under-nutrition among the children which indicate either a faulty weaning and child rearing practices or high incidence of infections and infestations among the children. Micro-nutrient deficiency disorders like anaemia and Vit. A deficiency are also more prevalent among children, though anaemia has a quite high prevalence among the adults also. Under-nutrition and nutritional deficiency disorders make the children more susceptible to infections which in turn leads to further deterioration of nutritional status. This vicious cycle of malnutrition-infection could be one of the major cause of high mortality among infants and children. Incidence of infections like acute respiratory tract infection and diarrhoeal diseases and prevalence of intestinal parasitic infestations are extremely high among the tribes.

Longitudinal studies on growth and development of children and the effect of birth weight on growth and development and morbidities in childhood should be carried out in all accessible primitive tribes. Knowledge, attitude and practices of the mothers related to health and nutrition should be carried out and necessary awareness enhancing programmes implemented. The immunological profile and the effect of under-nutrition on the immunological status need to be studied in detail. Programmes with nutritional components like ICDS should be extended to the tribal settlement areas. Operational studies on intervention methods like supply of double fortified salt for control of iron and iodine deficiency should be undertaken. Periodic mass

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