



Incidence and Intensity of Health and Nutritional Problems in Attappady tribal Block in Kerala

KEYWORDS

Malnutrition, mainstream, marginalization

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ABSTRACT *The word 'tribe' is generally used for a socially cohesive unit, associated with a territory, the member of which regards them as politically autonomous. Often a tribe possesses a distinct dialect and distinct cultural traits. Tribe can be defined as a "collection of families bearing a common name, speaking a common dialect, occupying or professing to occupy a common territory and is not usually endogamous though originally it might have been so Scheduled Tribes in India are generally considered to be 'Adivasis,' meaning indigenous people or original inhabitants of the country. The country accounts for 29 % (3.09 lakh) of all first-day deaths globally (Singh: 2013). The extent and severity of malnutrition deaths of infants/children, however, differs among various social groups and states. For instance, malnutrition deaths are highly prevalent among socially marginalised groups such as tribals, fisherfolk and dalits, and rampant in socio-economically backward states such as Bihar, Jharkhand, Madhya Pradesh, Rajasthan and Uttar Pradesh (Khera: 2008). But it is shocking to see in Kerala –a state with superb achievements in human development, people's planning, governance, and women's literacy– an alarming rate of malnutrition deaths of tribal infants/ children.*

Introduction

Attappady tribal block, established in 1962, is located in Palakkad district of Kerala, east of the Silent Valley in the Western Ghats, one of the world's most famous biodiversity hotspots. In 1901, this region was mostly forested and inhabited exclusively by hills tribes. Forest coverage which was 82% in 1959, came down to 19.7 % in 1996. The share of tribal population came down to 40.9% in 2001 from 90% in 1951. The share of scheduled caste (SC) population among the total population was 4% while that of general category was 55%. According to 2001 figures, a total of 66,171 persons reside in Attappady, of which 27,121 persons are tribals (40.9). Out of 27,121 tribals, 20,883 persons (77%) belong to the Irula group (non-primitive), 3,487 persons (13%) belong to Muduga group (non-primitive) and 2,755 persons (10%) belong to Kurumba group (primitive). There are 189 tribal hamlets with a total of 8,585 tribal households. As per a study, 83% of the tribal population was poor in 1997 (Institute for Societal Advancement 2006). According to the Kerala Institute of Local Administration (KILA) (2008), there are 8,589 tribal households in Attappady block, of which 6,180 tribal households have ration cards; out of these 25.34% of households hold APL (Above Poverty Line) ration cards, and rest of them hold BPL (Below Poverty Line) ration cards. What is more shocking is that around 2,400 tribal households do not even have ration cards. The literacy rates of tribal males and females is 64% and 56% respectively (KILA 2008) while male and female literacy rates in the rest of Kerala stand at 96% and 92% respectively (Census 2011).

Kerala, a state with a robust performance in the health sector, received a jolt from a report of the Comptroller and Auditor General (CAG) of India, which stated that as per the World Health Organisation (WHO) growth standard the percentage of malnourished and severely malnourished children in Kerala as on March 2011 stood at 36.9% and 0.8% respectively (The Hindu: 2013). This is not surprising because the situation of malnutrition and related health problems is abysmal among socially vulnerable groups in the state of Kerala. For instance, the incidence and in-

tensity of malnourishment and health problems are high among tribal groups, fisherfolk and the like in Kerala. C D Rozario (2013) has observed that among adivasi children of 12 months or less, 9.1% are severely underweight, 32.2% suffer from severe stunting and 7% suffer from severe wasting. At the same time, it was found that 54% of children from the fisherfolk community below the age of 6 were malnourished.

The status of nutrition of tribal children is appalling in Attappady tribal block in the Palakkad district of Kerala. One of the first tribal blocks to be established in India, Attappady is one of the most backward blocks in Kerala. Tribal groups are suffering from extreme starvation and malnourishment even after 50 years of its formation. A study by Kerala Institute of Local Administration (KILA) (2008) reveals that 48% of the total tribal households are poor. Kerala has received another pertinent jolt from the CAG after a report prepared by the National Institute of Nutrition showed that the overall prevalence of underweight, stunting and wasting among the children attending a health camp at Tribal Specialty Hospital at Kottathara in Attappady tribal block was very high –78.6%, 77.8%, and 53% respectively. The overall prevalence of anaemia was 85% among women, with 56% having mild anaemia, 28% moderate anaemia and 1% severe anaemia.

Causes of Malnutrition Deaths

The death toll of infants due to malnutrition and related health problems has risen between January and December 2013 (The Hindu: 2013). The newspapers have come up with shocking estimates of infant deaths in Attappady. According to *The Hindu*, 52 infant deaths were reported from Attappady in the past 17 months (3 July 2013). *The Times of India* said that as many as 58 malnutrition deaths were reported in the tribal hamlets in the past 20 months (27 September 2013).

A survey of literature on malnutrition and related health problems in Attappady points towards several reasons for extreme poverty and malnutrition deaths in the region. The most pertinent among them are as follows: land alienation

of the tribals; loss of traditional shifting cultivation; loss of traditional food items such as *ragi*, *chama*, *cholam*, *veraku*, *thina*, *thuvava*, honey, tubers, roots, medicinal vegetables, etc.; neglect of the tribal people and inaction by the departments of Tribal and Social Welfare and Health; failure of public distribution system; poor performance of Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS); contrary to the practices in other places, the anganwadis do not distribute eggs, milk, and bananas among tribal children; lack of essential drug supplies such as Mesoprestol and Magsulf for delivery and childbirth related medical emergencies; disempowerment of the adivasi communities; failure of Attappady Hill Area Development Society (AHADS), a Japanese funded project, which works towards ensuring a sustainable livelihood and ecology; and institutional delays and inefficiency in implementing the laws, schemes and projects meant for tribal groups in Attappady.

Conclusions

It is well understood that malnutrition and related health problems are some of the most important issues facing the country. Socially marginalised groups, women and children in particular, in many states are the worst victims of this problem. It is shocking to note that Kerala – a state with the remarkable achievements in human, and social

(health) indicators – has excluded the tribal groups from its so-called achievements. In order to increase livelihood opportunities and ensure health of tribal groups in Attappady, the following suggestions may be useful. Right to common property resources or right to commons needs to be implemented keeping in mind that many indigenous/traditional communities have depended upon the common property resources for centuries or even millennia. This right should meet long-term livelihood and health security of the tribal groups in India. Right to health needs to be enacted. A Special Land Distribution Act for Attappady needs to be implemented since the tribal groups have lost more than 10,000 acres of land (The Hindu 2013, Ekbal Committee: 2013, Rozario: 2013). Deployment of a Central Development Force (CDF), a special police wing to capture or arrest those who are not the implementing schemes/programmes meant for socially weaker sections should be considered seriously.

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