



## NUTRITIONAL STATUS OF HILL KORWA OF CHHATTISGARH

**DR. RASHMI KUJUR <sup>1</sup>**

**<sup>1</sup> ASSISTANT PROFESSOR SOCIOLOGY, DEPARTMENT GOVT PT. SHAYAMACHARAN SHUKLA COLLEGE DHARSIWA. C.G.**

### ABSTRACT:

Health as well as nutritional state serve as fundamental development factors for human beings especially within vulnerable tribal groups. Research determines the health condition and nutritional state of the Hill Korwa PVTG people who occupy the hilly terrain of Jashpur and Raigarh districts within Chhattisgarh state. The quantitative research follows a descriptive approach and has selected 149 participants through the Krejcie and Morgan sampling approach. The Hill Korwa community faces malnutrition and communicable disease outbreaks because they have limited access to safe drinking water and proper sanitation and suffer from insufficient food supply. The lack of available water during seasonal droughts makes people rely on unhygienic water sources which causes waterborne diseases. Healthcare facilities distributed at extended locations further worsen existing health problems because of insufficient healthcare infrastructure. The group which suffers the most include women and children since they frequently develop various health problems including anemia and both undernourishment and skin diseases. The Mukhyamantri Khadyan Vitran Yojna (MKVY) and Swachh Bharat Mission government programs have not effectively resolved the problems of food scarcity and unhygienic conditions among the population. The research indicates that the Hill Korwas need better access to healthcare and water sanitation services with specific nutritional programs to address their needs. The quality of life among Hill Korwa population will increase significantly if they receive better public health services and education about hygiene practices and nutritional requirements. The achievement of sustainable development together with improved health results for the marginalized tribal group requires direct attention to socio-economic and infrastructural deficits.

### KEYWORDS:

**HILL KORWA, TRIBAL HEALTH, MALNUTRITION, WATER SCARCITY, SANITATION, FOOD INSECURITY, HEALTHCARE ACCESSIBILITY, MATERNAL HEALTH, PVTG, CHHATTISGARH.**

### PAPER DOI NO:

**10.5281/zenodo.15048255**

### PAPER DOI LINK:

**<https://zenodo.org/records/15048255>**

### INTRODUCTION:

Human development requires health as an essential base while health directly impacts the well-being of communities and their individuals. The Human Development Index (HDI) that the United Nations Development Programme (UNDP) designed includes three main elements of health and education together with income-producing capabilities (Basu 2000)<sup>1</sup>. Health stands as the key element which determines how any society develops its socio-economic framework. The health status along with nutritional habits of populations receives impact from multiple elements between culture, tradition, ecology, education and economic systems. Various interconnected factors together determine how well a community achieves both good health and proper nutrition for its members among all populations including tribal groups. Among all tribal communities considered potentially vulnerable to outside threats in India the Hill Korwa community battles severe issues regarding their health and nutritional wellbeing. The community's bad health situation results partly from their economic status and cultural beliefs and their difficulty with reading and writing skills. The problem of malnutrition affects both

children and adults because they lack nutritious food access and live in poverty while being unaware of proper dietary balance. The nutritional deficiencies experienced by women create negative effects on the health of mothers and newborns. The Hill Korwa population encounters nutritional challenges because they do not have sufficient income and they lack clean drinking water supplies and proper hygiene facilities and they receive limited health care. The combination of traditional medicine with strong supernatural beliefs causes them to avoid contemporary medical treatment as well as nutritional assistance (Balgir,2005)<sup>2</sup>. The occurrence of infectious and chronic diseases among Hill Korwa women is directly connected to their deficient nutritional condition combined with early marriage rates and insufficient health knowledge. The essential factor for enhancing health and nutrition standards is female education together with educational opportunities for all. Wider literacy among women enables them to seek health services better and practice better childcare and understand proper nutrition and hygiene. Hospital services need strengthening while nutritional education should be promoted together with improved

access to proper healthcare services to better the Hill Korwa community's health (Balgir, 2000)<sup>3</sup>. To develop successful programs for enhancing their wellness it is crucial to understand what produces malnutrition together with poor health conditions in this community.

### **METHODOLOGY**

The specific research type follows a descriptive method while data collection relies on an interview schedule. The investigation included case studies to enhance complete research. The researcher conducted interviews with local Sarpanch, health officials and school teaching staff in the target area. The research selects Jashpur and Raigarh Districts located within Chhattisgarh state for investigation. The families of Hill Korwa are the study participants. The study adopted 149 participants through Krejcie and Morgan method calculation followed by lottery-based simple random sampling.

### **OBJECTIVE OF THE STUDY**

In the present study to evaluate nutritional status of Hill Korwa tribe, the study has following objectives

1. To evaluate healthcare, water, sanitation, and nutrition access in the Hill Korwa community.
2. To analyze the impact of poor infrastructure, food scarcity, and sanitation on their health.
3. To identify gaps in government interventions and suggest improvements.

### **SOURCE OF DRINKING WATER**

The availability of clean and hygienic fresh water for surviving humans presents a major difficulty to those who live in distant locations across elevated land areas. The Hill Korwa population living among Jashpur and Raigarh district hilly lands relies mainly on natural water resources between turra and dhodhi and waterfalls and nalas for drinking water. In these areas the water beneath ground surface exists at great depths between 300-500 feet thus making handpumps unreliable because they run dry during sunny summers. Due to these circumstances the Hill Korwa community needs to make extensive journeys to collect water since women carry most of this responsibility. Extracting their drinking water from dhodhi and nalas puts the Hill Korwa at risk for Hepatitis, Diarrhea and also risks Dysentery, Typhoid and Jaundice and other communicable diseases (Balgir, 2005)<sup>4</sup>. Dhodhi remains the main water source for 24.8% and 19.5% rely on nalas. Only 23.5% of the population uses handpumps as their main water source although these pumps frequently drain dry during summertime. Without knowledge of chlorine tablets or boiling methods many Hill Korwa people use non-filtrated unclean water as their main water source. Multiple observations showed that water sources contained either transparent water or unsafe polluted water along with bad smells. The lack of awareness initiatives regarding proper water purification practices intensifies health threats in the Hill Korwa community. According to the WHO Management of Health among the Hill Korwa population, unsafe water causes eighty percent

of diseases requiring immediate improvements in clean drinking water delivery (Balgir, 2000)<sup>5</sup>.

### **SEASONAL AVAILABILITY OF DRINKING WATER**

The Hill Korwa community in Chhattisgarh faces major difficulties in obtaining drinking water during all seasons. Drinking water needs for the daily routine are met through hand pumps alongside wells together with dhodhi and tura small water bodies. The summer season dries up the groundwater thus making hand pumps functionless. Throughout summer Hill Korwa women must walk long distances to collect water because dhodhis and turras which were built near rivers or wetlands become their only water source. The water extraction points frequently harbor dangerous pathogens which spread water-related illnesses to individuals who use them. Statistics show that an insufficient supply of water spanned the entire year for 8.1% of individuals from the Hill Korwa ethnic group but seasonal shortages affected 91.9% of them. Year-round water scarcity induces people to utilize unsafe water sources that boost their health vulnerabilities. It is vital to improve water management practices together with awareness initiatives because they will safeguard the health of the Hill Korwa population.

### **SANITATION AND HYGIENE PRACTICES**

Health protection science constitutes the definition of sanitation. According to the National Sanitation Foundation of the USA a healthy lifestyle includes domestic and rural industry cleanliness as well as business and community sanitation standards (Pradhan, 2015)<sup>5</sup>. The Hill Korwa community shows weak levels of understanding in matters of sanitation and hygiene needs. Our observations showed that the Hill Korwa villages do not have appropriate toilets available. Most members of the community choose to defecate in open spaces instead of constructing personal toilets. The traditional open defecation method plays a major role in increasing communicable disease transmission. The Swachh Bharat Mission has received government backing yet the basic principles of sanitation still have small levels of awareness and implementation among the population. Sanitary conditions in Hill Korwa villages remain entirely poor because they lack any shared toilet facilities. The insufficient sanitation facilities coupled with inadequate hygiene education among the Hill Korwa people creates dangerous health threats thus demanding immediate targeted solutions to build their sanitation infrastructure and educational programs.

### **STATUS OF SKIN DISEASES:**

The protective external layer of the body is skin so its proper hygiene maintenance remains vital for general wellness. The Hill Korwa people lack sufficient understanding of what proper skin care entails. Field observation shows that these communities have no habits of bathing regularly and they neither wear clean clothes nor practice personal hygiene practices. Research indicates that the Hill Korwa population presents with scabies skin diseases as well as vitamin-related skin

malfunctions due to their limited access to hygiene facilities and through inadequate food provision (Chakma, 2017)<sup>7</sup>. The surveyed Hill Korwa participants indicated that 74.5% of them encountered skin diseases. Children are also frequently affected. Studies reveal that most people with skin diseases and scabies do not visit healthcare facilities for treatment. The healthcare staff notes that patients get simply wet but do not clean themselves even after receiving bathing recommendations. The combination of excessively populated dwellings and insufficient knowledge about skin care leads to higher rates of skin diseases (ICMR, 2003)<sup>8</sup>. The resolution of these problems demands specific health instructional programs combined with upgraded sanitary facilities.

### **AVAILABILITY OF SUFFICIENT FOOD TO CONSUME**

Although India achieves economic development hunger together with malnutrition continues to affect its marginalized tribal communities including the Hill Korwa. Statistical data shows that anemia affects greater than fifty percent of Indian women between 15 to 49 years old (Kishore and others)<sup>9</sup>. The UDHR guarantees human rights to maintain sufficient living standards as stated in Article 25 where people need access to food and housing alongside healthcare. The Hill Korwa depend on forest resources because their economic situation requires it to survive. The majority of the Hill Korwa subsist through wild harvest of Gainth, Pitharu, Nakwa and Katharu along with leaves and tubers along with limited agriculture. Analysis shows that insufficient food supplies last through the year affect 80.5% of the Hill Korwa population. The combination of traditional farming methods and uninhibited land and unfertile soil causes food scarcity problems for them. Those without land face even greater challenges, particularly in large families. Hill Korwa girls showed signs of malnutrition according to Sharma (2001)<sup>10</sup> because of their inadequate diet and the heavy workload they performed. Their overall health condition is significantly impacted by the lack of adequate food.

### **PROBLEMS DUE TO UNAVAILABILITY OF FOOD:**

The study indicates that insufficient food supplies drive the Hill Korwa population to depend on forest-derived wild tubers and fruits together with leaves as well as birds and animals to survive. Complete starvation prompts 27.5% of survey respondents to eat wild tubers while 27.5% uses wild tubers along with jungle bhaji combined with fruits and animals for sustenance. Native fruits together with forest leaves make up 16.7% of their food consumption while 0.8% of respondents survive through lack of food while sleeping. The absence of adequate sustenance makes them easily prone to contracting diseases. Previous research demonstrates that Hill Korwa usually eat small amounts of pulses and green leafy vegetables and essential substances including vitamin A and iron and calcium. Deficient dietary intake results in malnourishment which strongly affects children the most. Procedures in the health and nutrition survey confirmed

that Hill Korwa individuals consume weak amounts of pulses along with vegetables and basic nutrients hence their poor nutritional status and health problems (Chakma, 2015)<sup>11</sup>.

### **FULFILMENT OF FOOD REQUIREMENT BY MUKHYAMANTI KHADYAN VITRAN YOJNA (MKVY):**

The Mukhyamantri Khadyan Vitran Yojna (MKVY) serves as a critical scheme under the National Food Security Act to combat food insecurity facing the Hill Korwa tribe members of Chhattisgarh. All Below Poverty Line (BPL) families can obtain subsidized grain packages with rice priced at ₹1 per kg, chana at ₹5 per kg, sugar at ₹9 per kg and salt. Food sufficiency continues to be a problem even with the MKVY program. The Hill Korwa respondents revealed that their received food lasts only 1-2 weeks for 54.5% of them and 34.3% experienced a 10-day duration before running out. A large proportion of 89.9% reported their food runs out after a maximum of one to two weeks while only 2.1% managed to extend it to three to four weeks. Listening to MKVY beneficiaries reveals that although the program provides benefits the rice and other rations do not last one month thus many Hill Korwa families must find alternative sources to obtain food.

### **THE AVAILABILITY OF HEALTHCARE FACILITIES**

Healthcare facilities present a significant obstacle to the Hill Korwa tribe who reside in rural areas of Chhattisgarh. The government's healthcare system with its Sub Centers and Primary Health Centers and Community Health Centers does not provide adequate maternal and child healthcare services to tribes in their areas. Hill Korwa residents in these villages must travel long distances because the area lacks any health center to receive medical treatment. The statistical analysis shows that 80.5% of participants use health facilities which are situated between 5 and 10 km away and 10.1% must travel up to 10-20 km to reach medical care. However, the situation is concerning as 9.4% of respondents must travel beyond 20 km to reach healthcare services. People from Hill Korwa face problems when trying to get urgent medical help because they live so far from healthcare facilities for both mothers and children as well as immunizations. Numerous health facilities in the vicinity of the Hill Korwa community need improvement due to which their medical disparities continue to worsen thus demanding increased healthcare accessibility for these tribal regions.

### **TYPE OF HEALTH CENTRE:**

The health care services available to the Hill Korwa tribe primarily depend on sub-centers since 71.4% of respondents seek treatment at these facilities. The population divides its healthcare usage between Primary Health Centers (PHCs) which are accessible by 14.3% of users and Community Health Centers (CHCs) which receive visits from 14.3% of users. Sub-centers represent the most reachable option but their restricted funding hurdles complete healthcare delivery. Each sub-center

must maintain at least one ANM according to requirements while providing basic medical examination and medicine distribution and normal delivery support. Tentative healthcare services prevail at PHCs and CHCs located between 8 and 20 km distance where medical workers commonly replace trained doctors with Alternative Medical Practitioners. The lack of emergency ambulance services at CHCs negatively impacts emergency medical treatment. The scheduled visits of health workers to various villages are restricted by poor medical infrastructure and limited healthcare facilities which prevent villagers from getting proper medical service. Proper healthcare availability at primary and secondary health centers in tribal areas requires improvement because it directly determines the health condition of Hill Korwa people.

### CONCLUSION

The Hill Korwa tribe in Chhattisgarh experiences extreme difficulties in securing sanitary water and proper sanitation facilities together with healthcare and sufficient nutritional resources that create major health problems and decreasing livelihoods. Their use of unhygienic water sources including dhodhis and nalas creates risks from waterborne diseases that become worse when they run out of water for seasonal periods. Insufficient sanitation practices that include open defecation create opportunities for communicable disease spread even though India introduced the Swachh Bharat Mission as an initiative. The widespread appearance of skin diseases shows how essential it is for people to receive better healthcare and sanitation education. Nutritional deficiencies persist as a main issue because most Hill Korwa families depend on forest resources alongside traditional farming practices that do not provide enough nutritious food. Under the Mukhyamantri Khadyan Vitran Yojna (MKVY) food support program families receive rations which do not adequately feed them for an entire month. Illness management is difficult because healthcare facilities are distant and sub-centers that serve as the main healthcare hubs frequently shortage important medical resources. The resolution of current problems demands fast implementations of sustainable water delivery structures and reinforced sanitation facilities and accessible healthcare and nutritional assistance services. The Hill Korwa community must improve their well-being through knowledge-aiding programs on clean practices and water treatment techniques and food insecurity programs expansion alongside enhanced medical infrastructure in their territories. The marginalized communities need comprehensive development efforts to receive required support which will enhance their overall life quality.

### REFERENCES

1. Basu, S.; "Dimension of Tribal Health in India", Health and Population Perspective and issues, 2000, 23(2), PP.61-70.
2. Balgir R.S; "Tribal Health Problems, Disease, Burden and Amelioration Challenges in Tribal Communities with special Emphasis on Tribes of Orissa", Proceeding of National Symposium on Tribal Health, 2005, pp. 162.
3. Balgir R.S.(2000) "Human genetics, health and tribal development in Orissa" In: P. Das Sharma (Ed.) Environment, Health and Development: An Anthropological Perspective, Ranchi: S.C. Roy, Institute of Anthropological studies.
4. Balgir R.S. (2005) "Biomedical anthropology in contemporary tribal society of India". In Behera, Deepak Kumar & Pfeffer, Georg (eds.) Contemporary Society: Tribal Studies (Tribal Situation in India). New Delhi: Concept Publishing Company. Vol. (6), pp. 292-301.
5. Balgir R.S.(2000) "Human genetics, health and tribal development in Orissa" In: P. Das Sharma (Ed.) Environment, Health and Development: An Anthropological Perspective, Ranchi: S.C. Roy, Institute of Anthropological studies, pp.87-104.
6. Pradhan, G.(2015), "Hygienic Practices Among Tribal Communities: Case study of Odisha", Tribal Studies, vol. 4, issue: 2, feb. 2015, pp.236-238.
7. Chakma T. and others, "Health and Nutritional Profile of Tribals of Madhya Pradesh and Chhattisgarh", pp. 202-203. At: [WWW.nirth.res.in/publications/nsth/26.T.Chakma.pdf](http://WWW.nirth.res.in/publications/nsth/26.T.Chakma.pdf). Accessed 27 January 2017.
8. ICMR Bulletin (2003), "Health Status of Primitive Tribes of Orissa", Vol.33, No.10, Oct.2003, pp.03.
9. Kishore A.; Joshi P.K. and Haddinott John, "A Novel Approach to Food Security", India Right to Food Act, Chapter 3, pp.32.
10. Sharma, K.K.N.(2001), "Assessment of Physical Growth Among the Hill Korwa Tribal Girls of Madhya Pradesh, India", South Asian Anthropologists, Vol.1, Serials Publications, Delhi, 2001, pp.51-55.
11. Chakma T. and others, "Health and Nutritional Profile of Tribals of Madhya Pradesh and Chhattisgarh", pp.202 - 203, at: [www.nirth.res.in/publications/nsth/26 T. Chakma, pdf](http://www.nirth.res.in/publications/nsth/26 T. Chakma, pdf). Accessed on 27/01/2017