

## A Comparative Study on Sociodemographic Characteristics between Tribal and Non-Tribal Children

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### Abstract

*Introduction:* The tribal population in India is 74.6 million (8.2% to the total population). The largest number of tribal are in undivided Madhya Pradesh (16.40 million), followed by Orissa (7 million) and Jharkhand (6.6 million). There are 573 Scheduled Tribes living in different parts of the country, having their own languages, which are different from the one mostly spoken in the state where they live. There are more than 270 such languages in India. *Methodology:* A questionnaire was developed for collecting the detailed information about the child (name, age, gender, birth order), parental consanguinity, child rearing health practices and socio economic status. The ages of the children were obtained from birth record and also interviewing mother with the help of local event calendar. Socio-economic status of the study subjects was classified into Class I ( $\geq 3239$ ), Class II (1620-3239), Class III (972-1620), Class IV (486-972) and Class V ( $< 486$ ) by using modified B.G. Prasad Classification based on Consumer Price Index of December 2009 of 657 (Correction Factor = 32.39) *Results:* According to this study 61.8% of tribal children were exclusively breast fed for less than 6 months, 20.4% for 6 months and 17.8% for more than 6 months. Among nontribal children 46.6% were exclusively breast fed for less than 6 months, 49% for 6 months and only 4.4% for more than 6 months. *Conclusion:* Parental consanguinity were observed in 62.6% of children in tribal population and 20.8% of children in non tribal population.

**Keywords:** Tribal; Non Tribal; Socio Demographic Characters.

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### Introduction

India is a sovereign country' in South Asia. It is the seventh largest country by geographical area and the second most populous country that has the most populous liberal democracy in the world. India is a union of twenty-eight states and seven federal governed union territories. Almost seventy percent of Indians reside in rural areas, although in recent decades migration to larger cities has led to a dramatic increase in the country's urban population.

According to 2001 census, the tribal population in India is 74.6 million (8.2% to the total population). The largest number of tribal are in undivided Madhya

Pradesh (16.40 million), followed by Orissa (7 million) and Jharkhand (6.6 million). There are 573 Scheduled Tribes living in different parts of the country, having their own languages, which are different from the one mostly spoken in the state where they live. There are more than 270 such languages in India [1,2].

There were 16 million Scheduled tribe children (10.88 million of 6-11 years and 5.12 million of 11-14 years) as on March 2001 census. Out of the total child population in India, about 193 million are in the age group of 6 to 14 years.

Karnataka is a state of diverse cultures, languages and faiths. The economic and social scenario within the state in many ways mirrors the scenario prevalent in the country itself. The state Karnataka located in

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the southern part of India, between the latitudes 11.3 and 18.45° North the longitudes 74.12° and 74.400east, Karnataka in terms of population, the ninth largest state among India's 28 major states and 7 Union Territories.

Karnataka has a population of 53 million (52,850,562) (as per 2001 census) accounting for 5.13 % of India's population. The sex ratio of 965 in the state stands above all the all-India average of 933, with the increase of 5 percent points in the sex ratio of 2001 over 1991. The population density in the state is 275 as compared to 324 at the all-India level in 2001.

Kannada is the official language and spoken as a native language by 64.75% of the people. The state has a birth rate of 2.2%, death rate of 0.72%, infant mortality rate of 5.5%. The total fertility rate is 2.2%.

The Scheduled Tribe population constitutes about 6.6% of the total population, is below the share of the scheduled tribe population (about 8.2 %) for the nation as a whole.

The tribal population of Karnataka increased to 34.64 lakh in 2001 from 19.16 lakh in 1991 and the decadal growth rate is 80.8%. The highest decadal growth rate occurred in Mysore district (around 328.0%) [3,4].

The highest percentage of Scheduled Tribe population in Raichur (18.1%) followed by Bellary (18%) and Chitradurga (17.5%).

A tribe is a collection of families or groups of families bearing a common name, members of which occupy the same territory, speak the same language and observe certain taboos regarding marriage, profession or occupation and have developed a well-assessed system of reciprocity and mutuality of obligation.

The tribal population groups of India are known to be the autochthonous people of the land. Tribes are often referred to as "ADIVASI", "VANYAJA TI", "VANVASI", "PAHARJ", "ADIMJATI", "ANUSUCHIT JANJATI", the latter being the constitutional name. The concept of tribe emerged in India with the coming of the British. Gradually, the concept of reservation emerged and through that emerged the idea of scheduled tribe in independent India.

According to article 342 of the constitution, the scheduled tribes are the tribes of tribal communities which may be notified by the president of India.

It is observed that scheduled tribe ~population' in the country grew by 25.67 per cent, while the total population in the country grew by 23.79 per cent, indicating that growth rate of scheduled tribes is higher than that for Indian national population at

1991 [5].

The total population of Karnataka, as per 2001 census is 52,850,562, of this, 3,463,986 are scheduled tribes. The scheduled tribe population constitutes 6.6 per cent of the state population and 4.1 percent of the country's scheduled tribe population. Fifty scheduled tribes have been notified in Karnataka by the scheduled castes and scheduled tribes order (Amendment) Act, 1976 and by the Act 39 of 1991. This is the second highest number, next to Orissa (64) if compared with the number of scheduled tribes notified in any other states / Union territories of the country.

Of the scheduled tribes, two namely, Jenu Kuruba and Koraga are among file Primitive Tribal Groups (PIGs) of Karnataka having population of 29,828 and 16,071 respectively in 2001 census. JenuKurubas are mainly distributed in Mysore, Kodagu and Bangalore districts and Koraga in Dakshina Kannada and Dharwad districts. In the present census, a low growth rate of 1.6 per cent and a negative growth rate of 1.5 per cent have been reported for the JenuKuruba and Koragarespectively (Census of India, 2001).

### Methodology

The present study is an effort in exploring the health and nutritional status of tribal children and Non Tribal children through cross-sectional survey carried out in HD KoteTaluk which represent a considerable tribal population during Nov 2010 to July 2012.

In order to fulfill the chief objectives of the study the information on health and nutritional status of the tribal children, such as socio-demographic and child rearing conditions, anthropometric measurements, clinical examination, morbidity pattern and dietary intake are collected and described the methods followed in the present study.

Children were classified based on age group i.e. 1-<2 years, 2-<3 years, 3-<4 years, 4-<5 years and 5-<5.5 years.

A questionnaire was developed for collecting the detailed information about the child (name, age, gender, birth order), parental consanguinity, child rearing health practices and socio economic status. The ages of the children were obtained from birth record and also interviewing mother with the help of local event calendar. Socio-economic status of the study subjects was classified into

Class I ( ≥ 3239), Class II ( 1620-3239), Class III ( 972-1620), Class IV ( 486-972)

and Class V (< 486) by using modified B.G. Prasad Classification based on Consumer Price Index of December 2009 of 657 [26] (Correction Factor = 32.39).

Nutritional Status was assessed by the anthropometric measurements (Height, Weight, Mid upper arm circumference), Clinical observations and dietary assessment.

**Results**

There are 30.5% of the 1st born children of all population (Tribes -23.2% and Non Tribes-37.8%), 29.7% of the 2nd born children (Tribes 28% and Non Tribes 31.4%), 23% of the 3rd born children (Tribes 27.8% and Non Tribes 18.2%) and only 16.8% are 4th and later born children (Tribes 21% and Non Tribes

12.6%).

There is considerable difference with regard to the frequency of birth order of children who constituted the study sample. There are more number of children who represents 1st and 2nd birth order. Besides this ,there are more number of children in the category of 1st and 2nd birth order who belongs to non tribes. In the category of 3<sup>rd</sup> birth order and Fourth and later, more number of children was constitute among tribes.

There are 91.2% children belong to nuclear family, 8.8% of the children belongs to joint family. There is no significant difference in the type of family between tribal and non tribal children. P value is not significant.

Parental consanguinity were observed in 62.6% of children in tribal population and 20.8% of children in non tribal population. P value is significant.

**Table 1:** Birth order distribution among tribal and non tribal children

			Tribals	Group Non-Tribals	Total
<b>Birth Order</b>	<b>First Child</b>	<b>Count</b>	116	189	305
		<b>% of Group</b>	23.2%	37.8%	30.5%
	<b>2<sup>ND</sup> Child</b>	<b>Count</b>	140	157	297
		<b>% of Group</b>	28.0%	31.4%	29.7%
	<b>3<sup>RD</sup> Child</b>	<b>Count</b>	139	91	230
		<b>% of Group</b>	27.8%	18.2%	23.0%
	<b>4 or More</b>	<b>Count</b>	105	63	168
		<b>% of Group</b>	21.0%	12.6%	16.8%
<b>Total</b>		<b>Count</b>	500	500	1000
		<b>% of Group</b>	100.0%	100.0%	100.0%

**Table 2:** Type of family among tribal and non tribal children

			Tribals	Group Non-Tribals	Total
<b>Type of Family</b>	Nuclear	<b>Count</b>	476	436	912
		<b>% of GROUP</b>	95.2%	87.2%	91.2%
	Joint	<b>Count</b>	24	64	88
		<b>% of GROUP</b>	4.8%	12.8%	8.8%
<b>Total</b>		<b>Count</b>	500	500	1000
		<b>% of GROUP</b>	100.0%	100.0%	100.0%

P Value >0.05

**Table 3:** Parental consanguinity distribution among tribal and non tribal children

			Tribals	Group Non-Tribals	Total
Parental Consanguinity	NO	<b>Count</b>	187	396	583
		<b>% of Group</b>	37.4%	79.2%	58.3%
	YES	<b>Count</b>	313	104	417
		<b>% of Group</b>	62.6%	20.8%	41.7%
<b>Total</b>		<b>Count</b>	500	500	1000
		<b>% of Group</b>	100.0%	100.0%	100.0%

P<0.05

Among tribes 85.6% of mother have regular antenatal check up where as 100% of non tribes mother have antenatal check up. P value is significant.

Table 4: Regular Antenatal check up among mothers of study population

Immunisation status reveals 97.4% of tribal children have primary immunisation where as 100% of non tribal children have primary immunisation. P value is significant.

According to this study 61.8% of tribal children were exclusively breast fed for less than 6 months, 20.4% for 6 months and 17.8% for more than 6 months. Among nontribal children 46.6% were exclusively breast fed for less than 6 months, 49% for 6 months and only 4.4% for more than 6 months. P value is significant.

Table 5: Immunisation history among study population

			Tribals	Group Non-Tribals	Total
Regular Antenatal Check Up	No	Count	72	0	72
		% of Group	14.4%	.0%	7.2%
	Yes	Count	428	500	928
		% of Group	85.6%	100.0%	92.8%
Total		Count	500	500	1000
		% of Group	100.0%	100.0%	100.0%

P Value<0.05

Table 6: Exclusive Breast feeding among study population

			Tribals	Group Non-Tribals	Total
Primary Immunisation	No	Count	13	0	13
		% of Group	2.6%	.0%	1.3%
	Yes	Count	487	500	987
		% of Group	97.4%	100.0%	98.7%
Total		Count	500	500	1000
		% of Group	100.0%	100.0%	100.0%

P Value <0.05

Table 7: Health Practises among tribal non tribal children

Exclusive Breast Feeding	Tribal	Non Tribals
Less than 6 months	61.8	46.60%
6 months	20.40%	49%
More than 6 months	17.80%	4.40%

P Value<0.05

Table 8: Hand washing before food among children

			Tribals	Group Non-Tribals	Total
Handwash before Food	No	Count	87	25	112
		% of Group	17.40%	5.00%	11.20%
	Yes	Count	413	475	888
		% of Group	82.60%	95.00%	88.80%
Total		Count	500	500	1000
		% of Group	100.00%	100.00%	100.00%

P<0.05

As per the above tables the Present study reveals 27% of tribal children do not brush their teeth, 3% of tribal children do not wash their face daily.

Only 30% of tribal children take bath daily rest of children take once in two days or one in a week.

Among tribal children 17.4% do not wash their hands before taking food. This indicates poor child rearing health practises and unhygienic practises among tribal children. P value is significant.

**Discussion**

In the present study there were 1000 children 500 from tribal and 500 from non tribal area of HD Kote in the age group of 1-5 years. Various other studies

like Beck et al, Rao et al, Das et al ,Teinboon et al have also taken preschool tribal children for their study. None of the study compared health and nutritional status of tribal children with non tribal children.

**Table 9:** Type of family in various studies

Type of Family	Jai Prabhakar et al <sup>6</sup>	Sahoo et al <sup>7</sup>	Laxmaiah et al <sup>8</sup>	Present study Tribals	Non Tribals
Nuclear	84.7	88%	72.3	95.2	93.6
Joint	15.4	12%	27.7	4.8	6.4

The above table shows that there were more number of nuclear family compared to joint family. These findings were comparable to studies done by Jai Prabhakar et al, Sahoo et al, Laxmaiah et al. The custom that men and women must not eat cooked food at the house of their married sister or brother and other taboos reinforce the formation of families separate from Jenukuruba kin. The divergence towards nuclear families in non tribals has been reasoned to be the result of industrialization and the subsequent urbanization (Agarwala, 1962; Cohen, 1981). A study which attempted to understand the relationships between urbanization and family type concluded that there was no significant difference in family types between families headed by city-oriented men and those headed by village-oriented men similar to our study. (S.A. Freed and R.S. Freed, 2000a)

The highest rates of consanguineous marriage in

South India are usually reported in traditional rural areas and among the poorest and least educated groups. However, close kin marriage is common place even in Brahmin communities (Srinivasan and Mukherjee 1976), and it may be strongly favoured among major land-owning families as a means of ensuring the maintenance of their estates. Both social and economic reasons are given for the popularity of consanguineous unions (Bittles et al. 1991; Bittles 1994). It is believed that consanguineous marriage helps to strengthen family ties, and at the same time health or financial uncertainties that could arise through marriage with a partner from another family or community will be avoided. Premarital arrangements are greatly simplified in consanguineous unions, and the relationship of a couple, especially the bride, with their in-laws (and family relatives) is expected to be more congenial.

**Table 10:** Parental Consanguinity in various studies

Parental Consanguinity	Bittles et al <sup>9</sup>	Nath et al <sup>10</sup>	Jai Prabhakar et al <sup>6</sup>	Present study Tribals	Non Tribals
Consanguineous	31.40%	36%	60.10%	62.60%	20.80%
Non Consanguineous	68.60%	64%	39.90%	37.40%	79.20%

As shown in the above table there is more prevalence of parental consanguinity among tribal children. The study done by Jai Prabhakar et al on tribals found similar results comparable to tribal children whereas studies done by Bittle et al, Nath et al on general population were comparable to non tribals.

Innocenti Declaration which states that all governments should create an environment enabling women to practise EBF for the first 6 months of life and to continue breastfeeding with adequate complementary foods for up to 2 years. EBF rates (EBFR) reported in national surveys and from different centres have been rather low (0 - 53.9%), despite the promotion of BFHI programmes in these health institutions, which is thought to be because of several factors in the mothers environments. These factors

could be social, physical, biological and psychological, and may impact positively or otherwise on the ability and willingness of women to practise EBF.

As per the above table the Exclusive Breast feeding for six months among tribal children (20.4%) in this study was unacceptably low compared to studies reported by Mirshahi et al, Bobhate et al, Singha et al, Haroun et al, Binali et al in general population. Improved maternal education among tribals enhances mothers understanding and appreciation of the demands and benefits of EBF, and empowers them to resist external interferences and pressures.

**Conclusion**

- Preschool children in the age group of 1-5 years,

500 children from the tribal area and 500 children from the non tribal area constitute the study sample.

- No differences in type of family between tribal and non tribal groups were observed. There were 95.2% of tribal children and 87.2% of non tribal children belongs to nuclear family.
- Exclusive Breast Feeding for 6 months as recommended by WHO was done in only about 20.8% among tribal against 49% among non tribal group.

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