TRIBES OF TELANGANA: NUTRITIONAL STATUS, HEALTH CONDITIONS AND QUALITY OF LIFE - A STUDY OF ADILABAD DISTRICT

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ABSTRACT

Introduction: India's agricultural output has recently been self-sufficient; the issue of malnutrition still exists and is still regarded as one of the most important problems. The quality-of-life index is a composite criterion used in public health management and policy analysis to assess the well-being of communities or groups of people based on a variety of social, physical, psychological, and economic characteristics.

Methodology: The study was conducted in Adilabad district of Telangana state with an aim of assessing nutritional level and its influence on tribal quality of life. The study adopted a cross-sectional descriptive research design with cluster sampling technique of probability sampling method and the sample size of the current study is 379. The tools including Sociodemographic data sheet, Mini Nutritional Assessment scale and WHO Quality of life.

Results: The study findings show the statistically positive correlation between nutritional level and quality of life domains such as physical, psychological, environmental quality of life and social relationships.

Conclusion: The study findings indicating the influence of nutritional level on tribal quality of life. It is important to addressing nutritional deficits among the tribal and it is evidence to understand how the quality of life has been increasing in tribal who has good nutritional levels.

KEYWORDS: *Tribal, Nutrition, quality of life*

INTRODUCTION

The Scheduled Tribes (ST) are recognized under Article 342 of the Constitution of India, but despite specific policy provisions, health, and socioeconomic underdevelopment has been a long-standing policy concern with the ST population, who account for 8.6% of India's population. India's commitment to the 2030 Sustainable Development Goals (SDGs) provides a new catalyst to promote the welfare of STs [1]. The fundamentals of nutrition are necessary for a human to survive. It encompasses not only the consumption of nutrients but also their appropriate use for the body's growth and development. The community's socioeconomic standing, local vegetation, environment, and eating patterns all greatly impact nutritional status. Although India's agricultural output has recently been self-sufficient, the issue of malnutrition still exists and is still regarded as one of the most important problems [2]. Planners and administrators are paying attention to and prioritizing tribal populations, which make up 8.2% of India's total population, in their developmental initiatives. Evaluating nutritional status is seen as an indicator of health, and in order to improve the well-being of these marginalized communities, planners must have a thorough understanding of the food and nutrition conditions in tribal communities marginalized [3]. The state of a person's life is referred to as their quality of life. Quality of life encompasses more than just an individual's subjective sense of well-being; it also includes mental, social, occupational, spiritual, marital, and physical functioning [4]. The quality-of-life index is a composite criterion used in public health management and policy analysis to assess the well-being of communities or groups of people based on a variety of social, physical, psychological, and economic characteristics [5]. The primary goal of evaluating life quality is to provide people the chance to live longer, healthier, more fulfilling lives in a pleasant environment. Measuring a society's quality of life will enable development authorities to pinpoint problem areas and offer practical management recommendations for enhancing the wellbeing of its citizens.[6]

REVIEW OF LITERATURE

Ghosh et al., (2018)[7] 226 adults (111 males and 115 females) in the Sabars of the Bankura District in West Bengal, India, had their nutritional status examined. The incidence of undernutrition among all sexes combined was 51.8%. The incidence of undernourishment was notably elevated. The incidence of undernutrition among all sexes combined was 51.8%. In comparison to men (46.8%), females had a substantially greater prevalence of undernutrition (56.5%) (chi-square = 6.530, df = 2, p < 0.05). As people became older, undernutrition became more common.

Gopinath et al., (2018)[8] have shown that Age, birth weight, family type, and length of healthcare all had a strong correlation with

malnutrition. According to Rao et al. (2006), children from joint families had a considerably higher rate of stunting (46.8%) than children from nuclear families (44.5%) or extended nuclear families (40.6%). Children whose moms worked everyday were more likely to be underweight (weight for age) and undernourished (MUAC for age) than children whose mothers were housewives or involved in agriculture (58.9% underweight and 43.6% undernutrition, respectively) (Chakrabarty, 2006).

Bhandari et al., (2019 [9] investigated the relationship between adult Sabars in the Bankura district of West Bengal, India, and socioeconomic factors and their nutritional state using a cross-sectional research. When comparing literate adult Sabar to illiterate adult Sabar, the prevalence of undernutrition (measured by BMI) was significantly higher in the former (60%) while the normal rate of undernutrition was lower in the latter (39%) in non-literate adults Sabar than in the former (58.3%). However, overweight is more common in literate adults Sabar than in the illiterate adults Sabar.

In Bheenaveni's (2020) [10] work, an indigenous perspective on the epidemics of health and disease is presented, along with a discussion on combating COVID-19 through the utilization of variolation with the aid of an herbal leaf known as "Amma talli". This age-old traditional practice come from the wisdom of tribes and nomads in Telangana State, India. More importantly, this practice is almost similar to modern medical science.

OBJECTIVES OF THE STUDY
- To study the socio-demographic-profile of the tribal population
- To assess the level of nutritional status and quality of life among tribal and their relationship.

METHODOLOGY
The study was conducted in Adilabad District of Telangana State with Quantitative technique of descriptive research design was used to understand the nutritional status and quality of life among tribal respondents and their relationship and the cluster sampling technique of probability sampling method was applied to select the sample. The Size of the sample unit was determined from the total population of three clusters, 33,012. Krejcie and Morgan's sample determination has been applied to the total tribal population from three clusters including Utnoor, Jainoor, and Indervelly, and the derived sample size of the current study is 379. The appropriate tools were administered to the study participants including, sociodemographic data sheet, quality of life [WHOQOL] and Mini Nutritional Assessment tool [Short form]. The data was analyzed using descriptive statistics and Pearson Correlation was used to assess the relationship between nutritional status and quality of life and SPSS {Statistical Package of Social Sciences] Version 28 was used to analyze the data.

FINDINGS AND RESULTS

Table No:1 Frequency Distribution of Socio-Demographic Profile and Level of Nutrition				
Sl. No.	Socio-Demographic Details		Frequency n=379	Percentage %
1.	Age range	20-40	140	36.9
		41-60	154	40.6
		61-80	67	17.7
		80 above	18	4.7
2.	Gender	Male	232	61.2
		Female	147	38.8
3.	Education	Illiterate	207	54.6
		Literate	172	45.4
4.	Number of family members	0-3 members	155	40.9
		More than 3	224	59.1
5.	Marital status	Married	308	81.3
		Unmarried	33	8.7
		widowed	38	10.0
6.	Type of family	Nuclear family	253	66.8
		Joint family	126	33.2
7.	Number of dependents	Less than two members	226	59.6
		More than 2 Members	153	40.4
8.	Level of Nutrition	Normal nutritional status	171	45.1
		At risk of Malnutrition	133	35.1
		Malnourished	75	19.8

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The results of table 1 represents the sociodemographic profile of the study participants, with respect to the age range the age group of participants who belong to the highest percentage of respondents—40.6% [n=154]—is 41–60 years old; the age group of participants who belong to the lowest percentage of respondents—4.7% [n=18]—is 20–40 years old; and the age group of participants who belong to the age group of 61–80 years old is 17.7% [n=67]. The majority of the study respondents 61.2% [n=232] were males and remaining 38.8% [n=147] were females. the significant proportion of the respondents 54.6 % [n=207] are illiterates and 45.4% [n=172] of the respondents were literates. more than half of the percentage of the respondent families 59.1% [n=224] are having more than 3 members in their family and remaining 40.9% [n=155] of the respondent families are having 0-3 members in their family. The majority of the respondents 81.3% [n=308] are married, 10% [n=38] of the respondents were widows and least majority of the respondents 8.7% [n=33] were unmarried. The highest percentage of respondents 66.8% [n=253] belong to the nuclear family and rest of the respondents 33.2% [n=126] belong to joint family. the majority of the respondents 59.6% [n=226] have less than two members of dependents in their family and 40.4 % [n=153] of respondents have more than two members of dependents in their family. The results indicating that 19.8% [n=75] of the tribal are malnourished and 35.1% [n=133] tribal are at risk of malnutrition this is the evidence that the majority of the tribal are at risk of malnutrition and malnourished than the other category of nutritional status and 45.1% [n=171] tribal had normal nutritional status.

<table>
<tr><td colspan="7">Table: 2
Correlation between nutritional level and quality of life among tribal respondents</td></tr>
<tr><td></td><td></td><td>Nutritional level</td><td>Physical quality of life</td><td>Psychological Quality of life</td><td>Social Relationships</td><td>Environme nt Quality of life</td></tr>
<tr><td>Nutritional level</td><td>Pearson Correlation</td><td>1</td><td>.157**</td><td>.139**</td><td>.158**</td><td>.110*</td></tr>
<tr><td></td><td>Sig. (2-tailed)</td><td></td><td>.002</td><td>.007</td><td>.002</td><td>.032</td></tr>
<tr><td>Physical quality of life</td><td>Pearson Correlation</td><td></td><td>1</td><td>.946**</td><td>.822**</td><td>.621**</td></tr>
<tr><td></td><td>Sig. (2-tailed)</td><td></td><td></td><td>.000</td><td>.000</td><td>.000</td></tr>
<tr><td>Psychological Quality of life</td><td>Pearson Correlation</td><td></td><td></td><td>1</td><td>.869**</td><td>.654**</td></tr>
<tr><td></td><td>Sig. (2-tailed)</td><td></td><td></td><td></td><td>.000</td><td>.000</td></tr>
<tr><td>Social Relationships</td><td>Pearson Correlation</td><td></td><td></td><td></td><td>1</td><td>.763**</td></tr>
<tr><td></td><td>Sig. (2-tailed)</td><td></td><td></td><td></td><td></td><td>.000</td></tr>
<tr><td>Environment Quality of life</td><td>Pearson Correlation</td><td></td><td></td><td></td><td></td><td>1</td></tr>
<tr><td></td><td>Sig. (2-tailed)</td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td colspan="7">**. Correlation is significant at the 0.01 level (2-tailed).</td></tr>
<tr><td colspan="7">*. Correlation is significant at the 0.05 level (2-tailed).</td></tr>
</table>

The table 2 depicts the results of Pearson Correlation between nutritional level of tribal respondents and their quality of life. The results indicated that there is a statistically positive correlation found between nutritional status and Physical quality of life [r=0.157**, p=0.002], Psychological quality of life [r=0.139**, p=0.007], Social relationships [r=0.158**, p=0.002], and Environmental quality of life [r=0.110*, p=0.032]. Within the domains of quality of life, the results showed a statistically significant positive correlation between Physical quality of life and psychological quality of life [r=0.946**, p=<0.001], social relationships [r=0.822**, p=<0.001] and environment quality of life [r=0.621**, p=<0.001]. Similarly, Psychological quality of life positively correlated with social relationships [r=0.869**, p=<0.001] and environment quality of life [r=0.654**, p=<0.001]. Social Relationships is positively correlated with Environmental quality of life [r=0.763**, p=<0.001].

CONCLUSION
The study aimed to assess the relationship between nutritional status and its relationship with tribal quality of life. The study findings indicating the influence of nutritional level on tribal quality of life. It is important to addressing nutritional deficits among the tribal and it is evidence to understand how the quality of life has been increasing in tribal who has good nutritional levels. A periodical nutritional assessment has to be done by the government bodies who have actively involved in tribal affairs in each tribal villages to identity and address their nutritional issues by providing nutritional supplements.

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