P: ISSN No. 2231-0045 RNI No. UPBIL/2012/55438 VOL.-7, ISSUE-1, August-2018
E: ISSN No. 2349-9435 Periodic Research

Health and Nutritional Status of Gond Children

Abstract

The qualitative aspect of the child demography determines the futuristic capable human resource of a country and thus allocation of resources plays a primary role in meeting the improved health status of children on medical grounds. The study is undertaken in the four Tribal dominated villages of the Bijadandi Block of Mandla District in Madhya Pradesh. The research illustrates for the perception and unavailability of modern medical infrastructural facilities and the received vaccination percentage of children in the studied Tribal areas. Poor Nutritional quality of food provided in the schools also contributes towards the growing malnutrition of tribal children. The lower health literacy among the Tribal demography of Bijadandi Block posits a major challenge for the Indian Economy.

Keywords: Vaccination, Nutrition, Tribal Demography, Bijadandi Block, Madhya Pradesh.

Mehul Chauhan
Executive Director,
Gramodyog Sansthan,
Mandla, Madhya Pradesh

Introduction

The term health and nutrition holds an interconnected relationship with each other. Social researchers and planning departments are concerned with malnutrition of children. The interactional relationship of socio-economical, nutritional and health aspect of malnutrition affects the child at the highest level. The below poverty line demography invests their major income towards fulfilling the health and nutrient part is what believed by most of the social scientists as Becker, Edwards, Behrman, Grossman, Deolalikar and Mincer. The qualitative aspect of the child demography determines the futuristic capable human resource of a country and thus allocation of resources plays a primary role in meeting the improved health status of children on medical grounds.

Convalescing on maternal health, combating HIV/AIDS, malaria, reducing child mortality, and other diseases as Chhabra and Rokx constitutes among three of our eight Millennium Development Goals as specified by UN. Investing on health factor is a cogent long term investment as well as an ethical obligation. Good health is symbolized by "health production function" which takes clean drinking water, clean surroundings, mental serenity, employment opportunities and access to health services, nutritious food, genetic endowment and recreation into account.

Insufficient providence of nutrition during childhood phase lessens the growth potential resulting in higher death rate and thus decrease in public health of a country since the progress and economical growth of a country depends upon the well fed nutritious and health status of demography. Facts from WHO and NFHS-3 reveals that fifty percent of Indian children are the victims of underweight and every one in three child suffers from stunting which further impedes our progress. The rural or tribal people at a later stage of their life face a huge amount of difficulty in recuperating from poor health. Gaining access to healthcare, hygiene, clean drinking water, augmenting the literacy rate of female and urbanization optimistically sways the child nutrition as per Osmani and Bhargava. The 'summary index' of child development indicators in accordance to DLHS-RCH survey (2002-04) and NFHS-3 (2005-06) will always place India at the foot of the list. Lack of awareness about the nutritional values of food and also about the role of healthy food in growing children is the main cause of under nourishment among the Gond tribes in Sonbhadra district of Uttar Pradesh. Average daily nutrient intake of these children was very less in comparison of RDA standards. (Tanvi Twara) Kerala one of the lower income earning states of India has gained applause globally for its incredible initiatives in the ground of physical well being of its population measured in terms of accessibility of health services,

health transition, mortality and life expectancy at birth. Countries like Costa Rica, Cuba, China and Sri-Lanka have indexed striking health gain under unpleasant conditions as per findings by social researchers and economists. Looming problems of Food Insecurity and Malnutrition, has made the WHO goal of 'Health for All' unattainable to achieve and sustain the highest level of health status.

Enhancement in children's nourishment level and health stands for the certification of a vibrant and persistent economical development of a country. Investing under various sectors like controlling population, improving nutrition, taking curative and preventive measures is going to make a significant progress in the development of a nation. Thus the goal of universal primary education and gender equity can only be accomplished when the high quality nutrition of children is taken into deliberation.

The above mentioned issues have been initiated by Scholars (Chaudhuri, 1986) and such findings needs a more deep understanding of cultural aspects of aboriginals towards health and diseases by the anthropologists and social researchers. Lewis (1958 cited in Chaudhuri, 1986) illustrated that benefits of studying the tribal's ideologies and their customs offered a handful facts of people's beliefs in disease causation which also mirrors in the fields of politics, interpersonal relations and agriculture.

Objectives of the Study

1. To explore the existing traditional and cultural beliefs in context to illness, health, spirit etc. among the Gond Tribals
2. To assess the nutritional status of children for the meals provided in schools
3. To explore the diverse medical infrastructure in existence to maneuver the healthcare and level of nutrition among the Gond Tribals

Review of Literature

The traditional and societal beliefs among the aboriginals act as a hurdle and stimulant in recognizing and refusing towards usage of modern health care services and other such amenities. This can be inferred from one of the best example of child delivery practices (Basu, 1990, 1994) where a pregnant woman is steering her delivery on her own terms by holding a rope tied from the top of the house in a half squatting position. Even though such procedures are fatal for the human life, still the tribal's continue to practice such lethal methodology and avoid safe institutional deliveries. As per Basu 1969, 30-40 percent of pre-reproductive mortality is considered as normal among the Pahira tribe. In spite of subsequent risks connected with such practices, the mother remains in a regular process to deliver babies in order to balance for the loss occurred. Correspondingly, the blood relations, politico-religious hierarchy and social structure construes for a strong bearing towards their health. Access to modern health facilities and other such informational sharing are yet to change their mindset towards practicing rituals for malevolent and benevolent forces. In similar fashion, spirits, deities and ghosts play such a vital part in tribal people's life that they get to medicine man, diviners, sorcerers (Gunia, Jani, Sirha, Bhua, Pujjhari, Bhopa, Ojha etc. in different tribes) for controlling, appeasing, or coercing away disease causing driving forces. The rituals performed in terms of sacrifices for health related matters is frequent among the aboriginals and the author has experienced such phenomenon in various parts of India like Purulia, Sundargarh, Mayurbhanj, Dumka, Phulbani, Gadricholi, Dehradun etc. The deficit of modern education, lack of informational awareness, lower rate of income and subsistence economy is specific cause of their illness. *177 cases of witchcraft linked assassinations stands a testimony from states like Jharkhand, Haryana, Gujarat, Odisha, Andhra Pradesh and Bihar as per the statistics of National Crime Record Bureau (NCRB) in 2007. Jharkhand holds the highest record for 50 witchcraft-related murders, trailed by Andhra Pradesh with 33; Haryana at 30; Odisha with 28; Madhya Pradesh with 14, Chhattisgarh with 8 and lastly followed by Gujarat with only one such reported case (Nath*, 2010).

A majority of tribes are still deprived of the basic health care facilities in today's world. The second Five year plan incorporated integrated Tribal development programme initiated by organizing 43 Special Multipurpose Tribal Blocks. Areas of agriculture, medical facilities, animal husbandry, education and communications were given prime precedence. The education and health sector were given prime importance during the Third year plan (Pratap in Chaudhuri, 1982). 3286 PHCs, 142 hospitals, 78 mobile clinics, 2305 dispensaries, 20,769 SCs, and 541 CHCs were set up in tribal dominated areas to make sure that basic health care services reaches these people (Xth Plan Vol.-II p.87). The tribal inhabited areas were placed on top while initiating and operationalizing these centrally designed programmes. More than 100 tribal demography districts of Rajasthan, Bihar, Gujarat, Maharashtra, Odisha and Andhra Pradesh were ascertained and covered under the National Anti-Malaria Programme (NAMP). Although undertaking such initiatives, the access and utilization of basic health care facilities rates averaged and still the nourishment and health statistics remains very low. The basic health care services can cater easily to 75 percent of the population leaving 25 percent unable to access them. This obstructed access have resulted from lower quality drugs and equipments, services, inappropriate number of staffs appointed, poor infrastructure, lack of transport facilities, traditional practices and superstitious beliefs, difficult terrain etc. (Bala and Thiruselvakumar, 2009). The leading causes of morbidity among all the Gond children may be due to diarrhoeal diseases followed by acute respiratory infections and fever. Communicable diseases like acute respiratory tract infections and acute diarrhoeal diseases are a common cause. Such higher proportion of diarrhoea area might be due to lack of clean wholesome drinking water and also absence of hygienic practices amongst the vast majority of the houses. (S. K. Singh)

The country "India" is the native land to a number of tribal groups which constitutes for 8.2 % of the total country's demography and showcases a varied number of cultural and ethnical diversities. They inhabit the central part of the country comprising the states of Odisha, Maharashtra, Andhra Pradesh and Maharashtra. Research studies reveal that the level and degree of nutrition and health status varies as per distinctive ecosystem. Since these tribal communities are dependent on the traditional system of agriculture, they are exposed to insufficient amount of food supply and thus a victim of malnutrition. A high incidence of malnutrition has been documented in tribal dominated in tribal dominated districts of Dhar. More than 60% of tribal population of Dhar lives in high – risk areas for malaria. The spleen rate in children between 2 to 9 years is found to be high in Bhils, Bhilalas, Patlyas and in Bareliyas tribal population in Dhar. (Akanchha Pandey). Despite certain infant and young child-feeding practices like colostrum feeding and early initiation of breastfeeding, a high level of child malnutrition exists due to short period of breastfeeding, delayed initiation of supplementary nutrition, and poor activities under the Integrated Child Development Services. Moreover, the conversion of normal children to malnourished category and malnourished children to normal category put together indicates a dismal picture of ICDS as well as the health functionaries. Barring antenatal care services, other nutrition and health services for women were not found to be satisfactory. The malnutrition level of children has shown a strong association with the age of mothers at the time of marriage. (R. Mishra) Furthermore persistence of traditional cultural and belief system towards nutrition and health, improper access of health and education facilities have worsened the situation. It is alleged that the non tribal rural population fares much better than those of tribals in terms of nutritional statistics and Madhya Pradesh counts for 23 percent of total tribal population in India.

Shifting Cultivation is considered to be one of the most important sources of livelihood. The agricultural and forest product still continues to affect the tribal economy. Important staple food of the tribal people comprises of Maize, Vargu and Rice. The domestic needs are met through "flora and fauna" of the forest (Elwin, 1986). This diet is repetitive and hackneyed with a small amount of inter and intra-tribal modifications. Certain superstitious beliefs and myths have contributed towards the pervasiveness of malnutrition among the tribal community. In one of the studies carried out at Karnataka state on Jenu Kurubas tribe, illustrated for the high presence of nutritional anaemia and low intake of essential nutrients. It is elementary for the planners to have a thoughtful understanding of the food and nourishment status among the tribal people in order to uplift these endangered groups since assessing nutritional constitutes for major indicators of health. Information providing the health and nutritional status of Gond people are available in sufficient amount. Tribal women don't send their children to the anganwadi due to social factors like hierarchy or status differences between Gonds and Baigas. Moreover, they perform different religious practices and thus don't want to eat with others. The social stigma is getting so strong that women even don't come to collect take-home ration for the child. Only two or three out of the tribal children registered goes to anganwadi (provided it is open). (Mishra)

This study also pictures on the selection and negotiation part of health care for themselves and their family among the Gond community. The Gond people have a high consideration in regard to their traditional belief system for example "evil eye". The cupidity of a greedy person using his diabolical power in context to evil eye can result for sickness and death amongst people or livestock. Their chief motive is to deprive those people possessing good luck, wealth or health and this is prevalent mostly among children. The Gond community holds their innate manner of healing or casting away "evil eye".

The Gond people accomplish every possible means to resist their children towards these evil effects to ensure the good health of their children and such practices are well recognized among the Gond community (Behera, 2014). The Gond community holds a prior knowledge and understanding of this system and they utilize to ensure a consistency in better health of their children. Conversely such magico-religious, humoral and community based taboos impedes the proper and necessary care required for a child. A good number of healers have proved their eminence towards child care services in curing physical illness as vomiting, fever to warding off evil eye, diarrhea etc. The ethno-gynecologists generally operates as ethno-pediatrics in these tribal dominated areas but there are local healers too who are in the same profession of curing children in context to a good number of health problems.

To gain knowledge and understanding on the health seeking behavioural grounds of tribal communities, it is imperative to know about the traditional and cultural beliefs about illness, health, soul, spirit, the supernatural powers, gender, roles, place of human being on earth, tradition etc. An important point to note for the tradition is not a stagnant concept but a processual term, maintaining a bounded rationality between the past and present: conciliation between the learning's of people on change of conditions (Önder, 2007). When someone falls ill, different levels of influencing cultures comes into force on assuming the cause, remedies,agencies, through what institutions, expectations and mode of participation by others.

Research Design

The study was conducted in four Gond-dominated villages in Bijadandi block in Mandala District of Madhya Pradesh. The villages were selected based upon the criterion of higher concentration of people from Gond community in these Panchayat's. All the children lying in the age group of 0 to 18 have been the sample for the study. All sample children are divided into two major sub samples, viz. sample non–respondents (0-7 years)

and sample respondents (8-18 years). The sample respondents are divided into three more categories, viz. upper primary and middle school aged going children (8-12 years), high school going aged children (12-15 years) and above school going aged children (16-18 years).

Exploratory research design and standard anthropological methods were used for collection of information from the field. The data related to educational standard, health delivery system and contribution towards household economy were collected. Observation method was used to study the way children spend their leisure time. Case Studies were collected from the field to show perceptions of the children on various matters relating to their life. Focus Group Discussions were conducted to develop a better and deeper insight about the perception of the children in the community. Participatory Rural Appraisal techniques like resource mapping, social mapping, etc. were used to collect the information from the respondents. The data were collected from the children, their parents, teachers and relatives. Information for conducting an in-depth analysis was collected from secondary sources like Census data, District Statistical Hand Book, Reports of Regional Medical Research Centre, Journals etc. Information was also procured from Data Dissemination Wing – Ministry of Home Affairs – New Delhi, National Informatics Centre, State and District Libraries, Collectorates, Documentation and Recourse Centre of XIDAS etc. Data was also collected from various websites via Internet.

Findings

Vaccination in the Sample Villages

A proverb goes as "Prevention is better than Cure". The governmental regime offers a number of prevention programmes but more specifically it is directed for the tribal inhabited areas. Madhya Pradesh government have been implying such programmes in our studied villages (Plate-10 and 11).

Table-1.1: Number of Children Who Have/Had Received Polio Vaccination

553 children have received vaccination in total to 579 which suggests that 96 percent of the children have received the vaccination. This is further explained with the help of a graphical presentation as:

Graph-1.1: Number of 0-18 Years Aged Children Who Have/Had Received Polio Vaccination

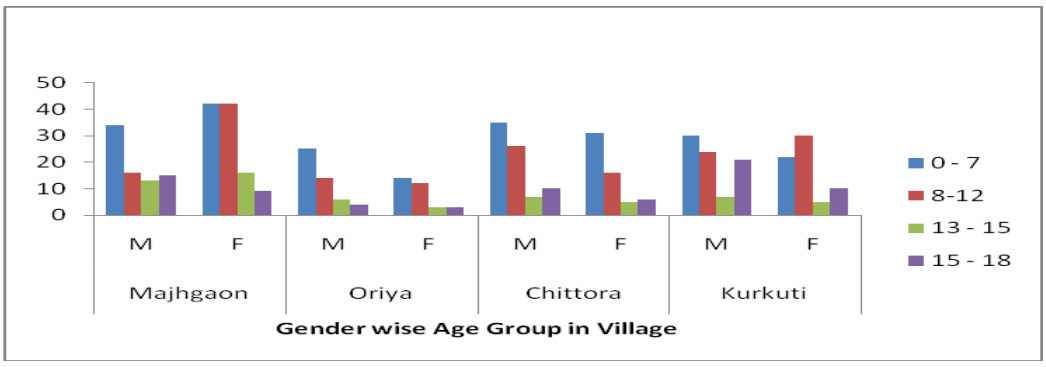
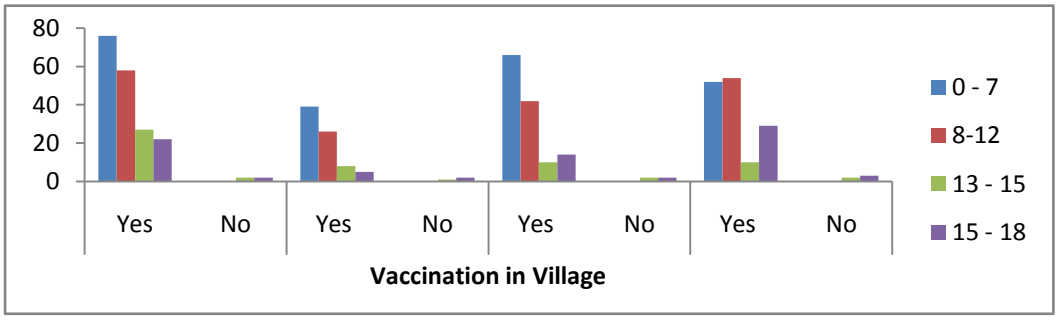


Table-1.2: Number of 0-18 Years Aged Children who have/had Received Tetnaus Toxide Dose

Age Group	Oriya		Majgaon		Kurkuti		Chittora	
	Yes	No	Yes	No	Yes	No	Yes	No
0-7	39	0	76	0	52	0	66	0
8-12	26	0	58	0	54	0	42	0
13-15	8	1	27	2	10	2	10	2
15-18	5	2	22	2	29	3	14	2
Total	**78**	**3**	**183**	**4**	**145**	**5**	**132**	**4**

This table figures out for the 554 children who have received the Tetnaus Toxide dose. This is further illustrated graphically as below:

Graph-1.2: Number of Children who have/had Received Tetnaus Toxide Dose



In order to get a better understanding of the livelihood, nutriments, sustenance of the tribal children the researcher made a consistent visit to the sample villages at irregular intervals of time. During the interaction with mother and children, the author has tried to explore the diverse infrastructures in existence to carry out the healthcare and level of nutrition.

Women named Shobha Rani from the studied village Oriya bears five children. She holds a quiet familiar relationship with the researcher and while on one of the visits, discussion on sanitation facilities was

Researcher: Do you have toilets at home?
Respondent: No.
Researcher: Why?
Respondent: None of the house in the village has got this facility.
Researcher: Why don't you like to have the same?
Respondent: It is not considered to be auspicious to have a toilet at home.
Researcher: Do you know the evil effects on health because of open defecation?
Respondent: Yes, we know it is not good. It pollutes soil and water bodies in the village. It is also a source of diseases.
Researcher: Then, why don't you construct toilets?
Respondent: It is not in our hands; the family has to agree.
Researcher: Do you feel safe to send your girl children to fields to attend the call of nature?
Respondent: Earlier we felt safe but these days the world has become dangerous and there are lot of crimes being committed against women. So we are scared. Sometimes the girls are being teased by boys when they go to fields to attend the call of nature.

The lifestyle pattern and way of living of the tribal people do not go hand in hand with the contemporary and hygienic ways of living as per the observation of researcher. Building toilets in the house is still considered as ominous. There is no such presence of any toilets in the studied areas. This results for occurrence of many preventable diseases as well as insecurity of girls. The villagers also resisted towards utilization of many modern day medical care. In the interactional discussion with Kamala Devi, she disclosed that she prefers to plead Bada Devi for treatment of any physical sickness.

It may be alleged that tribes are not at all concerned in making use of modern day medical care and still they persist with illogical and superstitious beliefs and practices. Even if those facilities are available in the locality and in operational mode, then also the aboriginals do not prefer to seek these services. As per Chaudhari, 1989; Mohandas, 1995; Basu, 2000; Reddy, 2004; various studies have stressed on the point that accessibility to health care services stands as a major reason towards poor health status of the children. Adding to it, the unsociable and inhospitable conduct of the health care providers distance these illiterate and singled out tribal people from availing their services. The higher rate of maternal mortality rate stands a vindication to this.

On one of the visits to Chittora village, the researcher got an opportunity to interact with a 13 year old girl named Laxmi and she was questioned on her daily food intake capacity. She said: "I get to eat only two *rotis* in the morning. Lunch is served at school. During the evening time, even if i get hungry I got nothing to eat. At the dinner time, my mother serves me some rice and pickle to eat". This illustrates the poor quality nutrition consumed by a grown up school child. They are unable to meet their daily nutritious requirements.

The researcher also had a brief conversation with another girl Rupa from the same village.

Researcher: What is your daily food intake?
Respondent: Rice, *dal*, *roti* and sometimes vegetables.
Researcher: How many times in a day you have food?
Respondent: Three times. Once in morning, lunch at school and then again at night.
Researcher: Don't you feel hungry at other times?
Respondent: Yes, I feel hungry.
Researcher: What do you do?
Respondent: Nothing just drinks water.
Researcher: Don't you like to eat different varieties of food?
Respondent: Yes, I like to eat but we only get in school and not at home. Hence, I like going to school and I don't like holidays as we don't get food during holidays.

This demonstrates poor qualitative and quantitative intake by the children in the sample village.

In similar sequence when another mother Sita Devi who is a mother of three children was questioned of her food intake, she replied that she eats whatever she gets during her period of pregnancy. She entirely depends upon the resource centre of Anganwadi. Sita Devi considers children as gifts of god and thus he will take care of the entire child. The above statements represent a pitiable knowledge about health and awareness among the tribal women.

Elwin (1955) enlists a number of gods associated with various diseases in Saora Pantheon. For instance, there are certain gods linked to every children disease like cough, rheumatism, blindness and sore throats etc. They believe that by pleasing these gods, most of the diseases can be cured.

Majgoan village is characterised by presence of only one Primary Health Centre which makes available for the health requirements in the nearby areas. Doctors organize visits to these villages twice a week and thus offer treatment to the villagers. Gita Bai, mother of four children and the expecting the fifth one in near future, hails from Chittora village was invited for interaction with the researcher.

Researcher: How are you *bhen*[1]*?*
Respondent: Ok
Researcher: How is your health?
Respondent: It is fine

Researcher: Hope good care is being taken as you are expecting?
Respondent: As far as govt. intervention is concerned it is ok but we don't have accessibility to doctors all the time.

Above discussion shows the unavailability of medical infrastructure during emergency hours. This results for a lot of problems being faced by the maternal women. The children who suffer sudden sickness or ailments are at the helm of local Vaidyaraj for treatment. Since Vaidyaraj comes from same community and interacts in the same dialect, people find more comfort in seeking help from him rather than modern day medical providers.

Conclusion

The study deals with the issue of health of the Gond Children. The eminence of health contributes towards the wealth of a nation and appropriate nourishment is one of the major rudiments towards good health. The health of tribal constitutes as one of the important vicinity for action. In spite of considerable expansion of medical and public health facilities in the tribal areas, the benefits have not been commensurate with the facilities provided due to several reasons. In the first place, it is very difficult to persuade the tribal people to come for medical treatment as they have a strong belief in the indigenous system of diagnosis and cure. Secondly, the conception of disease in tribal society is that it is caused by hostile spirits or due to breach of any taboo. Their perception is the disease that has been spiritually caused must be spiritually cured. However, with the spread of education in tribal areas, they have gradually started realising the use of modern medicine and are prepared to avail of medical facilities.

In any subject, health remains an elementary factor to national development. None of the factors holds as much importance as health in contributing towards the economic development of a nation. At the time of independence few modern healthcare services were available. People mainly depended on locally available traditional knowledge. The state of public health in remote and tribal areas was very low. All the population-based health indicators, such as, life expectancy, IMR, MMR, death rate due to infectious and communicable ailments was highly unsatisfactory. Further, poor nutrition, unsafe drinking water, poor hygiene and living conditions contributed to poor state of public health. The Government has launched several programmes to provide healthcare to the rural/tribal population. For example, in lieu towards provision of affordable, accessible and quality healthcare to the rural tribal regions, (NRHM) National Rural Health Mission was instigated in the year of April 2005. Under this aspiring series of agenda many interventions, such as, Janani Surakhya Yojana (JSY), Mother and Child Tracking System (MCTS), Janani-Shishu Suraksha Karyakram (JSSK), Universal Immunization Programme (UIP) has been initiated. All these schemes have been implemented in all the four villages covered under this study.

Malnutrition is caused by chronic deficiencies in caloric, protein and essential nutrients intake needed for the body's growth and maintenance. It can affect even those who are not starving - those who get enough calories from food - if the food they eat does not have enough essential nutrients such as protein, vitamins, minerals, or micronutrients. Nutritional deficits results in illness, direct productive losses due to poor cognition or schooling in childhood and reduced access to market, credit and wage employment in adulthood. More importantly, it destroys the hopes and aspirations of a generation.

This current study gives a clear picture of the health status of people in the studied sample region. The explication of pitiable health infrastructure has also been provided. The aboriginals and the current residing tribals have already been parted away from the mainstream sector. This accessibility of poor health infrastructure and meagre qualitative amenities places their life in a vulnerable position.

Suggestion

In the developing countries, Under-nutrition remains one of the chief public health problems, affecting all age groups, especially infants and young children. It directly or indirectly contributes to half of the deaths among under-five children. The most important nutritional deficiency disorders are: low birth weight (LBW), Vitamin-A deficiency disorders (VAD), iron deficiency anaemia (IDA), protein energy malnutrition (PEM), iron deficiency anaemia (IDA) etc. To face this challenge, there remains a vital urgency to reinforce the execution of all the active intrusion programmes along with improvisation of infant and young child feeding practices among women through IEC's. Steps should be taken to strengthen the ICDC programme to fortify micro-nutrient food supplements. It remains again the need of the hour to reinforce various indirect intervention programmes as supply of safe drinking water, household nutritional security, income generating activities and environmental sanitation. Another crucial factor to expand health services in tribal areas is the difficulties to secure the services of doctors and paramedical staff. The doctors and other medical personnel are not prepared to serve in the tribal areas due to the absence of modern amenities in the place where they are posted.

Of 579 children, around ninety six percent i.e. 553 of them have received vaccination. The welfare and health of children acts as a foundational block in forming a resonant and sustainable economic development so they are considered to be the most priceless asset of a nation. Malnutrition is the most neglected form of human deprivation particularly among school children. Apart from institutional support there is a long way to go health by creating health literacy among mothers and family members.

References

1. *Akanchha Pandey, Ankita Pandey, Sarita Singh. "Assessment of Healthcare among Tribal People of Dhar District of Madhya Pradesh." International Journal of Pure and Applied Bioscience (2017).*

2. *Basu, S. "Health Status of Tribal Women in India." Social Change (1993).*
3. *Behera, D.K. "Impact of Drought on Indigenous Children of Kalahandi of Orissa." Childhoods in South Asia (2007).*
4. *Bhargava, Alok. "Nutrition, Health & Economic Development." Food and Nutrition Bulletin (2001): 173 - 77.*
5. *Bhatty, K. "Educational Deprivation in India: A Survey of Field Investigations." Economic and Political Weekly 1998.*
6. *Bureau, Natioanl Nutrition Monitoring. Diet and Nutritional Status of Tribal Population Report Survey. Hyderabad: National Institute of Nutrition, 2000.*
7. *C. Gopalan, B.T. Aeri. "Strategies to combat Under Nutrition." Economic and Political Weekly 2001.*
8. *Grossman, M. "On the Concept of Health Capital and the Demand for Health." Journal of Political Economy (1972): 223-225.*
9. *Haq, M.N. "Age at Menarche and the Related Issue: A Pilot Study on Urban School Girls." Journal of Youth and Adolescence (1984).*
10. *Jaiswal, Ajeet. "Health and Nutritional Status of a Primitive Tribe of Madhya Pradesh: Bhumia." Global Journal of Human Social Science History Archaeology & Anthropology (2013).*
11. *Jere Behrman, Anil Deolalikar. "Health and Nutrition." Handbook of Development Economics (1988).*
12. *Kaul, Rekha. "Accessing Primary Education: Going Beyond the Classroom." Economic and Political Weekly 2001.*
13. *Kaul, V. Early Childhood Care and Education in the Context of EFA,"Paper Prepared for the Government of India. Education for All - The Year 2000 Assessment Report. New Delhi, 1999.*
14. *Lipton, M. Poverty, Under Nutrition and Hunger. Washington D.C: World Bank, 1983.*
15. *Lokshin, M. "Improving Child Nutrition - The Integrated Child Devlopment Services in India,"Devlopment and Change." 2004.*
16. *Mishra, Archana. "The beginning of real loss." Governance Now 21 November 2017.*
17. *Mishra, Rajesh. "Determinants of Child Malnutrition in Tribal Areas of Madhya Pradesh." Economic and Political Weekly February 2017.*
18. *Mukhopadhyay, Anish Kumar. "Gender Inequality and Child Nutritional Status: A Cross Country Analysis." Indian Council of Social Science Research, Center for Studies in Social Sciences (2007).*
19. *Myers, R. "Thematic Study: Early Childhood Care and Development." 2000.*
20. *Nair, K R G. "Malnourishment Among Children in India: A Regional Analysis." Economic and Political Weekly 2007.*
21. *National Family Health Survey NFHS II - Madhya Pradesh. Mumbai: International Institute of Population Studies, 1998-99.*
22. *R. Chhabra, C. Rokx. "Nutrition MDG Indicator: Interpreting Progress." World Bank (2004).*
23. *R. Martorell, T.J. Ho. "Malnutrition, Morbidity and Mortality." Population and Development Review (1984).*
24. *S M Bala, D. Thiruselvakumar. "Overcoming Problems in the Practice of Public Health among Tribals in India." Indian Journal of Commercial Medicine (2009).*
25. *S. K. Singh, G. Mishra, D.K. Dixit. "Child Morbidity practices among the Gond tribe of Mandla District of Madhya Pradesh ." Asian Journal of Multidisciplinary Studies (2016).*
26. *S. Mahtab, Bamji. "Early Nutrition and Health - Indian Perspective." Current Science (2003).*
27. *S.P. Maurya, N. Jaya. "Prevalence of Malnutrition among Tribal Children." Indian Journal of Nutrition and Diet (1997).*
28. *Tanvi Twara, Sanskriti Upasna, Aruna Agrawal, G.P. Dubey. "Diet & Nutrition Profile of Children of Gond and Kharwar Tribes Population of Eastern Uttar Pradesh." International Journal of Advanced Nutritional and Health Science 5.1 (2017).*
29. *Thankappan, K Navneetam and K R. Reproductive and Child Health and Nutrition in Kerala: Achievements and Challenges. Thiruvanthapuram: Center for Development Studies, 1999.*

Footnote

1. *Sister*