

Determinants of Nutritional Status among Tribal Adolescent in Girls Paschim Medinipur District of West Bengal

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DEAR EDITOR

Tribal population constitutes about 8% of the total population of India.[1] They are at higher risk of undernutrition because of their dependence on primitive agriculture practices and uncertainty of food supply.[2] In general, tribal communities in India are neglected, discriminated in terms of income distribution and social status, which tend to have higher rates of undernutrition. [3,4] Recognizing these problems, the Government of India has been implementing several programs for overall development of the tribal communities.[1] In spite of vulnerable segment of population, adolescent girl of many indigenous communities have suffered higher degree of undernutrition^[1,3,5] and not receive adequate attention. Assessment of nutritional status is considered as a measure of health and it is necessary for planners to understand the food and nutrition situation among tribal population for upliftment of these vulnerable groups.

This community based cross sectional study was conducted among the tribal adolescent girls reside in 7 blocks namely- Binpur I, Binpur II, Jamboni, Jhargram Sadar, Gopiballavpur I, Gopiballavpur II and Sankrail of Paschim Medinipur district of West Bengal during the year of 2011. A total of 277 adolescent girls between 9 to 19 years of age

were enrolled in present study. Height and weight were measured by standard techniques ^[6] and body mass index (BMI) was calculated using the following equation: BMI=weight (kg)/height (m²). The indices of undernutrition, such as stunting and thinness were assessed by using the 2007 WHO growth reference.^[5] While, stunting and thinness was defined as Z-scores below -2.0 SD.^[7]

Mean BMI of girls was 15.38 (sd3.18). Prevalence of undernutrition of tribal adolescent girls is depicted in Table 1. The overall (age combined) rate of stunting and thinness were 50.5% and 45.1%, respectively. Recently, Sil et al,[5] reported lower prevalence of stunting (18.5%) and thinness (28.5%) among tribal girls of Tripura using same growth reference. In Paschim Medinipur district of West Bengal, the prevalence of stunting was 43.3% among the Kora-Mudi girls. [3] In the earlier study carried out by Rao et al,[1] in tribal adolescent girls residing in the Integrated Tribal Development Agency (ITDA) areas of India, revealed similar rate of stunting (46%). The extent of undernutrition (<5th percentile BMI age) and among the Sabar tribal adolescents girls (35.8%) was relatively lower compared to present study.[7] Astoundingly, the prevalence of thinness was lower among tribal girls than their rural counterparts of same district.[8] The present study demonstrated that

Age	No	Height (cm)	Stunting (%)	BMI	Thinness (%)
(Year)		Mean±SD		Mean±SD	
9	33	121.87±8.94	17 (51.5)	13.02±2.25	18 (54.5)
10	43	124.86±8.39	26 (60.4)	13.94 ± 3.08	21 (48.8)
11	20	131.95 ± 9.47	9 (45.0)	14.23 ± 2.28	7 (35.0)
12	25	137.5 ± 9.52	12 (48.0)	15.29±3.66	10 (40.0)
13	22	137.31 ± 9.46	14 (63.6)	16.14 ± 3.70	8 (36.3)
14	21	145.15 ± 10.89	9 (42.8)	16.27 ± 2.92	9 (42.8)
15	27	144.92 ± 8.18	16 (59.2)	16.72 ± 2.49	11 (40.7)
16	23	147.81 ± 8.43	9 (39.1)	16.36 ± 2.15	12 (52.1)
17	18	149.28 ± 4.47	7 (38.8)	16.03 ± 1.93	8 (44.4)
18	21	147.80 ± 6.46	11 (52.3)	17.43±2.89	10 (47.6)
19	24	150.53 ± 5.38	10 (41.6)	17.38 ± 2.51	11 (45.8)
Total	277	136.85 ± 8.07	140 (50.5)	15.38±3.18	125 (45.1)

Table 1: Prevalence of undernutrition among tribal adolescent girls

this vulnerable group tend to higher rates of growth retardation and prevalence of undernutrition. This may be due to inadequate food intake, health care facilities and socio-economic inconvenience among these tribal populations propagate the vicious cycle of undernutrition.

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