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Q6(b)

Examine the factors responsible for malnutrition in tribal India and suggest interventions required to overcome the problem

UPSC Civil Services Mains 2021 · Anthropology GS 2 · 15 marks · Demographic profile of India

2. Demographic profile of India-Ethnic and linguistic elements in the Indian population and their distribution. Indian population-factors influencing its structure and growth.

Core demand of the question

- Discuss malnutrition in tribal India and the interventions meant to address it
- Keep the answer to a 15-mark length of about 200 words

Revision summary

ST child stunting and women's anaemia are highest in many forest-mining belts.

Causes include seasonal hunger, infection, and lost **forest foods**.

ICDS, mid-day meals, and **PDS** are the core calorie interventions.

FRA and MGNREGA treat the livelihood root.

Delivery gaps and a rice-only ration limit impact.

Introduction

Malnutrition in tribal India is high rates of underweight, stunting, and anaemia among ST children and women. It is a livelihood and health-system failure, not a tribal taste for hunger.

Body

Pattern

- Central Indian mining and forest belts show the worst child undernutrition in national family health rounds.
- Seasonal hunger follows monsoon gaps, distress migration, and loss of **forest foods** after reservation and displacement.
- Women's anaemia and early marriage compound low birth weight. The body is the record of land loss.

Causes beyond food

- Infection, poor water, and distant health centres cut the gain from calories.
- Cash wages buy cheap grain and miss protein and forest greens that **Vidyaarthi's** ecology once supplied.

Interventions

- **ICDS** anganwadi, mid-day meals, and **POSHAN**-type supplementation are the national stack.
- Public Distribution System rice or wheat helps calories and can crowd out diverse forest diets if that is all that arrives.

- **MGNREGA** wages and **FRA** titles are livelihood interventions that feed nutrition indirectly.
- Local millets, kitchen gardens, and returning minor forest produce work when schemes allow them, not when the menu is only fortified packets.

Gap

- Staff vacancy in ST blocks and take-home rations captured by brokers repeat the rural faction problem.

Flow diagram

Land forest loss -> Malnutrition
Infection distance -> Malnutrition
ICDS PDS MDM PDS MDM -> Calorie buffer
FRA MGNREGA MGNREGA -> Food from livelihood

Conclusion

Tribal malnutrition is land, infection, and a thin kitchen. Anganwadi and **PDS** are necessary calories. Forest rights, wages, and diverse food are the interventions that match the cause.

Facts & figures

ICDS

Anganwadi programme for supplementary nutrition and growth monitoring.

POSHAN

National nutrition mission frame that tribal blocks are meant to use.

PDS

Subsidised grain that raises calories but may narrow diet diversity.

Forest foods

Greens, tubers, and hunt or fish that reservation and displacement reduced.

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