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Q1(e)

Causes of stunting and wasting among tribal children.

UPSC Civil Services Mains 2024 · Anthropology GS 2 · 10 marks · Evolution of the Indian Culture and Civilization

1.1 Evolution of the Indian Culture and Civilization-Prehistoric (Palaeolithic, Mesolithic, Neolithic and Neolithic-Chalcolithic), Protohistoric (Indus Civilization). Pre-Harappan, Harappan and post-Harappan cultures. Contributions of the tribal cultures to Indian civilization.

Core demand of the question

- Define stunting and wasting
- **Give causes among tribal children:** diet, infection, care, environment and policy
- Use biocultural language, not a blame-the-culture list
- Name programmes without turning the note into a scheme catalogue

Revision summary

Stunting is chronic low height-for-age; wasting is acute low weight-for-height.

Tribal children face both through thinner forest diets, infection, maternal undernutrition and distant services.

- **Causes are biocultural:** land and Forest Acts, water, gender, migration and some genetic disease burdens.

POSHAN, ICDS and PM-JANMAN exist; Xaxa noted last-mile failure.

Do not blame culture as such; blame the breaking of an older food and care system.

Introduction

Stunting is low height-for-age from chronic undernutrition and repeated infection. Wasting is low weight-for-height from acute food or disease shock. Among tribal children both remain higher than the Indian average because biology and the political economy of the forest village work together.

Body**Immediate causes**

WHO and NFHS treat the immediate causes as **inadequate diet, infection** (diarrhoea, malaria, tuberculosis, measles) and **poor maternal nutrition**. Tribal diets that once used millets, forest greens, small game and mahua have thinned where **Forest Acts**, mining and PDS rice replaced diverse food. Exclusive breastfeeding may be short where mothers return to wage or forest work. **Low birth weight** starts the path to stunting.

Underlying biocultural causes

L. P. Vidyarthi's nature-man-spirit complex is a food system: when jal, jungle, jameen shrink, child growth shrinks. **Verrier Elwin** already noted hunger in central Indian hills. Distance to anganwadi and PHC, language barriers, and distrust after coercive family-planning memories

reduce uptake. **Open defecation and unsafe water** in hamlets raise enteric infection, which prevents nutrient absorption even when calories exist.

- **Gender and birth order matter:** girls and later children may eat last. Alcohol and distress migration leave children with grandparents. **Sickle-cell** and other haemoglobinopathies, more frequent in some ST groups, interact with malaria and anaemia. This is **biocultural**, not a racial defect.

Structural causes

Land alienation, **PVTG** isolation, and seasonal hunger before the harvest produce wasting spikes. **NFHS-5** still showed very high stunting in parts of Jharkhand, Madhya Pradesh, Chhattisgarh and the central tribal belt. **POSHAN Abhiyaan**, ICDS, mid-day meals and **PM-JANMAN** for PVTGs address the gap; **Xaxa Committee** (2014) had already said delivery fails when the hamlet is off the road and the anganwadi worker is not local.

Do not reduce the problem to "tribal custom". Custom includes complementary feeding knowledge that markets and displacement have broken.

Flow diagram

Forest and land loss -> Diet thins
Infection water -> Growth failure
Diet thins -> Growth failure
Maternal work and services -> Growth failure

Conclusion

Stunting records long deprivation; wasting records acute shock. Tribal children suffer both because forest food, infection, maternal work and thin public services coincide. Growth charts are a political document as well as a medical one.

Facts & figures

Stunting / wasting

WHO: height-for-age and weight-for-height below -2 standard deviations of the reference median.

National Family Health Survey-5 (NFHS-5)

Showed ST children still above national averages for stunting, wasting and anaemia in many states.

Xaxa Committee 2014

Linked tribal nutrition failure to land, displacement and weak health staffing, not to a separate tribal biology.