

Amid acute poverty, Saharia children battle malnutrition

Premature pregnancies, higher instances of TB among children continue to afflict the particularly vulnerable tribal group

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SHIVPURI/SHEOPUR

On July 9, when Akki Adiwasi returned home after working in the fields, she found her 18-month-old son lying unusually quiet, with eyes closed. She nudged him – even shook him – but to no avail. By then, Amir Awadesh, his chest shrivelled and cheeks sunken, had died of hunger.

“He didn’t die of hunger. *Usse sookhe ki bimari ne cheen liya* (the disease of drought snatched him away),” quips Akki, a resident of Tiktoli village in Sheopur district.

While her husband is away in Gujarat for three months to work as an agricultural labourer for ₹150 a day, their half-an-acre arid field here lies fallow. Only milk from a few goats, short-

ing up their one-room ramshackle hut, and wheat given by neighbours, keep Akki, who is pregnant, and her other son, aged three, alive.

Loss of lives

Acute malnutrition among Saharias, a particularly vulnerable tribal group, due to crushing poverty, delayed breastfeeding, premature pregnancies and seasonal migrations is continuing to take away lives. As a result, every second child under five in the Shivpuri and Sheopur districts of central India is underweight.

Mitti Adiwasi, an anganwadi worker in Nonheta Khurd village in the Shivpuri district, breastfed her 10 children, two dead now, for the first time, three days after being delivered of them. Until then, they were fed on-



Girls are the most affected as they are not fed properly and contract diseases easily. •SIDHARTH YADAV

ly jaggery syrup or honey. “The first milk is impure. That’s because it is extracted from breasts after nine long months,” she says.

Chipping in, Danmati Adiwasi, wife of a school teacher who earns ₹22,000 a month, says, “Moreover, women become polluted at the time of

a delivery. They need to bathe after three days and only then feed newborns, otherwise the milk would only cause them harm.” Right after the birth of her son a few years ago at a hospital, when she was prompted to breastfeed him, she just put his mouth to her breast,

and received ₹1,400 in the name of an institutional delivery.

According to the National Family Health Survey 2014-2015, just 43.2% of children under three were breastfed within the first hour of their birth in rural parts of Sheopur district.

Seasonal migration

Almost all the 35 families in the village, taking their children along and leaving behind the elderly, migrate to Rajasthan and Agra to harvest wheat and potatoes every year.

When families returned in July this year, the anganwadi workers noticed that more number of children had come back weaker. While three boys and four girls out of 83 children were underweight in April, 15 girls and

four boys are in the category this month.

“Girls are most affected as parents mostly take them along with them to fields where they are neglected, wander under the sun, don’t get food, and contract diseases easily during the monsoon,” says an anganwadi worker.

Seven individuals in the village, including children, suffer from tuberculosis (TB). Ajay Yadav, a social worker who has been working in the area for 18 years, believes higher incidence of tuberculosis among Saharias is linked to the high malnutrition level among them and vice versa. An Indian Council of Medical Research (ICMR) study revealed that, among Saharias, TB prevalence is an alarming 1,995 per 1,00,000 persons.