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**Dr. Muthamma KK**  
Associate Professor,  
Department of Sociology,  
Government First Grade  
College, T. Narasipura;  
Mysore, Karnataka, India

## Assessing the Nutritional Status of Yerava Tribal Women in Kodagu District

**Muthamma KK**

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### Abstract

Nutrition is a basic human need and a prerequisite for health. Nutrition is essential for proper growth and development. Malnutrition is a long-standing global health issue to which tribal women are highly vulnerable. In India, tribal women endure a rapid socio-economic, demographic, nutritional and health transition. This paper aims to examine the nutritional status of Yerava women in Kodagu District, Karnataka. A study was conducted among 390 Yerava tribal women aged 18-49 years. Consumption of a wide variety of nutritious food and a well-balanced diet with adequate protein, fat, carbohydrate, vitamins and minerals are required for women's health. Studies reported that 86.2 percent consumed green leafy vegetables daily, whereas 75.7 percent never consumed milk/curd, but eggs, fish, chicken and meat were consumed weekly. The majority of the respondents utilised the special nutrition programme given by the Government. The nutritional status of yerava women is linked to their Body Mass Index (BMI). Malnutrition among the respondents has been assessed using the body mass index. Study shows that 31.3 percent of women are malnourished with a BMI of less than 18.5, indicating nutritional deficiency, 62.8 percent of women have a BMI in a normal range between 18.5- 24.9. The dietary pattern of the Yerava women appeared relatively unchanged from traditional diet. The study shows that 31.3 percent respondents are underweight. Therefore, it is essential to focus on improving the nutritional status of tribal women by implementing policies and programs that address the root causes of these problems. These could include providing access to nutritious food, improving healthcare facilities, promoting education and awareness about health and hygiene.

**Keywords:** Development, Health, Nutrition, Transition, Vulnerable, Women

### Introduction

India's tribal communities represent a vital part of the population, distinguished by their unique cultural traditions, ecological expertise, and ways of life that are deeply connected to the natural world. In Karnataka, the Yerava tribes are the indigenous tribe, mainly inhabiting the forests and hills of Kodagu district. They have a distinct language, culture, and way of life that sets them apart from the other communities in the area. The Yerava people traditionally depended on hunting and gathering for their livelihood.

Yerava women work in coffee and spice plantations as agricultural labourers. They are heavily involved in physically demanding work like coffee estate labour, rice farming, collecting forest resources, and managing household duties, with low income, limited control over resources and poor access to nutritional services. Even though their work is crucial for the family's income and the community's survival, their dietary needs are frequently neglected. As a result, they face various health challenges and overall diminished well-being. Nutrition plays a pivotal role in shaping the physical, mental, and reproductive health of tribal women. For the Yerava women, the dietary pattern is influenced by a combination of poverty, seasonal variations in food availability, limited dietary diversity, inadequate knowledge of balanced diets, and poor access to healthcare services. Traditional food habits, though rich in indigenous plant varieties and wild edibles, are gradually declining due to changing lifestyles, deforestation, market dependency, and reduced access to forest resources.

The diets of Yerava women are typically dominated by rice, ragi, tubers, minor millets, and occasionally fish or meat. However, the intake of pulses, fruits, and micronutrient-rich foods remains considerably low. This leads to undernutrition manifested in low Body Mass Index (BMI), chronic energy deficiency, anaemia, calcium deficiency, and general fatigue.

**Corresponding Author:**  
**Dr. Muthamma KK**  
Associate Professor,  
Department of Sociology,  
Government First Grade  
College, T. Narasipura;  
Mysore, Karnataka, India

## Review of Literature

Bera (2004) <sup>[4]</sup>, opined that the physical well-being and maintenance of normal health of an individual is closely related to the status of nutrition. Proper nutrition keeps man healthy and fit and inadequate or improper nutrition reduces fitness and causes susceptibility to disease. Nutritional status refers to health of an individual as it is determined by the intake and their utilization. Choubey (1998) <sup>[5]</sup>. The study on dietary habits and malnutrition among tribals of Bastar, Madhya Pradesh reported that due to a lack of various nutrients in their diets, they are likely to be more susceptible to diseases or to have weak resistance power. Faulty dietary habits, selection of foodstuffs, poverty, ignorance, and tradition were other factors that affected their nutritional status. Kashyap *et al* (2015) <sup>[6]</sup> reported that the issues relating to maternal and child deaths are high among the Jenu Kurubas and Yeravas in H.D. Kote and Kodagu. Improving health seeking behaviour, provision of accessible health infrastructure including referral transport and emergency care, preventive and public health programmes are crucial in guaranteeing better health status to these vulnerable groups in the district. Kshatriya (2014) <sup>[7]</sup> assessed that the nutritional status of individuals and general conditions indicates the socio-economic conditions prevalent in the society. Malnutrition is a common health issue in tribal areas and has greatly affected the general physique of the population. It lowers the ability to resist infection, leads to chronic illness and in post weaning period leads to permanent brain impairment. Good nutrition is required throughout life and is particularly vital for women to continue to remain in good health and to do everyday household work. Pujar *et al* (2016) <sup>[11]</sup> reported that women of Jenu kuruba tribes in Kodagu District suffered from different grades of Malnutrition. A very high frequency of CED-III (<16.0) malnutrition was found that is 51.2 percent among them. According to Nagda (2004) <sup>[8]</sup> majority of tribal women in Rajasthan had BMI below 18.5 indicating higher nutritional deficiency. NFHS-3 (2005) <sup>[9]</sup> reported that the nutritional status has important implications for her health and her children's health. A woman with poor nutritional status, as indicated by a low Body Mass Index (BMI), short stature, anaemia has a greater risk of obstructed labour, having a baby with low birth weight, having adverse pregnancy outcomes, producing lower quality breast milk, death due to postpartum, haemorrhage and illness for herself and her baby. About 46.6 percent of tribal women have Body Mass Index (BMI) below 18.5 indicating chronic energy deficiencies. Somanna (2008) <sup>[15]</sup> indicated that Yerava women in Kodagu District suffer from malnutrition due to poverty and absence of nutritious food. Roy. *et al.* (2015) <sup>[13]</sup> reported that among Jenu Kurubas, Koragas, Iruliga, Hakki-Pakki and Siddis tribes of Karnataka there was extreme poverty, illiteracy, poor economic conditions and malnutrition. The policy makers, researchers, care providers and social organization should come forward to improve the health status of these tribes

Roy and Rao(1962) <sup>[12]</sup> indicated that tribal diet mostly consists of cooked rice or millets and some boiled vegetables like brinjals, beans, gourds, pumpkin, onion, green chillies and mushrooms. Sengupta (1980) <sup>[14]</sup> opined green leafy vegetables are usually consumed by the tribals of India. Some tribes are reported to have special liking for greens and consume greens in larger quantities. Various scholars have studied the nutritional status of tribal women in different parts of India, the type of diseases that the indigenous groups suffer and the health services available for tribal women in different parts of India. There are some ethnographic studies on Yerava tribes. However, systematic social research and documentation regarding the nutritional status of Yerava women are needed who are the microscopic minority community in Kodagu. Hence this study aims at filling this gap in social research.

## Objectives of the Study

To examine Nutritional status of Yerava tribal women in Kodagu District.

## Methodology

This study is based on primary data. The research design used for the proposed study is Descriptive Research Design. The area selected for the study is Kodagu District. A field survey was done in the villages of Virajpet and Somwarpet taluks, a total of 390 respondents were selected as samples using the Yamane formula  $n = \frac{N}{1 + Ne^2}$ , and the required sample size was 388. The respondents in the age groups of 18-49 years and above were selected for the study. Fifteen hamlets/colonies were selected and selections of the hamlets/colonies were chosen using a simple random method. The samples for the study were selected exclusively from the yerava hamlets/colonies and in remote places to get a wider perspective of health status. Primary Data was collected from the respondents through interview schedule. The help of the Asha workers of the particular colonies was utilised to have a better rapport. The nutritional status was assessed by Anthropometric Measurements like body weight, height and Body Mass Index. The Body Mass Index was calculated by height and body weight measurements. Body Mass Index (BMI) = Weight in Kilogram/ Height in Meter<sup>2</sup>. The following cuts off points were used: CED BMI < 18.5kg/m<sup>2</sup>- Underweight, Normal: BMI= 18.5-24.9 kg/m<sup>2</sup>, Overweight: BMI > 25kg/m<sup>2</sup>.

## Results and Data Analysis

Health of Yerava women is directly linked to her socio-economic status, the environment in which she lives, the educational status she has and the families' ability to earn has a bearing on her nutritional status. The purchasing power of the female and her status in the family as an assertive member also helps in her nutritional status. The family spending on alcohol and other addictions like pan, chewing tobacco impacts the women's intake of nutrition.

## Consumption of Nutritious Food

**Table 1:** Consumption of Nutritious food by the Respondents N= 390

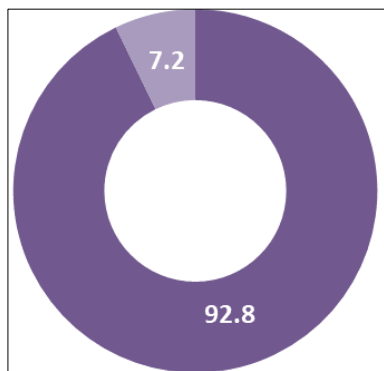
Sl. No	Variables	Daily	Weekly	Occasionally	Never	Total
1	Milk/ Curd	2.3	3.8	18.2	75.7	100
2	Pulses/ Beans	12.1	67.9	19.5	0.5	100
3	Green Leaf Vegetables	86.2	13.8	0	0	100
4	Fruits	0	4.6	25.1	70.3	100
5	Eggs	1.0	93.1	5.9	0	100

6	Fish	0	95.6	4.4	0	100
7	Chicken	0	92.8	7.2	0	100
8	Meat	0	91.3	8.7	0	100

**Note: (Figures in Percentage N=390)**

A wide variety of nutritious food and a well-balanced diet with adequate protein, fat, carbohydrate, vitamins and minerals are required for women’s health. The Yerava women’s diet mostly consists of rice and curry or at times rice gruel, they carry lunch to work and in the evenings they again eat rice and curry with chutney made spicy. They also eat pork, chicken and meat of hunted small wild animals. Dried fish is consumed regularly and fresh fish is cooked generally on market days. Milk and curd is a luxury they cannot afford on a daily basis, Table 1 shows that Milk/Curd is consumed daily by 2.3 percent women, weekly by 3.8 percent, but 18.2 percent consume milk/curd occasionally and 75.7 percent never consumed milk/curd. 67.9 percent consume pulses or beans weekly and 0.5 never consumed pulses/beans. All the respondents consumed green leafy vegetables on daily and weekly basis. Consumption of fruits by the respondents was less common, 70.3 percent women never consumed fruits. Majority of the respondents consumed eggs, fish, chicken and meat weekly.

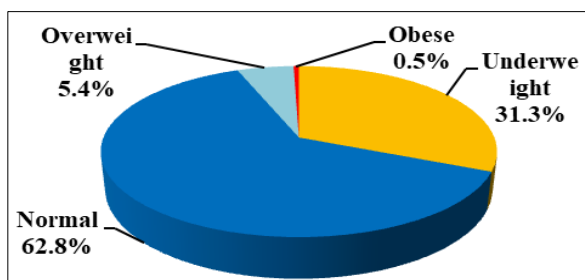
**Special Nutrition Programme**



**Fig 1:** Utilization of Special Nutrition Programme by the Respondents N=390

Tribal nutrition Programme was initially implemented to help tribals who were suffering from malnutrition, during rainy season when they could not move around looking for work or the heavy monsoon prevented them from working. Wild animals now more in number also deter the tribals from moving freely around in the jungles in search of food. 92.8 percent respondents have utilized the special nutrition programme and others could not utilise it as they need proper documents.

**Nutritional Status of Women/Anthropometric Data**



**Fig 2:** Body Mass Index of the Respondents N= 390

Body mass index (BMI) is calculated by dividing weight in kilograms by height in metres squared (kg/m<sup>2</sup>). The nutritional status of Yerava women is linked to their Body Mass Index. The body mass index of the Yerava women is judged by the height and weight. Figure 2 shows that 31.3 percent women are underweight or thin less than 18.5, 62.8 percent women have BMI in a normal range between 18.5-24.9, but 5.4% women are overweight between 25.0- 29.9 and a very few (0.5%) are obese greater than or equal to 30.0.

The relationship between BMI, Nutritional Status and Health Status using Karl Pearson Coefficient analysis.

**Table 2:** Correlation between BMI, Nutritional status and Health status

		Health Status Score	Nutrition Status
Nutritional Status	Pearson Correlation	0.488	
	p	0	
	N	sig	
BMI	Pearson Correlation	0.515	0.411
	p	0	0
	N	sig	Sig

The correlation coefficient between nutritional status and health status is r=0.488 represented in Table 2. A significant positive correlation was observed between these two variables. The coefficient correlation between BMI and health status is r = 0.515 and BMI and Nutrition status is r = 0.411. Based on this value we can infer that there exist significant positive correlations between these variables. The higher the nutritional status, the health status will be better and also, improvement in the nutritional status leads to better BMI and higher the BMI, better the health status.

**Conclusion**

Nutrition is a critical determinant of health, influencing both physical and cognitive development, particularly among women. In India, tribal women face unique challenges regarding their nutritional status due to a combination of socioeconomic, cultural, and geographical factors. However, various studies have consistently shown that tribal women are more likely to suffer from malnutrition, anemia, and other health problems than women from non-tribal communities. The reasons for this disparity can be attributed to several factors, including lack of access to nutritious food, inadequate healthcare facilities, limited awareness about health and hygiene, and cultural practices that may affect women's nutrition negatively Basu.S (1992) [1], Basu S.K (1993) [2]. Nutrition transition refers to major cyclical changes in the nutritional profile of human populations produced by modifications in both dietary and nutrient expenditure patterns and determined basically by interplay of economic, demographic, environmental and cultural changes occurring in the society Popkin (1993) [10]. Consumption of a wide variety of nutritious food and a well-balanced diet with adequate protein, fat, carbohydrate, vitamins and minerals are required for women's health Basu (1994) [3]. The study reported that 86.2 percent consumed

green leafy vegetables daily, whereas 75.7 percent never consumed milk/curd, but eggs, fish, chicken and meat were consumed weekly. The majority of the respondents utilised the special nutrition programme given by the Government. The nutritional status of yerava women is linked to their Body Mass Index (BMI). Study shows that 31.3 percent of women are malnourished with a BMI of less than 18.5, indicating nutritional deficiency, 62.8 percent of women have a BMI in a normal range between 18.5- 24.9. The dietary pattern of the Yerava women appeared relatively unchanged from traditional diet. Therefore, it is essential to focus on improving the nutritional status of tribal women by implementing policies and programs that address the root causes of these problems. These could include providing access to nutritious food, improving healthcare facilities, promoting education and awareness about health and hygiene. Therefore, it is essential to focus on improving the health and nutritional status of tribal women by implementing policies and programs that address the root causes of these problems. These could include providing access to nutritious food, improving healthcare facilities, promoting education and awareness about health and hygiene, and involving tribal women in decision-making processes related to their health and well-being. Overall, improving the health and nutritional status of tribal women is crucial not only for their own well-being but also for the development of their communities and the nation as a whole.

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