



THE SOCIO ECONOMIC PROFILE OF THE TRIBAL ADOLESCENCE GIRLS (13-15YEARS)

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ABSTRACT A tribe is viewed historically or developmentally as consisting of a social group existing before the development of or outside or states. The health and nutritional status of women in India face many serious concerns. Socio-economic factors and unawareness of knowledge influence their health and nutritional status. This study was undertaken to investigate the socio economic profile of the selected Tribal Adolescents Girls (13-15 years) in Dindigul District. One hundred and twenty tribal adolescence girls were selected for the study using the purposive sampling method. A well structured questionnaire was used to elicit relevant information from the participants. Outcomes of the study indicate that adolescence girls are low per capita income, improper dietary practices, unhealthy lifestyle and lack of nutritional knowledge. The tribal adolescence girls need awareness of education, hygienic practices, and deficiency diseases. Education also plays a role in income. Median earnings increase with each level of education. Education plays a major role in skill sets for acquiring jobs. The awareness of education to increase their awareness, knowledge, socio economic level.

KEYWORDS : Adolescence, Tribe, Economic

Introduction:

Tribe is a social group with territorial affiliation, endogamous with no specialization of functions ruled by tribal officers hereditarily or otherwise, united in language or dialect recognizing social distance with other tribes or castes (majumdar, 2010). (1) Tribe is a group of bands occupying a contiguous territory or territories and having a feeling of unity deriving from numerous similarities in a culture, frequent contacts and a certain common of interests (Ralph Linton, 2008). (2) A person's level of education has a direct impact on their earning ability, with higher earning power leading to more educational opportunities that in turn increase future income potential. (3) Communities with low socioeconomic status in the U.S. have higher rates of infant mortality, obesity, and cardiovascular health issues. (4) Along with poor physical health, communities with low socio economic status report more cases of depression, suicide, drug abuse, behavioral and developmental issues. (5) Along with the impact on an individual's well being, socioeconomic status can also have an impact on communities, including rates of crime and poverty. (6) Socioeconomic status is a term used by sociologists, economists, and other social scientists to describe the class standing of an individual or group. (7) It is measured by a number of factors, including income, occupation, and education, and it can have either a positive impact on a person's life. (8) Research indicates that children from low socio economic status households and communities develop academic skills slower than children from higher socio economic status groups (Morgan, Farkas, Hillemeier, & Maczuga, 2009). (9) For instance, low socio economic status in childhood is related to poor cognitive development, language, memory, socio emotional processing, and consequently poor income and health in adulthood. (10) Inadequate education and increased dropout rates affect children's academic achievement, perpetuating the low socio economic status of the community. (11)

Objectives of the study:

1. Assess the socioeconomic background of the selected respondents.
2. Assess the educational status of the selected respondents

Methodology

This prospective study was conducted on randomly selected one hundred and twenty number of adolescent girls in the age group of 13-15 years were selected. Thirty four from Puhupatti, 25 were from kaduguthadi pudhur, 29 and 32 were from korangombu and Mulaiyar respectively. All the selected respondents were literates. In this method of sampling the choice of sample items depends exclusively on the judgment of the investigator.

Results and discussion

In this study concluded the selected tribal adolescence girls were living poor economic status, and poor education. Their parents were most of them illiterates. Improved education level their also improved economic level and better living status. The present study indicated

that there has been socio economic status of the selected tribal adolescent girls.

Table-1 General information of the respondents

Criteria	Number (N=120)	Percentage
Age in years		
13 years	40	33
14 years	33	28
15 years	47	39
Types of family Nuclear family	90	75
Joint family	30	25
Educational Status Illiterates	98	82
Literates	22	18

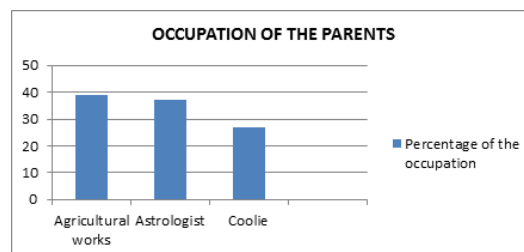
Table-1 shows the general information of the selected respondents. Thirty nine percent of the respondents belonged to 15 years of age followed by 33 percent in 14 years of age and 28 percent in 13 years of age. The 75 percent of the respondents were in nuclear family system the remaining 25 percent of the respondents were in joint family system. Eight two percent of the respondents fathers were illiterates. Only eighteen percent were literates. It also show that only

Four percent of their mothers were literates and the rest ninety six percent were illiterates and compared to mother, their father's literacy rate was higher. It also revealed that majority of the mothers were uneducated which might also be the reason for the taboos and fads followed by the respondents.

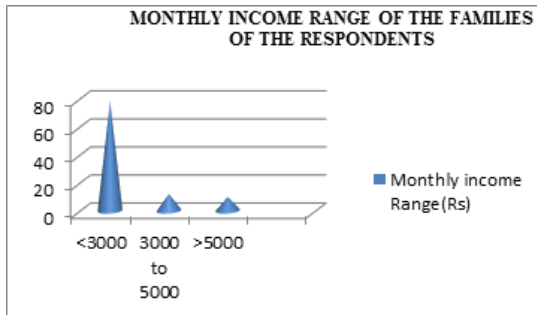
Table-II Food consumption frequency of selected respondents

Frequency of meal	Respondents	
	Number	Percentage
2 times	30	25
3 times	70	58
4 times	20	17
Total	120	100

Table-II shows the frequency of meal consumed by the respondent per day. It is clear from the data that 25 percent, 58 percent and 17 percent of the respondents consumed two, three and four meals per day respectively.



Following data shows the occupation of the parents. Majority (39%) of the respondents fathers were agricultural workers, thirty seven percent were astrologer followed by 24 percent working as a coolies.



The above data reveals the monthly income ranges of the respondents families. Seventy eight percent of the respondent's family income had below Rs-3000/-. Twelve percent of the respondents family had income from Rs.3000 to 5000 and only 10 percent of the respondents families income was greater than Rs.5000. This indicates that most of the tribal families had a very low monthly income that naturally leads to poor standard of living.

Conclusion:

Socioeconomic status encompasses not just income but also educational attainment, financial security, and subjective perceptions of social status and social class.(12) Socioeconomic status can encompass quality of life attributes as well as the opportunities and privileges afforded to people within society. (13)Poverty, specifically, is not a single factor but rather is characterized by multiple physical and psychosocial stressors. Improving school systems and early intervention programs may help to reduce some of these risk factors; therefore, increased research on the correlation between socioeconomic status and education is essential.

Reference:

1. Majumdar, Twenge JM, Nolen-Hoeksema S. (2010) Age, gender, race, socioeconomic status, and birth cohort differences on the children's depression inventory; ;111:578–88. [PubMed]
2. Ralph, Linton, Reijone JH, Pratt HD, Patel DR, Greydanus DE. (2008) Eating disorders in the adolescent population: An overview. *J Adolesc Res*; 18:209–22.
3. Johnston LD, O'Malley PM, Bachman JG. Rockville(2009) National Institute on Drug Abuse; 2009. Monitoring the future: national survey results on adolescent drug use: overview of Key Findings, (NIH Publication No 00-4923)
4. World Health Organization. Geneva: World Health Organization; 2002. Adolescent Friendly Health Services – An Agenda for Change; p. 5.
5. World Health Organization Physical Status: (1995) The use and Interpretation of Anthropometry Technical Report Series 854 Geneva. World Health Organization. pp. 263–308. [PubMed]
6. Adolescents Nutrition: (2005) A review of the situation in selected South - East Asian countries World Health Organization. Regional office of South East Asia. Dec 29, Executive Summary.
7. Anand K, Kant S, Kapoor SK. (1999) Nutritional Status of Adolescents school children in rural north India. *Indian Pediatr.* ;36:810–5. [PubMed]
8. Rao S Biosci. J (2001) Nutritional Status of Indian population. ;26:481.
9. Helene Delisle, V Chandra Mauli, Bruno De Benoist. (2005) Should Adolescents be specifically targeted for nutrition in developing countries Available from: <http://www.who.int/child-adolescent>. [last accessed on Jul 10]
10. McPherson A. (2005) Adolescents in Primary care (ABC of Adolescents) *BMJ*. 2005;330:465–[PMC free article] [PubMed]
11. Christie D, Viner R. Adolescents development (ABC of Adolescents) *BMJ*. 2005; 330(7486):301–4. [PMC free article] [PubMed]
12. Ministry of Tribal Affairs. (2013) Tribal sub plan. Government of India, -14. [accessed on April 2, 2014]. Available from: <http://tribal.nic.in/Content/SpecialCentralAssistanceToTribalSubPlan.aspx>.
13. Ministry of Tribal Affairs. (2014). Statistical profile of scheduled tribes in India. Ministry of Tribal Affairs, Statistics division, Government of India 2013. [accessed on June 15, Available from: www.tribal.nic.in.