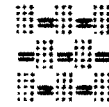


CHAPTER - V



CONCLUSION



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The study of 'Food production and nutrition in Karvir tahsil' reveals the nutritional status of population and deficiency diseases. The diet survey is conducted for assessing the nutritional level of the people. Stratified random sampling method is used for the selection of villages and for the selection of households in each village. A comprehensive questionnaire for diet survey is prepared. Interviews of Medical Officers of Primary Health Centres were conducted for the assessment of nutritional deficiency diseases.

The physical and socio-economic factors influence the food production level. In the study region disparity occurs in food production. In some parts of the region food production level is high, whereas some areas are not self-sufficient in food production. River basins and fertile irrigated lands are brought under sugarcane cultivation, so there is shortage of foodgrain production, it reflects on nutritional status of the region. Nutritional status is better in the irrigated areas than in the non-irrigated areas, as the purchasing power of people is high in the irrigated areas. Actually foodgrains production is low in irrigated areas but their nutritional status is higher than the non-irrigated areas.

There is variation in the density and pressure of population on land. The river basins of the tahsil have high crude density of population, physiological and nutritional density is also high, but the caloric density is high in eastern part of the study region. The population of Karvir tahsil was 6,05,931 (includes urban population) in 1981, which increased to 7,35,087 in 1991. But the present study deals with only rural areas of the tahsil. Thus the rural population of Karvir tahsil was 2,65,360 in 1980, which increased to 3,17,801 in 1991. The growth rate of rural population is 19.29 percent.

The growth rate of population is relatively more than the foodgrains production of the region. There is regional disparity in the growth rate of population and foodgrains production. The availability of foodgrains depends upon the ecological factors as well as population density. Population plays a vital role in foodgrains availability and consumption. The actual consumption of foodgrains of individual or a family depends not only on availability but its purchasing power. Therefore, there is also a need to increase the purchasing capacity of the peoples in the region.

Rice, jowar, ragi, maize, groundnut and some pulses are the major kharif crops, whereas wheat, jowar, gram, pavata

(bean) are the rabi crops of the study region. Rice and jowar are the staple crops of the region. They occupied 10 percent of the total cropped area (70%) and only 2 to 3 percent area was under pulses, gram and tur are the main pulses and groundnut is a major oilseed of the region. Sugarcane is the main cash crop occupying 30 percent of the total cropped area.

The agricultural production is not keeping pace with the population growth. The per head per day availability of foodgrains is below the standard requirement, which is 370 grams of cereals and 70 grams of pulses per head per day. Considering the total population (excluding the urban sector), the per head per day availability of foodgrains is about 386 grams, the share of cereals being about 380 grams and 6 grams of pulses. There is great deficiency in pulses, which is much below the standard requirement. Availability of cereals is more than standard requirement, which is 10 grams above the requirement. There is sufficient supply of cereals but pulses production is more deficient. And hence malnutrition occurs all over the study region.

Nutrients are the basic components of the health. The results of diet survey reveal that most of the village population is facing the problem of malnutrition and under-nutrition due to deficiencies of nutrients in the diet.

Below 2000 k. calorie intake are found in all villages (majority of population have calorie intake below 2000 k. calorie). Only few percent population of each village have calorie intake near to the standard requirement i.e. 2000 k. calorie. Not a single village was found to have balanced diet. The diet of people in the region, contain predominantly of cereals and pulses, but lack essential requirements or protective foods, i.e. vitamins, minerals etc. The consumption of animal foods like milk, milk products, meat, fish even eggs is very low. The green leafy vegetables and fruits are not seen in the diet. This reflects on nutritional status. And hence there is widespread malnutrition all over the study region.

Anaemia is the dominant disease in the study region, it occurs all over the region. Protein calorie malnutrition, Kwashiorkar and Marasmus occurs in children, calcium deficiency diseases like dental decay, badly formed teeth, reduced growth are observed in the study region. Among the vitamin deficiency diseases night blindness (Vitamin A), Scurvy (Vitamin C), Pellagra (Niacin), Rickets (Vitamin D and Calcium) are observed in the study region. Few cases of tuberculosis and also common cold, diarrhoea are observed in the study region.

To overcome the problem of food supply and nutritional deficiency diseases, following are some of the measures, that can be recommended.

- (1) The agricultural production must be increased by the use of the new agricultural implements, high yielding varieties of seeds (HYV), use of chemical fertilizers, proper irrigation facilities, insecticides and pesticides.
- (2) The farmers should be induced to grow complementary cropping pattern for the balanced diet of the people. As far as possible under existing geographic conditions the cropping pattern which is dominated by certain commercial crops should be properly planned, this could solve the problem of malnutrition to certain extent.
- (3) The consumption of animal foods, green leafy vegetables and fruits is very low in the region. To increase them mixed farming should be attempted.
- (4) Education in nutrition is necessary for balanced diet and for precautions against diseases. Education, publicity and even legislation will be needed for the awareness about nutrition.

- (5) Supply the vitamin drops, especially Vitamin 'A' drops to the children in rural areas.
- (6) Medical extension services should reach the door of every household in rural areas.
- (7) Medical camps should be organised for affected regions, especially eye camp.

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