

J.K COLLEGE PURULIA

Topic: Study on the effect of socio-economic parameters on health status of the Sabar tribes of a Damodarpur village, purulia

Environment Studies

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Study on the effect of Socio-economic parameters on health status of the Sabar tribes of a Damodarpur Village, purulia.

The Sabars are one of the principal Munda-speaking tribes widely spread over hill regions within Orissa, Madhyapradesh, Andhra Pradesh, Bihar, and West Bengal. Sabars seem healthy, the men slim and wiry, the women quietly confident. Communities inhabiting rugged hill regions practice mainly slash-and-burn cultivation, using hoes as their main agricultural implements. Their material standards are lower. Their ritual and religious life, on the other hand, is extraordinarily complex, and they are very much superstitious (Basu et al. 2004; Elwin 1956). Twenty villages in purulia district of the West Bengal dominated by the sub-tribes of India i.e., "Kheria Sabars".

It was observed that the health status of the tribes was comprehensive area-specific and health-related studies were limited. Most of the available studies were isolated, fragmentary and did not cover the various dimensions of health affecting the status of tribes life - i) Sex ratio, ii) Literacy, iii) Marriage practices, iv) Age of marriage, v) Age of mother at

First Conception, vi) Life expectancy at birth, etc. Carloyn and Harphan (1992) observed that health status of a population is influenced by the environmental conditions, health services, characteristics of the population and socio-economic conditions. Grady et al. (1993) observed that studies of the determinants of health outcomes have ~~big~~ focused on individual risk factors, neglecting the socio-economic environment in which the outcomes occur. He also found that community has influence on health outcomes, so as to put health in its socio-economic environment. Diez (2001) related individual health outcomes to socio-economic characteristics of the community (e.g., levels of economic development) and the community health infrastructure. However, such works on our native tribes are scanty in reality. In this context, the present comparative study was carried on different socio-economic parameters, which were used to measure the health status of the four selected tribes of West Bengal, India.

Table 1: Percent distribution of Some demographic and Socio - Personal characteristics of Toto, Santal, Sabar and Lodha tribes.

Items / variables	Divisions	Sabar Tribe	
		Frequency (N=80)	Percentage
Category	Land less	68	8.5
	Marginal	10	12.5
	Small	2	2.5
	Medium - Large		
Religion	Hindu	80	100
	Muslim		
	Christian		
	Any - other		
Age	20 - 40	42	52.5
	41 - 60	38	47.5
Sex	Male	35	43.8
	Female	45	56.3
Marital Status	widow / widower	2	2.5
	Married	65	81.3
	unmarried	13	16.3
Child numbers	0	27	33.8
	1	5	6.3
	2	23	28.8
	3	15	18.8
	4	6	7.5
	5	3	3.8
	6	1	1.3
	7		
Education	8		
	Illiterate	78	97.5
	Can read only		

Items / Variables	Divisions	Sabar Toribe	
		Frequency (N=80)	Percentage
Education	Can read and write		
	Primary		
Family education Status	Middle	3	2.5
	High class School		
	Graduate		
	Illiterate	76	95
	Can read only	4	5
	Can read and write		
	primary		
	Middle		
Occupation	High School		
	Graduate		
	Not applicable	6	7.5
	Labour	54	67.5
	Caste occupation	1	1.3
	Business		
	Independent		
	occupation		
	cultivation	19	23.8
	Service	4	5
	cultivation and	2	2.5
	Caste occupation		
	cultivation and	4	1.3
	Business		
Land Type	No land	68	85
	Wet land		
	Dry land	12	15
Income	Low income	78	97.5
	Middle income	2	2.5
	High income		

Items/variables	Divisions	Sabar Tribe	
		Frequency (N=80)	Percentage
House Type	No house		
	Hut	75	93.8
	Kutcha house	5	6.3
	Mixed house		
	Pucca house		
Family Size	Up to 5	30	37.5
	more than 5	50	62.5
Effective Family Size	1		
	2	6	7.5
	3	2	2.5
	4	22	27.5
	5	6	7.5
	6	17	21.5
	7	22	27.5
	8	1	1.3
	9		
	10		
	11	4	5
Family Type	Single family	24	30
	Joint family	56	70

Result

It was clear from Table 1 that maximum Sabar respondents were landless and they did not have any extra land for extra income like cultivation etc.

That is why Sabar respondents were mainly involved in labour class and due to their occupation, their income was very low. The data also showed that maximum Sabar respondents were illiterate which may be due to poor economic condition and large family size. Nagda stated that literacy among the tribal of Rajasthan were extremely low which affect the health service status. Young et al. also observed the positive relation between education and health.

Sabar family also preferred to stay as a joint family because in pursulia district, the area of Sabar tribe, Sabar made a separate locality or para for their own that was also known as Sabar para. Sabar stays in Kutichie house made up of straw, bamboo, stone and mud according according to economic status.

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