

TRENDS AND DETERMINANTS OF IMPACT ON ECONOMIC ATTRIBUTES OF BAIGA HEALTH STATUS**ARUN K. JAIN^a & AWDHESH N. SHARMA^b****a. Guest Lecturer, Department of Anthropology, G.G.U. Bilaspur (C.G.)****b. Professor, Department of Anthropology, H. S. Gour University, Sagar (M.P.), India****ABSTRACT**

Living standard of any community or society is depending on the source of income condition. The economic condition affects the living standard and living standard affects the health status. The objective of the present paper is to study the trends and determinants of the impact of economic attributes on health status among the Baigas of Mandla District, M. P. The present investigation is based on interviews of 400 Baiga households from five different blocks of Mandla district. The block and villages were selected randomly as per the concentration of blocks. The data were collected from the households of the Baigas of Mandla district, Madhya Pradesh. Observations have been conducted through semi-participants methods. The maximum Baigas are occupied in agriculture, total monthly income of Baiga families is between Rs. 1501-2500, they are under the debt of creditor and the maximum Baigas pay the debt rate 6-10 per cent, which reflect on their economy. The programs should be launched according to their aspirations, needs and resources, because economic status plays an important role for determining the health status.

Key Words: Economic attributes, Baiga, Mandla, Health Status

Introduction

India is a homeland of more than 400 tribal communities who live in different ecology set up with different socio-cultural and techno-economic behavior. Almost 80 per cent of the tribal communities live in forest environment. It had been noted by many that tribal communities living in forest ecosystem, have over all better health status than the communities living in the forest free areas. It is true that in the food gathering societies, when compared do men and women collect more food items which are having high nutritious value. Health status of an individual community depends on several factors viz; ecological condition, house type, sanitary habits, way of life style, economic status and food & nutrition etc. (Sahani, 2003).

There is a general agreement that the health status of the tribal population in India is a very poor. There are different studies Chowdhari (1985), Chowdhari (1986), Mukharjee (1986), Rizvi (1986), Basu (1990), Heque (1990), Swain, et. al. (1990), Mahapatra, et. al. (1990), Durishamy (2001), Sharma, et. al. (2005) etc.

Living standard of any community or society is depending on the source of income condition. The economic condition affects the living standard and living standard affects the health status.

There are four major determinants of health. They are heredity, nutrition, environment and hygiene's (life style). Except heredity all other factors are within the control of the individual and the community. However, healthy environment, life style and adequate nutrition much depend on the socio-economic status of an individual and community as well as family. Traditionally tribal economy depends of food gathering, hunting, primitive cultivation, forest labor, collection and sale of minor forest product and fishing. The economy is based on the concept 'production for consumption' and not a 'production for income or saving'. So maximum tribal families are economically below the national poverty line and they are also suffering from malnutrition and health problems.

On the related aspects a number of studies have been made by various investigators, viz. Caprihan (1982), Vaishnav (2000), Sarkar and Mommudin (2003), Sharma and Jain (2004), Jain and Sharma (2006) and Sharma and Gupta (2006) etc. Here the attempt has been made to assess the level of economic condition of the Baigas of Mandla district. The results of the relevant aspects are presented in the following tables:

The objective of the present paper is to study the trends and determinants of the impact of economic attributes on health status among the Baigas of Mandla District, M. P.

Materials and Methods

The present investigation is based on interviews of 400 Baiga households from five different blocks of Mandla district. Mandla district is located in the east central part of the Madhya Pradesh. It lies between the latitude 220.2' and 230.22' north and longitude 800.18' and 810.50' east. The total area of the district is 13,269 Sq. Km. The block and villages were selected randomly as per the concentration of blocks. In this regard 80 samples were selected randomly from the five villages of each block and approximately 16 samples were selected randomly from each village. The data were collected from the households of the Baigas of Mandla district, Madhya Pradesh. One sample was collected randomly from each household of randomly selected villages. The present study has been conducted through interview schedule. Simultaneously, group discussions and informal interview methods have been used. Observations have been conducted through semi-participants methods.

Results and Discus

Here attempt has been made to determine health status on the basis of frequency of morbidity of the Baigas, but, ignored the parasitic disease i.e., malaria etc. Here good health status 0-2 frequency of morbidity in last one year, rather than average health status 3-5 frequency of morbidity and poor health status 6 and above frequency of morbidity. Results are presented in the following manner:

Table 1 Shows information regarding trend of health status among the Baigas, it could be seen from the table that the maximum number of Baiga poor health status (41.00), rather than average health status (36.00) and good health status (23.00). It could be concluded that more than 50.00 percent population belonging to poor health status.

Table 2 Shows information regarding sex-wise distribution of health status among the Baigas, it could be seen from the table that the poor health status observed slightly more among males (42.61) as compared to females (39.32). On the other hand average health status reported more or less same among male (35.93) and females (36.14). It could be concluded from the table that female's shows slightly better health status as compared to males.

Table 3 Shows information regarding age wise distribution of health status among the Baigas, it could be seen from the table that good health status is reported among those individuals who belong the age group of 11-15 years (30.61), while health status is observed poor among 7-10 years age group (43.96). In the same way the average health is reported among the individuals who belongs the age group of 3-6 years (38.84). It could be concluded from the table that maximum percentage of poor health status is reported among the 7-10 year of age group and good health status observed among 11-

15 years of age group. On the basis of above mentioned findings, it may be suggested that 01-10 year age group is the most important segment of the population structure, which suffered more from poor health. Thus district health authorities and related non-government organizations should launch proper programmes related to awareness and immunization and health awareness etc. So, that health status could be uplifted significantly among the Baigas.

Table 4 Shows information regarding the health status and occupation, the occupational category is divided in agriculture farmer, agricultural laborer, laborer, services and other categories individual household work as well as sedentary work. This study shows that in agricultural farmer category maximum number of respondent have average health status (42.86), while minimum number of respondent have good health status (21.43). When we can see the health status among agricultural labour the maximum number of people belong to poor health status (44.90), while minimum occurrence in good health status (22.45). The studies among labour categories reveal that maximum population have poor health status (45.95) as compared to minimum individuals have good health status (24.32). The people among other occupational categories, it has been observed that maximum individuals have poor health status (55.00) in comparison to few individuals have good health status (10.00). The people among services category, it has been observed that individuals have good health status (37.50) in comparison to other occupational categories. Thus this study generalizes the statements that only services categories have high frequency of good health status in comparison to other occupational categories. This may be because of the other categories have poor income, unawareness as well as not proper intake of diet, the maximum population belongs to poor health status.

Table 5 Shows information regarding land occupied by the household and health status among the Baigas, it could be seen from the table that good health status is reported among those individuals who occupied more than 10 acres land (33.33), whereas the health is found poor among those occupied below 2 acres of land (47.62). On the other hand the average health status is reported among those, who occupied more than 10 acres land (50.00). On the basis of above mentioned findings, it may be stated that land occupied by the household play an important role to determine the economic status and there is direct relationship between economic status and health status.

Table 4.8 Shows information regarding irrigated land possesses and health status, it could be seen from the table that the good health status is reported among those individuals who occupied irrigated land (34.04), whereas the health is found poor among those individuals have no any irrigated land (56.96), In the same way the average health status is reported among those individuals who occupied irrigated land (39.36). It could be concluded from the table that the maximum percentage of

poor health status is reported among those who occupied no any irrigated land and good health status is reported among those, occupied irrigated land. On the basis of above mentioned findings irrigated land plays an important role. Because irrigation condition of land generates to good crops and that increase the economic condition and that economic condition directly related to health status.

Table 7 Exhibits information regarding total monthly income and health status among the Baigas, it could be seen from the table that the good health status is reported among those individuals who earn monthly Rs. 1501-2000 (37.84), whereas the health status is found poor among those, who earn less than Rs. 500 (64.52). In the same way average health status is reported among those individuals, who earn Rs. 2001-2500 (46.58). It could be concluded from the table that the maximum percentage of poor health status is reported among those individuals, who earn less than Rs. 500 per month and good health status is reported among those individuals who earn Rs. 1501-2000. On the basis of above mentioned findings, it may be suggested that government and non-government organizations should launch proper program income generation programmes, according to their need and inspirations, because, economy plays an important role to determine the health status.

Table 8 Exhibits information regarding debt situation and health status, it could be seen from the table that the good health status is reported among those individuals who do not take any type of debt (37.14), whereas the health status is found poor among those individuals who take debt by creditors (54.09). It could be concluded from the table that the maximum percentage of poor health status observed among those individuals who take debt by creditor and the good health status is reported among those individuals who do not take debt. On the basis of above mentioned findings, it may be stated that the economy plays an important role to determine the health status.

Table 9 Shows information regarding reason of debt, it could be seen from the table that maximum Baigas take debt for agriculture purposes (34.61), rather than marriage (33.08) and some others reason, viz., personal use and various rituals or ceremonies (32.31).

Table 10 Shows information regarding debt rate, it could be seen from the table that the maximum individuals take debt at the rate of 6-10 percent (25.50), followed by up to 10 percent (21.00) and less than 6 percent (20.50). On the basis of above mentioned findings, it may be stated that the maximum Baigas take the debt at the rate of 6-10 percent.

On the basis of above cited findings and discussion, it may be concluded that:

1. The maximum numbers of Baigas exhibits poor health status (41.00).

2. The good health status is reported slightly higher among females (24.54), as compared to males (21.46).
3. The good health status is reported more among the 11-15 year's age group (30.61).
4. It could be stated that, more than 50 percent Baiga population belong to poor health status.
5. It has been observed that individuals have good health status belong to service category (37.50), whereas poor health status is reported among those individuals who occupied in other occupations (55.00) viz. labour work etc.
6. The good health status is reported among those individuals who occupied more than 10 acres land (33.33), whereas the health is found poor among those occupied below 2 acres of land (47.62).
7. The maximum Baigas possess irrigated land (47.00), whereas the health is found poor among those individuals who have no any irrigated land (56.96).
8. The good health status reported among those individuals who earn Rs. 1501-2000 as monthly income (37.84), whereas the health status is found poor among those, who earn less than Rs. 500 (64.52).
9. The good health status is reported among those individuals who do not take debt (37.14), whereas the health status is found poor among those individuals who take debt by creditors (54.09).
10. The maximum Baigas take debt for agriculture purposes (34.61).
11. The maximum Baigas take debt at the rate of 6-10 percent (25.50).

There is slight variation in sex-wise health status. The maximum percentage of poor health status is reported among the 0-2 year age group. Thus district health authorities and related non-government organizations should launch proper programmes related to awareness and immunization etc. So, that health status could be uplifted significantly among the Baigas. It could be concluded that, the maximum Baigas are occupied in agriculture, total monthly income of Baiga families is between Rs. 1501-2500, they are under the debt of creditor and the maximum Baigas pay the debt rate 6-10 per cent, which reflect on their economy.

In all, it could be stated that the monthly income and situation of debt etc. reflects their poverty level and living standard. Thus there is an urgent need to launch some income generating programs to

improve economic status of the Baigas and bring the awareness regarding the proper utilization of their skills and resources by government and non-government organizations. The programs should be launched according to their aspirations, needs and resources, because economic status plays an important role for determining the health status.

References

1. Caprihan, S.P., 1982. An Open Invitation for Assault on Poverty Hunger and Unemployment in Developing Countries. New Delhi: Redecon (India) Pvt. Ltd.
2. Chaudhery, B. D., 1986. Cultural Dimensions of Health: A Study of West Bengal Villages, Tribal Health: Socio-Cultural Dimension. (Eds.) B. D. Choudhary. New Delhi: Inter India Publications. pp. 289-301.
3. Duraisamy, P., 2001. Health Status and Curative Health Care in Rural - India, Working Paper Series 78. N. Cou. of App. Eco. Res. New Delhi.
4. Heque, M., 1990. Height, Weight and Nutrition among the Six Tribes in India. In Cultural and Environmental Dimension on Health. (Eds.) B. D. Choudhary. New Delhi: Inter India Publications. pp. 121-125.
5. Jain, A.K. & Sharma, A.N., 2006. The Berias (Rai Dancers), Socio-Demographic and Reproductive health care practices. New Delhi: Sarup & Sons.
6. Mahapatra, D. & Das, J., 1990. Nutritional Ecosystems of Orrisa Tribals. In Cultural and Environmental Dimensions on Health. (Eds.) B. D. Choudhary. New Delhi: Inter India Publications.
7. Mukherjee, B. M., 1986. Ageing Members and their Health in Changing Techno-Economic Condition. Tribal Health: Socio-Cultural Dimension. (Eds.) B. D. Chaudhary. New Delhi: Inter India Publications. pp. 99-110.
8. Rizvi, S.N.H., 1986. Health Practices of the Jaunsaris a Socio-cultural Analysis. In Tribal Health: Socio-cultural Dimensions. (Eds.) B. D. Chaudhuri. New Delhi: Inter-India Publications. pp. 138-147.

9. Sahani, R.K., 2003. Nutritional and Health Status of the Jarwas. J of Anth. Sur. of Ind. 52, 47-65.
10. Sarkar, P.O. And Mohiuddin, M.D., 2003. Arsenic Poisoning and Its Impact on the Socio-economic and cultural life of the people of Bangladesh. S. A. Anth. 2 (2), 97-102.
11. Sharma, A. N. and Gupta, P., 2006. The Great Andamamse of Strait Islands. New Delhi: Sarup & Sons.
12. Sharma, A.N. & Jain, M., 2004. The Denotified (Ex-criminal) Kuchbandiyas of Sahgarh. New Delhi: Sarup & Sons Publication.
13. Swain, S., Jena, S.C. and Singh, P., 1990. Morbidity Status of the Khonda Tribes of Phulabani, Orrisa. In Cultural and Environmental Dimension on Health, (Eds.) B. D. Choudhary. New Delhi: Inter India Publications. pp. 155-161.
14. Vishnav, T.K., 2000. Socio-Economic Aspects of Tribal Health. Tribal Health. (Eds.) R. Choubey and K.K.N. Sharma. Allahabad: K.K. Publications. pp. 51-55.

Table 1: Trends of health status

S.N.	Status trends of health	Absolute	Percentage
1.	Good	92	23.00
2.	Average	144	36.00
3.	Poor	164	41.00
Total		400	100.00

Table 2 Sex wise health status trends of Baigas

S.N.	Health Status	Sex- wise trends		Total
		Male	Female	
1.	Good	215 (21.46)	239 (24.54)	454 (23.00)
2.	Average	360 (35.93)	352 (36.14)	712 (36.00)
3.	Poor	427 (42.61)	383 (39.32)	810 (41.00)
Total		1002 (100.00)	974 (100.00)	1976 (100.00)

Table 3: Age wise health status

S.N.	Age wise trends	Health Status			Total
		Good	Average	Poor	
1.	0-2 years	18 (18.37)	38 (38.78)	42 (42.86)	98 (100.00)
2.	3-6 years	50	94	98	242

		(20.66)	(38.84)	(40.50)	(100.00)
3.	7-10 years	61 (20.47)	106 (35.57)	131 (43.96)	298 (100.00)
4.	11-15 years	60 (30.61)	66 (33.67)	70 (35.71)	196 (100.00)
5.	16-20 years	65 (28.51)	73 (32.02)	90 (39.47)	228 (100.00)
6.	21-55 years	130 (19.32)	253 (37.59)	290 (43.09)	673 (100.00)
7.	56 years above	70 (20.05)	81 (33.61)	90 (37.34)	241 (100.00)
Total		454 (23.00)	712 (36.00)	810 (41.00)	1976 (100.00)

Table 4: Occupation and health status

S.N.	Cleaning habits of defecation	Health status			Total
		Good	Average	Poor	
1.	Agriculture	30 (21.43)	60 (42.86)	50 (35.71)	140 (100.00)
2.	Agriculture labor	22 (23.45)	32 (32.65)	44 (44.90)	98 (100.00)
3.	Labor	18 (24.32)	22 (29.73)	34 (45.95)	74 (100.00)
4.	Services	18 (37.50)	16 (33.33)	14 (29.17)	48 (100.00)
5.	Other occupation	04 (10.00)	14 (35.00)	22 (55.00)	40 (100.00)
Total		92 (23.00)	144 (36.00)	164 (41.00)	400 (100.00)

Table 5: Land occupied by the household and health status

s. N.	Health status	Land occupied by the household							Total
		0-2 acres	2-4 acres	4-6 acres	6-8 acres	8-10 acres	More than 10 acres	Not separate land	
1.	Good	26 (24.76)	16 (18.18)	18 (28.86)	08 (23.53)	08 (19.05)	04 (33.33)	12 (22.22)	92 (23.00)
2.	Average	30 (28.57)	32 (36.36)	26 (38.81)	14 (41.18)	18 (42.85)	06 (50.00)	18 (33.33)	144 (36.00)

3.	Poor	50 (47.62)	40 (45.46)	22 (32.83)	12 (45.29)	16 (38.10)	02 (16.67)	24 (44.45)	164 (41.00)
Total		105 (100.00)	88 (100.00)	67 (100.00)	34 (100.00)	42 (100.00)	12 (100.00)	54 (100.00)	400 (100.00)

Table 6: Irrigated land possess and health status

S.N.	Health status	Irrigated land possess			Total
		Irrigated	Not irrigated	Not separated land	
1.	Good	64 (34.04)	16 (10.13)	12 (22.22)	92 (23.00)
2.	Average	74 (39.36)	52 (32.91)	18 (33.33)	144 (33.00)
3.	Poor	50 (26.60)	90 (56.96)	24 (44.45)	164 (44.00)
Total		188 (100.00)	158 (100.00)	54 (100.00)	400 (100.00)

Table 7: Monthly income and health status

S.N.	Health status	Total monthly income of the family						Total
		Less than 500	501-1000	1001-1500	1501-2000	2001-2500	More than 2500	
1.	Good	08 (12.93)	06 (10.71)	15 (21.74)	28 (37.84)	17 (23.28)	22 (36.67)	92 (23.00)
2.	Average	14	20	32 (46.38)	24	34	20	144

		(22.58)	(35.72)		(32.43)	(46.58)	(33.33)	(36.00)
3.	Poor	40 (64.52)	30 (53.57)	22 (31.88)	22 (29.73)	22 (30.14)	18 (30.00)	164 (41.00)
Total		62 (100.00)	56 (100.00)	69 (100.00)	74 (100.00)	74 (100.00)	60 (100.00)	400 (100.00)

Table 8: Debt situation and health status

S.N.	Health status	Debt			Total
		No debt	Under the government	Under the creditor	
1.	Good	52 (37.14)	30 (23.44)	10 (07.58)	92 (23.00)
2.	Average	50 (35.72)	50 (39.06)	44 (33.33)	144 (36.00)
3.	Poor	38 (27.14)	48 (37.50)	78 (59.09)	164 (41.00)
Total		140 (100.00)	128 (100.00)	132 (100.00)	400 (100.00)

Table 9: Reason of debt

S.N.	Reason of dept	Ab.	PC.
1.	Marriage ceremony	86	33.08
2.	Agriculture & agriculture apparatus	90	34.61
3.	Other reason	84	32.31
Total		260	100.00

Table 10: Debt rate

S.N.	Debt rate	Ab.	Pc.
1.	0-5 %	74	18.50
2.	6-10%	102	25.50
3.	More than 10 %	84	21.00
3.	No debt	140	35.00
	Total	400	100.00