

STUDY ON COMPARATIVE HEALTH STATUS OF SELECTED SANTHAL & SABAR TRIBES IN NORTH BENGAL REGION OF WEST BENGAL, INDIA

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ABSTRACT

Aim of the study: The study was conducted to reveal the prevailing health status of two primitive Santhal and Sabour tribes of northern region i.e. Dakshin Dinajpur district in West Bengal, India.

Methodology/Design: In this study, Purposive sampling method was adopted. Blocks were selected due to their socio-economic backwardness and tribal dominancy in the district as well as state of West Bengal. In the district, from each Santhal and Sabar tribes 40 numbers of sample populations were randomly selected. The collected data was computed and analysed by various statistical methods.

Findings of the study: The education level, occupational status, income level, house type, knowledge and attitude towards health status index were significantly better in Santhal's but not in Sabar tribes. Sabar tribes consume less feed, sickly built and less land holding capacity which in turn are directly or indirectly related to health status of the tribal's. The major constraint faced by all the selected tribes were lack of awareness, knowledge, education, low income, lack of availability, poor personal hygiene, low prophylactic measures to maintain the health status of the tribal people.

Practical Implications: The study signifies and suggests inclusion of increased literacy programme, vigorous awareness campaign on hygienic health activities for tribal development.

Originality/Value: The study has explored several entrepreneurial ventures which increased income level and occupational status of tribes along with usual developmental programme of the government. This will also be helpful for better socioeconomic upliftment of the area and tribal community as a whole in the functional area of the state of West Bengal, India.

Key words: Health Status, Santhal, Sabar, Tribes, comparative, North Bengal

Paper Type: Research Paper

1. INTRODUCTION

The tribal's are the primitive heritage of rural India. They are the group of persons forming a community and claiming a descent from common ancestors. The primitiveness of Tribal is still very sound due to their poor socio-economic status, low education, less urbanization and degraded health condition. The wide spread poverty, illiteracy, malnutrition, hostile environment, lack of sanitary living condition, ignorance of cause of disease, lack of health service and inability to use them have been traced out as contributory factor for the deplorable health status prevailing among the tribal group (Ali, Amanas, 1995). Though Govt. has taken several developmental initiatives during last six decades of independence, the condition of the tribes of our nation is still in very grave condition. As per human development index, health status of any community is a chief concern, the condition of which in Tribal is very much alarming (Roy et.al 2004). West Bengal occupied a large section of tribal people in which Santhal and Sabar tribes is dominated a major part and health condition of these people are also very much deplorable. Considering, these background a comparative study was undertaken in tribal dominated DakshinDinajpur district of West Bengal, to reveal the comparative health status and degraded contributing factor of the selected Tribal people in the study area.

2. METHODOLOGY

The study was conducted in purposively selected Northean DakshinDinajpur district of West Bengal, where among the 08 blocks, 04 blocks are tribal dominated. In this study, from the 04 blocks, Tapan and Kumarganj blocks were adopted due to their socio-economic backwardness and tribal dominancy in the district as well as state. Santhal and Sabar tribes in the district of west Bengal were considered for sample population and from each community 40 numbers of sample were randomly selected under the age group of 20-40 years. In this way, total numbers of N= 80(40 Santhal+40 Sabar) samples were considered to form the sample population under study. The independent variables of the study were 14 no's in which 11 no's of socio economic and 03 no's of socio psychological variables. 'Health status index' (Y1) was the dependent variables which was measured by the scale developed by *Dhargupta et.al. (2009)* and applied to assess the health status of selected santhal and sabar tribes of DakshinDinajpur district of west Bengal (Dharguptaet.al. 2009). Pre tested structured interview schedule was used to collect data by the researchers herself for the study. The collected data was computed and analysed by

various statistical methods including percentage analysis, Mean, Standard Error, chi-square, correlation coefficient and Principal Component Analysis for better interpretation of the results.

3. FINDINGS & DISCUSSION

3.1 Pearson (simple) and Spearman (Rank) correlation coefficient with test of significance result for all independent variables with health status index (Y1) for santhal and sabar tribes.

TABLE-1: - CORRELATION COEFFICIENT RESULTS FOR ALL INDEPENDENT VARIABLES & HEALTH STATUS INDEX OF ALL RESPONDENTS. (N=80)

Independent Variables	Correlation Coefficient (γ)	
	Pearson Coefficient	Spearman Coefficient
Socio- Economic:		
(x ₁) category	0.05	0.04
(X ₂) Religion	0.26*	0.24*
(x ₃) Age	-0.17	-0.17
(x ₄) Sex	0.12	0.10
(x ₅) Marital Status	0.14	0.17
(x ₆) Education of resp.	0.29*	0.25*
(x ₇) Family edu. Status	0.17	0.13
(x ₈) Occupation	0.02	-0.01
(x ₉) Land Holding	0.05	0.02
(x ₁₀) Gross Income	0.17	0.15
(x ₁₁) House type	0.04	0.01
(x ₁₂) Family size	-0.27*	-0.30*
(x ₁₃) Family type	-0.32**	-0.36*
Socio-psychological		
(x ₁₄) Attitude in Health status	0.18	0.14
(x ₁₅) Know. In Health status	0.44*	0.38**
(x ₁₆) Awareness about Health Hygiene	0.49**	0.52**
Dependent variables		
(Y ₁) Health status Index	1.00	1.00

NOTE: * Significant at 0.05 level; ** Significant at 0.01 level

Table-1 showed that religion, education and knowledge about health status have significant in both methods with Y1 at 5% level of significance. But, in Spearman rank correlation knowledge about health status had highly significant correlation at 1% level of significance with health status index. Positive relationship was found between health status of tribal women and education as well as knowledge level (Basu, S. K. 1993). Family size and family type have negative significant correlation in both methods with Y1 at 5% level of significance. Awareness about hygienic health status had highly significant.

Table-2 showed that category, marital status, gross income and family size had significant correlation in both methods with Y1 at 5% level of significance whereas house type, knowledge & attitude about hygienic health status had highly significant correlation in both methods with Y1 at 1% level of significance in santhal tribes. Education of respondents had significant correlation at 5% level with Y1 in spearman methods. Knowledge about health status had highly significant correlation at 1% level of significance in Pearson method & significant correlation at 5% level of significance in spearman methods with health status index (Y1). It was revealed from a study that significant relation existed between health status of Bhil tribes and their Income level as well as their attitude about hygienic health status (Singh, G., Verma, D. 2004).

Table-2: Simple and Rank correlation coefficient for all independent variables & Health status index (Y1) for Santhal&Sabar tribal Respondents.

(N=80)

Independent Variables	Correlation Coefficient (γ)			
	Santhal Tribe		Sabar Tribe	
	Pearson coefficient	Spearman coefficient	Pearson coefficient	Spearman coefficient
Socio- Economic:				
(x ₁) category	0.27*	0.29*	0.19	0.07
(X ₂) Religion	0.13	0.15	-0.34**	-0.34**
(x ₃) Age	-0.17	-0.14	0.04	0.08
(x ₄) Sex	0.18	0.15	0.02	0.02
(x ₅) Marital Status	0.27*	0.24*	0.01	0.02
(x ₆) Education of resp.	0.21	0.24*	-0.05	-0.07
(x ₇) Family edu. Status	-0.03	0.08	-0.07	0.11
(x ₈) Occupation	0.01	0.01	-0.01	-0.03
(x ₉) Land Holding	0.19	0.20	0.24*	0.14

(x ₁₀) Gross Income	0.27*	0.29*	0.30*	0.26*
(x ₁₁) House type	0.48**	0.50*	-0.05	-0.04
(x ₁₂) Family size	0.26*	0.23*	-0.06	-0.07
(x ₁₃) Family type	0.21	0.20	-0.14	-0.19
Socio-psychological				
(x ₁₄) Attitude in Health status	0.19	0.14	0.06	0.02
(x ₁₅) Know. In Health status	0.35**	0.31*	0.20	0.26*
(x ₁₆) Awareness about Health Hygiene	0.39**	0.38*	-0.02	0.04
Dependent variables				
(Y ₁) Health status Index	1.00	1.00	1.00	1.00

NOTE: * Significant at 0.05level; ** Significant at 0.01 level

In case of sabar tribes, religion had highly significant negative relation at 1% level of significance with health status index in both methods. Land holding and gross income had significant relation at 5% level with Y₁ in both methods, but knowledge about hygienic health status had significant relation with Y₁ at 5% level only in spearman rank correlation methods. In another research, positive relation between health condition and land holding of Santhal tribes was depicted (Das, S. & Bose, K , 2010).

3.2 Principal Component Analysis (PCA) results of different significant variables due to Santhal and Sabar tribes are presented in Table-03.

The results of PCA were described by three factors which were elaborated below.

Factor-I: showed that health status index was clustered with positively characteristics like- category, education, family education status, occupation, land holding, gross income, house type, knowledge and attitude towards health status, awareness about health hygiene etc. But, negatively loaded variables like- family type was in contrast to health status index. These factors explained 29.45% of the total variation.

Table-3: Principal Component Matrix analysis of selected Santhal&Sabar tribal Respondents of the study area

Independent variables	Component		
	Factor-1	Factor-2	Factor-3
Category	0.74	0.21	0.44
Education	0.76	0.19	-0.09
Family education status	0.67	0.23	0.05
Occupation	0.40	-0.02	0.25
Land Holding	0.75	0.20	0.44
Gross Income	0.80	0.23	0.15
House type	0.74	0.03	-0.03
Family Type	0.23	0.17	0.44
Attitude towards health status	0.66	0.22	-0.10
Knowledge towards health status	0.69	0.16	-0.35
Awareness about Health hygiene	0.60	0.12	-0.32
Health status Index(Y1)	0.54	0.12	-0.35
Eigen value	6.48	2.69	2.01
% of Variance	29.45	12.24	9.11
Cumulative %	29.45	41.69	50.80

Factor-II: showed that health status index was clustered with positively loaded characteristics like- category, education, family education status, land holding, gross income, house type, family type, knowledge and attitude towards health status, awareness about health hygiene and health status index etc. But, negatively loaded variables were occupation in contrast to health status index. The factors explained 12.24% of total variation.

Factor-III: showed that health status index was clustered with positively loaded characteristics like category, family education status, occupation, land holding, gross income, and family type etc. But negatively loaded characteristics were as-education, house type, attitude and knowledge about health status and awareness about hygienic health status were naturally in contrast to health status index. The factor explained 9.11% of total variation.

Table-4 showed the major constraints in the health status of Santhal and Sabar tribes in the selected DakshinDinajpur district of West Bengal.

Table-4: Rank order of the constraints in the Health status of selected Santhal&Sabar tribal Sample Respondents of the study area

Sl. No.	Constraints	Santhal (N=40)		Sabar(N=40)	
		%	Rank	%	Rank
1	Lack of awareness	24.1	VII	62.1	VI
2	Lack of Knowledge	30.0	VI	66.5	IV
3	Low income	42.1	IV	75.8	II
4	Lack of availability	45.3	III	55.7	VII
5	Poor personal hygiene	27.4	VII	63.3	V
6	Lack of education	32.9	V	82.3	I
7	Lack of family planning	62.7	I	72.0	III
8	Low prophylactic measures	49.2	II	33.7	VIII

The result indicated that 62.7% santhals and 72% sabar had lack of family planning programme because they were not following any protective measures to birth control. 82.3% sabar had lack of education and 75.8% sabar had low income. In santhals, 49.2% had lack of prophylactic measures and only 24.1% had lack of awareness that is may be due to low percentage (32.9%) respondents had lack of education. It was suggested that improved education level increase the knowledge and awareness level among the people⁷. But, the results showed that 33.7% sabar respondents had low prophylactic measures and that is due to lack of knowledge and awareness.

4. CONCLUSION

Tribal's are the primitive resident in their native habitat and united by 'fabric of kinship'. The study depicted that education level, occupational status, income level, house type, knowledge and attitude towards health status index were significantly better in santhal's but not in Sabra tribes. Sabar tribes consume less feed, sickly built and less land holding capacity which in turn is directly or indirectly related to health status of the tribal's. The major constraint faced by all the selected tribes were lack of awareness, knowledge, education, low income, lack of availability, poor personal hygiene, low prophylactic measures to maintain the health status of the tribal people. The study signifies and suggests inclusion of increased literacy programme, vigorous awareness campaign on hygienic health activities for tribal development. Finally the study

explore that, several entrepreneurial ventures to increase their income level and occupational status of tribal along with usual developmental programme of the govt. will be helpful for socioeconomic upliftment of the area and tribal community as a whole.

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