JETIR.ORG ISSN: 2349-5162 | ESTD Year : 2014 | Monthly Issue

JOURNAL OF EMERGING TECHNOLOGIES AND INNOVATIVE RESEARCH (JETIR)
An International Scholarly Open Access, Peer-reviewed, Refereed Journal

HEALTH STATUS OF THE BATHADA COMMUNITY IN UDUPI DISTRICT: SOCIOLOGICAL STUDY

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Abstract

Human development, as a concept, will have little value or signifi cance until the human development levels of disadvantaged people, particularly of the Scheduled Castes and Scheduled Tribes, are raised to the levels of those of the dominant classes. Modern western health culture is believed to be strongly influenced by modern medical model. Explanations for illness in Western society are rarely couched in religious terms due to spread of bio-medical model of health and illness. Their Culture plays an important role in their perception of good health as well as regulation of health behavior. Purpose of this research paper is to examine social as well as health status of Bathada community of Udapi District of Karnataka. Bathada in Udapi District of Karnataka is beset with myth, folk and other construction. Bathada is a migrated community, who are having long tradition of poverty, illiteracy, ill health and backwardness. Contemporary Bathada society in Udapi District of Karnataka is characterized by poor socio-economic condition as well as poor health status. Genesis of their poor geo-political, socio-economic Vis-a Vis health condition is social discrimination throughout generations. This paper highlights Bathada social, educational and cultural backwardness which reflect their poor health.

Keywords: Community study, health status, mortality, morbidity, nutritional status and access to health care system.

Introduction

The scheduled castes occupy the bottom most rung of the Indian social hierarchy. They form the majority of the backward or depressed classes. These groups or castes have been discriminated against by the superior castes through ages, and they never had any kind of social acceptance from the majority of the people who belong to the upper castes. Study of small community in regional setting attains prominence in present society. Several indicators are used to evaluate the quality of health of people. Unfortunately, data on many health indicators is not available on a regular periodical basis for SCs, except for NFHS surveys. The sample size of SRS (Sample Registration System) or RCH survey (Reproductive and Child Health) in the state and country should be enlarged to allow for estimation of key indicators for SCs and STs.Anthropologists and sociologists investigate and analyse nature, structure and relationship of a community with wider social structure. Durkheim, Tonnies, Redfield's study on small community has impact on society at large . In India too small community study attracts attention of sociologists. Sociologists like S.C. Dube, M.N. Srinivas, Mckim Marriot and many others conducted studies on village community to find out social structure vis-à-vis culture of village community in Indian society . Medical anthropologists and sociologists

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studied different parameters of health and health culture of village community. Medical sociologists in India like Madhu Nagla, O.P.Jaggi, R.S.Khare, D.N.Kakkar and many others founded sociology of health in India. These studies provide theoretical as well as methodological guidelines to make holistic study of community in Indian society . Bathada community in Udapi District of Karnataka is characterized by backwardness, poverty, illiteracy and ill health (Risely) and therefore it becomes imperative to study this community at present juncture of society. According to 2011census, the total population of Scheduled Caste in Udupi District is 75,429. Out of which Bathada population is 2800. The whole population is not uniformly scattered in all the taluks of Udupi district. Bathada community is originally known as Schedule Caste in classification H.H Risely. Traditional occupation of the community was Forming. Earlier people of the community also engaged in agriculture and cultivation during early nineteenth and twentieth century. But gradually they switch over to cultivation . Different literatures provide different data about caste position of Bathada community. It is difficult to say whether Bathada is nomadics or Schedule caste .

Objectives of study:

i. To study socio-economic profile of Bathada in Udapi District of Karnataka.
ii. To study health profile of Bathada in Udapi District of Karnataka.

Research Methodology

The study is qualitative in nature. Both primary and secondary data have been collected for the study. Primary data have been collected from the field. Secondary data have been collected from books, journals, newspapers etc. Tools for data collection are observation, interview guide and case study. Data have been collected from five selected Bathada inhabited villages of Udapi District of Karnataka. Sample size is 300 households selected by random sampling method.

Socio-economic profile of Bathada**:**

By collecting data from Bathada Parishad members, who are representing their respective villages in organisation as well as from village ward members, it is observed that total number of households of Bathada community in Udapi District of Karnataka is around 3800. Total Bathada population in Udapi district is approximately 2800.As per the information provided by the members of Bathada Parishad and respective ward members of concerned villages different occupational categories among Bathada are farmers 40%, day labourers 52%, fisher man 5%, service in government and private sectors 3%. Family income of 15% of total Bathada households is upto Rs 1000, income of 60% of the families ranges from Rs 1001 to Rs 3000 per month, income of 20% of Bathada families ranges from Rs 3001 to Rs5000 per month and income of rest 5% households is above Rs 5000 per month. Land possession pattern of Bathada households in Udapi District is categorized as landless 49% of the total households, having 0-0.5 acres 28%, 0.5-1 acre 15%, 1-1.5 acres 5%, 1.5- 2 acres 2% and above 2acres 1%. Family size of Bathada households is found as 3% of total households are having a family of 3 members, 15% of the total households are having 3-4 family members, 20% of the total households are having 4-5 family members and 62% of total households are having more than five family members. Housing condition of Bathada is found as 60% houses are made up of bamboo and tin, 20% of houses are made up of bamboo and straw-type grass, 18% houses are made up of concrete walls and tin and 2% of houses are constructed with fully tiled roof and concrete walls. Major source of household water in Bathada community is pond and river water. Sources of drinking water are pond, river, ring well, tube well and very few villages are having facility of supply water but it is not regular. People face problem of usable and drinking water during dry season and they have to carry water from outside.

Health profile of Bathada community:

Health status of Bathada community is measured by mortality, morbidity, nutrition and their access to health care system . Health status of a community or society depends upon biological, environmental, political, ecological and socio-cultural factors . By collecting data from the sample households it is observed that maternal, child and infant mortality is still prevalent in Bathada community. Number of deaths in the selected villages under study in 2020-21 and 2021-22 are 6 and 5 respectively. Out of which death of three infants, three child and two women within reproductive age are found. By taking data on morbidity for last one year it is found that People of the villages under study are mostly suffering from diarrhea, dysentery, cough, cold and fever. Diarrhea is most prevalent among Bathada because 70% respondents reported occurrence of diarrhea of self or family members in last year. Dental problems are reported by 80% of the respondents and skin diseases are reported by around 40% of the respondents. Chronic diseases are also prevalent among Bathada. Around 3% of the respondents reported occurrence of chronic diseases of self or family members. Around 7% respondents reported for occurrence of ophthalmic disease. About 15% respondents reported hospitalization for less than one week and 3% reported hospitalization for more than one week. Eleven disabled persons are found in the villages under study.

Nutrition plays an important role in maintaining ones health. Despite of various measures taken by government of India still many people suffer from hunger and malnutrition . From the field survey it has been found that per day deficiency of food intake is prevalent among 70% of the total respondents. Adult male, female and children are suffering from nutritional deficiency. This group of respondents can't take food daily as per recommended dietary requirement. For children daily requirement of protein is 41gm/day, fat 25gm/day, carbohydrate 390 Kcal/day, calcium 400mg/day, iron 26 mg/day. But except carbohydrate all other dietary supplement is severely deficient among this group of people. By using 24 hour recall method it is found that these respondents as well as their family members could not take balanced nutritious food in last twenty four hour except carbohydrate and very less amount of either protein or fat or vitamins and minerals. Food enriched with protein, fat, vitamins and minerals were not at all or not adequately taken by these respondents on that day. Another 15% respondents took adequate amount of carbohydrate plus less amount of either protein or fat along with vitamins or minerals. Rest 15% could take adequate amount of all essential dietary supplements. Measuring age-weight ratio and age-height ratio of children up to five years, it is observed from the study that 70% children below five years are suffering from severe malnutrition, 20% children under study are suffering from moderate malnutrition and only 10% children are normal. It is observed from the study that both children under five years and pregnant and lactating mothers are suffering from anemia, 40% pregnant and lactating mothers are suffering from severe anemia. Weight of infants at the time of birth is also very low. More than 80% of infants' weight at birth is less than 2.5 kg. Access to health care determines health status of a group or community. All individuals, group or community do not have equal access in health care. Availability of health care services is uneven across Indian states. Inequality exists in availability, utilization and affordability of health care services among regions, castes and social classes in India. Bathada people have poor access to health care system. Bathada first go to quack practitioners or purchase medicine from chemists by describing symptoms. All most all Bathada villages are situated far away from district hospital or sub-divisional hospitals or even primary health centers. Medical sub-centers which are available have neither staff nor adequate stock of medicines. It is observed that subcenters nearby Bathada villages are mainly run by nurses. Doctors are appointed but they are not regularly attending these subcenters Bathada are going to PHCs, sub-divisional hospitals, District hospital or medical college if they are referred by quacks, chemists or RMPs. Majority of Bathada do not have capacity to purchase life saving drugs and they remain almost untreated.

Within a community or cultural settings there are some basic sacred beliefs which influence many aspects of community life. These sacred or traditional beliefs influence health and illness of a community. Thus health status depends on culture of a community. Traditional belief, value and practice still prevail among Bathada. This is also reflected in their health culture and health related behavior. Majority of Bathada are still having faith on folk medicine and magico-religious practices which do not have any scientific base. Still they believe that some disease and illness are caused by disgrace of supernatural power, ghosts, evil eyes and magical activity and therefore to them, modern system of treatment is ineffective in treating these diseases.

Result and Discussion The study reveals that Bathada community in Udapi District is having long tradition of poverty, illiteracy and social discrimination. Though traditional occupation of the community was agriculture but due to social discrimination they became compelled to take boating and fishing as principal occupation. Their occupation determined their social status. Bathada people in Udapi district are having poor income and education and thus social mobility could not become possible to them. Bathada, traditionally a settled agriculturalists turned into boatman and fisherman in this region, who tried to reabsorb their traditional occupation but on the way majority of them become agricultural labourer and wage labourer. Condition of their houses, drainage system and drinking water is very poor. Their economy, educational attainment and income determine their poor health. Bathada people suffer from many health problems but they do not have proper medical facilities because of their less income and low educational attainment. The community people needs special attention of government to take and implement policies for development social and health status.

Conclusion

The study reveals that economy, education and culture of Bathada people in Udapi District of Karnataka determine their health. Poor economic condition, poor educational attainment and deep rooted nonscientific belief along with poor implementation of government health related drives cause serious health hazard among Bathada of Westrn valley in south Karnataka. Since the nutritional status of children is strongly associated with the nutritional status of their mothers, most SC children are under-nourished and their nutritional status is considerably below that of other social groups. The effects of inadequate nutrition resulting in a low BMI is very problematic for Scheduled Caste women who constitute a large segment of agricultural wage labour. Poor nutritional status, caused by poverty, creates a downward spiral into further poverty as SC women struggle with the effects of nutrition on their productivity, resulting in low wages.

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