

Health and Family Welfare Status of Mundari Sub-caste of Bagdah Block under the District of North 24 Parganas, West Bengal

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“It is health that is real wealth and not pieces of gold and silver.”

- M.K. Gandhi

Abstract

Over 84 million of India's people belong to Scheduled Tribes. While tribal populations make up only 8% of India's population, they account for over a quarter of the country's poorest people. The paper represents, considerable progress over the years - poverty among tribal groups declined by more than a third between 2011 and 2022 - nearly half the country's Scheduled Tribe population remains in poverty, due to their low starting point. The Bagdah block of North 24 Parganas, has the largest population of Scheduled Tribes like Mundari sub-caste in the district, constituting over 6.39% of the block population. The paper also represents the family system and Mundari caste solidarity the need for seeking guidance in intimate family matter from people outside the family or caste group did not often arise. Even if such necessity arose, the people sought the advice of friends, priests or senior members of their community. The disintegration of the families was also not to the extent as it is today, particularly in the Bagdah block as a study area. The paper has also clear presentation of In recent years, there have been a number of additional statewide initiatives to enhance the reach and quality of healthcare to improve the health of people. These include the multi-disease surveillance system, several measures towards streamlining drug procurement, distribution and rational use of drugs; total risk coverage for five major communicable diseases through the Panchabyadhi Chikitsa Scheme, the Infant Mortality Rate Reduction Mission, mandatory pre-/post-graduate placement of doctors to serve in difficult areas establishment of district cadres for paramedical staff, among others for family well fare development in Bagdah block.

Keywords: Healthcare, Family Planning, Disadvantaged Groups

Introduction

Choudhury N.C. (2014) 'Munda Social Structure' is an important book on tribes. This book aims a comprehensive account of the various segments of Mundari social structure as it subsists in the contemporary situation. It also attempts to understand their various units not only in their immediate socio-economic but also in the larger socio-political context. India's poor Mundari tribal people have far worse health indicators than the general population. Most tribal people live in remote rural hamlets in

hilly, forested or desert areas where illiteracy, trying physical environments, malnutrition, inadequate access to potable water, and lack of personal hygiene and sanitation make them more vulnerable to disease in Bagdah block. This is compounded by the lack of awareness among these populations about the measures needed to protect their health, their distance from medical facilities, the lack of all-weather roads and affordable transportation, insensitive and discriminatory behavior by staff at medical facilities, financial constraints and so on in Bagdah block.

Mallick Md. Ayub. (1978) in his study 'Panchayati Raj and Tribal Development in West Bengal' has presented a micro-empirical study where he has focused his study to Kansha block in the district of Burdhan. He makes an attempt to relate tribal development to grass root democracy. His works deals with the study of development of tribal community under the impact of the new Panchayati Raj dispensation introduced in West Bengal in 1978. He examines the policies and programmes of rural development undertaken and the level of their impact at the Kansa block by the Left Front regime during 1978-98 with the aim of politicization of the tribal people.

Government programs to raise their health awareness and improve their accessibility to primary healthcare have not had the desired impact. Not surprisingly, tribal people suffer illnesses of greater severity and duration, with women and children being the most vulnerable.

Employing Health Workers from Tribal Communities in Rural Health Development in Bagdah Block, West Bengal

As tribal populations find it difficult to navigate through the complexities of medical facilities, all three health projects have made provisions to help them. In partnership with local NGOs, counselors who are often from tribal communities themselves have been placed at district hospitals to guide patients, explain doctors' prescriptions, help patients take advantage of welfare schemes, and counsel them on preventive and promotive health behaviors.

Study Area

North 24 Parganas (abv. 24 PGS (N)) or sometimes North 24 Parganas is a district in southern West Bengal, of eastern India. North 24 Parganas extends in the tropical zone from latitude 22° 11' 6" north to 23° 15' 2" north and from longitude 88° 20' east to 89° 5' east. It is bordered to Nadia by north, to Bangladesh (Khulna division) by north and east, to South 24 Parganas and Kolkata by south and to Kolkata, Howrah and Hoogly by west. Barasat is the district headquarters of North 24 Parganas. North 24 Parganas is West Bengal's most populous district and also (since 2014) the most populated district in the whole of India. It is the tenth-largest district in the state by area.

Bagdah is located at 23° 13' N and 88° 53' E, as a locational value and Bagdah CD Block is bounded by Maheshpur Upazila in Jhenaidaha District, Chaugachha Upazila and Sharsha Upazila in Jessore district of Bangladesh in the north and east, Bangaon CD Block in the south and Hanskhali and Ranaghat II CD Blocks in Nadia district in the west. Bagdah CD Block is part of the Ichhamati-Raimangal Plain, one of the three physiographic regions in the district located in the lower Ganges Delta. It contains soil of mature black or brownish loam to recent alluvium. The Ichhamati flows through the eastern part of the district. The Ichhamati, Kodara and Betna flow through this block. Bagdah CD Block has an area of 233.47 km². It has 1 Panchayat Samity, 9 Gram Panchayats, 140 Gram Sansads (village councils), 108

Mouzas and 106 inhabited villages. Bagdah police station serves this block. Headquarters of this CD Block is at Bagdah. Gram Panchayats of Bagdah block/Panchayat Samiti are: Asharu, Helencha, Malipota, Bagda, Koniara-I, Ranghat, Bayra, Koniara-II and Sindrani.

Objective

1. To know the condition about the training to doctors, nurses and other paramedical staff to upgrade their skills and knowledge to improve quality on healthcare and family planning and improvement of Mundari people under Bagdah block.
2. To know the nature of adequate, qualitative, preventive and curative healthcare and family welfare status in the people of the Mundari sub-caste in Bagdah block.
3. To know the improvement nature of hospital services at the primary, secondary and tertiary levels in terms of infrastructure, drugs and personnel family welfare of Mundari sub-caste people in Bagdah block.
4. To know the healthcare services to all particularly to the disadvantaged groups like scheduled tribes, scheduled castes and backward classes and Mundari caste people in Bagdah block.
5. To know the condition of healthcare of eliminate diseases like malaria, polio and leprosy etc. from the Bagdah block and prevent as well as control other communicable diseases with NGO management.

Hypotheses

H₁: There is no significant difference among the condition about the training to doctors, nurses and other paramedical staff to upgrade their skills and knowledge and improve quality on healthcare and family planning and improvement of Mundari people under Bagdah block.

H₂: There is no significant difference among the nature of adequate, qualitative, preventive and curative healthcare and family welfare status in the people of the Mundari sub-caste in Bagdah block.

H₃: There is no significant difference among improvement nature of hospital services at the primary, secondary and tertiary levels and terms of infrastructure, drugs and personnel family welfare of Mundari sub-caste people in Bagdah block.

H₄: There is no significant difference among the healthcare services to all particularly to the disadvantaged groups like scheduled tribes, scheduled castes and backward classes and Mundari family welfare nature in Bagdah block.

H₅: There is no significant difference among the condition of healthcare of eliminate diseases like malaria, polio and leprosy etc. from the Bagdah the block and prevent as well as control other communicable diseases with NGO management.

Limitations

The study was restricted to only Bagdah block under North 24 Parganas in West Bengal. The study was restricted to five (5) villages of Mundari sub-caste of Bagdah block under North 24 Parganas in West Bengal.

Methodology

Data Collection and Analysis

Primary data was collected from Mundari people of Karanga, Jhupo, Amdobe villages. Secondary data was collected from draft report – 2021 n. 24. pgs, health center, block office, co-operative office, primary and high school of Koniarya G.P. of Badgha block.

Population and Sample

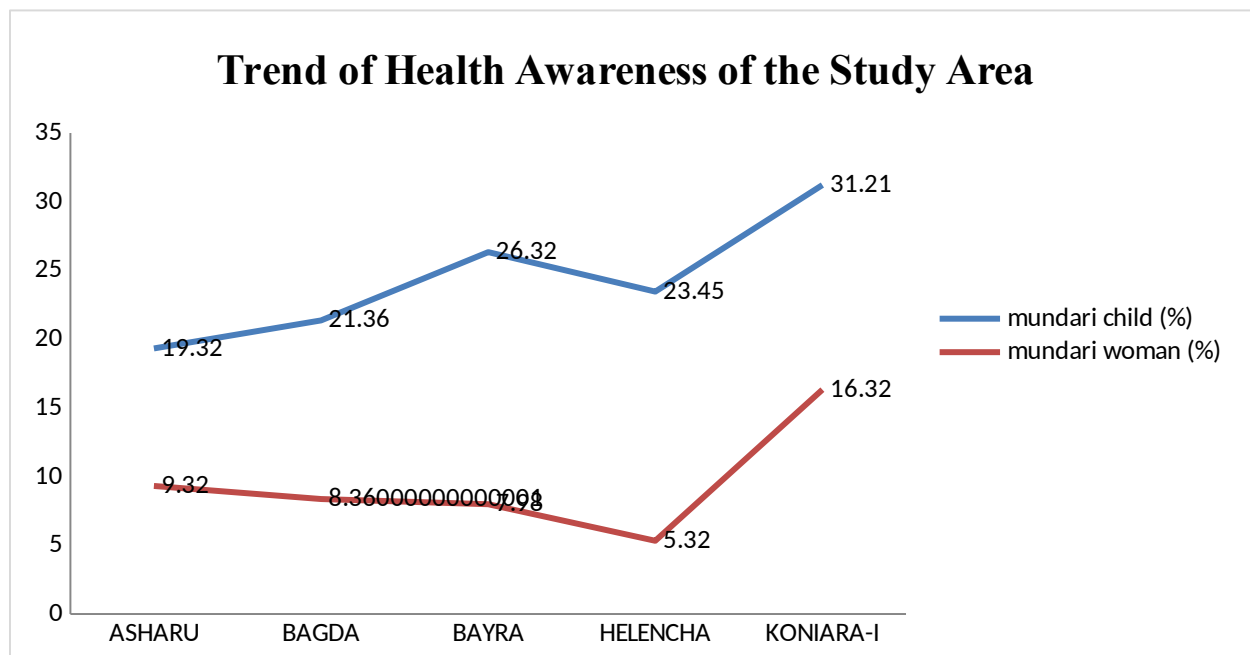
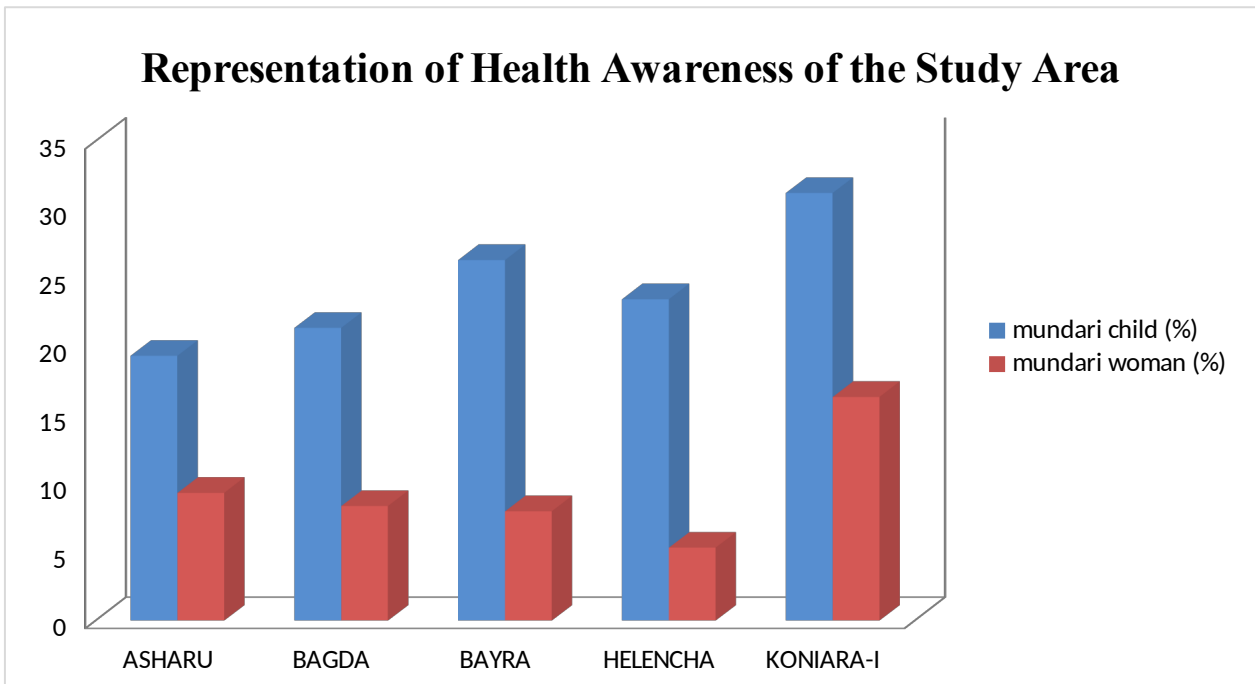
One block (Bagdha-I) was observed and Two G.P. regions (Koniarya-I and Koniarya-II) and 5 villages were observed. Survey was conducted on 200 families.

Analysis and Interpretation

Lack of Awareness of Health Issues in Bagdah Block, North 24 Parganas

It will be presented that Without awareness of health issues, most tribal populations tend to fall ill more frequently and wait too long before seeking medical help, or are referred too late by untrained village practitioners. In the past, most health awareness campaigns, which need significant investments over long periods of time for noticeable impact, were planned by the medical community instead of by communications experts. The form and content of health messages was not pre-tested to ensure proper comprehension and absorption by target groups. Moreover, the campaigns' meager effect was easily nullified by the tribal population's poor experience with health workers of Mundari people in Bagdah block.

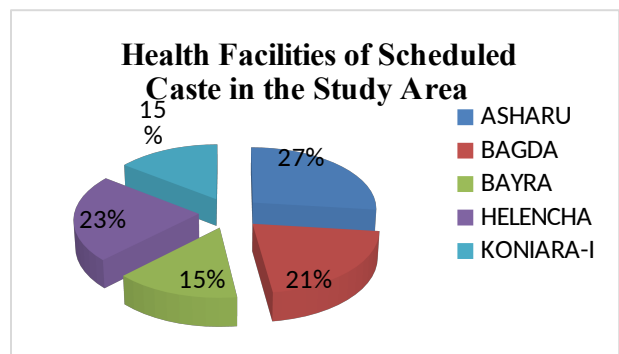
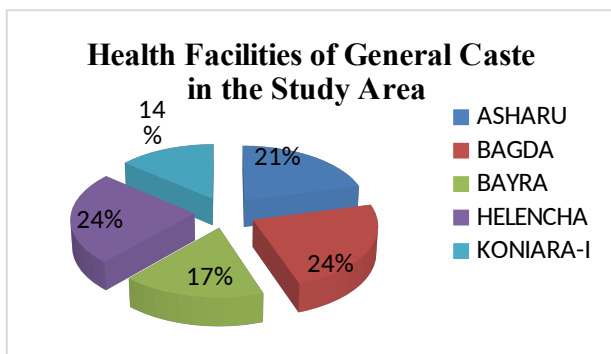
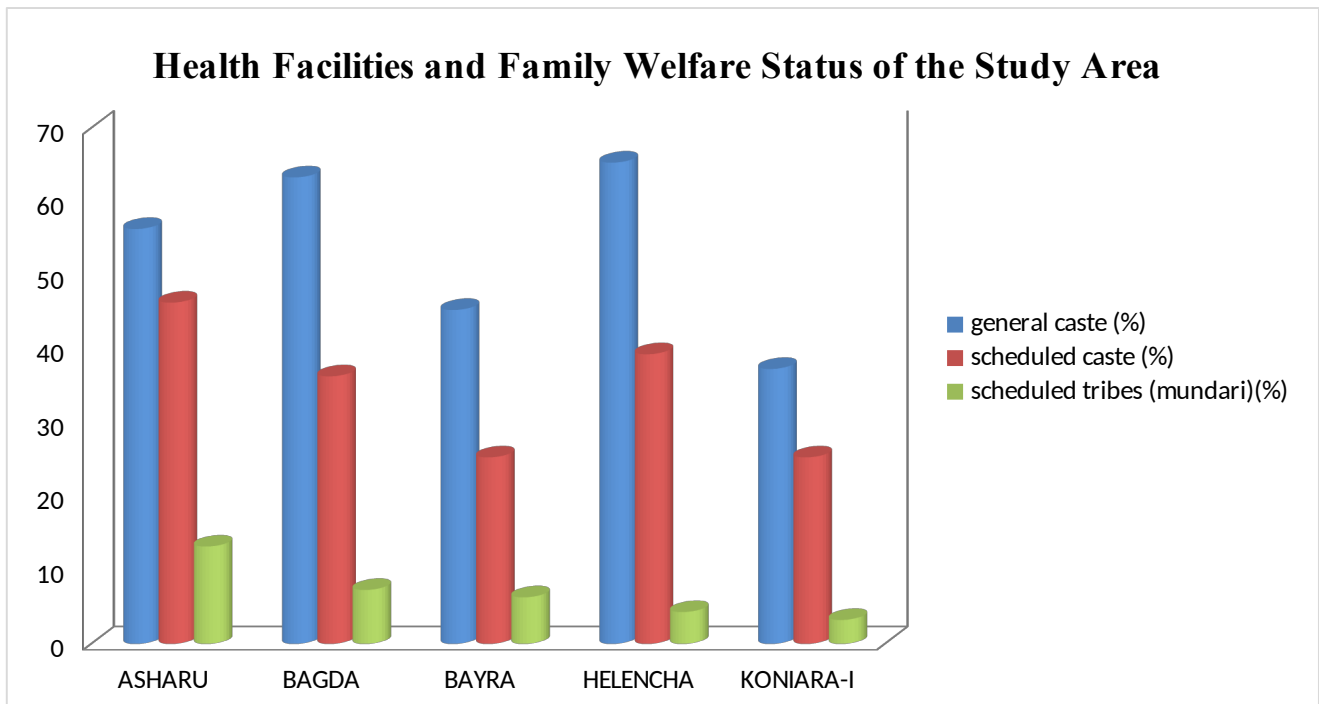
Awareness of Health	Mundari Child (%)	Mundari Woman (%)
Asharu	19.32	9.32
Bagda	21.36	8.36
Bayra	26.32	7.98
Helencha	23.45	5.32
Koniara-I	31.21	16.32

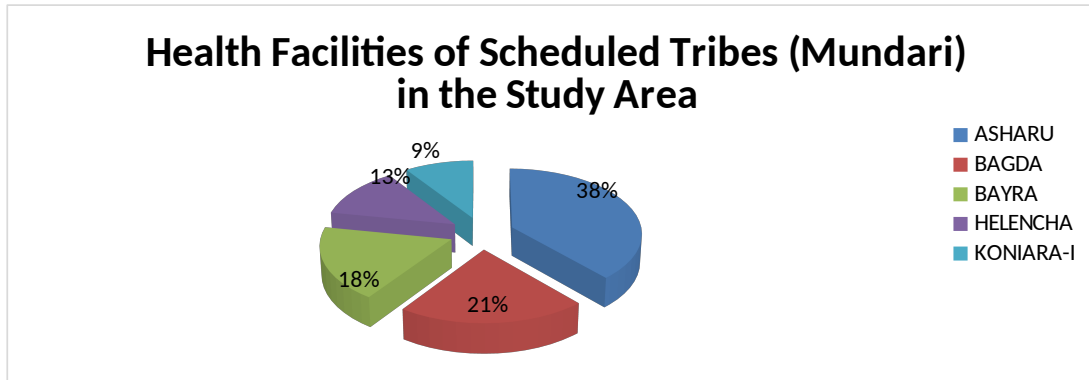


Lack of Health Facilities in Remote Rural Areas in Bagdah Block, North 24 Parganas

Past efforts to bring healthcare to the poor through outreach camps and mobile health units have not had the desired impact. Coverage of remote tribal areas was found to be poor, a large number of positions lay vacant, the availability of drugs was inadequate, and vehicles frequently broke down because of poor maintenance. Even where brick-and mortar health facilities were set up, they were often insufficiently equipped with drugs and medical supplies and faced a shortage of trained doctors, nurses and paramedical staff for rural development.

Health Facilities and Family Welfare	General Caste (%)	Scheduled Caste (%)	Scheduled Tribes (Mundari) (%)
Asharu	56.32	46.32	13.21
Bagda	63.32	36.32	7.32
Bayra	45.32	25.32	6.32
Helench	65.32	39.32	4.32
Koniara-I	37.32	25.32	3.25





Lack of Emergency Transportation in Bagdah Block, North 24 Parganas

Typically, pregnant women or sick persons from remote tribal hamlets are unable to make it to health facilities in time for institutional deliveries or emergency medical care for want of easily available and affordable transportation.

Discriminatory Behavior by Healthcare Providers for Family Welfare in Bagdah Block, North 24 Parganas

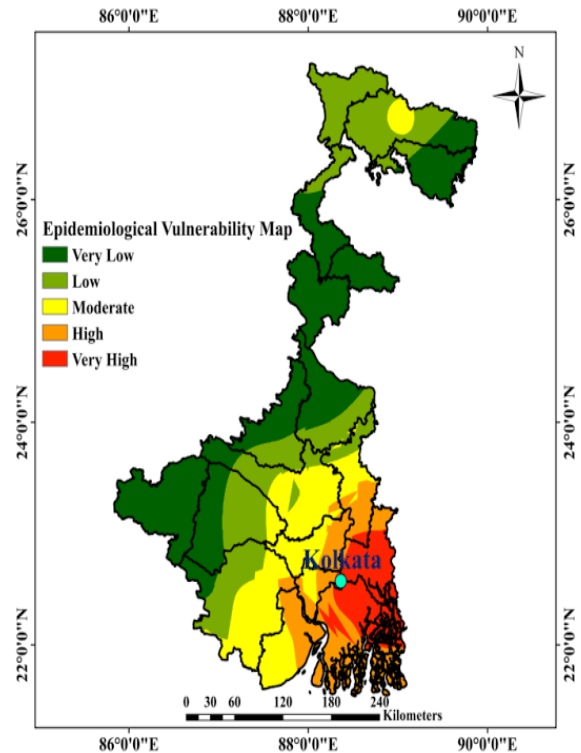
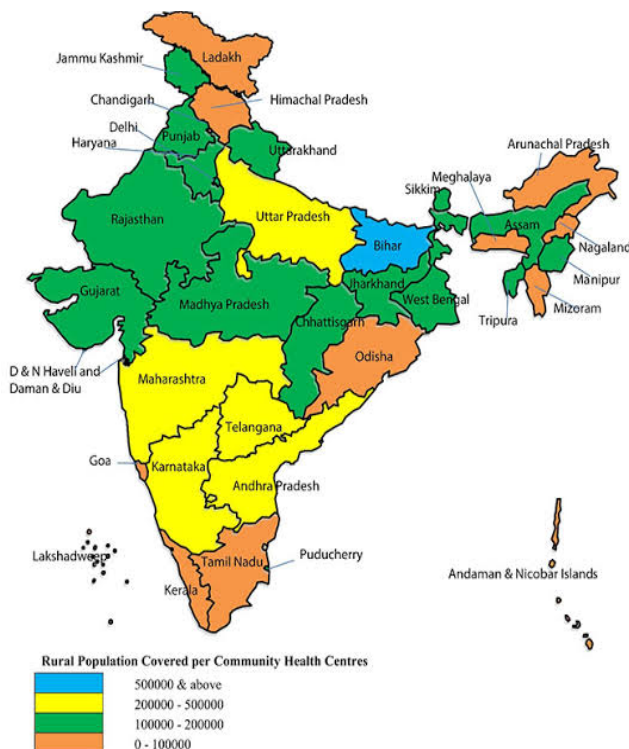
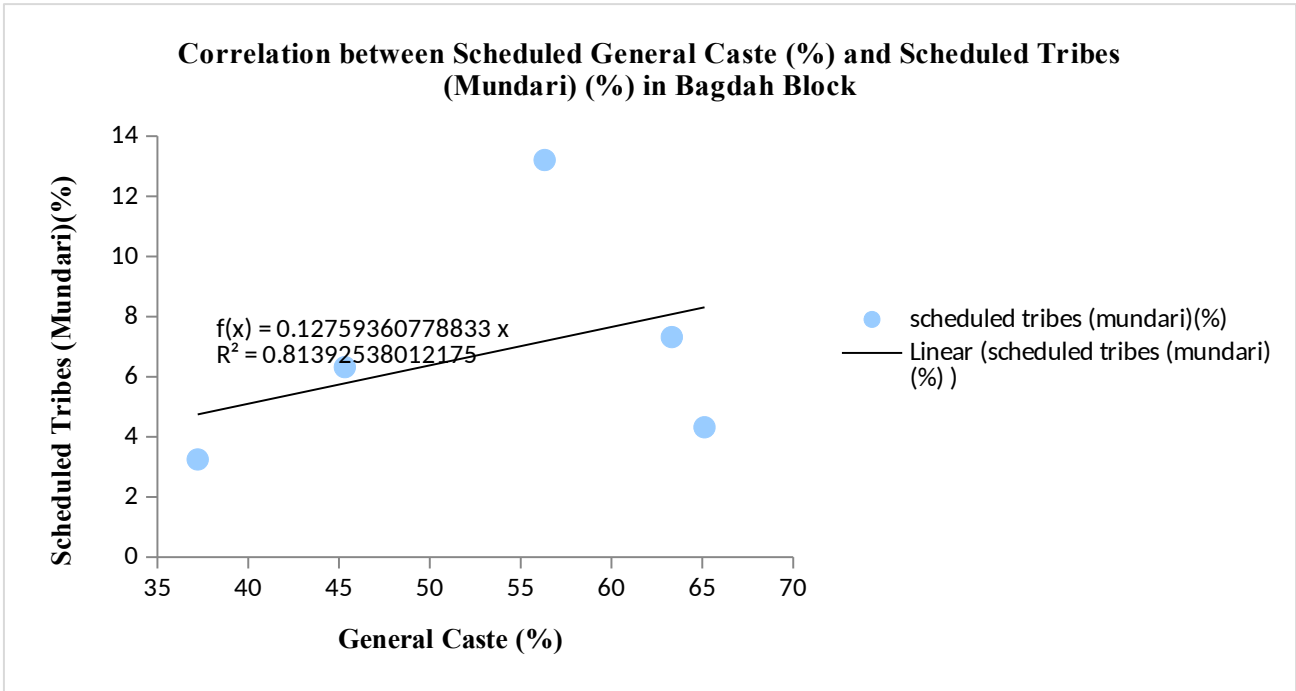
There are deep-rooted cultural chasms between tribal groups and the largely non-tribal healthcare providers, resulting in insensitive, dismissive and discriminatory behavior on the part of healthcare personnel. In addition, many tribal populations face language barriers while accessing healthcare since their dialects are not easily understood, even by urban populations of the same state. Tribal people are frequently exploited for informal payments and are often referred to private chemists or medical practitioners with mal-intent. This is one of the main reasons why disadvantaged groups prefer to self-medicate or visit traditional healers rather than public or private health facilities in Bagdah block.

Financial Constraints in Bagdah Block, North 24 Parganas

As most rural tribal populations live below the poverty line, the lack of funds influences how much and what type of healthcare they receive, and determines whether households are able to maintain their living standards when one of their members falls ill. Poor tribal people often have to borrow money, mortgage land or animals, or pawn jewelry to meet medical expenses, or else let the sick person die. They also cannot sustain the opportunity cost of a doctor’s visit, much less of a protracted hospital stay, often dropping out half-way through a course of treatment as it means leaving their crops, animals, and family unattended.

Health Facilities and Family Welfare	Village (Bagdah Block)	General Caste (%)
Area 1	Asharu	56.32
Area 2	Bagda	63.32
Area 3	Bayra	45.32
Area 4	Helencha	65.12
Area 5	Koniara-I	37.22
S.D. (Sigma)		10.689

P-Value		0.841
R-Value		0.302
T-Value		1.691
Q-Value		0.299
Significance Level		Significant at 0.05 and 0.01 Level



Conclusion

The Mission of the Health and Family Welfare Department, Government of West Bengal, is to facilitate improvement in the health status of the people of North 24 Parganas district with their participation, and to make available healthcare in a socially equitable, accessible and affordable manner within a reasonable timeframe, creating partnerships between the public, voluntary and private health sector and across other developmental sectors. An integrated health policy of Bagdah block statement is being articulated for the comprehensive, planned development of the entire health sector (public, voluntary, private; allopathic and Indian systems of medicine as well as homeopathy), and to address key determinants of health (nutrition, water supply, sanitation, environmental hazards) in order to improve the health of people of Mundari sub caste and their access to care. The State of west Bengal Integrated Health Policy developed by the Health and Family Welfare Department, indicates directions for health improvement in a state-specific context, as health is a State subject under the constitutional framework of block development plan of Bagdah. It helps to actualise the Vision Statement for 2022 by providing a framework within which strategies and operational plans are developed, implemented and reviewed for family welfare and health development.

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