

Health Status of the Rabha Community: A Study in Goalpara District of Assam

Bhargab Das

MPhil Research Scholar, Dibrugarh University, Assam

ABSTRACT

Health is a state of complete physical, mental and social well being, not simply the absence of diseases or infirmity (WHO, 1948). On the other hand, health status is a concept with the help of which health can be measured. Health status in physical sense influencing factors like height, weight, nutrition, agility and flexibility or ability to move, sanitation and compliance with prescribed medications, treatment, activity etc. The present paper attempts to analyze the health status of the Rabhas, one of the most backward tribal communities of Assam. The necessary data to fulfill the objective of the present study have been collected through a structured household questionnaires prepared for the study. To assess the health status among *Rabhas* various standard health indicators like infant mortality rate, Maternal Mortality Rate, Crude Death Rate, Crude Birth Rate, Morbidity Prevalence Rate etc. are used. The results of the study reveal that status of health of the Rabhas is not satisfactory. The Infant Mortality Rate of the community is found as 47.17 per thousand live births which is higher than the state average and national average. The Maternal Mortality Rate of the community is also found much higher than the national average and state average. Therefore in order to improve the health status of the Rabhas the health infrastructure, delivery system, manpower, resources all has to be strengthened enough so that it can be utilized the community people in a proper way.

Keywords: *Health Status, Rabhas, Goalpara.*

Introduction

Health is a state of complete physical, mental and social well being, not simply the absence of diseases or infirmity (WHO, 1948). Health system includes all activities whose primary purpose is to promote, restore or maintain individuals physical, mental and social well being (WHO, 2000). On the other hand, health status is a concept with the help of which health can be measured. Health status in physical sense influencing factors like height, weight, nutrition, agility and flexibility or ability to move, sanitation and compliance with prescribed medications, treatment, activity etc. Some parameters of health status are sex ratio, density of population, life expectancy, mortality, morbidity, birth rate, nutrition and access to health care system¹.

The health status of Assam is not satisfactory. The conventional health indicators put Assam in the band of poor-performing states along with the other such states of north and central India². Assam has not been able to achieve the desired health outcomes with very high infant mortality rate and maternal mortality rate. Poor literacy rate, low per capita income and improper water and sanitation facilities etc. all have contributed to some extent in some form to the underdevelopment of the health sector³.

Profile of the Tribe: One of the scheduled tribes in the plain districts of Assam, the *Rabhas* belong to the Indo-Mongoloid group of people and have similarities with other members of *Boro* group such as *Garo, Mech, Kachari* and *Hajong*. The *Rabhas* are widely concentrated in the districts of Goalpara, Baksa, Kamrup, Udalguri and Kokrajhar of Assam. Besides Assam, they are also found in Meghalaya, Manipur, West Bengal, Bangladesh and Nepal. According to 2011 census the total *Rabha* population of Assam is 296,189 which constitute 0.95 percent of the total population and 7.63 percent of total ST population of the state. Among the districts, Goalpara

Corresponding Author:

Bhargab Das

MPhil Research Scholar,

Dibrugarh University, Assam

Email: bhargabdas.sorbhog@gmail.com

has the highest number of *Rabha* population with 35.03 percent (103,757) of total *Rabha* population of Assam live there followed by Kamrup (R) and Udalguri districts with 30.73 percent (91,034) and 10.42 percent (30,873) of total *Rabha* population live there respectively (Census of India, 2011). According to the Report of *Assam Mahila Samata Society* (AMSS) the superstitious evil practice of witch hunting is very common among the *Rabhas*. Witch hunting is a form of gender violence, much ugly; less discussed and largely overlooked⁴. Lack of education and lack of availability of access to a standard of health care facilities perpetuated the presence of witch hunting practices⁵. Again a study of Assam Institute of Research for Tribal and SC reveals that the morbidity rate among the *Rabhas* is very high. Thus it is very essential and important to study the health status of the community in details.

Profile of the Study Area: The present study is conducted in the Goalpara district of Assam. Goalpara is one of the oldest districts of Assam which was originally created by the British in 1876. The total geographical area of the district is 1824 square kilometers. Presently the district shares the common boundaries with Dhubri district on the west; Kamrup district on the east; Brahmaputra River on the North and East Garo Hill district, Meghalaya on the south. The district has five revenue circles with eight development blocks. The revenue circles are *Balijana*, *Dudhnoi*, *Lakhipur*, *Matia* and *Rangjuli*. Goalpara district occupies 11 towns and 829 villages (District Census Handbook, Goalpara).

According to 2011 census the total population of the district was 1,008,183 of which 5,13,292 (50.91 percent) were male and 4,94,891 (49.09 percent) were female. Out of the total population 86 percent population live in rural areas and only 14 percent live in urban areas. The district has 45,094 SC population and 231,570 ST population. The population density of the district is 553 (census of India, 2011). The main communities living in the district are *Boro*, *Rabha*, *Hajong*, *Garo* and *Miri*. Among these communities *Rabha* is the most dominant one.

In 2016, the government of India named Goalpara district of Assam as one of the country's 250 backward districts⁶. It is one of the 11 districts of Assam currently receiving fund from the Backward Regions Grant Fund Programme.

Objective

1. To analyze the health status of the *Rabhas* of Goalpara district of Assam.

Methodology

The methodology to be followed in the study is outlined below.

Sampling Design: The samples for the study have been drawn by following multi-stage sampling technique using both random and purposive methods of sampling.

Selection of District: In the first stage we selected the appropriate district for the collection of the samples. For the present study Goalpara district of Assam has been selected purposively as the sample district as it contains the highest numbers of *Rabha* population of Assam. According to 2011 census, 35.03 percent of the total *Rabha* population of Assam live in Goalpara district.

Selection of Revenue Circle: The selected district has been further classified into 5 Revenue Circles. They are *Matia*, *Rangjuli*, *Balijana*, *Lakhipur* and *Dudhnoi*. From these 5 Revenue Circles *Balijana*, *Matia* and *Dudhnoi* have been selected purposively as sample Revenue Circles as these three Revenue Circles contain the highest number of *Rabha* villages.

Selection of Development Blocks: *Balijana* Revenue Circle has two development blocks namely *Kharmuja* and *Balijana* of which *Balijana* has been selected as it has more *Rabha* villages than *Kharmuja*. Again *Matia* Revenue Circle has two development blocks i.e. *Matia* and *Krishnai* of which *Krishnai* development block has been selected purposively as it contains more *Rabha* villages than *Matia* development block. Again from *Dudhnoi* Revenue Circle *Kuchdhowa* development block has been selected as it is the only development block of the revenue circle.

Selection of Villages: Next step involves the selection of the sample villages from each selected development block. Here we selected two *Rabha* villages from each development block randomly. Therefore a total of six *Rabha* villages are selected for our present study. Here a village containing more than 50 percent *Rabha* population is defined as *Rabha* village.

Selection of Households: Finally from each of the sample villages 20 percent of total *Rabha* households in each of the villages were selected randomly as the sample households for investigation. A total of 276 households were covered by the study.

Table 1: Design of the Sampling

District	Sample Revenue Circles	Sample Development Blocks	Name of the sample villages	Total Number of Households in Sample Villages	Number of Sample Households (20% of total households)
Goalpara	Balijana	Balijana	Gendabari	234	46
			Saharia	315	62
	Matia	Krishnai	Kachumari	123	24
			Rangdam	297	59
	Dudhnoi	Kuchdhowa	Nishangram	201	40
			Rong Rong Para	224	44

Survey Tools: The necessary data to fulfill the objective of the present study have been collected through a structured household questionnaires prepared for the study. For the objective primary data relating to the health status of the sample households have been collected and analyzed by using simple statistical technique of percentage and presented in tables and diagrams. To assess the health status among *Rabhas* various standard health indicators like infant mortality rate, Maternal Mortality Rate, Crude Death Rate, Crude Birth Rate, Morbidity Prevalence Rate etc. are used.

Results and Discussions

The WHO defined health as “a state of complete physical, mental and social well being and merely the absence of disease or infirmity.” Poor health leads to capability deprivation and poverty. Again poverty leads to low standard of living, malnutrition and lack of basic amenities. So good health is very important for all round development of the people. Health indicators are quantifiable characteristics which describe the health status of a particular population. These indicators are basically used by governments to guide health policy. In this section an attempt has been made to analysis the achievements in health among the *Rabhas* with the help of different standard health indicators.

Infant Mortality Rate: The Infant Mortality Rate is a very important indicator that represents Human Development. It is also the most important component of mortality that can represent well being of human beings. It is used as a proxy to the life expectancy variable when data on life expectancy at birth is not available. According to SRS, the Infant Mortality Rate is the number of children dying before their first birthday. Mathematically, the Infant Mortality Rate can be defined as:

$$IMR = \frac{D_0}{B} \times 1000$$

Where, D_0 = Number of deaths within one year of any reference period

B = Total number of live births during the same reference period.

In the present study Infant Mortality Rate of the community is found as 47.17 per thousand live births which is higher than the state average of 44 and national average of 34 in 2016 as per the NITI Ayog data. Thus we can say that IMR of the *Rabha* tribe is much higher than the state and national average.

Maternal Mortality Rate: Maternal Mortality or death due to cause related to pregnancy and child birth, is another key health outcome indicator which has a wider capability implication. Maternal death is defined by WHO as “the death of women while pregnant or within 42 days of termination of pregnancy from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental cause.” Mathematically, MMR is defined as

$$MMR = \frac{M_0}{B_0} \times 100000$$

Where, M_0 = All maternal deaths occurring within a reference period.

B_0 = Total number of live births during the same reference period.

In the present study, 1 maternal death has been found during the period of 5 reference years and hence 0.2 maternal deaths per year. Thus the Maternal Mortality Rate of the community is found 943 per 100000 live births which is much higher than the national average of 130 and state average of 237 in 2014-16 as per NITI Ayog.

Crude Death Rate: Crude Death Rate is another important indicator of mortality. It can indicate the present health achievement of a population. It measures the number of deaths per 1000 population in a particular period of time. Mathematically, it is defined as

$$CDR = \frac{D}{P} \times 1000$$

Where, CDR = Crude Death Rate

D = Total registered death during a calendar year.

P = Total number of population in a specified year.

In the present study it is observed that a total 31 deaths took place during the reference period of 5 years and hence the average death is 6.2 per year. And the estimated Crude Death Rate of the sample population is 5.01 per thousand population which is lower than the state average of 7.01 and Indian average of 6.50 in 2015 (Source: Office of the Registrar General and Census Commissioner, India).

Crude Birth Rate (CBR): The Crude Birth Rate is the widely used measure of fertility. As the name implies it is the crude measure of public health. The Crude Birth Rate is the number of live births per year per 1000 midyear population. The mathematical formula for calculating CBR is

$$CBR = \frac{B}{P} \times 1000$$

Where, CBR = Crude Birth Rate

P = Total midyear population in a particular area

B = Total number of births in a particular area

In the present study data for live births is calculated for a period of last 5 years. So after calculating total number of live births for the last 5 years, the annual birth has been calculated. In the present study 106 live births are found and hence the average number of births per year is 21.2. Thus the estimated Crude Birth Rate for the sample population is 17.15 per thousand population which is lower than the state average of 20.8 and national average of 19.27 in 2015 (Source: Office of the Registrar General and Census Commissioner, India).

Growth of Rabha Population: In order to measure the population growth among the *Rabhas* we calculated the Natural Growth of Population. The Natural Growth of population takes into account only the birth rates and death rates. It does not take into account the population

changes due to migration of people from one place to another place. Natural increase in population is defined as the difference between Crude Birth Rate and Crude Death Rate.

$$\text{Natural Increase in Population} = \text{CBR} - \text{CDR}$$

CBR = Crude Birth Rate

CDR = Crude Death Rate

In the present study the Growth rate of the population is found to be 12.2 which is slightly lower than the national average of 12.77 and the state average of 13.7 in 2015.

Morbidity Prevalence Rate (MPR): Morbidity Prevalence Rate is an important health indicator. Morbidity affects the normal functioning of the human beings. Morbidity is a state of affair in which an individual is physically and mentally suffering. The MPR is the frequency with which a disease appears in a particular population.

$$\text{Morbidity Rate} = \frac{\text{Number of ailing persons}}{\text{Total Population}} \times 1000$$

The MPR can be studied in terms of acute disease and chronic disease. Ailments of less than 30 days duration are treated as acute and more than 30 days are treated as Chronic (NSSO 1998). Among the sample population, the Morbidity rate is found 97.89.

Mode of Treatment of Disease: It is important to study the mode of treatment in order to have idea of the health status of a particular community. A primitive backward society uses more traditionally known medicines and traditional way of treatment than modern drugs and modern technologies. The diseases are treated by *Kabiraj* or *Bej* in such societies. However, with development and advancement in science and technology and spread of education, people started visiting hospitals and doctors for treatment of diseases. It is found from field survey data that 94 respondents i.e. 34.18 percent of the sample respondents still depend on the *Bej* or *Kabiraj* for treatment of diseases. On the other hand, the remaining respondents i.e. 181 respondents (65.81 percent) use to visit doctors for the treatment of diseases. Thus we can say that a huge proportion of the respondents is still depended on traditional or primitive methods of treatment which is not a good sign.

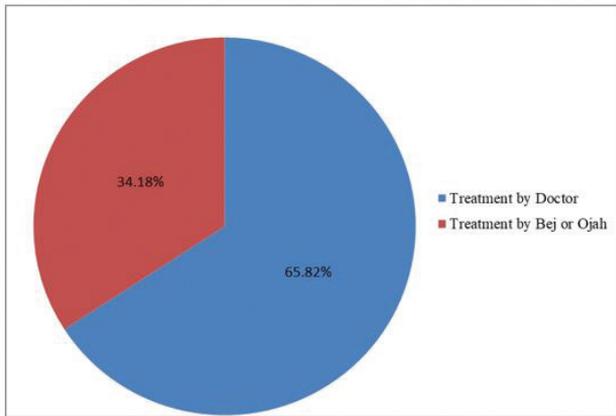


Figure 1: Distribution of Respondents by Mode of Treatment

Conclusion

From the above discussion it is found that the status of health of the Rabhas is not satisfactory. The Infant Mortality Rate of the community is found as 47.17 per thousand live births which is higher than the state average and national average. The Maternal Mortality Rate of the community is also found much higher than the national average and state average. However, the estimated Crude Death Rate of the sample population is 5.01 per thousand population which is lower than the state average of 7.01 and Indian average of 6.50. In the present study the Growth rate of the population is found 12.2 which is slightly lower than the national average of 12.77 and the state average of 13.7 in 2015. It is found from field survey data that 34.18 percent of the sample respondents still depend on the *Bej* or *Kabiraj* for treatment of diseases. On the other hand, the remaining respondents i.e. 65.81 percent use to visit doctors for the treatment of diseases. Thus in order to improve the health status of the Rabhas the health infrastructure, delivery

system, manpower, resources all has to be strengthen enough so that it can be utilized the community people in a proper way.

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