

An explorative study of the present status of People of Amlasole and Its surrounding villages of Paschim Medinipur, West Bengal

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Abstract: The study was conducted to know the present socio-economic status of Amlasole and its surrounding villages. Amlasole is located at Paschim Medinipur district of West Bengal, India. This Community based cross-sectional survey was conducted in 29 villages of Binpur-II Block of Paschim Medinipur. 20 per cent of the total household in each village was selected as sample size. Thus the total sample size was found out to be 398. A pre-tested structured questionnaire was administered to 398 households to get an in-depth information on social, economic, cultural and health status of the people of this region. From the study it was found that illiteracy, poverty and ill health prevail extensively in Amlasole and its surrounding villages. Malnutrition, especially among the children, still continues to be a problem there. People still die there due to TB, Malaria, Food Poisoning etc.

Keywords: Socio-economic, Health, Livelihood, Poverty

I. Introduction:

Binpur-II block lies in the western frontier of the district of Paschim Medinipur. In this report we have tried to focus on understanding the social, economic and cultural life of the people living in this block. Binpur II became a very common name a few years back in 2004 following the death of five 'sabar' people living in Amlasole village of the block. The deaths are said to have taken place due to starvation that prevailed in this region. Though there is lack of evidence to support the fact, but still the reality cannot be denied that poverty hangs extensively in this region. Binpur-II ranks third from the bottom in terms of Human Development Index (HDI) among the blocks of Paschim Medinipur. It is placed last in terms of Economic and livelihood Index (ELI), and fourth from the bottom in terms of Education Index (DHDR, 2011). Against this background, the study tried to find out the demography, economic status, livelihood pattern and health status of the people of Amlasole and its adjoining villages.

Objectives:

- To understand the socio-economic status of the people living in Amlasole and its adjoining villages.
- To understand the health status of the people living in this region.
- To understand the feasibility of establishing a hospital to provide primary health care services to the people living in the area and thereby bring over a change in the health scenario.

II. Methodology:

This Community based cross-sectional survey was conducted in 29 villages of Binpur-II block including Amlasole and some of its adjoining villages. 20 per cent of the total households in each village were selected as sample. Thus the total sample size was found out to be 398. A pre-tested structured questionnaire was administered to 398 households to get an in-depth information on social, economic and cultural status of the people of this region. The data was processed through EpiData Software and then were exported to Microsoft Excel to clean by using COUNT, COUNTBLANK and COUNTIF options. The data were rechecked twice and then exported to Statistical Package Software for statistical analysis. Tabulations were made in Excel sheets and then were transferred to the research document.

III. Results:

The population of this region showed a cultural mosaic where 63.3 per cent of the households belonged to Scheduled Tribes (STs), 17.1 per cent were of general category, 12.6 per cent of Scheduled Castes (SCs) and 5.3 per cent were OBCs. Illiteracy prevails extensively in this region. In our survey it was found that 56 per cent of the head of the households are illiterate and only 28.1 per cent have completed their primary education.

Livelihood:

The tribal people mainly depend on forest resource harvesting like collecting ‘Sal’ leaves for making plates, bowls and ‘Kedua’ leaves for making Bidi. They also make ‘Babui Dori’, a kind of rope made from a grass called ‘Babui’. The annual family income of the household revealed that 76.13per cent of the families lie below poverty line. That means their annual family income lies below Rs. 27000. But only 21per cent of them had BPL cards. It was found that 43.7per cent of the families have an annual income less than Rs. 12000. About 27.7 per cent of the people are landless.

Due to lack of adequate livelihood facilities, many people migrate off the region. It was found that migration took place from 14.3 per cent of the households. Most of the migrations (80per cent) took place to neighbouring state i.e Jharkhand. 78.95 per cent of the migrants were found to have migrated in search of livelihood.

Health:

Due to abiding poverty and lack of health infrastructure in this area, the status of health is deplorable. In our study it was found that 94.7per cent of the population suffered from common cough and cold, 62.6per had diarrhoea and 47.2per cent suffered from malaria. Skin disease was prevalent in every household irrespective of age and gender. Others common diseases are typhoid, jaundice, tuberculosis, arthritis etc.

Due to lack of any other health service provider in this region it was found that 51.3 per cent of the population prefer taking health services from the mobile medical camps run in that area. Only 31.7 per cent asserted that they would go to the Government hospitals which lie at a distance. 9.8 per cent avails treatment of private practising doctors and 2.5 per cent prefer seeking treatment from quacks and 3.3 per cent does not seek any kind of treatment. To minimise child mortality and morbidity and for a secure future of the children, vaccination is very necessary but in our study area we found that less than half of the children have got vaccinated. Two-third of the children did not get any Measles, Hepatitis or Vitamin vaccines.

Table 1: Mean effect of health expenditure on other variables

Mean	
Health Service Provider	Health Expenditure
Govt. hospital	1184.13
Private /nursing home	--
Sub centre	520.00
Private doctor	220.51
Local healers	--
Mobile medical camp	22.06
Test Statistics ^{a,b}	
	Health expenditure
Chi-Square	183.632
df	5
Asymp. Sig.	.000

Health expenditure was found to be negatively and significantly correlated with family income. It indicates that with the increase of family income, health expenditure significantly decreased during the last month of the study. It may also be due to good food habits and hygienic practices of the upper class, their health status is comparatively better than the lower income groups.

Preferred Health Service was found to be highly, negatively and significantly correlated with health expenditure. It means that respondents who preferred Government hospital or Private nursing homes for treatment, their health expenditures significantly increased. It also indicates that respondents who preferred mobile medical camps for their treatment their health expenditure of last month were significantly lower than other available health services.

Preferred health service had significant ($p < 0.01$) mean effect on health expenditure. It seemed that respondents who preferred Government hospital for treatment, their health expenditure were higher than other categories whereas respondents, who preferred Mobile medical camp for treatment, their health expenditure was lower than the other health categories.

Table 2: Mean effect of education index on other selected variables

Education index	Mean			
	Occupation	Family income	Migration	Health Service
.0000	2.72	13446.81	1.00	4.76
.5000	2.50	16400.00	--	6.50
1.0000	1.75	24410.00	1.00	5.68
2.0000	2.36	20693.22	1.00	4.42
3.0000	2.04	23231.11	.92	4.69
4.0000	2.25	21283.02	.88	5.30
5.0000	1.98	24231.15	1.00	4.79
6.0000	2.31	16773.60	.60	4.78
7.0000	4.58	19410.53	1.00	3.56
8.0000	3.28	42904.00	.86	5.16
9.0000	2.17	62066.67	--	3.00
10.0000	2.00	66450.00	1.00	3.60
11.0000	2.00	44625.00	--	4.00
12.0000	5.00	144000.00	--	5.00
Test Statistics^{a,b}				
	Occupation	Family income	Migration	Health Service
Chi-Square	20.023	40.918	9.455	16.291
df	12	12	9	12
Asymp. Sig.	.067	.000	.396	.178
a. Kruskal Wallis Test				
b. Grouping Variable: Education index				

Family education had significant ($p < 0.01$) mean effect on family income. It seemed that illiterate respondents had significantly low family income but respondents with higher level of education had high family income. It was found that family education had no significant mean effect on occupation, migration and preferred health services.

Table 3: Mean effect of occupation on other variables

Occupation	Family income	Education index	Health Service
Cultivation	19033.47	4.067347	4.63
Business	40762.50	6.125000	4.94
Natural resource collection	28891.89	2.945946	6.08
Labour	18419.73	2.656863	4.70
Service	178328.57	9.571429	4.00
Agricultural labour	31533.33	4.333333	6.00
Pension	6403.00	6.000000	7.00
Babui rope making	7010.00	4.900000	2.20
Others	57907.14	5.285714	6.21
Test statistics			
	Family income	Education index	Health Service
Chi-Square	89.829	52.003	32.838
df	8	8	8
Asymp. Sig.	.000	.000	.000

The above table indicates that Occupation had significant ($p < 0.01$) mean effect on family income, education, health expenditure and health service. It seems that service holders had high family income and education mean score. It means they had more family income as well as high education level than other categories. Respondents, who depend on pension or *babui* rope making, have family income that is lower than other category of occupation. Respondents who are labourers, their mean education score was significantly low.

Occupation had significant ($p < 0.01$) mean effect on Preferred health services. It seems that Pension holders (mainly old age pension holder) preferred govt health services where as *babui* related labours preferred Mobile Medical unit for their treatment.

Table 4: Correlation of Family income, occupation, health expenditure and Health service

	Family income	Occupation	Health expenditure	Health Service
Family income	1			
Occupation	.171**	1		
Health Expenditure	-.103*	.029	1	
Health Service	.033	-.022	-.381**	1
**. Correlation is significant at the 0.01 level (2-tailed).				
*. Correlation is significant at the 0.05 level (2-tailed).				

Occupation is highly, positively and significantly correlated with family income. It indicates that with the increase of occupational status, the income level of the families increases significantly. It is also mentioned that cultivators had low family income level and other occupations like carpenter, mason, drivers or self-employed had high income in the study area.

IV. Discussion:

From the above discussion it is clear that illiteracy, poverty and ill health prevail extensively in Amlasole and its surrounding villages. It also supports the past incidence of the deaths of Lodha/Sabar individuals owing to hunger and malnutrition in Amlasole. Moreover, the pattern of the land is also not apt for agriculture as the soil is laterite and mostly sandy loam. It ranks last in economic and livelihood index (ELI) among the blocks of Paschim Medinipur (DHDR, 2011). That is why poverty prevails extensively in this region. Since the area is populated with tribal, their socio-cultural structure is also different. It was also found that income has a high positive correlation with health expenditure. This can give a logical explanation to the high prevalence of diseases in this region. Since the people of this region is poverty-ridden, they do not have enough resources to invest on health and that justifies the establishment of a hospital where services will be provided either free of cost or with minimal charges that they can afford.

Reference:

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