Research Paper Sociology

Living Arrangements among the Tribes of Chikkagonnagara of Koppal district in Karnataka.

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Introduction

India has the largest tribal population next to Africa. The tribal's are children's of nature and their lifestyle is conditioned by the Eco-system. India with a variety of ecosystems, presents a varied tribal population throughout its length and breadth.

Indian tribes constitute approximately eight percent of the nation's total population which accounts nearly 68 million people according to the 1991 census. The extent to which a state's population is tribal varies considerably. In the north-eastern state of Arunachal Pradesh, Meghalaya, Mizoram, Nagaland and upward, 90 percent of the population are tribal. However, in the remaining northeast states, Assam, Manipur, Sikkim and Tripura between 20 and 30 percent of the population are tribal population. The tribes live more number in central India, although the tribal population accounts for only around 10 percent of the regions total population. Major concentrations of tribal people in Maharashtra, Orissa and West Bengal. In the South, about one percent of the population of Kerala and Tamilnadu are tribal's, whereas about 6 percent in the Andhra Pradesh and Karnataka are members of tribe.

The tribal people who live in thick forest, minor forest produce and due to the modernization today they are living along with the main plain people. In Karnataka, Government of India recognised 51 tribal communities. Among that Beda tribe is one of the first and largest tribal communities in Karnataka. Today the tribal population is increasing in transaction. The lives of tribal are more vulnerable during summer and rainy season. Each season they are facing lot of problems and having number of deceases like malaria, dengue, typhoid, chronic, malnutrition, and TB etc these diseases are occurs among the people. The researcher attempted to study about to prevent of these diseases and to take an appropriate steps to curing in the tribal area.

REVIEW OF LITERATURE

George Jose and Sreekumar S.S (1994) state that "the tribe is a social group of a simple kind, the members of which speak a common dialect, have a single government, act together for common purposes and have a common name, a contiguous territory, relatively uniform culture or way of life and a tradition of common descent. Here the tribe is considered as a social group with common dialect, purpose, name and culture".

Walts Neville A. (1970) opined that "the members of an aboriginal society generally lead a communal life. Their cooperation with one another is most evident during the arduous activities of the yearly agricultural round. The happiness is misery of a member is shared by the whole community. It is their success in adjusting and stabilising their relations with one another that gives the community its strength and forges its unity".

Once Jawharlal Nehru (1973) in his speech delivered at the opening session of the Scheduled Tribes and Scheduled Areas Conference held in Delhi in June 1952 stated that "...who are these tribal folk? A way of describing them is that they are the people of the frontiers or those who live away from the interior of this country. Just as the hills breed a somewhat different type of people from those who inhabit the plains, so also the frontier breeds a different type of people from those who live away from the frontier. My own prediction is for the mountains rather than for the plains, for the hill folk rather than the plains people. So, I prefer the frontier not only in a physical sense but because the idea of living near a frontier appeals to me intellectually. I feel that it would prevent me from becoming complacent and complacency is a very grave danger, especially in a great country like India, where the nearest frontier may be a thousand miles away..."

Marriot (1955), "in the study of western medicine in the village of North India has highlighted the importance of the cultural aspects of the medical role like trust, responsibility, charity, power and respect, which are important for interpersonal relation in the medical sphere. He opines that it is not so much in technical skill, which gives prestige to a healer, but it is spiritual power gained through piety".

Hasan (1967) point out that, "In Indian villages, health is not important for the people. But for them, believes, values, customs and practises are related with the phenomenon of health diseases. He has also observed that people in villages have now developed preferences for certain methods of diagnosis and treatment in the modern medicine. For instance, they prepare injections/tablets or mixtures of quick relief and other examination by stethoscope".

Hitchcock and Minturn (1963), "In their study found that health and diseases are associated with traditional idea of hot and cold diseases like smallpox, chickenpox, measles, cholera are general associated with a particular goddess and treatment sought in traditional".

Rexed (1977) "In his study focused on the health needs of the population and health delivery system. He suggested that as the material and cultural contexts are changing, the health delivery system has to adopt its services to the changing situation".

THEORIES OF HEALTH

Parsonian functionalism and 'the sick role' (1951): Although Parsons were interested in a variety of issues concerned with the management of illness, it is for emphasis on the social importance of the sick role that he is usually remembered. Parsons stresses that there is a significant issue of motivation involved in being sick and getting better; in effect, people have to decide that they are sick and that they need treatment. Since being sick means 'choosing' to withdraw from normal patterns of social behaviour, it amounts to a form of deviance; as such, the functioning of social system depends on the management and control of those who have decided they are sick so that they can be restore to health to ensure that they return to the performance of normal tasks and the

renewed meeting of normal social obligations and responsibilities. In short, the sick role requires a commitment on the part of those feeling unwell to try to return to normality as soon as possible.

Four features to define the sick role.

1. Sick people are legitimately exempted from normal social responsibility, such as those associated with work and the family.
2. Sick people cannot make themselves better but need professional help.
3. Sick people are obliged to want to get better, being sick can only be tolerated if there is desire to return health.
4. Sick people are therefore expected to seek professional treatment.

METHODOLOGY:

NATURE OF THE PROBLEM

In universe, several communities, groups are living together. In India more than 553 tribals are living, but proper study has not been taken up by the scholars or authors. They distant in several sphere of socialised more over the degree of change that has taken place vary from one tribe to another tribe, one place to another place.

Therefore the present study is to undertaken to study the living arrangement and health problems among the Bedas of Chikkagonnagara of Koppal district of Karnataka.

After independence the government of India has introduced the several programmes and policies to uplift the social economic and health condition of tribal's. But state government has not taken up the study of health and living arrangement of Bedas. Today the contact with the non tribal population has been increasing. The inflow of plain people and out flow of tribals to non tribal areas for industry, marketing, building work, agricultural work, seasonal migration and vice-versa has began. This process brought change in their pattern of life. In general, the development is taken place in any group has directly or indirectly affected changes in their socio cultural and economic life. Usually traditionally settled tribes of India were living on collection of minor forest produce like honey, fruits, roots, vegetables etc. They were also practising seasonably going out from their place to work and to return. They were changing agricultural holding from one place to another, on the hill slopes or amidst the dense forest once in a year.

UNIVERSE OF THE STUDY

According to the 2001 census of Koppal district total population was 11.93 lakhs. The total scheduled tribe of Koppal district was 1,64,271. In our study region bedas constituted approximately 70% of the total population of the village. This district is a backward district. They dispersed in all parts of the district.

SAMPLE

The responded have been selected from Chikkagonnagara village. The data was collected from 60 respondents (head of the households) moreover from collecting the data of the past the elders, opinion of leaders and other knowledgeable persons in the community is also interviewed.

TOOLS AND TECHNIQUES:

The study is based on both the primary data and secondary data. The primary data was collected with the help of interview schedule. The interview schedule contained both pre coded and open ended questions. On an average each interview took about half an hour to one hour. The unit of the study was the head of the house hold and interviews were conducted during day time.

After the completion of the data collection each interview was carefully edited to check the completeness, accuracy and validity of the data. Besides respondents, the man and other family members also participated in the discussion.

RESEARCH QUESTIONS:

1. Why the tribal people health system is not solving and it is continued.....?
2. Even though the modern medicine is available, why the Beda tribal people are fail to make use of that?

DISCUSSION

Opinion of Respondent about the Causes of Common Disease in Village

Particulars	Respondents
Poor Economic Condition	15
Unhygienic conditions in the House	35
Bad Sanitary Condition in the Village	10
Changing Climatic condition	0
Total	60

The above table indicates that out of 60 respondents said that main causes of common diseases in the village are caused by bad sanitary condition of house. Out of 60 respondents, 35 said that the main reason is unhygienic conditions in the house, 15 said that the common cause for diseases in village is the poor economic condition of the family and 10 said that it is due to the bad sanitary condition in the village.

Common Health Problems and Diseases of the Respondents

Particulars	Respondents
Headache	4
Back Pain	5
Body Pain	20
Chest Pain	3
Cough and Cold	1
Stomach ache	27
Tooth ache	0
Dysentery	0
Total	60

The above table clearly indicates that the common health problems they face in their daily living in the village under study shows that there is relationship between the personal hygiene, food habits, occupation and incidence of health problems and diseases. Out of 60 respondents 27 said that they have regular stomach ache (Gastric) problems. Out 60; 20 respondents said that they are having body pains. 5 said that they have back pain problems. 4 of the total respondents replied that they have headache problem. 3 respondents had some chest pain lastly, 1 said he suffered from cough and cold regularly. The main reason for above the health problems are water containment and irregular maintenance by the panchayat people. They never clean the water tank and mixing up the potassium permanganate.

Diseases and Health Problems that are found among the Respondents

Particulars	Respondents
Body pain, back pain, joint pain	20
Fever, stomach ache, T.B	35
Scabies, Typhoid, Mumps	4
Asthma, polio, flouosis	1
Total	60

The above table shows that among 60 respondents 20 replied

they regularly face the health problems like body pain, back pain, joint pain etc. Out of 60 respondents, 35 said that they are having the health problems like fever, stomach ache, T.B etc. 4 respondents faced Scabies, Typhoid, Mumps etc. 1 responded he have the problem of Asthma, polio, flouosis etc. Even though PHC medical centre located people are never known the diseases about they themselves and medical officers fail to diagnose the diseases. This is a reason why people are facing lot of problems. And further it is noticed that people are illiterate. They fail to approach the good doctor's towns and cities proper care and awareness should be creating among the people.

The Community Responses to the Present Health Problems

Particulars	Respondents
Need of adequate and safe drinking water	30
lack of sanitation in the house	25
prohibition on arrack shops	5
Total	60

The above table shows that out of 60 respondents, 30 are belonging to all the four social classes have emphasised on need of adequate and safe drinking water supply as there is no filtration or purification of the water in the existing water supply scheme. 25 respondents have said that, it was due to the lack of sanitation in the houses. Some other respondents have stressed more on the proper functioning of the PHC in the locality. It was been observed during our field study that owing to the lack of manpower in PHC, the villagers are forced to move towards the urban areas where the required man power is easily available to meet their health needs. Some respondents have highlighted on the drainage, good roads and also on the importance of sanitation in the community latrine in the village locality. A very few have stressed upon the need to bring prohibition on arrack shops which serves drinks in the village. Therefore people are blindly practicing and addicted for drinks (alcoholic).

Belief System about Health and Awareness about Health Services

The belief system about the health is very important for any community in order to understand the nature of the problem or disease and to adopt measures to overcome these problems. Along with the belief system of the community the awareness about the health services and their facilities in the community also plays a very important role in providing information about these problems and finding solutions for them. The data given below gives us the idea about the people beliefs in health and working of medical care centres.

Particulars	Respondents
Free from any disease/illness/injury in the body	35
Normal functioning of the body	24
Ability to perform daily routine work without any difficulty	00
Hard work, long lives eats more	00
Free from worries, sorrows well adjustment with others	00
Good muscular body and well being	1
Right condition of the body	00
God's gift and good deeds of the past lives	00
Total	60

The above table indicates that out of 60 respondents, 35 respondents believe that health condition of the body should be free from any disease/illness/injury. Out of 60 respondents 24 of the respondents believed that the normal functioning of the body results in good health conditions. 1 respondent believed that they have an good muscular body and well being gives them to good health.

Response to good health-wise classification of respondent

The above table indicates that out of 60 respondents, 40 respondents have opined that they enjoy good health condition as they were able to perform their daily routine activities without any problem. Out of 60 respondents, 10 respondents said that they enjoy good health by saying that their teeth are strong and eat more. Another 10 respondent said that they enjoy good health condition as their body is in right condition to work.

Particulars	Respondents
Perform daily routine work	40
Teeth's are strong and eat more	10
Good sight	00
Right condition of the body	10
Not applicable	00
Total	60

CONCLUSION:

1. Food which old age consume is not nutritious which prone them to suffer from diseases.
1. Respondents suffer from health problems like Blood Pressure, joint pain etc.
2. Researcher studied that due to poor economic and unhygienic condition they suffer from health diseases.
3. Old age poor are suffering from discrimination because there are many schemes for the development of poor agriculture people but not such schemes which helping the poor old age people. Because of lack of education and awareness they are not able to access any benefits of government schemes
4. The economic condition of old age respondent is very poor because they may live alone and their children's are living away. For this reason they do not have economic support to lead a happy life.

REFERENCES

1. Cockraham, William C. (1978), "Medical Sociology" Englewood cliffs: Prentice Hart, New Jersey | 2. Dak, T. M. (1991), "Sociology of Health in India" Rawat, New Delhi. | 3. Gupta, G.R. (1981), "The Social and Cultural Medicine in India", Vikas, New Delhi. | 4. Hasan, K.S. (1979), "Medical Sociology of Rural India", Sachin Publication, Ajmer. | 5. Desai, A.R. (1980) "Urban Family and Family Planning in India", Popular Prakashan, Bombay. | 6. Krishna, M.M. (2000) "Health and Family Welfare", Kanishka Publishers, New Delhi. | 7. Hasan, Nadim. (1999), "Tribal in India" Palaka Prakashan, Delhi. | 8. Ahuja, Ram (1999) "Society in India", Rawat Publication, Jaipur. | 9. Fernandez, Alex. B & Geethakumari, K.(2014) "Social Work and Tribals", Pacific Book International Delhi. |