

# A Study on Socio-Economic And Demographic Profile Of Tribal Communities In Guntur District Of Andhra Pradesh

\***Raja Kumar Pydi**, Research Scholar, Dept. of Dr.Ambedkar Chair, Acharya Nagarjuna University, Nagarjuna Nagar.

\*\***Dr.V.Venkateswarulu**, Associate Professor, Dept. of Sociology and Social Work, Acharya Nagarjuna University, Nagarjuna Nagar.

Schedule Tribe families are in consideration, and they are important part of society so we must know their level of health status and problems and culture along with nature, size of population and their distribution among the whole society. How these issues are varied from place and how they change in the time and by external conditions, economic and social. These are called socio-economic and demographic data which is related to birth, marriage, education, occupation, and income that occur in the community. Accurately compiled and analyzed the vital events serve as yard stick for measuring the status of scheduled tribe communities.

## **Statement of the problem**

Health is the most important socio-economic aspect of every individual life. Health plays a very important role in the life of human beings. Its importance is evident as old saying "Health is wealth" Health is not only basic to lead a happy life for an individual but also necessary for all productive activities in the society. Hence both health and society are considered as the two sides of the same coin.

The present study is entitled "A study on Health Status among Tribal Communities in Guntur District of Andhra Pradesh". It highlights on the health conditions of tribes. It focuses on health and sanitation among the tribal community, the study makes an effort to understand health problem. It studies the utilization of the health schemes and awareness of different health services among tribal communities.

## **Sampling**

From every village 25 Scheduled Tribe household family are being selected randomly in household setting by using simple random method. The total of 300 respondents (34.0 per cent) from 12 villages selected as a sample for the purpose of study.

## Objectives of the Study

1. To study the socio-economic conditions of scheduled tribe communities in sample area.
2. To assess the factors influencing the health status in study area of Guntur District of Andhra Pradesh.
3. To assess knowledge, attitude and utilization of various health facilities among schedule tribe communities.
4. To understand the various health problems among the tribal communities in the study area.
5. To suggest the implementation various health policies and programmes of scheduled tribe communities.

## Hypothesis

1. **H<sub>0</sub>**: There is statistically no significant difference of relationship among socio demographic factors and health care of tribals.

**Table-1: Age of the Respondents**

Age	Sub Caste Classification				Total
	Chenchu	Yanadi	Sugali	Yerukala	
< - 25	21	27	12	10	70
	7.0%	9.0%	4.0%	3.3%	23.3%
26 - 35	25	16	20	19	80
	8.3%	5.3%	6.7%	6.3%	26.7%
36 - 45	33	31	27	24	115
	11.0%	10.3%	9.0%	8.0%	38.3%
46 - 55	5	8	5	7	25
	1.7%	2.7%	1.7%	2.3%	8.3%
56 - >	4	3	1	2	10
	1.3%	1.0%	.3%	.7%	3.3%
Total	88	85	65	62	300
	29.3%	28.3%	21.7%	20.7%	100.0%

The study of age composition is helpful in determining the proportion of the labor force to the total population. Age is an important factor for income earning. The young may earn more than aged workers. Age is a deciding factor on employed and physical work. The table reveals that most of the respondents have been found to be belonging to the age group of above 36 - 45 years, i.e., 38.3 per cent and followed by the age group of 26-35 i.e. 26.7 per cent. Further 23.3 per cent of the respondents are belonging to the age group of below 25 and only 3.3 per cent of the respondents belong to the age group of above 56 years. The mean age is 36.4967 years.

**Table-2: Education of the Respondents**

Education	Sub Caste Classification				Total
	Chenchu	Yanadi	Sugali	Yerukala	
Illiterate	48	36	32	26	142
	16.0%	12.0%	10.7%	8.7%	47.3%
Primary	29	28	18	20	95
	9.7%	9.3%	6.0%	6.7%	31.7%
Secondary	9	15	13	12	49
	3.0%	5.0%	4.3%	4.0%	16.3%
Degree & above	2	6	2	4	14
	.7%	2.0%	.7%	1.3%	4.7%
Total	88	85	65	62	300
	29.3%	28.3%	21.7%	20.7%	100.0%

Very well-known fact that education crates awareness, strengthen individual, group and community knowledge which brings change in their thinking, feeling and doing regarding health matters. It follows that generally speaking; literate people would tend to be more vulnerable than literate or educated ones. A maximum number of respondents were found to be poor in terms of literacy and education. Even, 47.3 per cent of respondents were found to be illiterate. Importantly, educated respondents were reported high in primary education about 31.7 per cent. Remaining 16.3 per cent belonged to secondary education and 4.7 per cent studied a degree and above. Thus, the majority of tribals are not given importance to education (Table 2).

**Table-3: Type of Family of the Respondents**

Type of family	Sub Caste Classification				Total
	Chenchu	Yanadi	Sugali	Yerukala	
Joint	24	8	9	5	46
	8.0%	2.7%	3.0%	1.7%	15.3%
Nuclear	56	70	42	48	216
	18.7%	23.3%	14.0%	16.0%	72.0%
Extended	8	7	14	9	38
	2.7%	2.3%	4.7%	3.0%	12.7%
Total	88	85	65	62	300
	29.3%	28.3%	21.7%	20.7%	100.0%

Table 3 portray the details of the type of family in the study area. The table reveals that among the tribal community, the nuclear family system is more prevalent rather than the joint family system. The nuclear families constitute 72.0 per cent and joint family's 15.3 per cent of the total sample respondents. About 12.7per cent belongs to the extended family.

**Table-4: Occupation of the Respondents**

Occupation	Sub Caste Classification				Total
	Chenchu	Yanadi	Sugali	Yerukala	
Agricultural Labour	51	55	42	42	190
	17.0%	18.3%	14.0%	14.0%	63.3%
Cultivation	25	18	19	15	77
	8.3%	6.0%	6.3%	5.0%	25.7%
Petty Business	4	3	3	3	13
	1.3%	1.0%	1.0%	1.0%	4.3%
Employee	6	3	1	1	11
	2.0%	1.0%	.3%	.3%	3.7%
Any other	2	6	0	1	9
	.7%	2.0%	.0%	.3%	3.0%
Total	88	85	65	62	300
	29.3%	28.3%	21.7%	20.7%	100.0%

Occupation and its conditions are certainly a determinant of human health awareness and problems, so its study is essential to understand the health status of schedule tribes families and society as a whole. The very state of being employed in productive work promotes health, because the unemployed usually show higher incidents of illness and status.

The table shows that majority of 190 respondents (63.3 per cent) earned their livelihood through wage. 77 respondents (25.7 per cent) involved in agriculture. 11 respondents (3.7 per cent) are private/government employees and only 9 respondents (3.0 per cent) occupation was collecting forest produces, auto drivers etc.

The observation of above table reveals that main occupation of respondents was wage workers because the study area is forest and plain area.

**Table-5: Annual Income of the Respondents**

Income	Sub Caste Classification				Total
	Chenchu	Yanadi	Sugali	Yerukala	
< - 50000	45	40	25	18	128
	15.0%	13.3%	8.3%	6.0%	42.7%
50001 - 60000	15	22	16	21	74
	5.0%	7.3%	5.3%	7.0%	24.7%
60001 - 70000	17	13	10	8	48
	5.7%	4.3%	3.3%	2.7%	16.0%
70001 - 80000	7	9	10	11	37
	2.3%	3.0%	3.3%	3.7%	12.3%
80001 - >	4	1	4	4	13
	1.3%	.3%	1.3%	1.3%	4.3%
Total	88	85	65	62	300
	29.3%	28.3%	21.7%	20.7%	100.0%

Table 5 shows that annual income of households. It is evident that the vast majority of the family income is below the poverty line with low income. The majority of 42.7 per cent are earning between 50000 and below. About 24.7 per cent getting 50001 – 60000 of income, followed by 16.0 per cent 60001-70000 of income and remaining 12.3 per cent are 70001 - 80000 income. The average annual mean income of the respondent is Rs. 58400.

**Table-6: Agricultural Land**

Agriculture Land	Sub Caste Classification				Total
	Chenchu	Yanadi	Sugali	Yerukala	
Yes	34	28	20	18	100
	11.3%	9.3%	6.7%	6.0%	33.3%
No	54	57	45	44	200
	18.0%	19.0%	15.0%	14.7%	66.7%
Total	88	85	65	62	300
	29.3%	28.3%	21.7%	20.7%	100.0%

Most of the respondents are landless (66.7 per cent), however, the 33.3 per cent possessing small and marginal landholdings. The landlessness has been reported high in the study area where they mostly belong to underprivileged sections of the people and depends upon wage employment. The study reveals that the majority of the respondents are marginal landholders. About the majority of the households own less than two acres of land.

More than 27.7 per cent of them have an average holding of fewer than two acres. More than 5.7 per cent of them hold between 3-4 acres each. The majority about 66.7 per cent of the households are not having any land.

The percentage of those possessing less than 10 cents is also comparatively very low.

### **Relationship between Socio-demographic Factors and Health Care**

In this section, an analysis is made about the health care by the tribal respondents. The health care determines the standard of living. In order to identify the factors which influence the socio-demographic factors, age, sex, religion, education, marital status, type of family, occupation and annual income are examined.

In order to analyse the factors which influence the socio-demographic characters, the 't' test model is used. In this model, the health care of the tribal is treated as a dependent variable and the other factors namely age, sex, religion, education, marital status, type of family, occupation and annual income as independent variables. The results are presented in the following table.

Table-7

**Relationship between Socio-demographic Factors and Health Care**

**H0:** There is statistically no significant difference of relationship among socio demographic factors and health care of tribals.

Variables	Mean	Standard Deviation	Standard error	t Value	df	Significant
Age	36.4967	9.39384	.54235	67.293	299	.000
Sex	1.1033	.30490	.01760	62.677	299	.000
Religion	1.1500	.35767	.02065	55.690	299	.000
Education	1.7833	.88260	.05096	34.997	299	.000
Marital status	1.2000	.58407	.03372	35.586	299	.000
Type of family	1.9733	.52936	.03056	64.567	299	.000
Occupation	1.5733	.95621	.05521	28.499	299	.000
Annual Income	58400	11764.40979	679.21852	85.981	299	.000

It is inferred from the results that the entire eight variables have significant relationship with the group services. Among the significant variables, age, sex, religion, education, marital status, type of family, occupation and annual income are positively related to the group services and the 't' values are 67.293,62.677,55.690,34.997,35.586,64.567,28.499 and 85.981 respectively.

Among the significant variables, annual income (85.981) which is positively related to the group activities. It implies that the health care motivate the tribals to improve the regular income. Another highly significant variable is age ('t' value 67.293) is positively related to the group activities. It implies that majority of the tribals have better health. Next highly significant variable is type of family ('t' value 64.567) which is also positively related to the health care. It implies that the nuclear family members have dynamically improved their health care in the study area. The 't' value of sex is 62.677 and marital status is 35.586. They are positively significant. It implies that all the categories of gender and family people have also improved their health care. Religion is related to the group activities ('t' value 55.690). It means that there is positive relationship between the health care of the tribals and religious activities. Among the significant variables, annual income and age have a greater influence on the health care of the tribals, followed by the type of family with the high 't' values.

Therefore, the hypothesis, 'There is no relationship between the socio-demographic factors and the health care' is rejected and research hypothesis are accepted.

**Conclusion**

The study results indicate that, majority of the respondents are belonging to the age between 26 to 35 years. The majority of them are belongs to Hindu religion, the caste based analysis reveals that four categories of schedule caste communities. The study also assesses the education unfortunately, majority of the respondents were illiterate, primary followed by secondary level of education. Most of the respondents are having rural background in the study area. The most of the respondents are daily wage labour prior to their forest produce collection. The majority family members are dependent on the respondents and poor in terms of their social status.

**References:**

1. **Basu S.K (2012)**, “Socio-economic and Health Conditions of some major Tribes in Andhra Pradeshl. *Social Work Chronicle*, Vol.1, Issue .2, pp.31-48.
2. **Gupta (2007)**, -Economic Growth, Health and poverty: An Exploratory Study for India, *Development Policy Review*, Vol.22, pp.15-206.
3. **Krishnan T.N. (1996)**, -Health Poverty and Labour, *Indian Journal of Labour Economics*, Vol.39, No.1, pp.23-31.
4. **Patel, R. K. (2014)**, -A Health Status of India, *International Journal of Scientific Research*, Vol.3, Issue. 5, pp.56-59.