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Socio-Economics & Religious Aspect Of Health Cares Among The Rural People Of Balangir, Odisha

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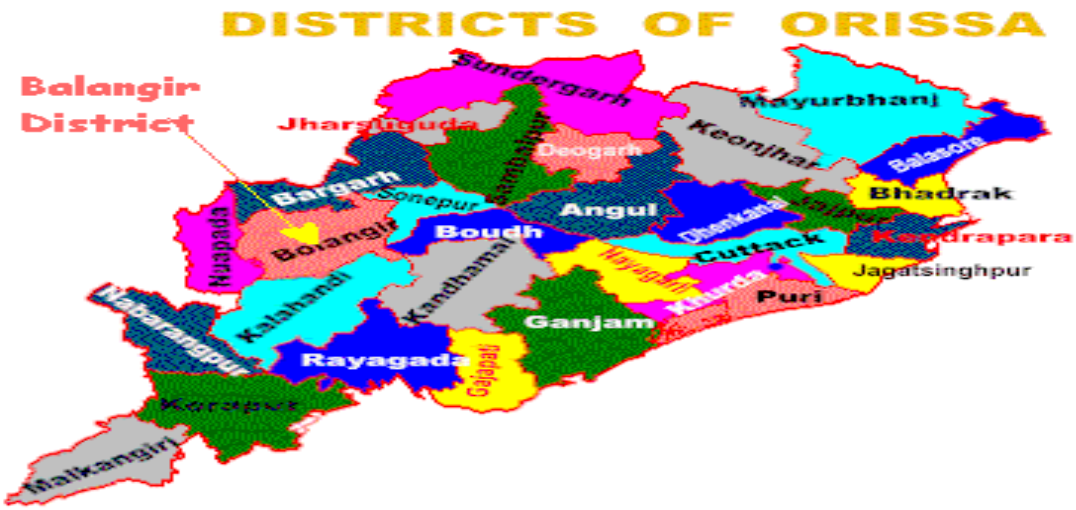
ABSTRACT: Health in broad sense is a quality of life, which is a complex, dynamic, equilibrium, which stems from entire socio-economic conditions. The social environment plays an important role in causation of health & disease which includes a complex interplay of factors & conditions i.e.-economics, cultural realms, customs, beliefs, attitude morals, religion, education, occupation standard of living community life etc. **Objectives:** The present study intends to find out the socio-economic determinant of health care and the religious beliefs & practices affecting the health care of the people of that area, and also identify their knowledge on modern medical practices & it's utilization in their own life. **Methodology**: The sample consisted of 120 participants who responded to the survey. The completed data were obtained for 119 participants. but one participant didn't provide response for a single item (e.g., age, income etc.) from different socio-economic category and also various caste, age, and sex group has been taken from three villages of Bolangir one of the poorest district of KBK region, Orissa, India. Data has been collected with the help of semi-structured interview with informal interview Schedule. **Findings:** The findings of the study show that the caste and income wise prevalence rate of illness for different diseases are OBCs 20.26%, STs 49.49%, SC's 30.25% .it was also found that still the practice of magico-religious belief in health care system is prevalent in this area as rate of 63.28% whereas only 23.04% people preferring modern medical treatment measures. And 55.46% Lack of knowledge & awareness regarding the modern health care facilities among the people of that area are low.

Keywords: Socio- economic, Magico-religious, Cultural, Moral attitude and Quality of life.

INTRODUCTION

The health condition of the majority of Indians remains far from satisfactory. The burden of morbidity, measured in terms of Disability-Adjusted Life Years (DALY)**,** shows India to bear the highest burden of ill health after Sub-Saharan Africa (Cornia & Mwabu, 1997). Although the per person disease burden—measured by the DALY rate—dropped in India by 36% from 1990 to 2016, there are major inequalities among states, with the per person DALY rate varying almost two-fold between them (Mehta & Chowdhury, 2024). As health is essential for development, meaningful progress must include strategies to promote good health. This goal cannot be attained unless all sections of society—especially the socially and economically disadvantaged—are made partners in the process of economic growth (Sen, 1999)**.** "Health, in a broad sense, is a quality of life," which is a complex, dynamic equilibrium stemming from an individual's entire socio-economic conditions (Bhasin & Bhasin, 2002). The social environment plays a vital role in the causation of both health and disease. It includes a complex interplay of factors such as economic status, cultural values, customs, beliefs, morals, attitudes, religion, education, occupation, standard of living, community life, and the availability of health services (Braveman et al., 2011). Health is determined by multiple factors, including genetic inheritance, personal behavior, access to quality health care, and environmental conditions like air and water quality and housing. In addition, a growing body of research has documented strong associations between socio-economic and cultural factors and health outcomes (Kawachi, I. 2000). The association between socio-economic status (SES) and health has been recognized for centuries. Socioeconomic differences in health are large, persistent, and widespread across societies and across a diverse range of health outcomes (Antonovsky, 1967). Community beliefs and attitudes also influence many facets of health care. In India, physical and mental illnesses are often understood through the lens of spiritual and religious beliefs. These perceptions frequently influence how patients recognize illness and determine their care-seeking behaviors. Consequently, traditional magico-religious healers continue to be an important source of health care for a significant portion of individuals suffering from biological and psychological illnesses (Chadda et al., 2001). The old proverb, "Health is Wealth and Wealth is Health," highlights the reciprocal relationship between the two. Both health and wealth are interdependent—if one is affected, the other tends to suffer. Economic status plays a major role in the prevalence of diseases. This is especially evident in slums, rural areas, and peripheral regions**,** where poor socio-economic conditions contribute to deteriorating health (Mberu et al., 2016).

FIELD DESCRIPTION.



The above study conducted in three interior villages of Bolangir district. The district lies between 20'9" & 21' north latitude & 82'4" & 83'. east longitude. Bargarh, Sonepur, Bouth, Phulbani, Kalahandhi, Nuapara districts north to west surround it irrespectively. The western part of Bolangir district is undulating plain from where the hell ranges taints to different directions. Gandhamardhan irregular ranges from the natural boundaries to the North West. The main forest area stretches along the western boundary bordering the Nupara district & turns to the east where it runs parallel to the Gandhamardhan range. Bolangir located in western orissa has a geographical area of 6552 sq. km. & the villages are about 75 km away from the district head quarters. Govt. Health care center of the people is Lathore, which is 5 km far away from them.

ETHNIC COMPOSITION AND THEIR HEALTH CONDITION.

Caste, the ethnic group always differences determined at birth, differences that can not be changed by individual's achievement, economic status, professional growth, political position educational qualification or by any other means. Every Hindu necessarily belongs to the caste of his/her parents & in that caste he/she inevitably remains. But now days we may found changes in caste & religion due to cause of poverty.

According to data three castes consist of four communities at there. Table indicate on prevalence rate of Illness in accordance to their ethnic composition where found that higher illness among the low category on the contrary low level of illness among the high category.

PREVALENCE RATE OF ILLNESS CLASSIFIED BY CASTE.

SL NO.	CASTE/TRIBE	ILLNESS	% OF ILLNESS
1	OBCs	24	20.16
2	STs (Gond+Khaira)	27 + 32	49.57
3	SCs	36	30.25
TOTAL	3	119	100

AGE, SEX AND HEALTH STATUS

Age as well as sex, is a primary characteristic of the individual. Age and sex are playing major role in providing good health but also helps in the socio-economic, religio-cultuiral, political, educational aspect of human life. Not only the sex or gender is the cause of illness among the female rather age also creates problems in health situation of the rural people. This is occurring more in rural areas than urban sector due to various reasons like; poverty, lack of awareness, prevailing of patriarchy & also behavioral & biological factors. According to data 119 persons were suffering from health problems during the (2006-07) year where found that (43.69%) male and majority (56.30%) female. Again out of female (26.05%) were aged or those who belonged to 40 years above, On the contrary (16.80%) were male which prevalence rate of illness among them but above all it found that aged & small children were more suffered as rate of 42.85%, and 22.68& irrespectively. Age & Gender specific prevalence rate of illness of infant, small children, adolescents, adult & aged show on below table.

AGE & GENDER DISPARITY IN PREVALENCE OF ILLNESS

SL NO.	**AGE GROUP**	**MALE**	**% OF MALE**	**FEMALE**	**% OF FEMALE**	**TOTAL**	**% OF TOTAL**
1	0-4	14	11.76	13	10.92	27	22.68
2	5-14	8	6.72	10	8.40	18	15.12
3	15-23	6	5.04	7	5.88	13	10.92
4	24-40	4	3.36	6	5.04	10	8.40
5	40>	20	16.80	31	26.05	51	42.85
6	Total	52	100	67	100	119	100

SEX, EDUCATION & THEIR HEALTH.

Education is the vehicle of progress, of human culture, civilization, & the nation. The crucial need of education for the people in various sphere of social life- i. e; economics, social, ethical, physical well-being & others has been unanimously recognized.

Attempt to group the sick persons by level of their educational attainment is a pattern that is heavily based against the uneducated members of the household. This is significant in view of the fact that in the India situation the female seems to lag systematically behind the male in receiving education accordingly (23.52%) female were uneducated sick persons and but only (15.96%) were male sufferers. Below Table based on prevalence rate of illness classified by education and sex.

PREVALENCE RATE OF ILLNESS CLASSIFIED BY EDUCATION AND SEX.

SL NO	GENDER	EDUCATION OF THE SICK PERSONS									
		Illiterate	%	1-5	%	6-12	%	+3	%	Total	% of Total
1	MALE	19	15.96	16	13.44	12	10.08	1	100	48	40.33
2	FEMALE	28	23.52	23	19.32	20	16.80	0	0	71	59.66
3	TOTAL	47	100	39	100	32	100	1	100	119	100

FAMILY SIZE AND Its IMPACT ON HEALTH.

Family is the most important primary group in society. The form of society vary from society to society & time to time Family in social India was mainly joint family, extended family, along with nuclear family is also seen in the present days. But above all size of the family influencing the health condition of the family. The present study finds out that (34.45%) & (31.93%) of sufferers those who were belonged to between 4-5, & above 8numbers of members in their family irrespectively. Only (24.36%)in 6-7 size of household and lastly only (9.29%) sufferers between 1-3 household size .it proves that small family is best family for managing in all aspect of life.

Food, Shelter, and Cloth are three basic needs for human being, which are totally influencing the life. Shelter is one of most important requirements for the survivals of living being and it does provide sound environment with prosperous health. The fact that living condition, use of clean water, sanitation, & hygienic condition affect the health of the people due to various causes like –lack of toilet, lack of electricity, lesser size of landholding houses, lesser number of rooms for living, construction of houses etc & this type of problems found in rural areas. Here (45%,) of household belonged to Kuccha houses those were affected by health hazards, (30.83%,) & (24.16%,) of sufferers from mix and Pucca type of houses irrespectively. Majority (90.84%,) household had not been using toilet for their safety defection where as only (9.16%,) were using toilet. Resource of water in that area are Tube well, Well, and Stream where people depend open 55.83% on tube well, 32.50% on well and 11.66% on stream but during the period of

summer 77.50%household were preferring on stream .so we may found more health problems in summer season. We may found mix type of uses in fuel for their cooking between cow dunk and fire wood likely 45 % and 44.16 % irrespectively rest fuels used as stove, goober gas, stone etc.

ECONOMIC ACTIVITIES

Economy is the backbone of all aspect of human life and accordingly its play vital role in regulating & maintaining a sound health among the rural people of India. Income sources of rural people basically Agriculture, Wage earning, Business, Migrated labor, Medical Practioners, Forest Collection, etc. According to primary occupation of the HOH in the study out of 119 households 42% depended open agriculture and 39% were on wage earning. Where as about 12% migrated labor, rest 7% including business, forest collection, and medical practitioner.

The income of the households from all sources per annum in linked to the wealth of the household, and financial position of the household is a good indicator of the household's overall health position as well as access to health care. With the rise in income of the household prevalence of illness comes down as moves from low income to middle income category, and extreme high income group once against the begin to rise indicating 'U' shaped relationship between income and illness prevalence rates. Below Table expressed the fact.

PREVALENCE RATE OF ILLNESS CLASSIFIED BY INCOME AND CASTE.

SL NO.	CASTE/TRIBE	ILLNESS	% OF ILLNESS	PER CAPITA INCOME
1	OBCs	24	20.16	8479.58
2(A)	STs (Gond)	27	22.68	6680.41
2(B)	STs (Khaira)	32	26.89	5146.55
3	SCs	36	30.25	4141.05
TOTAL	4	119	100	

The above table indicates that lower the income higher is the rate of prevalence of illness. The association between higher illness and low income brings to the fore the determining role of poverty through housing, nutrition, sanitation, and power to purchase medical care and found more health problem's in low income, lower caste category of households in that areas.

RELIGIOUS BELIEFS AND PRACTICES

Religion is instinctive to man. It is inseparable to human society from time immemorial. The respondents believed that their life is controlled and guided by various supernatural power those who are live around them like; hill, forest, stone, trees, and houses belonging to both benevolent & malevolent therefore they observing several rites & rituals to their supernatural beings. They also beliefs that ignored to super power are the causation of disease and destruction of life. Villagers have several superstitions on some evil practices which are still prevailing in there such as Wratch of goddesses, Witch Crafts, Evil Spirit, Britch of taboo, Evil Eye etc. In these cases, rural people of that area preferred worship to their Villages god, goddesses, and also taken magico-religious treatment measures.

DISEASES AND TREATMENT PRACTISES.

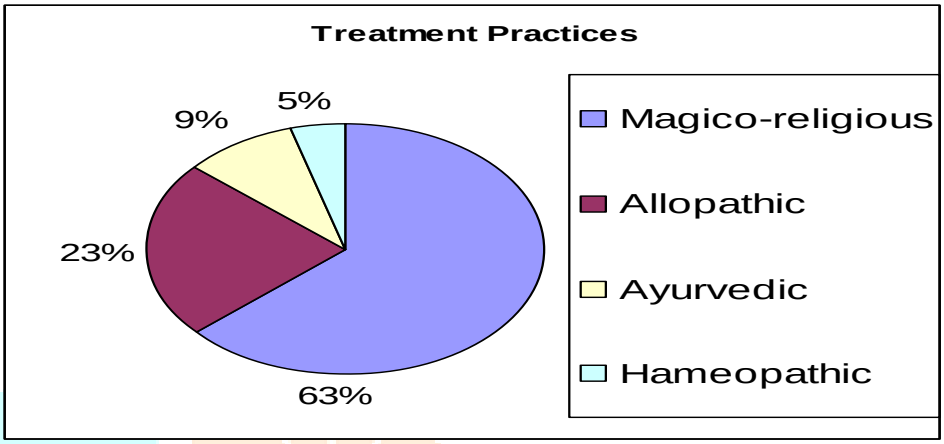
Disease and treatment are as old as human civilization. Diseases were present when man appeared in the earth & the treatment of disease is an old process to relive pain and it aims at the prevention of death. The disease reported by the rural people of that areas during field survey were varied by the classification below table.

PREVALENCE RATE OF DISEASES CLASSIFIED BY TYPES OF DISEASES.

SL NO.	NAME OF DISEASES	PERSONS SUFFERED	% OF SUFFERED
1	Fever (normal)	55	46.21
2	Malaria	17	14.28
3	Typhoid	9	7.56
4	Tuberculosis	3	2.51
5	Skin diseases	6	5.04
6	Headache	5	4.20
7	Sickel cell	4	3.36
8	Amoebic dysentery	7	5.88
9	Back Pain	2	1.68
10	Paralysis	2	1.68
11	Madness	1	0.84
12	Blood Pressure	1	0.84
13	Gastric ulcer	4	3.36
14	Diabetics	3	2.51
`15	Total	119	100

Above table reveal that the seasonal diseases were occurring as the rate of 54.29% cases where as only 45.69%was chronical diseases. Among them Fever was highest 68.05% including cold, malaria, and influenza typhoid followed by amoebic dysentery 5.88%, skin diseases 5.04%, Headache 4.20% and others like; madness and blood pressure were the rare cases as the rate of only 0.84%.

Due to socio-economic condition and rise of modern medical pluralism we may found differences in the treatment practices in each person and situation, which describe below;



In the era of globalization modern science and technology influencing whole over the world but still we may found that the rural people of surveyed area were using 63.28% of magi co-religious treatment measures where as only 23.04% of household compared to Allopathic or modern medical treatment practices, and other two followed by 9.11%, and 4.57% irrespectively as Ayurvedic and Homeopathic.

Knowledge is the mother of all virtue, all vices proceeds from ignorance. It proves among the rural unaware and illiterate rural people in the field of health and it causes consequences. The below table indicates the knowledge of respondents on about the causes, consequences of diseases and availability of modern health care facilities

KNOWLEDGE OF RESPONDENTS ON DISEASES

SL NO.	AWARENESS	NO. OF RESPONDENTS	% OF RESPONDENTS
1	Know the causes and consequences	21	17.50
2	Know from external activities	32	26.60
3	Not aware	66	55.46
4	Total	119	100

The data provides that 55.46% of respondents not known the causes, consequences and availability of modern medical treatment practices on the other side 26.60% of respondents aware all about that from external activities or sources and by other persons-

Like; doctors, local medicine man, ayush doctors, gunia ect, and lastly only 17.50% of respondents aware about all these factors.

CONCLUSION.

The rural areas of the selected villages of Bolangir district constitute a geographical region that is marked by poor quality of life as visible from the host of the statistical indicators. The data on caste, income, physical assets, & exposure to out side forces of modernization are reflected in the health care system and socio-economical inequality of the household. From the above discussion one can conclude that the overall resource of the household does influence the health care practices among the rural people of orissa and also lack of consciousness among the people about causes, consequences of diseases and their treatment practices. Therefore, government should take initiative to develop the socio-economic status of rural people and also provides various type health facilities, which are rich to needy person of poor, venerable, illiterate of those areas than the development of the nation could be possible. Awareness & Prevention Programmed related to health should be essential activities to health service providers as well as Government & Non-Government sectors.

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