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SUBJECTIVE WELL-BEING OF TRIBALS AND NON-TRIBALS

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ABSTRACT:

The measurement of subjective well-being is a crucial element in determining the overall level of development in a society. This term is used to describe how individuals experience and assess different aspects of their lives, including specific domains and activities. Given the significance of subjective well-being as a developmental parameter, a study has been undertaken to assess the subjective well-being of both tribal and non-tribal communities. Through this study, a better understanding of the well-being of these communities can be achieved, leading to more effective measures for development and progress. The purpose of the study was also to assess the health status of tribes in India and identify key factors that impact their health. Among the 28 states of India, Odisha has the third highest percent of tribal population. The sample size of the study is 200. Respondents are from the Mayurbhanj, Jajpur, and Keonjhar districts of Odisha. Out of 200 participants, 100 are tribals and 100 are non-tribals. Both groups are administered a subjective well-being inventory. T-test is used to test the difference between the two groups. From the study, a significant difference is found between tribals and non-tribals regarding subjective well-being. A higher level of subjective well-being is seen among non-tribal people than tribal people. Poverty, poor health, lack of education, and social exclusion are some reasons for low subjective well-being among non-tribal people. These issues can lead to mental health problems. Addressing them is crucial for a more equitable society.

KEYWORDS:

DOMAIN, MEASURE T-TEST, NON-TRIBALS, SOCIAL EXCLUSION, SUBJECTIVE WELL-BEING, TRIBALS.

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INTRODUCTION

Today, many tribes are largely disunited from mainstream society and culture in India. India's tribal communities have a close relationship with the forest, as their livelihoods and existence are deeply intertwined with the forest and its resources. The Indian constitution recognizes the special status of indigenous people and has implemented several measures to safeguard their rights. However, due to historical discrimination and neglect, these communities have faced numerous challenges, particularly in accessing basic healthcare services. The Scheduled Tribe (ST), a marginalized community living in relative social isolation, has a worse health status than the corresponding non-tribal population. To address this, the government has integrated tribal healthcare operations into rural healthcare initiatives. Nevertheless, the challenges faced by these communities are unique to their social system, living environment, and culture. Without addressing the underlying causes of these problems, their living conditions are unlikely to improve.

Historically, it is important to recognize that tribal communities have endured inadequate health, and even with the implementation of measures, this issue remains unresolved. Therefore, it is crucial to adopt a holistic approach that addresses the specific concerns of these communities and provides them with equitable access to healthcare services to enhance overall health and well-being.

Tribals are more disinclined than the non-tribal population in many aspects such as literacy, poverty, economics, and various health backgrounds. There are about 90 million STs or Adivasis in India. They constitute 8.6% of the total population of India. Tribal communities often encounter significant barriers that hinder their career advancement and overall socio-economic development. Principal factors that contribute to the stagnation of these communities include limited access to quality education, insufficient awareness of health and nutrition, a lack of familiarity with advanced technology, and pervasive poverty. Consequently, these groups experience social, economic, and ecological marginalization, resulting in their exclusion from mainstream society and modern civilization.

The Constitution of India recognizes indigenous tribal communities as having a distinct culture or ethnography. Compared to rural populations without STDs, even within

the same country, they have poorer health outcomes, fewer healthcare facilities, and often live in restricted geographic areas known as STDs. The well-being and subjective well-being of tribal people are negatively impacted by social marginalization and destitution. As a result of eviction, they experience many psychological problems like stress, depression, anxiety, fear, etc, and face problems in other areas like economic problems, discrimination, and exploitation.

Social exclusion is the process by which every individual and whole society are systematically denied the rights, opportunities, and resources (eg housing, employment, health care) that members of society normally have. Odisha is a predominantly tribal state with the highest number of tribal communities (62) representing major linguistic groups. Almost 44.21% of Odisha's total land area is declared as scheduled area. Mayurbhanj, a prominent tribal area in Odisha, has been declared as a fully scheduled area. Tribal residents make up 56.6% of the total population of the district; The residents of Mayurbhanj constitute only 6% of the total citizens of the state. 30 types of tribes are living in the Mayurbhanj district. Some of them are Santal, Kolha, Munda, Saunti, Bathudi etc.

One of the most crucial indicators of development is subjective well-being, and it is important to take measures to promote the overall development of tribal communities. The term subjective well-being refers to the way people experience their quality of life, including their emotional responses and cognitive appraisals. According to Diener (2000), subjective well-being is an individual's evaluation of their life, both cognitively and affectively. SWB encompasses two broad concepts: cognitive appraisal and affective appraisal. Cognitive appraisal refers to how individuals consider their overall life satisfaction and their satisfaction with specific domains like family life, job, etc. Affective appraisal refers to the emotional experience of individuals. High SWB indicates frequent and intense positive states like joy, hope, and pride, and the general absence of negative emotions such as anger, jealousy, and disappointment. Studies suggest that health and subjective well-being can influence each other, as good health is often associated with greater well-being, and many studies have found that positive emotions and optimism can have beneficial effects on health. This applies to cultural views, living individually and their own goals, hopes, standards, and understanding of life's attitudes in the respective value system (Orley & Kugkenb1994).

REVIEW OF LITERATURE

The World Health Organization (WHO) defines health as not just the absence of disease or sickness, but as a state of complete well-being that includes physical, mental, and social aspects. Therefore, the health status of a community depends on different of factors, including social and economic conditions, cultural norms, education, demographics, and politics. The health of tribes in India is at risk due to the burden of infectious and chronic diseases, as well as genetic disorders. According to 2011 Census, there are approximately 10.43 crore tribal people in India, belonging to 705 communities. Among these communities, 75 groups are considered primitive tribes. These tribes have traditional, pre-agricultural technologies, limited access to education, and are isolated from mainstream society. They reside in inaccessible hilly areas, suffer from extreme poverty, have a low literacy rate, and are deeply connected to the natural environment. Despite the development process in India, these tribal people have not been benefited in any significant way.

H. Mukherjee & et al. (2014) in this study tried to synthesize and evaluate the factors present in organizational role stress, individuals' unique coping styles, and ego-functions which might play an effective role in the progress of SWB from one point of view, and from another point of view might also cause deterioration in SWB of the tribal population. The sample was 800. And sample of 800 was collected from various government and non-government organizations in Tripura. The study result showed that the tribal people are significantly happier, and stress-free than the non-tribals due to their simple lifestyle and less competitive nature.

In 2016, K.N. Hossain examined the relationship between psychological needs, including autonomy, competence, and relatedness, and different aspects of subjective well-being. The study had a sample size of 200, and data was collected from respondents using a convenience sampling method. According to the study's findings, all psychological need constructs were significantly correlated among both tribal and non-tribal people, except relatedness and competence, which were not significantly linked with non-tribal people. For tribal people, all need constructs were significantly related to positive effect, negative effect, and life satisfaction, except for autonomy and competence, which were not significantly correlated with positive affect and life satisfaction, respectively. The study also stated that the relatedness need was significantly correlated with positive effect, negative effect, and life satisfaction for non-tribal people, while autonomy was significantly related to life satisfaction. Finally, the study's group-type analyses stated that levels of the outcome measures were not significantly different between tribal and non-tribal people, except for negative effect.

In a study conducted by H.K.Deo in 2020, the aim was to measure the well-being of tribes and non-tribes. The study sought to determine the subjective well-being of these two groups. Sample size of the study was 60. Respondents were selected from the Suljapada block of the Mayurbhanj District. 60 individuals participated in the study, with an equal split of 30 belonging to tribes and 30 not belonging to tribes. A well-being inventory was given to both groups, and their means were compared using a T-test. The study revealed that there is a significant difference in subjective well-being between tribes and non-tribes. Non-tribes showed a higher level of subjective well-being when compared to tribes.

OBJECTIVES

- ✓ To measure the subjective well-being of tribals and non-tribals.
- ✓ To find out the difference between the two groups in terms of subjective well-being.
- ✓ To describe the health condition of tribes in India.
- ✓ To check the major factors, which determine the health of tribes in India.

METHODOLOGY

RESEARCH DESIGN

The systematic process and structured approach for conducting research is called research design. One of the crucial factors for conducting research is ensuring that the study is valid and reliable, which is why research design is important. Neutrality, reliability, validity, and generalization are some of the essential characteristics of research design. The study has followed a mixed-method approach (both qualitative and quantitative).

SAMPLE

The sample of the present study includes 200 participants. Both primary and secondary data have been used in the study. Primary data has been collected through the questionnaire used in this study and secondary data has been collected from different sources like Census India Reports, NFHS Reports and Planning Commission Reports, etc. The study involved one independent variable and one dependent variable. The Independent variable is the type of people (Tribes and non-tribes) and the dependent variable is subjective well-being. Out of 200 participants, 100 were tribes & 100 were non-tribes. Data from the respondents were collected from the districts of Mayurbhanj, Jajpur and Keonjhar.

INSTRUMENT

A subjective well-being inventory was used for this study. The subjective well-being inventory was developed by Dr H. Sell and Dr. R. Nagpal. The inventory consists of 40 items with 3 alternatives in each, i.e., "very much, to some extent, not so much". Among the 40 items, 21 are negative items and 19 are positive items. The scoring system of the values 3, 2, and 1 to response categories of the positive items and 1, 2, and 3 to the negative items. The minimum score can be 40 & maximum can be 120 respectively. The summated score of all 40 items shows the subjective well-being score of an individual.

RESULT

Mean and standard deviation were computed for tribes and non-tribes. Independent sample t-test was done to test the significance of the mean difference between tribes and non-tribes.

Group	N	Mean	SD	T	Df	P	Interpretation	Remarks
Tribes	100	62.52	12.35	19.53	198	.000	P<.01	Significant
Non-tribes	100	105.83	19.62					

The results indicate significant differences, t =19.53, df =198, p< .01 between tribes and non-tribes. The non-tribes showed a higher level of subjective well-being (M=105.83) as compared to tribes(M=62.52).

DISCUSSION AND CONCLUSION

The role of education is crucial in the development of society, particularly in terms of health. It catalyses all awareness programs and developmental activities. As per the 1961 census report, only 8.53% of the scheduled tribe had educational qualifications, but the number increased to 58.96% by the 2011 census report. The gap in educational status has been decreasing since the 2001 and 2011 census reports, but 41% of the scheduled tribe still lags in education. This is not a positive scenario for India, which is striving to become a developed nation with rapid developmental activities.

Poverty is a complex issue in every society, and it has many different aspects to it. To fully eradicate poverty, we must address all of these aspects. According to the 2011 report of the Planning Commission, the percentage of scheduled tribes living below the poverty line is much higher than other communities in India. In urban areas, this percentage is 33.3%, whereas in rural areas, it is a staggering 47.3%. This means that poverty is particularly prevalent among scheduled tribes in India. Unfortunately, this vulnerability to poverty is even worse in rural communities and tribes.

The scheduled tribes' health condition is very poor, despite the proverb saying health is wealth. According to data, the scheduled tribes in India have high levels of infant mortality (49.6%), neonatal mortality (36.8%), post-natal mortality (12.7%), child mortality (12.1%), and under-five mortality (61.1%) in rural and urban areas. This poor health condition can be attributed to several factors, such as restricted accessibility and approachability to their habitat and territory, unique cultural practices and traditions, as well as taboos and beliefs deeply ingrained among them. These factors also hinder health welfare programs and development for the scheduled tribes.

The nutritional status of children belonging to scheduled tribes is very poor. 19.7% of them have severely low height for their age, and 43.8% have a low level. In terms of weight for height, 10.3% of the children have severely low weight, 27.4% have a low level, and 2.0% are obese. Weight for age is also a concern, with 16.1% having severely low weight, 45.3% having a low level, and 0.5% being over-nourished. Scheduled tribe children face more nutritional issues compared to other communities. Nutritional programs, awareness, and education need to be implemented at the root level. The data reveals that India lacks in this area.

The nutritional status of adults has been a key indicator of the health conditions among scheduled tribes. Recent data shows that a significant percentage of scheduled tribal women are undernourished, with 31.7% categorized as totally thin, 18.3% as mildly thin, and 13.4% as severely thin. This highlights a concerning trend of undernourishment among adult men and women in these communities. The tribes' lives can be significantly affected by nutrition-related issues, which can have a multi-faceted impact on them. Unfortunately, the consumption of essential foods by scheduled tribes, particularly women, is alarmingly low. This is a significant contributing factor to their poor nutritional status.

The rate of joblessness is considerably elevated amongst scheduled tribes in both rural and urban regions. Adequate employment opportunities and financial stability are important factors that contribute to good health. However, the educational status of scheduled tribes is comparatively low, and the employment rate among them is even lower according to their educational status. This has led to an alarming condition among them, highlighting the urgent need for measures to address this issue.

The exclusion of tribes from mainstream society and the lack of access to welfare provisions are major contributing factors to social exclusion and unhappiness. The government should prioritize providing more welfare resources to assist tribal communities in developing their own social safety net rather than relying on individual-oriented welfare provisions. Non-tribal individuals tend to have higher levels of subjective well-being than tribal individuals. The tribes require basic facilities to improve their quality of life, and it is the responsibility of the government to take appropriate measures to provide them. This will enable the tribes to lead a better life and experience an enhanced quality of living.

SUGGESTION AND IMPLICATIONS

Health is an important aspect of human development, and universal well-being is the desired outcome for people worldwide. The development process must be inclusive of all communities, especially those who are most disadvantaged like tribes. To achieve this objective, it is essential to have development programs that are inclusive and aim to leave no one behind. Most tribes, about 90%, reside in rural areas, primarily in forested and mountainous regions. The population densities in the areas they inhabit are low, and the hamlets are scattered., making it necessary to consider these geographical constraints when planning any development initiative.

The educational status of scheduled tribes is very low compared to the general population. However, there is a positive implication of education among the tribe, and more stress needs to be given to education. The general education system should be inclusive of their tribal culture. The government must take measures to increase the literacy rate among tribes through increased enrolment, decreased dropout rates, and holistic educational development programs. Education is key to determining the health and well-being of individuals.

Many tribes in society face difficult conditions due to poverty. This puts them below the poverty line and makes it hard for them to find work, leaving them in double jeopardy. To improve their situation, programs that create employment and eradicate poverty should be implemented, tailored to their needs. Once poverty is eliminated, they will be able to access better healthcare.

The tribes in India are a diverse group, but when it comes to their poor health conditions, - all of them are encountering comparable difficulties. They have a high burden of morbidity and mortality and limited access to healthcare services. Their traditional practices, lack of awareness, and cultural taboos have contributed to their difficult situation. The government needs to ensure that better healthcare services are made available to them. They also need to be educated about the importance of nutrition for their health and the various nutritional programs available to them to address child and maternal mortality rates and nutritional deficiencies. Additionally, awareness programs about nutrition, health, and welfare programs need to be implemented to eradicate cultural taboos that are standing in the way of their progress.

Awareness programs should be conducted by the government for diseases like HIV/AIDS, Tuberculosis, Anemia, and mental health, and discourage the use of alcohol and tobacco. It should also improve healthcare infrastructure in tribal areas with more sub-centers, PHCs, CHCs, and better policies for human resources.

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