EVALUATION OF HEALTH STATUS OF TRIBAL ADOLESCENT GIRLS OF BIHAR: WITH SPECIAL REFERENCE TO BATHUDI, BINJHIA, BIRJIA AND CHIK BARAIK TRIBES

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ABSTRACT

Present study comparatively evaluated the health status of tribal adolescent girls belonging to Bathudi, Binjhia, Birjia and Chik Baraik tribes. 200 tribal adolescent girls with age ranging from 14 to 17 years were selected as sample. 50 tribal adolescent girls from each tribe were selected purposively. Control group consists of 200 non-tribal adolescent girls of same age group. To assess health status, modified version of health status questionnaire prepared by Tata Institute of Social Sciences was used. This reliable and valid questionnaire was in Hindi. The statistical tool used for comparison was independent sample 't' test. Comparison reveals that health status of tribal adolescent girls was significantly lower as compared to non-tribal adolescent girls. It was concluded that spiritual, social, psychological and physical health of tribal adolescent girls of Bihar still remains poor as compared to non-tribal adolescent girls despite best of efforts.

Keywords: Adolescent girls, Health Status, Tribal, Non-tribal
1. INTRODUCTION

The social and cultural map of Bihar is represented by tribes. Although Santhal tribe has moved to Jharkhand after 2000 there are still tribes like Bathudi, Binjhia, Birjia and Chik Baraik tribes in Bihar. Bathudi Tribe is among the most significant tribes left in Bihar. Artistic qualities are associated with Bahudi tribes while Binjhia tribe is associated with culture and heritage. Birjia is the largest tribe of Bihar while Chik Baraik tribe has some unique features associated with them. In terms of population, Bihar stands in third place with 1.3 percent of its population is scheduled tribe. To improve socio-economic status and health related issues of tribal people it is necessary to have proper knowledge of their health status. This is important because health status conveys overall physical, social and mental wellbeing. National Health Policy, 1983 extended high priority to organized health services to tribal areas with an aim to eradicate endemic diseases yet the situation is still poor in terms of health care facilities in tribal areas. The comparative knowledge of health status of adolescent girls of these tribes of Bihar is even more necessary because it will be beneficial to policy makers to chalk out a proper policy towards health of an adolescent. In a number of studies health status of tribals in India has been assessed. Health status and its allied areas among tribal population in India has been scientifically studied by Balgir (2004), Bose and Chakraborty (2005), Bhagat et al. (2012), Mishra (2012), Venugopal and Ashok (2012), Narayannappa et al. (2015), Agarwal et al. (2018) but surprisingly health status of tribal adolescent girls belonging to Bathudi, Binjhia, Birjia and Chik Baraik tribes has not been studied comparatively so far. Hence the present study was planned.

The objective of the present study was to comparatively evaluate health status of tribal and non-tribal adolescent girls. It was also hypothesized that non-tribal adolescent girls will have significantly better health status as compared to adolescent girls from tribal origin.

2. METHODOLOGY

2.1 Sample

To conduct the study 200 tribal adolescent girls with age ranging from 14 to 17 years were selected as sample. 50 tribal adolescent girls from each tribe i.e. Bathudi, Binjhia, Birjia and Chik Baraik tribes were selected purposively. Control group consists of 200 non-tribal adolescent girls of same age group. Purposive sampling was used in the present study.

2.2 Instrumentation

2.2.1 Health Status Questionnaire:

To assess health status, modified version of health status questionnaire prepared by Tata Institute of Social Sciences was used. This reliable and valid questionnaire was in Hindi. Lower the scores in this questionnaire indicate better health status as per the items of this questionnaire. The reliability coefficient of this questionnaire was 0.82 and validity as determined by Lawshe method was 0.92 indicating a fair reliability and validity of this questionnaire.
2.3 Procedure

200 adolescent girls from Bathudi, Binjhia, Birjia and Chik Baraik tribes of Bihar were selected as sample while the control group makes up of 200 non tribal adolescent girls. The range range of subjects was 14 to 17 years. A written consent was obtained from school authorities and parents of the subjects before administration of health status questionnaire. The administration of health status questionnaire was done in a quiet and comfortable manner.

2.4 Statistical Analysis

The response given by the subjects was tabulated as per scoring key. The comparative statistics was calculated with the help of independent sample 't’ test. The results are shown in table 1.

3. RESULT

<table>
<thead>
<tr>
<th>Variable</th>
<th>Tribal Adolescent Girls (N=200)</th>
<th>Study Groups</th>
<th>Non-tribal Adolescent Girls (N=200)</th>
<th>t-ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>S.D.</td>
<td>M</td>
<td>S.D.</td>
</tr>
<tr>
<td>Health Status</td>
<td>15.95</td>
<td>6.07</td>
<td>6.37</td>
<td>2.31</td>
</tr>
</tbody>
</table>

* Significant at .01 level

A perusal of entries reported in table 1 indicate health status of tribal and non-tribal adolescent girls of Bihar differ significantly with each other. The reported t=20.82 reveal that health status of non-tribal adolescent girls was much more sound as compared to tribal adolescent girls of Bihar. The results are interpreted as lower the mean score, better the health status.

4. DISCUSSION

Health is one among many essential indicators of social development. Health of tribal people is the sensitivity and formation in their own cultural system with less awareness of the modern health care and health sources. This may be the reason that health status of tribal adolescent girls of Bihar is inferior as compared to non-tribal adolescent girls despite sustained efforts from government and other agencies working in the field of health care.

5. CONCLUSION

On the basis of results, it may be concluded that spiritual, social, psychological and physical health i.e. overall health status of tribal adolescent girls of Bihar still remains poor as compared to non-tribal adolescent girls.
REFERENCES