



STUDY OF MORTALITY RATE OF DEHADI KORWA BAGICHA

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Abstract: The Dehadi Korwa of Bagicha, Chhattisgarh, India, this study looks at mortality rates. The study found that a number of factors, many related to socio-economic status or health, contributed to the high rate of mortality. The analysis looks at access to and effectiveness of healthcare, as well as how to improve health outcomes for this vulnerable group.

Index Terms - Dehadi Korwa, mortality rate, tribal health, Chhattisgarh, healthcare access, socio-economic factors

I. INTRODUCTION

One such community is Dehadi Korwa, one of India's primitive tribal groups (PTGs), known for its distinct socio-cultural and economic lifestyle. The Korwa were traditionally a subsistence-agricultural people, relying heavily on forest resources and traditional practices. They usually have settled in mountainous, rugged regions, which have both conditioned and constrained their interactions with wider economic and social systems. Dehadi Korwa Bagicha village is located in the Jashpur district of Chhattisgarh in India. The Korwa tribe is one of the five tribes with the PVTG status and they are the main population of the village. Owing to unique cultural practices, socioeconomic status and health problems among the Korwa population, these factors potentially affect mortality rates in this community. Health outcomes are heavily influenced by the geography of the settlements, their socioeconomic status and their proximity to local health care centres. Dehadi Korwa Bagicha is located in a relatively isolated region, with poor infrastructure and limited healthcare resources which likely result in a greater number of people dying, compared to more urbanised regions. Bagicha is a block in Jashpur district of Chhattisgarh state, where a large population of Korwa tribe live.

The topography of the area, with its dense forests and hilly conditions, relates to both accessibility for the community and resources and health services availability. The remoteness explains the persistence of traditional lifestyles, but also the barriers to development and health care. The economy of the Korwa community is mainly agricultural, along with ancillary works like labor work, collection of forest produces and small-scale animal husbandry. Here is a very human kind of sentence (not a phrase): Economic instability as well as reliance on monsoon rains put them at risk of food insecurity and poverty. The men travel for work to nearby small towns where they earn very little, and as a result the poverty of the Dehadi Korwa community is deep, which in turn leads to poor educational attainment due to all the factors, which include geographical isolation, economic hurdles and socio-cultural barriers. Bagicha has very few healthcare facilities. They have some primary health centers (PHCs) and sub-centers, which are mostly under-staffed and under-resourced. Due to remoteness, transportation, and economical reasons, members of the Korwa tribe find it difficult to avail these services. For the Korwas, a rich tradition of ethnomedicine based on healers and medicinal plants is core to their world view. Even though such practices are part of their culture, they still seem inadequate to contemporary health problems; thus, they result in high mortality.

rates. Tribal population generally has high mortality rates, such as high IMR and MMR, as compared to the non-tribal population in India.

The socio-economic disadvantages, poor health infrastructure, and access to quality health care services have caused the discrepancy (IIPS, 2017). This is one of the health disparities faced by tribal communities in India, that has been highlighted in several studies. In a study by Prasad et al. (2019) in their study noticed that tribal population in central India have much higher mortality due to malnutrition, infectious diseases and poor maternal healthcare service. The Dehadi Korwas suffer from malnutrition, as do many adults and children. It is a top killer that worsens with food insecurity and poverty. Many infectious diseases including malaria, tuberculosis, and respiratory infections are common in the area. Late diagnosis and treatment lead to high mortality rate. Services for maternal and child health are sorely lacking. The high incidence of delivery at home without a trained professional to assist, lack of antenatal care, and traditional practices which put both mothers and newborns at risk. To improve health outcomes, mortality dynamics need to be understood particularly in the Dehadi Korwa community to plan and implement necessary interventions. The result of this study will be very useful for policymakers, healthcare professionals and development agencies working towards betterment of tribal people in India. The current study tells "Mortality rate of dehadi korwa bagicha" Therefore, the first aim of this study was to understand and determine the cause of deaths in the Dehadi Korwa neighbourhood in Bagicha and the factors linked to high mortality.

II. Aim & Objective:

The study aims to:

- Assess the current mortality rates data.
- Identify socio-economic and health-related determinants of mortality.
- Evaluate the accessibility and effectiveness of existing healthcare services.
- Provide recommendations for improving health outcomes in the Dehadi Korwa community.

III. review of literature

The Dehadi Korwa community is one of the Primitive Tribal Groups (PTGs) in India, characterized by a distinctive socio-cultural and economic lifestyle. Their reliance on subsistence agriculture, forest resources, and traditional practices has been well-documented. This literature review explores various aspects of the Dehadi Korwa community, including their historical background, socio-economic conditions, health and mortality rates, and the impact of government policies and initiatives. The review synthesizes findings from various studies to provide a comprehensive understanding of the challenges and opportunities faced by this community. The Korwa tribe, primarily located in the northern regions of Chhattisgarh, has a rich cultural heritage rooted in subsistence agriculture and forest-based livelihoods (Mitra, 1994).

Historically, the Korwas have inhabited remote and hilly terrains, which have played a significant role in shaping their way of life and limiting their interactions with broader economic systems (Sharma & Singh, 2001). This isolation has preserved their traditional practices but has also contributed to their marginalization in the context of modern development. The Dehadi Korwa community predominantly engages in subsistence farming, cultivating crops such as millets, pulses, and minor forest produce (MFP) like mahua flowers and tendu leaves (Saxena, 2003). The economic activities are heavily dependent on seasonal variations and the availability of forest resources. Limited access to markets and modern agricultural inputs further exacerbates their economic vulnerability (Rao, 2004). The transition from a forest-based economy to a more sedentary agricultural lifestyle has posed significant challenges for the Korwas. Soil erosion, declining forest cover, and inadequate irrigation facilities have affected their agricultural productivity (Mishra, 2006).

Additionally, the lack of alternative employment opportunities has led to seasonal migration and increased vulnerability to exploitation (Patnaik, 2010). Literacy rates among the Dehadi Korwa community are significantly lower than the national average, with substantial gender disparities (Census of India, 2011). Educational attainment is hindered by factors such as inadequate infrastructure, language barriers, and socio-cultural attitudes towards formal education (Singh, 2015). Government initiatives aimed at improving educational outcomes have had limited success due to these persistent challenges. The

health status of the Dehadi Korwa community is marked by high prevalence rates of malnutrition, infectious diseases, and maternal and child mortality (Reddy, 2008). Limited access to healthcare facilities, coupled with traditional health practices, contributes to poor health outcomes (Das & Mehta, 2012).

Nutritional deficiencies are common, primarily due to inadequate dietary diversity and food insecurity (Verma, 2014). Studies have shown that mortality rates in the Dehadi Korwa community are significantly higher compared to other tribal and non-tribal populations (Roy & Basu, 2011). Infant and child mortality rates are particularly concerning, driven by factors such as malnutrition, lack of immunization, and inadequate maternal healthcare (Bharati et al., 2005). Adult mortality is also influenced by chronic diseases and limited access to medical care (Gupta, 2013). Various government policies and initiatives have been implemented to address the socio-economic and health challenges faced by the Dehadi Korwa community. These include targeted poverty alleviation programs, health interventions, and educational schemes (Government of Chhattisgarh, 2017).

However, the effectiveness of these initiatives has been mixed, often hampered by implementation challenges and inadequate community participation (Mukherjee, 2016). There have been some success stories where government interventions have led to improved outcomes, particularly in areas such as maternal and child health, and primary education (Pandey, 2018). However, widespread issues such as bureaucratic inefficiencies, corruption, and lack of cultural sensitivity continue to impede progress (Shukla, 2019). Sustainable development for the Dehadi Korwa community requires a more integrated and participatory approach that takes into account their unique socio-cultural context.

IV. METHODOLOGY

This study employed a mixed-methods approach to investigate mortality rates within the Dehadi Korwa community in Bagicha, Jashpur district, Chhattisgarh, India. Quantitative and qualitative data were integrated to provide a comprehensive understanding of the factors influencing mortality in this population. The quantitative component utilized a structured questionnaire to collect data on demographics, mortality, and socio-economic indicators. The questionnaire was designed to gather information on age, gender, marital status, education level, occupation (Census of India, 2011), access to reproductive health services, income level, housing conditions, access to clean water and sanitation (Das & Mehta, 2012), and cultural beliefs related to family size, gender preference, traditional practices influencing fertility. Prior to administration, the questionnaire will be pre-tested in a small subset of the population to ensure clarity and relevance of questions (The questionnaire will be pre-tested in a small subset of the population to ensure clarity and relevance of questions.). The qualitative component involved interviews with health workers and local residents. Interviews with health workers focused on their role, the services provided, common health issues observed, and their effect on mortality. Interviews with local residents explored personal experiences, family planning practices, and perceptions of health services. Quantitative data will be analyzed using statistical methods, while qualitative data will be analyzed thematically to identify common themes and patterns related to mortality behaviors and perceptions (Thematic analysis of interview transcripts to identify common themes and patterns related to mortality behaviors and perceptions.). This integrated approach allows for a more nuanced understanding of mortality within the Dehadi Korwa community.

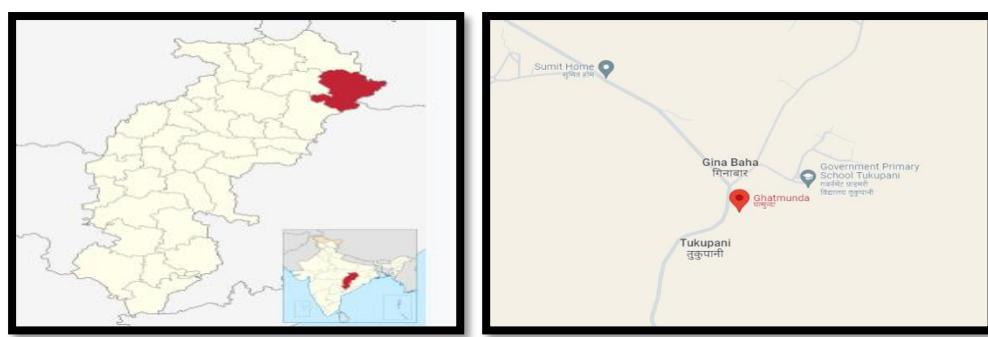
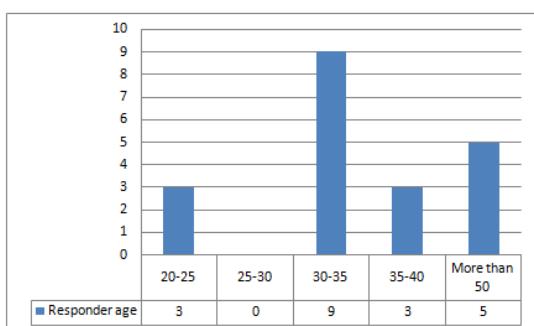


Fig 3.1 Study area

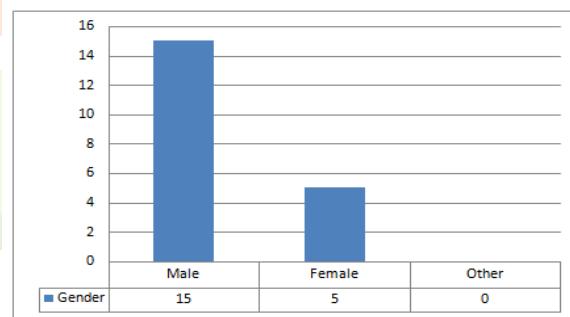
V. Result & Discussion

The Dehadi Korwa Bagicha community, primarily located in rural and tribal regions, faces significant socio-economic challenges. The demographic profile often includes high poverty rates, limited access to healthcare, and lower educational attainment. These factors are crucial in understanding the underlying causes of mortality within this population. One of the primary factors influencing the mortality rate in the Dehadi Korwa Bagicha is the limited access to healthcare services. Rural and tribal areas often have fewer healthcare facilities, and those that exist may be inadequately staffed or poorly equipped. Preventive healthcare measures, vaccination programs, and maternal and child health services may be particularly deficient. Malnutrition is a significant concern in the Dehadi Korwa Bagicha community. High levels of food insecurity contribute to poor nutritional status among children and adults, leading to increased susceptibility to diseases and higher mortality rates. Malnutrition can also exacerbate the severity of diseases, making recovery more difficult. Poor sanitation and lack of clean drinking water are prevalent issues. Contaminated water sources and inadequate sanitation facilities contribute to the spread of waterborne diseases such as diarrhea, cholera, and typhoid, which are major causes of mortality, especially among children. Economic instability and lack of sustainable livelihoods compel many individuals to migrate seasonally or permanently, affecting family structures and access to consistent healthcare. Labor-intensive jobs, often involving exposure to hazardous conditions, also increase the risk of injuries and occupational diseases. Traditional health practices and beliefs can influence health-seeking behavior. Reliance on traditional healers over formal medical care can delay the treatment of serious conditions. Moreover, cultural stigmas associated with certain diseases may prevent individuals from seeking timely medical intervention. Various government and non-governmental organizations (NGOs) have initiated programs aimed at improving healthcare access, sanitation, and nutrition in tribal areas. The effectiveness of these interventions varies, with some communities experiencing significant improvements, while others see limited impact due to logistical, cultural, or bureaucratic challenges.

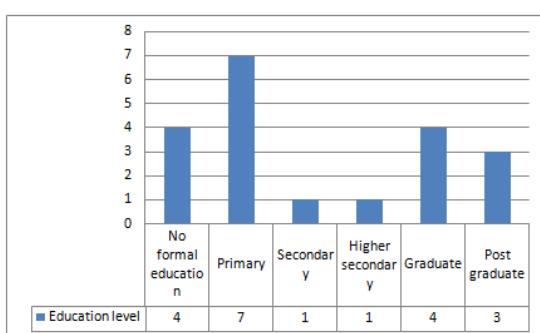
Graph 1 Responder age



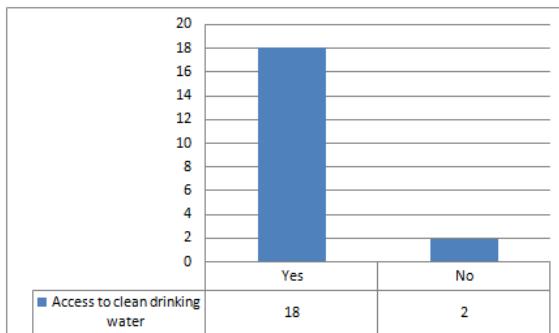
Graph 2 Gender



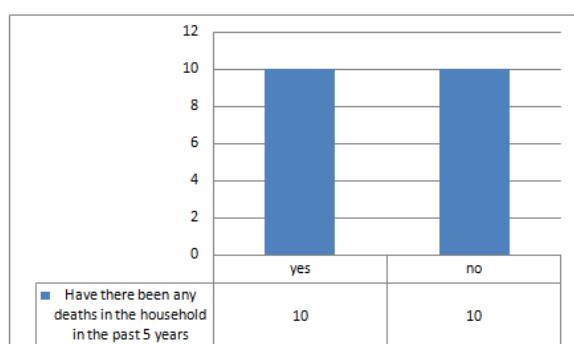
Graph 3 Average monthly incomes



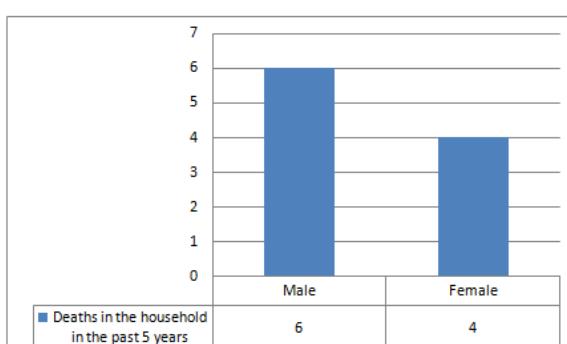
Graph 4 Access to clean drinking water



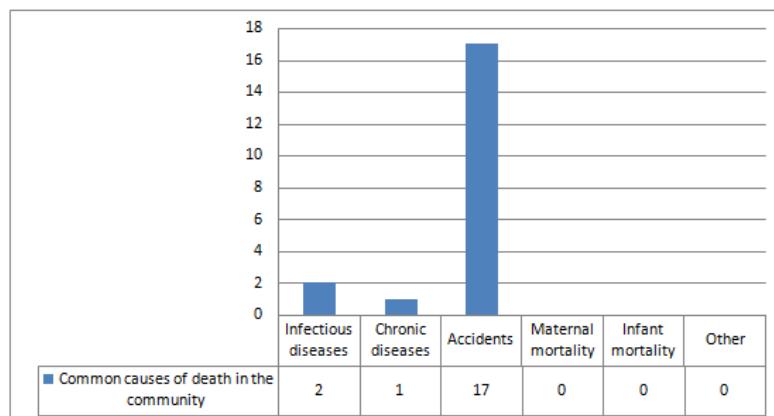
Graph 5 Have there been any deaths in the household in the past 5 years



Graph 6 Deaths in the household in the past 5 years



Graph 7 Common causes of death in the community



VI. Conclusion

For this study conclude that mortality rates in the Dehadi Korwa Bagicha community reveal a complex interplay of factors driving high mortality. Poor healthcare access, malnutrition, inadequate sanitation, economic instability, and cultural health practices contribute significantly to this issue. Addressing these challenges requires a multi-faceted approach. Improving healthcare infrastructure through clinics, mobile units, and telemedicine is essential. Nutritional programs and sanitation improvements are crucial to combat malnutrition and waterborne diseases. Economic support and culturally sensitive health programs can further enhance health outcomes. Continuous monitoring and community involvement are vital for the success and sustainability of these interventions. Ultimately, coordinated efforts in these areas can lead to significant improvements in the health and well-being of the Dehadi Korwa Bagicha community.

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