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The Level of Ill-Being Among The Backward Bodo Community of Assam (India): A Deprivational Perspective

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ABSTRACT: *The existing regional disparity in the level of attainment in various fronts suggest that such studies on diverse data sets representing different communities and regions are necessary to identify the extent of household deprivation with the help of ill-being criteria. The present study is a humble effort to examine the case of one of the most backward communities Viz. Bodos of an economically laggard state of the country, namely Assam. Poor expansion of human capabilities due to miserable public services and rampant corruption along with ethnicity-led identity crisis triggered the frustration, and spread the feeling of exclusion in the mind of common Bodo people. The present study is basically based upon primary data. Simple descriptive statistics are used for Distribution of Households and Sample Population according to some selected Criteria of Ill-being. To identify the extent of household deprivation with the help of ill-being criteria a Household Ill-being Index (HII) will be framed which is comprised some vital dimensions. The study throws probing lights on the level of ill-being. The study reveals a dismal picture of well-being of Bodos. On the basis of HII values estimated, there is no household in urban area where ill-being is very high. Majority of the households there suffer from medium level of ill-being in the index range of 0.4 to 0.6. The overall picture suggests that in urban areas the level of ill-being is not remarkably high among households. In rural areas, however, the household ill-being is much higher in comparison to urban areas. In both rural and urban areas, largest numbers of households suffer from low and medium level of ill- being. The extent of ill-being is more or less similarly spread across households in rural as well as urban areas. There is ill-being in both these areas but severity of it is not very pronounced.*

KEYWORDS: *Disparity, Attainment, Deprivation, Human Capabilities, Backward Communities, Ill-being*

I. INTRODUCTION

Several studies prove the fact that Assam is lacking behind in terms of achieving the goals of socio-economic development in relation to the other developed states of our country. The National Human Development Report (GOI, 2001b) places Assam at the 14th place among the 15 major States of India and at the 26th place among the 32 States of the country in terms of the Human Development Index value. According to the Planning Commission (GOI, 2001b) estimates, in 1999-2000, the percentage of people below poverty line in India was 26.10 percent and the percentage was approximately 10 points higher in Assam at 36.09. Among fifty major states in India, the Rank of Assam, as per Life Expectancy Index is 14the with the Life Expectancy Index of 0.37(GOI, 1998). So, these figures truly represent that the people of Assam is deprived and there is need to focus on the level of deprivation in terms of various indicators so that policymakers may do know well about the problem beforehand and take effective policies for development. In this regard the criteria of Ill-being will be one of the most effective measures to represent this.

According to Narayan, et al.(2000), ill-being include lack of materials and wants such as food, housing and shelter, livelihood, assets and money; hunger, pain and discomfort; exhaustion and poverty on time, exclusion, rejection, isolation and loneliness; bad relations within the family; insecurity; vulnerability; worry, fear and low self confidence; and powerlessness, helplessness, frustration and anger. With all these, ill-being is however identical with poverty. Relating ill-being to poverty, World Bank (1990) saw it as the lack of food, lack of shelter; being sick and not being able to go to school; not knowing how to read; not being able to speak properly; not having a job; fear for the future; losing a child to illness brought about by unclean water; powerlessness; lack of representative and freedom. Similarly, Aku et al. (1997) saw ill-being from the five dimensions of deprivation: (1) personal and physical deprivation experienced from health, nutritional, literacy and educational disability and lack of self confidence (2) economic deprivation drawn from lack of access to property, income, assets, factors of production and finance; (3) social deprivation as a result of denial from full participation in social, political and economic activities; (4) cultural deprivation in terms of lack of access to values, beliefs, knowledge, information and attitudes which deprives the people to control their own destinies;

and (5) political deprivation in terms of lack of political voice to partake in decision making that affects their lives. Robert Chambers (1997) in his book named "Whose Reality Counts? Putting the First Last" put forwarded the following criteria for defining poverty and ill-being which was drawn from various participatory studies of the local people in Asia and Sub-Saharan Africa. They are Being disabled (for example: blind, crippled, mentally impaired, chronically sick) Lacking resources (e.g. land, livestock, farm equipment, a grinding mill)**,** Being unable to decently bury their dead**,** Being unable to send their children to school**,** Having more mouths to feed, fewer hands to help**,** Lacking able bodied family members who can feed their families in a crisis.**,** Having bad housing**,** Suffering the effects of destructive behaviors(for example, alcoholism)**,** Being 'poor in people", lacking social support**,** Having to put children in employment**,** Being single parents**,** Having to accept demeaning or low status work**,** Having food security for only a few months each year**,** Being dependent on common property resources. The existing regional disparity in the level of attainment in various fronts suggest that such studies on diverse data sets representing different communities and regions are necessary to identify the extent of household deprivation with the help of ill-being criteria. The present study is a humble effort to examine the case of one of the most backward communities Viz. Bodos of an economically laggard state of the country, namely Assam. The study focuses on the extent of household characteristics vis-à-vis ill-being in Bodo households who are inhabitant of Bodo Territorial Autonomous Districts (BTAD) of Assam.

II. THE BODOS OF ASSAM

Linguistically the Bodos include a large group of people who are the speakers of the Tibeto-Burman speeches of the North and East Bengal, Assam and Burma (Boro 2007, p-1). Typically Bodo last name (surname) are Bargayary, Basumatary, Bodosa, Bodo, Brahma, Bwiswmuthiary, Dwimary, Goyary, Hazowary, Ishwary, Khaklary, Mushahary, Narzary, Narzihary, Owary, Swargwary, Sibigry and Wary etc. The Bodos led a glory struggle in the name of self determination in late 1980s under the leadership of Upendra Nath Brahma who is now regarded as the father of the Bodos (Bodofa). After a decade long agitation the Bodos have been granted the Bodoland Territorial Council(BTC), an autonomous administrative body that will have within its jurisdiction the present district of Kokrajhar and adjoining areas. This comprises of Kokrajhar, Chirang, Baska and Udalguri Districts. The headquarters of BTAD is at Kokrajhar. Total area of BTAD is 8,970 sq. km. There are in total 3082 villages in BTAD. The total population in Assam, as per Census Report, 2001, is 26,655,528. Out of this, 3,308,570 persons are schedule tribes (STs), constituting 12.4 per cent of the total population of the state. The state has registered 15.1 percent decadal growth rate of ST population in the decade of 1991-2001. Among STs, Bodo represent nearly half of the total ST population of the state (40.09) percent. In absolute terms, out of a total of 3,308,570 ST population, 1,352,771 are Bodos (GOI, 2001a). The economy of the Bodo people is predominantly agrarian in character. Ninety-nine per cent of the Bodo population lives in the villages and therefore agriculture is the mainstay of their economy. The plot of land they hold is indispensable for them for their livelihood. There are some colleges, higher secondary schools, high schools, primary schools in these areas to take care of the educational need of the people but the number is not adequate. There are lot of places, mostly the villages, which are deprived of schools and high schools and even if there is infrastructure, it is very poor. The dropout students in Bodo schools have no other prospects to shine in life. The SSA programme is trying to improve the infrastructure of primary education for retaining students in the school to reduce dropout trend. (Paul and Narzary, 2005). Keshab Basumatary (2005) found that Bodo inhibited districts are lagging significantly behind some aspects of development as compared to the state average. The Bodos are lagging marginally behind the rest of the state in overall expansion of human capabilities. The expansion of economic opportunities remained unaccomplished with parallel expansion of human capabilities. The various group discussions revealed that the issue of identity and feeling of exclusion had also played a crucial role in the mind of Bodos. Poor expansion of human capabilities due to miserable public services and rampant corruption along with ethnicity-led identity crisis triggered the frustration, and spread the feeling of exclusion in the mind of common Bodo people.

III. METHODOLOGY

The Bodo people living in BTAD comprising of four districts of Assam, namely Kokrajhar, Chirang, Baksa and Udalguri constitute the population of the study. The sample of the study comprises of 257 Bodo households, 135 from rural and 122 from urban areas of the four districts. The sample units are selected by following purposive random sampling technique since the study is focused on the Bodos only. The present study is basically based upon primary data. Household is the unit of study. The primary data for the study is collected with help of a structured questionnaire from the selected units of the sample.

Simple descriptive statistics are used for Distribution of Households and Sample Population according to some selected Criteria of Ill-being like—

[1] At least one person who is either blind or crippled or mentally impaired or chronically sick

[2] Households without Able Bodied Members

[3] Being unable to send their children to school
[4] Households having Insufficient Food Security
[5] Households without Electricity, Drinking Water within Premises
[6] Households where at least One Member Suffers from Destructive Habits of Extreme Degree

To identify the extent of household deprivation with the help of ill-being criteria a Household Ill-being Index (HII) will be framed which is comprised of the following dimensions. The dimensions are name as X_i (i = 1,2,----------,12) and defined as follows:

[1] Being disabled (e.g. blind, crippled, mentally impaired, chronically sick etc.)-X_1: If any member of the household is found disabled, the value assigned is 1; 0 otherwise.
[2] Being unable to decently cremate/bury dead- X_2: Whether family is unable to cremate/bury decently (i.e., without following religious/social rites) dead member(s) of the household- if yes, value assigned is 1; 0 otherwise.
[3] Being unable to send their children to school – X_3: Whether there is any children (of school going age) in the family who is not schooled- if yes, value assigned is 1; 0 otherwise.
[4] Having more mouth to feed, fewer hands to help –X_4 : Whether there is high dependency ratio(> 50%) in the family- if yes, value assigned is 1; 0 otherwise.
[5] Household lacking able bodied family members who can feed their family members in a crisis –X_5: If yes, value assigned is 1; 0 otherwise.
[6] Having bad housing – X_6 :House is considered as bad if found congested, Katchha, without electricity, without sanitary latrine (either or all): if yes, value assigned is 1; 0 otherwise.
[7] Suffering the effects of destructive behaviors – X_7 : If any member of the household is found addicted to alcohol, tobacco, pan etc, the value assigned is 1; 0 otherwise.
[8] Having to put children in unemployment – X_8 : Whether there is any child labour in the family: If yes, value assigned is 1; 0 otherwise.
[9] Being single parents – X_9: If child (children) is (are) without father or mother- if yes, value assigned is 1; 0 otherwise.
[10] Family is lacking food security – X_{10} : If rice stock at home if found less than 10 kg, the family is defined as food insecure: If yes, value assigned is 1; 0 otherwise.
[11] Whether any member of the household died a premature death - X_{11} : If yes, value assigned is 1; 0 otherwise.
[12] Whether family is lacking cultivable land, livestock, farm equipments – X_{12} : If yes, value assigned is 1; 0 otherwise.

All these attributes of living are quantified in the aforesaid manner to construct Household Ill-being Index which represents household's capability deprivation level. Equal weight is attached to all the criteria of ill-being. Therefore, the Household Ill-being Index (HII) is estimated as:

HII = $1/n(X_1) + 1/n (X_2) +$ ----------$+ 1/n (X_n)$, where n is the number of attributes that together define Ill-being. Since each variable (attribute) assumes value either 1 or 0, the value of HII also ranges between 0 and 1. The maximum value 1 of HII signifies extreme state of ill-being and capability deprivation. On the other hand, the minimum most value 0 of HII signifies absence of Ill-being or capability deprivation at household level. Higher the value of HII in between 0 to 1, higher will be Ill-being and capability deprivation at household level. On the basis of HII values estimated, the distribution of households will be shown according to Very Low ($0 \leq$ HII< 0.2), Low ($0.2 \leq$ HII< 0.4), Medium ($0.4 \leq$ HII < 0.6) and High ($0.6 \leq$ HII < 0.8) and Very High ($0.8 \leq$ HII ≤ 1) degree of ill-being separately for rural and urban areas to facilitate comparison between the set of rural and urban households.

IV. RESULTS AND ANALYSIS OF RESULTS

The condition of ill-being of Bodo households is discussed in the following paragraphs. Statistical tables are shown wherever necessary. Out of 257 Bodo households, in as many as 135 households, there is at least one person who is either blind or crippled or mentally impaired or chronically sick or has more than one such physical or mental disability. Such cases are more in rural areas in comparison to urban. In percentage terms, disability (as defined here) is present in more than 50 percent of households of rural and urban areas. In this respect the community is found to be a severely disadvantaged community and the situation calls for immediate attention of medical service providers and policy makers. Similar is the case of malnutrition among Bodos. The nutrition status is examined by estimating the Body Mass Index (BMI) of the members of the households. It is found that 27.92 percent of the members of rural households have BMI value that represents the state of malnutrition. In urban areas, the percentage of malnutrition is comparatively low but still alarmingly high at 20.37 percent. In rural areas, 76.29 percent of households have at least one member who suffers from

malnutrition. In urban areas, the corresponding percentage is 63.93 percent. The picture speaks about acute deprivation of Bodo people in the dimension of health. This is another area of ill-being where Bodo households are found to be subjected to.Another criteria of ill-being is 'being unable to send their children to school'. The cases of Bodo households are also examined in this aspect. It is found that in 13.33 percent of rural households, there is at least one school going aged child who is not schooled. In urban areas such types of households are fewer in number- 8.19 percent. The survey identified 25 numbers of children of school going age in rural areas who are not schooled, in urban areas the number is 11. Though the picture here is not as critical as the earlier ones, there is deprivation among Bodos in educational front also that result in ill-being.

TABLE I

Households where at least One School Going Aged is not Schooled

Area	No. of Households	%to Area Total	No. of Persons	%to Area Population
Rural	18	13.33	25	3.56
Urban	10	8.19	11	1.71
Combined	28	10.89	36	2.67

Source: Author's Survey

Household Food Security is another area that has important bearing on the well being of people. Households suffering from food insecurity are vulnerable section of the population that faces starvation, hunger very often particularly in periods when member(s) of the household do not find employment or at the time of unforeseen crisis. Here 'insufficient food security' refers to situation where households are found to have food stock less than 10 kg. in the house at the time of survey. In the study area, it is observed that 43 percent rural households are food insecure. In urban areas, the percentage is higher at 59.83 percent. The number of persons suffering from food insecurity is 291 in rural areas and 374 in urban areas. The picture of urban area, in this regard, is more critical than the rural. The overall picture is that a large section of population of Bodo society is not food secured and the picture is grimmer in urban areas.The living condition of Bodos is further examined by taking a view of some basic amenities they have access to. Electricity and drinking water are too such things which are necessary for well-being. It is found that in general majority of the households have electricity within housing premises. Only 13.33 households in rural areas have no electric connection within premises. In urban areas, the percentage of households without electric connection within premises is low at 10.65 percent. In regard to availability of drinking water within premises, 48.88 percent of rural households are without drinking water within premises. In urban areas water availability within premises is much better, only 13.11 percent urban households are without drinking water facilities within premises. The number of people suffering from lack of this type of facilities is 342 in rural areas and 83 in urban areas. The picture is relatively better hare in comparison to household's access to Good Houses, Sanitary latrine etc.

TABLE II

Households without Electricity, Drinking Water within Premises

Area	Without Electricity within Premises				Without Drinking Water within Premises			
	No. of HHs	%to Area Total	Persons	%to Area Total	No. of HHs	%to Area Total	Persons	%to Area Total
Rural	18	13.33	132	18.80	66	48.88	342	48.71
Urban	13	10.65	57	8.86	16	13.11	83	12.90
Combined	31	12.06	189	14.05	82	31.90	425	31.59

Source: Author's Survey

The destructive habits like alcoholism, smoking etc. poses a serious threat to the proper development of human mind and body. It is found that around 12.59 percent of rural households out of the total rural households suffer from this destructive habit(s) where as in the urban section, 9.83 percent of households exhibit the same. The person- wise percentage of sufferers in rural area is 2.70 percent and in urban area, it is 2.02 percent. The rural area suffers the problem more than the urban area. However, the percentage of households where member(s) have destructive habits is low. This is a positive side of Bodo society and shows its inherent strength also since income poverty, lack of opportunities for gainful employment and ill-being together generally generate the forces that drive people to take resort to alcoholism, smoking, drug addiction etc. out of frustration. Deprivation at household level is estimated with the help of Criteria of Ill-being where ill-being is comprised of 12 attributes. Higher the value of HII, higher is the household ill-being. There is no household in urban area where ill-being is very high. Majority of the households there suffer from medium level of ill-being in the index range of 0.4 to 0.6. In number, 58 households are there, i.e., 47.54 percent of the total urban households. Next largest numbers of households are in the low ill-being category, 36 in number out of 122 urban households. Household ill-being is at a very low level in 16 households in urban areas. The overall picture suggests that in urban areas the level of ill-being is not remarkably high among households.

TABLE III

Distribution of Households on the Basis of HII

HII Range	Degree	No. of HH	No. of HH	No. of HH
		Rural	Urban	Combined
0 to Less than 0.2	Very Low	5	16	21
0.2 to Less than 0.4	Low	47	36	83
0.4 to Less than 0.6	Medium	71	58	129
0.6 to Less than 0.8	High	11	12	23
0.8 to 1	Very High	1	0	1
Total		135	122	257

Source: Author's survey

In rural areas, however, the household ill-being is much higher in comparison to urban areas. There is 1 household where ill-being is very high in the index range of 0.8 to 1. In high ill-being category, there are 11 households and maximum number of households, 71 out of 135 (52.59 percent) suffer from medium level of ill-being in the rural areas. Next largest number of households belongs to category 'Low' ill-being, 47 household out of 135. And there is very low level of ill-being in case of 5 rural households. In both rural and urban areas, largest number of households suffers from low and medium level of ill- being.

V. CONCLUSION

The study throws probing lights on the level of ill-being. The study reveals a dismal picture of well-being of Bodos. Many households are found where there is at least one person who is either blind or crippled or mentally impaired or chronically sick or has more than one such physical or mental disability. Such cases are more in rural areas in comparison to urban. The survey identified 25 number of children of school going age in rural areas who are not schooled, in urban areas the number is 11. Though the picture here is not as critical as the earlier ones, there is deprivation among Bodos in educational front also that result in ill-being. Household Food Security is another area that has important bearing on the well being of people. The overall picture is that a large section of population of Bodo society is not food secured and the picture is grimmer in urban areas. The absence of able-bodied members in the households further complicates the situation. Although lack of electricity facility is not pronounced but in regard to availability of drinking water within premises, 48.88 percent of rural households are without drinking water within premises. The destructive habits like alcoholism, smoking etc poses a serious threat to the proper development of human mind and body. Around 12.59 percent of rural households out of the total rural households suffer from this destructive habit(s) where as in the urban section, 9.83 percent of households exhibit the same. On the basis of HII values estimated, there is no household in urban area where ill-being is very high. Majority of the households there suffer from medium level of ill-being in the index range of 0.4 to 0.6. The overall picture suggests that in urban areas the level of ill-being is not remarkably high among households. In rural areas, however, the household ill-being is much higher in comparison to urban areas. In both rural and urban areas, largest numbers of households suffer from low and medium level of ill- being. The extent of ill-being is more or less similarly spread across households in rural as well as urban areas. There is ill-being in both these areas but severity of it is not very pronounced.

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