

Research article

## **Social Inequality and Health: A Study of Tribes in Assam**

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**Abstract:** Social inequality is differential access to wealth, power, and prestige where unequal distribution of social resources and responsibilities exists. Social inequality has been termed as a feature of ranking and stratifying society into different groups or categories where people are justified and given preference on the basis of their status or categories. Social inequality is regarded as a source of social conflict, tensions that may lead to the decline of control, the fall of orders and values; furthermore, lead to temporary or permanent social disorganization. More or less, social inequality is impacting people's lifestyles and is reflected in their health conditions. So, an effort through this paper is made to trace the relationship between social inequality and its impacts on people's health conditions which are resulted in their emotional state, health-seeking behavior, achievements, and participation in the global environment. Furthermore, this paper concentrates on the tribes of Assam like Bodo, Garo, Rabha, Mising, etc., and their everyday lifestyle and also describes the challenges people are facing in the extreme stage of social inequality.

**Keywords:** Assam, health, population, social inequality, tribal.

### **Introduction**

Social inequality, which is existed for unequal distribution of social resources, classifies society into deprived and advanced groups. Deprived group's people have less share of nutritious food, cloth, shelter and other luxurious commodities in comparison to those advanced people. Opportunity and prestige are also shared based on the place and race of their origin (Dadush, Uri & Dervis, Kemals, 2013). In order to meet daily needs or to afford equal social resources the challenges between advanced and deprived people in society are being witnessed everywhere. Deprived people face challenges in their everyday activities for being exploited by advanced group of people. Some of the major identification marks of being exploited are- living with poor health conditions, suffering from health diseases, being neglected for unfair dressing etc. For these reasons, health has been a core concern while studying social inequality (Romero Mary and Eric Margolis, 2005).

Health in social science generally refers to the adaptability of physical, mental and social challenges which a normal person is doing. Health as defined by World Health Organisation "is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". Hence, it is said that people of higher socioeconomic status and socially more integrated are experiencing lower rates of morbidity and mortality than their respective counterparts (Noreen Goldman, 2001). For those reasons, challenges among

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Received on: 21.10.2019 Accepted on: 12.12.2019

Cite as: **Bosumatary S. 2019. Social Inequality and Health: A Study of Tribes in Assam, Dera Natung Government College Research Journal, 4, 7-14.**

DOI: <https://doi.org/10.56405/dngcrj.2019.04.01.02>

people to achieve higher status in every aspect is a common activity of daily life. Likewise, tribal people of Assam state in India are facing multiple challenges in their daily life for their appearance, identity, culture and habits by their counterparts, for which reason many conflicts have been witnessed between tribal and non-tribal people in Assam and even outside of the state too. Hence, social inequality has a large impact on the tribes of Assam.

### **Objectives of the Study**

1. To study the concept of social inequality
2. To analyse the impact of social inequality on health in Assam's tribal people

### **Materials and Methods**

The adopted method for writing this paper is descriptive and analytical in nature. This paper attempts to explore the juxtaposition between empirical data theoretical perspectives with respect to social inequality and its impact on health by description and analysis of already published materials. For the purpose of population description, the Census Report of India-2011 and National Family Health Survey-2015-16 are highlighted. Furthermore, some official websites and books as well as articles of journals are also used as a source of data.

### **Social Inequality and Health**

The society we live in is stratified on the basis of economic, psychological, social and geographical. People who earn more income belong to the higher class and the remaining are lower class. More encouraged and integrated society are psychologically active where people are differentiated with highly motivated and non-motivated. In the same way, a conscious society is providing equal opportunity for all eligible members of society i.e. gender, religion, occupation etc. otherwise huge particularism is existed instead of universalism in the value and opportunity distributions. The geographical distribution differentiates people by habit and appearance which lets to classify people on the basis of caste/race or ethnicity. These stratifications are deep-rooted in our social systems. Meanwhile, these resources of stratifications are created and determined by society itself for maintaining the equilibrium social system. Hence, they are generally known as social resources. Therefore, every individual or group of society are unable to enjoy all these resources equally. The unequal patterns of accessing social resources are called social inequality. Social inequality is not the outcome of the innate or natural phenomenon but is created by society itself for its social members (Victor S D'Souza, 1975). Sociologists use the broader term 'social stratification' to refer to a system by which the categories of people in a society are ranked hierarchically. This hierarchy then shapes people's identity and experiences, their relations with others, as well as their access to resources and opportunities (Krishna Kant Sharma, 2015).

Social inequality has been termed as a feature of ranking and stratifying society into different groups or categories where people are justified and given preference on the basis of their status or categories. It is also regarded as a source of social conflict, tensions that may lead to the decline of control, fall of orders and values; furthermore, lead to temporary or permanent social disorganization (ibid). Hence, it can be said that social inequality is one of the major social stratification phenomena which first and foremost affect the health of people. Because every motive of performances by individuals or society is associated with their health perspective. If the performance is for positive social development, then there will be a change into a healthy physical, emotional and social environment. On its reverse, an unhealthy environment is created which is undesired and unprogressive for society. So, there is an imaginary line between advanced people those who can afford more social resources and enjoy a healthier life than their counterparts the deprived people those who cannot meet their daily need of social resources and live a miserable life.

### **Assam and Tribal People**

Assam is a state in northeast India, situated in the south of the eastern Himalayas along the Brahmaputra and Barak River valleys. Assam covers an area of 78,438 km<sup>2</sup> (30,285 sq. mile) with a total population of more than 3.12 million (Census of India, 2011). The state is surrounded by Bhutan and Arunachal Pradesh to the North; Nagaland and Manipur to the East; Tripura, Meghalaya, Mizoram and Bangladesh to the south; and West Bengal to the west. Geographically Assam is divided into five regions viz. Lower Assam, Upper Assam, Hills and Barak Valley, North Assam and Central Assam.

The five regional divisions of Assam are divided for their unique geographical features, cultural differentiation, socio-political divisions etc. Among the five regional divisions- Lower Assam is the largest in size, comprising 12 districts out of 27 of the state. According to the 2011 census report, this region contains the highest population- consisting of 11252365 people which is 36.06% of the state's total population. Upper Assam represents second-highest population- consisting of 7692729 (24.65%) people. Rest other regions like Central Assam and North Assam has a population of 4951606 (15.87%) and 3684278 (11.81%) people respectively. The least populated region of the state is the Hills and Barak Valley region which consists of 3624599 (11.62%) people. For details see table no.1.

Table No. 1: Regional-wise division of districts and population in Assam

<b>Sl. No</b>	<b>Name of Division</b>	<b>Divisional Office</b>	<b>Districts</b>	<b>Population</b>	<b>Per Cent (%)</b>
1	Lower Assam	Guwahati	Baksa, Barpeta, Bongaigaon, Chirang, Dhubri, Goalpara, Nalbari, Kamrup	11,252,365	36.06

			Metropolitan, Kamrup Rural and Kokrajhar		
2	Central Assam	Nagaon	Dima Hasao, Hojai, Karbi Anglong, Morigaon, and Nagaon	49,51,606	15.87
3	Hills and Barak Valley	Silchar	Cachar, Hailakandi, and Karimganj	36,24,599	11.62
4	North Assam	Tezpur	Biswanath, Darrang, Sonitpur, and Udalguri	36,84,278	11.81
5	Upper Assam	Jorhat	Charaideo, Dhemaji, Dibrugarh, Golag hat, Jorhat, Lakhimpur, Majuli, Sivasagar, and Tinsukia	76,92,729	24.65
<b>Total</b>				<b>31,205,577</b>	<b>100.00</b>

*Source: Census of India, 2011*

The largest in size and highest populated region in the state- Lower Assam includes the districts of Baksa, Barpeta, Bongaigaon, Chirang, Dhubri, Goalpara, Nalbari, Kamrup Metropolitan, Kamrup Rural and Kokrajhar districts where major tribal groups like Boro, Garo, Deori, Rabha, Karbi, Mishing, Chutiya etc. are living since unmemorable time and as per Indian constitution, they are regarded as Schedule Tribe ([www.indianetzone.com](http://www.indianetzone.com)).

Assam is a multi-cultural and multi-lingual state where diverse ethnic and non-ethnic people are living with their own culture and traditional identities. Generally, it is said that Assam is a tribal-dominated state. According to the 2011 census, the tribal population in Assam is 3884371 which represents 12.45% of the state's total population and constitutes 3.72% of the total tribal population of the country. The major tribal people living in Assam are- Bodo (35.1%), Garo (4.2%), Rabha (7.6%), Mishing (17.52%), Karbi (11.1%), Lalung (5.2%), Sonowal Kachari (6.5%), and Dimasa (3.2%). Basically, the tribes of Assam are classified into plain tribes and hill tribes. The highest tribal populated districts are Dima Hasao, Karbi Anglong, Dhemaji, Baksa, Chirang, Udalguri and Kokrajhar. These seven districts are representing more than 53% tribal population of the state, details are shown in table no.2.

Table No. 2: Tribal concentrated districts and its population in Assam

District	Total Population	ST Population	Percentage of ST
Dima Hasao	214,102	151,843	70.9
Karbi Anglong	956,313	538,738	56.3

Dhemaji	686,133	325,560	47.4
Baksa	950,075	331,007	34.8
Chirang	482,162	178,688	37.1
Udalguri	831,668	267,372	32.1
Kokrajhar	887,142	278,665	31.4

Source: Census Report, 2011

Table no.2 is showing that Dima Hasao has the highest percentage of the tribal population consisting 70.9% as comparison to their district's total population followed by Karbi Anglong (56.3%), Dhemaji (47.4%), Baksa (34.8%), Chirang (37.1%), Udalguri (32.1%) and Kokrajhar is the least tribal populated among these seven districts which signify only 31.4%. Out of these seven districts, the rest others are having a very less tribal population.

The biggest region, called Lower Assam in the state 12.02% or 1352964 people out of Lower Assam's total population. i.e. 11252365. Out of the total districts of Lower Assam, Chirang (178688), Baksa (331007) and Kokrajhar (278665) districts are ranking first, second and third with tribal population. On the other hand, the Dhubri district is the least tribal populated district- representing only 0.32% or 6332 people. Details are shown in table no.3.

Table No. 3: District-wise distribution of S.T. population in Lower Assam

Sl. No.	Name of District/State	Total Population	Per Cent (%)	Area	Density	S.T. Population	ST Per Cent (%) of Total State/ District Population
1	Assam (state)	31205576	100	78438	398	3884371	12.45
2	Kokrajhar	887142	2.84	3296	269	278665	31.41
3	Chirang	482162	1.55	1923	251	178688	37.06
4	Baksa	950075	3.04	2,457	387	331007	34.84
5	Dhubri	1949258	6.25	2176	896	6332	0.32
6	Goalpara	1008183	3.23	1824	553	231570	22.97
7	Bongaigaon	738804	2.37	1093	676	18835	2.55
8	Barpeta	1693622	5.43	2282	742	27344	1.61
9	Nalbari	771639	2.47	1052	733	23364	3.03
10	Kamrup Metropolitan	1253938	4.02	955	1313	75121	5.99
11	Kamrup Rural	1517542	4.86	3105	489	182038	12.00

<b>Total of Lower Assam</b>	11252365	36.06	20,163	630.9 (Average)	1352964	12.02
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Source: Census of India, 2011

Even though many literary reviews argue that Assam is a tribal-dominated state; unfortunately, it may go wrong or may not be valid anymore now. Because overall tribal population represents only 12.45% in the state; especially Lower Assam is even less than state's overall which is only 12.02%. The reason for being less of tribal population than non-tribal people in the Lower Assam as well as the state may have diverse phenomena. So, if the present continuity goes on; one-day tribal people may become a minority in the region and their rich ethnic cultures is may be in danger in near future.

### **Health Initiatives for Tribal People in Assam**

The tribal people of Assam have been considered aboriginal and most backward in education, economic and social formations. They are regarded as the most deprived and vulnerable section of society in the state with some commonality among tribal people i.e. poor health conditions, more burden of morbidity, and very limited access to health care services. Even though the government of India and the state government have taken many initiatives for the development of tribal people in the state, a log gap can be seen in diverse aspects in comparison to other developed societies. The report of the Ministry of Health & Family Welfare, Government of India, 2017 shows that there is a huge difference between the estimated budget and allotted budget in Assam.

The budgets are estimated as per the population in the state. Assam state, having a wide area has more in the number of populations. But the budgets allocated are seemed like based on the percentage of the population. The estimated budget for the development of tribal people in Assam was Rs. 3551 crores in that financial year (2017), but only Rs. 444 crores were allocated. So, it can be said that development initiatives for tribal people in Assam by both state and central governments do not meet the requirements.

In such ways, huge differences can be seen in the development sector as well as health conditions among tribal and non-tribal people in Assam. Census report of 2011 shows that 18.6% of tribal people had absence of any durable household assets. The literacy rate of tribal people in Assam is only 72.1% where the gap between male-female literacy rates is 79% and 65% respectively. The report of the National Family Health Survey (2015-16) revealed that live birth among tribal people in Assam was only 86.7%. Abortion during childbirth was estimated to be 8.5% and miscarries of the child were 4.4%.

From the above viewpoints, it is understood that tribal people in Assam are facing huge challenges in their everyday life and there may be multiple macro and micro reasons for not being able to bring them into developed or advanced society. Some of the major macro-problems identified by R.K. Bhadra & Mita Bhadra (2007) are briefly described below.

- The tribal people of Assam have not been able to make themselves satisfactorily benefitted from the available opportunities offered by the five years plans of the Indian government for settling in the remote areas where information flow is very rare.
- The tribal people of Assam are distinct in cultures, tradition and stature in comparison to the rest of other people and easily identifiable. Most of the tribal people of the state are living in the line of the national and international border and hence they have socio-cultural contact with their counterparts. For that reason, they are overlooked and skipped from some of the major national interests.
- Tribal people in Assam as well, were historically never ruled by others. That means, they had one chief in their own community group and people were unitedly ruling their community without hesitations among themselves. So, they are naturally liberal and dependent on themselves. The tribal people of Assam are dependent on their work culture; which helps them to produce huge amounts of crops and vegetables that initiate them to be dependent on themselves and less connectivity with another world.
- The frequent existence of conflict in the tribal-dominated areas of the state contributes to another macro-level gap of development in the state. Many issues become a responsibility for those conflicts like migration, fear of losing culture and identity, power distribution, insurgency etc.

Therefore, tribal people in Assam state are facing tremendous challenges in many dimensions in their daily life. The gap of information flow and lack of development in tribal areas in the state is causing poor socio-economic status, many health diseases, victims of natural disasters etc. Some of the major developments need in tribal areas are- proper health care facilities, sanitation and safe drinking water, proper educational environment, well connectivity of transport and communications.

## **Conclusion**

Social inequality is a device of stratification of society into pieces and becomes a source of challenge, conflict, a barrier of human development, and finally a means of human destruction. It has various forms and existed even within the family members also. Tribal people of Assam also not exempted from the effect of social inequality. Tribal people of Assam may have the perception of social inequality at both the macro and micro levels. The perception of macro-level may include- living in a very limited standard of development and

less social resources that make them grab fewer social resources in comparison to other people in the state as well as the country. In addition to that, they are having an emotional state of fear of losing their rich ethnic cultural resources. For those reasons, the existence of social conflict in the state has been a frequent coincidence. Hence, if a major vision is kept on the protection and development of ethnic cultural resources and an equal opportunity is given to grab the social resources to those marginalized group of people then only there will be a hope of a positive and harmonious environment in the region which will bring a massive development and social changes towards the healthy physical, emotional and social life.

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