Chapter - 4

METHOD OF DATA COLLECTION AND SOCIO-ECONOMIC PROFILE OF THE VILLAGES
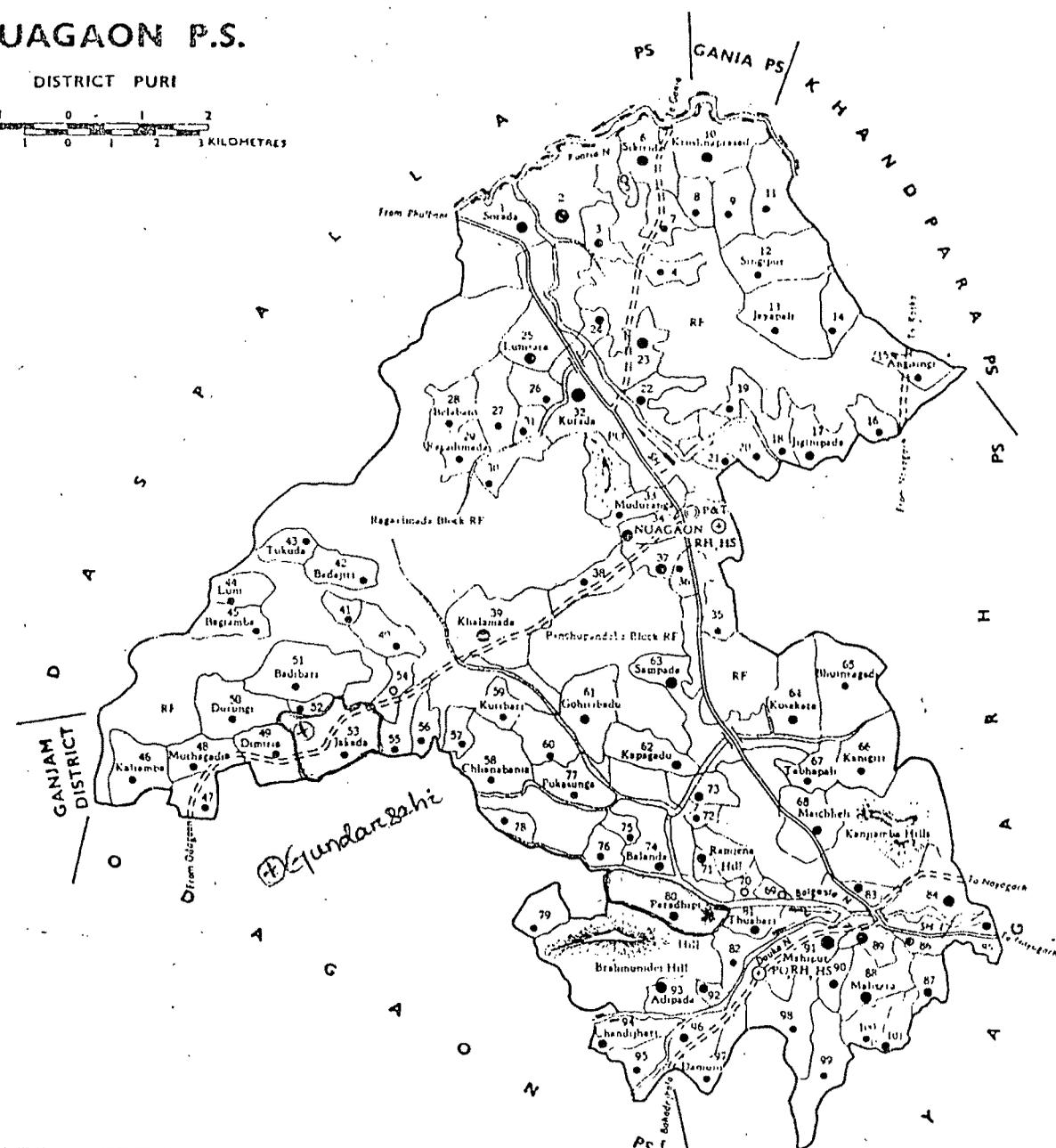
4.1 INTRODUCTION :

For this study two villages 'Maskabari' and 'Gundarsahi' from two Gram panchayats 'Paradhip' and 'Jakada' are selected respectively on the basis of random sampling, which belong to the same Block 'Nuagaon' of district Nayagarh, Orissa. Nuagaon is 24 Kms away from Nayagarh town. On the way in state Highway there is a Bus Stop 'Sampada', 18 Kms away from Nayagarh town. And at a distance of 1.5 Kms from sampada there is Maskabari, which is vehemently rich in natural gift. The map*(*obtained from the Block office, Nuagaon) of Nuagaon Block, from which two villages MASKABARI and GUNDARSAHI are selected is given below. Geography of Maskabari is very much attractive. Its vegetation in one hand and hill-site on the other bless the life of simple Maskabarians. It has 'Timirimundia hill' in east and 'Pallava hill' on west at a distance of 15 Kms from the village which also covers the neighbourhood Gram panchayat Jakada. Further, 'Panchu Pandava hill' in north with 'Ramjenapalli and Gojisulia jungle' in south enhance the natural beauty of the village. Such a vegetative high land not only stand for natural beauty but also provides to some extent a good deal of livelihood for those who have no or little land.

Gundarsahi is an interior village which is situated at a distance of 7 Kms to the west of Maskabari. To the west of it, there is 'Pallava hill' and 'Singarpalli Gram Panchayat' is the neighbouring Gram panchayat at its south. Besides, 'Pallava reserve forest' at the south - west adds some extra feather to the natural beauty of the village. Being surrounded by hill and forest, Gundarsahi is full of potential. But lack of consciousness among people and governmental neglegence has made them so poor.

MAP
OF
NUAGAON P.S.

DISTRICT PURI

MILES
KILOMETRES

PS GANIA PS

KHANDAPARA

PS

Puaria N Sibindi Krishnaprasad
Sarada
1
2
3
8 9 11
12 Singipur
4
13 Jayapali
14
RF
25 Lumbara
22
Anbingi
23
22
28 Belabani 27 26 19
Ragadimada 31 Kurada 32
18 Jharipada 17 16
10
21 20
Mudurang P&T
NUAGAON RH. HS
Ragadimada Block RF
37
38 35
43 Tukuda
42 Badajita
44 Luni
39 Khalamada
45 Bagiamba
Panchupandala Block RF
41
40
51 Badibara
54
63 Sampada
65 Bhuimagada
RF
50 Durungi
52
59 Kushari
61 Gohirabadu
64 Kusakota
48 Muchagadia 49 Dimiria 53
55 56
57
60
62 Kapagadu
66 Kanigiri
46 Kaliamba
58 Chhansbania
77 Pukasunga
67 Tabhapali
68 Machheli
47
78
73
72
Kanjiamba Hills
75 74 Balanda
Ramjena Hill
70 69 Belpasia
83 84
76
80 Paradhipi
71
79
81 Thusbari
91
89
Brahmunidei Hill
82 Dauka Mahicut PO RH. HS90
88 Mahisra 87
93 Adipada 92
98
101 100
Chandiphatt 96
95 94 97 Damani
99

GANJAM DISTRICT

RF

Gundareahi

MASKABARI

PS
N A N A Y A

REFERENCE

PS Boundary
Village Boundary with Location Code Number ... 7
PS HQrs
Hospital / Dispensary / PHC / MCWC
Post & Telegraph Office ... PO P&T
Reserve Forest ... RF

4.2 METHOD OF DATA COLLECTION

The measures taken for this dissertation are standard health data and standard nutritional data. For this, our study in entirely based on primary data collected by myself through the direct personal interview. By the help of the members of the **N.G.O. - "NISWARTHA',** I could have a face to face contact with the informants. I put the desired questions, prepared in the form of questionnaire,* for this survey (*A specimen of a questionnaire is set in APPENDIX - II).Thus the data I got were first hand and original in character. The method that followed for collecting the required data is "Multi-Stage random sampling". In which the universe is divided into some clusters from which certain clusters are selected at random as the first stage samples. In the second place, the selected first stage samples are again sub-divided into some clusters from which again, certain clusters are selected at random as the second stage samples and so on. In this way the process of division and sub-division of clusters and the selection of the multistage samples are carried out till the sample size is reduced to a reasonable extent. In our case the district Nayagarh is the universe, which is divided into some clusters in the form of 8 Blocks. Out of those Blocks one Block, i.e. "NUAGAON" is selected as the first stage sample. Nuagaon Block is again subdivided into some clusters in the form of 16 Grampanchayats. Among them two Grampanchayats (Paradhip and Jakada) are selected as the second stage samples. In the next stage the selected second stage samples are further subdivided into some clusters in the from of 36 villages (7 in Paradhip G.P and 29 in Jakada G.P). Out of those villages two are selected as last stage samples, one from each of these two Gram Panchayats. That means Maskabari from paradhip G.P and Gundarsahi from Jakada G.P.. Then for our study of poverty among children in the age-group of 1-12, we considered each and every child of those two selected villages. During the survey we used a weighing machine and

a Tape measure. When we started to weigh the children (of age-group 1-12), a considerable crowd gathered and eagered to weigh and eagered to weigh and event was called a circus. Jelliffe and Jelliffe (1989) note that in India, "Weighing ;may be disliked and avoided for various cultural reasons". But in reality, I did not face such a problem. The villagers co-operated with me in collecting data, thanks to the efforts of NISWARTHA. Basically , I faced a problem when adolescents were keen to check their weight several times a day.

Data on health can be used to examine the growth of children in the village in comparison with statistical tables of "Reference Data", which provide a value for a genetic potential of healthy individuals. In order to make such comparison, indices are derived from the measurement "Weight-for-age". It is usual to compare the index with median of a reference distribution for a particular sex, and to use certain cut-off points such as a percentage, or number of standard deviations below, in order to indicate the presence of 'risk'. Risk means a sharp increase in the probability of an undesirable outcome, such as morbidity, impaired physical development, immunocompetence, physical activity of growth. The main problem of using 'weight-for-height' index is that it disguises stunting, for which 'weight-for-age' or 'height-for-age' is the best indicators. Stunting is the failure of an individual to achieve his potential growth. For this, we have considered 'weight-for-age' index. The next task is the choice of reference data. There are two sets of data available for weight and height indices. The international reference data are those advocated by the World Health Origanisation (WHO). The second reference data set is the Indian classification of weight-for-age (ICCW, 1983) which is that used for most child welfare work in India. For this reference data, we have followed the second one from "Indian pediatrics", (1992,29 : 1203-1284 by Agrwal D.K., Agarwal K.N, Upadhyay S.K, *et al.*

Collection of data, however, relating to the measurement of nutrition deficiencies in chidlren is a very difficult task. One has to know the daily colorie requriment of children in different age-groups, nuritional value of different food items, the quantity of different food items consumed by children and the calorie value of those food items.There is no problem regarding the daily calorie allowance and nutritional value of different food item s.[*] (* Gopalan, C., B.V. Ramasastri and Bala Subrahmanian. 1978 - "Nutritive value of Indian foods".) as such information is available from secondary and published sources. But the real problem is to obtain correct information regarding the exact quantities of different food items consumed by the children. As this study covers the case of rural children in the age-group of 1-12 years only, difficulties encountered in making correct estimates are innumerable. Since it was difficult to have the correct information regarding the pattern and composition of food consumption as available to children over a particular time, we had to resort to the direct method of collecting information regarding their food consumption from their parents. We also collected information about the quantum of different types of food which was available for the family and the respective share of the adults (who were above the age of 12) in such family consumpton. The reliability of information given to us by the parents regarding their children's consumption had to be verified again and again and substantiated by their response to the second query relating to family consumption and the share of adults in family consumption. This enabled us to find out and measure the quantum of food that the families made available for their children. But to obtain the quantum of food made available to each child of the family we distributed their aggregate share among them in proportion to their age. However, in most of the cases the information obtained by those two processes are found to be the same.When there was any discrepancy between the two results we followed the second one.

Then by going through the chart showing the nutritional value of different types of food we have calculated the calorie-intake of children in the age-group of 1-12 years*(* For the calculation please see Appendix - III)

Information regarding the quantum of different types of food a child consumes differs from season to season and person to person. During post-harvesting period parents provide more food items to their children in comparison to pre-harvesting period. Similarly, the quantities of different types of food may also vary overtime. As such there is genuine difficulty in relying on information for any particular period that will genuinly reflect on children's daily consumption of different food items. We have however measured the deprivation among children on the basis of their last week's consumption of different types of food.

4.3 COMPOSITION OF POPULATION

Having 2.8 thousands of people paradhip Gram Panchayat is moderately populated. It has 7 villages. Of which Maskabari is a small part, constitutes only 10.43% of its total population. The area of Maskabari is 102 hects. It is a small village with only 56 households. Out of them only three households belong to scheduled caste category (i.e., Hadi by caste) and others are of OBC category (i.e., Khandayat by caste). The table 4.1 depicts the composition of Maskabari's population.

TABLE 4.1 (Composition of Population of Village Maskabari)

Age - group (Category)	Male	Female	Total
0 - 12 (Children)	27	36	63
13 - 18 (Adolescents)	17	12	29
19 and above (Adults)	114	86	200
Total	158	134	292

Source : Primary Data.

The figures in above schedule are more or less similar to the national result. Because male - female ratio of India is 1000 : 927 where as it is 1000 : 848 for Maskabari. But the same in 0-12 age-group is very interesting. The ratio here is 1000 : 1333. In this category female population have dominated the male. This particular figure clearly indicates that expecting a male child parents are having a big size of family. This attitude of parents is reflected on hatredness towards the female child. They are badly neglected in caring. As a result of which the physical growth of female child is much less than that of male - child.

On the otherhand Jakada is a Gram panchayat with a predominantly tribal population. Out of total population of 2661, people belonging to scheduled Tribe category are 2327. Out of the rest, 248 are SC and 86 are general. There are 29 villages in this Gram Panchayat. Gundarsahi is a very small part of it, whose area is only 95 hectares and population is 3.8% of the total population of the Gram Panchayat. Only 25 households are there in this village, out of which 24 households belong to the ST category and the rest one is a milkman (i.e., GOPALA by caste). The table 4.2 depicts the composition of Gundarsahi's population.

TABLE - 4.2   **(Composition of Population of Gundarsahi)**

Age-Group (Category)	Male	Female	Total
0 - 12 (Children)	12	06	18
13 - 18 (Adolescents)	09	04	13
19 and above (Adults)	37	35	72
Total	58	45	103

Source : Primary data

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Figures shown in table 4.2 is nearly similar to national result as regards to male - female ratio. It is 1000 : 776. That means male population is more than female population in case of all categories. This ratio is 1000 : 500 for children of age group 0 - 12.

By aggregating table 4.1 and 4.2 we can cite almost the real picture of the composition of population of Nuagaon Block. And hence can draw conslusion thereafter for the district as a whole.

TABLE - 4.3 (Composition of Population in Aggregate)

Age - Group (Category)	Male	Female	Total
0 - 12 (Children)	39	42	81
13 - 18 (Adolescents)	26	16	42
19 and above (Adults)	151	121	272
Total	216	179	395

Source : Primary Data.

Figures shown in table 4.3 reflect a contrasting feature regarding the Male-Femaleratio of the children belonging to 0 - 12 age-group of the Nuagaon Block. This figure 1000 : 1077 depicts the anxiety of poor rural population to get a male child, which results in more female children. They opt for a male child as he is an asset for them. But male - female ratio in agregate is nearly similar to the national figure.

4.4 SOCIAL BACK GROUND

The life of Maskabarians are fascinated by the culture and tradition of the Hindus. As all of except 3 households are khandayats, the culture and habits are unique through out the village. As regards to education they are one step forward. Since there was a primary school upto class - III from the very beginning

of this generation, almost all of the villagers are literate. Now along with this primary school there is a HIgh School at Sampada 1.5 Kms away from this village. And a college is there at Nuagaon at a distance of 7 Kms from Maskabari. However, inspite of such educational facilities, cent percent of the population are not literate. It is only because of their low income. The following table 4.4 shows the number of illiterates in the village.

TABLE- 4.4 (No. of Illiterates in Maskabari)

Age-group (Category)	Male	Female	Total
0-12 (Children)	-	-	-
13-18 (Adolescents)	04	03	07
19 & Above (Adults)	23	38	61
Total	27	41	68

Source : Primary data

It is clear from the above schedule that only 25% of entire population are illiterate in that village, which is much less than that of national figure. It is very astonishing that no child is left to be illiterate, which shows their interest towards civic consciousness. Among the illiterates, most part belong to adult females. In aggregate there are 6 drop-out cases, of which only 2 cases belong to 0 - 12 age-group. So it is not very problematic rather negligible.

Excepting 4 pepole, all the villagers of Gundarsahi are belonging to S.T category. So their social lives are different from that of the people of Maskabari. But the entire population of the village follow the unique pattern of livelihood. They celebrate the "Sima Janan" unitedly. It is a Devi Puja generally celebrated during December last and January first. A vegetable named 'Sima' is not consumed by anybody of that locality before that day. It was dedicated for the

purpose of Devi. And after Devi Janan everybody use it in their food. They are guided by the tribal customs and traditions. In dress and food they are not different from any other part of Orissa. But due to poverty they use inferior quality. No School is there in this village. So from educational point of view people of Gundarsahi are backward. Inspite of that, the poor uneducated parents are very much conscious about the light of education. So their children are admitting in schools increasingly. But no adolscents or adults are highly educated in that village. It is because just after the age of 12 or so children are generally used as assets. They are engaged in collecting "Sal leaves" from the forests. And some of them also help their parents in cultivation or are used as daily labourer. However, the table- 4.5 shows the real educational status of the people of this village.

Table - 4.5 (No. of Illiterates in Gundersahi)

Age-group (Category)	Male	Female	Total
0-12 (Children)	-	-	-
13-18 (Adolescents)	08	03	11
19 & Above (Adults)	29	35	64
Total	37	38	75

Source : Primary Data:

Out of entire population of 103, seven children are to be exempted from education yardstick as they are below the age of 5. So out of the rest 96 people ,75 are illiterate. So 78.125% of entire population in that village are illiterate, which is a very big figure. But the number of illirates in 0-12 age group is zero. It is because among 18 children 7 are belonging to the age group below five. So for the determination of educational status they should be ignored. And out of

the rest, 8 children are going to school, other 3 children have dropped-out from school. All of the drop-out cases are belonging to Male sex. The percentage of drop-out is 27. 27 which is not so dangerous rather manageable. So for the required age-group 0 - 12, the village is advanced educationally as no child is left here like Maskabari to be uneducated.

Number of illiterates in both the villages are 75 + 68 = 143. But total population to be considered for education yardstick, i.e., population belonging to the age-group 5 and above are 367. That means 96 from Gundarsahi and 271 from Maskabari. It is because out of 292 of Maskabari's population 21 are belonging to age-group below 5 and 7 children are there in that category in Gundarasahi. So the aggregate figure of the percentage of illiterates is 38.96.

4.5 ECONOMIC SCENARIO

Out of total 56 households in Maskabari only 4 households live on service sector, one on business, that too on a small Grocery shop. Rest of the households live on agriculture whose land holdings are very small. Some of them are even landless who depend on wagelabour in agricultural fields. One household depends on carpentry for its livelihood. However, the head of this houlehold is not a carpenter by birth but by occupation. Out of the households depending on service, two are primary school reachers, one is a peon and another is a manager in Puri Gramya Bank. This household has the highest annual income of Rs. 70,000/- which is the only higher middle class household in the village. Two teacher households having annual income of Rs. 60,000/- and 50,000/- belong to middle class. And other two households one being a peon and another having a Grocery shop belong to lower middle-class group. But others are poor as regard to their annual money income. Among them 10 - 15 households are living on misery as they depend on daily wage in agricultural field. Only alteration for them is to work or to starve.

People of Maskabari did not view the hospital any more favourably, because it is located at a distance of 10 Kms from their village. Further the hospital having only one doctor does not serve the people appropriately. Medicines are not available freely in this hospital for which they go to Nayagarh town and pay more for illness which in turn affect the nutritional standard of the villagers. They are very much alert about their health but they have nothing to do. However, the children of Maskabari do avail various immunization programmes like Anti-polio, B.C.G., cholera etc. But illness comes to the children of Maskabari very often in the form of Malaria and Diarrohea. The village is without a metalled road or electricity. Only 2 - 5 households have cemented shelter. Others have earthen huts. But they have easy access to drinking water from both well and tube-well. Irrigation facilities are not available there for one hand and low productivity on the other, inspite of having natural blessings, eventually they are poor.

Economic status of the people of Gundarsahi is much worse than that of Maskabarians. Households of this village are either marginal farmers or daily labourers. Agricultural productivity, here, is very low because of small holdings and lack of irrigation facilities. Farmers of this village follow obsolete technique of cultivation. They are not aware of using scientific ways of cultivation, advanced chemical fertilisers and hybrid seeds. This is because of their lack of education and lack of governmental efforts. However, some of the farmers of Gundarsahi produce parbol, sugarcane, moong and groundnut seasonally. Some villagers, basically women and children, are engaged in collecting Sal leaves from the nearby forests which afford them a significant part of their livelihood. So the children of age-group 12 and above are not interested in education. But they do not get a resonable price for the collected Sal leaves. It is because of the presence of middlemen in the marketing of Sal leaves. For the purpose of

marketing these leaves, co-operative societies should be established so that the degree of exploitation by the middlemen may be wiped out. Further, the villagers also earn something by the help of forest products. With such occupational pattern people of Gundarsahi are, no doubt, poor as regards to money income. All of them, being deprived of affording basic necessities, belong to the poor section of the society.

As regards to medical facilities, the people of Gundarsahi are more or less in the same position as the people of Maskabari. There is a medical at Mahipur, which 8 Kms away from the village. Like Maskabari here the medicines and doctors are also not sufficient to provide easy facilities to them. But for their children they do avail all types of immunization facilities. Due to lack of money income the children of this village are not equipped with well-developed medical facilities, which results in high infant mortality, ill-health status of the which the productivity of land is very low. As they have small land holdings in of the children. Malaria and Diarrohea are common diseases for their children. Transport and communication facility is at its wildest from. Roads are seasonal and muddy. The villagers are far away from electrification. There is no question of cemnented shelter. All the houses of the village have thatched roof and mud wall. But they get drinking water easily as there are two tube-wells in that village. So by comparison, people of Gundarsahi are poorer than the people of Maskabari.

By aggregating the findings we may conclude that out of 81 households studied 3 are of S.C category, 24 are of S.T category and 54 are OBC. On educational point of view the children of those households are not so backward. All of them have easy access to drinking water as there are some tube-wells in these villages. Similarly they are also not so backward in medical facilities. But economically backwardness is the main cause of the sickness of their children. They are poor from housing and sanitational point of view. And also to some

extent they are falling short of the required nutritional and anthropometric position. All these negative consequences are due to econimic backwardness of the villagers. And it results from small holdings, obsolete technique, lack of irrigation facilities and ignorant about scientfic ways of production. Further, the presence of middlemen in the marketing of Sal leaves also deteriorate the economic conditions of the people engaged in that work.