



EDUCATIONAL AND SOCIO-ECONOMIC CONDITIONS OF THE CHAKMAS IN MIZORAM WITH SPECIAL REFERENCE TO WOMEN

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ABSTRACT

The majority of the Chakma population has been living in Mizoram and they have their own Autonomous District Council (ADC) and they belong to schedule tribe. The majority of the people of Chakmas are Buddhist. The total population of Chakmas in the District Council is 34,528 as per 2001 census out of which 80% of it is dependent on agriculture and the literacy rate of Chakmas is 57% as per census conducted by the Education Department of ADC in the year 2001 whereas the literacy rate in the state of Mizoram is 91.58 (2011 census). The ADC is the most backward district in the state of Mizoram and literacy rates in this district is very less compare to state average. The Chakmas are not highly educated and number of illiterate is more. So many studies have been conducted on the women's education and health in the country but no study has been conducted on the Chakma women in Mizoram that is why the researcher has conducted this study. The main objective of the paper is to study the educational and socio-economic conditions of the Chakmas in Mizoram with special reference to women.

KEYWORDS: Mizoram and literacy rates , women's education and health.

INTRODUCTION:

Education is a basic human right that should be exercised fully in all nations, but for many girls in India, attending school is not an option. Education of women is a very important starting point in establishing equality in all aspect of life as well as in all over the world. A person's educational condition is much related to his or her socio-economic status. Education is perhaps the most important social indicator and it is a first step in improving the socio-economic status of an individual or a community. The majority of the Chakmas in Mizoram has been living in their Autonomous District Council in Mizoram. The total Chakma population of Mizoram is estimated to be more than 100,000. The entire population of Chakma Autonomous District Council belongs to schedule tribe. The majority of the people of Chakma Autonomous District Council are Buddhist and a minority is Christian. The total population of ADC is 34,528 as per 2001 census out of which 80% of it is dependent on agriculture and the literacy rate of Chakma Autonomous District Council is 57% as per census conducted by the Education Department of ADC in the year 2001.

OBJECTIVES OF THE PROJECT

- To study the educational conditions of the Chakma women in ADC with special reference to Udalthana.
- To find out the major health difficulties suffered by the Chakma women.

POPULATION AND SAMPLE

The total population in ADC is 55,413 (2015 Village Council Population). There are 20 MDC constituency including 83 villages. So the researcher has selected one village i.e. Udalthana-I for the study.

There are 274 families in Udalthana-I and their total number of population is 1126. The researcher has selected 50 families from Udalthana-I for the sample of the study.

TOOL

Family Health Information Blank has been prepared and used for the purpose of data collection.

ANALYSIS AND INTERPRETATION OF DATA

Table 1: Number of Members in a Family

Members	No. of Family	Total Population
1	3	3
2	3	6
3	9	27
4	15	60
5	12	60
6	6	36
7	2	14
Total	50	206

The population of Chakma in Udalthana-I of 50 samples household is 206 and it is found that most of the families have 4 and 5 members. 9 families were found where each has 3 members in the family. Only 2 families found which having 7 members in the family.

Table 2: Number of Female Member in the Family

Number of Members	Number of Family	Total Population
1	19	19
2	17	34
3	10	30
4	3	12
5	1	5
Total	50	100

From Table-2, in all the 50 sampled family, out of 206 total populations only 100 peoples are found female.

Table 3: Number of illiterate member in the Family

No. of Member	No. of Family	Total no. of Illiterate
0	16 (32%)	0
1	15 (30%)	15
2	12 (24%)	24
3	4 (8%)	12
4	2 (4%)	8
5	1 (2%)	5
Total	50	64

Table-3 shows that out of 50 families 16 families i.e. 32% family are fully literate that means they don't have any illiterate member in the family. 30% families having 1 illiterate member in each, 24% families having 2 illiterate members in each, 8% families having 3 illiterate members in each, 4% families having 4 illiterate members in each and 1 family i.e. 2% families found that they have 5 illiterate members. So, out of

206 population of 50 sampled families 64 population are illiterate i.e. 31.06% of the total Chakma population.

Table 4: Educational Qualification/Level of Education of Household-Owner

Level of Education/EQ	No. of Household-Owner
Nil	7 (14%)
Primary (I-IV)	13 (26%)
Upper Primary(V-VIII)	7 (14%)
High School(IX-X)	15 (30%)
H. S. L. C	0
H. S	0
B. A	2 (4%)
Question does not arise	6 (12%)
Total	50

In 50 samples, 14% household-owner did not receive any kind of education and other 40% household-owner had received some formal schooling, mostly at the primary and upper primary levels. It is found that only 2 household-owners are graduate. So, it is seen that the attainment of Chakma household in higher education is very less in number. The person who response 'question does not arise' they are widow.

Table 5: Educational Qualification/Level of Education of House-Wife

Level of Education/EQ	No. of House-wife
Nil	28 (56%)
Primary (I-IV)	13 (26%)
Upper Primary(V-VIII)	5 (10%)
High School(IX-X)	4 (8%)
H. S. L. C	0
H. S	0
B. A	0
Total	50

Education of the house-wife is also most important because the better education creates better healthy environment. Table-5 depicts that 56% house-wife i.e. 28 housewife out of 50 family don't have any formal education. Only very few i.e. 36% of the house-wife has completed only primary and upper primary level of education. Only 8% housewife reached in high school level of education but nobody reached at higher level of education. Here, it is seen that women are very backward in education compare to men.

Table 6: Educational Qualification of Family Member

Level of Education	No. of Members
Pre Primary (KG-I & KG-II)	1
Primary (I-IV)	41
Upper Primary (V-VIII)	19
High School (IX-X)	13
H.S	5
B.A	1
B.Sc	1
M.A	0
Total	81

Table-6 shows that out of 50 sampled household only 1 member have been continuing his study mainly at K.G level. 41 members had received primary education and 19 members had received upper primary education. Out of all the members only 2 are found in graduate level. But no member is found in master degree level of education.

Table 7: Number of Members Engaged in Job in a Family

Members	No. of Family	Total Job holder
0	38 (76%)	0
1	12 (24%)	12
Total	50	12

Employment status of a person not only determines his/her income level, but also social status as well as self-esteem. Table-7 depicts that only 12 families are found to have members who are engaged in job and the total number of job holder is 12 in 206 populations of 50 Chakma families in Udalthana-I. But most of the household i.e. 76 percent are jobless and they mainly depend on the cultivation of Jhum and some sort of business. The job holders of the family are working as school teachers and in the fire service department.

Table 8: Number of House wife in Service

Response	No. of Housewife
Yes	0
No	50
Total	50

Table-8 reveals that all the house wife i.e. cent percent do not having any job. Some of them do some small business and very few goes for manual labour and most them are simply housewife.

Table 9: Monthly Income from all Sources (Total Income in a Family)

Range of Income	No. of Family
Below Rs. 10,000/-	16 (32%)
10,001- 20,000/-	33 (66%)
20,001-30,000/-	1 (2%)
30,001-40,000/-	0
Total	50

Household income is the most important indicator of economic well-being of any community which also related with the availing of better health services. In sample, 32% of house hold viewed that their monthly income from all sources is below 10,000/- who mainly depends on cultivation and manual labour, and 66% household viewed that their total monthly income from all sources is 10,001-20,000/- who depends on some business and they have also some portion of agricultural land. Only 1 household viewed that their monthly income in family from all sources is 30,001-40,000/-.

Table 10: Type of House

Type	No. of Housewife
Kutchha	48 (96%)
Pucca	0
Mixed	1 (2%)
Mansion	1 (2%)
Total	50

From Table-10, 96% household live in kutchra houses with their family and the wall of the house is of bamboo fence with tin roof and with bamboo or wooden floor. Mixed or semi-pucca houses which meant the wall of the house is of concrete half-wall and bamboo fence or tiles with tin roof which are found only 2%.

Table 11: Availability of Electricity in Houses

Response	No. of Household
Yes	45 (90%)
No	5 (10%)
Total	50

Electricity is also an important indicator of socio-economic development which indicates the forwardness and backwardness of the society. Only 90% of housewife viewed that they have electricity in the houses and 10% housewife viewed that they don't have electricity in their houses.

Table 12: Type of Drinking Water

Response	Number of Household
Normal Water	37 (74%)
Boiled Water	6 (12%)
Filtered Water	7 (14%)
Both Boiled and Filtered Water	0
Total	50

Good health only depends on if we drink safe and pure hygienic water. Table-12 shows that 74% household drink normal water, 12% household drink boiled water and 14% household viewed that they drink filtered water. Here, it is seen that most of the people drink unhygienic water which they collect from the river or reserved supply water which is not purified.

Table 13: Number of Household having Lavatory Facility in Home

Response	No. of Household
Yes	50
No	0
Total	50

The lavatory facility is also another important indicator of health consciousness. The table shows that cent percent of household have lavatory in their home to respond to the 'call of nature'. But most of the lavatories are not in hygienic condition.

Table 14: Number of Children Having Health Problems or Suffering from Disease

Response	No. of Housewife
Yes	14 (28%) stomach, malaria
No	36 (72%)
Total	50

Table-14 reveals that 28% children have been suffering from stomach problems and malaria. Out of 50 sampled family 72% housewife viewed that no children has been suffering from any kind of diseases.

Table 15: Number of Women having Different Type of Diseases

Type of Diseases	No. of Housewife
Breast pain	0
Cystitis	6 (12%)
Breast Cancer	0
Breast lumps	0
Eye Problems/Visual difficulty	12 (24%)
Burning sensation of sexual organ	0
Frequent discharge of white fluid	0
Asthma	0
Skin diseases	6 (12%)
Night sweats	0
Sleeplessness	0
High Blood Pressure	0
Low Blood Pressure	1 (2%)
T.B.	0
Diabetes	0
Chronic lung disease	0
Cancer	0
Nil	25 (50%)
Total	50

Table-15 reveals that 12% housewife has been suffering from skin disease, 2% housewife having low blood pressure and 50% housewife viewed that they are not having any diseases like breast pain, breast lumps, breast cancer, asthma, T.B, diabetes, cancer, chronic lung disease etc.

Table 16: Smoking Habit among the Women

Response	No. of Housewife
Yes	17 (34%)
No	33 (66%)
Total	50

Smoking is also prevalent among the Chakma women. The study found that 34% women smoke and 66% housewife do not smoke.

Table 17: Tobacco Habit among the Women

Response	No. of Housewife
Yes	38 (76%)
No	12 (24%)
Total	50

Tobacco habit is more prevalent among the Chakma women. Out of 50 sampled housewife 76% viewed that they have tobacco taking habit and 24% do not take tobacco.

Table 18: Alcohol Habit among the Women

Response	No. of Housewife
Yes	12 (24%)
No	38 (76%)
Total	50

Table-18 shows that 24% housewife viewed that they take alcohol and 76% housewife do not take alcohol.

Dispensary or Hospital or Primary Health Centre nearby House

There is no dispensary or hospital or primary health centre in Udalthana village. The housewife of the sampled village viewed that it is very difficult to get health services in that place because they face problem in emergency health problems.

Educational Implications

There are various health related problems in Udalthana village because they have lack of drinking water facility; they do not have any hospital or primary health centre in their village, area is also malaria prone area, people of the area are also not educated upto the mark, they mainly depends on cultivation and on some small business, most of the housewife are illiterate, they even do not know about the better hygiene. So considering those problems if government or some NGOs take important role in this part to solve then really people of that area will be benefited.

Limitations of the Project

The project has following limitations:

1. The area of study has covered only the Chakma women who reside in Udalthana village.
2. The number of sample is very small which can not represent the whole Chakma women.
3. The women of that area are mainly illiterate, so, they hesitate to respond to the health related questions.
4. The project is limited to the women of Udalthana village only which can not represent the whole CADC.

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