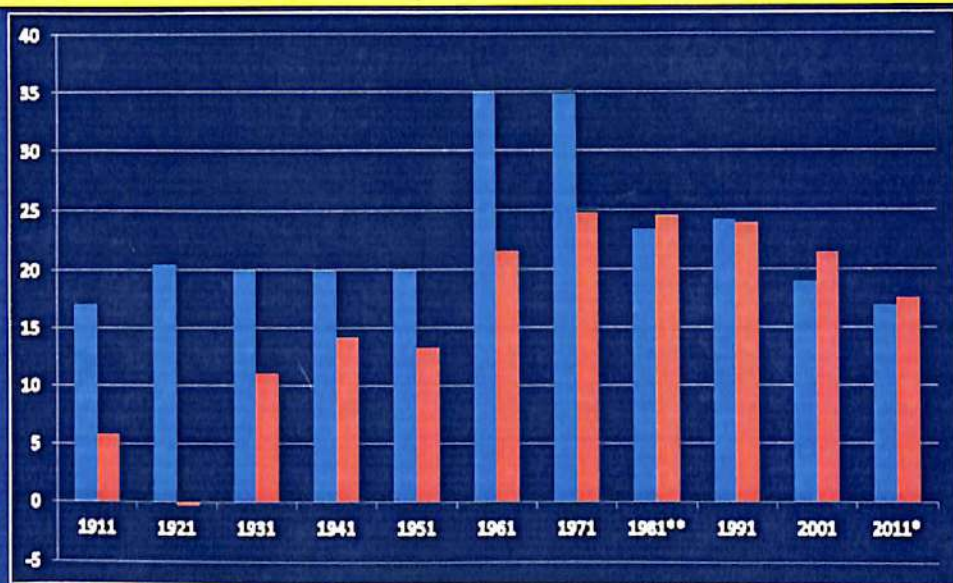


Socio-Economic Issues in India

(With special Reference to Assam)



Editors
Dr. Gobin Chandra Boruah
Nabanita Baishya

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Preface and Acknowledgements

India is a vast country with diverse socio-economic issues and problems across the nation. We witness economic well being of the people of the western and southern side of the country in one hand and north-east are lacking behind froms all form of development on the other. The issues are may be described in short as follows.

Indian economy particularly industrial sector has experiences a robust growth more than 8 p.c. per annum in the last few years. Though agriculture is primary sector, however, it experiences a comparatively dismal performance which effects the growth of the country as a whole. Apart from industry and agricultural drawbacks, there are other issues like economic diplomacy, financial inclusion, micro credit, failure of governmental economic policies, agricultural subsidies, woman education, ethnic issues, social entrepreneurship and problems in tourism are faced by the country particularly the north-east. The people of the region face basic socio-economic problems at large.

This volume contains 20 papers. Puna Das, in his paper "Dr. B.R. Ambedkars' contributions to Indian Economics" tried

to analyze the impact of Dr. Ambedkars' thought on Indian economy. Dr. B.R. Ambedkar mainly as the architect of the Indian constitution, but basically he was most educated economist of the country. His economic thought had made a significant impact on Agriculture and Land reform, Industry, taxation policy, population control and development of woman etc. Another author Phulmori Das, in his paper "Indias Economic Diplomacy" tries to make a new dimension in India's foreign policy in the post cold war and globalised world. In his paper, he highlights many economic activities of the nation including export, import, investment, free trade agreements, management of aid; tourism promotion and other financial flows.

Poly Baruah and Ritupan Borah, in their paper "A Study of Financial Inclusion with special reference to various government measures in India" tried to highlight key areas and suggest strategies to insure maximum financial inclusion for the under privilege and unbanked areas. Bitupon Bargohain, on the other hand, tried to evaluate the importance of Indian's largest employment guarantee Act MGNREGA through his paper "Pros and Cons of MGNREGA in India". Another paper titled "Importance of woman education in lowering the fertility rate" with special reference to Assam by Prafulla Rajbongshi and Jyotshna Saikia analyse that female education plays an important role in reduction of fertility rate. It has been seen that woman who are empowered through education trend to have fewer children. Dr. Dimpri Chakrabarty and L.N. Prasad in their paper "Organizational behavior and management of group fund by micro credit participants of Assam" tried to make an analysis to improve the position of rural poor through Self Help Groups and its effective utilization of credit amount and repayment of bank loans. Uditya Bora, in his paper "Agricultural subsidies in India: A critical Evaluation" tries to analysis significance of Agricultural subsidies in Indian economy. Nabanita Baishya, in her paper "Prospect of

Mechanization Agriculture: An analysis of Lakhimpur district of Assam" tries to analyze how far mechanization is applied and effective in the said district. Today, tourism is the second largest industry in the world. Mriganka Saikia in his paper "A study of impact of tourism on local residence of Kaziranga, Sibsagar and Majuli of Assam" examined the impact of tourism on income, employment and asset generation of the local residence of the said area. Dulen Gogoi also tried to explain the problem and prospect of Satajan Wetland, which is one of the most beautiful tourist spots of Lakhimpur district.

This volume contains several papers on Socio-economic culture of ethnic groups like Tiwa tribe of Assam, Sonowal Kacharis, migration and assimilative pattern of Misings. All these papers highlights the issues like determinance of woman work force participation among Tiwa tribes, maternal bio social factors effecting birth weight in Sonowal kacharis and migration and assimilative pattern of Mising. Assam is famous for its Tea gardens and silk and Muga cloths. Dr. Kakali Hazarika, in her paper "The Journey of Tea: from garden to market" tries to make emphasis on Tea industry. Dr. Gobin Ch Boruah and Swapna Das their paper, "Economic interpretation of Sericulture industries in Assam: an analysis" tried to highlight the importance, problems and prospects of sericulture industries in Assam in general and district Lakhimpur in particular. Enteprenureship development is important for industrial development of the country. This volume contains two papers on Social enterprenuership as New Business Model to uplift the poor by Jitu Saikia and Sumitra Bithi Kachari and another paper by Rashmi Sarda, "Woman Entrepreneurship development in India: issues and Challenges" mainly, highlights the development of poor and rural woman by undertaking the entrepreneur skill.

SANKARDEVA WAS A GREAT SCHOLAR OF MEDIEVAL PERIOD AND WAS THE FIRST TO PROPAGATE VAISHNABA CULTURE IN ASSAM.

CHANDAN SARMA IN HIS PAPER "SANKARDEVA AS AN ENVIRONMENTALIST: AS REFLECTED IN HIS LITERARY WORKS" TRIES TO DRAW THE ATTENTION OF PEOPLE TOWARDS ENVIRONMENT AND PROMOTE AWARENESS AMONG THE PEOPLE TO PROTECT THE NATURE OR TO WORK AGAINST THE DAMAGES CAUSED BY HUMAN ACTIVITIES TO NATURE. ANOTHER PAPER ON "OCCUPATIONAL SHIFT AND SOCIAL CHANGE, A STUDY OF RIVERINE RURAL INHABITANT OF ASSAM" BY NILOM BARUAH, STUDY THE IMPACT OF SHIFTING OF OCCUPATION FROM TO NON-FARM SECTOR OF THE ECONOMY IN TERMS OF INCOME AND EMPLOYMENT GENERATION. DR. S.B. TAMULI, IN HER PAPER "IMPACT OF SGSY IN RURAL DEVELOPMENT OF LAKHIMPUR DISTRICT OF ASSAM" HAS MADE AN ATTEMPT TO ANALYS HOW FAR SGSY PROGRAMME IS SUCCESSFUL IN POVERTY ELEVATION OF THE SAID DISTRICT.

The contributors of papers deserve special thanks as without their cooperation would not have been possible to bring this book out.

We are highly grateful for encouragement, advice and their sacrifice. We offer our thanks to Mr. Juganta Saikia, Priyadarshini offset Publication for undertaking the publication of this book.

We will be highly obliged if this book would be of any help to the students, teachers and for the development of the society and to the public in general.

Dr. Gobin Chandra Baruah
Nabanita Baishya

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Birth Weight and Maternal factor : A case study on Sonowal mothers

Minakshi Baruah

INTRODUCTION:

Birth weight of an infant is the single most important determinant of survival, growth and development (WHO, 1984). Low birth weight defined as weighting less than 2500g (WHO, 1984). The proportion of low birth weight infants reflects the socio-economic development and health care services of any region or country. The study of birth weight thus important for establishing an effective maternal and child health care programme. Some Bio-social factors like Sex of the baby, maternal age, height, weight, maternal educational level, parity, gestation period, antenatal care, maternal haemoglobin level and maternal occupation which have marked influence on birth weight.

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The government of India (1981) wants to bring down the incidence of low birth weight from 30 to 10 percent by 2000 A.D. It shows that nearly 30 percent of the new born babies, at present, suffer from low birth weight. Low birth weight accounts for 70 percent of all perinatal and 30 percent of infant deaths. In many developing countries low birth weight is a major factor causing the high infant mortality.

Although some of these above mentioned bio-social factors involved in determination of expressed variations in birth weight have been studied on a few Indian samples, but a review of literature reveals that only few studies on these lines have been conducted among the varied ethnic groups of Brahmaputra valley, Assam.

Keeping all these views in mind, in the present paper, the present study was conducted among the Sonowals of Assam to determine the relationship between certain selected bio-social variables and the birth weight distribution among the Sonowal neonates of Assam. The Sonowal Kacharis belonging to the Bodo section of the Tibeto-Chinese linguistic family as the tribes like the Garo, Rabha, Lalung, Hajong etc. Though widely scattered over several districts of upper Assam like Dhemaji, Lakhimpur, Dibrugarh, Tinsukia, at present the major bulk of the population is concentrated in the district of Lakhimpur. The Sonowal Kachari is the third largest tribal group of Assam. As the title of the work implies, several biological, socio-cultural as well as obstetric factors, which may have influence on birth weight, was taken into consideration.

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Objectives:

- 1 To find out the birth weight of the new born babies belonging to the Sonowals of Assam.
- 2 To find out the effects of some demographic factors like maternal age, parity, inter pregnancy interval, sex of child, on birth weight of the infants.
- 3 To examine the impact of some socio-economic determinants e.g. education, occupation, on birth weight.
- 4 To examine the impact of biological as well as physiological factors like haemoglobin level during pregnancy on birth weight.
- 5 To examine the effect of obstetric factors like prenatal care on birth weight.

Material and Methods: The present study includes 375 consecutive singleton live births from among the Sonowal Kachari mothers delivered at Lakhimpur Civil Hospital Lakhimpur. All relevant information regarding mothers and newborns was documented on a pre-structured proforma. All the neonates were weighted on a baby weight machine. Birth weight of less than 2500 gms were taken as low birth weight.

Results and discussion

Table 1: Showing the Incidence of L.B.W. by Sex of babies

Sex of baby	No of babies	Birth weight of Babies		X ²
		<2500 gram	2500+	
Male	198(52.8%)	36(18.2%)	162(18.8%)	.279 (non-significant) df=1
Female	177(47.2%)	36(20.8%)	141(78.45%)	

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Table 2: Showing the incidence of L.B.W. by Maternal Age.

Factor Maternal age	Birth weight of babies		X ²
	<2500 gram	2500+	
Below 20	5 (19.2%)	21 (80.81%)	8.12 Df=4
20-24	39 (25.8%)	112 (74.2%)	
25-29	22 (14.10%)	125 (85.3%)	
0-34	4 (10.2%)	35 (89.7%)	
35+	2 (16.7%)	10 (83.3%)	

Table 3: SHOWING THE INCIDENCE OF L.B.W. BY PARITY

Factor parity	Birth weight of babies		X ²
	<2500 gram	2500+	
1	50 (23.8%)	160 (78.2%)	6.62 df=2
2	13 (14.1%)	79 (85.9%)	
3-4 and 4+	9 (12.3%)	64 (87.7%)	

TABLE-4

Showing the incidence of L.B.W. by Maternal educational status.

Factor Maternal education	Birth weight of babies		X ²
	<2500 gram	2500+	
Illiterate	8(25.8%)	23(74.2%)	3.02 (significant) df=2
Primary	13(26.0%)	37(74%)	
secondary	51(17.3%)	243(82.7%)	

TABLE-5 Showing the incidence of L.B.W. by Fathers educational status.

Factor Fathers education	Birth weight of babies		X ²
	<2500 gram	2500+	
illiterate	4(33.3%)	8(66.7%)	1.89 (non-significant) df=2
Primary	5(15.15%)	28(48.8%)	
secondary	63(19.9%)	267(80.9%)	

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Table-6

Showing the incidence of L.B.W. by Maternal occupation.

Factor Maternal occupation	Birth weight of babies		χ^2
	<2500 gram	2500+	
House wife	53 (18.02%)	241 (18.10)	1.12(non- significant) df=2
WCJ	5 (23.8%)	16 (76.2%)	
BCJ	14 (23.3%)	46 (76.7%)	

TABLE-7

Showing the incidence of L.B.W. by Maternal ANC(Ante Natal Care).

Factor Maternal ANC	Birth weight of babies		χ^2
	<2500 gram	2500+	
Unregistered	39(17.8%)	180(82.9%)	1.09(non_important) Df=1
Registered	33(22.15%)	123(77.84%)	

TABLE-8

Showing the incidence of L.B.W. by Maternal Haemoglobin level.

Factor Maternal Hb level	Birth weight of babies		χ^2
	<2500 gram	2500+	
>11 gram	71 (20.2%)	280 (79.8%)	3.72(significant) df=1
11 gram+	1 (4.2%)	23 (91.8%)	

Table -1 shows the incidence of low birth weight by sex of baby. It shows that in case of Sonowal Kachari, male infants accounted for 52.8% of the newborn while 47.2% were female. There are more low birth weight female babies (20.8%) than the Male babies (18.2%) and this difference is found to be statistically non-significant (.279, df=1).

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Table 2 shows the occurrence of babies with LBW by mothers age. It is seen that in case of S.K. mothers Low birth weight decreases with the increasing age of mother. In this table, it is seen that in the below 20 mothers the LBW is higher among the sonowal (19.2%). On the other hand in the age group 20-24, produce more LBW that is (25.8%). Mothers belonging to 30-34 age group produce more higher babies (89.7%) as compared to their younger counterparts. this difference is found to be statistically significant (8.12, df=4).

Table 3 shows the relationship between the occurrence of babies with LBW and parity. The table shows that in case of Sonowal Kacharis, Newborn of primipara were recorded higher LBW. The LBW decreases as parity increases upto 3rd parity. This is found to be statistically significant (6.62, df=2).

Table 4 shows the relationship between the occurrence of babies with LBW and maternal education. It shows a significant effect on the weight of the newborn was observed that low birth weight increases among illiterate and primary level educated women. It also shows that a low birth weight decrease with the increases of maternal education among Sonowals.

Table 5 showing the incidence of L.B.W. by Fathers educational status. It shows a significant effect on the weight of the newborn was observed that low birth weight increases among illiterate and primary level educated father. It also shows that a low birth weight decrease with the increases of paternal education among Sonowals.

Table 6 shows the occurrence of LBW with maternal occupation. Here it is seen that in case of housewives the frequency of babies with low birth weight is significantly higher

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among Sonowal (18.2%). On the other hand among the working mother, among the mothers of white collar job, the low birth weight decreases (23.8%). It also shows that, among Blue collar job mother, the low birth weight increases that is 23.3% which is statistically non-significant.

It is seen from the table no 7 that in the group of mothers who had regular antenatal care, the low birth weight is lower in comparison to those who didnot avail any antenatal care which is statistically non-significant.

It is seen from the table no 8 that the babies born to the mother who had less than 11 gram% of haemoglobin level, the low birth weight is higher (20.2%). It also shows that Low birth weight decreases among the babies born to the mother who had more than 11 gram% haemoglobin level 4.2% .It shows a significant vvariation.

Conclusion:

Sex of the baby:In the present study it is seen that among Sonowal Kachari, the female babies had a higher rate of LBW than the Male Babies.

Maternal age: In this study, It is seen that in case of Sonowals ,LBW increases with the increasing age of mother. But it is significantly higher among the teenage (below 20) mother and older mother (35+).

Parity:In the present study it is seen that with the increase of parity the LBW decreases among the Sonowal Kacharis .Among them the birth weight increases as parity increases upto 3rd parity and then it starts decreasing.

Mothers and fathers education: It is found from the analysis of maternal educational status and fraternal educational status that

the Low birth weight decreases with the increases of educational status among Sonowals .

Maternal occupation: In the present study it is seen that the birth weight is generally highest in case of those mothers who are engaged in White collar jobs and lowest in blue collar job.

Antenatal care: It is found from the analysis that ,In case of mothers, who have taken regular antenatal care, the Low birth weight decreases than that of those mothers who never received antenatal care ,or irregular antenatal checkup. Maternal Hb level during pregnancy is closely related with the birth weight. It is seen that the mother who had less than 11 gram% of haemoglobin level, the low birth weight is higher among Sonowals.

The above results clearly indicates that there are several factors interplaying which leads to LBW babies. Therefore attention to be paid to bio-social factors to improve the birth weight of newborn and to reduce the LBW. This can be done by strengthening our maternal services during pregnancy.

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