



Community in Flux: Study of Patni in Cachar District of Assam

Mallick Nirakar and Das Suranjan

Department of Sociology, School of Social Sciences, Assam University, Silchar, Assam, INDIA

Available online at: www.isca.in

Received 22nd September 2012, revised 26th September 2012, accepted 3rd October 2012

Abstract

Purpose of this research paper is to examine social as well as health status of Patni community of Cachar District of Assam. Patni in Cachar District of Assam is beset with myth, folk and other construction. Patni is a migrated community, who are having long tradition of poverty, illiteracy, ill health and backwardness. Contemporary Patni society in Cachar District of Assam is characterized by poor socio-economic condition as well as poor health status. Genesis of their poor geo-political, socio-economic Vis-a Vis health condition is social discrimination throughout generations. This paper highlights Patnis social, educational and cultural backwardness which reflect their poor health.

Keywords: Community study, health status, mortality, morbidity, nutritional status and access to health care system.

Introduction

Study of small community in regional setting attains prominence in present society. Anthropologists and sociologists investigate and analyse nature, structure and relationship of a community with wider social structure. Durkheim, Tonnies, Redfield's study on small community has impact on society at large¹. In India too small community study attracts attention of social anthropologists and sociologists. Sociologists like S.C. Dube, M.N. Srinivas, Mckim Marriot and many others conducted studies on village community to find out social structure vis-à-vis culture of village community in Indian society². Medical anthropologists and sociologists studied different parameters of health and health culture of village community. Medical sociologists in India like Madhu Nagla, O.P.Jaggi, R.S.Khare, D.N.Kakkar and many others founded sociology of health in India. These studies provide theoretical as well as methodological guidelines to make holistic study of community in Indian society³. Patni community in Cachar District of Assam is characterized by backwardness, poverty, illiteracy and ill health (Risely) and therefore it becomes imperative to study this community at present juncture of society.

Objectives of study: i. To study social history of Patnis in Cachar District of Assam. ii. To study socio-economic profile of Patnis in Cachar District of Assam. iii. To study health profile of Patnis in Cachar District of Assam.

Research Methodology

The study is qualitative in nature. Both primary and secondary data have been collected for the study. Primary data have been collected from the field. Secondary data have been collected from books, journals, newspapers etc. Tools for data collection are observation, interview guide and case study. Data have been collected from five selected Patni inhabited villages of Cachar

District of Assam. Sample size is 300 households selected by random sampling method.

The community: Patni community is originally known as *Patauni, Nadial and (Adi) Mahishya* in classification H.H Risely. Traditional occupation of the community was boating. Earlier people of the community also engaged in fishing and cultivation during early nineteenth and twentieth century. But gradually they switch over to cultivation and take fishing as secondary occupation. Patni claims to be offspring of Madhava Patni, who ferried Rama Chandra across Ganges. In history Patni is referred as *Samudraputra or Gangaputra*. Different literatures provide different data about caste position of Patni community. It is difficult to say whether Patni is *Halik Kaibarta or Mahishya Dasa*⁴. In all most all literatures it is written that Patni community originates from one Madhav Patni, who was a Patni or ferryman by profession and Halik Kaibarta or Mahishya Dasa by caste. But most of the Mahishya Dasas or Halik Kaibartas were of course cultivator in Bengal and very few of them plied up boats. Fact is that Patni community people struggled a lot to change their caste name from Patni to Dasa. After long term movement for changing their surname Patnis finally got approval to use surname as Dasa after 1931 census. After independence Patni Community in Assam came under scheduled caste category. Though literatures provide a little about their migration but Patnis of Cachar District claim that their forefathers migrated from Patna of Bihar to undivided sylhet of present Bangladesh around six hundred years earlier. In Sylhet they settled in Jaldhup, a locality in Sylhet which was favourable for fishing and boating. In due course of time Patni people started to migrate towards Cachar from Jaldhup and took agriculture as principal occupation by cleaning unused land in river sides. Patnis faced tremendous social discrimination in cachar during early stage of their settlement. Their ritual status was considered so low that they were not allowed to enter to houses of higher caste people. They did not get any priest for performing ritual activities and

there was no barber to serve them. In the first decade of twentieth century Patnis of Cachar tried to organize for the first time to oppose social discrimination and subjugation. For this act, they were helped and guided by Digindra Narayan Bhattacharjee, an eminent social reformer of the than sylhet region of Bengal⁵.

As per 1971 census report total scheduled caste population of undivided Cachar district was 208,867 out of which total patni population was 78,433 and total patni population of Silchar subdivision of undivided Cachar was 42,023, which is 20% of total scheduled caste population and 54% of total patni population of the then Cachar⁶.

From the field survey it is observed that in Cachar district Patni community lives in total 80 (eighty) villages. Majority of Patni community people are found in Dhalai, Sonai, Silchar, Katigora and Barkhola Legislative constituencies. As per information collected from Barak Valley *Patni Parishad*, a social organisation of Patnis established in year 1994, Patni people are concentrated in selective villages of Cachar district viz Devipur, Mahadevpur, Saptagram, Dhanipur, Ganganagar, Bhuvan Khal, Khalakhal, Krishnapur of Dhalai Assembly constituency. In Sonai assembly constituency Patni people are concentrated in Tulagram part I and part II, Amjurghat, Bagehar Palangghat. In Katigora constituency Patni people are concentrated in Sadhirkal, Subodhnagar, Kandigram, Sundaura, Hilara, Seuti. In Silchar assembly constituency Patni people are concentrated in Rantibasti, Sabaspur and North Krishnapur part II, Dudpatil, Atalbasthi, Noaraj, and Silchar town. In Barkhola Assembly constituency Patnis are residing in Nich Jaynagar Nayagram, Salchakra part I and part II, Jaintapuri, Barakpar and Banipar.

Socio-economic profile of Patni: By collecting data from Barak Valley Patni Parishad members, who are representing their respective villages in organisation as well as from village ward members, it is observed that total number of households of Patni community in Cachar District of Assam is around 11500. Total patni population in Cachar district is approximately 80000, out of which approximately 41000 male and 39000 female, 72000 literate and 8000 illiterate. Total number of post graduates 70, medical graduates 10, engineering graduates 30, general graduates including science and commerce 500, higher secondary passed 3000, H.S.L.C. passed 5000. Total number of government employee 800 and number of people engaged in private sector mainly in job of security guard in Bangalore, Mumbai and Pune is 1600. As per the information provided by the members of Barak Valley Patni Parishad and respective ward members of concerned villages different occupational categories among Patnis are farmers 40%, day labourers 52%, fisher man 5%, service in government and private sectors 3%. Family income of 15% of total patni households is upto Rs 1000, income of 60% of the families ranges from Rs 1001 to Rs 3000 per month, income of 20% of patni families ranges from Rs 3001 to Rs5000 per month and income of rest 5% households is above Rs 5000 per month. Land possession pattern of Patni households in Cachar District is categorized as landless 49% of the total households,

having 0-0.5 acres 28%, 0.5-1 acre 15%, 1-1.5 acres 5%, 1.5- 2 acres 2% and above 2acres 1%. Family size of patni households is found as 3% of total households are having a family of 3 members, 15% of the total households are having 3-4 family members, 20% of the total households are having 4-5 family members and 62% of total households are having more than five family members. Housing condition of patni is found as 60% houses are made up of bamboo and tin, 20% of houses are made up of bamboo and straw-type grass, 18% houses are made up of concrete walls and tin and 2% of houses are constructed with fully tiled roof and concrete walls. Major source of household water in Patni community is pond and river water. Sources of drinking water are pond, river, ring well, tube well and very few villages are having facility of supply water but it is not regular. People face problem of usable and drinking water during dry season and they have to carry water from outside.

Health profile of Patni community: Health status of Patni community is measured by mortality, morbidity, nutrition and their access to health care system⁷. Health status of a community or society depends upon biological, environmental, political, ecological and socio-cultural factors⁸. By collecting data from the sample households it is observed that maternal, child and infant mortality is still prevalent in Patni community. Number of deaths in the selected villages under study in 2010-11 and 2011-12 are 6 and 5 respectively. Out of which death of three infants, three child and two women within reproductive age are found. By taking data on morbidity for last one year it is found that People of the villages under study are mostly suffering from diarrhea, dysentery, cough, cold and fever. Diarrhea is most prevalent among Patnis because 70% respondents reported occurrence of diarrhea of self or family members in last year. Dental problems are reported by 80% of the respondents and skin diseases are reported by around 40% of the respondents. Chronic diseases are also prevalent among patnis. Around 3% of the respondents reported occurrence of chronic diseases of self or family members. Around 7% respondents reported for occurrence of ophthalmic disease. About 15% respondents reported hospitalization for less than one week and 3% reported hospitalization for more than one week. Eleven disabled persons are found in the villages under study.

Nutrition plays an important role in maintaining ones health. Despite of various measures taken by government of India still many people suffer from hunger and malnutrition⁹. From the field survey it has been found that per day deficiency of food intake is prevalent among 70% of the total respondents. Adult male, female and children are suffering from nutritional deficiency. This group of respondents can't take food daily as per recommended dietary requirement. For children daily requirement of protein is 41gm/day, fat 25gm/day, carbohydrate 390 Kcal/day, calcium 400mg/day, iron 26 mg/day. But except carbohydrate all other dietary supplement is severely deficient among this group of people. By using 24 hour recall method it is found that these respondents as well as their family members could not take balanced nutritious food in last twenty four hours

except carbohydrate and very less amount of either protein or fat or vitamins and minerals. Food enriched with protein, fat, vitamins and minerals were not at all or not adequately taken by these respondents on that day. Another 15% respondents took adequate amount of carbohydrate plus less amount of either protein or fat along with vitamins or minerals. Rest 15% could take adequate amount of all essential dietary supplements.

Measuring age-weight ratio and age-height ratio of children up to five years, it is observed from the study that 70% children below five years are suffering from severe malnutrition, 20% children under study are suffering from moderate malnutrition and only 10% children are normal.

It is observed from the study that both children under five years and pregnant and lactating mothers are suffering from anemia, 40% pregnant and lactating mothers are suffering from severe anemia. Weight of infants at the time of birth is also very low. More than 80% of infants' weight at birth is less than 2.5 kg.

Access to health care determines health status of a group or community. All individuals, group or community do not have equal access in health care. Availability of health care services is uneven across Indian states. Inequality exists in availability, utilization and affordability of health care services among regions, castes and social classes in India¹⁰. Patni people have poor access to health care system. Patnis first go to quack practitioners or purchase medicine from chemists by describing symptoms. All most all patni villages are situated far away from district hospital or sub-divisional hospitals or even primary health centers. Medical sub-centers which are available have neither staff nor adequate stock of medicines. It is observed that sub-centers nearby Patni villages are mainly run by nurses. Doctors are appointed but they are not regularly attending these sub-centers. Patnis are going to PHCs, sub-divisional hospitals, District hospital or medical college if they are referred by quacks, chemists or RMPs. Majority of Patnis do not have capacity to purchase life saving drugs and they remain almost untreated.

Within a community or cultural settings there are some basic sacred beliefs which influence many aspects of community life. These sacred or traditional beliefs influence health and illness of a community. Thus health status depends on culture of a community¹¹. Traditional belief, value and practice still prevail among patnis. This is also reflected in their health culture and health related behavior. Majority of Patnis are still having faith on folk medicine and magico-religious practices which do not have any scientific base. Still they believe that some disease and illness are caused by disgrace of supernatural power, ghosts, evil eyes and magical activity and therefore to them, modern system of treatment is ineffective in treating these diseases.

Result and Discussion

The study reveals that Patni community in Cachar District is having long tradition of poverty, illiteracy and social

discrimination. Though traditional occupation of the community was agriculture but due to social discrimination they became compelled to take boating and fishing as principal occupation. Their occupation determined their social status. Patni people in Cachar district are having poor income and education and thus social mobility could not become possible to them. Patni, traditionally a settled agriculturalists turned into boatman and fisherman in this region, who tried to reabsorb their traditional occupation but on the way majority of them become agricultural labourer and wage labourer. Condition of their houses, drainage system and drinking water is very poor. Their economy, educational attainment and income determine their poor health. Patni people suffer from many health problems but they do not have proper medical facilities because of their less income and low educational attainment. The community people needs special attention of government to take and implement policies for development social and health status.

Conclusion

The study reveals that economy, education and culture of Patni people in Cachar District of Assam determine their health. Poor economic condition, poor educational attainment and deep rooted nonscientific belief along with poor implementation of government health related drives cause serious health hazard among Patni of Barak valley.

Acknowledgement

Both of us are thankful to patnis who have cooperated a lot during field work. We are extremely grateful to members of Patni Parishad, a social organization of Patni, for their cooperation and help for completing the study.

References

1. Duncan G. Mitchell, A New Dictionary of Sociology,(Ed), London, Routledge (1979)
2. Nagla B.K., Indian Sociological Thought, Jaipur, Rawat Publication (2008)
3. Nagla Madhu Sociology of medical profession, Rawat Publication, New Delhi (1980)
4. Deb Bimal J and Lahiri Dilip K, Cosmogony of Caste and Social Mobility in Assam, Delhi, Mittal Publications (1984)
5. Das Bhakta, A Glimpase of The Scheduled Caste and their Socio-economic Development in Assam, New Delhi, Omsons Publications (1986)
6. Directorate of Economics and Statistics, Statistical Handbook, Govt. of Assam, Guwahati (2008)
7. Park John E. parks Text Book of Preventive and Social Medicine, Jabalpur, Banarsidas Bhanot publication (2009)
8. Behera B.K. Gender Health Status and Primitive Tribes, B and B publishers, Bhubaneswar (2009)

9. Antony G.M. and Laxmaiah A., Human Development, Poverty, health and nutrition situation in India, *Ind J Med Res.*, **128**, 198-205 (2008)
10. Baru Rama, Acharya A, Acharya S, Shiva Kumar A K and Nagaraj K, Inequalities in Access to Health Service in India: Caste, Class and Region, *EPW*, **38**, 49-57 (2010)
11. Bello R.A., Determinants of Demand for Traditional method of Health Care services on Osun State, Nigeria, *Ind. J. Soc. Dev.*, **5(2)**, 203-217 (2005)