

Research Article

Socio-demographic and Health Profile of Schedule Castes Population in Mumbai District Maharashtra, India

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A B S T R A C T

Introduction: Demography is the statistical and mathematical study of the size, composition, and spatial distribution of human populations. As per the Census 2011, the total scheduled caste and scheduled tribe population of the Mumbai district of Maharashtra were reported 2,19,934 (i.e., 7.1 %) and 25,093 (i.e., 0.8 %) respectively, the majority of them residing in rural-urban areas. In this article, we focused on some demographic profiles viz. age, gender, caste, religion, education, marital status, occupation, addiction, dietary habits, hygiene conditions etc. which may help to assess the socio-economic and health status of the particular population.

Methodology: A cross-sectional descriptive study was carried out in which preliminary data was collected from October 2018–March 2020 from scheduled caste pockets in different parts of the Mumbai district of Maharashtra. Apart from the health survey, the propagation of knowledge about sanitation and prevention of diseases among SC people and extending mobile health care facilities through Unani medicines were the objectives of the study. The data was collected using a predesigned screening form provided by Central Council for Research in Unani Medicine (CCRUM), New Delhi. Data related to the nature and frequency of prevalent diseases were also collected.

Results and Conclusion: The study revealed that the SC/ST population that visited the OPDs belongs to low socio-economic status and were mainly labourers. The percentage of the male population who visited the OPDs was more (70.8%) than females, which were mostly housewives. Literacy level was fair among the population with 15.1% illiterate. The majority of SC community people were non-addicts and had mixed food habits.

Keywords: Scheduled Caste Sub Plan, Mumbai, Cross-sectional, Unani, CCRUM

Introduction

In Indian society, the Scheduled Castes (SCs) are those living at the very bottom of the socioeconomic scale. These are the poorest and most marginalized members of society. Human development indicators like access to health facilities have shown that SCs lag behind. Social factors such as health and education rank them near the bottom of society, which means they are exploited on all three levels: economically, socially and mentally.^{1,2}

Scheduled Castes constitute almost 201.4 million people in the country which is 16.6 % of the overall population, according to the 2011 Census. Furthermore, about 104.2 million people are notified as 'Scheduled Tribes' (STs), constituting 8.6% of the country's total population, of which 1.04 crores live in urban areas.³

According to the constitution (Schedule Caste) orders Amendment Act 1990, Schedule Castes can only belong to Hindu, Sikh or Buddhist religions and Schedule Tribe may belong to any religion. People belonging to SC communities, by and large, are spread all over the country, with about 80 per cent of them living in rural areas. Around half of the SC population is concentrated in five States – Uttar Pradesh, West Bengal, Tamil Nadu, Andhra Pradesh and Bihar. As per the Census India 2011, there are 11.81% Scheduled Caste (SC) and 9.35% Scheduled Tribe (ST) of the total population in Maharashtra. Mumbai district of Maharashtra has a total population of 30,85,411. SC constitutes 7.1% while ST was 0.8% of the total population in Mumbai district as per the Census.¹ The decadal growth rate of scheduled caste in a rural area is 15.7% whereas it was more than 41.3% in urban areas because of their migration from villages to towns and cities.^{3,4,5}

The strategy of Tribal Sub Plan (TSP) has been in force since 1974, while the strategy of Special Component Plan for Scheduled Castes has been in force since 1979-80, to ensure a proportionate flow of plan resources for the development of Scheduled Tribes and Scheduled Castes respectively. The present name i.e. Scheduled Castes Sub Plan (SCSP) has been in force since 2006. Central Council for Research in Unani Medicine (CCRUM) an apex autonomous research organization functioning under the Ministry of Ayush, Government of India has initiated a mobile healthcare program under Schedule Caste Sub-Plan (SCSP) at various Institutes of the Council.⁶

The objectives of the program are to screen or examine the SC and ST population for their health status in the OPD as well as in the health camps and to provide Unani treatment to patients suffering from different ailments. Also, it aims to create awareness among the masses on preventive, promotive and curative health aspects through lectures, group meetings, health camps and distribution of IEC material in the local language for better outreach among

the SC-ST population. In this connection, the Regional Research Institute of Unani Medicine Mumbai, a peripheral institute of CCRUM organized a mobile healthcare program in SC-dominate dated areas of the district. The present data is a compilation of demographic details collected in the mobile healthcare program under SCSP in Mumbai.⁷

Objective

The primary objective of the study is to enumerate and analyses the demographic profile of scheduled castes in rural areas of various places of the Mumbai district with respect to size of the population, family type, sex ratio, marital status, literacy, occupation and income level.

Methodology

The study was carried out in ten SC-dominated villages of Mumbai namely Worli, Govandi, Bandra, Mankhurd, Goregaon, Parel, Sewri, Kurla, Wadala and Prabhadevi by the Regional Research Institute of Unani Medicine (RRIUM), Mumbai. Before implementation of the programme, contact was established with the Gram sarpanch/ Pradhan/ local leaders of all the selected Spots who extended a good rapport in reaching out to the target population.

The importance of the study was explained and well-informed consent was taken from all the subjects included in this study. A mobile health care team from RRIUM, Mumbai conducted weekly visits at selected spots, from the year 2018-19 to 2019-20 where OPDs were organized, screening was done, and the Unani treatment was provided to the needy patients. Also, a questionnaire containing demographic information like caste, age, gender, educational qualification, occupation and monthly income, dietary habits and addiction etc was administered by paying house-to-house visits. After the collection of data, it was entered in Case Record Form (CRF) & Excel sheet.

Results and Discussion

A total of 1000 individuals were screened in ten SC-dominated areas of Mumbai namely Worli, Govandi, Bandra, Mankhurd, Goregaon, Parel, Sewri, Kurla, Wadala and Prabhadevi during the period; October 2018–March 2020.

Table 1 shows, that the maximum number of patients (31.2 %) was in the age group 46-55 years followed by (27.4%) in the age group 36-45 years. Moreover, the data revealed that among all who visited OPDs, males (70.80%) were more sufferers than females (29.2%).

Table 1. Age and Gender-wise Distribution of the Population

Age (in yrs)	Gender		Total	Percentage
	Male	Female		
16-25	15	19	29	2.9 %

26-35	98	50	149	14.8 %
36-45	194	80	274	27.4 %
46-55	246	66	312	31.2 %
56-65	126	49	175	17.5 %
66 & above	34	28	62	6.2 %
Total	708	292	1000	100.00 %

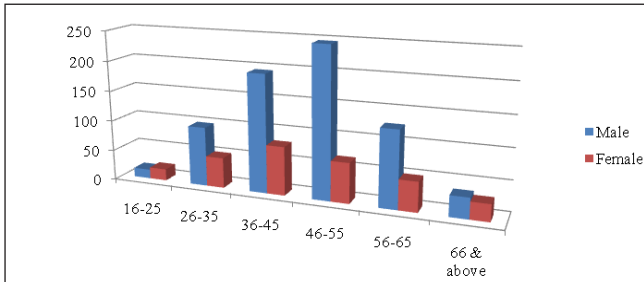


Figure 1.Age and Gender wise Distribution of Population

Table 2, demonstrates the total percentage of the participants as per their castes i.e. scheduled caste (SC), scheduled tribe (ST), other backward castes (OBC) and others). The percentage of scheduled caste males was 72%, females constituted 28% while the total percentage of SC population that visited the OPD was 73.7%. The total percentage of the ST population was 6.4%; the OBC population was 3.9% and the other population was 16%.

Table 2.Caste-Wise Distribution of the Population

S.No.	Name of the Caste	Male	Female	No. of patients	Percentage
1.	Scheduled Caste (SC)	531	206	737	73.70%
2.	Scheduled Tribe (ST)	52	12	64	6.40%
3.	Other Backward Castes (OBC)	27	12	39	3.90%
4.	Others	98	62	160	16%
Total		708	292	1000	100%

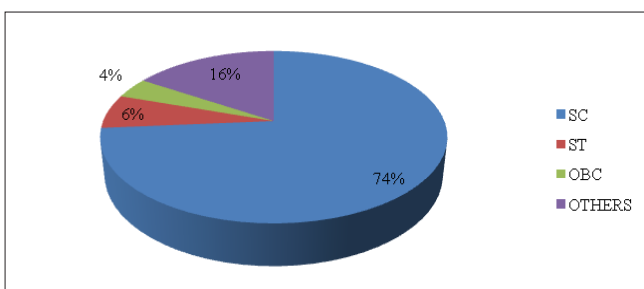


Figure 2A.Caste-wise Distribution of Population

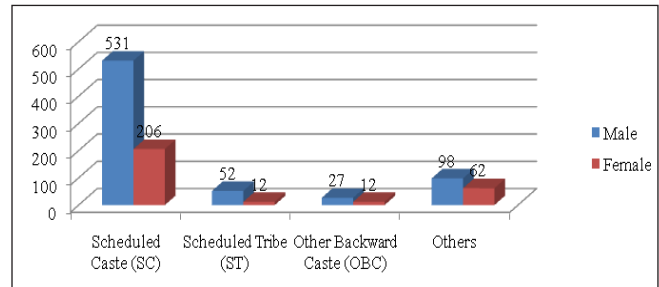


Figure 2B.Caste-wise Distribution of Population

Table 3, revealed that out of the total population that visited the SCSP OPD, 84.5% belonged to the Hindu community and 14.8% belonged to the Muslim community and 0.5% belonged to the Christian community. The percentage of the Sikh community who visited the OPD was negligible.

Table 3.Distribution of Population According to Religion

S. No.	Religion	No. of Patients	Percentage
1.	Hinduism	845	84.5%
2.	Islam	148	14.8%
3.	Sikhism	1	0.1%
4.	Christianity	5	0.5%
5.	Others	1	0.1%
Total		1000	100%

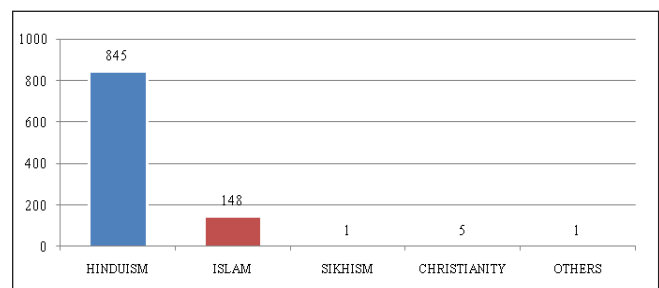


Figure 3.Distribution of Population According to Religion

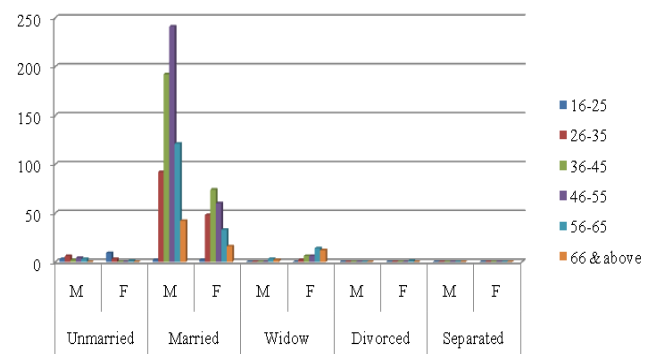


Figure 4.Distribution of Population According to the Marital Status

Table 4, exhibits that the maximum number of patients who visited the OPD were married, constituting 69% married males followed by 23% married females.

Table 5, shows that out of the total, 15.1% of the population was illiterate, 16.7% was semi-literate, 25.6% achieved primary education, 28.8% went to high school, only 8.1% of the population studied up to higher secondary while 5.7% achieved graduation or higher education. The data

also exhibits that the maximum number of the population i.e., 28.8% were studied up to high school, and were found maximum in the age group 46-55 years. Similarly, the percentage of the population who achieved graduation/ higher education was minimum (5.7% only) and this was maximum in the age group of 26-35 years. Data reveals that only 15.1% of the population of SCST pockets was not literate, and the rest of the population could read and write.

Table 4. Distribution of Population According to the Marital Status

Age group (years)	Unmarried		Married		Widow		Divorced		Separated		Total
	M	F	M	F	M	F	M	F	M	F	
16-25	3	9	2	2	0	0	0	0	0	0	16
26-35	6	3	92	48	0	2	0	0	0	0	151
36-45	2	0	192	74	0	6	0	0	0	0	274
46-55	4	0	241	60	0	6	0	0	0	0	311
56-65	3	1	121	33	3	14	0	1	0	0	176
66 & above	0	0	42	16	2	12	0	0	0	0	72
Total	18	13	690	233	5	40	0	1	0	0	1000

Table 5. Distribution of Population According to the Educational Status

Age Group	Illiterate	Semi literate	Primary School	High School	Intermediate	Graduation or Above
16-25	0	3	3	7	4	1
26-35	12	19	31	48	16	22
36-45	25	37	65	93	33	21
46-55	36	63	92	94	19	8
56-65	43	27	56	40	6	4
66 & above	35	18	9	6	3	1
Total	151 (15.1%)	167 (16.7%)	256(25.6%)	288 (28.8%)	81 (8.1%)	57 (5.7%)

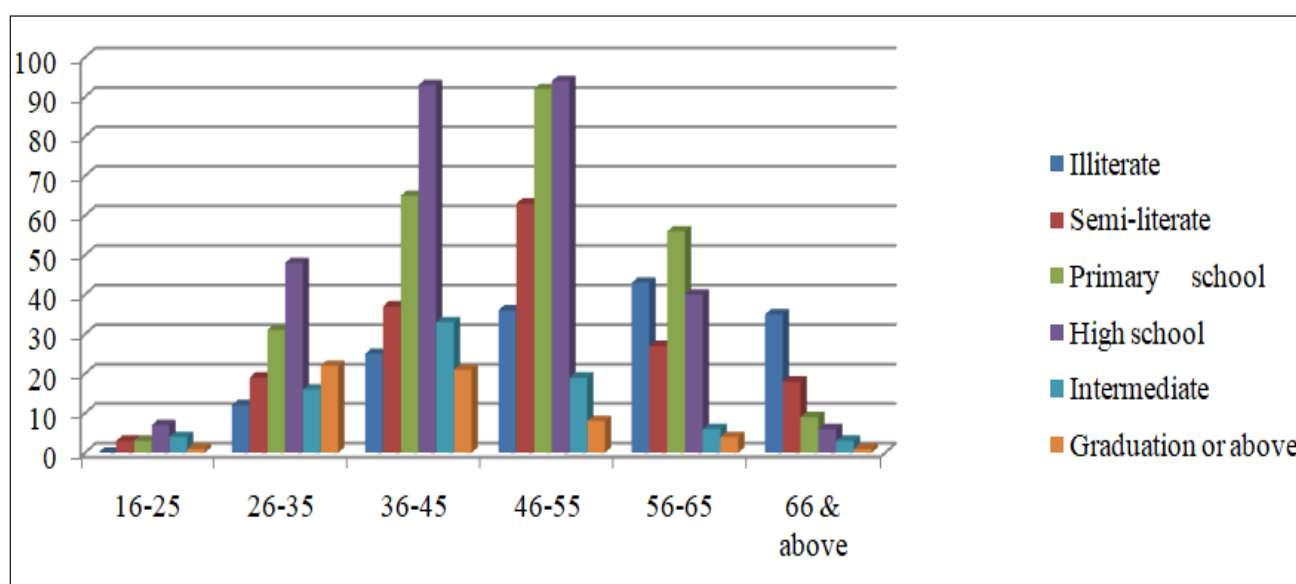


Figure 5. Distribution of Population According to the Educational Status

Table 6 shows, 2.9 % of the population was not working, 9.5% were landholders, 6.3% were agricultural labourers, 8.7% were unskilled labourers, 18% were skilled labourers, 15.7% were doing business, 0.7% were students, 16.9% females were housewives, 2.1 % people were unemployed, 9% were retired from services and 10.2% were involved in non-specific jobs. Data revealed a majority of the population belonged to the labour class and had low socio-economic status resulting very little population of students.

Table 6. Distribution of Population According to the Occupation

S. No.	Occupation	Number of Patients	Percentage
1.	None	29	2.9 %
2.	Landholders	95	9.5%
3.	Agricultural laborers	63	6.3%
4.	Unskilled laborers	87	8.7%
5.	Skilled laborers	180	18%
6.	Business	157	15.7%
7.	Students	7	0.7%
8.	Housewives	169	16.9%
9.	Unemployed	21	2.1%
10.	Retired	90	9%
11.	Others	102	10.2%

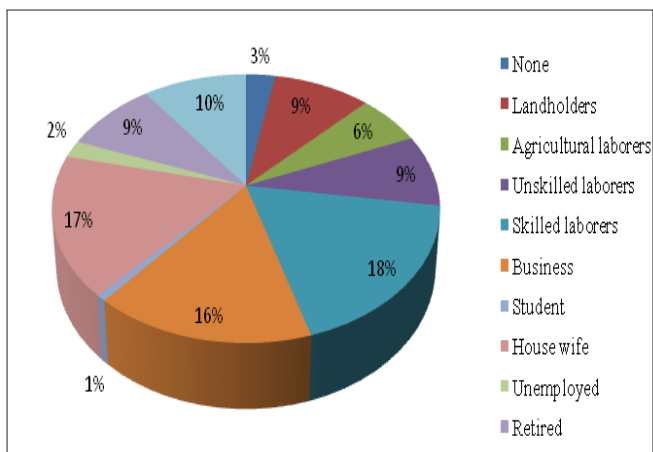


Figure 6. Distribution of Population According to the Occupation

Table 7 shows, that the majority of the population i.e 73.6% were taking a Non-vegetarian diet followed by 21.2% of people taking a vegetarian diet with eggs. Only 5.2% of the population was pure vegetarian.

Table 7. Distribution of Population According to Dietary Habits

S. No.	Type of Diet	Number of Patients	Percentage
1.	Vegetarian	52	5.2%
2.	Non-vegetarian/ Mixed	736	73.6%
3.	Vegetarian + Egg	212	21.2%
Total		1000	100%

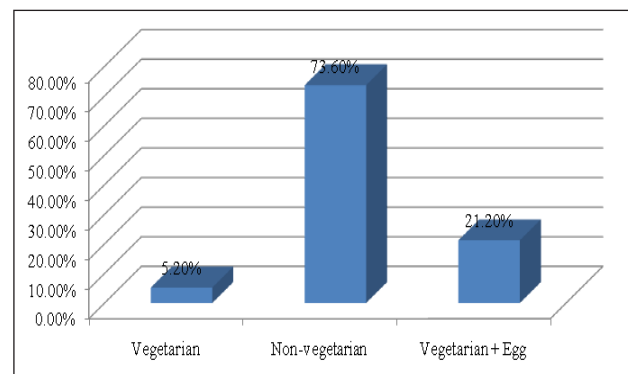


Figure 7. Distribution of Population According to Dietary Habits

It is evident from Table 8, that the majority of the population i.e 77.2% did not give any history of addictions or drug abuse. However, about 13.3% of individuals were addicted to tobacco chewing followed by 7.1% to smoking. Only a few i.e., 2.1% people were having habits of alcohol consumption. None of the individuals was found addicted to snuff and bhang.

Table 7 showed that the maximum number of participants was non-vegetarians constituting 73.6% of the population. The analysis also revealed that the majority of the population (67.7%) falls under the income group of Rs.15,001-20,000/month and only 6.8% of the population had an income of Rs 20,000 and above per month Table 9.

Table 8. Distribution of Population According to the Addiction Habits

S. No.	Addiction Type	No. of Patients	Percentage
1.	None	772	77.20%
2.	Tobacco	133	13.30%
3.	Snuff	0	0%
4.	Smoking	71	7.10%
5.	Bhang	0	0%
6.	Alcohol	21	2.10%
7.	Others	3	0.30%
Total		1000	100%

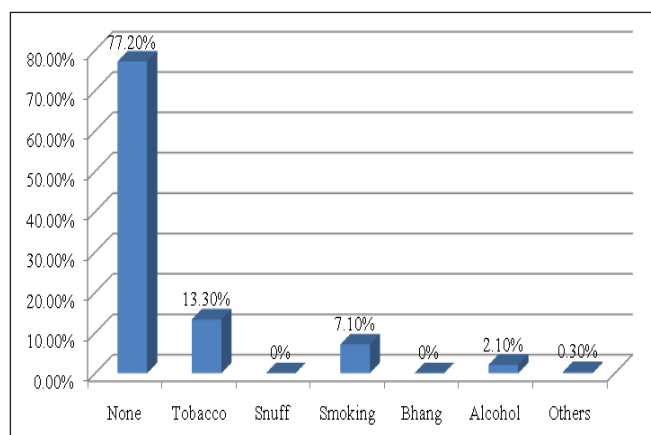


Figure 8. Distribution of Population According to the Addiction Habits

of them are non-addicts. Moreover, the majority of the community lies in the low-income group.

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Conflict of Interest: None

Table 9. Distribution of the Population According to their Income Per Month And Dietary Habits

S. No.	Income (Monthly)	Dietary Habits			Percentage
		Vegetarian	Non Vegetarian	Vegetarian + Egg	
1.	10,001-15,000	12	184	59	25.5
2.	15,001-20,000	28	514	135	67.7
3.	Above 20,000	12	38	18	6.8
Percentage		5.2	73.6	21.2	100%

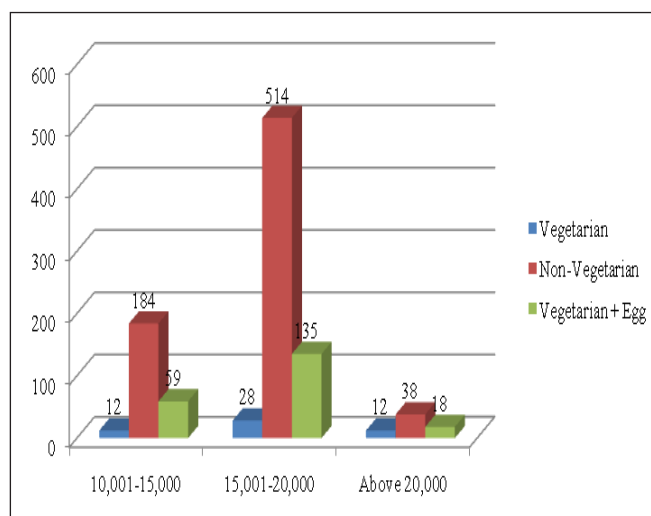


Figure 9. Distribution of the Population According to their Income Per Month And Dietary Habits

Conclusion

It can be concluded that the Scheduled Caste population living in adopted spots of the Mumbai district belongs to a low socio-economic group of society. A community's livelihood mainly depends upon both skilled and unskilled labour. Although the literacy level is considerable, still the percentage of higher education is low in the community. Preferred food habits are mixed mostly. SC population is aware of the ill effects of addiction and the majority

References

1. Pravat P. Present Status of Scheduled Castes in India. Journal of Emerging Technologies and Innovative Research. 2021;8(9):e157-163.
2. Ahmad, Sartaj & Khan, Parvez & Ali, Rifaqat. Parvez. A Socio-Demographic Study of Rural Scheduled Castes of Aligarh, Uttar Pradesh, India. Hippocratic Journal of Unani Medicine 2020;15(3):39-473.
3. Office of the Registrar General & Census Commissioner, India Ministry of Home Affairs, Government of India., Available at: <https://censusindia.gov.in/census.website/about/mha>
4. Maharashtra State Bank Data. Available at: <http://www.mahasdb.maharashtra.gov.in/population1.do>
5. Tribal Research & Training Institute Government of Maharashtra Available at: <https://trti.maharashtra.gov.in/index.php/en/districtwise-total-tribal-population>
6. Planning Commission. "Scheduled Caste Sub Plan: Guidelines for Implementation 2006.
7. Faiyaz A, Khatoon S, Ahmad M, Md Alam M, Imam H, Parveen S, Nazli T, Raheem A, Goswami A, Md Alam I. "Socio-demographic and Health Profile of Schedule Castes of Patna, Vaishali, and Nalanda Bihar, India." International Journal of Preventive, Curative & Community Medicine (E-ISSN: 2454-325X) 2021;7(1):11-19.