

SOCIO-ECONOMIC CHARACTERISTICS AMONG THE RURAL SC & ST WOMEN IN ODISHA

Dr. Rajkishore Ray¹, Dr. Sachita Nanda Sa^{2*}

¹Lecture in Economics, Bhadrak Autonomous College, Bhadrak, 756100, Odisha

²Assistant Professor, Department of Social Science, Fakir Mohan University, Vyas Vihar, Balasore-756089, Odisha

Abstract

Health is a cornerstone of Human Resource Development and plays a vital role in improving living standards. It promotes holistic development by supporting physical, mental, and spiritual well-being, which in turn enhances productivity, educational outcomes, and quality of life. Despite India's progress in expanding health infrastructure, access to basic health services remains limited in many remote areas, particularly in tribal regions. This study focuses on the socio-economic characteristics of Scheduled Caste (SC) and Scheduled Tribe (ST) women in Mayurbhanj district, Odisha, using both primary and secondary data. A multistage random sampling method was employed to collect representative household data from the study area. Findings reveal that, even after decades of independence, tribal communities continue to face significant deprivation in basic amenities, education, and health services, leading to poor living conditions and high disease burdens. Among the two study areas, Betanati (SC-dominated) exhibits better housing, sanitation, and health-related expenditure, indicating relatively improved infrastructure and access to services. In contrast, Kaptipada (ST-dominated) shows higher literacy rates, employment levels, and overall household income, reflecting stronger human capital and economic participation. These results highlight the uneven nature of socio-economic development in tribal regions of Odisha and underscore the need for targeted interventions to improve living conditions, health access, and educational opportunities for marginalized women.

Key words: Education, Employment, Household Income, Infrastructure

Introduction:

India's economic reforms in the early 1990s transformed the country's development trajectory, leading to steady economic growth, higher incomes, and greater global integration. Yet, this growth has not been equally reflected in public health. While the economy has expanded, access to medical services and improvements in health outcomes remain uneven across regions and social groups. Significant disparities exist between states, rural and urban areas, and among marginalized communities. Odisha, in particular, illustrates these challenges. Despite policy initiatives aimed at improving health, the state continues to face structural and institutional

*Corresponding Author Email: rajkishore.ray07@gmail.com

Published: 05 March 2026

DOI: <https://doi.org/10.70558/IJSSR.2026.v3.i2.30889>

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hurdles. Inadequate infrastructure, shortages of doctors and paramedical staff, and weak referral systems limit the effectiveness of public health services, especially in remote and tribal-dominated regions. In today's understanding of development, economic growth alone is insufficient. True progress requires improvements in human well-being, with health being a central component. Healthy populations are more productive, can attain higher levels of education, and enjoy a better quality of life. Without investment in human capital, economic gains cannot be translated into sustainable and inclusive development. In India, public spending on health remains relatively low compared to the country's population size and needs. Rapid population growth, uneven resource distribution, and administrative inefficiencies exacerbate these challenges. As health is a state subject, differences in governance and fiscal priorities have widened inter-state disparities, leaving economically weaker states struggling to mobilize adequate resources. Odisha faces multiple socioeconomic constraints. Poverty, unemployment, low literacy, and poor access to basic amenities such as housing, sanitation, electricity, and transport create barriers to health care. These structural issues contribute to high levels of infant, maternal, and under-five mortality. Tribal and interior regions bear a disproportionate share of disease burden, including both communicable and non-communicable diseases. Gender inequality adds another layer of vulnerability. Women often have limited autonomy, mobility, and control over household resources, which restricts their access to nutrition, preventive care, and timely treatment. Poor women's health not only affects individual well-being but also has intergenerational consequences for children and families. Social and economic factors including income, education, employment, community safety, and social support play a major role in health outcomes and life expectancy. Healthy lifestyles, shaped by behaviors, knowledge, and social norms, can significantly improve well-being. This includes avoiding risk behaviors such as smoking, alcohol use, and physical inactivity, while promoting physical exercise, stress management, social interaction, and mental and spiritual growth. The present study focuses on women from Scheduled Castes and Scheduled Tribes in Mayurbhanj district, Odisha, to better understand the socioeconomic and structural barriers they face in accessing health services. By examining these local realities, the study aims to inform inclusive policies that promote equitable health development and improve overall human well-being.

Review of Literature:

Brown et al. (2020) reported that untreated reproductive and menstrual health problems among rural women result in chronic pain, reduced productivity, pregnancy complications, and poor overall quality of life. Bhattacharyya et al. (2020) found that untreated gynaecological conditions led to persistent discomfort, increased risk of infections, reduced daily functioning, and continued reliance on unqualified local healers, which delayed proper treatment. Pavel et al. (2016) found that outpatient treatment costs were slightly higher in public hospitals than in private hospitals, and that poor households bore a much heavier financial burden of illness compared to wealthier groups. Ilboudo et al. (2017) reported that cholera imposed significant financial strain on rural households, with more than half adopting coping strategies to manage treatment expenses, while preventive vaccination could substantially reduce these economic burdens. Vanness et al. (2020) concluded that treatments with incremental cost effectiveness ratios above 100,000 to 150,000 dollars per quality adjusted life year are unlikely to be economically sustainable in the United States, especially when uncertainty in income and

insurance coverage is considered. Lucifora and Vigani (2018) found that retirement leads to increased health care utilization, as the reduced opportunity cost of time after leaving the workforce encourages more frequent doctor visits. Arnberg and Bjorner (2012) found that higher life expectancy is associated with a lower proportion of health expenditure, suggesting that longer life does not necessarily increase average medical costs. Wang (2015) reported that good health encourages productivity and labor efficiency, and that adequate investment in health, proper nutrition, and a supportive environment can boost economic growth and GDP. Chivot (2013) found that preventive health services reduce the burden of chronic and infectious diseases, empower patients through self-management, and lower overall health costs, with public-private partnerships being essential for effective implementation. Luquis and Paz (2015) reported that despite the availability of preventive services under the Affordable Care Act, heavy workloads and limited time prevent primary care providers from effectively delivering screenings and other preventive measures. Pereira and Lourenco (2019) found that premature ejaculation is often neglected, leading to depression and other psychological issues among adults, highlighting the need for proper clinical assessment. Banerjee and Chowdhury (2017) reported that socioeconomic inequality strongly affects access to health services in India, with wealthier individuals more likely to receive care, and emphasized that improved health infrastructure through public-private partnerships is needed to reduce this gap.

Data and Methodology

Present study is based on primary data. For the collection of primary data, multi stage random sampling method will be used and sampling units divided into two categories. The data for this purpose has been collected from the study area of Betanati(SC dominated) and Kaptipada(ST dominated) blocks of Mayurbhanj district of Odisha. Samples of 184 households from each block have been taken into account. Morbidity structure of women belonging to the reproductive age group 15-49 has been obtained from both the blocks. In Mayurbhanj, two blocks i.e. Kaptipada and Betanati has been selected. Betanati has highest no of SCs in the district while Kaptipada has highest no of STs. In Betanati, two villages i.e. Agada and Muktapur were selected. Agada has highest no of SC population while Muktapur stands at the second spot. At the same time, two villages of Kaptipada i.e. Jayantipata Samil Jamundia and Chakradharpur were selected. Jayantipata Samil Jamundia has the highest no of STs while Chakradharpur lies at no two in Kaptipada. Finally, in the last stage, households were selected randomly from each village. Primary survey was conducted in the month of April 2025 and it lasted till December 2025. The primary data obtained through the process focuses on the variables such as family size, house, drinking water, sanitation, gender, age, literacy, education, employment, income, traditional occupation, household expenditure and savings. Demographic profile variables such as age, gender, literacy, socio-economic resource and educational qualification are selected for the purpose of primary data collection. In the present study we have collected and analyze the data from the respondent regarding demographic profile.

Table No: 1 Block and Village wise Distribution of Sample Households

Name of the Block	Name of the villages	Number of Sample
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Betanati(SC)	Agada	114
	Muktapur	70
Kaptipada(ST)	Chakradharpur	70
	JayantipataSamilJamundia	114
	Total	368

Source: Primary Survey data, Author's calculation, December, 2025

We have made use of survey data from 368 households (which includes SC and ST women) selected through multistage random sampling method keeping in mind our broad objective of analysing the health status of SC and ST women in Odisha. In the entire process, the researcher has gained a wide scope of knowledge regarding the study area which became crucial for making the study qualitative, although subjective influences of the researcher were strictly prohibited on the respondents at the time of data collection. A pre-tested schedule was the instrument of our data collection. The complete schedule is given in Table-1. The researcher himself surveyed the sample households using the schedule. In the entire process, the researcher has gained a wide scope of knowledge regarding the study area which became crucial for making the study qualitative, although subjective influences of the researcher were strictly prohibited on the respondents at the time of data collection. Primary data obtained through the process focuses on the variables such as Family Size, House, Drinking Water, Sanitation, Gender, Age, Literacy, Education, Employment, Income, Traditional Occupation, Household Health Expenditure, Saving, etc.

Objective:

To analyse socio economic characteristics among the SC & ST women in Mayurbhanj district of Odisha.

Result and Discussion:

Socio-Economic Profile of the Study Area

As Max Weber noted, one can choose a certain lifestyle from the existing choices, but the range of possible choices is largely determined by one's SES and other social determinants. The social and economic opportunities we have, such as good schools, stable jobs, and strong social networks are foundational to achieving long and healthy lives. For example, employment provides income that shapes choices about housing, education, child care, food, medical care, and more. In contrast, unemployment limits these choices and the ability to accumulate savings and assets that can help cushion in times of economic distress. Across the nation, there are meaningful differences in social and economic opportunities for residents in communities that have been cut off from investments or have experienced discrimination.

These gaps disproportionately affect people of color – especially children and youth. Health disparities emerge when some individuals gain more than others—from consistently better access to opportunities and resources over the course of their lives. Increasing opportunities

for everyone can reduce gaps in health. For example, providing better access to high-quality education and enrichment opportunities boosts workforce skills that are key to landing a good job and for upward economic mobility. Strong links between poverty and health have been observed for centuries. Observing a graded relationship (as opposed to a simple threshold, for instance at the poverty line) of socioeconomic factors with many different health indicators suggests a possible dose-response relationship, adding to the likelihood that socioeconomic factors closely associated with them play a causal role.

Table No.2 Number of Households in study area.

Name of the Block	Number of the Household Sample	Total
Betanati (SC)	184	50.0%
Kaptipada (ST)	184	50.0%
Total	368	100%

Source: Primary Survey data, Author’s calculation December, 2025

The above table represents the data collected through a sampling of 368 households of Betanati and Kaptipada blocks of Mayurbhanj. For the study purposes, data of equal numbers SCs and STs i.e. 184 households had been taken from Betanati and Kaptipada respectively.

Table No. 3: Types of the Family in the study area

Type of the Family	Name of the block		Total
	BETANATI	KAPTIPADA	
Uni-Member	1 (0.27%)	2(0.54%)	3(0.81%)
Nuclear	146(39.67%)	129(35.05%)	275(74.72%)
Joint	37(10.05%)	53(14.40%)	90(24.47%)
Total	184 (50.0%)	184 (50.0%)	368(100%)

Source: Primary Survey data, Author’s calculation, December 2025

Here is the data relating to the types of family in the Betanati and Kaptipada blocks of Mayurbhanj. The survey reveals that there is minimal number of Uni-member families in both places i.e. 1 and 2 respectively. As far as the nuclear families are concerned, these are maximum in numbers. 146 families are in Betanati who live in a Nuclear family. It is basically a family where a married couple lives with their children without any grandparents. Similarly, in case of Kaptipada, the number is 129. However, joint family refers to that entity where members of various generations live together. It comprises father, mother, children, uncle, aunty, grand father and grandmother, etc. The figures are 37 and 53 respectively in both the blocks. This is evident from the figure that, majority of the people prefers to have a nuclear family. This can be attributed to less financial burden and more integrated and holistic development of the family as well as proper nourishment of their children. At the same time, people are more

conscious to follow a rational way of living thereby ensuring lesser no of children and family member.

Table No. 4: Types of houses in the study area

		Name of the block		Total
		BETANATI	KAPTIPADA	
Type of house	Tiled	85(23.09%)	37(10.05%)	122 (33.15%)
	Single Story	43(11.68%)	22(5.97%)	65(17.66%)
	Multi-Storied	2(0.54%)	0(0%)	2(0.54%)
	Other	54(14.67%)	125(33.97%)	179(48.64%)
Total		184 (50.0%)	184 (50.0%)	368(100%)

Source: Primary Survey data, Author’s calculation, December 2025

The above table clearly speaks of the house of habitats of the local residents of Betanati and Kaptipada blocks of Mayurbhanj. As per the findings, out of total 368 individuals, 184 belong to Betanati and 184 belong to Kaptipada. Around 85 person lives in tiled house in Betanati whereas it is 37 in Kaptipada. The persons having single storey rooms are also 43 and 22 respectively. But the no of persons living in multi stored rooms is at the lowest level. There are only two persons having multistored rooms in Betanati whereas it is exactly 0 in case of Kaptipada. And others are residing in kacha house or any other decent standard of houses. This signifies that since Kaptipada is a ST dominated block, here the personal disposable income of the people is below the average. As a result they can’t afford a tiled, single storey or multi storied houses. They are forced to build kacha mud houses. At the sametime, since majority of the persons of Betanati are SCs, their level of income is comparatively higher than the STs. Hence they prefer tiled and multistored house. The data also exposes the number of nonreceivers of pucca house under the govt programmes implemented in this direction. Consequently, we have noticed that these kinds of backlog images are coming from the source, which is always a matter of concerns.

Table No. 5: Source of Drinking Water in the study area

Source of Drinking Water	Name of the block		Total
	BETANATI	KAPTIPADA	
Public Tap/ Borewell	111 (30.16%)	59(16.03%)	170 (46.19%)
Well Water	70(19.02%)	113(30.70%)	183 (49.72%)
Water Tanker	3(0.81%)	0(0%)	3 (0.81%)
Other	0(0%)	12(3.26%)	12 (3.26%)

Total	184 (50.0%)	184 (50.0%)	368(100%)
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Source: Primary Survey data, Author’s calculation, December 2025

The data given here have been collected through the questionnaire on the sources of drinking water in Betanati and Kaptipada blocks. Equal no of responses have been recorded through sampling that is 184 each. As far as the sources are concerned, there are three major sources namely Public tap/ borewell, well, water tanker and others etc. The study reveals that 111 persons of Betanati and 59 of Kaptipada uses public tap. These holds for nearly 46.19% of total respondents. The number of Well water users is 70 and 113 respectively. There are only 3 persons who use well tanker as the source of drinking water. The same is zero in case of Kaptipada. The above facts clearly highlights that there are adequate no of public tubewells available in Betanati as compared to Kaptipada. Whereas the scenario is opposite in case of well tanker because, it is higher in Kaptipada and lesser in Betanati. This might be due to the unsuitable terrain to dig well and tubewells in the respective areas. At the sametime, the cost of establishing a tubewell in the hilly region is also costlier in nature. It also suggest that there is only minimum level of tanks in Betanati and Kaptipada.

Table No. 6: Availability of Toilet in the study area

Availability of Toilet	Name of the block		Total
	BETANATI	KAPTIPADA	
Yes	139 (37.77%)	121 (32.88%)	260(55.97%)
No	45(12.22%)	63(17.11%)	108 (29.34%)
Total	184 (50.0%)	184 (50.0%)	368(100%)

Source: Primary Survey data, Author’s calculation, December 2025

The data collected from the respondents talks about the sanitation facilities in the tribal dominated blocks of Kaptipada and Betanati of Mayurbhanj. As to answer the question whether they have access to toilet or not, 139 out of 184 in Betanati said Yes whereas it is 121 in case of Betanati. Around 45 persons are saying NO to the same in Betanati and 63 in kaptipada. The data exposes the achievements and shortcomings of the govt policies working in this direction. By having a close look at the infos, we can easily conclude that although the plans have been able to work effectively to ensure better health and sanitation to the local people still it has to work a lot to achieve higher results. STs are vulnerable to the unavailability of toilets. They have to go to the mud fields and polluted areas which compromise the health aspects of the tribes. Simultaneously, it has an adverse impact on the local environment and biodiversity. This has also led to the contamination of tanks and ponds thereby making them victims of communicable diseases. As a long term health concerns, they are increasingly facing diarrrohea, cholera, fever etc which makes their lives more miserable. It ultimately leads to an inferior standard of living as well.

Table No. 7 Number of BPL Card Holders in both the blocks.

BPL Card Holder		Name of the block		Total
		BETANATI	KAPTIPADA	
Yes		153 (41.57%)	164 (44.56%)	317 (86.14%)
No		31(8.42%)	20(5.43%)	51(13.85%)
Total		184 (50.0%)	184 (50.0%)	368(100%)
BPL benefit Received by the respondents in the study area				
		Name of the block		Total
		BETANATI	KAPTIPADA	
Total		184 (50.0%)	184 (50.0%)	368(100%)
BPL benefit Received	Yes	152 (41.30%)	164 (44.56%)	316 (85.86%)
	No	32(8.69%)	20 (5.43%)	52(14.13%)

Source: Primary Survey data, Author’s calculation, December 2025

The next part of the study focuses on whether they are getting the benefits of BPL schemes. Out of 184 individuals, 153 in Betanati said YES to the question 31 added NO to this and at the same time, out of 184 total individuals, 164 added YES and 20 opted NO. This further goes on to say that out of 363 individuals 86% opted YES and 14% went on to add NO. It is evident from the studies that the majority of the persons are getting the benefits of BPL cards where they are getting rice and wheat at very minimal prices. As far as the numbers are concerned, STs of Kaptipada are more in number as compared to the SCs of Betanati. It also signifies the fruitfulness of govt poverty alleviation cum hunger removal programmes. But at the same time, it seems that as if particular section of the society is being ignored when it comes to the social welfare programmes. It might be due to lack of awareness among the masses regarding the welfare schemes.

Here we have certain findings on whether the people are getting the fruits of the BPL cards. In Betanati, 152 out of 184 are saying YES and 32 saying NO at this. In case of Kaptipada, 164 added YES whereas 20 added NO at that. Overall, 85.86% are receiving the benefits out of the BPL cards and 14.13 are not getting the benefits. The table clearly signifies that more no of SCs are not receiving the benefits of BPL cards. This might be due to political inefficiency and intentional negligence of local politicians of the welfare aspects of the people. On the otherhand, more STs are getting benefits out of this. This can be linked with the efficient administration in Kaptipada. This is because it is more or less going against the principles of welfare state where a larger section of the individuals are deprived of getting the fruits of policies.

Table No. 8: Age wise Distribution under Reproductive Women in the Study Area

Age	Name of the block		Total
	BETANATI	KAPTIPADA	
15-19	4	21	25
	1.10%	5.70%	6.80%
20-24	39	34	73
	10.60%	9.20%	19.80%
25-29	45	42	87
	12.20%	11.40%	23.60%
30-34	29	31	60
	7.90%	8.40%	16.30%
35-39	24	27	51
	6.50%	7.30%	13.90%
40-44	17	18	35
	4.60%	4.90%	9.50%
45-49	26	11	37
	7.10%	3.00%	10.10%
Total	184	184	368
	50.00%	50.00%	100.00%

Source: Primary Survey data, Author’s calculation, December 2025

The above table represents block wise data with respect to the reproductive age of population. As per the studies, in Kaptipada block, the maximum percentage of the reproductive women is 11.22 % (56) in the age group of 15-19. Whereas in Betanati, its 10.42% (52) in the age group of 20-24. Further, it is recorded that only 8.82% of total population having reproductive capacity belong to 40-44 age. However, its pertinent to note that out of total population (499), 100 reproductive women belong to 20-24 age group followed by 19.24% (25-29), 17.23%(15-19), 14.22%(30-34) and the least is 8.82%(40-44).

Table No. 9: Educational status of the total Household member in the Study Area

Level Of Education	Name of the Block		Total
	BETANATI	KAPTIPADA	

Illiterate	213(13.20%)	297(18.41%)	510(31.61%)
Primary	205(12.70%)	285(17.66%)	490(30.37%)
Secondary	249(15.43%)	203(12.58%)	452(28.02%)
Intermediate	45(2.78%)	36(2.23%)	81(5.02%)
Graduation	34(2.10%)	21(1.30%)	55(3.40%)
P.G	5(0.30%)	2(0.12%)	7(0.43%)
Other	9(0.55%)	9(0.55%)	18(1.11%)
Total	760(47.12%)	853(52.88%)	1613(100.00%)

Source: Primary Survey data, Author’s calculation, December 2025

The data interpreted in the table talks about the educational qualifications of the tribal dominated Kaptipada and SC dominated Betanati block of Mayurbhanj. There are total 1613 respondents in both of the blocks where 760 belong to Betanati and 853 belong to Kaptipada. As the data shows there are 213 illiterate in Betanati and 297 in Kaptipada. This shows that STs are more illiterate as compared to the SCs . This is because the STs are not motivated towards the studies as they primarily focus on working at the very childhood. Then comes the primary education, where 205 are from Betanati and 285 are from Kaptipada. Again 249 persons have received secondary education in Betanati block. This shows that in one way or other, Kaptipada is more educationally superior than Betanati. In case of higher studies and intermediate studies, Betanati is ahead of the Kaptipada block. Overall, Kaptipada is performing well in education. But still many are illiterate which shows that they are giving maximum focus on working. Perhaps nowadays , its experiencing a certain growth due to the attention of local administration. But still many are lagging behind and the data is always alarming as compared to the state and national perspective.

Table No. 10 Educational Status of the Respondent in the Study Area

Education level	Name of the block		Total
	BETANATI	KAPTIPADA	
Illiterate	56 15.20%	55 14.90%	111 30.20%
Primary	71 19.30%	68 18.50%	139 37.80%
Secondary	30 8.20%	31 8.40%	61 16.60%

Intermediate	15 4.10%	9 2.40%	24 6.50%
Graduation	6 1.60%	6 1.60%	12 3.30%
P.G.	3 0.80%	0 0.00%	3 0.80%
Other	3 0.80%	15 4.10%	18 4.90%
Total	184 50.00%	184 50.00%	368 100.00%

Source: Primary Survey data, Author’s calculation, December 2025

As per the data, majority of the respondents of Betanati and Kaptipada who are asked the question have studied till Primary classes i.e 71 and 68 respectively. Similarly, 56 and 55 were illiterate in both the blocks. Those who have passed in the intermediate level is also 9 and 15 in case of Betanati. Graduation is reached by equal no of respondents i.e. 6. As far as the PG is concerned, it is only 3 in Betanati. This says that in either way or other, the persons are largely lagging intermediate and higher education as we have just discussed earlier. This says that people are either illiterate or they are only pursuing the primary education.. After that they might be shifting towards work field rather than going forward for higher education.

Table No. 11: Gender wise Education Distribution in the study area

Education	Betanati		Kaptipada		Total
	Male	Female	Male(%)	Female	
Illiterate	95(5.88%)	124(7.68%)	126(7.81%)	179(11.09%)	524(32.48%)
Primary	115(7.19%)	122(7.56%)	141(8.74%)	163 (10.10%)	541(33.53%)
Secondary	152(9.42%)	67(4.15%)	100(6.19%)	75(4.64%)	394(24.42%)
Intermediate	21(1.30%)	22(1.36%)	21(1.30%)	12(0.74%)	76(4.71%)
Graduation	15(0.92%)	16(0.99%)	9(0.55%)	12(0.74%)	52(3.22%)
P.G.	0(0.00%)	5(0.30%)	0(0.00%)	1(0.06%)	6(0.37%)

Other	9(0.55%)	0(0.00%)	7(0.43%)	4(0.24%)	20(1.23%)
Total	407 (25.23%)	356 (22.07%)	404 (25.04%)	446 (27.65%)	1613 (100.00%)

Source: Primary Survey data, Author’s calculation, December 2025

The table here clearly comprises the information regarding the educational status of the individuals on the basis of gender. As far as the Betanati block is concerned, 95 male were illiterate and 124 females were illiterate. This exposes the real facets of gender based discrimination in the society. Similarly in case of Kaptipada, 126 males were illiterate and 179 were women. It also clarifies the brutal picture of gender-based inequality. The illiteracy is primarily more in case of the STs as compared to the SCs. In case of the primary education 115 are male and 122 are females in Betanati whereas it is 141 and 163 respectively in both the blocks. It holds almost 33.7% of total population. It further says that people are only intended to afford primary education. When it comes to the secondary education, there are 152 males and 75 females which are more than that of the Kaptipada that is 100 and 75 respectively. In case of graduation and post graduation courses, there are total 52 and 6 students in both the blocks. In case of intermediary course only 76 from both of the blocks are available. Hence, as per the data, there is very minimal number of students who pursue graduation and higher studies. Among them women are at a higher position. In case of Betanati, more males are educated whereas in case of Kaptipada, there are more females which have received education. This is because there is an increasing in the tendency of the parents to make their children educated in Kaptipada. Obviously there is also the active role of Block administration and local volunteers.

Table No.12 Gender wise Employment and Unemployment distribution in Study Area

Employment and Unemployment	Betanati		Kaptipada		Total
	Male	Female	Male	Female	
Unemployment	65 (5.84%)	160 (14.38%)	47 (4.22%)	166 (14.92%)	438 (39.38%)
Employment	220 (19.78%)	104 (9.35%)	217 (19.51%)	133 (11.96%)	674 (60.61%)
Total	285 (25.62%)	264 (23.74%)	264 (23.74%)	299 (26.88%)	1112 (100.00%)

Source: Primary Survey data, Author’s calculation, December 2025

The data enshrined in the above table talks about the genderwise employment status of the local SC and ST population of Betanati and Kaptipada respectively. There is also representation of the unemployment status. As far as the Betanati block is concerned, there are 65 male and 160

female who are currently engaged in several sectors. This says that majority of the women in this area are working in the source to earn wage employment which will ultimately support their family. But it is quite unacceptable to see how majority of the working population are unemployed and are dependent on the family or their female counterparts. Similarly in case of Kaptipada, 47 male and 166 females are employed and 217 males and 133 females are unemployed. This further goes on to say that women are actively participating in various work fields. Majority of the males are unemployed since they are taking various alcoholic substances and engaged in other unproductive activities. Several of them are also facing serious health drawbacks for which they are unable to work as well.

Table No.13 Income of the Family from Different Sources in the Study Area

Income of the Family from Different Sources in Betanati Block					
	Sources				
	Agriculture	Non-Agriculture	Services	Others	Total
Males	34(10.55%)	130(40.37%)	7(2.17%)	4(1.24%)	175(54.34%)
Females	1(0.31%)	90(27.95%)	4(1.24%)	4(1.24%)	99(30.74%)
Male Children	0(0.00%)	45(13.97%)	0(0.00%)	0(0.00%)	45(13.97%)
Female Children	0(0.00%)	1(0.31%)	2(0.62%)	0(0.00%)	3(0.93%)
Total	35(10.32%)	266(82.60%)	13(4.03%)	8(2.48%)	322(100.00%)
Income of the Family from Different Sources in Kaptipada Block					
	Sources				
	Agriculture	Non-Agriculture	Services	Others	Total
Males	37 (10.51%)	141 (40.05%)	3 (0.85%)	6 (1.70%)	187 (53.12%)
Females	24 (6.81%)	101 (28.69%)	0 (0.00%)	3 (0.85%)	128 (36.36%)
Male Children	0 (0.00%)	30 (8.35%)	0 (0.00%)	0 (0.00%)	30 (8.52%)

Female Children	0 (0.00%)	6 (1.70%)	1 (0.28%)	0 (0.00%)	7 (1.98%)
Total	61 (17.32%)	278 (78.97%)	4 (1.13%)	9 (2.55%)	352 (100.00%)

Source: Primary Survey data, Author’s calculation, December 2025

The data given above presents how the people of the two blocks are getting their income from various sources and their percentage contribution to the total family income. The data suggests that there are 34 males and 1 female who usually work in the agricultural sector to earn their livelihood. Also, there are 130 males, 90 females and 45 male children who are working in the non-agriculture sector. This says that majority of the persons are engaged in non-Agro sector such as working as wage earners in construction works. As far as the service sector is concerned, there are 7 males and 4 females and 2 female children who are acting in the service sector. This shows that people are either technologically uneducated or they are badly lacking the basic skill devt trainings. And others are working in other fields as well. This clearly states that how the SCs of Betanati are engaged in non-Agro sectors. Similarly in case of Kaptipada, the scenario is quite similar. Only 37 males and 24 females are engaged in the Agro sector. At the same time, 141 males, 101 females and 30 males are engaged in the non-Agro sectors. There is also an increasing concern over the child labourers. Likewise, only 6 males and one female child is engaged in the service sector. There is no representation of women in this. This further adds that their people are badly lacking the basic education and training. This can be attributed to the inefficient education system and large-scale negligence of the local administration. As far as other sectors are concerned, these are largely vacant. Only a minute percentage of the population are engaged in this sector as well. In both the cases, one thing is observed that women are a little bit beyond the males in these areas.

Table No. 14 Total Income of the Family Members in the Study Area

Total Income of the Family Member	Name of the block		Total
	BETANATI	KAPTIPADA	
Less than 5000	20 5.4%	44 12.0%	64 17.4%
5001-10000	71 19.3%	87 23.6%	158 42.9%
10001-15000	54 14.7%	34 9.2%	88 23.9%
15001-20000	19 5.2%	12 3.3%	31 8.4%

more than 20000	20 5.4%	7 1.9%	27 7.3%
Total	184 50.0%	184 50.0%	368 100.0%

Source: Author’s Estimation, Field Survey, December 2025

The above table represent the household income of the people of two blocks. Here the income groups have been classified into various segments. As the data reveals there are 64 persons whose monthly income is less than 5000 rupees. Out of these 20 are from Betanati and 44 are from Kaptipada. This shows that the STs are somewhat less financially stable since they are mostly dependent on the forest products and SCs on the other hand are engaged in business activities and various other fields. There are 158 individuals who earn 5001-10000 in which 71 are from Betanati and 87 are from Kaptipada. Similarly, 54 in kaptipada and 34 in Betanati are able to earn 10001-15000 per month. At the same time, there are 19 in Betanati who earn 15001-20000 whereas the same in Kaptipada is 12. Lastly, there are 20 persons who earn more than 20k per month in Betanati and 7 in Kaptipada. By having a close observation, it is quite evident that the people in Betanati are engaged in those sectors which offer higher salaries. And in the overall society, majority of the people earn 5001-10000 per month. This also highlights the financial backwardness of the society where people are only able to get the decent standard of living as well.

Table No.15 Average Monthly Household Expenditure in both the blocks.

S.L. NO	Average Monthly Household Expenditure	Block Wise Number Of	
		Betanati	Kaptipada
1	Food	2854.89(48.49%)	3008.69(50.82%)
2	Non Food	1222.82(20.77%)	1230.97(20.79%)
3	Medical	1062(18.04%)	996.73(16.83%)
4	Education	579.89(9.85%)	628.80(10.62%)
5	Others	166.84(2.85%)	54.89(0.94%)
Total Average Monthly Expenditure		5886.44 (100%)	5920.08 (100%)

Source: Primary Survey data, Author’s calculation, December 2025

The table depicts about the average monthly household expenditure of the SC and STs Community of Betanati and Kaptipada. It’s evident that people in both blocks spend major part on the food items i.e. 2854 and 3008 rupees respectively. Next to this come the nonfood items

ie 1222 and 1230 respectively. Medical expenditure is 1062 and 996. Expenditure on education was 579 and 628 respectively. It is clear from the above data that people spending least on education due to lack of education of their parents. And their maximum priority is to spend more on food items to live a life with subsistence. This clearly exposes the real facets of the govt. schemes. \

Table-16 Average Household Saving & Borrowing of the Respondents in the Study Area

S.L. NO	AVERAGE HOUSEHOLD SAVING & BORROWING	BLOCK WISE Distribution	
		BETANATI	KAPTIPADA
1	INSURANCE	9253.52 (16.43%)	3123.85 (24.66%)
2	POST OFFICE	4013.93 (7.13%)	134.78 (1.06%)
3	BANK	23091.66 (41.02%)	7932.88 (62.64%)
4	ANY OTHER	20001.08 (35.42%)	1469.02 (11.64%)
TOTAL		56288.19 (100%)	12663.53 (100%)

Source: Primary Survey data, Author’s calculation, December 2025

This table clearly represents the average household saving and borrowing of the people of Betanati and Kaptipada. As per the data, the overall spending of the people of Betanati is more as compared to that of the Betanati block i.e. 56228.19 & 12663.53 respectively. As far as the Betanati block is concerned, around 16.43% (9253) is spent on the insurance, 7.13%(4013) is spent on the post office deposits, 41.02% is kept as saving in the banks. 35.2% is spent on other heads as well. Now coming back to the scenarios of the Kaptipada block, people are more interested to save in banks i.e. 62.14% (7932), 24.66% is spent on insurance purchases. Only 1.5% is kept as a post office saving. However, it is evident from the studies that people are more intended to save a major fraction of their income in the banks and post offices. This is because they are more conscious regarding the future uncertainties. Apart from this, low level of income forces them to go for a compromised standard of living and forces them to think of uncertain future incidences.

3.15 Conclusion:

From the above analysis, we hereby reached at the conclusions that even after 75th year of independence, the remotest tribal areas of the country are still getting deprived of the basic amenities of life like food, cloth and shelter. At the same time, the benefits of an advanced

medical facility are like a day dream on their part. Even today, many areas of Odisha is untouched by the modern and up-to-date health facilities. As a result, they are suffering from the menace of deadly diseases. Their performance in multiple health indicators is also below the expected level. The performance of these areas in Infant mortality index, human development index, etc. At the same time, education facilities are also not up to the mark. Due to large scale ignorance, parents are not insisting on the studies of their children rather they are often forcing them to drop out of the schools. Majority of these people are impoverished and poverty stricken.

From the above analysis, it can be concluded that the housing infrastructure is quite better in Betanati since it has more number of tiled and single storey house as compared to Kaptipada. Similarly, Betanati has more number of people who use borewell and in case of Kaptipada, the number of people dependent on well water is more. Moreover, there is no water tank in Kaptipada. As far as the sanitation is concerned, Betanati has more number of people who has access to toilet as compared to Kaptipada. Similarly, there are more number of BPL card holder in Kaptipada in relation to Betanati. As far as the gender wise distribution of individuals are concerned, more number of women in Kaptipada (ST) are employed. Generally, reproductive women in the age group of 25-29 are higher in Betanati (SC). Kaptipada (ST) holds upper position as far as the literacy rate is concerned. Similarly, most of the women has primary education. The number of illiterate women is higher in Kaptipada (ST) as compared to Betanati (SC). There are more employed women in Betanati (SC). It's also observed that women from both the blocks are engaged in non-agricultural sector. Health expenditure in Betanati (SC) is higher as compared to the Kaptipada (ST) block. However, the total expenditure is higher in case of Kaptipada (ST) in relation to the households of Betanati (SC). It's evident from the studies that there are higher number of households who earn income between 5001-15000 in both of the blocks out of which Kaptipada(ST) are higher in number as compared to Betanati (SC) people.

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