



Educational Mobility and Health and Sanitation Practices: A Comparative study of Dhobis of Assam

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Abstract: The Dhobis in Assam is passing through gradual change in Health and sanitation practices due to educational mobility since independence. The traditional way of life of Dhobis has been changing gradually. Therefore, this paper aims to analyse the educational mobility and its role in health and sanitation practices. The data were collected on 15th October to 25th December 2020 by administering structured interview schedule to a random sample of Dhobis in Dibrugarh and Duliajan town in upper Assam.

Keywords: Dhobis, Educational mobility, Industrialisation, Urbanisation, Health, Sanitation practices, Social change, etc.

I. INTRODUCTION:

Educational mobility among Dhobis changes health and sanitation practices and in the knowledge and attitudes related to such changes. It brings new ideas on health and sanitation which will be accepted, understood and disseminated. It has a significant positive impact on Dhobis cognitive development regarding health and sanitation. Health and sanitation is related to wellbeing of mentally, physically and socially of Dhobis. It is very necessary for a man to lead a healthy life. Educational mobility brought change in health and sanitation practices among Dhobis. Spread of education, reservation policies of government bring educational opportunities and also results in change of health and sanitation practices among them.

The Dhobis are specialized in washing clothes. They are socially, economically and educationally backward section of the society. Under influence of modern education and other forces, the changes like health practices, decline of traditional values, taboos and customs are observed. At present, Dhobis are experiencing the modernity, fast change in their life. However, one can perceive educational mobility and the resultant change in health and sanitation practices among Dhobis. A question arises: What kind of interrelationship is perceived between educational mobility and social change regarding health and sanitation practices among Dhobis in the towns of Upper Assam?

II. OBJECTIVE:

To understand the interrelationship of educational mobility and health and sanitation practices among Dhobis of upper Assam.



III. METHODOLOGY:

In this study, the data are collected randomly from 428 Dhobis of Dibrugarh district. Interview scheduled method is used to collect data. 30% respondents are taken through a stratified sample. Firstly, samples are divided into three age groups (18-35, 36-59 and 60 & above) and then the samples were selected from the two genders equally in each of the age groups. The study has analysed the empirical data in a comparative perspective of educational mobility among Dhobis. At first, tables are classified and analysed and findings are drawn by analysing average of two towns on educational aspects.

IV. EDUCATIONAL MOBILITY AND CHANGE IN HEALTH AND SANITATION PRACTICES:

Health Practices among Dhobis have been changing gradually during last two decades under influence of urbanization, industrialization, modernization, globalization and other forces that lead educational mobility. It is studied through the following factors: i) Change in Treatment Pattern. i) Change in Attitude towards Safe Drinking Water. iii) Change in Sanitation Habit and iv) Change in Bathing Habit etc.

Using the type of treatment of disease such as in Government/ private hospital and with faith healing, the relationship between educational mobility and the change in health and sanitation practices are presented in the following table:

Table 1.1
Educational Mobility & Change in Treatment Pattern among Dhobis
(Percentage in Parentheses)

Status of Educational Mobility among Dhobis	No. of Dhobi Respondents										
	Duliajan Town			Dibrugarh Town				Grand Total			
	Govt. hospital	Private hospital	Total	Govt. hospital	Private hospital	Faith healing	Total	Govt. hospital	Private hospital	Faith healing	Total
Experienced No Educational Mobility	13 (41.93)	4 (4.70)	17 (14.65)	16 (6.32)	4 (7.69)	7 (100)	27 (8.65)	29 (10.21)	8 (5.83)	7 (100)	44 (10.28)
Experienced Educational Mobility	18 (58.06)	81 (95.29)	99 (85.34)	237 (93.67)	48 (92.30)	--	285 (91.34)	255 (89.78)	129 (94.16)	--	384 (89.71)
Total	31 (100)	85 (100)	116 (100)	253 (100)	52 (100)	7 (100)	312 (100)	284 (100)	137 (100)	7 (100)	428 (100)

Source: Field Study Conducted During 15th Oct-25th Dec 2020



The table reveals that most of the Dhobi respondents who have educational mobility taking treatment, at government (89.78%) and private (94.16%) hospitals. Besides, all the respondents who go for faith healing have no educational mobility. The similar pattern is observed in the two towns. Thus, one finds a positive relationship between educational mobility and health practices among Dhobis.

Educational Mobility & the Change in Attitude towards Safe Drinking Water

The relationship between educational mobility and attitude towards safe drinking water among Dhobis from the two towns is shown in the following table:

Table 1.2

Educational Mobility and the Change in Attitude towards safe Drinking Water among Dhobis (Percentage in Parentheses)

Status of Educational Mobility among Dhobis	No. of the Dhobi Respondents								
	Duliajan Town			Dibrugarh Town			Grand Total		
	Using filtered water	Using unfiltered water	Total	Using filtered water	Using unfiltered water	Total	Using filtered water	Using unfiltered water	Total
Experienced No Educational Mobility	3 (6)	14 (21.21)	17 (14.65)	4 (3.77)	23 (11.16)	27 (8.65)	7 (4.48)	37 (13.60)	44 (10.28)
Experienced Educational Mobility	47 (94)	52 (78.78)	99 (85.34)	102 (96.22)	183 (88.83)	285 (91.34)	149 (95.51)	235 (86.39)	384 (89.71)
Total	50 (100)	66 (100)	116 (100)	106 (100)	206 (100)	312 (100)	156 (100)	272 (100)	428 (100)

Source: Field Study Conducted During 15th Oct-25th Dec 2020

The table shows that 95.51% educational mobile Dhobi respondents using filtered water and 86.39% using unfiltered drinking water. Thus, more of the Dhobis respondents with educational mobility use filtered water as compared with their counterparts who use unfiltered water. This means that educational mobility and attitude towards drinking water is closely related with each other. Comparatively, more of the Dibrugarh Dhobis with educational mobility than the Duliajan Dhobis use filtered drinking water.

The following table gives the distribution of the Dhobi respondents with or without educational mobility into kachcha, semi-pacca and pacca toilets and open defecation in the two towns:

Table 1.3
Educational Mobility & the Change in Sanitation Habits among the Dhobi Respondents from Duliajan & Dibrugarh (Percentage in Parentheses)

Status of the Dhobi Respondents' Educational Mobility	No. of the Dhobi Respondents													
	Duliajan Town				Dibrugarh Town					Grand Total				
	Kachcha Latrine	Pacca Latrine	Semi-pacca Latrine	Total	Kachcha Latrine	Pacca Latrine	Semi-pacca Latrine	Open Defecation	Total	Kachcha Latrine	Pacca Latrine	Semi-pacca Latrine	Open Defecation	Total
Experienced No Educational Mobility	5 (83.33)	8 (8.88)	4 (20)	17 (14.65)	4 (25)	3 (1.55)	2 (2.77)	18 (58.06)	27 (8.65)	9 (40.90)	11 (3.88)	6 (6.52)	18 (58.06)	44 (10.28)
Experienced Educational Mobility	1 (16.66)	82 (91.11)	16 (80)	99 (85.34)	12 (75)	190 (98.44)	70 (97.22)	13 (41.93)	285 (91.34)	13 (59.09)	272 (96.11)	86 (93.47)	13 (41.93)	384 (89.71)
Total	6 (100)	90 (100)	20 (100)	116 (100)	16 (100)	193 (100)	72 (100)	31 (100)	312 (100)	22 (100)	283 (100)	92 (100)	31 (100)	428 (100)

Source: Field Study Conducted During 15th Oct-25rd Dec 2020

The table reveals that, 96.11% of the respondents who use pacca latrine; 93.47%-semi-pacca latrine; 59.09%-kachcha latrine and 41.93% of those who go for open defecation have educational mobility. On the other hand, of the respondents who go for open defecation, 58.06% have no educational mobility.

These data establish a strong positive relationship between educational mobility and use of latrines, comparatively, more of the Dibrugarh Dhobi respondents with educational mobility than their Duliajan counterparts use pacca and semi-pacca latrines. Further, none of the Dhobi respondents from Duliajan town with or without educational mobility go for open defecation.

Use of kachcha, pacca and semi-pacca bathrooms and open bathing among Dhobi respondents with or without educational mobility from the two towns is shown in the following table:

Table 1.4
Educational Mobility and the Change in Use of Bathroom among Dhobi Respondents
(Percentage in Parentheses)

Status of the Dhobi Respondents' Educational Mobility	No. of Dhobi Respondents														
	Duliajan Town					Dibrugarh Town					Grand Total				
	Kachcha Bath Room	Pacca Bath Room	Semi Pacca Bath Room	Open Bathing	Total	Kachcha Bath Room	Pacca Bath Room	Semi Pacca Bath room	Open Bathing	Total	Kachcha Bath room	Pacca Bath Room	Semi Pacca Bath room	Open Bathing	Total
Experienced No Educational Mobility	9 (56.25)	2 (2.77)	2 (9.09)	4 (66.66)	17 (14.65)	3 (11.11)	2 (.94)	1 (2.94)	21 (55.26)	27 (8.65)	12 (27.90)	4 (1.40)	3 (5.26)	25 (56.81)	44 (10.28)
Experienced Educational Mobility	7 (43.75)	70 (97.22)	20 (90.90)	2 (33.33)	99 (85.34)	24 (88.88)	210 (99.05)	34 (97.14)	17 (44.73)	285 (91.34)	31 (72.09)	280 (98.59)	54 (94.73)	19 (43.18)	384 (89.71)
Total	16 (100)	72 (100)	22 (100)	6 (100)	116 (100)	27 (100)	212 (100)	35 (100)	38 (100)	312 (100)	43 (100)	284 (100)	57 (100)	44 (100)	428 (100)

Source: Field Study Conducted During 15th Oct-25th Dec 2020

The table tells that 98.59% of the Dhobi respondents who have pacca bathroom; 94.73%-semi-pacca bathroom; 72.09%-kachcha bathroom and 43.18%-bath in open space have educational mobility. Of the open bath takers, 56.81% have no educational mobility. More of the Dibrugarh Dhobi respondents with educational mobility than their Duliajan counterparts have bathrooms. Most of the open bath takers have no educational mobility and they are from both the towns.

V. RESULTS AND DISCUSSIONS:

i) From above analysis, It is found that most of the Dhobi respondents who have educational mobility taking treatment, at government (89.78%) and private (94.16%) hospitals. Besides, all the respondents who go for faith healing have no educational mobility.

ii) It is found that more of the Dhobis respondents with educational mobility use filtered water (95.51%) as compared with their counterparts who use unfiltered water (86.39%).

iii) It is also observed that, 96.11% of the respondents who use pacca latrine; 93.47% -semi-pacca latrine; 59.09%-kachcha latrine and 41.93%-open defecation have educational mobility. On the other hand, of the respondents who go for open defecation, 58.06% have no educational mobility.

iv) It is also found that 98.59% of the Dhobi respondents who have pacca bathroom; 94.73%-semi-pacca bathroom; 72.09%-kachcha bathroom and 43.18%-bath in open space have educational mobility. Of the open bath takers, 56.81% have no educational mobility.



VI) CONCLUSION:

Thus, one finds a positive relationship between educational mobility and health and sanitation practices among Dhobis in the two towns. Comparatively, the Dhobis of Dibrugarh are more influenced than Duliajan Dhobis. Education Mobility can educate, entertain and influence the opinion of the Dhobis. It acts as the most powerful instrument for bringing about transformation in health and sanitation practices in Assam.

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