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Evaluation on Education and Health of Women Through Sociological Perspectives Among Rabha Tribe in Cooch Behar District, West Bengal

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ABSTRACT

Women play a pivotal role in the social, cultural, and economic development of every society. Their educational attainment and health status are among the most significant indicators of human development and social progress. Education empowers women by enhancing their knowledge, skills, decision-making abilities, and participation in social and economic activities, while good health ensures their well-being, productivity, and quality of life. Women's education and health among tribal communities remain critical concerns that require comprehensive sociological investigation. The study highlights the complex relationship between education, health, and the socio-cultural realities of Rabha women. It reveals that while significant progress has been made in improving literacy, educational access, and healthcare services, substantial disparities continue to affect the overall well-being and empowerment of women belonging to the Rabha tribal community. In this article, evaluation on education and health of women through sociological perspectives among Rabha tribe in Cooch Behar district, West Bengal were discussed.

Keywords: *Education, Health, Women, Sociology, Rabha Tribe, Cooch Behar.*

INTRODUCTION

The interrelationship between education and health significantly influences women's empowerment, social mobility, and overall societal development. However, despite numerous constitutional provisions, welfare schemes, and developmental initiatives undertaken by the Government of India, disparities in educational opportunities and healthcare accessibility continue to persist among marginalized and tribal communities (Bala, P. & Jangu, R.P., 2018). Tribal women constitute one of the most vulnerable sections of Indian society owing to their socio-economic disadvantages, geographical isolation, limited access to institutional facilities, and cultural constraints. Although tribal communities possess rich indigenous knowledge systems and unique cultural traditions, they often experience developmental inequalities compared to the mainstream population. Educational deprivation affects their employment opportunities, social participation, and awareness regarding

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health-related practices, while poor health conditions adversely influence their educational attainment and socio-economic development. The Rabhas possess a distinct socio-cultural identity characterized by traditional customs, language, social organization, and livelihood practices (Bhattacharya, D.M. et al., 2015). Historically dependent on agriculture and forest-based occupations, the Rabha community has undergone significant socio-economic transformations in recent decades due to modernization, urbanization, educational expansion, and governmental interventions. Nevertheless, challenges relating to literacy, school participation, healthcare accessibility, nutritional status, maternal health, and awareness regarding preventive healthcare continue to influence the lives of Rabha women (Rabha, M.D., 2013). Education among tribal women is not merely confined to literacy acquisition but encompasses social awareness, critical thinking, economic independence, and empowerment. Educated women contribute significantly to family welfare, children's education, healthcare practices, and community development. Similarly, women's health extends beyond the absence of disease and includes physical, mental, reproductive, and social well-being. The educational status of women substantially affects their health-seeking behaviour, nutritional practices, reproductive choices, and utilization of healthcare services (Sarkar, K., 2020). Therefore, understanding the relationship between education and health among tribal women becomes imperative for assessing their overall socio-economic condition and developmental trajectory. From a sociological perspective, education and health are socially constructed phenomena influenced by social institutions, cultural practices, gender relations, economic conditions, and community structures (Roy, T., 2017). Sociological theories emphasize that inequalities in educational attainment and health outcomes are often shaped by social stratification, cultural capital, gender norms, and access to resources. Tribal women frequently encounter multiple layers of disadvantage arising from their social location as women belonging to marginalized communities (Sarkar, A. & Mistri, T., 2018). Consequently, examining their educational and health status requires an interdisciplinary and sociological approach that considers social structures, cultural practices, family dynamics, and institutional support systems. By adopting a sociological perspective, this research contributes to a deeper understanding of the intersection between gender, education, health, and tribal identity (Anusha V.M. & Muhammed Atheeque. P.P., 2018). The objective of the study is to evaluation on education and health of women through sociological perspectives among Rabha tribe in Cooch Behar district, West Bengal.

RESEARCH METHODOLOGY

Research is a systematic approach to inquiry. Research methodology denotes the systematic and theoretical analysis of the methods utilized within a specific domain.

Study Area: Cooch Behar District, West Bengal.

Variables:

Dependent Variables: Age, Educational Status.

Independent Variables: Social Status, Education, Health.

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Research Design:

The research design serves as a method for answering the research questions. The comprehensive strategy or framework that guides the trajectory of research is referred to as research design. The objective of qualitative research is to understand how individuals see the world. The objective of quantitative research design is to ascertain the quantity of individuals who believe, act, or feel in a particular manner. In this research, qualitative and quantitative research design were used.

Primary Data and Secondary Data:

Primary data denotes information derived from first-hand accounts or empirical facts, especially within the framework of research. It may also be termed as primary knowledge or unprocessed data. An external entity or agency conducts the analysis, necessitating investment and human resources, hence rendering the information compilation process costly. Researchers refer to secondary data as previously collected and documented material that does not directly relate to the current research problem. It is accessible as data collected from diverse sources, including governmental publications, censuses, internal organizational records, books, journal articles, websites, reports, and electronic resources. In this research, primary and secondary data were used.

Sampling Plan:

Sampling methodology referred to examining the population through data analysis and information gathering. The vast sample space lies at the foundation of the data. Every item in the population has an equal and likely probability of being chosen for the sample when using the simple random sampling technique. In this research, simple random sampling plan was used.

Sample Size: 600.

Methodology:

The respondents were taken through simple random sampling from the selected two blocks in Cooch Behar district, West Bengal. Because, no Rabha community was found except Tufanganj I and Tufanganj II blocks (Subdivision: Tufanganj) within the selected district. The questionnaire sheets were distributed in favor of the respondents after clearing the research objectives. The age of the respondents were 31-60 years. Sufficient time was given in favor of each respondent. After completion of the sheet, the sheet was collected for data analysis and interpretation.

Research Tools:

Structured Questionnaries & 5 Point Likert Scale Sheet:

A questionnaire is a series of questions or extra prompts that are meant to get information from a group of people. The options were Strongly Agree (SA): 5 points, Agree (A): 4 points, Neutral (N): 3 points, Disagree (D): 2 points, Strongly Disagree (SD): 1 point. In this research, structured questionnaires (5 Point Likert Scale sheet) were used.

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Tools Used:

- Scale for education among Rabha tribal women towards sociological aspects.
- Scale for health among Rabha tribal women towards sociological aspects.

Data Analysis and Interpretation:

Data analysis entails examining raw data to discern patterns, formulate conclusions, and inform decision-making. Data interpretation entails understanding, organizing, and extracting meaningful insights from data. In this research, pie charts were used.

DATA ANALYSIS, INTERPRETATION, RESULTS AND DISCUSSION

a) Personal Profile:

Table 1. Age (in years)

Options	Respondents	%
31-40	281	46.84
41-50	206	34.33
51-60	113	18.83
Total	**600**	**100**

(Source: Primary Data, Survey)

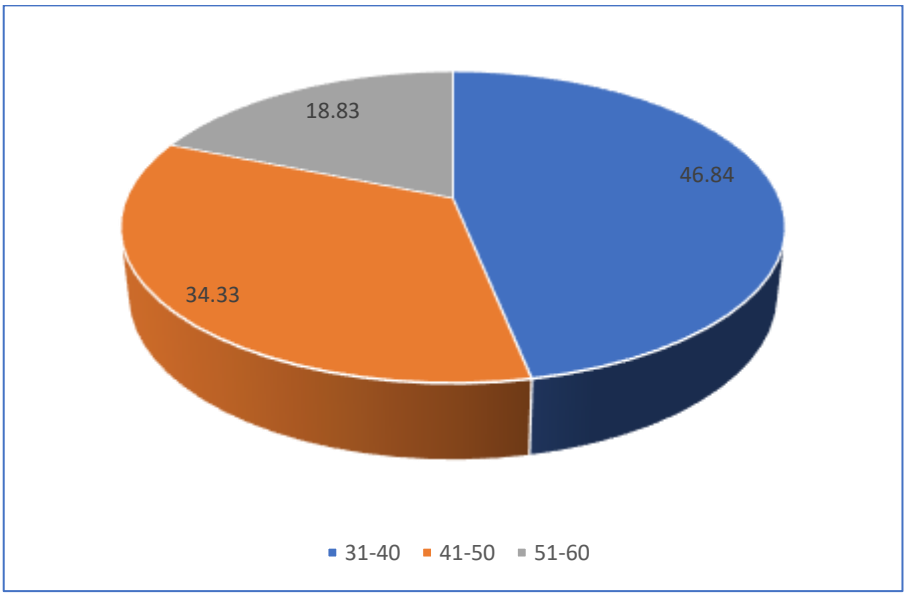

Figure 1. Age (in years) (%)

From the above table & figure, it was found that the age (in years) percentage of 31-40 years: 46.84%, 41-50 years: 34.33%, 51-60 years: 18.83%.

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Table 2. Educational Status

Options	Respondents	%
Illiterate	34	5.67
Class 1-4th	163	27.17
Class 5-8th	136	22.66
Upto 10th	103	17.17
Upto 12th	96	16
Diploma	14	2.33
Graduation	30	5
Post graduation & above	6	1
Others (please specify)	18	3
Total	**600**	**100**

(Source: Primary Data, Survey)

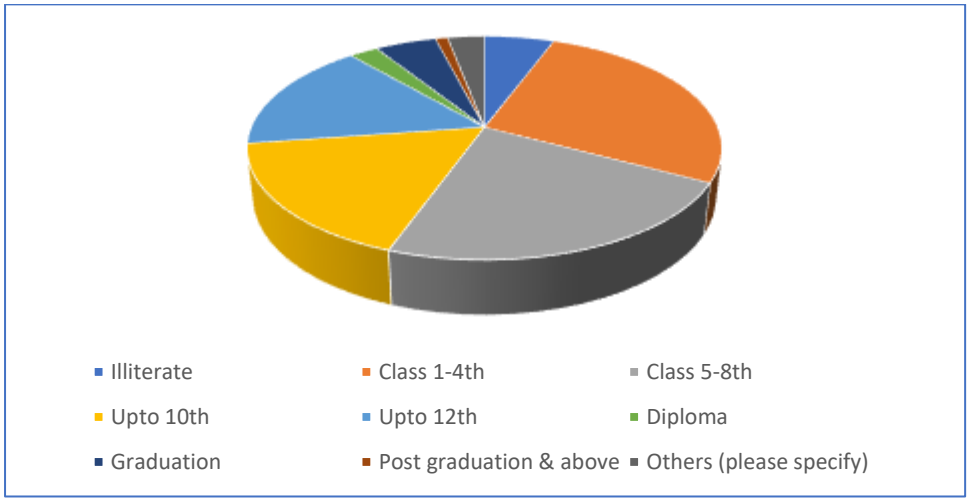

Figure 2. Educational Status (%)

From the above table & figure, it was found that the educational status percentage of illiterate: 5.67%, class 1-4th: 27.17%, class 5-8th: 22.66%, upto 10th: 17.17%, upto 12th: 16%, diploma: 2.33%, graduation: 5%, post-graduation & above: 1% and others (please specify): 3%.

b) Education among Rabha Tribal Women towards Sociological Aspects

Table 3. Education is Crucial for Enhancing the Social Standing of Rabha Women

Options	Respondents	%
SA	129	21.5
A	143	23.83
N	27	4.5
D	197	32.83
SD	104	17.33
Total	**600**	**100**

(Source: Primary Data, Survey)

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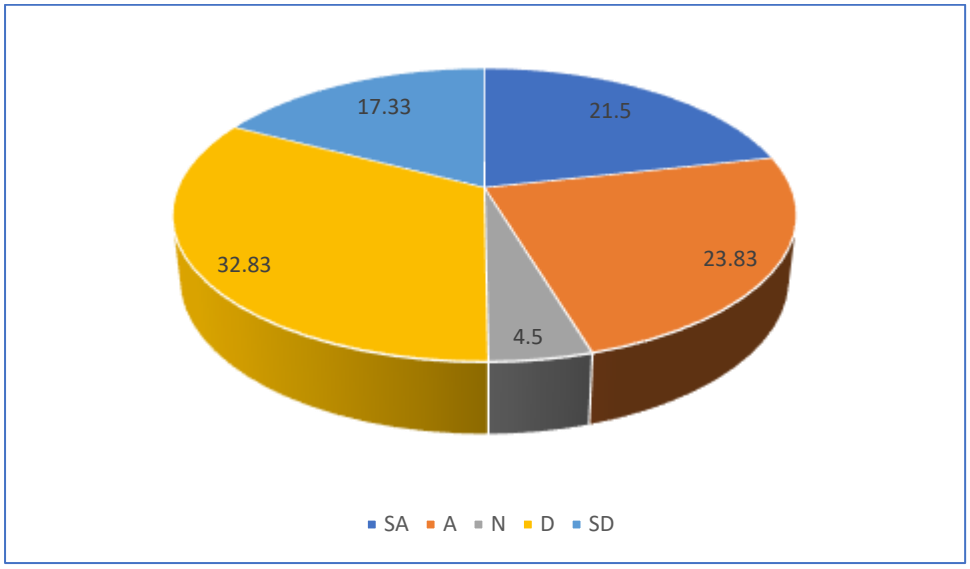

Figure 3. Education is Crucial for Enhancing the Social Standing of Rabha Women (%)

From the above table & figure, it was found that the percentage of SA: 21.5%, A: 23.83%, N: 4.5%, D: 32.83% & SD: 17.33%.

Table 4. Most Rabha Families Promote the Education of Daughters

Options	Respondents	%
SA	123	20.5
A	156	26
N	24	4
D	192	32
SD	105	17.5
Total	**600**	**100**

(Source: Primary Data, Survey)

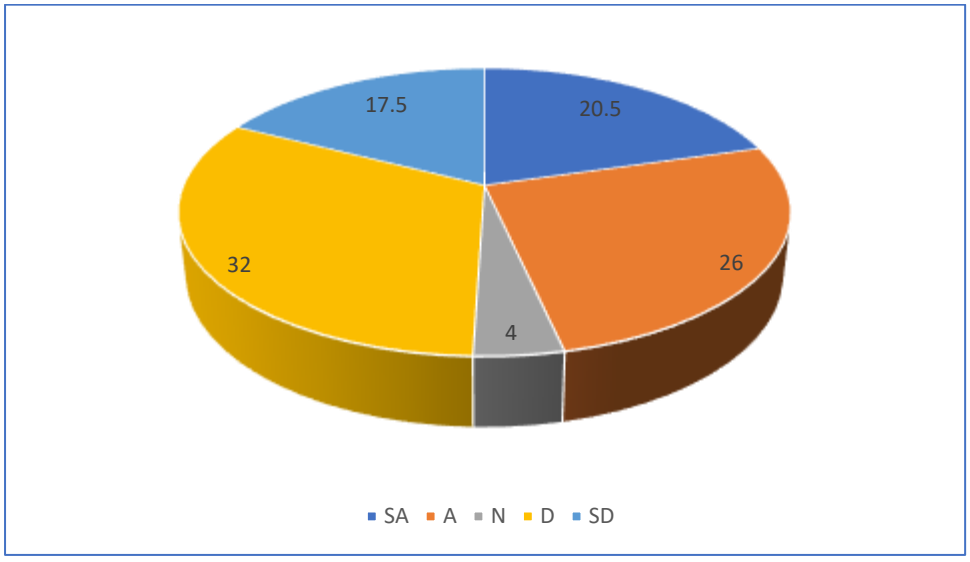

Figure 4. Most Rabha Families Promote the Education of Daughters (%)

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From the above table & figure, it was found that the percentage of SA: 20.5%, A: 26%, N: 4%, D: 32% & SD: 17.5%.

Table 5. Early Marriage Adversely Impacts the Education of Rabha Women

Options	Respondents	%
SA	173	28.83
A	191	31.83
N	18	3
D	119	19.83
SD	99	16.51
Total	**600**	**100**

(Source: Primary Data, Survey)

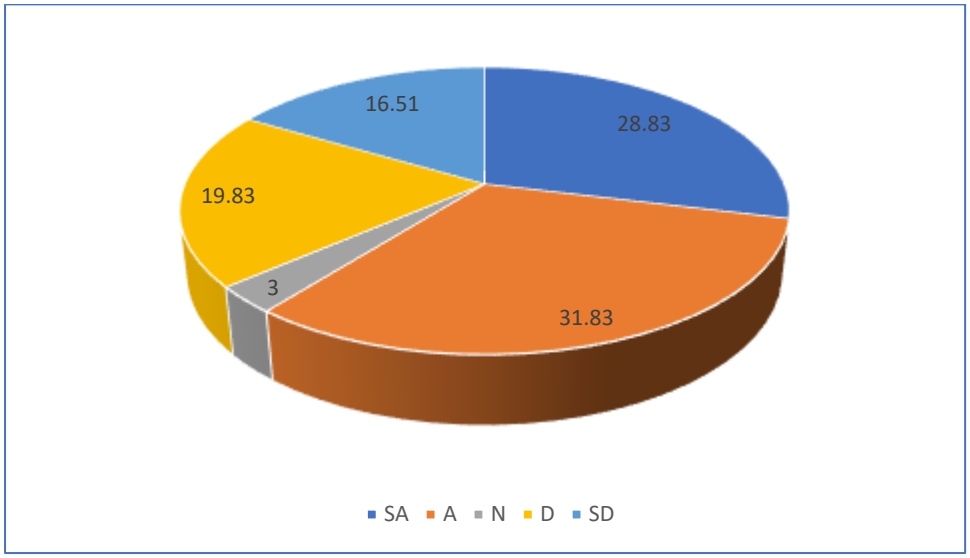

Figure 5. Early Marriage Adversely Impacts the Education of Rabha Women (%)

From the above table & figure, it was found that the percentage of SA: 28.83%, A: 31.83%, N: 3%, D: 19.83% & SD: 16.51%.

Table 6. Poverty Constitutes a Significant Obstacle to Education for Rabha Women

Options	Respondents	%
SA	184	30.67
A	211	35.17
N	21	3.5
D	119	19.83
SD	65	10.83
Total	**600**	**100**

(Source: Primary Data, Survey)

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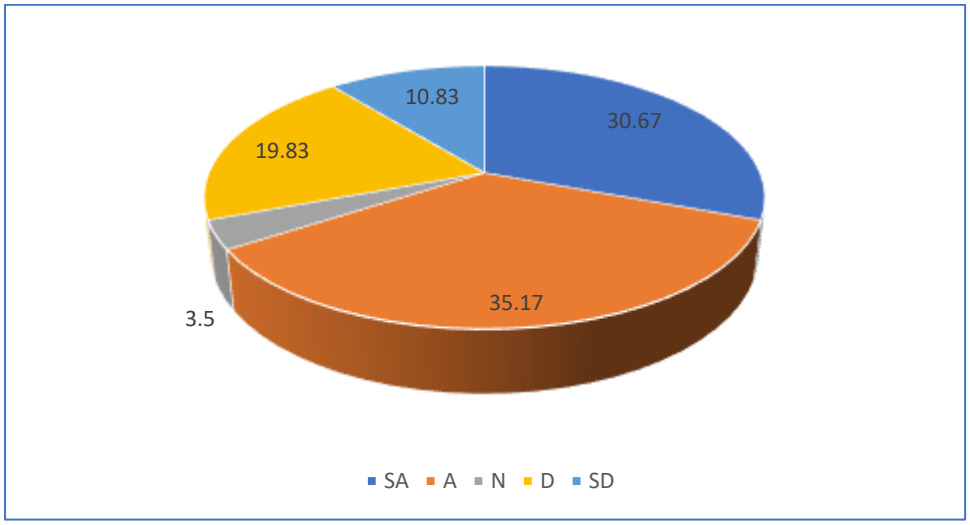

Figure 6. Poverty Constitutes a Significant Obstacle to Education for Rabha Women (%)

From the above table & figure, it was found that the percentage of SA: 30.67%, A: 35.17%, N: 3.5%, D: 19.83% & SD: 10.83%.

c) Health among Rabha Tribal Women towards Sociological Aspects

Table 7. Rabha Tribal Women Possess Knowledge of Fundamental Health and Hygiene Routines

Options	Respondents	%
SA	155	25.83
A	184	30.67
N	20	3.33
D	128	21.34
SD	113	18.83
Total	**600**	**100**

(Source: Primary Data, Survey)

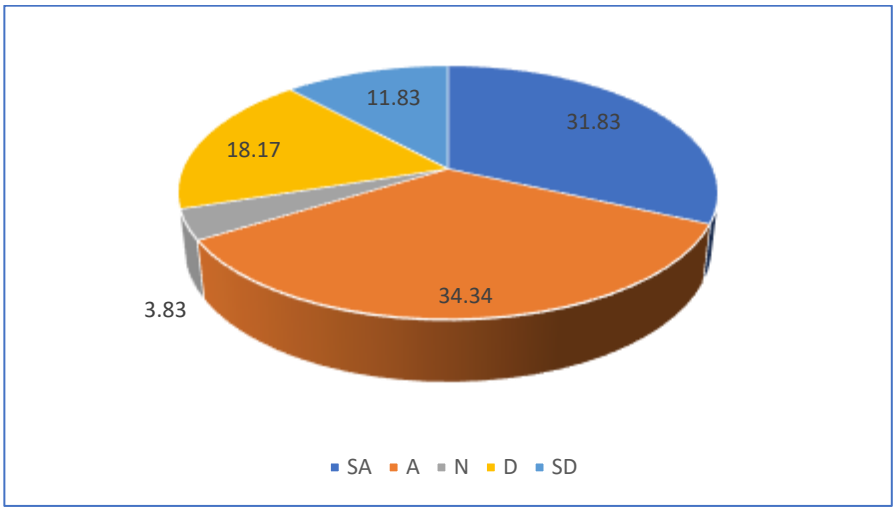

Figure 7. Rabha Tribal Women Possess Knowledge of Fundamental Health and Hygiene Routines (%)

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From the above table & figure, it was found that the percentage of SA: 25.83%, A: 30.67%, N: 3.33%, D: 21.34% & SD: 18.83%.

Table 8. Women Possess Sufficient Information Regarding Maternity and Child Healthcare

Options	Respondents	%
SA	168	28
A	197	32.83
N	26	4.34
D	128	21.33
SD	81	13.5
Total	**600**	**100**

(Source: Primary Data, Survey)

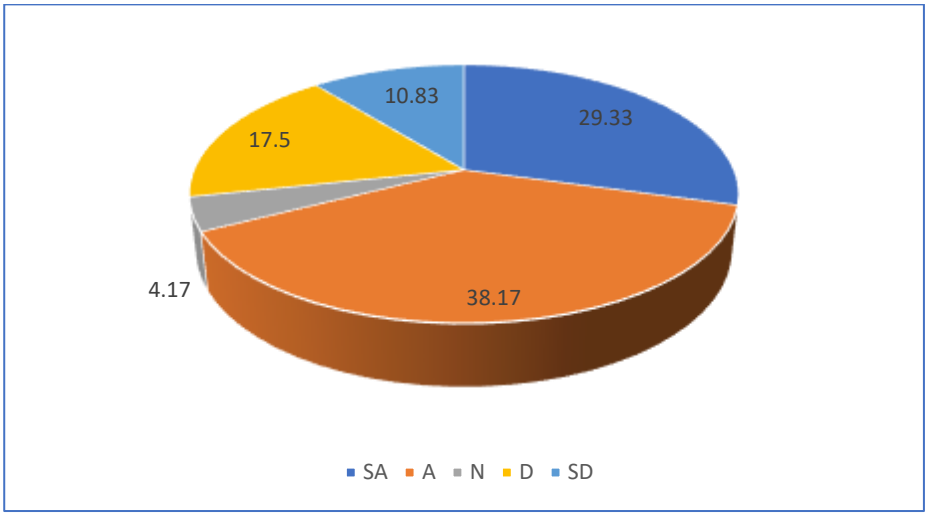

Figure 8. Women Possess Sufficient Information Regarding Maternity and Child Healthcare (%)

From the above table & figure, it was found that the percentage of SA: 28%, A: 32.83%, N: 4.34%, D: 21.33% & SD: 13.5%.

Table 9. Rabha Women Possess Enough Awareness of Government Health Schemes

Options	Respondents	%
SA	167	27.83
A	195	32.5
N	29	4.84
D	116	19.33
SD	93	15.5
Total	**600**	**100**

(Source: Primary Data, Survey)

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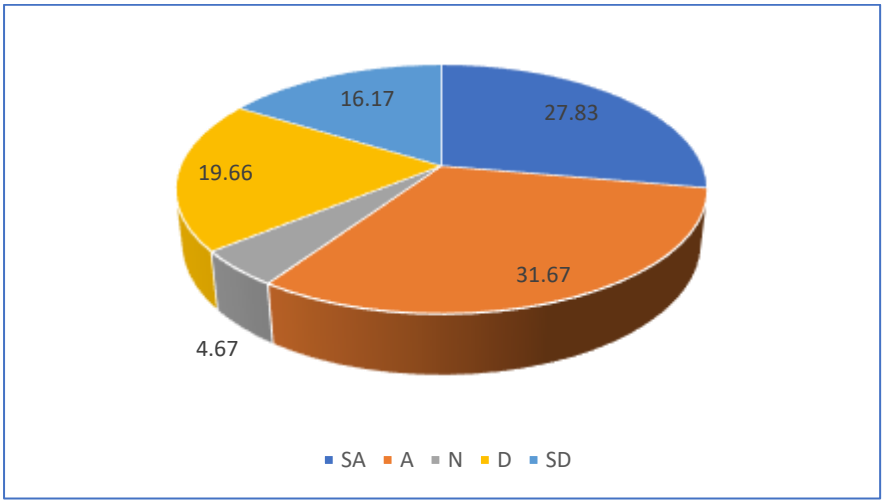

Figure 9. Rabha Women Possess Enough Awareness of Government Health Schemes (%)

From the above table & figure, it was found that the percentage of SA: 27.83%, A: 32.5%, N: 4.84%, D: 19.33% & SD: 15.5%.

Table 10. Conventional Beliefs Impact Health Behaviors Among Rabha Women

Options	Respondents	%
SA	162	27
A	180	30
N	23	3.84
D	149	24.83
SD	86	14.33
Total	**600**	**100**

(Source: Primary Data, Survey)

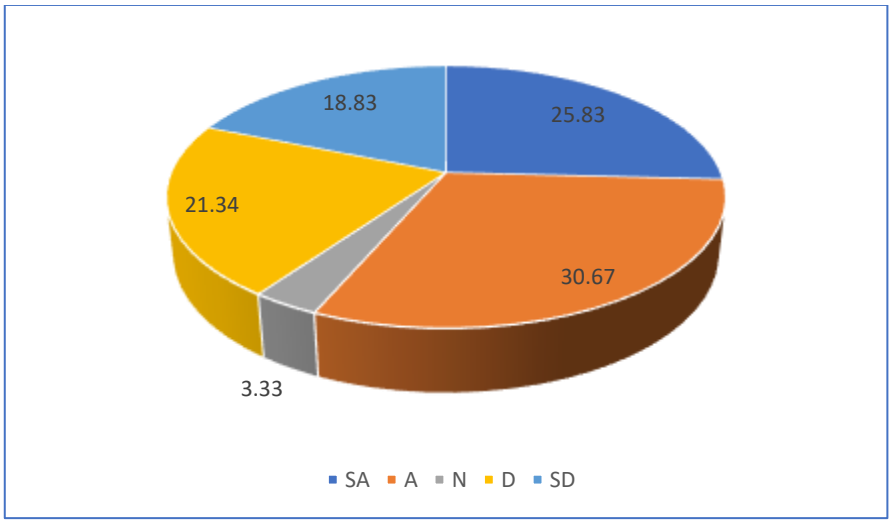

Figure 10. Conventional Beliefs Impact Health Behaviors Among Rabha Women (%)

From the above table & figure, it was found that the percentage of SA: 27%, A: 30%, N: 3.84%, D: 24.83% & SD: 14.33%.

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CONCLUSION

From a sociological perspective, education emerges as a transformative force that positively influences women's health awareness, decision-making capacity, economic participation, and social status. Educated women are better equipped to access healthcare facilities, adopt healthy practices, participate in family decisions, and contribute meaningfully to community development. However, socio-economic constraints, gender-based expectations, poverty, early marriage, and inadequate educational infrastructure continue to hinder educational attainment among many Rabha women. The study also indicates that health is intrinsically connected with educational status. Women possessing higher levels of education demonstrate greater awareness regarding nutrition, maternal healthcare, sanitation, immunization, and preventive healthcare practices. Conversely, lower educational attainment often corresponds with limited healthcare utilization and reduced awareness of government welfare schemes. Although public health initiatives have improved accessibility to healthcare services in rural areas, barriers such as geographical limitations, financial insecurity, cultural beliefs, and insufficient health literacy continue to impede their effective utilization. Sociological analysis further reveals that women's empowerment cannot be examined solely through educational or health indicators in isolation. The social institutions of family, community, economy, and culture collectively influence women's opportunities and constraints. The intersection of tribal identity, gender, and socio-economic conditions significantly shapes the educational and health experiences of Rabha women in Cooch Behar district. Therefore, development interventions must adopt a holistic and culturally sensitive approach that recognizes the specific needs of tribal women rather than applying generalized policy frameworks. The findings emphasize the necessity of strengthening educational opportunities through improved school accessibility, scholarship support, adult literacy programmes, and skill-based learning initiatives for tribal women. Simultaneously, community-based healthcare interventions focusing on reproductive health, nutrition, mental well-being, and health awareness programmes must be expanded to enhance women's quality of life. Greater participation of women in local governance, self-help groups, and community organizations can further strengthen their agency and facilitate sustainable social transformation. In conclusion, the educational and health status of Rabha women serves as a significant indicator of social development within tribal communities. Their empowerment requires the combined efforts of policymakers, educational institutions, healthcare providers, and community stakeholders. Promoting inclusive education, equitable healthcare access, and gender-sensitive social policies will not only improve the lives of Rabha women but also contribute substantially to the socio-economic development of the Rabha community in Cooch Behar district and the broader vision of social justice and sustainable development in West Bengal.

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