

A Sociological Study on the Socio-Economic and Health Issues of the Korama Community in Shivamogga District of Karnataka

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Abstract

The socio-economic and health circumstances of marginalized groups are important markers for assessing social progress and human well-being. Traditionally centered on basket weaving, agricultural work, animal husbandry, and other non-formal activities, the Korama community has experienced significant socioeconomic shifts over the past few decades. This study explores the socio-economic and health circumstances of 300 participants from the Korama community residing in Shivamogga District, Karnataka. The research examines demographic traits, levels of education, professional composition, financial standings, residential conditions, health statuses, healthcare usage, and primary socioeconomic issues. The results show a gradual enhancement in educational mobility and occupational diversity, with poverty, health risks, and concerns about employment security still impacting community well-being.

Keywords: Korama Community, Socio-Economic Conditions, Health Issues, Social Change, Rural Development, Karnataka.

Introduction

The socio-economic and health conditions of a community serve as crucial markers for its comprehensive development and overall quality of life. The Korama community, historically linked to crafts like basket weaving, farm work, animal husbandry, and various informal jobs, has undergone substantial social and economic changes in recent decades. Enhanced schooling, expanded employment options, governmental assistance programs, and rural revitalization efforts have gradually improved living standards. Despite the board's approval, various socio-economic and health challenges persist in affecting the quality of life for community members.

Dr.B.R.Ambedkar underscored education's role as the central instrument for the empowerment and advancement of disadvantaged groups. He asserted that educational chances allow people to break down social obstacles and enhance their socioeconomic situations. S. C. Dube scrutinized rural social frameworks and underscored the ongoing issues of poverty, unemployment, and social disparity affecting marginalized communities. According to him, economic development plans should focus on overcoming structural obstacles that prevent access to education, employment, and healthcare. Observations from him continue to be pertinent for grasping the socio-economic issues confronting the Korama community. Yogendra Singh highlighted modernization's significance in transforming rural India's traditional occupational patterns. He contends that technological shifts, urban development, and education foster occupational diversity and social mobility. Jayaram's research on occupational mobility showed how rural populations transitioned from farming and customary jobs into service industry careers, entrepreneurial endeavours, and skilled professions. Occupational changes proved beneficial for both household income and social status.

Government of Karnataka (2018), Reports on Scheduled Castes, Scheduled Tribes, and other marginalized communities indicated that socio-economic development in Karnataka has improved due to welfare programmes, housing schemes, educational support, and rural employment initiatives. Nonetheless, disparities persist in income levels, educational opportunities, and healthcare accessibility among rural populations.

This research intends to elucidate the socio-economic and health conditions of the Korama community within Shivamogga District through a sociological approach.

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Objectives of the Study

1. To examine the socio-economic profile of the Korama community and to analyze the educational and occupational characteristics of respondents.
2. To evaluate income levels, housing conditions, health conditions, and patterns of healthcare utilization.
3. Identify major socio-economic and health challenges and propose actions to enhance community welfare.

Research Methodology

The research design applied in the study was descriptive sociological. The descriptive approach was selected to comprehend the prevailing socio-economic and health states and to conduct a thorough examination of the community profile. The investigation was carried out in selected villages and semi-urban zones within the Shivamogga District of Karnataka, an area where a substantial number of Korama residents are found. The scope of the investigation included Korama domiciles situated within the designated study region. The research included 300 participants from the Korama community. Purposive Sampling was employed to find Korama settlements. Simple random sampling was employed to choose participants from the identified households.

Results and Discussion

Table 1: Age Distribution of Respondents (N = 300)

Age Group	Respondents	Percentage
18–30 Years	69	23.0
31–45 Years	111	37.0
46–60 Years	78	26.0
Above 60 Years	42	14.0
Total	300	100

The research shows that the predominant group of respondents falls within economically active age ranges and still primarily rely on agriculture, agricultural work, regular employment, and self-employment activities. Despite traditional jobs continuing to be crucial for income, there is a growing trend among younger generations to pursue employment in construction, transportation, private services, and other non-agricultural occupations.

37% of the participants surveyed are part of the 31–45 age group, which is considered the majority. It shows that most participants are actively involved in economic activities and play a significant role in household income. A significant portion of the workforce signifies the community's potential for socio-economic development and occupational mobility.

Table 2: Educational Status of Respondents

Educational Level	Respondents	Percentage
Illiterate	48	16.0
Primary Education	84	28.0
Secondary Education	93	31.0
PUC	39	13.0
Degree and Above	36	12.0
Total	300	100

The findings show a significant improvement in educational outcomes for the Korama community. Secondary education accounts for the largest portion, which is 31%. The reduction in illiteracy indicates increasing educational consciousness, governmental educational initiatives, scholarships, and enhanced school availability. The participation in higher education remains low, largely due to economic constraints and a lack of educational opportunities.

Table 3: Occupational Profile of Respondents

The research shows that most participants are from active age groups and still primarily rely on agriculture, agricultural work, wage jobs, and self-employment activities. Though traditional professions still represent key sources of income,

younger cohorts are increasingly pursuing employment in construction, transportation, private services, and other non-agricultural jobs.

Occupation	Respondents	Percentage
Agricultural Labour	99	33.0
Agriculture	45	15.0
Daily Wage Labour	63	21.0
Self-Employment	39	13.0
Government/Private Service	33	11.0
Others	21	7.0
Total	300	100

Major employment remains agricultural labor. Furthermore, occupational diversification is observed, with many respondents opting for self-employment, service-sector jobs, and other non-farm occupations. This transformation indicates evolving economic ambitions and career flexibility among younger people.

The occupational structure of the Korama community illustrates a persistent shift in socio-economic conditions. Over time, traditional roles that once supported the heart of communities are diminishing as a result of modernization, decreased demand in the market, and evolving economic circumstances. There is a growing trend among younger generations to favor careers that offer greater financial security and societal recognition.

Table 4: Annual Family Income

Annual Income	Respondents	Percentage
Below ₹50,000	75	25.0
₹50,001–₹1,00,000	96	32.0
₹1,00,001–₹2,00,000	78	26.0
Above ₹2,00,000	51	17.0
Total	300	100

A considerable number of respondents fall into lower and middle-income categories. While diversifying occupations has enhanced earnings for some families, economic instability persists owing to inconsistent job availability, meager wages, and escalating household expenses.

Table 5: Self-Reported Health Status

The health sector plays a significant role in human development. The study reveals that most respondents reported moderate health conditions, while fewer reported good or poor health. The occurrence of health issues is closely tied to occupational circumstances, economic status, diet, hygiene resources, and availability of medical care.

Health Status	Respondents	Percentage
Good	117	39.0
Moderate	123	41.0
Poor	60	20.0
Total	300	100

Many participants indicated they had moderate health issues. Hazards in the profession, inadequate nutrition, and restricted healthcare availability exacerbate the health vulnerabilities of economically disadvantaged households.

Table 6: Major Health Problems

Health Problems	Respondents	Percentage
Fever and Infections	69	23.0
Joint Pain	72	24.0
Back Pain	51	17.0
Diabetes and Hypertension	45	15.0

Respiratory Problems	39	13.0
Others	24	8.0
Total	300	100

Many respondents noted existing health problems like hypertension, diabetes, respiratory conditions, and age-related ailments. Similar investigations among marginalized groups in Karnataka have revealed significant issues with malnutrition, anaemia, persistent health problems, and restricted availability of healthcare services, underscored the link between poverty and poor health outcomes.

Table 8: Source of Healthcare Utilization

Healthcare Facility	Respondents	Percentage
Government Hospital	138	46.0
Primary Health Centre	81	27.0
Private Hospital	57	19.0
Traditional Treatment	24	8.0
Total	300	100

Most respondents relied on government hospitals and Primary Health Centers for their healthcare needs according to the study. Access to free or subsidized healthcare services, the availability of medications, and governmental health programs promote the use of public medical facilities. Primary sources for healthcare treatment continue to be government-run institutions owing to their affordability and accessibility. Many households are unable to access private healthcare services due to financial restrictions.

Sociological Interpretation

The results show that the Korama community is undergoing a subtle shift in socio-economic conditions. Career expansion and educational progress have created pathways for individuals to achieve higher social status. Thanks to government assistance programs, housing initiatives, scholarships, and healthcare services, the community has benefited significantly.

Nevertheless, structural impediments like poverty, unemployment, restricted resource possession, and health disparities persist in hindering social mobility. The association between education, profession, earnings, and wellbeing continues to be clear. Households boasting higher educational backgrounds frequently reported enhanced employment prospects, increased income, and heightened health consciousness. The research also illustrates the mutual relationship between socio-economic advancement and health enhancement. To sustain the development of the Korama community, a range of actions are necessary that integrate education, employment opportunities, healthcare services, nutritional support, and social welfare programs.

Conclusion

An analysis of the socio-economic and health profile of the Korama community in Shivamogga District indicates a trend of steady progress while persisting with ongoing challenges. Enhanced education, expanded job opportunities, renovated homes, and heightened usage of medical services point to social progress. Nevertheless, poverty, job instability, health issues, and restricted access to adequate healthcare still impact many households.

The study asserts that the Korama community's sustainable socio-economic development has been realized. It necessitates thorough actions designed to enhance educational prospects, assure economic stability, bolster healthcare facilities, provide nutritional assistance, and ensure social support services. Implementing these measures could substantially boost the quality of life, social mobility, and general well-being of the community. This discourse is bolstered by research findings that document educational modifications within Korama communities in Karnataka and persists in highlighting ongoing health and socioeconomic difficulties affecting marginalized groups in the state.

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