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**Social Life and Customs Affecting Fertility and Infant Mortality of
Bodo Kachari: A Case Study of Uttar Kulabali Village of Lakhimpur,
Assam**

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Abstract

Fertility is one of the fundamental determinants of the population growth. It can be defined as the number of births occurring in a population during a specified period of time i.e. a period between menarche and menopause. Fertility is the actual reproductive performance, determined by social, cultural, psychological as well as economic factors. On the other hand, Infant Mortality refers to the percentage of death of children under one year of age. Both fertility and infant mortality are influenced by different socio-cultural and biological factors of a population and it varies from population to population and may also vary within a population.

This present study conducted among 131 ever married Bodo Kachari women of Uttar Kulabali village of Lakhimpur district, Assam. The study has been examined with specific objectivity to correlate fertility performance and infant mortality with some socio life and customs.

Key words: Fertility, Infant mortality, Menarche, Menopause.

INTRODUCTION

The prevalence of fertility and infant mortality are some of health status in any society. Health is now recognised as a birth right of all citizens. It has been realized that there is a gap between isolated populations in terms of their need and the achievement in the area of health (Sharma & Jain). Fertility is the major influential factor that directly takes part in the increase of a population structure in an area. On the other hand mortality has played a dominant role in determining the growth of population. Infant mortality refers to the percentage of death of children under one year of age. It is noticeable that infant mortality rates in various countries vary tremendously.

To provide health for all, there is an urgent need to improve the health status especially in case of women. Therefore, in the present study an attempt has been made to evaluate and report the overall fertility performance of the ever married women and also the infant mortality of Bodo Kacharis of Uttar Kulabali Village of Lakhimpur District. The Bodo belong to Indo-Mongoloid ethnic group of Tibeto-Burman linguistic family. It is believed that the Bodos migrated from their original abode in Tibet and Western China to Assam in the unknown past. The Kacharis is one of the important ethnic group of Bodo or Boro and hence is known as Bodo Kacharis.

MATERIALS AND METHODS

The present study was conducted among the Bodo Kachris ever married women of Uttar Kulabali village of Lakhimpur district, Assam. The collection of data was carried out in the month of April, 2009. The entire data on fertility and infant mortality were collected from 131 ever married Bodo Kachri women. The total population of the village is 619. The fertility and infant mortality investigation schedules were used to obtain information through interview on pregnancy outcome (conception, live birth), their foetal wastages (abortion, still birth as well as infant mortality), age at menarche, age at first conception, age at first child birth etc. Out of 131 samples 20 women who have attained menopause were also questioned about the continuation or cessation of menstrual cycle to

calculate the age of menopause. Apart from these, mother's education, occupations are also collected as these have an effect on reproductive performance of women. Family structure has been given due importance as a variable against fertility behaviour and accordingly the data has been analyzed. For analyzing data on infant mortality 2 main division neonatal mortality (0-28 days) and post neonatal mortality (29-1 year) were taken into consideration. Information on age at menarche and menopause were collected through retrospective method. It may be mentioned that assessment of age, particularly of the elderly persons since they were not aware of their real age was estimated in reference to some important local events and to some other individual who seemed to be in the same age group. The statistical analysis includes mean with their standard deviation and standard errors.

RESULT AND DISCUSSION

The present paper deals with the different aspect of fertility and infant mortality. The results related to fertility and infant mortality aspects are presented through tables. Table 1 shows the distribution of ever married women according to age at menarche. It is evident that maximum number of girls attained menarche at the age of 12 (37.4%). The mean menarcheal age is calculated as 12.12+0.11 with a standard deviation of 1.23

Table 2 shows the distribution of ever married women according to age at menopause. The mean age at menopause is 46.2 with a standard deviation of 1.23

Table 3 shows the age specific live birth of all ages of women. It reveals that the highest number of the live birth has been recorded in the age group of 40-44 years i.e. 51(17.29%) followed by the age group of 30-34 years recording 48(16.27%) live births. The lowest frequency of live birth has been recorded in the age group of up to 19 with only 1(0.34%)

Table 4 shows the age specific frequency of infant mortality. Out of 295 live births the total number of infant deaths is 14 having infant mortality rate of 4.75 The highest frequency of infant death occur in the age group of 25-29 years i.e. 1 is neonatal death and 4 are post natal deaths. The lowest frequency occurs in the age group of up to 19 years and 30-34 years which is 1 with the infant mortality rate is 0.34. It was also

found that the total number of neonatal deaths in all age groups is 4 and total number of post natal deaths is 10

Table 5 shows the distribution of average number of live birth on the basis of women's education. The average number of live births is higher among the illiterate women i.e. 2.56 than the literate women i.e. 2.00

Table 6 shows the average number of live births in two types of families. In nuclear family number of live birth i.e. 2.41 is more than that of joint family i.e. 2.54. Average number of live birth in nuclear family is 2.23 and in joint family is 2.00 and this may be due to mothers in joint family does not get much time to take care of their children.

In summing up it could be concluded that, fertility may be influenced by different socio-cultural and biological factors and varies from population to population and it also varies within a population. It is called as differential fertility. The biological factors particularly age at menarche and age at menopause play a vital role in the fertility performance. Again age at menarche and age at menopause are varying from population to population and society to society. Several investigations have revealed the influence of various factors e.g. body built, heredity and environment of population. Age at menarche is the first onset of menstruation and age at menopause means the ceasing of menstruation. Menarche exposes women to possible child bearing while menopause leads to the end of the fertile phase of women's life. It seems that among the sample study the mean age at menarche is 12.12. Their age at marriage ranges from 13 to 33 years. Most of the women got married at the age of 19 years. Age at marriage is influenced by age at menarche. It is seen that the age at menarche of the population under study started from 9 years and their age at marriage started from 13 years. Again the age at menopause among the sample study is 46.2. The women of 40 years and above who have attained their menopause are usually considered as having completed their child bearing period and thus women of this age group can give an idea about the complete fertility performance of the population. In the present study the completed fertility performance of 20 Boro Kachari women and their average fertility is found to be 2.65

Fertility is also influenced by some socio-cultural factors such as rural-urban residence, family type, education, economic status, age at marriage, religion, age at

widowhood, abstinence, deep rooted values etc.(R.Das, 1995, Bulletin of Anthropology, Dibrugarh University, Vol.3). It has been observed that the average live birth among the Bodo Kacharis women, living in the joint families is somewhat lower (2.00) than in the nuclear families i.e.2.32. A number of studies on fertility differentials by family structure show an equivalent result. Some of these studies reveal in high fertility in nuclear families observed by Das and Saikia (1999), Kar and Sharma (1982). In support of the observation of relatively low fertility in women from joint families holds that due to lack of privacy and accommodation, the frequency of coitus is low in joint families and also some taboos are more vigorously followed in joint families. Educational level and literacy status are considered as the determinant of population dynamics. Education and fertility have a close relationship because educated women are quite conscious of having a limited family size. In the present study the average live birth among the literate couples is 2.00 and 2.56 among the illiterate group of women. Therefore, there is a need of literacy programme for those illiterate women of that particular village because-

- Educated women are quite conscious of having a limited family size
- At a age when there are high chances of good fertility, the girls are in college and universities
- In many cases educated women get employed and with employment they cannot effort to have more children

On the other hand the infant mortality rate is high i.e. 1.69% in the age group of 25-29 years. The present study reveals that the number of post natal death is more than the neonatal death. This may be due to the effect of environmental factors are more on the post natal deaths. Most of the post natal deaths are due to various diseases like pneumonia, malaria etc. and also due to lack of proper medical treatment and care. Again prematurity of infant at birth, higher age of mother and probably the blood group incompatibility may be the main causes of the neonatal deaths in the population under study. However the total infant mortality rate is 4.75%

Table 1: Distribution of ever married women according to age at menarche

Age at menarche	No. Of women	Percentage	Mean	S.D	S.E
9	9	6.78			
10	15	11.45			
11	5	3.82			
12	49	37.40	12.12	1.23	0.06
13	28	21.38			
14	25	19.08			
Total	131	100.0			

Table 2: Distribution of ever married women according to age at menopause

Age group	No. of women	Percentage	Mean	S.D	S.E
41-43	2	10			
44-46	8	40	46.2	1.32	0.03
47-49	10	50			
Total	20	100			

Table 3: Age specific live birth of all ages of women

Age group	No. Of women	Number of Live birth				Total	
		Male	%	Female	%	No.	%
Upto 19	1	-	-	1	0.34	1	0.34
20-24	23	19	6.44	12	4.07	31	10.51
25-29	19	25	8.47	9	3.05	34	11.53
30-34	19	24	8.14	24	8.14	48	16.27
35-39	21	27	9.15	20	6.78	47	15.93
40-44	18	29	9.83	22	7.46	51	17.29
45-49	10	13	4.41	12	4.07	25	8.47
50-54	8	15	5.08	6	2.03	21	7.12
55-59	7	13	4.41	8	2.71	21	7.12
60+	5	10	3.39	6	2.03	16	5.42
Total	131	175	59.32	120	40.68	295	100.00

Table 4: Age specific frequency on infant mortality

Age of women	Total live birth	Infant Mortality		Total Infant Mortality	Infant Mortality
		Neonatal	Post natal		
Upto 19	1	-	1	1	0.34
20-24	29	1	2	3	1.02
25-29	40	1	4	5	1.69
30-34	48	-	1	1	0.34
35-39	47	-	-	0	0
40+	130	2	2	4	1.36
Total	295	4	10	14	4.75

Table 5: Distribution of average number of live birth on the basis of women's education.

Women's educational status	Total number of women	Average number of live birth				Total	
		Male		Female		No.	Av.
		No.	Av.	No.	Av.		
Illiterate	59	87	1.47	64	1.08	151	2.56
Literate	72	88	1.22	56	0.78	144	2.00
Total	131	175	1.33	120	0.92	295	2.25

Table 6: Average number of live birth in two types of families

Family Type	Number of women	Number of live birth	Average number of live birth
Nuclear	104	241	2.32
Joint	27	54	2.00
Total	131	295	2.25

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