

Family Type, Fertility and Mortality : A Study Among The Ahoms of Assam

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ABSTRACT The present note deals with family type, on the one hand, and fertility and mortality, on the other, of the Ahoms, a Tai Mongoloid population of upper Assam. The data show that the nuclear family register a higher total fertility rate as well as fetal wastages over the joint family. The analysis also shows that the urban Ahom couple exhibit relatively lower average birth rates compared to rural Ahom couples.

INTRODUCTION

Fertility performance of a population is related to various socio-cultural and biological factors. Studies reveal that type of family is one of the important socio-cultural factors which can influence the levels of fertility. According to Davies (1957) family is the key variable responsible for fertility in under-developed areas. Replenishing societal membership, sexual regulation, maintenance, cultural transmission and status ascription are five important functions of the family, that are universal to all societies. The reproductive function being the prime functional necessity of the societal survival and also being enched in the roots of the family functions, the decisive influence of the family system on fertility behaviour overrides other societal system (Davies, 1970).

Studies conducted in different regions of India, at different points of time and with different research design came out with a common finding that the joint family registers lower fertility compare to the nuclear family (Dutta, 1961; Bebart, 1961, 1966; Nag, 1965; Pakrasi and Malakar, 1967; Patel, 1993). However, Davies (1951), Deka Mahapatra (1970) ob-

serves that fertility is high in women from joint families. Lower fertility among urban women, particularly among those who are living in joint families, has also been reported (Pakrasi and Malakar, 1967; Dutta, 1961). A few studies have also reported a lack of relation between fertility and family type (Driver, 1960; Mathen, 1962; Mahadevan and Sumangala, 1987). The number of investigation already made has been nicely summarized by Burch and Gendell (1967).

Studies focusing the possible relationship of family type with fertility and mortality especially at the micro-level in specific socio-economic group have not been fully explored in the Indian context. In this regard, data from north east India is conspicuous by their absence. Considering the dearth of data, the present note examines the relations between family type (*i.e.* joint and nuclear type) with fertility and mortality (fetal and post natal wastages) if any, among the Ahoms of rural and urban areas.

MATERIAL AND METHODS

The present investigation was conducted on the Ahom population inhabiting Chiring Gaon of Dibrugarh and Tiphuk village near Moran town, Sibsagar district. Considering the degree of urban contact, sample drawn from Chiring Gaon has been categorised under 'urban' as the villagers exposed to and benefited by the urban facilities maximally. Village Tiphuk on the other hand is about 15 km away from Moran town and represent a typical 'rural' situation. The survey conducted on 189 evermarried Ahom women of whom 89 are from Tiphuk

village (women living in joint family = 35, nuclear family = 54) and 100 from Chiring Gaon (women from joint family = 28, nuclear family = 72). Data on pregnancy outcome (conception, live birth) of these women, their fetal wastages (abortion, still-birth) as well as mortality (infant, child, juvenile mortality) have been considered. Women whose husbands are alive and have at least one child are only included. The collected information was also cross checked.

RESULTS AND DISCUSSION

It is seen that in both the sample, nuclear family is overwhelmingly dominant over the joint family type. The mean age at first conception is comparatively higher in women belonging to joint family and in both the category,

urban sample exhibit higher mean age at first conception than the rural one (Table 1).

The mean conception as well as live birth per married women is much higher in nuclear family than that of the joint family. However, turning to percentage occurrence of live births, the rate is much higher in joint family than those found in nuclear family of both the setting. The Ahom population of urban area show relatively lower average birth rates than do rural Ahoms, however, the apparent variation is not great enough in terms of fertility rates.

In both the rural and urban sample, mothers from nuclear families have higher incidence of abortion rate than mothers from joint families. In fact, in the present study, no case of abortion is reported in mothers belonging to joint families. Incidence of still-birth in both the rural and urban samples are comparatively higher in mothers living in nuclear families

Table 1: Fertility and mortality by family type among the Ahoms of Assam

Demographic Parameters	Rural Ahom		Urban Ahom		Ahom (R+U)	
	Joint Family (N = 35)	Nuclear Family (N = 54)	Joint Family (N = 28)	Nuclear Family (N = 72)	Joint Family (N = 63)	Nuclear Family (N = 126)
Age at first conception (in yrs)	19.60	19.35	21.96	21.40	20.65	20.52
Total conception	124	243	95	294	219	537
Mean conception	3.54	4.50	3.39	4.08	3.48	4.26
Mean live birth	3.34	4.20	3.36	3.68	3.35	3.91
Total live birth	117	227	94	265	211	492
M + F	94.35%	93.42%	98.95%	90.14%	96.35%	91.62%
Male	53.23%	47.74%	54.74%	42.18%	53.88%	44.69%
Female	41.13%	45.68%	44.21%	47.96%	42.46%	46.93%
Pre-reproductive (embryonic)	7	16	1	29	8	45
Wastage	5.65%	6.58%	1.05%	9.86%	3.65%	8.38%
Abortion rate	4.84%	5.35%	—	7.82%	2.74%	6.70%
Still-birth rate	0.81%	1.23%	1.05%	2.04%	0.91%	1.67%
Pre-reproductive (post-natal)	12	17	5	12	17	29
Wastage	10.26%	7.48%	5.32%	4.52%	8.06%	5.90%
Infant mortality (below 1 yr)	5.98%	3.52%	3.19%	2.26%	4.74%	2.85%
Child mortality (1 to 5 yrs)	1.71%	2.20%	2.13%	1.51%	1.90%	1.83%
Juvenile mortality (5 to 14 yrs)	2.56%	1.76%	—	0.75%	1.42%	1.22%

than the joint families. Thus, the fetal wastages as a whole is relatively higher in mothers living in nuclear families than their counterparts in joint families irrespective of place of residence. It is observed that the sub-samples with higher fetal wastages has also the higher fertility rates. One of the factors which motivate to produce more offspring might be the efforts to compensate the high fetal wastages.

Among rural Ahom, mother living in joint families experience higher incidence of infant and juvenile mortality than the nuclear families whereas child mortality rate is much higher in mothers belonging to nuclear families. Among urban Ahom, the rate of infant and child mortality is found to be higher in mothers living in joint families than the nuclear one. Thus, the total post-natal pre-reproductive wastage in joint families are found to be higher in both rural and urban samples of Ahom. Incidence of post natal mortality is also higher among offspring of mother living in rural area than their urban counterparts which show such rate in relatively lower frequency. It amply demonstrates that the urban Ahoms are able to take the advantage of medical facilities available. In this context, it may be mentioned that the infant mortality is said to be more closely related to intrinsic (physiological) factors, whereas the post infant mortality is more influenced by the extrinsic (environmental) factor.

Regarding relation of fertility to family types, Lorimer (1954) states that "the whole cultural context in which extended families tend to be idealised is likely to be conducive to high fertility". Studies reveal that early marriage, which is usually prevalent in joint family has a positive effect on fertility, while it is reverse in case of nuclear family (Davies and Blake, 1956). Davies (1957) attributed his observation of high fertility in women from joint families to the following factors, (a) children in joint families are married at an early age and it is not necessary for the married couple to support themselves. An early marriage leads

to greater span of reproductive period, (b) the mother with child in joint families does not find the child a hindrance to the household works as there are always some member to take care of the child or to help in the household activities, (c) the newly married women does not acquire a status in joint family unless she gives birth to a baby. On the other hand, in support of the observation of relatively low fertility in women from joint families, Nag (1965) in his analysis pointed out that women when assuming the role of mother-in-law in joint families tend to feel ashamed to give birth to children. He also hold that, lack of adequate privacy and accommodation, more adherence to the traditional taboos on sexual matters, comparatively lesser frequency of widow remarriage seem to cause low fertility in women from joint families. Bebart (1968) opines that a longer interval between the age at the consummation of marriage and the age at the birth of the first child; higher rate of total pregnancy wastage are also important factors seems to have contributed towards reducing the fertility of women belonging to joint families.

The findings of the present study strikingly reveal the facts in support of the observation made earlier about the importance of family type as a determinant of the reproductive behaviour. The results of the analysis of the data reveals that the nuclear family registers a higher total fertility rate over the joint family. In them the fetal wastages also exhibit a higher rate. The urban Ahom couples produce fewer children on an average than do rural Ahom couples. Post natal mortality rate in both the places demonstrate similar uniform and consistent patterns of distribution and comparatively higher rate of this variable can be correlated with joint family types. In this connection it may be mentioned that Mandelbaum (1970) opines that the joint family stage is likely to be brief among lower ranking poorer people and thus they show higher proportion of nuclear families than do the wealthier class.

Since poor, consequently less educated people, have more birth on the average than do the more affluent, the higher fertility reported for nuclear families in the Ahoms may be due to relatively greater poverty, and out of their efforts to compensate higher fetal and post natal pre-reproductive wastage. However, further studies is needed in this regard to arrive at a definite conclusion.

The evidence presented in this brief article suggests that the biological anthropologists and demographer should attempt to find out the bio-social determinants of fertility in north east Indian population.

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