

Prenatal and Postnatal Mortality in The War Khasi of Meghalaya

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ABSTRACT The present paper attempts to provide certain pieces of information on prenatal and postnatal mortality among the War Khasi of Meghalaya, India. It is found that the infant and juvenile mortality rates are quite moderate in comparison with other populations, particularly with populations in the north-eastern region of the country. This holds good for both the Christians and non-Christians of the population. The frequencies of reproductive wastages in both the religious groups are comparatively high. Religion seems to have played, to some extent, its role in regulating the prenatal and postnatal mortality rates in the present population.

INTRODUCTION

Mortality, particularly infant mortality, is regarded as a good indicator of health status of a population, and it is one of the most vital demographic parameters, which indicates the level of socio-economic development of a community or a country. During the seventeenth century, an increase in population of many European countries, following the industrial revolution, was due to the decline in mortality rate (Bhende and Kanitkar, 1985). This is also true in the present time in most of the developing countries including India. Moreover, it has also been reported that the infant mortality rate is comparatively high in many developing countries (WHO, 1976).

In India, it may be a generally acknowledged fact that micro studies concerning fertility and mortality differentials are still very limited, particularly in the north eastern region of the country. In the present paper, an attempt has been made to show the frequencies of prenatal and postnatal mortality among the War Khasi in the East Khasi Hills district of Meghalaya (India) as well as to compare the present find-

ings with those already reported for other populations in general and for populations of north eastern region in particular. It is already mentioned elsewhere that the arrival of Christianity in this hilly region, has brought about a tremendous change in many spheres of life, especially in the domain of people's beliefs and practices (Khongsdier, 1994). Accordingly, an attempt will also be made to present our findings into two religious groups of the War Khasi, i.e., the Christians and non-Christians. As far as the present study is concerned, the non-Christians refer to those War Khasi who are still following their traditional religion.

The War Khasi, one of the major sub-groups of the Khasi tribe, are mostly found in the southern slope of the East Khasi Hills district, Meghalaya. The area consists of more than 250 villages including hamlets. Like any other Khasi sub-groups, the War Khasi have still been following the matrilineal system of society, speaking the Monkhmer language which belongs to the Austro-Asiatic group.

MATERIALS AND METHODS

The entire data on reproductive performances of the ever-married women were collected through pedigrees and schedules from 366 households of the War Khasi. Since the War Khasi are distributed in more than 250 villages, we have made a 2% random sampling of the villages. As a result, five villages, namely, Nongkenbah, Mawsiangei, Nongla, Wahumlein and Lapalang, were eventually selected for the present study. A complete enumeration in these sample villages were made during the period from September to November, 1990. The mortality schedule was completed by filling in in-

formation on number of live-births, dead children, age at death, number of still-births and abortions, etc. from the head of household, or in his/her absence from other elderly member of the household, who was capable of supplying the relevant data. Data were cross-checked from several sources wherever possible. It may also be mentioned that abortion cases reported for the present study are those of spontaneous abortion. No information has been obtained on cases of induced abortion. Some difficulties were experienced in the assessment of the age of women, especially in case of elderly women who were not aware of their real age. As a result, we had to estimate the age of these women with reference to some important local events and to the ages of some other persons who seemed to be in the same age group. Therefore, there could be some mistakes in the estimation of age.

For analysing data on mortality, we have taken into consideration three parameters. These are: infant mortality (*i.e.* those who died before the first birth day), juvenile mortality (*i.e.* those who died between 1 and 14 years of life), and reproductive wastages (*i.e.* number of abortion and still-birth). We have presented the findings on the basis of religious affiliation with a view to understanding the probable effect of religion on mortality rates in the present population.

RESULTS

The frequencies of infant and juvenile mortality have been shown in table 1. Out of 842 live-births to the Christian mothers of all ages, 58 individuals (*i.e.* 6.89%) have died before the age of one year. Similarly, the infant mortality rate is found to be 8.55% among the non-Christians for the mothers of all ages. The juvenile mortality rate to these mothers is found to be 3.68% in the Christians and 3.64% in the non-Christians. The results obtained by the binomial test for equality of proportions (Table 2) show that there is no statistical difference between

the Christians and the non-Christians in respect of both infant and juvenile mortality rates.

For the mothers aged 45 years and above, the infant mortality rate is 8.70% in the Christians and 11.82% in the non-Christians. On the other hand, the frequencies of juvenile mortality are 5.12% and 4.84% among the Christians and non-Christians, respectively. The differences between the two religious groups are not significant in respect of both infant and juvenile mortality rates (Table 2.)

Table 3 shows the reproductive wastages experienced by all ever-married women. It is found that the frequencies of abortion to the total pregnancies are 4.56% and 4.64% in the Christians and non-Christians, respectively. Similarly, the still-birth rate in the Christians is 3.11% and in the non-Christians 3.46%. The average number of reproductive wastages (abortion and still-birth) per ever-married woman

Table 1: Infant and juvenile mortality

Parameters	Mothers of all ages		Mothers of 45 +	
	Christians	Non-Christians	Christians	Non-Christians
Number of mothers	175	236	61	83
Number of live-births	842	1100	391	516
Number of deaths before 1 year	58	94	34	61
Number of deaths before 15 years of age	31	40	20	25
Infant mortality rate (%)	6.89	8.55	8.70	11.82
Juvenile mortality rate (%)	3.68	3.64	5.12	4.85

Table 2: Binomial test for equality of proportions between Christians and non-Christians

Mother of all ages		Mother of 45 +	
Infant mortality	: 0.0166 ± 0.0123 Insignificant	Infant mortality	: 0.0313 ± 0.0205 Insignificant
Juvenile mortality	: 0.0088 ± 0.0090 Insignificant	Juvenile mortality	: 0.0028 ± 0.0146 Insignificant

is 0.39 in the Christians and 0.41 in the non-Christians. On the other hand, the prenatal death (*i.e.* reproductive wastage) rates are found to be 7.68% and 8.09% among the Christians and non-Christians, respectively ($d=0.34$, $p>0.05$).

Table 3: Reproductive wastages

Parameters	Christians	Non-Christians
Number of mothers	175	236
Number of pregnancies	899	1186
Number of abortions	41	55
Number of still-births	28	41
Number of reproductive wastages	69	96
Abortion rate (%)	4.56	4.64
Still-birth rate (%)	3.11	3.46
Prenatal death rate (%)	7.68	8.09

DISCUSSION

It has been pointed out that the infant mortality rate varies considerably among religious, ethnic and cultural groups of a population (Chandrasekhar, 1972). In the present study, it is seen that the infant mortality rate to the mothers of all ages is grossly higher among the non-Christians than that among the Christians, though the difference between them is not statistically significant. However, the frequency of juvenile mortality is more or less similar in both the religious groups of the population. Similar trend has been observed in case of mothers aged 45 + years. Of course, it is seen that the mothers of 45 + have experienced higher infant and juvenile mortality rates in both the Christians and non-Christians.

Among the Pnar or Jaintia, another subgroup of the Khasi, Khongsdier (1992) has shown that the infant and juvenile mortality rates are 11.92% and 8.00%, respectively. So, it indicates that the Pnar have higher infant and juvenile mortality rates than the Christian and non-Christian War Khasi. Similarly, the frequencies of infant and juvenile mortality among the Christians and non-Christians of the present population are much lower than those reported

for the Hajong (15.65% and 15.03%, respectively) of Meghalaya (Barua, 1983).

The infant mortality rate among the various populations of Assam varies from 2.64% among the Chutiya to 13.07% among the Kumar, whereas the frequency of juvenile mortality ranges between 1.69% for the Ahom and 10.86% for the Moran (Das and Das, 1982). With respect to these ranges, it appears that the infant mortality rate (*i.e.* to the mothers of all ages) among the Christians is rather moderate, whereas among the non-Christians, it is towards the upper half of the range. It may be mentioned here that the frequency of infant mortality in the non-Christians is similar to that among the Muslims (8.51%), but higher than that among the Hindus (7.69%) of Assam. In comparison with these populations of Assam, the juvenile mortality rates are, however, quite moderate in both the Christians and non-Christians.

With respect to the mothers of 45 +, the infant mortality rates among the Christians and non-Christians are much higher than those reported for the Brahmin (6.21%), Kayastha (4.80%), Kaibarta (4.41%), Hira (5.11%) and Chutiya (2.22%), but not as high as that among the Kumar (Das and Das, 1982). However, they are more or less similar to those among the Kalita (9.56%), Yogi (9.00%), Muslim segment (10.85%) and Moran (9.21%) as reported by Das and Das (1982). Like the mothers of all ages, the mothers of 45 + also experience lower juvenile mortality rate than those belonging to the different populations of Assam. This holds good for both the Christians and non-Christians of the present population.

Turning to the other populations, Talukdar (1979) has reported that the juvenile mortality rates among the Dule Bagdi of 12 and 9 village groups are 20.5% and 21.2%, respectively. Similarly, Gupta (1980) has shown that the juvenile mortality rates among the Sherpa of Kalimpong and Upper Khumbu are 17.12% and 13.21%, respectively. Thus, it appears that the juvenile mortality rates to the mothers of all

ages are remarkably low in both the Christian and non-Christian War Khasi. The infant mortality rate among the Christians is however, higher than those found in the Lachung population of northern Sikkim, which is 7.63% (Das et al., 1982), the Sherpa of Kalimpong and Upper Khumbu, which are 6.58% and 7.21%, respectively (Gupta, 1980), but lower than those found in the Chenchu population (11.68%) of Andhra Pradesh (Sirajuddin and Basu, 1984), Namasudra (13.40%) and Mahishya (13.25%) caste communities of West Bengal (Mukhopadhyay, 1981), and some other populations. The infant mortality rate among the Christians is, however, nearer to that found in the Mirpur population (6.15%) of West Bengal (Basu et al., 1980) and the Sherpa (6.58%) of Kalimpong (Gupta, 1980).

It has been seen that the rate of reproductive wastages is lower in the Christians than in the non-Christians. However, these frequencies in both the religious groups of the War Khasi are much higher than those reported for the Pnar (Khongsdier, 1992), Hajong (Barua, 1983), and many other populations of Assam (Das and Das, 1982), but not as high as those among the Khamiyang (8.40%) and Turung (8.21%) populations (Das, 1985).

In fine, it has been observed that the Christians have experienced lower rates of infant mortality and reproductive wastages than the non-Christians, though the differences between these two religious groups are not statistically significant. It seems that religion has certain role in influencing these demographic parameters in the present population. Of course, the Christians in the War Khasi society are more advanced and have higher literacy rate, thereby getting better medical facilities and having better child care. In comparison with other populations, the infant and juvenile mortality rates are more or less moderate in both the Christians and non-Christians. The rates of reproductive wastages in both the religious groups are, however, higher than those reported for many neighbouring populations.

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