

Reproductive Performance of Kamar Women: A Primitive Tribe of Middle India

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ABSTRACT The present paper seeks to highlight certain factors influencing the differential reproductive performance of the Kamar women of central tribal belt of India. The main objective is to examine the influence of certain important variables on the reproductive performance of Kamar women and to test a few hypotheses.

Demographers, all over the world, are concerned over the consequential scenario presented by the population explosion. It (population explosion) has become a major problem, especially in the third world countries where economic development is, only partially accomplished, while the population has been rapidly increasing, outstripping the supply of food, jobs, housing, health-care and other facilities. In this context, understanding of the various factors responsible for high rate of population growth are of great significance. It is common knowledge that in India the population growth is mainly due to decline in the mortality rate. However, the future growth of India's population shall largely be determined by the fertility/reproductive trends and not by the mortality trends. Therefore, the demographers these days emphasise the study of fertility.

Fertility is the actual reproductive performance whether applied to an individual or a group (UN Multilingual Demographic Dictionary, 1958). Reproductive behaviour varies from region to region and from society to society. A number of biological as well as socio-cultural variables, viz. age at menarche, age at marriage, age at first live birth, education, income, family structure, value attached to children etc. affect the reproductive performance/life of an individual or a community.

The present paper seeks to highlight certain factors influencing the differential reproductive

performance of the Kamar women of central tribal belt of India. The main objective is to examine the influence of certain important variables on the reproductive performance of Kamar women and to test a few hypotheses.

The Kamars, a community of nearly 13,500 persons, is a circumscribed tribe living in the fastnesses of hills and forests of South-eastern part of Raipur district of Madhya Pradesh. The area which forms the Kamar habitat is situated in two tahsils-Bindranwagarh and Dhamtari. Considered from the standpoint of development blocks and the sub-plan project, the Kamar habitat comes under the ITDP, Gariaband, comprising the blocks of Chhura, Gariaband, Mainpur and Nagri, the former three lying in Bindranwagarh tahsil and the latter one in Dhamtari tahsil. All the four blocks are contiguous and constitute a compact area. The Kamars are believed to be the autochthones of the area. Perhaps the earliest written reference to the Kamars in modern times is available in the note by John Ball in his *jungle Life in India*. J.F. Hewitt (Report on the Land Revenue Settlement, 1869) states "The Kamars utterly refuse to cultivate and generally live in the remote forest habitats supporting themselves largely on forest collections and small games."

Kamar's mode of life underwent a drastic change over which they had practically no control. Because of motorised transport their monopoly of transporting timbers via rivers ended. Also, an absolute ban was imposed on the age-old *dahya* and *beora* cultivation with the result that production of food grains became almost zero. Wild animals became scarce and the jungle became less and less bountiful in the supply of roots and tubers. Since no alternative land was allotted to them, bamboo work and labour for wages is the only sustaining factor of the Kamar economy at present.

Data for the present study come from

randomly selected 120 ever-married Kamar women living in different villages of Gariaband block during a month long field work with the help of a pre-tested interview schedule.

RESULTS AND DISCUSSION

Age at Menarche: Menarche is an important physiological event in the life of every female. The onset of menarche among the respondents is seen to vary from 11 to 16 years of age. It is revealed that majority of the respondents had their first menstruation between 12 and 13 years of age. After that there is a gradual decrease in the number of women attaining puberty with increase in age. The mean age at menarche is calculated to be 13.21 years with standard deviation 1.28 (Table 1).

Table 1: Age at menarche of Kamar women

Age at menarche (in years)	Frequency	Percent
11	06	05.00
12	37	30.83
13	31	25.83
14	23	19.17
15	18	15.00
16	05	04.17
Total	120	100.00

Mean $\pm$ S.E. 13.21 $\pm$ 0.12

S.D. $\pm$ S.E. 1.28 $\pm$ 0.08

Age at Marriage: Age at marriage of girls assumes greater significance as a biological-cum-socio-cultural determinant of fertility. Biologically age at marriage is related to fecundity and sociologically, the age at marriage is used to set a social timetable for starting, spacing and stopping child bearing (Pillai, 1985). Studies all over the world reveal an inverse relationship between age at marriage and the length of child bearing span and the level of

Table 2: Age at marriage of Kamar women

Age at marriage (in years)	No. of women	Percent
13-15	39	32.50
16-18	57	47.50
19-21	24	20.00
Total	120	100.00

marital fertility.

Nearly one-third of the Kamar mothers had their marriage between 13 and 15 years of age. It is noticed that 16-18 age range of marriage is most common among the Kamars while one-fifth of them had married as per the legally approved age at marriage (Table 2).

Study of association between age at marriage of women and the number of children born to them reveals an inverse relationship. Women who had married within 15 years of age experienced the highest incidence of childbirth followed by those attributable to the 16-18 years age range. A sharp decline in the number of childbirth is noticed among the women who were married off at the age between 19-21 years. Thus there is a steady reduction in the number of childbirth with increasing order of age at marriage. The differences noticed in the number of childbirth corresponding to different levels of age at marriage of women are found to be statistically significant (Table 3). The data suggest that raising the age at marriage would ensure low fertility.

Age at First Live Birth: Every society attaches considerable importance to the birth of the first child of a lady. The age at first live birth of a woman has a great significance in fertility since it indicates her entire reproductive span. Majority of the respondents experienced their first live birth between 15-17 years of age followed by 30 per cent who had their first live birth between 18-20 years of age. The number

Table 3: Age at marriage and number of children

Age at marriage (in years)	No. of children			Total
	1-2	3-5	6+	
13-15	2 (5.13)	6 (15.38)	31 (79.49)	39 (100.00)
16-18	14 (24.56)	37 (64.91)	06 (10.53)	57 (100.00)
19-21	19 (79.16)	4 (16.67)	1 (4.17)	24 (100.00)
Total	35	47	38	120

Parenthetical figures denote percentage $\chi^2=28.5721$, 1%

of respondents who had their first live birth between 21-23 years of age account for 14.17 per cent (Table 4). It is further noticed that more number of children were born to a higher proportion of respondents who had their first live birth between 15-17 years of age. With increase in the age at first live birth the number of respondents having more number of children decreases. An overwhelming proportion of respondents, whose age at first live birth ranges between 21-23 years, had less number of children. The differences thus observed are significant (Table 5).

Education of Women: Education in general,

Table 4: Age at first live birth of Kamar women

Age at first live birth	No. of women	Percent
15-17	67	55.83
18-20	36	30.00
21-23	17	14.17
Total	120	100.00

and female education in particular, works in various ways to influence woman's (mother's) attitudes and abilities to discharge the role of a health agent in the family and also in the acceptance of family planning (welfare) methods, thereby leading to low fertility. The position (status) of a woman in the society depends largely on her educational attainments, which ensure a greater social network, which may be

helpful in the postponement of marriage and spacing of children. An educated woman regards the utilisation of modern health care facilities not a boon but as a right (Caldwell, 1979). Education also helps a woman to break with tradition, which is a powerful cultural constraint among the tribals.

The female illiteracy is at a very high level among the Kamars. Respondents who had five or less years of schooling account for 25.83 per cent. On the other hand only one-fifth of them were educated up to M.E. standard. Respondents having high school education constitute only 10 per cent (Table 6). It is further noticed that illiterate respondents experienced higher number of childbirth, whereas less number of children were born to women having higher

Table 6: Educational status of Kamar women

Level of education	No. of women	Percent
Illiterate	53	44.17
U.P.	31	25.83
M.E.	24	20.00
High school	12	10.00
Total	120	100.00

Table 8: Structure of family

Structure of family	Frequency	Percentage
Nuclear	68	56.67
Composite	52	43.33
Total	120	100.00

Table 5: Age at first live birth and number of children

Age at first live birth	No. of children			Total
	1-2	3-5	6+	
15-17	9 (13.43)	26 (38.81)	32 (47.76)	67 (100.00)
18-20	14 (38.89)	17 (47.22)	5 (13.89)	36 (100.00)
21-23	12 (70.59)	4 (23.53)	1 (5.88)	17 (100.00)
Total	35	47	38	120

Parenthetical figures denote percentage $\chi^2 = 31.2220$ 1%

Table 7: Level of education and number of children

Level of education	No. of children			Total
	1-2	3-5	6+	
Illiterate	5 (9.43)	17 (32.08)	31 (58.49)	53 (100.00)
U.P.	7 (22.58)	18 (58.07)	6 (19.35)	31 (100.00)
M.E.	14 (58.33)	9 (37.50)	1 (4.17)	24 (100.00)
High school	9 (75.00)	3 (25.00)	-	12 (100.00)
Total	35	47	38	120

Parenthetical figures denote percentage

Table 9: Structure of family and number of children

Structure of family	No. of children			Total
	1-2	3-5	6+	
Nuclear	27 (39.70)	28 (41.18)	13 (19.12)	68 (100.00)
Composite	8 (15.34)	19 (36.54)	25 (48.08)	52 (100.00)
Total	35	47	38	120

Parenthetical figures denote percentage $\chi^2 = 13.9455$, 1%

standard of education. The differences observed in the incidence of childbirth for differential level of women's education are statistically highly significant indicating an inverse relationship between women's education and fertility (Table 7).

Structure of Family: The urge for sex and procreation and the strong desire to perpetuate the cultural traditions have every where provided the justification for the existence of the family system. "The family system is universally conditioned by the local cultural tradition" (Majumdar and Madan, 1980). Family among the Kamars is monogamous. Structurally some are nuclear and others composite. Nuclear family set up is more common among the Kamars (56.67%) while 43.33 per cent of them live in composite families (Table 8).

The resistance to social change is more in a composite family than that of a nuclear family set-up where the spouses enjoy greater freedom in family decision making. It is also noticed that fertility is high in a composite family where the presence of many members enhances the scope of child rearing (Davis, 1955). The observed differences in the number of child birth corresponding to family structure is statistically significant thereby indicating that composite family system encourages high fertility (Table 9). The tendency to perpetuate the traditional way of life may be responsible for the high fertility. It was also reported by the health workers of the study area that it is easier on their part to motivate the couples living in nuclear families to adopt the family planning (welfare) methods.

CONCLUSION

We observed that the composite family structure, lack of education, marriage at an early

age as well as the reluctance to accept family planning (welfare) methods jointly contribute to the high fertility among the respondents in the study area. We suggest that suitable steps should be taken to educate the women folk so as to motivate them to adopt family welfare methods. Further care should be taken to ensure the regular visit of the health workers to these areas for improving the situation.

Though the younger couples are largely amenable to adopt family welfare measures and protect their reproductive health, they are being discouraged by elderly members to do so in composite families. In order to make the health education more effective and functional the elder population particularly the women in the post reproductive age group need to be drawn in to the family welfare awareness building programme.

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