

Fertility and Mortality Differentials among the Kabuis of Saombung, Imphal East District, Manipur

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ABSTRACT Data were collected from 100 ever married Kabui tribal women of Saombung, Imphal east district, Manipur. In this paper an attempt has been made to understand the fertility and mortality trends and also some of the factors affecting fertility and mortality. Educational status has inverse relationship with fertility and occupation also can influence fertility. The average live birth per Kabui mother is 4.01. The neonatal deaths percentage (0.25 percent) is extremely low while prenatal, infant, early and late child death percentages are 3.37 percent, 3.74 percent, 2.74 percent and 1.00 percent respectively.

INTRODUCTION

Fertility, mortality and migration are responsible to change the population structure. The concept of fertility is the actual performance of live births (Cox 1959). It is a positive force through which the populations expand. There are many factors influencing the levels and differentials fertility among tribals. It can be measured by studying various factors such as age at menarche, age at marriage, education, economy, family types etc. World Health Organization (1971) defined death as "Death is the permanent disappearance of all evidence of life at any time after birth has taken place (post-natal) cessation of vital functions without capacity of resuscitation". Thus, mortality indicates the permanent extinction of all signs of life from the living body and it occurs at any time after birth. The differences in mortality can be attributed to the prevailing socio-economic, health care, disease, nutrition, sanitary condition, availability of potable water etc. The tribal mortality is quite distressing, especially in the context of Indian population (Biswas and Kapoor 2003). The infant mortality is a sensitive index for understanding the physical living standard (Sharma and Khan 1989).

The present Kabui population is one of the 33 recognized scheduled tribes of Manipur. They are also known by another term that is, Rongmei. Originally, they lived in the southern end of the present Nagaland. The mutual contact started with the valley Meiteis when they came to the eastern side through valley of Manipur and at

present they have settled in various parts of Imphal east and west districts of Manipur. The Saombung Kabui village is situated at a distance of 12 km from Imphal towards east direction. It is under the jurisdiction of Imphal east district. There are altogether only 121 households which are distributed very closely in linear fashion on either side of the Ukhrul road. The size of the village is about 1 1/2 sq. km.

The present study is an attempt to understand the fertility and mortality trends and also some of the factors influencing fertility and mortality among Kabui women of Saombung, Imphal east district, Manipur.

MATERIAL AND METHODS

The demographic data of the present study consists of 100 Kabui ever married women. House to house collection of data was conducted by interviewing 100 Kabui ever married women. The schedule included variables such as sex, age, pregnancy status, fertility, mortality migration, health care, use of birth control measures, occupation, educational status and other relevant information. Mortality was obtained by investigating prenatal death, neonatal death, still birth, induced, infant death, early child death and late child death. Data of the present study were collected in the year 2006.

RESULTS AND DISCUSSION

Table 1 shows the number of conception, live birth, living children, and living children per

Table 1: Distribution of conception, live birth, living children, living children per thousand live births and rate per thousand pregnancies among Kabui women

Age cohort (years)	No. of women	Conception		Live birth		Living children	Living children per thousand live births	Rate per thousand pregnancies
		No.	Average	No.	Average			
20-24	6	8	1.33	6	1.00	6		
25-29	31	82	1.68	81	2.61	80		
30-34	27	95	3.52	93	3.44	88	922.69	966.27
35-39	20	118	5.90	116	5.80	101		
40-44	14	87	6.21	84	6.00	78		
45+	2	25	12.50	21	10.5	17		
Total	415	415	4.15	401	4.01	370		

thousand live births and rate per thousand pregnancies. It is found from the table that the mothers of the younger age group (20-24 years) experienced least number of conceptions and live births as compared to mothers of higher age groups. The highest average numbers of conceptions and live births as high as 12.50 and 10.50 per mother are found after 45 years. The increased number of conceptions and live births are found with the increasing age of the mothers and the lowest is revealed among the age cohort 20-24 years with only 1.33 and 1.00 respectively. This finding is in conformity with the study of Singh (2006). The average number of fertility per mother is 4.01, while the average conception per mother is 4.15. Among Meitei, Pangal and Nepali women of Manipur, the average fertility rates are 4.01, 4.35 and 4.15 respectively (Singh 2006).

Among Lodha women of Nagaland and Khairwar women of Madhya Pradesh, the average live births were 4.67 and 4.85 (Sharma and Khan 1989 and Murry et al. 2005). The average fertility rate (4.01) of the present study is lower than Lodha, Khairwar Pangal and Nepali women. Out of 100 women, 38 percent of women used birth control devices. The birth control devices help to lower the fertility rate to some extent

among Kabui women. The number of living children per thousand live births is 922.69, while rate per thousand pregnancies is 966.27.

Table 2 indicates the distribution of women according to educational level and live birth. Most of the studies conducted revealed that there is inverse relationship between educational status and live birth (Talukdar 1983; Rohini and Reddi 1989 and Singh 2006). The present finding shows conformity with other earlier views of inverse relationship. Higher literacy lowers the number of live births as observed among Kabui women. Thus, illiterates have the highest average number of live births with 4.70, while the lowest average is seen among the highest educational level group (1.00) as for the present study. The number of male children live born is 186, while the number of female children is 215. The number of female children is more than male.

Table 3 presents the distribution of husband according to occupations and live birth. It is observed from the table that husband's occupation also influenced fertility. The table indicates that the highest average number of live births is found among manual labour (10.50). This trend is in agreement with other findings (Bhasin and Bhasin 2000; Verma 1999 and Singh 2006). The prevalence of highest fertility among manual

Table 2: Distribution of women according to educational level and number of live birth

S. No.	Educational level	No. of women	No. of live birth				Total	Average
			Male children		Female children			
			No.	Average	No.	Average		
1	Under matric	46	75	1.63	88	1.91	163	3.54
2	Under graduate	06	12	2.00	08	1.33	20	3.33
3	Graduate	02	-	-	02	1.00	02	1.00
4	Illiterate	46	99	2.15	117	2.54	216	4.70
5	Total	100	186	1.86	215	2.15	401	4.01

labours might be due to the reason that they need more helping hands for work and children are their hope for future. On the contrary, the salaried group shows the lowest average number of live births (3.28) only.

Table 3: Distribution of number of husbands according to occupation and live birth

S. No.	Occupation	No. of husbands	No. of children	Average
1	Salaried	39	128	3.28
2	Cultivator	41	141	3.44
3	Businessmen	12	63	5.25
4	Driver	04	39	9.75
5	Manual labour	02	21	10.50
6	Christian missionary	01	05	5.00
7	Carpenter	01	04	4.00
Total		100	401	4.01

Table 4 indicates the distribution of prenatal and postnatal offspring mortality among Kabui women. From Table 4, it is observed that of all conceptions Kabui women suffered from prenatal deaths (still births and induced) with 3.37 percent. The prenatal death with respect to mothers' age cohort, the highest percentage is found in the age cohort 20-24 years (25.00 percent), which is followed by after 45 years (16.00 percent). The lowest percentage is observed in the mother's age cohort 35-39 years with 1.69 percent. The present prenatal percentage (3.37 percent) is found to be lower than Khairwar women (4.60 percent) of Madhya Pradesh and Lodha women (11.06 percent) of Nagaland (Sharma and Khan 1989 and Murry et al. 2005).

Regarding the perinatal death, no women experienced perinatal death among various mothers' age cohorts. It is seen that of all live births only 0.25 percent of neonatal deaths took place among Kabui women. Only 1 case of neonatal

death is found in the age group after 45 years. The infant deaths percentage (3.74 percent) experienced by Kabui women is comparatively same with prenatal deaths percentage (3.37 percent). The maximum percentage of infant deaths is found among the mothers belonging to after 45 years with 9.52 percent, while the lowest is seen in the age cohort 25-29 years (1.23 percent). No women experienced infant death in the mothers' age cohort 20-24 years. The infant deaths were reported as 6.64 percent, 7.37 percent and 2.75 percent among Khairwar, Khamti and Lodha women (Sharma and Khan 1989; Varua 1994 and Murry et al. 2005). Therefore, the present infant deaths percentage (3.74 percent) may be said low as compared with those of Khairwar and Khamti women but higher than the Lodha women.

From the same table, it is known that of all live births the percentage of early child deaths is found to be 2.74 percent and the highest percentage is revealed among mothers whose ages are after 45 years with 4.76 percent. It is followed by age group 35-39 years (4.31 percent). In case of late child deaths, the highest and lowest percentages are observed in the successive age cohorts of 25-39 years and 40-44 years with 2.55 percent and 1.19 percent respectively. Women in the age cohorts 20-24 years and 25-29 years experienced neither early child deaths nor late child deaths. Moreover, no such case of late child deaths was reported in successive increase age cohort 30-34 years. As in the earlier deaths occurrence, early child and late child death percentages of the Kabui women (2.74 percent and 1.10 percent) are again comparatively lower than Khairwar women (3.92 percent and 1.70 percent) but higher than the Lodha women (2.00 percent and 0.86 percent). Among all deaths, infant deaths percentage is slightly higher than any other pre and postnatal deaths among Kabui

Table 4: Distribution of prenatal and postnatal offspring mortality among Kabui women

Age cohort (yrs)	No. of women	No. of conception	Prenatal death	No. of live birth	Peri-natal death	Neonatal death	Infant death	Early child death	Late child death	Total
20-24	6	8	2(25.00 %)	6	—	—	—	—	—	—
25-29	31	82	1(1.22 %)	81	—	—	1(1.23 %)	—	—	1(1.23 %)
30-34	27	95	2(2.11 %)	93	—	—	3(3.23 %)	2(2.15 %)	—	5(5.38 %)
35-39	20	118	2 (1.69 %)	116	—	—	7(6.03 %)	5(4.31 %)	3(2.59 %)	15(12.93 %)
40-44	14	87	3(3.45 %)	84	—	—	2(2.38 %)	3(3.57 %)	1(1.19 %)	6(7.14 %)
45+	2	25	4(16.00 %)	21	—	1(4.76 %)	2(9.52 %)	1(4.76 %)	—	4(19.04 %)
Total	100	415	14(3.37 %)	401	—	1(0.25 %)	15(3.74 %)	11(2.74 %)	4(1.00 %)	31(7.73 %)

Table 5: Distribution of postnatal offspring death according to causes

S. No.	Causes	Neo-natal	p.c	Infant	p.c	Early child death	p.c	Late child death	p.c	Total	p.c
1	Cold and fever	1	100	6	40.00	4	36.36	1	25.00	12	38.71
2	Diarrhea and dysentery	-	-	4	26.66	3	27.27	1	25.00	7	22.58
3	Typhoid	-	-	2	13.33	2	18.18	1	25.00	5	16.13
4	Accident	-	-	-	-	-	-	1	25.00	1	3.23
5	Unknown	-	-	3	20.00	2	18.18	-	-	6	19.35
Total		1	100	15	99.99	11	99.99	4	100.00	31	100.00

mothers. It is in agreement with the above mentioned findings (Sharma and Khan 1989; Varua 1994 and Murry et al. 2005). The pressure of death is maximum on infant during the life span of an individual then decrease, thereafter started again after 55 years or above. However, a polluted physical environment is the main cause of infant deaths because such an environment is a good source of virus, bacteria and all kinds of worms.

Table 5 indicates the postnatal offspring death according to causes. From the table, it is seen that of all the infant deaths, 40 percent infant deaths are caused by cold and fever and it is followed by diarrhoea and dysentery (26.66 percent). Another 20 percent of infants also died due to unknown causes. The mothers could not understand the causes and symptoms in such cases. In the early child deaths, 36.36 percent and 27.27 percent of children suffered and died on account of cold and fever and diarrhoea and dysentery. Incidentally, in the late child deaths, same number of percentage (25 percent) of children in each case died by each cause. The table indicates that maximum percentages of postnatal deaths are caused by the first and second causes which are responsible by virus and bacteria. The main causes of infant and child mortality are infectious parasites (Chaojhacta and Adeghocta 1984).

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