AIMS AND OBJECTIVES

The tea workers of Assam play a vital role in the socio-cultural as well as economic scenario of the state, but these people are yet to be studied in a comprehensive way. The present work is a humble attempt to study the infant and early childhood mortality and the different factors affecting it among some tea workers of Dibrugarh district, Assam.

The aims and objectives of the present study are

i) To understand the general demographic structure of the four different communities of tea workers considered for the present study. The communities are the Mundas, the Oraons, the Tantis and the "Others".

ii) To find out the pattern of mortality of the children of the four communities in the age group 0-5 years.

iii) To find out the effect of demographic factors on infant and early childhood mortality.

iv) To study the effect of social and cultural factors on infant and early childhood mortality.
v) To examine the effect of housing and environmental factors on infant and early childhood mortality.

vi) To see the influence of medical and health factors on infant and early childhood mortality.

vii) To study the effect of nutritional status of the mother on infant and early childhood mortality.

viii) To find out the pattern of morbidity and causes of death and ages at death.

ix) To compare the findings of the four communities within themselves and also to discuss with other similar findings of Assam, India and abroad.

MATERIALS AND METHODS

In order to complete the whole work among the tea-working population of Dibrugarh district, the present researcher has done her work in different phases, such as, pre-field work, field-work and post-field work. Before going to the field, extensive library work has been done for preparation of the schedule and to have a clear idea about the work and the people.

With the help of the first schedule i.e. the census survey schedule house to house survey was done in all the three gardens - Rajgarh, Pithagooti and Dirai. The census survey schedule covers the information like - age, sex, marital status, religion, age at marriage, education, occupation and income of the members of the family. Besides these, information on type of family, toilet facilities, drainage system, house-type, source of drinking water was also collected with the help of the interview and observation methods.
The second schedule was used to collect the data from those families that have (0 - 5) years aged children. The mothers of these families were interviewed to get information in detail about the children. As the health of the children specially of 0 - 5 years is largely dependant on the health or habits of the mother, the schedule covers a number of information related to the mother also.

The third schedule covers various information on demographic, social and cultural, housing and environmental, health and medical and nutritional aspects etc., which influence infant and early childhood mortality. The demographic factors includes - mother's age at marriage, parity, birth interval or spacing between children. The social and cultural factors include parents faith in talisman, decision taker regarding treatment of sick babies of the family, religious notion of parents, status of mother, parents attention to children, parent's education, occupation, monthly income, type of family, size of family and activities of mothers during pregnancy.

The health and medical factors include - medical check-up of mothers during pregnancy, nature of treatment received, general health condition of mother, immunization status, consumption of iron and folic acid tablets, gestation period, nature of delivery, equipment used to cut umbilical cord, place of delivery, size of baby at birth, bath given to baby, immunization status of surviving and dead children.

The housing and environmental factors include - house type, hygienic condition, house sanitation, sources of drinking water, treatment of drinking water and toilet facilities.
The nutritional factors include fasting of mother during pregnancy, food taboos during pregnancy, weight of mother, initiation of breast feeding, duration of breast feeding, and introduction of solid food.

The ages at death, causes of death and sex wise distribution of death of the 0-5 years children were also recorded.

Interview with structured schedules was the prime method of data collection. The observation method was also applied whenever necessary. Parents specially mothers were the main informants. Doctors, nurses and other staff of the hospital were also contacted whenever necessary.

THE SAMPLE

With the help of different survey schedule a house to house survey was made in the three gardens of Dibrugarh district i.e. Rajgarh, Dirai and Pithgooti. Altogether 1067 households were visited of which 264 belong to the Munda, 203 families belong to the Oraon, 301 families are of Tanti community. These three are the major communities found. Besides these 299 families are there which belong to a number of different communities. The break up is as follows – Bhuyan (23), Bhumiz (14), Bawri (14), Guwala (25), Gond (11), Gonju (19), Kharia (12), Kisan (21), Pradhan (17), Lohar (11), Mahili (15), Majhee (17), Mudi (12), Porja (26), Santal (13), Turi (21), Kondh (14) and Kumhar (18). As these communities are individually small in number, they are pooled together and termed as the "Others" for the present study.

From the total households, the families having infant and early childhood mortality have been separated out. 43 Munda, 36 Oraon, 32 Tanti
and 31 "Others" families were visited again to get information about infant and early childhood mortality.

**DURATION OF FIELD-WORK**

The field work for the present study was started in October 1997 and completed in the early part of 1999 in several spells.

**FIELD EXPERIENCES**

The researcher did not face any major problem during her stay in the field. The health workers of the garden hospital mostly helped her. They introduced her to the tea workers and requested them to help her by providing necessary information. The people were convinced, after some queries, that the information collected would be used only for academic purposes. Gradually they became quite friendly to the researcher and provided necessary information.

**REASON BEHIND THE SELECTION OF THE TEA-WORKER**

It is hypothesized that lower the level of socio-economic and educational status of parents higher is the infant and early childhood mortality. The tea-garden labourers living in the tea-gardens of Assam are depressed in socio-economic as well as educational aspects.

The pattern of infant and early childhood mortality among the tea workers is therefore worth knowing.

Another interesting point is that the forefathers of these tea workers were brought to Assam from different parts of India to work as tea labourers during the rule of colonial government in the nineteenth century. Since that
time these heterogenous ethnic communities are living together and they have constituted a common mass popularly known as the tea-worker (Chah Shramik).

Under the backdrops enumerated above the present researcher selected the tea workers for her study.

STATISTICAL CONSIDERATIONS

The main statistical considerations for the present study are the percentile distribution and the tests of significance ($\chi^2$ test) to find out the variations if any among the four communities of the present study. Though there was enough scope for doing more sophisticated statistical calculations with the help of computer, the present researcher could not do all these due to lack of her computer knowledge.