Demographic Study with Special Reference to Reproductive and Child Health among Chiru Tribe of Manipur

(ABSTRACT)

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The present study was conducted among the Chiru tribe of Manipur, India. The Chiru, one of the 33 scheduled tribes of Manipur, India, are mostly distributed in the Senapati, Tamenglong and Churachandpur Districts. The data was collected from 647 ever-married women in the reproductive ages (15-49 years) from seven Chiru villages of two districts viz., Tamenglong and Senapati districts through intensive demographic research in order to understand their overall reproductive and child health status.

The Chiru’s population pyramid presents youthful population with high fertility, typical of developing countries. Sex ratio of the present study (978.82) is slightly higher than the Indian average (940) but lower than Manipur (987). Total literacy rate of the Chiru tribe is higher than figures from Manipur and India. Further, about 60% and 30% of all the female literates in the reproductive ages have education only up to primary level and secondary level, respectively.

The main occupation of the Chiru tribe is cultivation. 45.71% of Chiru male are economically active with about 76.39% of the households falling below the PCAI less than ₹20,000/-. The average age at marriage (21.42 years) is well within the legal age at marriage.

Most of the Chiru women knew about the modern birth control measures. However, only 39% of women are BCM users.

The crude birth rate (CBR=20.51), total fertility rate ((TFR= 5.26) of the Chiru were found to be higher than that of Manipur state (CBR=15.8; TFR= 2.4) and general fertility rate and child women ratio (GFR = 89.64; CWR = 381.8) of Chiru were found to be lower than that of the state Manipur (GFR = 116; CWR = 448.8) and India (GFR = 144; CWR = 547.9). The mean live birth is highest among those women who married at ages 15-19 years which gradually decreases with an increase age at marriage. It is also highest among women whose age at conception is 15-19 years and gradually decreases with the increase age at first conception. This clearly indicates that age is one of the factors influencing fertility.

The mean live births is the highest among women whose PCAI ranges from < ₹6,000/- and show a gradual decrease within the households with increasing per capita annual income from < ₹6,000/- to ≥ ₹36,000/-. Multivariate analysis has shown that the present age of mother has (39.6%) influenced on fertility. Apart from age of mother, 16.9% is explained by maternal age at marriage, 2.3% by the PCAI, 0.6% by type of family and 0.1% are explained by the age at first conception and BCM, respectively.
Crude death rate is found to be 3.86 which is lower as compared to the crude death rates of Manipur (5.0) and India (7.4). Of all the prenatal mortality, 66.67% are found to be spontaneous abortions. And spontaneous abortions are higher among the mothers who are engaged in business, self-employed and daily wagers. Whereas, the percentage of induced abortion and stillbirths are found to be highest among the mothers who are engaged in private jobs. And the highest number of postnatal deaths is found among the housewives.

Out of 647 ever married women, 31.67% reported symptoms of any reproductive tract infections and a majority of women (62.68%) who reported any reproductive tract infection did not receive any treatment.

34% of Chiru women reported regular intake of IFA tablets during pregnancy. Improper intake of IFA, TT doses among Chiru women is probably due to the lack of awareness of the benefits of dietary supplements. Excessive fatigue and eclampsia are the main problems reported by women during pregnancy. Among Chiru women, 22.26% of women were undernourished (BMI< 18.49 kg/m²).

Fever and diarrhoea are two major causes of illness among Chiru children. The educational level of mother and PCAI of the household seems to be positively related with child morbidity. More than 66% of children have received BCG, two doses of DPT and Polio.

About 96% of the children showed some degree of malnutrition i.e., severe, moderate, mild malnourished, etc. Girls are more undernourished as compared to the boys in Chiru community. This clearly shows that there is some sort of gender preferences or discrimination

Promoting the levels of education and advocacy of contraceptive methods among the Chirus may control fertility levels to an extent which is commensurate to their socio-economic status. Basic and essential health amenities especially, infrastructure for ANC and PNC are urgently needed to ensure elevation of overall health standards of the Chirus.