CHAPTER IX
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SUMMARY AND CONCLUSION

The tea industry plays a major role in building the economy of our country. In Assam this industry becomes the biggest employer in the private sector. There is no other industry where women have played such an important role like that of tea industry. British planters brought the tea garden labours to Assam from various parts of India during nineteenth century. As they were immigrants, the socio economic status of tea garden labour community remain different from other societies of Assamese people. Because of less contact with outside world they become a distinct group of population. The study and research of tea garden labour women is essential, as they constitute the largest women labour force in a single industry in India. The population of this community exhibits a upward trend, but their scope of employment in correspondence with this rise is limited. In spite of its importance the fertility of female of tea garden labour have not been adequately studied by social scientists. A study on the fertility and reproductive health is expected to be helpful in policy formulation in ensuring economic and social justice to the tea garden labour women.

Realising the importance of investigation of fertility and reproductive health of women of tea garden labour community the
present study was undertaken. The study was based on the primary data collected from a survey. A total of 1015 tea garden labour married women of reproductive age group belonging to 14 tea gardens were interviewed. The responses given by these women have been used to examine the prevailing situation of fertility and reproductive health problem of them.

9.1 SUMMARY OF FINDINGS

In order to study the mechanisms of fertility and reproductive health status, the components of fertility needed to be examined. Age at marriage, proximate determinants of fertility, tempo effects, closed birth interval and most recent birth interval were studied for this purpose.

In this study age at marriage was found to be 18.26 years and the mean age at first childbearing was 19.56 years. Early entrance into marriage means early entrance in to child bearing and consequently high fertility. Thus these women spend almost the whole reproductive span in marital union, resulting higher birth rate. Logistic regression analysis was carried out to identify the factors that influence age at marriage. The rate of literacy in general among the tea garden labour community and more particularly among the women is very low. The lower level of education showed positive but insignificant effect in this analysis. Hence only high school level education could not increase age at marriage. It is expected only, when the education is made compulsory beyond high school level.
The application of the Bongaarts model showed that among the proximate determinants, the impact of lactational infecundability in fertility reduction was the highest, which was about 36.1 per cent of the total impact. This is due to the reason that they breast feed their baby for a prolonged time. The study found that contraceptive use was not very popular among them due to misconception in the minds of tea labourer. Though 95.1 per cent respondents heard about family planning programme but most of the respondents were unwilling and uninterested to adopt family planning measures. 34 per cent of women were contraceptive user. It is seen that induced abortion is poorly performed in tea garden. The respondents were not very much familiar with induce abortion. The percentage of poorly spaced births was higher among tea tribes as spacing method of family planning methods was not common. This study on the proximate determinants of fertility gives evidence that any change in the level of fertility is necessarily related to changes in marriage and attitude towards induce abortion. Early age at marriage is an important factor in influencing fertility for a society with low contraceptive prevalence. However, age at first childbearing cannot have an effect on fertility if the majority of women are effectively contracepted.

It was observed that infant mortality rate of the surveyed population was 70. Infant mortality affects fertility; usually women who lost their
child have a higher number of births. It seems that almost each child who
died is being replaced by another birth. This means fertility directly
depends on child survival. The children are considered as economic
assets by the parents. Only 2.1 per cent of the women were childless.
Infertility did not exhibit as a major problem among the respondents.

Application of Bongaarts Feeney model on the data showed that
during the decade (1990-1999) fertility level and age at marriage of
women of tea labourer remained unaltered. No declination of fertility
level was observed.

The probability models on closed and most recent birth intervals
were formulated and estimation of level of fecundability, i.e. risk of
conception were made. Applicability of these models has also been
demonstrated through our observed set of data. This study has revealed
that the risk of conception between marriage and first birth is smaller than
the risk of subsequent conceptions. Plausible reason of this may be due to
their entry to married life at tender ages.

Regarding the health condition of tea tribes, based on six related
aspects of reproductive health, an index (RHI) was estimated, which was
very low (32.68). It signifies that the reproductive health status of tea
tribe is far from adequate.

Medical facilities in almost all the surveyed tea gardens were not
adequate to cater the need of the labour women. Medical advice for
prenatal and postnatal care of the pregnant women was found to be lacking in these gardens.

9.2 POLICY IMPLICATION

According to the United Nations Population Fund, countries that have made social investments in health, family planning and education have slower population growth and faster economic growth than countries that have not such investment.

This study attempted to shed some light on fertility and reproductive health of females of tea tribe.

Reproductive health and health practices are basically a total concept and they cannot be attained singly. The improvement depends on the improvement of the overall living conditions. The planners, policy makers and administrators should consider all the factors associated with it. The management must come forward to provide adequate facilities for prenatal and postnatal care of the mothers. More attention should be paid to those most in need, burdened by ill health, receiving inadequate services for health or affected by poverty.

Popularization of family planning is essential among the labour community. Different methods of motivating married women to use contraception should be developed. Due to mass illiteracy and ignorance most of them are not conscious about their socio economic status as well as the means to improve their reproductive health condition. It is
necessary to raise awareness of health problems and provide information that people can use to change their behaviour. For betterment of reproductive health conditions as well as to reduce fertility level, the health department of the state as well as voluntary social organizations or labour well fare societies etc should undertake measures in collaboration with the management of the tea estates. The major policy implication that should be followed immediately is that, more emphasis should be directed to educate both married and unmarried women.