PREFACE

Tea in Assam is the largest organized industry. The tea garden labourers were brought to Assam from various parts of India during the nineteenth century. They settled in the gardens and have been emerging as a group of people having a separate identity. Socio-economic development of Assam depends greatly on the development of this tribal sector where illiteracy, ignorance, poverty and poor health status are common occurrences. It is highly necessary to investigate the fertility status and reproductive health of females of tea garden labourer of Assam for formulation and implementation of various development policies. In this research work, an attempt has been made to study the natural fertility and reproductive health of married women of tea garden labourer.

Outline of the work under different chapters of the thesis are given below:

Chapter 1, which is introductory in nature, presents the background of the fertility study and the need and objectives of this study.

Chapter II presents review of important literature pertaining to the study.

Chapter III describes the background of the population under study, procedure of data collection, about the schedule, preparation of codebook,
the sampling procedure and problem faced during data collection. A logistic regression analysis is being carried out in this chapter to observe the influence of selected demographic and socio-economic variables on age at marriage. It has been found that the education and the age at marriage are positively correlated.

Chapter IV discusses the proximate determinants of fertility, using Bongaarts model. An attempt has been made to identify the inhibiting effect of four proximate determinants of fertility i.e. marriage, induce abortion, lactational infecundability and contraception of tea tribes. Among the four proximate determinants, lactational infecundability has the most significant effect on fertility reduction and on the other hand age at marriage is the main cause of high fertility. Of all the methods of contraceptive, sterilisation is the most used method among the tea labourers and spacing methods are not popular. It has been found that contraception practice is not very common among tea tribe. The non-popularity of family planning methods is due to misconception in the minds of tea tribe. The practice of induce abortion is low among them. Special attention should be given to raise the contraceptive acceptance rate. There is a need for better counseling.

Chapter V presents the fertility transition occurring amongst the tea tribe. It explores the fertility trend of tea tribe during the decade 1990-
1999. Bongaarts Feeney model has been applied to the data. It is observed that the fertility trend of tea garden women labourer remains the same during this decade.

In chapter VI, a probability model for closed birth interval is presented; assuming the period of post partum amenorrhea is a variable following modified Pascal distribution. The derived model for closed birth interval is applied to the observed distribution and it describes the data satisfactorily. The estimate of the parameter \( \lambda \) obtained through this model is reasonable one.

In chapter VII, a probability distribution of most recent birth interval has been derived. It is the modification of the model developed by Singh et al., 1988. It is illustrated with the help of observed data. The proposed model for most recent birth interval has been applied to the data collected from the survey. The parameters of the model are estimated by the method of maximum likelihood. It has been observed that \( \lambda_0 \), the risk of conception for the first birth and \( \lambda \), the risk of conceptions of subsequent births obtained through this model are the reasonable one.

In chapter VIII, an attempt has been made to investigate the reproductive health status of tea tribe as well as the factors influencing it. In the chapter VIII, the score of reproductive health index indicates that the tea
tribe is lagging far behind than the rest of the country in all aspects. Widespread illiteracy and a low level of health awareness have emerged as major constraints of maintaining a sound reproductive health of tea tribe in Assam. In general, education raises women's age at marriage, reduces infant mortality, improves reproductive health condition and thereby also improves women's social status.

Chapter IX presents overall summary and conclusion of the study.