CHAPTER VII

SUMMARY
Mortality and various biosocial proximates affecting it, have in the recent years attracted the attention of anthropologists. It is well recognised that biosocial background plays a vital role in mortality pattern. This part of anthropological research has added importance in view of the intense need in the context of the fast and accelerated population growth and to provide the people with better standard of living. Though a few of anthropological studies in this aspect have been conducted on some population groups of India as well as in North-East India by different investigators at different times, no such investigation has so far been undertaken in an urban centre where some schedule tribe population groups are inhabiting permanently. In the present study an attempt has been made to deal with the mortality pattern and biosocial proximates among the Khasi, Garo and Mizo population groups of Shillong (Meghalaya).

The present investigation was carried out among three mongoloid populations of Shillong viz., the Khasi, Garo and Mizo. Among them the Khasi are the original inhabitants of Shillong. The matrilineal family structure is prevalent among the Khasi and Garo, whereas the Mizo are patriarchal people.
The materials for the present study on the Khasi, Garo and Mizo population groups of Shillong were collected during the year 1990-92. The data collection was made by the investigator himself. Occasionally help of interpreter was also been taken. Most of the tribal populations of Shillong are Christian by faith and the Churches maintain the registers on birth, death and marriage. For the purpose of the present study only the Christian Khasi, Garo and Mizo populations were taken into consideration.

In the present study three schedules were specially designed for data collection. These are, 1) for general demography, 2) for mortality pattern and 3) for biosocial proximates. Altogether 636 households were covered in the survey to obtain adequate general demographic data. The sample consists of 350 Khasi, 136 Garo and 141 Mizo households. The crude data on causes of death for the Khasi, Garo and Mizo population groups were collected from different death registers of Shillong Churches and hospitals. The death registers of Shillong Municipality have also been consulted. In this connection 1227 cases of death among the Khasi, 304 among the Garo and 314 among the Mizo are dealt with. The number of infant/early childhood deaths among the Khasi, Garo and Mizo are 371, 151 and 138 respectively. For the purpose of data collection on biosocial proximates a subsample has been drawn which
consists of 262 Khasi, 114 Garo and 73 Mizo live births which were occurred during the last decade i.e. between 1980-1989. These data were also collected by visiting the respective families. These subsample has again been divided into two categories - i) the experimental, i.e. the families where child mortality occurred in case of the last birth during the decade between 1980 and 1989 and ii) the control group, i.e. the families where there was no mortality in case of the last birth during the same decade.

The general demographic features of the Khasi, Garo and Mizo population groups of Shillong show that the Khasi deviate from the Garo and Mizo by having considerably more number of big and very big families, whereas in case of the Garo and Mizo the number of medium sized families predominates over the other family sizes. Higher occurrence of joint family has been noticed among the Khasi in comparison to that in the Garo and Mizo. The reason behind may be due to the fact that the Khasi are the original settlers of Shillong and the other two populations have migrated to this town to earn their livelihood. The results of educational status show that the Khasi represent 1/10 illiterate husbands and 1/5 illiterate wives. Among the Garo and Mizo almost all the couples are literate. In case of occupational status it is evident that most of the
Garo and Mizo are job holders unlike the Khasi.

It appears from the decadal data (i.e. 1980-'89) of inter population variation of causes of death (i.e. obtained from the data of different death registers of Shillong) that, most of the deaths occurred because of four factors, namely, infective and parasitic disease, diseases of circulatory system, diseases of respiratory system and diseases of digestive system among the Garo (68.42 %), Mizo (63.05 %) and Khasi (54.11 %). It reveals from the inter population variation of infant/early childhood (1-4 years) deaths by leading causes that the major causes of death among the Khasi and Garo are fever and respiratory troubles respectively. In case of the Mizo the major causes are asphyxia and gastroenteritis. Among the Khasi the second major cause is diarrhoea (16.44%) and in case of the Garo is asphyxia (13.91 %), while among the Mizo the second major cause is jaundice (13.04 %).

The percentage of pregnancy wastage are almost the same among the Garo (3.52) and the Khasi (3.46). It is comparatively low among the Mizo (2.60). As a result, the frequencies of live birth among the Garo (97.36) and Mizo (97.74) are almost the same. While, its percentage among the Khasi (96.85) is slightly lower than that of the former two.
The percentage of infant mortality is highest among the Garo (5.19) and lowest among the Mizo (2.30). Similarly the percentage of the deaths within 1-4 years is also highest among the Garo (2.71) and lowest among the Mizo (0.89). The deaths within 5-14 years also show its highest value among the Garo (i.e. 1.58 %) but it shows lowest value among the Khasi (0.89 %).

More number of the Garo (9.48 %) die before they reach the reproductive age than the Khasi (6.70 %) and Mizo (4.61 %). As a result the Garo exhibit the lowest percentage of still alive individuals (i.e. 87.70 %) and the Mizo exhibit the highest (92.72 %). The Khasi show the intermediate value (i.e. 89.31 %).

It appears from the sample considered for biosocial proximates that the frequencies of water borne diseases, infectious diseases and non-infectious diseases are lower among the Mizo in comparison to that in the Khasi and Garo. It is found that among the Khasi the frequencies of all these three kinds of disease are lower than those among the Garo. The result of mortality pattern reveals that both total infant and child mortality are highest among the Garo and lowest among the Mizo and the Khasi stand in between.

The findings of biosocial proximates show a similar trend with the findings of mortality pattern.
It appears that the Mizo are much more health conscious than the Khasi and Garo, but the Khasi are comparatively more health conscious than the Garo. It is found that the probable reasons for the low child mortality rate among the Mizo in comparison to that in the Khasi and Garo may be due to the fact that the Mizo largely depend on modern medical treatment like immunization of child, delivery in hospital or nursing home rather than at home, treatment by professional medical doctors rather than by the quacks and have better sense of personal hygiene. The Khasi, in turn, have got the lower child mortality rate than the Garo due to the fact that the Khasi depend more on medical treatment like delivery in hospital or nursing home, treatment by professional medical doctors, immunization of child etc. than the Garo. It reveals that the Garo are following their traditional habits (like; indigenous instrument used to cut the umbilical cord, indigenous material applied to the umbilical cord, deliveries attended by the unskilled personnel, delivery at home, low age at marriage, low age of mother at the time of first child birth etc.) more than the Khasi and Mizo in this respect. The results show similar trends when the frequencies of various biosocial proximates in the experimental and control groups in relation to child mortality are taken into consideration.
It appears from the comparative data on infant and child mortality that post neo-natal mortality rate is higher than neo-natal mortality rate in most of the populations of North-East India along with the Khasi and Mizo of Shillong. The exceptions in this regard are the Brahmin, Kayastha, Moran, Keot, Sheikh and Karbi along with the Garo of Shillong. The studied population groups exhibit a low level of toddler mortality (1-4 years) rate in comparison to that among the others, whereas they exhibit a similar trend with the other populations in case of juvenile mortality rate. The exception in this case are the Brahmin, Keot, Sheikh and Karbi who exhibit a higher value than the studied population groups.

It reveals that among the different diseases infective and parasitic diseases, diseases peculiar to early infancy and diseases of digestive system share the major causes of child deaths for both the Koch and Brahmin populations of Kamrup, Assam, whereas among the studied population groups it appears that the major causes of death among the Khasi and Garo are fever and respiratory troubles respectively. In case of the Mizo the major causes are asphyxia and gastroenteritis.

The findings of infant and child mortality among the different population groups of Assam and Meghalaya
show the high rate of infant mortality is mainly due to high rate of post neo-natal mortality than neo-natal mortality rate although the population groups under study belong to different level of social hierarchy which include the Hindu caste groups, Muslims, CBC, schedule castes and schedule tribes. Thus, the findings of the present worker and the findings of other from other parts of North-East India are not similar with the national level. It implies that in Shillong, Meghalaya as well as in other parts of North-East India the Government policy should give more emphasis to check post neo-natal mortality for substantial decline in infant mortality rate.