Currently India is at a crucial stage of demographic change with continuing high fertility and declining mortality which is responsible for India's accelerating higher population growth rates. This has been a major concern for a longer period in India. Although the level of mortality is continuing to decline rapidly, the level of infant mortality is still higher which is causing the most depressing feature of the population problem. In order to tackle this problem of high infant mortality, it is essential to examine its level in various parts of the country with different socio-cultural backgrounds, so as to understand well about the distinct causes. Besides this, it may be said that many children die soon after they are born either due to lack of medical and health services, poor and unscientific feeding practices, unhygienic conditions, unscientific method of
delivery and lack of post-natal care. Indeed, biological, environmental and socio-economic conditions altogether cause the infant mortality. Moreover, one of the truly outstanding achievements of the 20th century has been the remarkable progress that has been reflected in a profound reduction in the risk of infant mortality which is due to the medical and health services that are available at present as compared to the past. Similarly, the services for the ante-natal and post-natal care, and the living standards of the people have been considerably increased which contributed to the reduction of infant mortality to some extent.

In India, mortality among children up to five years are account for almost half (about 47 per cent) of all deaths. Almost one-third (about 30 per cent) of all deaths are accounted among the children before they reach their first birth day (Padmanabha, 1982). Despite the obvious importance and widespread interest in reduction of infant mortality in India, the data base on the subject have been quite weak. Statistically, data on infant mortality in India, showed that the infant mortality rate has declined dramatically from above 220 deaths per 1000 live births per year at the beginning of this century and in the late 1940s at the time of India's Independence to about 130 per year for the 1960s. However, the rate of decline in infant mortality has been slower than the corresponding decline in general mortality. The reduction in general mortality was 60 per cent and in
case of infant mortality was only 40 per cent during the period of 1910-1960. From year to year, fluctuations in the infant mortality rates notwithstanding the level during the 1970s seemed stable around 130 deaths per 1000 live births until 1978. Thereafter, the tendency to decline in infant mortality was only marginal, it was approximately 105 per 1000 live births in 1984 (Leela Visaria, 1988). The proportion of infant deaths to total deaths varies from state to state and is reported to be the highest in U.P. (35.1 per cent) while the lowest is 16.9 per cent in Kerala (R.G. of India, 1983). Similar variation is noticed in infant mortality rates among the states from 31 in Kerala to 152 in Uttar Pradesh (R.G. of India, 1986). Hence, to understand the reasons for such variations in infant mortality among various regions, it is essential to understand the factors which are responsible for higher infant mortality and to plan efficient interventions which could help to reduce infant mortality.

The experience of Andhra Pradesh state in India has also been recognized as an indicator of achievement in the reduction of infant mortality. The significant features that are contributed to the decline of infant mortality are, literacy level, better standard of living (quality of life), and developed network of medical and health services, which were evolved district-wise to tackle them effectively. For the period of 1961-70, the infant mortality rate
was about 112 per 1000 live births as compared to 132 for India (R.G. of India, 1979). According to the 1981 census, the infant mortality rate in Andhra Pradesh was 95 as compared to 115 for India. These figures also suggest that till 1978, the difference in infant mortality rate of Andhra Pradesh and India was only marginal. Since then, the infant mortality rate of Andhra Pradesh was declined to 78 as compared to 105 for India (R.G. of India, 1986). The decline in infant mortality could be attributed to the combination of Expanded Immunization Programme (EIP) which was put through providing immunization against measles and other infectious diseases of the infants and by the expansion of maternal and child health services for pregnant and lactating mothers. Even though Andhra Pradesh has achieved fairly well in its endeavour to reduce the level of infant mortality, still much emphasis is needed to reduce the existing level of high infant mortality among certain communities particularly Sugalis. For example, according to Registrar General of India (1979), scheduled tribes and scheduled castes in Andhra Pradesh have higher rate of infant mortality about 144 and 132 per 1000 live births respectively. Apart from this, out of 1000 infants, as many as 128 were dying in the Anantapur district while the infant mortality rate at state level was only 78 (Ministry of Health and Family Welfare, Govt. of Andhra Pradesh, 1988). Therefore, regional and community based studies on the levels and determinants of infant
mortality are needed to establish the most effective strategies for reduction of infant mortality.

RELEVANCE OF THE STUDY

Hitherto, studies on mortality carried out in India were mostly based on the data generated through census, sample registration scheme, hospital data and national sample surveys (Chandrasekhar, 1972; Vaidyanathan (ed), 1972; Jain, 1974; Agarwala, 1975; Kulkarni, 1975 and Kohli, 1977). By and large few major studies have been carried out in different parts of India generating primary data on mortality (Wyon and Gordon, 1971; Ruzicka and Kanitkar, 1973; Upadyay, 1974; Omran and Standley, 1976; Simmons et al., 1978 and Smucker et al., 1980). These studies followed different methodologies and focussed on different approaches.

While most of the studies followed survey approach, the Khanna Study (Wyon and Gordon, 1971) in rural Punjab was more in-depth in nature. The variables covered so far, focussed on health services delivery system, socio-economic and demographic aspects. Similarly, a pioneer study conducted by Mahadevan (1989) in India, covered several socio-cultural, demographic, health and nutritional aspects which have great relevance in understanding of infant mortality behaviour in a traditional society like ours.
However, very limited studies have been carried out in India on tribal demography viz., Bhowmik et al., (1971) on Zemi of Nagaland, Jaiswal (1979) on Bhils of Madhya Pradesh; Chaudhuri et al., (1986) on tribals in Gujarat; Salil Basu (1985) on Gonds of Madhya Pradesh and Sipra Sen (1987) on tribes of Nagaland. But these studies have not covered on the levels and determinants of infant mortality. Nevertheless, no indepth study has been made to find out the differential determinants of infant mortality among the different tribal groups of Andhra Pradesh.

Towards this end, the present study is the modest attempt which investigates the influence of selected socio-cultural, demographic, health, nutritional and breastfeeding factors on infant mortality. Moreover, this study was designed to summarize the differentials and determinants of infant mortality among this particular tribal community namely Sugalis, because no in-depth study was made so far. By and large, the findings noticed in the present study may have greater value under the present infant mortality situation, especially where greater proportion of the infant children die today. And it will equally act as a valuable piece of research for health departments, social/tribal welfare departments, maternal and child health services for Andhra Pradesh and Anantapur district of Rayalaseema region in particular, for strengthening their programmes.
RESUME OF THE SUCCEEDING CHAPTERS

The thesis is divided into nine chapters for the convenience of characterising the differential determinants of infant mortality in the community. They are:

1. Review of Literature
   A. Sugalis in Anantapur District - An Overview
2. Methodology
3. Socio-economic determinants of infant mortality
4. Demographic determinants of infant mortality
5. Health determinants of infant mortality
6. Cultural factors and infant mortality
7. Nutritional and breastfeeding practices affecting infant mortality
8. Regression analysis
9. Summary and Implications.

The detailed discussions of each chapter is as follows:

The first chapter deals with comprehensive review of literature covering different determinants of infant mortality such as, socio-economic, demographic, health, cultural, nutrition and breastfeeding variables. Besides this, an overview of Sugalis in Anantapur district is also presented.

Chapter two gives an account of the methodological aspects of the study such as objectives, hypotheses, conceptual
model, sample design and size, interview process, data collection, measurement of variables, data analysis, and methodological problems of the study.

The third chapter presents the discussion on socio-economic characteristics of the respondents like education and occupation of the parents, household income, socio-economic status-index, type of family, and index on social status of woman and their influence on infant mortality.

The fourth chapter traces the demographic characteristics of the respondents such as present age of the mother, age at marriage, duration of married life, age of the mother at first birth, number of live births, age and sex of the infant, birth order, birth interval and age of mother at birth of the deceased child and their relationship with infant mortality.

The fifth chapter comprehensively deals with respondents attitude towards health care during pregnancy and delivery such as pre-natal and post-natal care, availability and utilization of health services from primary health centre, sub-centre, peripheral health workers; practice of immunization, causes of infant death, place of delivery, birth attendant, usage of instruments for cutting the umbilical cord, and dressing of the umbilical cord and their influence on infant mortality.
The sixth chapter throws light on the nature of association between infant mortality and limited cultural variables such as marriage patterns, type of marital relationship, desire for extra children, son preference, kinship interaction, perception of infant mortality, abortion, customs and habits.

The seventh chapter illustrates the relationship between infant mortality and nutritional and breastfeeding practices such as intake of nutritious food, foods avoided during pregnancy and lactation, nutritional status of mother (external medical examination), type of weaning or supplementary food practices for children, type of pre-lacteal feed, beverages given to children besides breast-milk, initiation of breastfeeding, frequency of breastfeeding, initiation of weaning/supplementary foods, and duration of breastfeeding.

The eighth chapter highlights the step-wise multiple regression analysis which aims to identify the influence of crucial determinants of infant mortality.

The last chapter gives summary and implications involved in the present research.