Title: Bio-social determinants of reproductive performance among the Santhals of Seraikela-Kharsawan district, Jharkhand

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2012
The present study was conducted among the Santhals of Seraikela-Kharsawan District of Jharkhand, India. The Santhals, the third largest tribal community of India are mostly distributed in the East Indian states of Bihar, West Bengal, Orissa, and Tripura. Data was collected from 1000 ever-married women in the reproductive ages (15-49 years) from seven Santhal villages of the district through intensive demographic research in order to understand the overall bio-social determinants of their reproductive performance.

The Santhal’s population pyramid presents youthful population with high fertility, typical of developing countries. Sex ratio of the present study (943.89) is slightly higher than the Indian average (940) but lower than Jharkhand, rural Jharkhand and rural India. Both total literacy and sex-specific literacy levels of the Santhals of Jharkhand are lower than figures for Jharkhand and India. Further, about 90% of all the female literates in the reproductive ages have education only up to primary level.

The mean age at marriage for men is +24 years and that of women is +18 years. 60% of the women are housewives though their contribution to agriculture is immense. The per capita annual income (PCAI) of the Santhals mostly ranges from ₹1000 to ₹15000. Women although are involved in decisions concerning household expenses, celebrations at home and the like, decisions on financial matters solely taken by husbands. Quite a few cases of physical, verbal and sexual abuses by husband on their wives have been reported.

Contraceptive methods are not popular among the Santhals. However, differential fertility between literate and illiterate women can be clearly seen wherein 90% of all live births occurred to the illiterates whose population comprises about 65% of the total ever-married women.

Fertility rates (CBR, GFR and TFR) of the Santhals were found to be higher than the average rates for Jharkhand and India. The mean live birth is highest among those women who were married at ages 15-19 years which gradually decreased with an increase in the age at marriage. It is also highest (4.35) among women whose PCAI ranges from ₹5001 to ₹10,000; and among non-consumers of alcohol (5.09) and non-smokers (3.06). Domestic violence is also found to have considerable bearing on fertility. Multivariate analysis has shown that the present age of mother has 45.9 percent influence on fertility. 4.5 percent variance of number of live births can be explained by age at first conception, 0.9 percent variance can be
explained by age at marriage, 0.4 percent by smoking habit and 0.1 percent by age at menarche. These five variables are also found to be having statistically significant influence on fertility of the Santhals of Jharkhand.

Mortality rates like CDR and CMR are lower but IMR and NMR are higher than the average for Jharkhand and India. Neonatal mortality is seen only in first order of birth. The highest proportion of prenatal mortality is seen among mothers who conceived in the age group of 15-19 years. Prenatal and infant mortalities appeared to be higher among women whose income fall in low PCAI group of ₹5000-₹10000. On the whole, postnatal mortality figures are higher among women in government service and labourers and lesser among housewives and cultivators.

The general influence of morbidity on postnatal mortality shows that malaria (35%) is the most common cause of death followed by a local disease known as horna (20%) and diarrhoea (15%). Also, 50% of all postnatal deaths occurred among those children who have not been vaccinated at all. Women who occasionally took IFA tablets have reported most pregnancy related (32.14%) and post delivery (42.85%) problems. 58.48% of women had never received any dosage of tetanus vaccine during their pregnancies while the rest received either complete (at least two doses) or partial (one dose) Tetanus vaccination. 49.4% of women in the present study reported general weakness and exhaustion during their pregnancy. Hypertension (12%), pain in the stomach (6.05%) and fever (4.86%) are some among the other reported problems.

Promoting the levels of education and advocacy of contraceptive methods among the Santhals 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 standard of the Santhals.