Bio- Demographic Factors and their Influence on Infant Mortality among the Gond - Korku Tribal of Vidarbha Region

B. P. Adhau

Department of Commerce Takshashila Mahavidyalaya, Amravati, Maharashtra State, India

Abstract

This study ermines the impact of personal experience and perception of infant mortality among the Gond and Korku tribal is dealt in terms of biological sociological some other factor. Biological factors include the variables like mother age at marriage breast feeding duration, material applied to the cord, birth order , Birth internal and mother age, Social factor include the variables like type of family size family mother education, economics status of family and type of house, However in the variables like medical checkup of mothers delivery attendant. Immunization of child place of delivery. A.N.M. check up and family planning are considered. The Infant mortality 13.77% and child mortality 8.82% in found to be among the Gond which indicates strikingly high level of infant death. When this as been calculated in neo natal and post neonatal stages. Death in post neo-natal period (7.76%) found to be considerably higher than that found to be considerably highly than that of neo-natal period 6.01% socio economic development is found to be relatively low among the study population which result in high level of infant mortality among them from the resulted in high level of infant mortality among them. From the result of multivariate analysis it however reveals that type and size of family, birth order, birth internal and ANM- Check up emerged as important determinant of infant mortality differentials among the God. To bring down the high level infant death appropriate delivery of MCH services within the easy reach in the Gond and Korku People is necessary .

KEYWORD - Infant Mortality Korku and Gond, Tribe and Vidarbha Region

Introduction :-

Children health tomorrows wealth is a very well known saying. In the reality birth of child occupies reality birth of a child occupies a special position in people's life and children are generally loved all over the world. Unfortunately a large number of children die every year in our country due to various kind of illness. Such child death always brings sorrow to the families. Though human life beings with the stage of conception them are several antecedent and sequential factors from both endogenous and exogenous source that after the growth and decay of infant and children at several stages of their development. The life process in affected through preconception stages ecology culture family and marriage sub sequent through parents conception, pregnancy, prenatal and postnatal care. Infant and child rearing practices interventions and several other development. Apart form these factors on a concurrently basis morbidity , natural calamity and accident either directly or through the preceding list of factors after life. Each of these critical factors and progressive stages in life has several specific variable that may affect human development. There are also factors which are yet to come to light but may emerge in course of time whatever caused factors are already known may

changes their influence and servile new factors may come to light through further advancement in knowledge Beside the same variable may affect mortality differently at different stages in life and in different context for instance , minimum financial resources may be required for a peasea and family to support a pregnant mother but meeting the cost of deliverer in a modern urban oriented clinic may be a financial burden for the same family. This is how income may influence life. differently at different stages of its growth similarly, certain cultured practices are healthy but other is tattles as can be seen form the various sections and so is to case with respect to several other variables. Further several specific variables individually collectively directly or adversely influence life processes once or on several occasion in similar are in varying degrees at different critical period of human development. Hence it was decided to select a comprehensive terms called life affecting variables for explain the numerous and diverse determinants of mortality (Mahavedvan 1986). India has a largest population of scheduled tribe. They account 8.08% of the total population. They are spread for wide but the in largest concentration is found in the central India. Attention on the tribal health, However has not been adequate. This is because of three reason firstly there was a general belief that living close to nature they enjoyed an environment which is conduced to good health. Secondly the tribal have been regarded as not very amendable to western system of medicine as they still depend very much a supernatural cures. The third reason possibly was the difficult terrain occupied by the tribal where it is difficult to reach health services adequately. The Gond and Korku of Amravati and Yavatmal and Chandarapur district Vidarbha region represent a modeless some situation. The proposed study will emphasize on the generation of critical information required for effect planning and formulation of health care strategies among the Gond and korku of Amravati and Yavatmal and Chandrapur district. The investigation will lay emphasis on life affecting variables and other environment correlates. The study addresses it se it to the evaluation of health profile of infant and children prevent disease and health seeking behavior etc. It has been planned that local health authorities will be closely involved in the collection of data on infant mortality life affecting variable and screening of the affected and families. The result of the study will be provided to the state and district health authorities for augmentation of presentive and promotional health cave. It is expected that proposed study will find out those factors which can solve the problem of poor health of the Gond, Korku tribe and uplift the standared of life. In short the present study will be useful in imporving the health standared of the Gond , Korku trible of Amravati, Yavatmal and Chandrapur district in Vidarbha region Maharashtra. Infant mortality is used as a marker of the soci-economic development of the nation of the socio-economics development of the nation. The same is also used as a reliable indicator of health status and well being of children. Sandhya (1991) is of the opinion that three are certain socio cultural factors which play a more important role in determine the level of infant mortality. Than such factors as public health engineering control of certain communicable diseases such as Malaria, Cholera etc. She also said that one hardly find the details on socio- cultural and demographic characteristic of the infant death form secondary sources. In another study Pandey et al (2001) examined the association between a few social and biological factor with the infant mobility level in kamars a primitive tribal of Madhya Pradesh. They found that while the biological facts like age of mother and order of birth are found highly associated with the infant mortality. The Factor like type of household. main

occupation and household animal income have weak association. It is well established that many to a social and biological factors are associated with survival and well being of a child. The determinanants of infant mortality however very between the regions between cultural great and also between geographical region of different economic status. Unfortunately a very anthropological studies have so far been carried out on the aspect in the state of Madhya Pradesh (Basu 1989, Talwar 1988 Sharma 1999) The present study is an attempt to examine the effect of biological , social and other variables on infant mortality among the kol and Santha district, Madhya Pradesh.

Health Infrastructure facilities Available for tribes in dependence., Presently the Government of India is providing preventive primitive and curative health care services through a network of Primary heath centre sub centre community health center's and Rural Dispensaries and sat village level through health guide and traditional birth attendant as mobile health dispensaries and camps also organized in some areas. There is provisions of one primary health centre for every 20,000 populations and sub centre for 3000 populations, state Government has also been advised to set up subentries PHC in tribal areas which are 5km. There is provision of central assistance for Dai training and supply of delivery special schemes have been formulated for health care of the primitive tribal group. The entire national programmes. Like leprosy Eradication Programmes. Tuberculosis control programmers. blindness control programmers and Aids control programmes is being implemented in triabal area cssm and Immunization programme is 100% centrally sponsored scheme for family welfare in tribal areas (Chopra 1998)to carry out research on health problems of the tribal People. ICMR has established five Regional medical research centers in tribal areas in the country. Under ministry of Health and Family welfare a separate Tribal Development planning cell is functioning which co-ordinates with policy. Planning , Monitoring and evaluation of health care scheme for welfare of scheduled tribes (Bahin 1990). This is precisely the reason that among many tribal group eg kutal, kondha, muria, madia, Bhattra, Halba, Janusari, Seintal, Lodha, Kharia , Bhil , Rathewa, Mina Jatapu, Sacra, Pando, Khariwar Oran, Munda and Among many others symptoms such as pins and aches weakness scabies prolonged cough mild fever, wound etc are not taken seriously as symptoms of disease. Concept of Health and disease among, The tribal group, the world health organization (WHO) defines health as "a State of complete physical mental and social well being and not merely the absence of disease and infirmity (WHO 1971)" However comprehensive this definition. It has rarely been practicable well being is defined as harmonious relationship between an individual or a group and its physical biological social environment. It also in corporate the feeling of satisfaction that is associated with its outcome. But the concept of the well being is difficult to apply in practice as it includes large subjective components of the feeing of satisfaction which is bound to very from a one society to another and also form on individual to another. Among the kol tribes population for instance 25 to 40% pre-reproductive mortality is accepted as normal (Basic 1969). The mother are used to frequent child bearing with the aim of making up for the loss despite the consumes risk to their own survival and physical well being. This is true for most of the tribal populations in India.

Objective :-

1.   To study the impact of personal experience and perception of infant mortality among the korku and Gond tribes.

2.   To study the biological as well as sociological factors

Research Methodology :-

1]   Interview method

2]   Surve Method

3]   Questionnaires method

Study area -

        Vidarbha Region in Maharashtra

Period :-

        One Year (2018-19)

Material and Method :-

        The Gond is a scheduled tribe of India. They are mainly found in the Amravati, Yavatmal and Chandrapur District in Vidarbha region Maharashtra. The study Area comprised total geographical area of Amravati District of Maharashtra. for the present study data were collected from the Village During the period between 2018-19 information on general demographic a Socio- economic variable were collected by visiting the families of these blocks. In this connection 444 Gond and Korku women were interviewed. The Gond are divided into several endogamous lingage group monogamy is the most common form of marriage among them though among few polygamy can also be noticed. Their religion is of animistic character but no 6 day may of them profess Hinduism. A Large section of the Gond and Korku depend on agriculture and daily wage leblaour for their substance economy. In the present study "Some Bio Demographic Factor and their influence on Infant mortality among the Korku and Gond Tribe of Vidarbha region A multivariable analysis'

        The present investigation was conducted through interview schedule simultaneously group discussion and informal interview method were also used. The observation was made through structre- schedule and semi participants method with the following aspects.

1.   A door to door survey was undertaken among the Gond of Amravati , Yavatmal , Chandrapur using structure schedules.

2.   To find out the causes of the death the family data and data form Public health centers were taken into consideration.

3.   The death with 0-1 year were considered as infant death respectively.

        Result and Discussion :-

1]   Infant mortality :-The infant mortality among the study population is known in 1 percent of infant is found to be 13.77 among the Gond and Korku which indicates strikingly high% of infant death when this has been calculated in neo natal and post neo natal stages death in post neo natal period (7.76%) found to be considerably high than that of neo natal period (6.01).

2]   Type of Family - Infant mortality is found to highest (33.33%) in the families of lowest (12.53%) in the joint families where's in nuclear value (13.82%) is recorded. The result of X^2 analysis shows that there exist no significant association between mortality

3]   Size of Family -When the infant mortality is death in respect of size of family it is found to be higher number of family member thus infant mortality member. Thus infant mortality maintains an inverse relationship with size of family. The result of X^2 analysis shows that there exists significant association between size of   family and infant mortality

4]   Education of mothers- Illiterate mother experience highest percent of infant (13.87) mortality while educated mother s reported less mortalities in this respect when x^2 test is performed it is found that there exist no significant association between education of mother and infant mortality.

5]   Economic status of Family- Monthly income shows an inverse relationship with infant mortality highest % (23.88) of infant morality is recorded among the families with below Rs 1000 monthly income while this mortality is lower among the families with Rs 1500 and above monthly income when X^2 test performed it is found that their exist no significance association between monthly income and infant mortality (table s)

6]   Type of House - The infant mortality is found to be inversely related with quality of house families with paccei house experienced lower percent of infant (11.76) mortality side by side families with kutcha house experienced higher percent of infant (18.72)death, When x2 test is performed it is found that there exit no significant association between type of house and infant mortality (table no. 6)

7]   Age of Marriage - Infant mortality is comparatively higher among the mother who married at an early age than that of the mother who married at late age , In case 18 year at above at marriage this mortality is however found in lowest frequency (12.36) when x^2 text is performed it is found that their exist no significant association between age at marriage and infant mortality.

8]   Duration of Breast feeding - The first child that infant mortality is lowest (12.32%) incase of 2 to 02.-6 years birth interval when x2 test is performed it is found that their exists no significant association between breast feeding duration and infant mortality.

9]   Infant mortality - In respect of birth order and infant mortality no definite trends in noticed which is found to be higher (23.53%) in 10 and above order and lowest (10.19%) in 4-6 birth order. The result of x2 analysis shows that these exists significant association between birth order and infant mortality

10]   Material applied- infant mortality is found to be lower in case of medicated powder applied to the cord than that of the ash and oil. The number of mother in this category is however found to be very low. The result of x^2 analysis that there exist no significant association between material applied to be umbilical cord and infant mortality

11]   Birth Interval - Infant mortality is lowest (12.95%) in case of 2.1 year birth interval and highest (17.52%) in case of one year birth interval. The result of x2 analysis shows that there exists no significant association between birth interval and infant mortality

12]   Medical check up mother - Negative relationship exist between medical check up of mothers before delivers and infant morality which is found to be higher (14.95%) among the women who have not opted for medicine check up before delivery the result x2 analysis shows that there exists no significant association between medical check up of mother and infant mortality.

13]   Delivery care - (13.63%) among the mothers whose babies were delivered by indigenous dais side by side a higher incidence of this mortality is noticed in care of delivers attended by medical person When x2 test is performed it is found that there exist no significant association between delivery care and infant mortality.

14]   Immunization of Mothers- +Ve relationship   exist between immunization of mothers and infant mortality. Infant mortality Infant mortality is lower (13.7%) among

the women who were immunized when x2 test is performed it is found there exists no significant association between immunization of mothers and infant mortality.

15] **Place of Delivery** - Infant mortality is lowest 8.33% in case of the deliveries took place at other places, however the Small number of Case in PHC and other place delivery does not permit us to draw any inference in detail in this respect.

16] **Auxiliary nurse midwife (ANM)Check up** - No definite relationship exist between relationship exist between ANM check up and infant and child mortality. Infant and child mortality. infant mortality is found to be higher among the mother who have not opted for auxiliary nurse midwife check up before delivery. When x^2 test is performed is found that there exist no significant association between ANM Check up and infant mortality

17] **Family Planning** - There exist an inverse relationship between family planning and infant mortality are found to be highest (14.51%) among the parents who are not adopting any family planning methods.

Conclusion -

It is generally be lived that lower the level of socio economics development. The higher will be the proportion of infant deaths. Living conjtion of the study population the Gond and Korku in Amravati , Yavatmal , Chandrapur deplorable characterized with marked poverty lack of sew age and hosing which consist mostly of one or two dwelling room per household rate of infant mortality among them is found to be 139 per 1000 live birth, among them. This is higher than Maharashtra Pradesh state level data 86% , 1000 live births and much higher than national level (70% 1000 live birth) type and mothers of determinants of infant mortality is so immumerable and diverse in nature that is indeed. Difficult for a single researcher to do justice in this filed. There prevails confusion regarding the nature and number of determinants of infant mortality. In the present study a wide spectrum of determinant on infant and child morality are covered. The Gond represent the first state of demographic transition charterzing with high level of terlity and infant mortality. It findings that the Gond korku Couples are motivated for keeping the level of fertility high in order to cope with the high level of infant mortality due to their low level of socio economic development.

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