Health and Hygiene Status of the Deoris of Assam: -A Case Study

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Abstract- Health and hygiene status of a population group is one important indicator of human development. It is largely depends upon the physical quality of environment of a region. It is a matter of concern that the Hunan Development Indices (HDIs) of the Schedule Tribes population continue to be lower than the non tribal population in terms of all parameters such as, education, income, health & hygiene status etc. The tribal people are generally living close to nature and they are influenced more by traditional socio-cultural and environmental dimensions in their health practices. Moreover, the socio-cultural attributes differ from one tribe to another, which result in difference in the health-hygiene and demographic behaviours of different tribal groups.

The Deoris are one of the plain schedule tribes of Assam, who are likely to exhibit certain socio-cultural and demographic characteristics which are different from those of other tribes and non tribal population of Assam. Ethnically they are affiliated to the Indo- Mongoloid group and their 'Deori language' also belongs to the Tibeto-Burman of the great family of Sino-Tibetan languages. The Deoris have four main divisions (Khel), namely- the Dibongiya, the Tengaponiya, the Borgoya and the Patorgoya. But the Patorgoya group has almost become extinct today.

The present paper is an attempt to highlight some aspects of health and hygiene behaviour of the Deoris of Assam. The paper is mainly based on field study data collected through personal interview with the respondent sample households through an interview schedule in the year 2013.

Index Terms- Deori, Health Hygiene, Fertility, Mortality.

I. Introduction

Assam is the homeland of various tribal communities, each having its own cultural heritage. The state has 9 scheduled tribes in the plains districts and 14 in the hills districts i.e. in Karbi Anglong and North Cachar Hills **(Sengupta, 2002).** The total populations of Assam in 2001 census was 266, 55528. Of them 3308570 persons were scheduled tribes (STs) constituting 12.42% of the total population of the state. The tribal population of the state was 5.5 lakh in 1901, which increased to 8.05 lakh in 1951 registering 46.36 percent increase during these 50 years.

But in the next four decades, the tribal population in Assam jumped to 28.74 lakh in 1991 indicating 257 percent increase while the total population of the state increased by 180 percent during the same time period. The percentage of tribal population to total population of Assam increased from 10.03 in 1951 to 12.42 in 2001. Among STs Bodo represents nearly half of the total ST population of the state (40.9%), Miri (17.8%), Mikir (10.7%), Rabha (8.4%), Kachari (i.e. Sonowal Kachari) (7.1%), Lalung (5.2%), Dimasa (3.2%), Deori (1.2%) of total ST population of the state. The rest of the scheduled tribes are very small in their population size (2001 Census).

The Deoris are one of the plains Schedule Tribes of Assam, who have been able to maintain their old tradition, culture and practices intact, in spite of various socio-political trials and tribulations through the ages. They were traditionally engaged in priestly activities in the royal temples of the Chutiya *(a numerically dominant mongoloid population of upper Assam)* at Sadiya. Ethnically they are affiliated to the Indo- Mongoloid group and their *'Deori language*' also belongs to the Tibeto-Burman of the great family of Sino-Tibetan languages. The tribe comprises of four main divisions (Khel), namely- the Dibongiya, the Tengaponiya, the Borgoya and the Patorgoya. Each of the divisions is termed as 'goyan' or 'khel' and said to be originated from a particular river's name. The Deori people who were living on the bank of rivers Dibang, Tengapani, Borgong and Patsadia or Patarsal were respectively known as Dibongiya, Tengapaniya, Borgoyan and Patorgoyan. The Patorgoyan group is not traceable at present. It is presumed that the members of this group might have been amalgamated with the other existing groups of Deoris or with other communities. Only the people of Dibongiya khel can speak their own language. But they too use Assamese Language and script for intercommunity communication

As per 2001 census, the total Deori population in Assam was 41161, comprising of 20809 male and 20352 female population. They are mainly concentrated in the districts of Lakhimpur, Dhemaji, Tinsukia, Sonitpur, Dibrugarh, Sivasagar& Jorhat.

II. Objectives

The primary objective of the paper is to study health status and health behaviour of the Deoris of Assam. The specific objectives are-

- To highlight socio- cultural & economic status of the Deoris of Assam.
- To measure the fertility and mortality pattern of the Deoris of Assam by investing various standard measures of fertility and mortality.
- To study health and hygiene behaviours of the Deoris of Assam
- To study the knowledge of, attitude to and practice of family planning among the Deoris.

III. Methodology & Sample Design

Three districts of Assam having very high to moderate concentration of Deori population have been purposively selected as sample districts. These are Lakhimpur Sunitpur and Tinsukia. From these three districts 21 Deori villages have been randomly selected as the sample villages. A village is said to be Deori village if the percentage of Deori households in the village is 50 or above. A total of 1077 households from the 21 sample Deori villages have been randomly selected for intensive study. Thus the study will be confined into 1077 sample (Deori) households. The study is primarily based on field-work data to be collected from sample households with the help of a series of questionnaires prepared for the purpose. Apart from the field survey data, information from several secondary sources like population census, statistical handbooks, journals, books etc. are also used.

IV. Major findings

The Deoris are predominantly a rural community, because most of them are living in the rural areas. As per 2001 census, 93.9% Deori population of Assam live in rural areas. They are mainly agriculturalists. They are still depending upon the traditional method of cultivation. About 77.15% surveyed husbands are found purely cultivator and most of the wives (98.12%) are just housewife. It is found in the survey that the dominant form of family structure among the Deoris is nuclear (i.e. 61.8%).

The highest proportions (around 69.1%) of the sample households are having 5 to 9 family members. The big sized families having members 15 & above is about 3.6%. The average family size is found to be 7.16.

The sex ratio is found to be 966 females per thousand male, which is lower than that of total tribal population of Assam (972) and India (978), but higher than the overall sex ratio of the total population of Assam (932) and of India (933) in 2001.

The literacy rate of the surveyed Deori husbands and wives are not so poor as compare to the state's male and female literacy rate. The male literacy rate is about 85.46% against the state's rate of 71.3o% as per 2001 census and female literacy rate is about 67 .3o% against the state's female literacy rate of 54.6o% as per the census. The general literacy rate of the surveyed husbands and wives is about 76.36% which is also higher than the state's general literacy rate (i.e. 63.3%) in 2001 census.

Most of the Deori houses are constructed by wood, bamboo, cane and thatches. The houses are four to six feet high from the ground which is called *'Chang Ghar'*. The study confirms about 82% of the sample households are living in *Chang Ghar.* All the houses are of same pattern, generally facing towards east direction .The houses vary in length according to the size of the family.

Housing condition of the surveyed population is far from satisfactory as most of the households do not enjoy the basic amenities of life such as pucca house, pucca latrine and pure drinking water. It is found that only 8.2% of the sample households have pucca house, 23.6% have semi pucca and remaining 68.2% have cutcha house. Only economically sound households *(about 11%)* have both the bathroom and toilet facilities in their houses. As there was no public larine facility in the villages, a large portion of the Deori households (16%) have to go in open fields or nearby jungle for latrine which is very unhygienic.

It is found in the survey that only 14.7% households have electricity facility which is significantly low as compared to the state average. In Assam as a whole 26.4% households have electricity in urban areas and 21.1% in rural areas *(census report, 2001, India, Assam, part-III).* Regarding Fuel consumption pattern, it is found that 84% of the total surveyed Deori households used wood, 3.3% used Kerosene Stoves and 11.4% households were found using LPG.

The staple cereal food of the Deori people is rice. For their meat supply they rear fowls, pigs, ducks and goats. *Suze* (rice bear) is prepared in every household and it is the most favourite drink which can be severed to all, irrespective of age and sex.

Early marriage is quite common among the women of the Deori tribe. As many as 36.20% percent of the sample women got married bellow the minimum legal age of marriage of female in India i.e. 18 years. The mean age at marriage among the Deori females is found to be 19.17 years. Cases of divorce among them are very rare *(0.24 % is found in the survey)*.

V. Fertility behaviours

Crude Birth Rate (CBR) is most commonly used measure of fertility, which shows the number of live births at per thousand populations in a year. The crude birth rate in the present study is found to be 27.23 per thousand population which is higher than the crude birth rate of Assam (i.e.24.3) and India (i.e, 23.1) in 2007 **(SRS).** Poor practice of family planning methods, Lack of awareness about family planning, poor level of income etc. may be the reasons for high crude birth rate among the Deoris.

In case of the Age Specific Fertility Rate (ASFR), relatively high fertility has been observed in the age group of 20-29 years, therefore, women in that age group should be encouraged to adopt contraceptive devices to limit the family size.

The Total Fertility Rate (TFR) shows the total number of children born to a cohort of women and the gross reproduction rate used to show the number of daughters born to a cohort of women. The total fertility rate is found to be 2.8 children per Deori women of the reproductive age group, which is higher than the replacement level of fertility. The 3rd round of National Family Health Survey **(NFHS-3)** found the total fertility rate for Assam as 2.4 and for India it is 2.7. Thus, the total fertility rate of the Deori is higher than that of Assam's and India's rate.

The Child- Women Ratio (CWR) is another important measure of fertility. A high child- women ratio reflects high level of fertility which is considered as bad for reproductive health of the women. The child- women ratio is found to be 362 children per thousand Deori women of the reproductive age group. In contrast to this a high child-woman ratio was found among the Saharias- a tribe of Madhya Pradesh (i.e, 667.78) **(Biswas & Kapoor, 2003).**

Out of total live births, 54.3 percent took place to the mothers who got married before the age of 18. About 56 percent of the pregnant women visited doctors for antenatal check-up during their last pregnancy. Hence a large chunk of the population is out of purview of the necessary minimum medical

check-up during pregnancy. About 70% babies of the last conceptions were examined by the doctor after their birth. The main reasons found in the survey for not coming to the health centre are transport problem, paucity of money at hand etc.

It is found in the study that though most of the surveyed females have heard about AIDS, only 9% of them have knowledge of transmitting factors and precautions for avoidance of the disease. It reveals poor awareness on such disease among them.

1.2 Mortality behaviours:

Mortality analysis is one of the important components of demographic study. Different standard measures of mortality have been worked out to study the mortality pattern of the sample population.

The Crude Death Rate (CDR) is found 10.54 per thousand. The rate is comparatively high than the all India rate and the State's rate. NFHS-2 has estimated CDR for Assam as 9.5 per thousand populations which is slightly lower than the all India rate 9.7 in 1998-99.

It is found in the survey that the average annual number of death of mother due to child birth related problems is 1. The total number of live birth being 148 in the year, so the Maternal Mortality Rate (MMR) is found to be 676 per 1,00,000 live births which is higher than the national average of 540 as estimated by **NFHS-2**.

Infant Mortality Rate (IMR) among the sample Deori population is found to be 79.36 per thousand live births. This rate is also higher than the infant mortality rate of Assam and India as a whole. As per 2001 census, infant mortality rate of Assam is 74 while the national average is 66 per thousand live births. Several factors like- mother's educational level, age at birth of the mothers, place of delivery, vaccination, post-natal medical care, number of existing children, and type of family have significant influenced the infant mortality among the Deoris of Assam.

To measure personal hygiene pattern among the Deoris, some indicators such as daily bath, daily brush, washing hands before meals, cutting of nails and cleaning of mattress etc. have been included in the interview schedule. It is found in door to door survey that out of total surveyed population, 59.9% takes bath regularly (daily), 64.6% population have brush teeth daily. It is worth to mention here that brush means cleaning teeth by any means. About 70.8% Deori people washes their hands before any meal, while remaining 29% takes food by dirty hands which are absolutely unhygienic. Nearly 32% surveyed people cut their nails weekly. Only 15% of the population washes their mattress and cloth regularly. During field study of the sample villages, it is also found that most of the families were little conscious of personal hygiene. Use of common towels, and drinking cups/glass, carelessness about handkerchief, imperfectly washed dishes and hand soiled with nasal secretion were prevalent practices. Diffusion of some infectious diseases could possibly be related to such unhygienic habits.

VI. Conclusion

The findings of the study show that health and hygiene status of the Deoris are lower than those of some other population groups of the state and national average in many aspects. The major determinants of the nutrition and health status of the Deori population are education, income and awareness. Education, health and medical facilities should be increased and special campaigns should be organized to create awareness about hygiene behaviour among the Deori people. The problems faced by the Deoris have to be examined carefully and need based development programme should be implemented with proper monitoring specially in the field of education, economy and health in priority basis.

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