



# Reproductive Health Of The Tai-Aiton Women Of Assam, India

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**1.1 Introduction:** Reproductive Health characterizes the absolute health condition of a population and mainly implies the women's health, right and empowerment. After the International Conference on Population and Development (ICPD) in Cairo (1994), women and child health acquired a major momentum, where it was advocated that every participant country should accomplish allied programmes for Reproductive Health. Reproductive health was defined in ICPD as "the state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes" (ICPD Programme of Action, paragraph 7.2). As per WHO's data, 5,36,000 women died in 2005 due to the complications of pregnancy and childbirth and further to 400 deaths per 1,00,000 live births. According to the MMR Bulletin, 2011-2013, Office of the Registrar General and Census Commissioner, India, maternal deaths (300) were higher in Assam and lowest in Kerala (46) among the Indian states. Health statistics on infant and child mortality rates pointed to low health levels among Tribals (Ramana, 2015). The Tai-Aitons are a recognizable scheduled tribe of Assam having their own distinctive culture and tradition. They have been recognized as Scheduled Tribes (Hills) and are listed as Man-Tai Speaking people by the Government of Assam. No specific data about the total population of the Tai-Aitons are available. Though data are not accessible, but various studies exhibit that population of Tai-Aitons is very less, which may indicate a sign to their reproductive health. However, the study on reproductive health status of the tribes of India in general and North-East India is very limited. Moreover, extensive study on the reproductive health status of the Tai-Aiton community has not been made yet. Data is collected from two development blocks of Karbi-Anglong district and one development block of Golaghat district (total 210 households) based on the data of Man-Tai Speaking National Council, Assam, Population Cum Education Census (2006). The data related to this study are collected from August 2019 to October 2019. In order to analyze the reproductive health status of the sample population, 'Reproductive Health Index' is computed based on a set of reproductive health indicators. Therefore, it is expected that this study will explore the reproductive health status of the Tai-Aitons and its correlates.

## OBJECTIVES OF THE STUDY

The following are the objectives of the study:

1. To analyze the reproductive health status of the women of the Tai- Aiton community.
2. To examine the utilization of reproductive health care services by the Tai-Aiton females.

3. To identify the determinants that may influence the reproductive health of the women of the Tai-Aiton community.

## RESEARCH QUESTIONS

1. Is the reproductive health status of the surveyed Tai-Aiton community similar to the state level?
2. What are the reasons for utilizing or non-utilizing of different aspects of reproductive health care services in the study area?
3. Whether the socio-economic and demographic factors significantly influence the reproductive health of women in the study area?

## SUMMARY OF FINDINGS AND CONCLUSION

Reproductive Health is a crucial component of general health and it is characterized the absolute health condition of a population mainly implied the women's health, right and empowerment. In India, reproductive health situation is remaining poor especially among the tribal population. So, in this study an attempt has been made to analyze reproductive health status of a tribal community, viz. Tai-Aiton community and make a comparison with the state level. Reproductive health and reproductive health care are closely related. The data of previous studies reveal that reproductive health care services are far from satisfactory in Assam. But the health status of tribal population is low as compared to the other non-tribal population; So it requires a very much in need of health care services. In this present study thus an attempt has been taken to examine the extent of utilization of reproductive health care services among the women of selected community and also to find out the significant determinants which influence the reproductive health status of the selected sample women of the community.

This chapter also tries to provide some recommendations which may contribute to the improvement of reproductive health status of not only the selected community but for the whole deprived community of Assam. The key findings of all chapters are discussed below:

The **introductory chapter** gives a brief description about the present scenario of reproductive health status of both India and Assam and aims to give a brief profile of the selected community, viz. Tai-Aiton community along with the study area. In this chapter it is found that India stands at a moderate rank as per index computed by Population Association international (PAI,2001) and also give a brief picture about the rates of some indicators of reproductive health in the context of both national and state level. The first chapter deals with the significance of the study along with specific objectives and most importantly the research questions. This chapter also includes the sampling design and methodology and lastly the topical organization of the chapters.

The **second chapter** presents a brief review of the existing literature on the selected issue. This chapter divides into four sections. In the first section, review is done on the literature available on the selected community (Tai-Aiton community). In the second section, review is done on the literature on socio-cultural and economic situation of tribal community. In the third section reviewed the available literature on reproductive health status in area wise, viz., International, National and North-Eastern region and the fourth section includes literature related to utilization of reproductive health care services

The **third chapter** discusses about the background characteristics of the sample population. This chapter includes socio-cultural, demographic and economic characteristics of the sample population and also includes the housing condition of the sample population.

The findings of this chapter are discussed below:

- a) In case of religion, all the households, i.e., 100 percent are found to be practicing Buddhism in the 210 sample households of Tai-Aitons.
- b) In the present study, out of 210 households, 195 (92.86 percent) are of nuclear type family whereas 15, i.e., 7.14 percent are from joint family type.
- c) In case of households distribution by number of family members, most of the families consist of members of the category up to 3 and 4-5 (49.05 percent and remaining 1.90 percent of households consists of members of the category 6-7.
- d) Here, effective literacy rate has been calculated. The effective literacy rate of the sample population is found to be 87.57 percent and it is higher than the literacy rate of Schedule Tribes, i.e., 62.5 percent (census, 2011).
- e) According to WHO (2018), the quality of housing has major implications for people's health. In this study it is found that highest percentage of households (39.52 percent) have Kaccha house, 34.76 percent have Semi-Pucca house and remaining 25.71 percent have Pucca house.

In this study majority of households are electrified (90.95 percent); only 9.05 percent are not electrified. They use kerosene/ candles as a source of lightning.

In this study, 37.62 percent are using well as a source of drinking water and majority of 60 percent using tube well as a source of drinking water and a very less portion, i.e., 2.38 percent are using piped water as a source of drinking water.

In case of cooking fuel, majority 56.19 percent are using LPG, followed by 24.29 percent are using firewood and remaining 19.52 percent of households are using both LPG and firewood.

Again, among 210 households, majority of household have Kaccha bathroom, 33.33 percent have Pucca bathroom facility, followed by 18.09 percent have semi pucca bathroom facility and 4.29 percent of households have no bathroom facility.

A good health requires proper sanitation facilities. Among the 210 households 33.33 percent are using pit as their toilet facility, 26.67 percent are using Kaccha toilet facility, 19.05 percent are using semi-pucca toilet facility and remaining 20.47 percent are using Pucca toilet. A very few percentage of households (0.48 percent) are using flush toilet as their toilet facility.

This chapter also discusses some demographic characteristics which are explained

In case of age-sex composition, it is observed that 5.30 percent belong to the age groups 0-6 and 7-14 respectively and 24.73 percent, 38.72 percent and 15.22 percent belong to 15-29, 30-49 and 50-59 respectively. The 60+ age group constitutes a very small proportion, i.e., 4.62 percent to total population. **The working age group (15-59 years) population constitutes 78.67 percent.** The percentage of male population and female population are 47.55 percent and 52.45 percent to total population respectively. The male population is highest (33.43 percent) within the age group of 30-49 whereas female population is highest (43.52 percent) within the same age group. Male population is lowest (6.29 percent) within 0-6 age group and female population is lowest (4.62 percent) within 60+ age group.

In the **fourth chapter**, an attempt has been made to find out the reproductive health status of sample Tai-Aiton women. The findings are:

- a) The total number of live births ever born is 345 children to 210 sample women of the reproductive age group 15-49. However, during this age group, the average number of live births ever born to each woman is 1.64 which is lower than the Assam as a whole, i.e., 2.2 (NFHS-4) and also lower than that among the schedule tribe population of Assam, i.e., 2.61 (District Level Household and Facility Survey-3 (2007-08)).

- b) The mean birth interval is estimated to be 40.18 months in the present study ,i.e., more than 2 years and less than 5 years, which indicates a good sign for the reproductive health of the mother of the community.
- c) Among surveyed population 8.1 percent of couples have experienced one or more infant and child deaths which is below the age of 5 years whereas remaining 91.90 percent have not experienced any such deaths. 16 couples have experienced 1 death and 1 couple has experienced 2 deaths of their infant and children below 5 years of age.  
and a less proportion ,i.e., only 19.05 percent belongs to Medium RHI category in the present study.

In the **fifth chapter**, the extent of utilization of reproductive health care services with respect to three types of reproductive health care,viz.,ANC,DC and PNC has been discussed and also find out the association between Knowledge and Practice of modern family planning methods. The findings are discussed below:

- a) 52.86 percent of respondents,i.e.,111 respondents among 210 sample respondents have registered their last pregnancy and remaining 47.14 percent have not registered.
- b) Among 111 respondents,it is observed that 90.99 percent of sample respondents are registered their pregnancy at first trimester and the remaining 9.01 percent at later.
- c) From table 1.1.3 shows that 53.33 percent have received MCP card and remaining 46.67 percent have not.
- d) The study has found that 51.90 percent had measured their blood pressure, 52.86 percent had measured their weight during their last pregnancy and again 52.86 percent had done ultra-sound test.

In the **sixth chapter**, an effort has been made to fulfill the third research question of the study. The technique of multiple linear regression model has been applied to identify the significance of the factors on the reproductive health. In the applied linear regression model, value of Reproductive Health Index( indicates Reproductive Health Status) has been taken as the dependent variable. The findings of this chapter are discussed below:

### **Result of the Multiple Liner Regression analysis**

- a) Reproductive Health Status of the sample women are determined by the explanatory variables to the extent of 31%(  $R^2=0.310$ ).
- b) It is also found that 'F' value(8.170) is significant at 1% level of confidence.
- c) The results shows that the value of Durbin Watson statistic is 1.618 which indicates that there exists a positive autocorrelation in the regression model.
- d) In respect of all the predicted variables, the Variance Inflating Factor(VIF) is much below 10( here, it is between 1.023 to 1.671).
- e) Tolerance values are closer to 1 which shows that there is the existence of no collinearity among the regressors.

### **Analysis of the Estimated Regression Coefficients:**

- a) Regression analysis finds that live birth ever born has a negative impact with 1% level of significance on the reproductive health of respondents.
- b) Education of women is also have positive 5% level of significance on the reproductive health.
- c) It is also found that another significant explanatory variable which is positively related to reproductive health with 5% level of significance is distance to nearest health facility from home (D).

- d) Regression analysis shows that occupation of husband has a positive impact with 5% level of significance on the reproductive health of the respondents.
- e) Age at birth is positively related to reproductive health with 10% level of significance.
- f) Experience of infant mortality (IM) is found to be negatively significant with 10% level of significance on the reproductive health.

## POLICY PRESCRIPTIONS

On the basis of the findings, some reliable suggestions have been made to improvement of reproductive health and overall development of the Tai-Aitons:

- Age at birth is found to be a significant determinant of reproductive health and it is found to be low among the sample Tai-Aiton women. Therefore, it is required to make aware of the people regarding the issue of danger associated with early age at birth of the females.
- The education level especially for tribal women is found to be less. In our findings, it is depicted that education of women is a significant predictor variable which impacts upon the health status particularly the reproductive health status of the Tai-Aitons. It can also change the mind set, decision making power of a woman and leads a positive impact on all round development. Therefore, it is mandatory to improve education among girls particularly beyond high school in tribal areas.
- As it is risky, though majority of deliveries have taken place at home in present day also. Therefore, to encourage them to go for institutional deliveries the health facilities should be strengthened particularly the Public Health Centres(PHCs) should be established at a minimal distance that it does not consume much time of the population.
- In tribal areas, transportation system is very much poor. In our analysis, it is found out that transportation problem is another reason which may also demotivated the people to go for institutional deliveries. Therefore, to motivate them to go for ANC check-ups, institutional deliveries and PNC check-ups; it is required to improve transportation system in tribal areas especially to PHCs.
- The finding shows that occupation of husbands has a significant impact on reproductive health of a woman. Therefore, it is required to create some organized employment opportunities to the husbands because economic condition and reproductive health of a woman are correlated.
- In tribal areas, the Integrated Maternal and Child Health programme may also play an important role in improving the education level mostly take an important step to make aware of the tribal women about their health particularly their nutrition level.
- The social welfare related NGOs may take initiatives to spread the knowledge of reproductive health care facilities and also to strengthen the programmes related to reproductive health especially for adolescents married women mostly in tribal areas.

## CONCLUSION:

The reproductive health is an essential part of general health which is also an indicator of development of a society. In the present study, a total of 210 women (15-49 age group) were considered to analyze the reproductive health status of women of Tai-Aiton community of Assam. Two reproductive Health Index are computed, one for the community and the other for the state. The computed mean value of RHI of the studied community is slightly higher than the state level. Therefore, in this context it can be concluded that the studied Tai-Aiton community have a better Reproductive Health Status than the Reproductive Health Status of women of Assam.

In case of utilization of reproductive health care services, there is wide variation of the extent of utilization which includes Antenatal care, Delivery care and Postnatal care. Analysis regarding influence of socio-economic and demographic factors on the reproductive health of women of sample

population revealed some interesting significant factors which may influence the reproductive health of the respondent. This study mainly based on the reproductive health of women aged 15-49, where reproductive health of the male-counterparts have not been taken into account. Thus, it can be said that there is a wide scope for further research regarding reproductive health including its other important correlates.

