

Morbidity In Relation To Mortality among The Mishings Community- A Case Study



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Abstract

Morbidity, sickness or illness is the defined human disorders that disturb the normal physical, mental and social functioning. The occurrence of a disease may also be referred to as certain biological conditions of the body responsible for abnormal functioning of the parts or systems in the body. Mortality on the other hand means the number of deaths in a specific period of time (Oxford Advanced Learners Dictionary, 1994:806)

Some earlier studies reveal that there are some particular diseases which are found in certain ecology and the inhabitants of these areas suffer from the same. Apart from ecology and climatic conditions, there are also some social and economic factors viz. beliefs, practices, occupational patterns, income and food habit etc. that act as barriers either to eradicate or to diminish the frequency of incidence of the prevalent diseases.

The concept of health, disease, treatment, life and death also vary from society to society and culture to culture. A tribal or simple society, in particular is guided by traditionally laid down customs and every member of the society is expected to conform it. Thus the fate of the community or an individual by and large depends on the unseen forces with whom they remain related by some way. So, if someone offends them the mystical powers punish the offender with sickness, death or other natural calamities (gupta,1986:161)

It is now being increasingly accepted that health is not the exclusive domain of medical sciences only. It needs a coordination between social scientists and medical practitioners to work effectively both for the prevention and cure of diseases. Health cannot be given to the people nor can it be brought or sold as a commodity. It invariably calls for people's active participation.

Keywords: Morbidity, Mortality, Mishing Community, Disease

Introduction

The Mishings, hitherto known as the Miris, are one of the major Indo- Mongoloid plains tribes of Assam, inhabiting in nine districts namely, North Lakhimpur, Dhemaji, Tinsukia, Dibrugarh, Jorhat, Sibsagarh, Golaghat, Darrang and Sonitpur of the State. However, their concentration is relatively greater in the first noted six districts. Their inhabitants are found mostly along the river courses of the Brahmaputra and its tributaries. A small portion of the plains of Arunachal Pradesh is also inhabited by the group. In Assam their population is around 9 lakhs (as per 2001 census).

Though there is no written record to their origin and migration, except some legends, a few scholars (Mackenzie,1984;waddle,1975; Elwin,1943 etc.) have the view that they migrated down to the plains of Assam from Arunachal Pradesh during the pre-Ahom period i.e., prior to the 13th century A.D.

The Mishings speak a language which is akin to that of Adis of Arunachal Pradesh. It belongs in general to the North Assam group of the Tibeto-Burman branch of the Sino-Tibetan family. At present they are bilingual and can speak Assamese in addition to their own mother tongue. Though originally animistic, under the influence of the great Vaishnavite preacher Shankardeva, the people have embraced Hinduism.

The Mishings under present investigation are primarily agriculturalists and they live in pile-dwellings. Though the villages are located in the forest area, the people seem to have a very close contact with the neighboring non-tribal communities.

Aim of the Study

The present study is an attempt to have an idea of morbidity and mortality among the Mishings, a numerically dominant scheduled tribe in

Assam. The data for the purpose have been gathered from a Mishing village namely, Guijan , District of Tinsukia under Dihing Patkai Reserve Forest in Upper Assam .

The Population

The total population of the micro-field under investigation of 2011. Male population is slightly more (1936; 51.9%) than that of the female (960;48.1%). This population is distributed in 243 families. Thus, the average size of a family is 8.2 with regard to family type, it has been found that the nuclear type (156; 64.2%) dominates over the extended (76; 31.3%) and the broken (11; 4.5%) types. The literacy rate among the people is 64.4 % (men-39.9%; women- 24.5%). The main source of livelihood among the people is agriculture (82.8%). However, there are a few families who have taken up services (15.9%) and business (1.3%) either in lieu of or addition to agriculture.

Morbidity History

By and large the people apparently possess good health. But as a matter of fact they suffer from a large number of diseases.

It has been observed from the below table that out of the recorded 706 cases of occurrences of ailments, the incidence of ring worm happens to be maximum in number (105; 14.87%). A total of different kinds of diseases have been reported by the people. However, there are at least 25 diseases that occur frequently among them. These are stomach disorders of various types (i.e., diarrhea, dysentery, dyspepsia and liver disorders, etc), rheumatism, boil and other skin diseases; conjunctivitis, asthma and other diseases and other diseases of the respiratory tracts; fevers of various categories and helminthiasis etc. Besides, accident/injury of different types and dog and insect-bite ailments are also not very infrequent among the people.

Table-1 Diseases/ ailments prevalent among the Mishings

Sl . No	Name of the diseases/ailments	No. of Occurrence	Percentage
1.	Accident/injury (<i>Tegnum</i>)	12	1.70
2.	Allergy (<i>Agbor</i>)	01	0.14
3.	Anemia(<i>tej komi jua</i>)	02	0.28
4.	Asthma (<i>udphai/sageria</i>)	14	1.98
5.	Bronchitis	32	4.53
6.	Chest Pain (<i>angkeng-kinam</i>)	01	0.14
7.	Conjunctivitis(<i>amid-geyung</i>)	77	10.91
8.	Diarrhoea(<i>aki –gidung</i>)	24	3.39
9.	Dog-bite(<i>eki – geunum</i>)	01	0.14
10.	Dysentery(<i>apund-gidung</i>)	18	2.55
11.	Fever with cough(<i>ramnam-sagre</i>)	09	1.27
12.	Heart disease(<i>asing- kinam</i>)	09	1.27
13.	Helminthiasis(<i>pelu</i>)	22	3.12
14.	Jaundice(<i>jesir-lula-aliding</i>)	08	1.13
15.	Malaria	03	0.42
16.	Pneumonia	05	0.71
17.	Rheumatism(<i>indeng-kidung</i>)	34	4.82
18.	Ring Worm infection(<i>tarruk</i>)	105	14.87
19.	Tape Worm infection(<i>fita pelu</i>)	14	1.98
20.	Tuberculosis	13	1.84
21.	Viral Fever(<i>ramnam</i>)	11	1.57
22..	Wait ache(<i>dingnam</i>)	05	0.71

Mortality Scenario

An attempt has been made to understand the mortality scenario among the people through the primary data gathered from the field and also through secondary data reports for the last ten years. It has been observed that the highest number of death occurred respectively due to dysentery (11.06%), pneumonia (followed by encephalitis(4.52%), tuberculosis(2.51%), diarrhea(2.01%), jaundice (2.01%) and other less frequent diseases.

There are at least 22(13.57%) deaths for which the causes remains un diagnosed, while (4.02%) deaths occurred during sleep and it could not be ascertained whether the patients were suffering from any ailments or not. Some people seemed to suspect the hand of evil spirits of such deaths. It has also been reported that a total number of 20(9.6%) deaths occurred due to 'super-natural causations' (i.e.2.51%) due to 'sorcery' and 7.54% due to 'influence of evil spirits'

Total Population	Incidence of Miscarriage and still- births among the Mishings						Grand Total
	Miscarriage			Still-Birth			
	Home	Hospital	Total	Home	Hospital	Total	
	25 (69.44)	02 (5.6)	27 (75.0)	08 (22.2)	01 (2.8)	09 (25.0)	36 (100.00)

Table 2 show s that the incidence of premature deaths (i.e. miscarriage and still births) occurring in the last ten years. There are 36(1.80%) premature deaths out of the total population of 2011. The table also shows that there are 27(75%)

miscarriages and 9 (25%) still-births. Thus it is apparent that the rate of miscarriage among the people is 3 times greater than that of still- births. The table also reveals that most of the incidences of miscarriage is 5.56. Similar observations have been

found in case of still-births(i.e. 22.2% at home and 2.8% in the hospital)

Conclusion

The Mishings have their own concept of health, disease and disease-causations(etiology). Their traditional attitude towards –causations is very much influenced by their own socio-religious beliefs and practices.

From the above table(1), it is apparent that out of the 22 prevalent diseases among the people, only 12 have proved to be life threatening ones. However, there are at least 10 causes of death (namely, cholera, encephalitis, tetanus, death in sleep, sorcery and influence of evil spirits etc) that have not been found to be prevalent during study period. One possible explanation for the same lie in the fact has the attacks might have been very severe and the patients died immediately. Or the incidence of these diseases may have been very rare. With the regard to supernatural causations (i.e. sorcery and influence of evil spirits), however, the reality is slightly different. The people, seemingly out of the fear of further annoyance of the malevolent spirits do not publicly want to share this 'real cause' of morbidity. But they will disclose the same if the patient dies of the ailment.

It seems that most of the prevalent diseases among the people(viz. diarrhea, dysentery, worm, stomach disorders, skin disorders,etc) originate from unhygienic living condition, poor environmental sanitation, lack of proper personal cleanliness and lack of balanced diet etc.

As a matter of fact of the houses of the people are provided with negligible ventilation and no proper drainage system. Water and refuse disposals are mostly done on the ground below the platform of the house. They answer to their nature's call in the nearby bushes or in the open. These help the germs

of different diseases to multiply easily. It is also possible that the impure and contaminated drinking water, poor lighting in the houses, too much smoke in the crowded house, poor ventilation and absence of a proper drainage system may cause them to suffer from the prevalent diseases

Thus, it may be concluded that the problem of health development and over all welfare of the Mishings need the provision of proper medical facility as well as health education. It seems many deaths could have been avoided if they had availed themselves of the modern Medicare system in time. As agenda for health education among the people may also bring some positive changes in morbidity and mortality scenario.

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