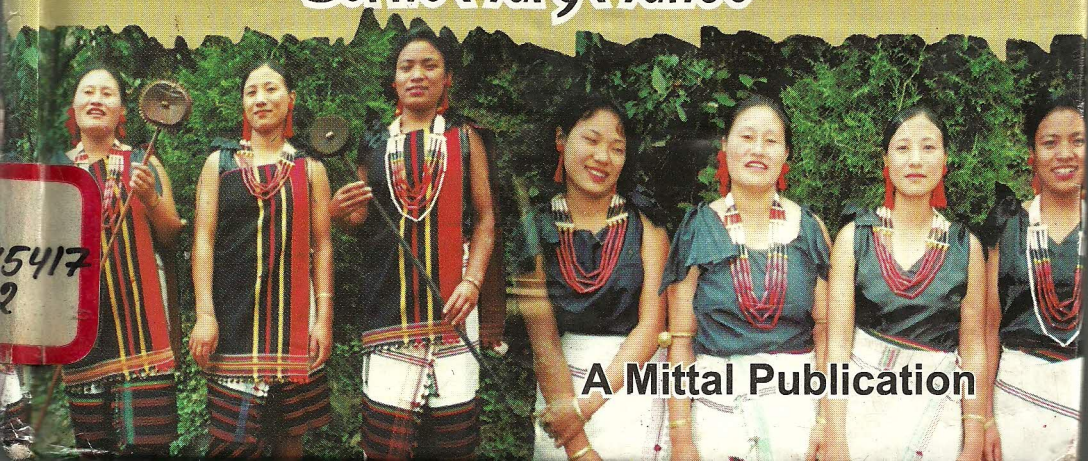




MAO The Naga Tribe of Manipur

Lorho Mary Maheo



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THE MAO NAGA TRIBE OF MANIPUR

—A DEMOGRAPHIC ANTHROPOLOGICAL Study

LORHO MARY MAHEO

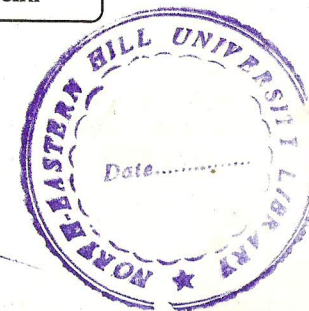
Foreword by

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LORHO MARY MAHEO (b. 1970) hails from Punanamei village, Senapati district, Manipur. She did her schooling from Little Flower High School, Imphal. Her Pre-University and Graduation studies were also done at Imphal—D.M. College of Science. Post-graduation in Physical Anthropology was completed by her at the University of Delhi. She was awarded a Ph.D. degree in 2000 from the same university (Deptt. of Anthropology) for the research work 'A Study of Demographic Dynamics of the Mao Naga Tribe of Senapati District, Manipur with Special Reference to Birth Control Measures'. She has also worked on an Indo-German Project entitled 'An Anthropological Study of Neural Tube Defects on the Population of Delhi' and also on a project sanctioned by the Directorate for Development of Tribals and Scheduled Castes, Govt. of Manipur titled 'The Mao Naga: An Ethnographic Study'. She has to her credit several articles published in leading journals. Her area of interest, besides academic research, is in social development and she is a member of the MIDA (Mao Integrated Development Association) and NWUM (Naga Women's Union, Manipur).

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Foreword

The great regional population diversity of India can best be appreciated through demographic anthropological studies conducted at micro-levels. Such studies are bound to provide indepth insight into the population dynamics of the concerned region. The present work is one of such studies undertaken by Dr. Lorho Mary Maheo among the Mao Naga of Senapati district, Manipur - an important tribe of the region which indeed needs such an attention, as we have hardly any information about the population dynamics and its nuances of this tribe.

→ The present book is based on primary data collected under testing and sensitive field conditions. But for the authoress being a Naga herself it would have been perhaps impracticable to carry out such a study.

The study suggests that the highly fertility among the Mao tribe chiefly owes itself to religion (Christianity), desire for more sons and some other deeply rooted traditional beliefs and practices in this community. Besides the regular and paramedical staffs, the local tribal leaders need to be involved if family planning programme had to make headway in this population. It is the authoress well thought suggestion that this goal may be achieved faster if Natural Family Planning methods are more seriously and vigorously propagated in this community. The authoress further suggests that like in many other developing communities educating the Mao women can help in a big way towards achieving the desired target of population planners.

The book shall provide interesting material to the scholars both in India and abroad in the field of Demography, Family Welfare and Planning, Human Geography, Anthropology and Sociology. It will be of good use to the population planners in modifying the population welfare programmes for this region and for this tribal group in particular. I wish Lorho Mary Maheo a great success in her commendable endeavour.

Prof. (Dr.) A.K. Kalla
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Preface

Micro-level studies concerning fertility and mortality differentials coupled with KAP (knowledge, attitude and practice) of birth control measures and mother and child health care are very limited, particularly for the population of North-eastern region of the country. Added to these, the sub-continent is facing a grave problem of population increase, which is hindering the overall development and progress of the country. In order to understand the mechanisms of population growth for population welfare planning and development, an indepth population specific knowledge of the matter is invariably essential. Hence, the present study was undertaken among the Mao Naga tribe of Manipur with the hope that the outcome of such an indepth study may reveal the insight which may help population planners to draw a developmental strategy for this population in particular.

For the present work, I have tried to look into the demographic dynamics by taking into account the various demographic factors/variables. For this, information on general demographic profile, the reproductive histories including mortality, KAP of birth control measures, mother and child health status and health care practices were obtained from 536 ever married women belonging to three different villages (of Mao). The results obtained were then compared with the available data wherever possible. The present work is organised into 8 different chapters. An introduction to the research problem, reasons for choosing the universe, aims and objectives and area and the people are discussed in Chapter 1. Methodology and field experiences are discussed in Chapter 2. Chapter 3 deals with the general demographic profile of the Mao people, reflected by age and sex composition, family type, household composition, educational status, occupational status etc. have been discussed. Chapter 4 deals with the reproductive behaviour and the various factors influencing fertility. In Chapter 5 knowledge, attitude and practice (KAP) of birth control measures

(BCM) are discussed. Chapters 6 and 7 are respectively concerned with mortality; the factors influencing mortality, morbidity, and mother and child health status and health care practices. The whole work is critically evaluated in the concluding chapter (Chapter 8).

It could not have seen the light of the day but for the keen interest, indispensable guidance and valuable suggestions received from my supervisor Prof. A.K. Kalla. My sincere thanks go to him for his constant and untiring help. I also sincerely thank the villagers particularly my informants, the respective village headmen, chairperson and secretaries of the respective women societies of the villages for their co-operation. Mr. Neli and family and Mr. Hriini and family need a special mention for their hospitality. A word of appreciation goes to all my colleagues and well-wishers for their suggestions and help in various ways. I gratefully acknowledge the University Grants Commission, New Delhi for the financial assistance for conducting my doctoral work. I am grateful to M/s Mittal Publications, New Delhi for having readily consented to take the responsibility of publishing the work without which the work would have remained the knowledge of only a few.

Last but not the least my special gratitude goes to my parents, brothers and sisters for their constant support and encouragement. May the Lord bless one and all.

LORHO MARY MAHEO

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1

Introduction

The term 'demography' is derived from the two Greek words *demos* meaning 'people' or 'population' and *graphy* meaning to 'draw' or 'write' about them. The discipline of demography involved a scientific study of population primarily to study its size, structure or composition and growth. Demography as a field of empirical research was initiated by John Graunt. His work, *Natural and Political Observations, Made upon the Bills of Mortality* in 1662 definitely marked the beginning of demography while Acille Guillard (1885) was the first to popularize the word demography when he used the word in his *Element de Statistique humaine on Demographic Comparee*. Like other disciplines, demography has been defined in various ways. Guillard regarded demography as the mathematical knowledge of the general movements and of the physical, social, intellectual and moral conditions of population or still more broadly as the natural and social history of humans. According to Peter Cox demography is - "the study by statistical method of human populations. This involves primarily the measurement of the size, growth and diminution of the numbers of the people. The constituents of change in these numbers are births, deaths and migration, and the demographers analyze the related functions of fertility, mortality and population transfer."¹ A more precise definition given by Donald Bogue in his book *Principles of Demography* is as follows: "Demography is the statistical and mathematical study of the size, composition and spatial distribution of human populations, and of changes through the operation of the five processes of fertility, mortality, marriage, migration and social mobility. Although it maintains a continuous descriptive and comparative analysis of trends, in each of these processes and in their net result, the long-

run goal is to develop a body of theory to explain the events that it charts and compare."²

Economists, biologists, sociologists, anthropologists, geographers, ecologists and statisticians have all contributed to the science of demography. They have taken both the narrow and broad view of this discipline. A distinction is made between 'demographic analysis' and 'population studies'. Demographic analysis, also known as the formal demography or mathematical demography is confined to the study of the components of population variation and change viz. fertility, mortality and migration. "Population studies" according to Hauser and Duncan "are concerned not only with population variables but also with the relationship between population change and other variables - social, economic, political, biological, genetic, geographical and the like."³ Thus, demography is understood in the narrow sense as synonymous with 'demographic analysis' and in the broad sense as encompassing both demographic analysis and population studies (Shrivastava, 1983).

Importance of demographic study has been felt since long by many thinkers and populationists. Among the pioneers, Thomas Robert Malthus name stands distinctly and he has been rightly conferred the title of the 'father of demography'. Malthus in his first published work - *Essay on Population* (1798) began with the postulate that the power of human reproduction is definitely greater than the power of the earth to produce subsistence for man and that population when unchecked increased in geometrical ratio/ progression while subsistence increase only in an arithmetical ratio. "As a preventive check of population growth he favoured the postponement of marriage with sexual abstinence prior to marriage and even permanent abstinence from sex. He however, unequivocally disapproved of birth control."⁴

Besides Malthus many other populationists like Kinsley Davis, Adam Smith, John Stuart Mill, Godwin, Condorcet etc. were worried about the increasing rate of growth of human population. But this growth could not be checked till present. Until the 17th century the world's population grew very slowly. A high birth rate was also matched by a high death rate which ultimately led to slow growth rate and a low average annual increase. On the one hand, a large and rapidly growing population has sometimes been considered to be desirable as a source of nation's strength and wealth and as an essentially useful factor underlying technological

development. On the other hand population growth has been viewed as a contributory factor to poverty and such catastrophes as wars, famines and epidemic. Thus, the size and growth of population has been viewed as an important factor underlying the development of any country.

No doubt, population explosion has been a matter of concern during the earlier centuries but the magnitude has differed. In the present day world, this has become a serious problem, a threat to our nation in her progress and development.

The assessment of world population trends were undertaken by the UN for the year 1990 on the basis of available demographic information. According to the report the world population as on the beginning of 1990 was about 5,292 million or 5.3 billion. By 2000, the world population is expected to reach the figure of 6.3 billion. Ehrlich (1968) observed that population growth is not occurring uniformly over the face of the earth. The countries of the world are dichotomously classified into two categories: those with rapid growth rates making up 2/3 of the world population and those with relatively slow growth rates.

Looking back into the Indian census' reports, it is clearly seen that the demographic characteristics of India's population are changing too. The total population has indeed more than doubled since independence. In the present phase of unprecedented socio-economic changes, systematic demographic studies are important for providing a framework for population policy formulation and implementation. Different populations are undergoing change. These changes are subjected to a number of factors some of which that may be varying from population to population and an anthropological approach to the study of a population may be quite effective in revealing the contribution of these factors. The contribution of these factors either individual and/or collective bring about a change in the population through fertility and mortality the two main components of population change.

LITERATURE REVIEW

Fertility

Human fertility is responsible for biological replacement and for the maintenance of the human society. Jones writes - "The desire of man and woman to reproduce is embedded deep in their subconscious."⁵ According to him unlike animals who solely responses to physiological stimuli man besides having that animal

nature has an added quality. That quality is the intellectual desire for children which in the long run lead to an uncontrolled fertility expression. Ghosh (1975) observed that fertility is broadly an outcome of the interaction between fecundity and desire for children.

Expressed fertility among humans is not just a physical phenomenon. It is directly associated with various demographic and socio-economic factors. Physical phenomenon or bio-events which are associated with it are:

Age of Menarche

Menarche marks the potential beginning of child-bearing years but full fecundity is not established until several years later (Bongaarts, 1975; Kar & Mahanta, 1975). A number of studies on age at menarche have been conducted so far both in India and abroad. One of the earliest reports on age at menarche of Indian women was given by Crujel (1920). The mean menarcheal age of various endogamous groups have been subsequently reported by a number of investigators (Sen, 1953, Shah, 1958, Rakshit, 1960).

The age at menarche varies considerably in different populations. It depends on heredity, nutritional, environmental and many other factors (Montagu, 1947). A study conducted in New Castle upon Tyne (Billewicz *et al.*, 1981) revealed that girls from larger families started menstruating about five months later than girls from small families. Similar observation has been made by Singh (1989), i.e. the girls with lesser number of sibs attained menarche at an earlier age. Measurements such as arm circumference and skinfolds tended to decrease while it showed that height and weight increased to some extent with the onset of menarche (Frisch, 1974). It seems that a critical body weight is needed for the onset of menarche. Nowadays, due to better nutrition, this weight is attained at an earlier age, and, therefore, over the years the age of onset of menarche has come down (Tanner and O'keeffe, 1967). In some societies earlier age at menarche is used to determine the age at marriage, as girls were married before or immediately after the attainment of menarche (Mandelbaum, 1974). No doubt that a positive association is reported between the age at menarche and age at marriage by Buck and Stavrakys (1967).

Sterile Interval/Sterility

Sterility can be described as the physiological incapacity to produce

a live offspring. Tanner (1978) opined that there is frequently a period of adolescent sterility, lasting for 12 to 18 months after menarche. However, this does not occur in all girls. Pre-menopausal sterility is also reported by Sen (1953). After 40 years or so more menstrual cycles occur without ovulation, as a result, the physiological capacity to reproduce diminishes (Nag, 1979). Besides the above mentioned intervals, other sterile intervals exist between successive births and are thought to be due to *post-partum* amenorrhoea and lactation.

Although a woman is sterile after menopause, actual sterility may set in years earlier. The main causes which lead to the sterility are abnormalities of the reproductive system which prevent conceiving even during the prime-child bearing years are increase in intra-uterine mortality and high prevalence of specific diseases - primarily gonorrhoea and genital tuberculosis (Bongaarts and Potter, 1983).

Age at Menopause

Menopause is defined as the permanent cessation of menstruation resulting from less ovarian follicular activity (WHO, 1981). It indicates the end of reproductive life of a woman. It is not so sharply defined as menarche and has a wide range from 39-59 yrs., with the median age as 50-51 yrs. Although women who have past their reproductive phase do not contribute directly to the gene pool yet some benefits may accrue indirectly from them by expending energy in caring for the offsprings and thus, increasing the survivorship of their line (Mayer, 1982).

Factors like, nutrition, genetic, socio-economic, marital status, parity, geographic and climatic, smoking habit, diseases, drugs and contraceptives have been reported to affect menopause (Gosden, 1985; Khaw, 1992; ICMR, 1998).

Age at Marriage

Traditionally marriage has been the first step in the formation of a biological family. Age at marriage is a factor of considerable importance as it identifies the onset of exposure to the risk of socially sanctioned child-bearing and becomes a principle determinant of the number of children a woman may have. Especially in areas where fertility is high, female's age at marriage has important implication because the length of female's reproductive period is largely determined by the age at which a woman enters marital union (Karim, 1970). Coale and Tye (1961)

have pointed out that early marriage could be one of the major determinants of fertility. They suggest, however, that the fecundity of women married at a very early age may be impaired by premature pregnancy. Generally females marry young in India. The earlier the age at marriage, the higher the fertility. Hence, the age at marriage is of great importance to the policy makers of fertility control. Child marriage was the norm for several centuries in rural India. Social and cultural factors in India have tended to support early marriage particularly of females. According to Raina *et al.*, (1967), child marriage is practised both for customs and economic reasons. According to the Sarda Act (1927) girls below 12 yrs. and boys below 15 yrs. were restricted from getting married. The Sarda Act was amended in 1949 and the age of marriage was raised to 15 yrs. for females and 18 yrs. for males and subsequent amendment in 1970 raised the age at marriage to 18 yrs. for females and 21 yrs. for males (Agarwala, 1973).

Prevalence of early marriage has a number of demographic, social and economic implications, especially for those countries where fertility is high and average age at marriage is low. Malthus was the first person to suggest that postponement of marriage contributes substantially towards a reduction in the level of fertility by shortening the total reproductive span of the female (Wyon *et al.*, 1968; Krishnan, 1971; Chauhan, 1974).

Marrying at young age, especially for women, can define the nature, content and structure of future roles often truncating the developments of preferences for and participation in alternative roles of women (e.g., education, post marital employment and earnings) because of the familial activities (Rossi, 1965; Presser, 1971; Scanzoni, 1977).

Religion and Caste

Studies have shown that differences in age at marriage are influenced by religion and caste affiliation. Srinivasan (1991) in his study of four large Indian states of Bihar, Madhya Pradesh, Rajasthan and Uttar pradesh revealed that Christians had a consistently higher age at marriage compared to the Hindus and Muslims respectively in both rural and urban areas. Further, his study also revealed some caste affiliation differentials where scheduled castes age at marriage is slightly lower than that of other castes in the above mentioned four states. Similar results were obtained by Audinarayana and Rajasree (1995) who found the mean age at marriage of both husbands and wives to be the

highest among Christians compared to the Hindus and the Muslims respectively. The study further showed that the mean age at marriage of both husbands and wives was highest among the upper castes and lowest among the lower castes and tribes. However, in Kerala, the mean age at marriage of scheduled castes and tribes is respectively found to be higher than that recorded for similar groups in the states of Bihar, Rajasthan, Orissa and Madhya Pradesh indicating that overall cultural and social milieu of the population influenced the age at marriage more than the caste affiliation (Srinivasan, 1991). It is also reported that the Muslims in most of the world commonly do generate high fertility (Sinha, 1957; Mazur, 1967)

Religion too is considered to play a role in shaping the attitude and practices of the people by presenting a code of life and this in turn may affect one's fertility behaviour. Christianity, particularly Roman Catholic, propagates negative attitudes towards artificial birth control and uncompromising attitude towards abortion. Symonds and Carder in their history of the UN treatment of population question note: "The Roman Catholic Church ... put pressure on governments to prevent any resolutions or actions by international agencies which might encourage the practice of what were regarded as illicit methods of birth control."⁶

Donaldson asserted that the influence of the Catholic Church was a principal reason why governments around the world moved cautiously to implement programmes to slow rapid population growth (Donaldson, 1988). A number of studies based on national surveys in the United States revealed the married White Catholic women had subsequently higher fertility than married White Protestant women during the 1950's and 1960's and in recent years, the difference in fertility has declined (Mosher and Hendershot, 1984, Mosher *et al.*, 1986). On the contrary, there are studies which showed that abortion is widely practised in Catholic dominated areas (Tietze, 1964; Nag, 1973).

Eudcation

Women's education is also found to decrease fertility through increase in age at marriage. Mandelbaum (1974) pointed out that those women who had a high school or college education had markedly lower average fertility than the less educated. He further pointed out that husband's education had also a relation with fertility i.e. increased husbands' education showed a slight decline in the fertility of the women.

The education of the women has been termed as an important determinant of child mortality. Caldwell (1979) argues that educated mothers are more likely to break the tradition about illness and adopt alternative methods of child care. Further more an educated mother tends to be more capable to attend to demanding attention for her children and her knowledge of available medical facility tends to be better than that of her illiterate counterparts. It can be agreed that education of a mother may indirectly influence her fertility by increasing survival chances of the offspring.

Maternal education acts as an independent determinant of child mortality and is normally a proxy for other social variables. According to Mosley (1983), 86 per cent of the decline in child mortality in Kenya between 1962 and 1979 may be attributed to the increase in maternal education. Sathar and Mason (1989) hypothesised that education improves women's autonomy in terms of their being controlled by their husbands and mothers-in-law. It also gives them improved knowledge and access to the means of fertility control.

Economic Status

Empirical studies on the relationship between economic status and fertility do not suggest a definite hypothesis. Some studies have shown that there is an inverse relationship between fertility and income (Saxena, 1965; Hussain, 1970; Ghosh, 1975). On the contrary, there are studies which have shown a positive relationship between economic status and fertility (Driver, 1963; Mandelbaum, 1974).

Breastfeeding and post-partum Amenorrhoea

Among all the important proximate determinants of fertility of married women in developing countries, duration of *post-partum* infecundability has been found to be the most dominant (Bongaarts, 1982).

In all societies the primary purpose of breastfeeding is to provide food to infants. It is a common practice in the world although its prevalence and duration varies from society to society and is related to a number of socio-economic and demographic factors such as economic status, age and parity, gender of the child, place of residence, work status etc.

Breastfeeding affects fertility by delaying the resumption of ovulation in women (Masnick, 1979). An important study on the

impact of lactation on ovulation and on the timing of ovulation relative to the time of menstruation was done in Santiago in Chile by Perez *et al.*, (1971). The study showed that the longer the period of lactation, the longer the unovulatory period lasted.

Post-partum amenorrhoea is the period of temporary sterility which follows a birth. Several studies indicate a positive correlation between the duration of breastfeeding and *post-partum* amenorrhoea (Masnick, 1979; Nag, 1979; Ahmed, 1986).

The contraceptive effect of breastfeeding is always noted in those populations who have no other effective method of contraception and who are traditionally engaged in physical work whilst chronically malnourished (Rosetta, 1989). Gray *et al.*, (1990) have supported the consensus statement that breastfeeding provides more than 95 per cent protection from pregnancy in the first six months after birth.

Birth Control Measures

One of the essential features of Family Welfare Programme is regulating the size of human population and thus achieving the goal of a world optimum population through the control of births.

'Birth control' in its modern application means the conscious responsible control of conception. It does not, however, mean interference with life after conception has taken place, but consists solely of the use of intelligent, scientific and hygienic knowledge to determine the proper time for this important function to occur, and to limit its possibilities to those time (Mamoria, 1963). The object of modern birth control movement is to enable couple to lead a normal sex life. Further, it will elevate the standard of living and thus make a positive contribution to the welfare of the family. Family Planning as defined by an Expert Committee (1971) of the WHO is a way of thinking and living that is adopted voluntarily, upon the basis of knowledge, attitude and responsible decisions by individuals and couples, in order to promote the health and welfare of the family group and thus contribute effectively to the social development of the country.

According to Dawn (1980), the woman can reproduce most safely strong healthy intelligent child when she is 20-30 yrs. According to Nortmen (1974)⁷ women 20-30 yrs. and having poorly spaced child births increase the risk of both maternal and infant death. Thus to avoid this problem, one of the most effective means is to control reproduction and have planned family.

Margaret Sanger, a nurse, is considered to be the instigator of FPP (Family Planning Programmes) in the United States. Her interest stemmed from an experience in 1912, of a young mother who nearly killed herself by attempting to abort her fourth child. Sanger's efforts had a great impact on the use of birth control which resulted in reduction of birth rate in the United States.

Although family is the fundamental organization unit of human societies yet its size varies from region to region and culture to culture. Therefore, limiting the number of children in a family is unacceptable to many people because of economic, social and/or religious reasons (Jones, 1991).

Attitudes towards fertility regulation, knowledge of birth control methods, access to the means of fertility regulation and communication between husband and wife about desired family size are essential for effective family planning (Cochrane, 1979).

Mortality

Intra-uterine mortality is an important determinant of the length of birth intervals (Pebley *et al.*, 1985). Most of the intra-uterine deaths occur during the first trimester and are primarily due to serious genetic abnormalities in the foetus. The incidence of these genetic abnormalities appears to be closely associated with maternal age (Srivastava & Saxena, 1981; Pebley *et al.*, 1985). It is lowest in early twenties, rises steadily to the mid-thirties and increases sharply thereafter; women aged 40-44 years experience foetal mortality at double the average rate. The ability to conceive and bear a live child declines with age in all populations and in none is there much child-bearing above the age of 40 (Menken *et al.*, 1981).

Increased risk of congenital malformations with advancing birth orders independent of maternal age effect is reported by Matsunaga (1966). The direct relationship between infant mortality and birth rates is established in many studies (see Mandelbaum, 1974). The major causes of infant deaths are broadly classified as endogenous or exogenous (Bouvier and Tak, 1976). The former factors usually occur soon after birth and are related to genetic disorders or the birth process itself while the later-exogenous, are environmentally related and tend to show their influence later. In any country, majority of neonatal mortality occurs on the first day of life prior to any real chance for contact with the environment (Aykroyd, 1971).

Several studies have shown the various causes of infant and child mortality. A study conducted in Haryana State by Kuman *et al.*, (1982) revealed that the main causes of infant mortality were

prematurity, acute lower respiratory tract diseases, febrile illness, congenital malformations, acute diarrhoeal diseases and neonatal tetanus. Further, it was reported that 50 per cent of the deaths were neonatal. Diarrhoea was also reported to be the major single cause of death in young infants (Wyon and Gordon, 1971).

The highest incidence of mortality was noticed for the first births followed by the second and the third births in the Khanna study by Wyon and Gordon (1971).

A cross-cultural international study, carried out on family formation and health by Omran and Standley (1976) revealed cross-cultural variations in mortality. Higher incidence of infant mortality was reported among low social status groups and older age cohorts. Similar observation was made by Heman and Reddy (1998) i.e. with improvement in household income level child mortality subsequently reduced.

The relationship between infant mortality and maternal age showed a 'J' shaped curve with birth order. Also infant mortality showed a 'J' shaped relationship.

Risk of infant mortality was high among offsprings with short birth intervals (Omran and Standley, 1976). But Stockel and Chowdhury (1973) reported 'U' shaped curve for infant mortality with maternal age for Bangladesh women with 60 per cent of the first year deaths occurring in the 1st month of birth.

During infancy and childhood, the major diseases ranked by the extent of estimated mortality are diarrhoea, acute or chronic dysentery, acute respiratory diseases - mostly bacterial or viral pneumonia, measles and tetanus followed by infection such as malaria, typhoid and hepatitis. In the majority of fetal cases, the common underlying factor is reported to be malnutrition (UNICEF, 1990).

Mother and Child Health

The conceptualization and measurement of health and quality of life are gaining increasing attention in the health services. One of the major issues in the health status measurement is the health seeking behaviour of the community which governs the morbidity and mortality pattern. Since the concept of health occupies different meaning in different social systems, the health seeking behaviour of a community cannot be studied in isolation from the social network of a community. It is deeply interwoven into every event of social, economical and biological aspects of a population (Basu *et al.*, 1994).

Swain (1994) also opined that health and disease are a continuous process and are largely interlinked with the health seeking behaviour of the community, and also on the value given to health.

In general, pregnant and lactating mothers and pre-school children are found to be the most vulnerable groups and need maximum attention. Realising the importance of maternal and child health services, the Ministry of Health, Government of India, had taken concrete steps to strengthen maternal and child health services in the first and the second five year plans (1951-56 and 1956-61).

Further, family planning services were integrated with maternal and child health services and nutrition services when the "Minimum Needs" programmes was initiated during the Fifth Five Year Plan (1974-79). The Government of India from time to time initiated various other schemes and programmes concerning the health of mother and child e.g. "Expanded Programme on Immunization" (EPI) in 1978, "Universal Immunization Programme" (UIP) in 1985-86. The EPI started in 1978-79 by making free vaccination to all eligible children in order to reduce morbidity, mortality and disabilities due to the six serious but preventable diseases viz. tuberculosis, diphtheria, pertussis, tetanus, polio and measles. The UIP started in 1985-86 was a special programme to provide impetus to the immunization scheme. Various other health programmes were taken up so as to reach 'Health for all by 2000 A.D.'.

Available studies show that in tribal populations, health problems are mainly governed by their habitat in difficult terrains and ecologically variable niches (Basu, *et al.*, 1994). Similarly the disease pattern and its specialized curative knowledge may be distinct for a particular region as suggested by Ali (1994). In this context, he asserts that proper knowledge of the tribal setting of India becomes an essential pre-requisite for understanding the disease pattern and health problems of the tribals.

Studies have shown that women, especially living at places far away from PHC (Primary Health Centre) hardly felt the need of visiting PHC during pregnancy unless there were some complications (Manochas *et al.*, 1992). On the other hand obstetricians' advise that antenatal care should begin, at the latest, six weeks after the last menstrual period. Further studies undertaken to measure the impact of the initial antenatal visit

show that even when antenatal care is initiated as late as the third trimester, there is a substantial reduction in perinatal mortality (Ramachandran, 1992).

The type of care received at child-birth is often critical for the health and survival of both infant and mother. A significant proportion of neo-natal deaths is attributed to poor birth practices. Family support at the time of birth is important : a 1988 study suggests that infants born in the houses of mothers' parents have a significantly lower mortality rate than those born in the homes of fathers' parents (UNICEF, 1990).

Otta (1992) observed that health status of the child was related to the maternal education. He opined that good health of the child is not only associated with education but also with higher income. In his study of 503 Oriya women from Kendrapara town in Cuttack district, he observed that maternal education played a positive role in determining the health status of the child above a certain minimum level of family income.

PRESENT PROBLEM

The paucity of micro-studies on demographic dynamics are too obvious in a country like India, which has great regional diversity and whose people are organized into hundreds of villages. On the other hand, macro studies are apt to miss the nuances, refinement and subtleties which can be reached only by detailed micro-studies. Micro-studies provide insight while macro-studies yield perspectives (Srinivas, 1969). Demographic studies provide some vital statistics which can aid in the process of planning for developmental change at the level of a community. There are various demographic factors which may influence the rate of population growth as discussed above. Under demographic dynamics, the major aspects concerned are the fertility rate, mortality rate and the rate of migration if any, the factors influencing or enhancing these rates and their impact on the population.

Anthropological demographic studies at a micro-level have become essential for population welfare planning as they provide an indepth insight into the specific factors influencing the population size and its distribution. In view of the fact that hardly any micro-level study is available on the anthropological demography and its dynamics of the tribal population of North-East India, it becomes pertinent to carry out such studies among

the native population groups of this area who are by and large highly traditional yet much different from each other, not withstanding the people embracing christianity at a large scale.

Keeping in mind that population welfare programme requires an indepth knowledge of the demographic structure and its dynamics in a population, an indepth study of the demographic dynamics among the Mao Naga tribe, who according to 1991 census constituted about 13.12% of the tribal population of Manipur, was presently conducted with the objective that the outcome of such an indepth study may be of some specific help to the population planners of this region.

AIMS AND OBJECTIVES

- To study the population structure and the dependency ratios (young dependency and old age dependency).
- To assess the age at menarche and age at menopause.
- To understand the influence of age at marriage, education, economic status, desire for sons and other populations specific factors, if any, on fertility.
- To assess the various fertility and mortality rates.
- To understand the prenatal and postnatal mortality pattern, its causalities and the type and extent of medical facility availed or resorted to.
- To understand indepth the knowledge, attitude and practice of birth control measures with special reference to the indigenous methods (if any) and modern methods and their relative impact on regulating birth among the Maos.
- To study the impact of lactational amenorrhoea on birth spacing.
- To assess the present health status of mother and child and mother and child health care practices.

AREA AND THE PEOPLE

Manipur is a small state having an area of 22,327 sq. km constituting 0.7 per cent of the total land surface of India and lies on the extreme north-eastern corner of the Indian sub-continent between 23°50' and 25°41' N latitude and 93°2' and 94°47' longitude. The state is bounded by Nagaland on the north, Mizoram and parts of the Chin hills of Myanmar on the south and Cachar district of Assam on the west and Myanmar on the east. (Fig. 1.1)

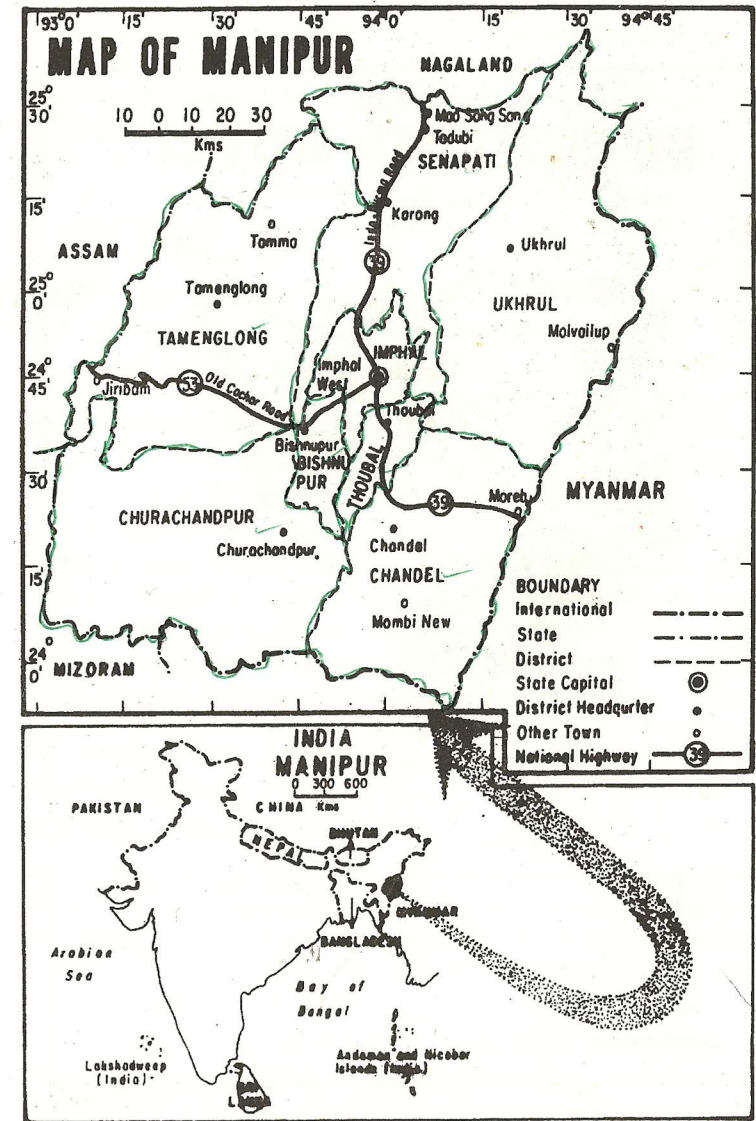


Fig. 1.1 : Map of Manipur

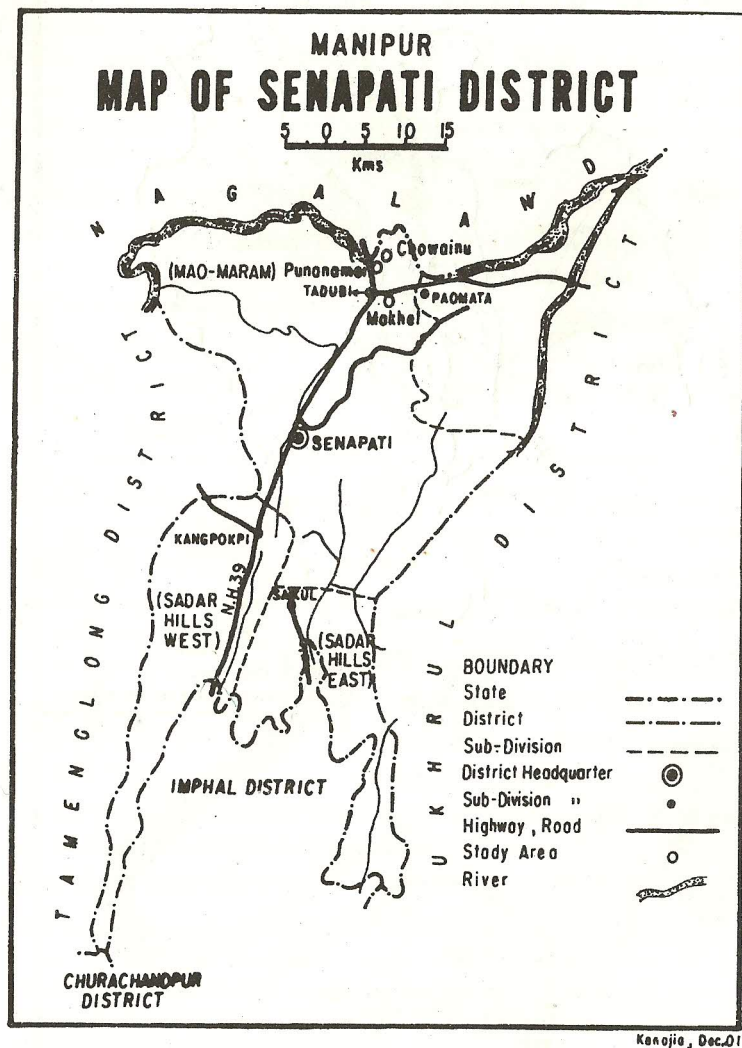


Fig. 1.2 : Map of Senapati District

Manipur can be broadly classified into two physical divisions - the valley and the hills. The valley having an area of 2,238 sq. km is the home of the Meities which constitute more than 10 lakhs of the total population (1,839,149 - 1981 census) while the hills having an area of 20,089 sq. km is divided into five administrative units or district - Chandel, Churachandpur, Senapati, Tamenglong and Ukhrul which are the abodes of the tribals. There are as many as 34 tribes enumerated in the 1951 census. Presently there are 29* recognized scheduled tribes inhabiting by and large the entire hill region and a few pockets in the valley region. According to 1981 Census (1991 census, tribe-wise not available), the total tribal population of Manipur is 632, 173 which is about 34.41% of the State total tribal population of the country.

Out of the five Manipur hill districts, Senapati is the smallest hill district and lies in the northern part of the State Manipur. The District is bordered by Nagaland state on the north, Ukhrul district on the east, Tamenglong district on the west and east and west districts of Imphal on the south. (Fig. 1.2)

The district is almost a mountainous region having varying altitudes ranging from 1061 to 1788 metres. it receives rainfall of 1135.5 mm with maximum temperature 33.0°C and a minimum temperature of 4.0°C (District Information Office Bulletin, 1997). Japfii and Kobru and some of the highest peaks of the district. Barak, Imphal, Iril, Mayankang are the important rivers draining the district. The biggest river Barak rises from Liyai in Pao-Mata Sub-division and flows towards Cachar in Assam through Tamenglong district.

Population

Although Senapati district is the smallest in terms of its size (area) among the five hill districts of Manipur, yet population wise it has the largest population. According to the 1991 Census, the district had a population of 2,08, 406 as against 1,55,421 in 1981 census and 1,04,176 in 1971 (census).

The district is inhabited by various tribes such as the Mao, Maram, Thadou, Zeliang, Tangkhul, Maring etc. and some non-tribals like the Nepali. Of all these tribes, the Maos are the most preponderant in the district. The density of the district population

At present, the number of scheduled tribes has increased to 33, vide the Govt. Order no. 10(ten) of 2003, dated 8th January 2003, Gazette of India, 2003; the additional tribes are : Poumai, Kharam, Tarao & any Kuki tribe.

18 / The Mao Naga Tribe of Manipur

is 62 per sq. km according to 1991 census as against 49 and 30 per sq. km in the earlier two censuses (1981 and 1971) respectively.

Socio-economic Life

Manipuri language is the lingua franca among the different communities of this region. Various religions such as Christianity, Hinduism, Islam, Paganism are practised in the district, but Christianity is followed by most of the people of the districts. The old traditional religion and customs have been gradually replaced by Christianity.

The traditional terrace cultivation is the dominant mode of agriculture. The practice of *jhum* cultivation is still prevalent. Potato, cabbage, maize, mustard are the main cash crops. Cattle, buffalo, dog, goat, poultry and pig are the main domestic livestock. People supplement their basic requirements through the rearing of these animals. The people of this region are hard working. The people spin and weave their clothes, make cane and bamboo products and extract mineral salt for their domestic use.

District Administration

The Senapati District was earlier known as Manipur North District. After the attainment of the Manipur Statehood in 1972, it was renamed as Senapati with its headquarters at Senapati. The district is divided into five divisions :

1. Mao-Maram sub-division at Tadubi.
2. Paomata sub-division at Paomata.
3. Sadar Hill west sub-division at Kangpokpi.
4. Sadar Hill east sub-division at Saikul.
5. Sub-division at Purul.

Education

During the Second World War, there were only three lower primary schools at Punanamei, Mao-song song and Kangpokpi Mission respectively. At present the district has three colleges and more than 100 High Schools and Junior schools besides about 600 primary schools.

However according to the 1991 census the district has the lowest literacy rate i.e. 46.04 (55.26 males and 36.13 females).

Medical Facility

As per the National Target 'Health for All by 2000 A.D.'. The government has taken up various health facilities at the door steps in the district. The district has three hospitals, and 14 primary

health centres and a number of primary health sub-centres besides other units - TB clinic, ophthalmic unit, STD clinic, dental clinic, homeopathic dispensary, epidemiological unit, national leprosy control unit and rural family welfare centre. There is also a mass media cell set up in the district. The main objectives of this cell is to carry out motivation programme for adoption of family planning and other family welfare services.

Communication

Road communication is practically the only means of communication in the district. The National Highway No. 39 passes through the heart of the district from south to north and enters into the State of Nagaland. The development of road communication has been accorded high priority. Some of the villages are well connected by metalled roads where buses ply while in most of the interior villages it is connected by *kutchra* (non-metalled) roads.

The Mao Tribe

The Mao Naga tribe inhabits the northern part of the Manipur State - Senapati district bounded by the Angami, Rengma and Chakhesang Naga tribe in the north, the Maram and Zeme Naga tribe in the west, the Tangkhul Nagas in the east and the Meiteis in the south. The area stretches along the foot hills of Mt. Esii on the Japfii mountain range in the west extending upto Liani river on the eastern side of the Nagaland State. Some writers considered the Mao, Chakhesang and Angami as kindred tribes while others described them as a quasi-Angami tribes (Kabui, 1993). According to the 1991 census the population of the Mao tribe was 50,715. According to Ansari (1991), 98.5 per cent of the Mao people live in this district [Senapati district]. Due to their major concentration in one part of the state, they are a power to reckon with.

History of Origin and Migration of the Mao

Till today it is obscure as to where the Maos or for that matter the Nagas have originated. There are various views regarding the origin of these people.

Kabui (1993) in *Genesis of the Ethnoses of Naga and Kuki-Chin* writes, "The proto-history of the Naga is shrouded in mystery".⁸ In the absence of any written documents of the past, the origin of the Nagas in general and the Mao Naga tribe in particular has been traced on the basis of folk songs and folk lores.

The history and the customs were preserved in human memories which were handed down through generations by oral narration. The songs and tales covered the life of the then society,

social system, history of origin, migration, achievements of the heroes, the love affairs, events of wars and peace and such other events of the time.

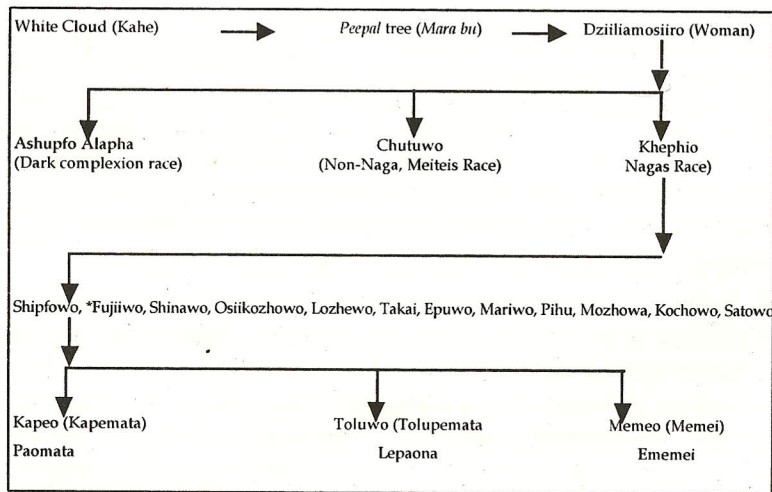
The Maos have a popular traditional history that has been carried down through times immemorial, that the Nagas have originated from "Makhrefii" (Makhre-secret, fii-place). The Angami called this place as a "Mekroma" while Zelligrong call it "Mahou". This place is situated in Mao area under Senapati district.

The Mythical Conception

The oral folk tale of the Mao has it that there was conjugal relationship between the "White cloud" (*Kahe kakra*) and a woman "Dziiliamosiiro" (*Dziilia*-clean water; *amosiia* - pure i.e. as clean as pure water) while she was sleeping under the *peepal* tree. It is told that the White cloud came and enveloped her and she conceived and bore three sons, namely:

- (a) Ashupfo Alapha (dark complexion race)
- (b) Chutuwo (Meitei race) and
- (c) Khephio (Naga race)

Supposed Generalogical Evolution**



* These are the forefathers of the other Naga Tribe

**Source : Nepuni 1999, p. 8.

Another myth about conception is that the white cloud came and overshadowed Dziiliamosiiro while she was sleeping under the *peepal* tree and she conceived and gave birth to three sons,

Tiger (*Okhe*), God (*Ora*) and Man (*Omei*). On their departure the tiger occupied the vast jungle, while the God occupied space and the man, the bowel the earth (Nepuni, 1999).

The information given in the *Baptist Golden Jubilee Souvenir* (1994-95) about the origin and migration seemed to be more authentic. According to this version - it is believed that the Naga's fore-fathers came from a watery domain through the "Hourie river" (Hourie is a tributary of Chindwin river in Myanmar) and reached the present place Makhrefii. This was spelt out by the Pudunamei chief when asked by a British officer in Makhel as to where they had come from prior to Makhel. Some historians said that during the construction of the great wall of China, the king forcibly employed his subjects in the construction. Some of the people absconded and some of the absconders had come to this side. It is believed that they were no other but the forefather of the Nagas. To conceal from the notice of the king, they secretly lived here to hide the truth. Thus to cover up the reality, they fabricated the story that they only began at Makhel with God and Tiger. Thus, the origin and route where they came from had been kept secret. So, the place where they lived was called Makhrefic, the 'secret place' till date.

As the years passed by population increased. The village became congested and the Naga people started settling in different directions and better land, better climatic and more strategic places. Although it is not exactly known as to how many people or families came together to Makhel and for how long they lived at Makhel, it is believed that (as the oral tradition says) they came in small groups. It is believed that Shiipfowo (Mao) was the leader of the team. As per the tradition the first son inherited the father's legacy i.e. father's right, which is still prevalent in the Mao community. Shiipfowo inherited the father's legacy and remained at Makhel while the others moved to different directions. It is said that Shiipfowo had three sons - Kapeo (Paomata), Toluwo (Lepaona) and Memeo (Ememei i.e. western Maos).

There are indeed many historical facts to substantiate their belief about their origin and history, e.g. stone monoliths and sacred trees which still exist in and around Makhel village. The relics which are believed to have been associated with the origin and dispersal of the Nagas are as follows:

1. A menhir called 'Tamarachu' (dispersal monolith found in the heart of Makhel village, is said to have been erected before the Nagas dispersed.
2. A wild pear tree 'Chiitebu' found in Shajouba, about some yards from Makhel is said to have been planted at the time of their dispersal and under where it is said that an oath was taken that all Nagas will again unite one day.
3. A *peepal* tree 'Marabu', considered to be sacred, is believed to have sprouted from the tomb of the first woman who died at Makhel. They called it the 'life foundation tree'. Even today the villagers value the leaves of the Marabu for observing *gena*. Till date the fear persists that if one spits or urinates near this secret tree, one would eventually die of an illness with body swelling and stoppage of urine and stool. In the earlier days, the direction of the dead branch of 'Marabu' indicted that calamity would take place in the same direction and hence *gena** was observed in order to avert the calamity.
4. Three monoliths representing Tiger (*Okhe*), God (*Ora*) and Man (*Omei*) are found at Chiizhelophi a few miles away from Makhel. These monoliths are believed to have been erected in commemoration of their (Tiger, God and Man) dispersal to different directions (Shimray, 1985).

Besides these, there are numerous stones like *Khubu Ridzii* (miraculous or powerful gun), *Ochachu*-undeciphered monolith) and other small stone relics which are believed to have some power and have been carefully preserved.

Etymology of the word 'Mao'

How the term 'Mao' came into usage is still not clearly known. Some writers attribute it to the Britisher who had encounter with the Chinese during the opium trade and who must have had a remote concept using the term 'Mao' with the Chinese who were also of Mongoloid stock. T.C. Hodson (1911) asserted that Mao is a Meitei name given to the village of Mao. But Kabui (1995) opined that the name does not have corroboration since the Meitei gave the name of *Ngamei* to the village of Maos and Angami. The more accepted view (see Nepuni, 1999) attributes it to the Marams, a neighbouring Naga tribe akin to the Mao who addressed the western Mao as 'Momei' in their accent; the Meitei then must have

* *gena* - observation of customary laws, prohibition of normal activities under supernatural penalties.

come to be called the 'Maos' noting down the term 'Mao' and dropping the suffix 'Mei'.

Food Habits

Rice is their staple food supplemented by meat. Dried meat is a much liked item together with the locally brewed rice beer. In the earlier days, young and old, irrespective of gender, drank the traditionally brewed rice beer (Photo 26). Verrier Elwin (1961) described the rice beer as their favourite drink, a nourishing and palatable soup with a kick in it if taken in large amounts. Today this traditionally locally brewed rice beer is replaced by tea, with or without milk. However, a good number of families, particularly the *Pagans* (followers of traditional religion) and the Roman Catholics, continue to prepare it for their day to day use. It is a widespread belief among the Maos that consumption of rice beer helps secretion of larger amount of milk by a lactating mother.*

Dwelling

The dwelling of these people is simple. It is generally made of thatched roofs or C.I. sheets and bamboo splits along with mud plastered walls. The house is partitioned. There is one main door leading to the entire house. Shimmi (1988) writing about the type of dwelling described a Naga house as a mini public hall - where at least hundred people could gather together. T.C. Hodson in *The Naga Tribes of Manipur* writes: "Among the Nagas of Mao and Maram the houses of the village chiefs are distinguished by the curved and carved beams crossed in front."⁹

Social Structure and Organization

Every village has its own headman or village chief who is hereditary. If the chief dies and has sons who are not responsible enough, then, the chief is selected from near kins of the same lineage. However, in case, the hereditary chief had violated the perennial custom and tradition of the people, he might be removed from office. The new village authorities introduced under the "Manipur Hill Areas Village Authorities Act" 1956, is gradually taking the place of the traditional village councils in some of the Naga areas but in the Mao inhabited villages, the village councils are still supreme in religious, agricultural, forest and cultural affairs (Das, 1995).

Family, lineage, clan and kinship ties are very strong among

* More information in Ch. 7.

the Mao. Every village whether big or small has a number of clans and sub-clans (lineages). For instance Kalinamei village comprising of 475 households had 6 clans while Makhel having 147 households had 4 clans. Each clan elder exercises authority over its members from time to time as the need arises. Normally disputes and quarrels are generally solved at the clan-level.

Today, the Church has made a lot of influence in the social system of these people. Earlier clan and lineage had a stronghold, but now it is the church which has a stronghold. There are times, the village feuds do erupt because of conflicts between people belonging to different denominations of Christianity.

Inheritance Pattern

The Mao tribe has a wide range of customs in inheriting the property. The rules of primogeniture operates regarding succession to office with the immovable property being shared among the sons except the original home, which is retained by the youngest son. This is so because the youngest son is the one who is yet to establish his own home while the elders during the life time of the father had already established their permanent homes under his direction (Narendra, 1995). The eldest son gets the lion's share. The daughter has no say in the family property but she gets a maintenance. At her marriage, a staff (*shukosii*) along with her carrying basket and some cattle, barn (*Obe*) of paddy to sustain the couple before the next harvest, are given to her.

Marriage

Marriage is generally done through negotiation. Clan exogamy within and outside the village is the usual norm. Although instances of marrying outside the tribe are there, yet endogamous form of marriage is still preferred.

Status of Women

Writing about the Naga women, Furer-Haimendorf said, "Many women in more civilized parts of India may well envy the women of the Naga Hills, their high status and their free and happy life; and if you measure the cultural level of a people by the social position and personal freedom of its women, you well think twice before looking down on the Nagas as 'savages'."¹⁰ Horam while discussing the status of Tangkhul Naga women opines that the position of women in the Naga Society is far from being inferior (1977). This applies to the Mao women as well. Excepting in the few spheres i.e. decision making in political matter and inheritance

of ancestral property, the Mao women more or less enjoy the same status as that of men. Mother plays the main role in running the household. Majority of the domestic affairs are under her control. The well-being of the family is judged by the industrious nature of the mother. She is practically busy throughout the day in various activities starting from household chore to the agricultural works yet, she enjoys a considerable freedom too.

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