

## **Mortality Differentials Among Two Occupationally Different Communities: Yadava and Kamma of Andhra Pradesh**

**S. Devi Datta and M.K. Bhasin**

*Department of Anthropology, University of Delhi, Delhi-110 007, India*

**KEY WORDS** Mortality, Kammas, Yadavas, Andhra Pradesh.

**ABSTRACT** In the present paper, the families of two occupationally different communities, Yadava and Kamma of Krishna and Guntur districts of Andhra Pradesh have been studied. In the populations under study, very few deaths are recorded. For Yadavas, the Crude Death Rate is 6.32 which is higher than the Crude Death Rate of Kammas (2.53). Infant mortality is also found to be lower in both the populations.

India has shown a considerable decrease in mortality statistics over years. The main causes of this are overall social development, higher autonomy of women (Dyson and Moore, 1983), changed social values (Caldwell et al., 1983), improved health measures, sanitary conditions, eradication of many diseases, availability of potable water, etc. Even factors like religious affiliation, education, occupation, urban-rural residence etc. also influence mortality figures.

It has been stated that infant and child mortality, fetal wastage and still births affect fertility rates, studies commenting on this supposed inseparable association are many. Notable among them are Notestein (1945), Majumdar (1952), Nag (1954), Scragg (1957), Mitra (1978).

This paper attempts to study various mortality differentials among Yadavas and Kammas of Andhra Pradesh and this is compared with the Indian and other available data. Some probable causal factors are also discussed.

### **AREA AND PEOPLE**

The areas for the present study are Krishna and Guntur districts of Andhra Pradesh, where the concentration of Yadava and Kamma communities is maximum as compared to rest of the districts.

Both the communities, professing Hinduism,

are rural-based. Kammas, basically agriculturists, are quite advanced politically, economically and educationally when compared to any other community in this area. Yadavas are mainly a pastoral community.

### **MATERIALS AND METHODS**

Interview schedules were prepared for the household level survey which included information on general demographic and socio-economic variables. The field work was conducted in 1984. The information was mainly collected from female informants.

### **RESULTS AND DISCUSSION**

#### **Crude Death Rate (CDR)**

In both the populations, very few deaths were recorded (4.60). Among Yadavas, it is higher (6.32) than Kammas (2.53).

#### **Various Mortality Rates**

Various mortality rates were calculated after pooling the data of both the populations together. The Infant Mortality Rate is 61.73, Neonatal Mortality Rate is 12.35 and Post-Neonatal Mortality Rate is 49.38. It seems that mortality is on

decline among Yadavas and Kammas as compared to the Indian population (Table 1.). The low mortality rates of the populations may be because of the efforts made by the government to curb mortality. Other attributable factors seem to be the limited sample size, under reporting of deaths in family or lack of knowledge of registration system, unwillingness of the subjects in giving information about deaths in the family.

Table 1: Various Mortality Rates for India, Kerala, Andhra Pradesh and Total of Yadavas and Kammas of Andhra Pradesh

Various Mortality Rate	India	Kerala	Andhra Pradesh	Total
Crude Death Rate (CDR)	12.1	6.5	7.7	4.6
Infant Mortality Rate (IMR)	104.0	31	83	61.73
Neonatal Mortality Rate (NMR)	65.8	-	-	12.35
Post-Neonatal Mortality Rate (PNMR)	38.2	-	-	49.38

According to the present survey, the deaths recorded among children are due to tetanus, fever, dysentery, pneumonia, etc. In the case of adults, the fatal diseases are dysentery, diphtheria, jaundice, diseases of heart, whooping cough, fever, etc. As per the information provided by Machilipatnam Government Hospital (Krishna district), some of the important diseases of this region are avitaminosis and diseases of nutritional deficiency, anemias, enteritis and diarrhoea, diseases of digestive system, diseases of respiratory system, infection of skin and subcutaneous tissue, acute respiratory infection, bacillary dysentery and amoebiasis, etc.

This account resembles the situation of all developing nations, where age structure is young and the incidence of infections, parasitic, and respiratory diseases, though on the decline is high enough to cause more deaths (UN, 1973).

In Table 1, various mortality rates are compared with the total Indian population as well as with the Kerala State which depict the lowest rates—statewise and with the Andhra Pradesh State as both the populations are residents of this State. The Crude Death Rate is found to be lowest (4.6) in the study populations when compared with the Kerala State (6.5), Andhra Pradesh State (7.7) and total India rate (12.1). The Infant Mortality Rate (61.73) of the Yadavas and Kammas (Total) is lower than the Indian rate (104.0) and the Andhra Pradesh State rate (83.0), but quite higher to the Kerala State rate (31.0). Same is true in the case of the Neonatal Mortality Rate—the Indian rate is 65.8 and study population rate is 12.35. But when Post-Neonatal Mortality rate is taken into account, the sample population rate (49.38) is found to be higher than the Indian rate (38.2).

Maternal mortality is one of the features of developing societies, brought about due to chronic malnutrition, post-natal, pre-natal and antenatal care, infectious and other diseases. In the present population groups, maternal deaths are very few. Only two maternal deaths are reported from Yadavas and only one from Kammas.

It is generally believed that the type of medical facilities availed by the people of the study area may have implication for the mortality statistics of that particular region. Because this aspect, although often overlooked, brings out the awareness of the people the availability of different types of facilities, and their response to a particular mode of treatment. It also challenges the governmental claims of a sound health and family welfare programme.

From Table 2 it is evident that people prefer to approach private doctors and hospitals. A reliance on folk and indigenous medicines has become negligible—only 0.33 percent of Yadavas preferred to take these medicines. Chiefly because of their dependence on private and government hospitals, there is a low mortality rate in these populations, especially the Kammas.

Table 2: Medical facilities availed by Kammas and Yadavas

Medical Facilities availed	Percentage		
	Total	Kammas	Yadavas
Private Doctor/ Hospital	68.79	85.56	51.62
Government Doctor /Hospital	13.00	8.30	21.70
Both Private & Government Doctor/ Hospital	11.96	5.76	29.46
Indigenous medicines	6.35	0.00	0.33

## ACKNOWLEDGEMENT

The work was supported by Indian Council of Medical Research, New Delhi.

## REFERENCES

Caldwell, J.C., Reddy, P.H. and Caldwell, Pat: The causes

of marriage change in South-India. *Population Studies*, 37: 343-362 (1983).

Dyson, Tim and Moore, Mick: On kinship structure, female autonomy and demographic behaviour in India. *Pop. Dev. Rev.*, 9: 35 (1983).

Majumdar, D.N.: Children in a polyandrous society. *East. Anthropol.*, 3: 177-189 (1952)

Mitra, A.: *India's Population Aspects of Quality and Control, Volumes I, II*. Abhinav Publications, New Delhi, (1978).

Nag, M.: A demographic study of the Kanikkar of Travancore. *Bull. Dept. Anthrop. Govt. India* 3: 95 (1954).

Notestein, Frank W.: The Long View. In: *Food for the World*. Theodore W. Schultz (Ed.). University of Chicago Press, Chicago (1945).

Registrar General of India: *Sample Registration Bulletin*. Registrar General of India, Ministry of Home Affairs, New Delhi (1987).

Scragg, R.F.R.: *Depopulation in New Ireland: A Study of Demography and Fertility*. Published in lithograph by the Administration of Papua and New Guinea (1957).

United Nations: *The Determinants and Consequences of Population Trends, Vol. I*, Population Studies, 50, New York (1973).