



Growth and Development of Child Among the Ahom Community of Namdang Reserved Forest

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Abstract: Forest is a dynamic natural community that is an assemblage of population of plants, animals, fungi and bacteria that live in one environment and interact with one another forming together a distinct living system having its own composition, structure environmental relations, development and functions. The word forest has been derived from latin word “foris” which means “out of door”. The forest provides the tribals and other communities living close to the forest the following habitat, shelter and shades, raw materials etc.

According to Indian Forest Act 1878 for the first time classified the forest into three different categories as Reserved forest, Protected forest and Village forest.

Reserved forest can be briefly defined as forest where everything is restricted unless permitted.

According to the Assam Forest Regulation 1891, the local government might constitute any land at the disposal of the government a reserve land through publication of a notification in the official gazette (Assam Forest Regulation 1891). The constitution of reserved forest according to the Assam Forest Regulation, Act VII of 1891 did not differ in any 1878. According to section 3, chapter II of the Act, “... the local wasteland which is property of the government has proprietary rights or to the whole or any part of the forest produce of which the government is entitled, a reserved forest...” (Indian Forest Act, 1978).

Growth is a sign of life. The term growth refers more to quantitative changes increase in size and structure, while the term development refers more to qualitative changes. Similarly, socialization or learning process determines the growth and development. According to Freud, the first five years of life is crucial for the development of personality. As

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far as physical characteristics are concerned there is evidence that some traits are inherited. However, when we consider the problems of learning, it was found that development is predominantly due to environmental factors, though heredity does play a part here also, since the success of learning depends on ability. Thus growth and development may be studied from various angles considering diverse parameters. Montague (1960), commented, "Growth may be defined as increase in size while development is to be understand increase in complexity".

The paper is divided into two parts

- (i) It starts with the description of entire process of child – care system which starts from conception. The various stages, eg., pregnancy, pre and post – natal care, preferences and prohibitions in various aspects has been considered. The food habits, conceptions of nutrition food by the villagers have also been recorded.
- (ii) Efforts have been made to focus the growth of children by anthropometric measurements of children below 5 years.

The present study is confined among the Ahom community of Namdang Reserved Forest who inhabited in Jariguri Forest Village.

The formation of forest villages was very closely linked with question labour. The policy of the government was described in the following rule made under the Assam Forest Regulation, Forest villages are designed for the purpose of supplying a source of suitable local labour or in the case of temporary cultivation with view to restocking in the areas so cleared and cultivated with valuable species of trees on taungya method" (LCD, 1926, vol. VI, 953). Accordingly, the forest villages might be established within the limits of any reserved forest on sites. However no person was permitted to settle in a forest village without the permission of the conservator.

The Setting

The data for the present study have been collected among the Ahom community of Jariguri forest village of Namdang Reserved Forest. It is situated 42 km from Dibrugarh town in Khowang. The JFV has been established in the year 1925 – 26 under FD. At time of investigation, the number of population is 512 with 110 household. Out of 512 individual 258 (50.39%) are males and 254 (49.60%)

are females. They are not economically good. Majority of people depend on agriculture for earning their livelihood along with tea cultivation. There is one sub – health centre with one asha karmies in the NRF with irregular visit of doctor. The road inside the NRF is full of muddy and gravel stone. Transportation is also not available anytime.

Material and Methods

In the present study, only those children who are below 5 years of age during the time of investigation were taken into consideration. Mothers were interviewed extensively. Intensive field investigation for the purpose of the present study was carried. To determine growth and nutritional status of children, data on anthropometric measurement as height and weight are collected in standard techniques. To understand the growth and development it is considered important to understand the child rearing practices in the community. Thus in the present study at first investigation was made on child rearing practices among the Ahom Community.

Pregnancy

Pregnant mother's health status influenced the developing baby with in her womb. The Ahom women believe that if mother's health is good during pregnancy, she will give birth to healthy baby. They do all household work like washing clothes, cooking etc. But, they are not aware about medical facilities. There is a sub – health centre in the village but it doesn't provide any facilities from it as there is irregular visit of doctor and nurse. Due to poor economic condition also they are not in position to afford medicine, healthy food during the pregnancy period.

The Ahom maintain certain restriction or avoid certain things during the pregnancy period which are considered as their tradition. Certain restrictions are also followed by the husband of a pregnant woman. During the period of pregnancy, Ahom husband are debarred from killing any animal because the baby may die in fetus. He is also not allowed to touch dead body. The pregnant woman are also not allowed to eat join fruits because at the time of birth, twins may be attached or sometimes have to face some critical problems. A pregnant woman also not allowed to move during midnight and sunset with the belief that during this time according to them, the evil spirit comes to see a pregnant woman and may cast their evil eye on the child in the mother womb and affect the health. They also keep a knife and mustard seeds always with them. They are also not allowed to crosses over the rope which is tied to the neck of the

cow because it is believed that the umbilical cords within the mother's womb will wrap on the neck of the fetus which may cause much trouble at the time of delivery.

Birth

Among the Ahom after birth the placenta is dig within the compound of their own house. This act is performed normally by the mother – in – law. The time of removing the umbilical cord is on 7th - 10th days. They keep the cord safely inside the box. Whenever, the child suffered from any kind of diseases the water extracted from dry cord which is very useful to drink it.

Feeding

Among the Ahom mothers, there are not aware of the scientific causes of breast feeding. It was observed that the infants were breast feed in the primitive as well as in the civilized countries. About 4 – 5 hours after its birth or sometime, as reported immediately after delivery, the baby is put to the mothers breast for the first time. Some mother feed their child till the next pregnancy. The age of children who were breast fed till the date of interview range from 1 month to 3 years.

Weaning

There are various methods of weaning the babies from the breast milk. The most prevalent methods of weaning automatically when they began to take solid food or at the age of 2 years and 2 ½ years by using bitter objects, chilli, etc.

Medical facilities and health centre

In the village there is only one sub health centre where facilities are not available for the treatment. For major cases they visit Assam Medical College Dibrugarh, Barbaruah civil hospital. They children are mostly suffered from fever cough, measles, diarrhea, dysentery etc. The mothers are also not aware of medical treatment. There is one asha karmies, they vaccinated their children against small pox, polio, DPT, BCG typhoid.

Growth of Ahom Child

To understand the growth of children below 5 years of age, anthropometric measurement was taken. At the time of investigation the number of children below the age of 5 years in the village was 49. Among them 19 males and 30

females. The rate of growth of children from birth to five years of age and annual increment during different age group has been shown by giving distance curve and velocity curve.

Table 1: Distribution of children below five years of age

Period	Male		Female		Total	
	No	%	No	%	No	%
From birth to 1 years	5	10.20	3	6.12	8	16.32
1 years to 2 years	2	4.08	8	16.32	10	20.40
2 years to 3 years	1	2.04	5	10.20	6	12.24
3 years to 4 years	8	16.32	2	4.08	10	20.40
4 years to 5 years	3	6.12	12	24.48	15	30.61
Total	19	38.77	30	61.22	49	100

Growth curve

Growth is measurable and therefore anthropometry plays a important role in the study of growth. The measurement or the values of successive age are plotted in a graph to obtain growth curves. For the present study we have drawn two types of growth curves namely – distance curve and velocity curve.

Distance curve

Growth may be considered as form of motion. An object may move from one pont to another curving a distance. This distance can be measured. Similarly a part of the body grows from one age to the next. This increment can be measured and can be shown in a distance curve.

Velocity curve

During movement the object may not move at the same speed all through. In the same manner, rate of growth may not be the same during different different stages of growth likewise different parts of the body do not grow at the same rate during period of growth. This increment can be measured and can be shown as velocity curve.

To draw the distance curve and velocity curve it is necessary to obtain the mean value.

Table no 2 and Table no 3 show the mean value of weight of Ahom boys and girls are plotted on the graph. The maximum annual increment for the boys is at 2 (4.44) and for girls is at 2 years (3.13). The lowest annual increment for boys at 3 years (0.48) and for girls at 2 years (0.74). The distance curve shows that age of 1 years the curve of boys is declined than the girls but again

in 2 years the curve for boys took a leap than the girl and again the curve for boys comes down at 3 years than girl but it took big leap at 4 years and remain position than girls.

The velocity curve shows that among the boys and girls growth spurt occur at 2 and 5 years respectively.

Table no 4 and 5 represent the status of Ahom boys and girls, with mean value and annual increment at different age groups. From the table it is clear that highest annual increment for boys 5.90 cm at 5 years of age and for girl 4.41cm at 5 years. The distance curve for the boys remains side by side at higher position than girls in all in all the age group.

With regard to velocity curve it seen that among the boys growth spurt occur at the age of 2 and 4 years of age and among the girls it occur at the age of 4 and 5 years of age.

Table 2: Statistical constants of weight (Kg) of Ahom boys

<i>Age in yrs</i>	<i>No of boys</i>	<i>Mean X</i>	<i>Annual increment</i>
1	5	6.83	-
2	2	11.27	4.44
3	1	11.75	0.48
4	8	14.44	2.68
5	3	16.78	2.34
Total	19		

Table 3: Statistical constant of weight (kg) of Ahom girls

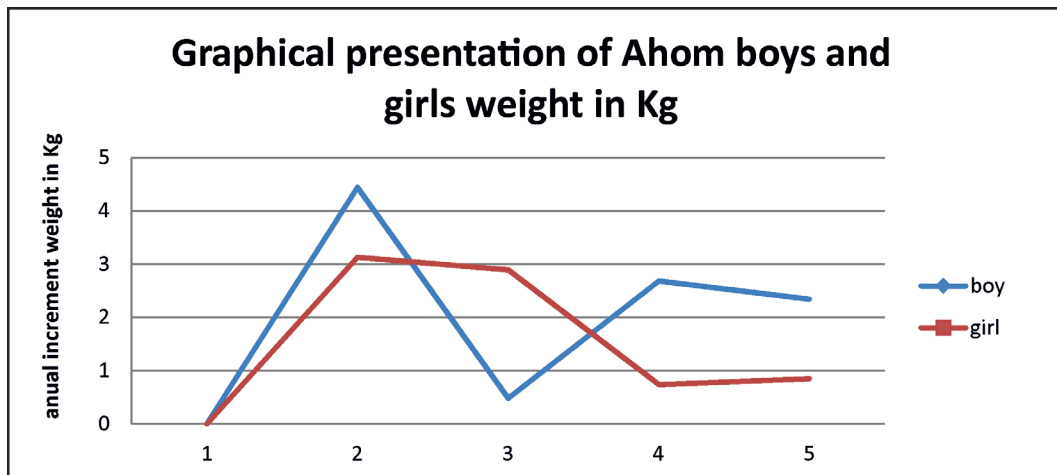
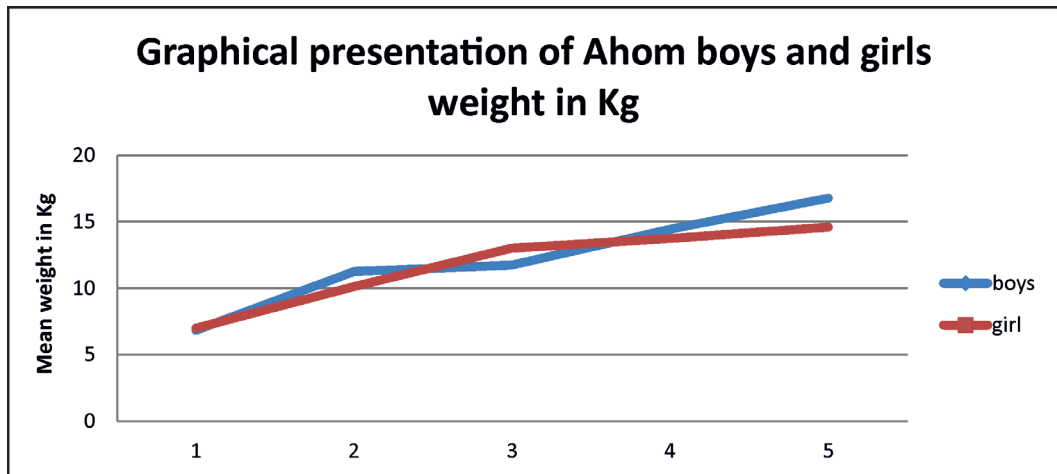
<i>Age in yrs</i>	<i>No of girls</i>	<i>Mean X</i>	<i>Annual increment</i>
1	3	6.99	-
2	8	10.12	3.13
3	5	13.01	2.89
4	2	13.75	0.74
5	12	14.60	0.85
Total	30		

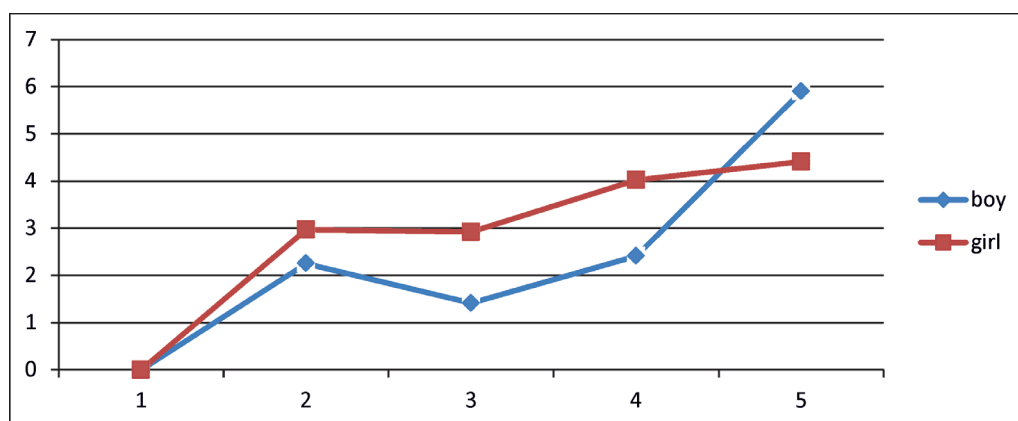
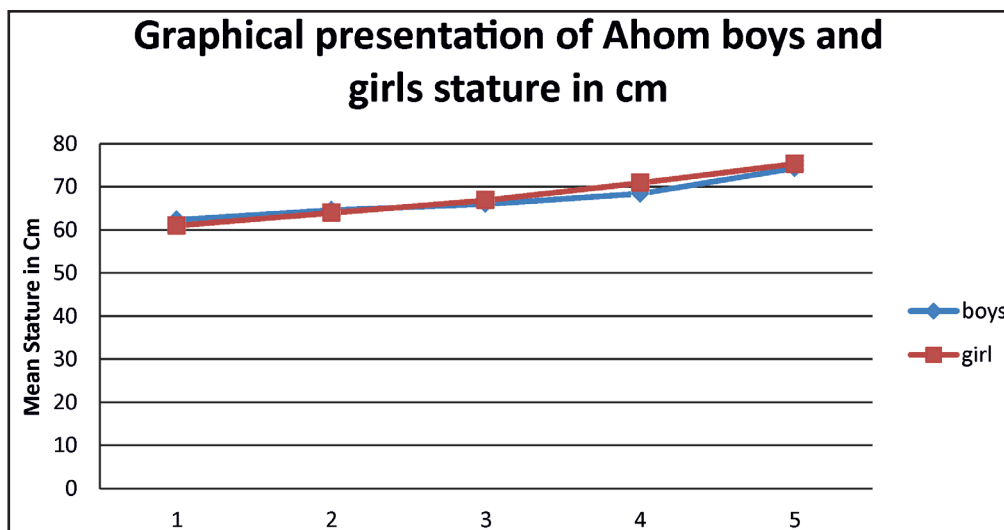
Table 4: Statistical constant of stature in (cm) of Ahom boys

<i>Age in years</i>	<i>No of boys</i>	<i>Mean X</i>	<i>Annual increment</i>
1	5	62.33	-
2	2	64.58	2.25
3	1	65.99	1.41
4	8	68.40	2.41
5	3	74.30	5.9
Total	19		

Table 5: Statistical constant of stature in (cm) of Ahom girls

Age in years	No of girls	Mean X	Annual increment
1	3	60.99	-
2	8	63.96	2.97
3	5	66.88	2.92
4	2	70.90	4.02
5	12	75.31	4.41
Total			





Summary and Conclusion

A study of growth and development among the Ahom community reveal that both biological and social factors are equally responsible for the growth and development of the children. It is reported that the growth of children practices are also very simple. It has been found that the body increases very rapidly, although the increment is not uniform throughout the age. The processes of child rearing on other hand plays a significant role in the growth process. It is observed that the Ahom keep the surrounding neat and clean and are aware about the importance of maintain hygienic condition. It was reported that the economic condition may be considered above subsistence level; as a result, the others are getting more or less normal diet during pregnancy and child rearing

period. The rate of growth of children right from birth to the five years of age and annual increment during different period of growth has been shown by distance curve and velocity curve. For the growth of child they give all kind of nutritious food they can afford.

The Ahom women are aware and conscious of medical facilities and there is one sub centre in the village. But they do not receive much facility from the health centre as there is no regular visit of doctor and nurse. The asha karmies visit whenever needed but she cannot afford all the medical facilities a patient required even though she tries to help them and explain them about the possible health problem of the children and the remedies provided by the medical system. The Forest Department also does not take much interest during the health condition in the village.

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