



DEMOGRAPHIC CHANGES & INTRODUCTION OF MODERN HEALTH CARE IN THE NAGA HILLS DISTRICT OF ASSAM DURING BRITISH PERIOD (1881 - 1947)

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ABSTRACT

Demographic issue is one of the most important phenomena in relation to the existences of a community or nationality. Demographic changes always affects the genetic, ecological, historical, geographic, social, cultural, religious and political aspect of a society.¹ On the one hand, normal demographic change in a society is effected through the interaction of the three factors, namely demographic structure, demographic process and social structure. On the other hand abnormal demographic expansion in a state may be effected by sudden or compulsion migration internal or external.² In the present paper focus is being made on the normal demographic changes as migration has little significance in the growth of population in the Naga Hills due to the Inner Line Regulation Act and the Nagas in general seldom leave their native village.

KEYWORDS: Demographic issue , namely demographic structure, demographic process and social structure.

INTRODUCTION

In the Naga Hills the first official systematic study of the population was taken in 1891 and had a total population of 95,814 even though a careful estimate was also made in 1881 which has a population of 94,780. However, it must be noted the district as then constituted did not include the Mokokchung sub-division (population 1891 - 26, 416), and did include the valley of the Dhansiri and Mikir Hills, which in 1898 were transferred to Sibsagar and Nowgong.³ During the period of the study the population of the Naga Hills has more than doubled. But the Nagas are no means a prolific race. In 1901, there were only 85 children under five for every 100 married women between 15 to 40, as compared with 115 and 110 in Nowgong and Kamrup. The number of children married couple is usually large, and even where a woman does have children it is seldom that she becomes the mother of a large family. The Nagas pride themselves on the strength and endurance of their women kind, and say that in these respects they are little inferior to the men. These qualities have been developed by the continuous hard work they are called to perform, and such development is not infrequently attended by a weakening of the reproductive powers. The Semas form an exception to the general rule, and this particular tribe has rapidly increased in numbers.⁴ The table given below present the growth of population, decade variation, Decennial percentage variation, male, female population and its variation in the Naga Hills district from 1881 to 1951:

Table : I

Year	General population	Decade variation	Decennial percentage variation	
1	2	3	4	5
1881	94,760	1881-1891 = 1,034	1881 to 1891	+ 1.09
1891	95,780	1891-1901 = 5,734	1891 to 1901	+5.98
1901	101,550	1901-1911 = 47,488	1901 to 1911	+46.76
1911	149,038	1911-1921 = 9,763	1911 to 1921	+6.55
1921	158,801	1921-1931 = 20,043	1921 to 1931	+ 12.62
1931	178,844	1931-1941 = 10,792	1931 to 1941	+6.03
1941	189,641	1941-1951 = 16,309	1941 to 1951	+8.59
1951	205,950			

Sources: 1. Census of India 1921, Assam p. 4.
2. Statistical Hand Book of Nagaland.

Table : II

Year	General	Males	Variation	Female	Variation
1881	94,780	48,776	-	46,497	-
1891	95,814	48,901	125	46,913	416
1901	101,550	51,473	2572	50,077	3,164
1911	149,038	74,796	23,323	74,242	24,165
1921	158,801	79,738	4,942	79,003	4,821
1931	178,844	89,536	9,792	89,308	10,245
1941	189,641	95,810	4,295	983,831	6,502
1951	205,950	102,104	9,273	102,846	7,036

Sources: Census of India 1921, Assam
Census of India 1951 (Assam) Naga Hills district census hand book p.17.

Sex ratio in the Naga Hills district has been in favour of males except in the census of 1951 where by females outnumbered the males.

The figure given below shows the number of females to 1,000 males:

Table: III Sex Ratio

1881	953
1891	959
1901	972
1911	992
1921	990
1931	997
1941	979
1951	1007

Sources: Census of India 1951. Assam. Naga Hills District census.

The population figures given in table 1 clearly show that there has been a steady growth of population in Naga Hills district. However, vital statistics on birth and death rate which are important factors which influences the population growth trends were not available during the period of the study making it difficult to say whether death rate was high or not. The Nagas did not increase rapidly in numbers, but this may possibly be due more to a low birth rate than to a high mortality.⁵ In this context J.H. Hutton has stated,

that "the occupant of a Naga house seldom exceed five in number. A man and his wife with perhaps two or three children, perhaps an aged and widowed parent, perhaps a younger brother still unmarried - such is the usual family- Children are not numerous, and owing perhaps to a high death rate among infants, it is the exception to see more than three children in a family".⁶ There is no denying the fact that in the hills the birth rate is low which accounts for a poorer rate of density of population than in the plains.

The Assam Administration Report of 1913-14 recorded the birth rate and death rate as follows of the Hills districts:

Districts	Birth rate		Death rate	
	1912	1913	1912	1913
1	2	3	4	5
Naga Hills	32.19	26.87	18.98	25.58
Lusai Hills	37.58	35.98	32.03	28.81
Garo Hills	29.35	30.35	24.78	25.93
Khasi Jaintia Hills	28.21	29.26	24.19	18.40

Sources : Administration Report of Assam for the year 1913-14, p.39.

Here from the above statistic it is seen that birth rate is higher than the death rate in the hills districts of Assam including the Naga Hills district. Thus while explaining reason for the steady growth of population, one may attribute to a combination of various factors. They include banning of head hunting practices, improved law and order condition reducing the hostile village rivalries among the Nagas, modern medical facilities, cessation of famines, etc. All these had reduced the death rate considerably.

DENSITY OF POPULATION:

The density of population in the Naga Hills district as a whole has changed very little if compared to Assam's Brahmaputra Valley. Between 1872 to 1921 the density of population in the Naga Hills district was 23 to 52 per square mile while that of Brahmaputra was 77 to 136 per square mile during the same period⁷. The table given below represents the density of population in the Naga Hills district from 1872 to 1951.

Table IV

Year	Mean of density per sq. mile	Decadal variation in density
1	2	3
1872	23	1872-1881=9
1881	31	1881-1891=0
1891	31	1891-1901=2
1901	33	1901-1911=2
1911	35	1911-1921=2
1921	37	1921-1931=5
1931	42	1931-1941=3
1941	49	1941-1951=4
1951	49	

Sources: 1. Census of India 1921, Assamp.4
Census of India 1951 Assam, Naga Hills District Census, p.17.

Here the density per square mile for the Naga Hills has risen by 23 to 49 between 1872 to 1951. It has increased by 26, of its two subdivisions Mokokchung has higher density of 71 (60 in 1941) against 35 only of Kohima (36 in 1941).⁸

The density of the district varies primary as between the country of the Angamis, who practises terrace cultivation, and that of the other tribes who live by jhuming. The Angamis cultivate the same land every year and in consequence their villages are much larger and closer together- others can jhum the same land only two or three years and must then migrate or find other means of subsistence.

The 1921 Census Report mentions that even then there was considerable pressure on the soil in the Sema country, where scarcity was becoming more acutely felt every year. The Semas were already the most dense on the ground and their land had been jhumed very severely.⁹ The 1931 Census Report harps on the same theme. Though the Sadar sub division of the Kohima has lower density of the two, include as it does the Melomiprimi area, it is the Angamis' country in this sub division that is the most densely populated part of the district.¹⁰

Even in 1951 the Deputy Commissioner of the Naga Hills harps the above views. According to him "the opinion expressed in 1931 holds good today after full 20 years. Pressure on area, where Jhum cultivation is on a large scale. The Semas are migrating to better pastures where such are available outside the district. Some of them established in the depopulated ranges near the plains about 15 to 20 years ago are still struggling hard against heat, Malaria and wild animals. Recourse to wet or terrace rice cultivation has not been as wide as it could have been desired. It is difficult to change the age -long practice of any tribe in 10 or 15 years".¹¹ This view present ample evidence of the state of affairs apprehended ever since 1921 about the ever increasing pressure of population on soil in Naga Hills District.

Rural - Urban Classification

Demographic statistics of Urban and Rural population can be studied in various ways. By studying the conditions of rural and urban people in matter of birth, death, sex composition, sanitation levels or living etc. would be of great value in economic planning and development of welfare work for the people of the state and district.¹²

In India an urban unit is defined as:

- (a) All places with a Municipality Municipal Corporation, Cantonment Board, Notified Town Area Committee etc.
- (b) All other places which satisfy the following criteria.

A minimum population of 5000.

At least 75 percent of the male working populate is engaged in non-agricultural pursuit and

A density of population of at least 400 per square kilometer (1,000 per square mile).¹³

However, generally speaking Naga Hills district has not qualified the above definition of an urban area during the British period. And in the classification of town/urban units by the size of their respective population, the only Kohima town in the Naga Hills comes under class VI category as indicated below:

Class	Population
I	100,000 and above
II	50,000 - 99,999
III	20,000 - 49,999
IV	10,000 - 19,999
V	5,000 - 9,999
VI	Below – 5000

Trends in Urbanization

In Naga Hills there had been only one town from 1901 to 1951. Since there had been only one town during the period of the present study in the Naga Hills, the trends Chequered history till 1931. In 1901, the total Naga Hills. In 1911 the urban population declined to 2423 accounting only 1.63 percent of the population of the Naga Hill. Though it rose to 2790 in 1921 forming 1.76 percent of population went down to 2759 in 1931 accounting for 1.53 percent of the population of the district. From 1941, onwards urban population has been rising steadily.¹⁵

Trends of urbanization in Naga Hills: 1901 - 1951

Table VI

Year	Number of Town	Total urban population	Percentage of urban population	Decimal growth of urban population		Net Variation 1901-1951
				Absolute	Percentage	
1901	1	3093	3.05	-	-	
1911	1	2423	1.63	- 670	- 2.66	
1921	1	2790	1.76	+ 367	+ 15.15	
1931	1	2759	1.53	- 31	- 1.11	
1941	1	3507	1.85	+ 748	+ 27.11	
1951	1	4125	1.94	+ 618	+ 17.62	

Sources: Census of India in the corresponding year.

Town population variations of Males and Females in Naga Hills since 1901 to 1951

Table : VII

Year	Persons	Males	Variation	Female	Variation
1	2	3	4	5	6
1901	3,093	2,174	-	919	-
1911	2,423	1,691	483	732	- 187
1921	2,790	1,692	+ 1	1,098	+ 366
1931	2,759	1,697	+ 5	1,062	+ 36
1941	3,507	2,129	+ 432	1,378	+ 316
1951	4,125	2,372	+ 243	1,753	+ 375

Sources: Census of India 1951. Assam, Naga Hills District Census, p.18

MIGRATION

As noted unlike the other parts of Assam, Migration has little significant influence in the growth of population in the Naga Hills which implies little immigration into it. In 1901, 94 percent of the population had been born within the boundaries of the district. While other 4 percent were natives of Assam. Most of the foreigners were Nepalese, who were either serving in the regiment or military police battalion or taken their discharge and settled down to cultivate. The rest of foreigner population consisted of a coolies, a few artisans from Punjab and a few Marwaris traders.¹⁶ Thus many of the Hills immigrants from the plains are officials at the Headquarters of the government as well as traders and contractors.¹⁷ Immigration in the Hills present a different picture when compared to the magnitude of immigration into the tea district of Assam. It was so high that by the beginning of the 20th century a distinct demographic change had taken place. As for instance, in the district of Lakhimpur, the largest of the tea districts, 41% of the population gave their mother tongue as other than Assamese in the census of 1901. It has been recorded that list of language and birth place show Lakhimpur was ethnically ceasing to be portion of Assam and the indigenous inhabitants gradually sinking to a position of marked numerical inferiority.¹⁸ The reason for this being because of the British government encouraged immigration into Assam with a view to serve dual purpose. First, the labour

problem would be solved and secondly, the extension would mean an increase in the revenue of the province.¹⁹ In the Brahmaputra valley, out of a population of 31,08,699, 631,552 was immigrants and only 25,018 immigrants.²⁰ Immigrant as per 1911 and 1921 census in the Naga Hills were 3,614 and 7,205 respectively. And in 1921 immigration (in actual figures) were 154 immigrants of which 76 were males and 78 females.²¹

Prior to 1901, emigration from the district could not be measured with any degree of accuracy, owing to the boundary changes that had taken place (as certain areas of the Naga Hills has been transferred to Sibsagar and Nowgong districts in 1898). However, a certain number of Nagas go down the plains in cold weather to trade or to look for work on tea garden, but there were very little migration of permanent character as the Nagas seldom leave their native village.²² According to 1911 and 1921 census there 8,715 and 2,707 emigrants respectively.²³ In 1921 the emigration (in actual figures) were 154 emigrants from the Naga Hills of which 76 were males and 78 females.²⁴

PUBLIC HEALTH

Before the British administration, people of Naga Hills were not exposed to the modern civilization and people did not come under the influences of modern medical system such as allopathy, homeopathy or even traditional one as Ayurvedic or unani. It does not mean that the people did not have any indigenous medical system. Since people suffer from diseases and sickness, Nagas have a number of herbs and plants for medical use. The efficacy of the plants and herbs has not been tested by modern medical science, but it does have had a good effect on the because the plants and herbs have been used for generations and its efficacy has been proved by usages.²⁵

Not only plants and herbs but also different parts of birds and animals are used as hornbill is said to have a lasting effect in a pregnant woman for safe delivery. Bile of a cow or for that any animal is a cure for many ailments.²⁶ Besides, not only the medical treatment but there were magical treatment also. In almost every Naga village there is a person who is believed to have the magical powers of curing sickness and diseases. Such a person heals the diseases by drawing out some stuff such as mess of hair, juice, chewed leaves, bones, pebbles etc., apparently from the body of the patient without leaving any mark where it come from.

Another interesting aspect was that there has been an age old belief among the Nagas that some sickness, disease, wounds and accidents are caused by the evil spirit of the jungle and to get cure from it, the malevolent spirit has to be propitiated. Following this belief the people offers some meat, rice beer, fowl or bird etc. to the spirit and this is said to cure the person. Such a belief in malevolent spirit is common not only among the Nagas, but all the tribals of the world and even most of the rural people of the world.²⁷ However, as a result of introduction of Christianity many of the superstition beliefs have weakened and some have disappeared among the educated one. But at the same time, the belief in the evil spirit and Satan continue side by side.

With the establishment of British administration in the Naga Hills, modern public health system started with the opening of a charitable dispensary at Chumukedima which by 1875 was declared to have attained popularity with the indigenous population. In 1878 - 1879 449 outdoor and 152 indoor patients received treatment in it.²⁸ In this connection it may be worthy to mention Mr. Cooper. He was renowned for his proficiency in handling delivery cases. Mr. Cooper won the admiration and Nagas paid glowing tribute to him as the father of public health in the area.²⁹ In 1905 - 06 it was reported that the dispensary at Kohima was then that bedded while Wokha was running short of surgical apparatus while Wokha and Mokokchung dispensaries were hard pressed with accommodation problems.³⁰ Another dispensary opened at Henima in 1907 while a hospital camp was also set up at Pephema. With the extension of British administration in the Naga Hills, two more dispensaries were opened at Tamlu and Wakching. The number of patients who received treatment in district hospital and dispensaries as shown below proved that people in general increasingly realized the benefit of modern medical treatment.

Year	Indoor patient	Outdoor patient	Total
1907-08	1,675	35,405	
1908-09	1,964	37,424	39,388
1909-10	2,007	40,586	42,593
1910-11	1,564	46,334	47,890
1911-12	1,550	57,334	58,922
1912-13	1,770	65,197	66,967
1919-18	1,662	62,303	62,303
1918-19	1,496	59,272	60,760
1920-21	1,015	66,470	67,485
1923-24	2,718	65,465	68,183
1925-26	1,247	53,788	55,035
1929-30	2,086	71,753	73,839
1931-32	2,999	79,344	82,343
1935-36	3,681	88,374	92,055
1936-37	4,303	98,385	1,02,688
1937-38	5,263	98,873	1,04,136

Sources: Administration Report of the Naga Hills in the Corresponding Year 1907-1938.

Besides the people of Naga Hills came in closer contact with modern medicine treatment during the World War II as hospital camps were scattered all over the district in the charge of both military and civilian doctors for extending medical relief to the wounded soldiers and sick evacuees.³¹

COMMON DISEASES IN THE DISTRICT

Upto 1900, there were reports of the incidence of epidemic such as small pox, malarial fever and anthrax. Most of the diseases originated in the foothill area with their insalubrious climate.³² Sometimes contagious diseases were spread from the plains. In 1918 influenza epidemic broke out and 8,913 died due to it direct after effects.³³ Malaria was described endemic in Dimapur area and around and was very much feared. But during the First World War it subsided when the soldiers cleared the swamps and marches by heavy counter medical operation. Malaria squad was maintained by the 3rd Assam Rifles, Kohima who oiled with crude and kerosene oil all the drains and stream in their area.³⁴ However, an important aspect to be noted here is that effective and appreciable results of malarial treatment control cannot be brought about for want of funds and staff. And Malaria survives as one of the common diseases.

Compare to other parts of district, the lower hills have more incidence of small pox, dysentery, cholera, malaria fever and influenza which raged Chumukedima and Dimapur area had been reported frequently in the Dimapur hospital.³⁵ Other common diseases like pneumonia, goitre, chicken pox, measles, enteric fever, whooping cough, ulcers, syphilis and trachoma were reported in the administration reports of the Naga Hills. In order to control and check the spread of epidemic diseases such as cholera, smallpox and influenza vaccination programme was carried out on yearly basis by the vaccination staff and medical officer's incharge of dispensaries. And by 1902-03 about 75 persons per mile of the population was successfully vaccinated every year from 1897 onwards.³⁶ The people although not appreciative at the beginning about vaccination gradually got vaccinated against epidemics. For instance, in 1929 influenza epidemic broke out but because of the timely treatment given to 155 persons after being attacked got cure and no dead had occurred as a result of influenza epidemic.³⁷ During the same year about 577 persons were inoculated with influenza vaccine.³⁸

The government also provides medicines for the treatment of patients from the villages by supplying it to the military police sub-assistant surgeon on the cart-road connecting Dimapur via Kohima to Mao

Thana in Manipur in addition to the treatment given at the dispensaries by the Civil Surgeon and Assistant Surgeons.³⁹

CONCLUSION:

The above discussion, thus clearly indicates that there has been a steady growth of population in the Naga Hills. As a matter of fact within the period of the present study the size of its population has more than doubled. The growth of population may be regarded as a natural increase and almost all the population are rural. It may be also observed that the demographic changes were to a great extent influenced by the policies of the British Government. Maintenance of law and order in the erstwhile hostile inter-village warfare and rivalry, banning of headhunting practices provided security to life and reduced fear and tension of the enemy attacked. The modern health care system and medicines introduced by the government was able to control outbreak of epidemics and other diseases which at times caused heavy toll on life. Education and Christian teaching also help the Nagas to appreciate modern medicines treatment and reduced superstitious beliefs in dealing with sickness and diseases. Thus, a combination of the above factors form an important account for the steady growth of population in the Naga Hills.

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