Fertility, Ethnicity and Gender: Understanding *Oraon* Tribe in Jharkhand, India

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Abstract: Since the post-independence period, Tribal remained a subject of focus of researchers and development agents. As tribal societies have been trying to adapt to the changing way of life, there is a growing concern regarding gender disparity. Multiple factors have directly influenced their cultural milieu, influencing the reproductive behaviour impacting overall fertility, autonomy, and value placed on children. This research highlights multidimensional issues related to the reproductive behaviour of *Oraon* tribe women of Jharkhand. In this qualitative study, fifteen in-depth interviews were conducted in the local *Kurhuk* language with married women currently living with their husbands, having at least one living child. These women were interviewed on their reproductive life experiences using a semi-structured interview schedule after ascertaining formal consent.Women reported their reproductive choices remained a function of patriarchal tribal culture that emphasized the procreation of male children for taking over land heritage rights and carrying kinship. With the traditionally inherent gender-egalitarian nature of tribal society the birth of a son outweighed that of a daughter. Findings outlined contemporary *Oraon* society where most of the reproductive decisions are influenced by mainly two parameters- production system and cultural framework, both of which are male motivated.

Keywords: Gender, Fertility, Family System, Qualitative research, Tribe

Introduction:

Considerable acculturation took place in forms of *Sanskritization* (Srinivas, 1952) and diversification of religion which transformed tribal culture in India, particularly after independence. This has had an impact on the situation of tribal women as well (Elwin, 1986). Early studies on tribal societies found that tribal women had relatively high status in comparison to most mainstream women. Tribal women had autonomy in selection of their spouses, remarriage of widows, dissolution of marriage, decision-making, and access to resources (Burman, 1983). On the other hand, it has also contributed in improving socio-economic status by offering women greater opportunities to learn and find a livelihood other than agriculture. External factors have brought about massive changes in women's autonomy, changing their status in tribal social system, affecting in particular the rates of infant/maternal mortality. That has continued to influence fertility preferences (Maharatna, 2011).

High fecundity, food insecurity, malnourishment and exploitation associated with superstitions, ignorance and de-

pendence continue to characterize majority of the tribal population (Agarwal and Agarwal, 2010; Islam, 2014; Singh *et al.*, 2012). Knowledge and use of modern contraceptives among Jharkhand tribal women is relatively low compared to non-tribal women because of lower exposure to mass media and limited access to health facilities (Agarwal and Agarwal, 2010). Spaced contraceptives are used relatively less frequently than permanent sterilization. The use of traditional birth control methods is much more frequent, indicating limited access to services resulting in unmet needs especially among tribes living in seclusion near the forest (Kumar, 2015andSuranjeen*et al.*, 2009). Jharkhand tribes are considered custodians of traditional botanical knowledge of medicine, as their daily lives are entirely dependent on the forest ecosystem. They use different areas of forest flora and fauna to space pregnancies, treat reproductive health issues and even induce abortions (Mairh*et al.*, 2009; Bharti, 2011 and Tomar, 2012). They use the local village chemist's who are known to be the providers of indigenous methods to limit family size and abort unwanted pregnancies (Jejeebhoy *et al.* 2010). Jharkhand has the highest induced abortion rate, indicating the deplorable status of health services and the demand for services (Barua, 2007).

The *Santhals, Mundas, Oraons* and *Ho* are the main tribes of Jharkhand with significant differences in socio-cultural behaviour between themselves and other tribes in the country. Various studies have helped to identify problems among these tribes, which has enabled the government to tackle some of them to an extent. These include opening new avenues for secondary and tertiary employment, improving literacy and access to health and family welfare services and information. However, the result remained rather dismal because of various factors, particularly their socio-cultural specificities (Verma, 1990).

The *Oraon* tribe, also called *Kurukh*, based on the language/writing they follow, are the aboriginals who had long been established in the Chotanagpur region of Jharkhand. They constitute the second largest tribal population after *Santhalis*. Traditionally, they follow *Dharmes/Sarna*, which includes worshippers of ancestors, minds and nature. The majority of their rites and beliefs are currently influenced by *Hinduism* and *Christianity*. This diversity in religion served as a barrier to the acceptance of new secularized ideas and new ways of marriage, family construction and procreation. *Christianity* especially brought new values, preserved and facilitated traditional culture, which prevented legitimate recourse to fertility control (Muller, 1972 and Quillan, 2004).

According to NFHS (2015-16), the total fertility rate (TFR) among Scheduled Tribes (ST) of Jharkhand is 2.56. Over half of women do not want children once they have reached the required number of children. However, only 27% of married women use a contraceptive method to restrict childbirth when 99.9% of women are familiar with at least one method of birth control. Almost 73% of married women use no method, 49% have a demand for family planning and 22% have unmet needs. Even though tribal society is viewed as egalitarian, male reproductive preferences persist, affecting reproductive behaviour. All forms of child

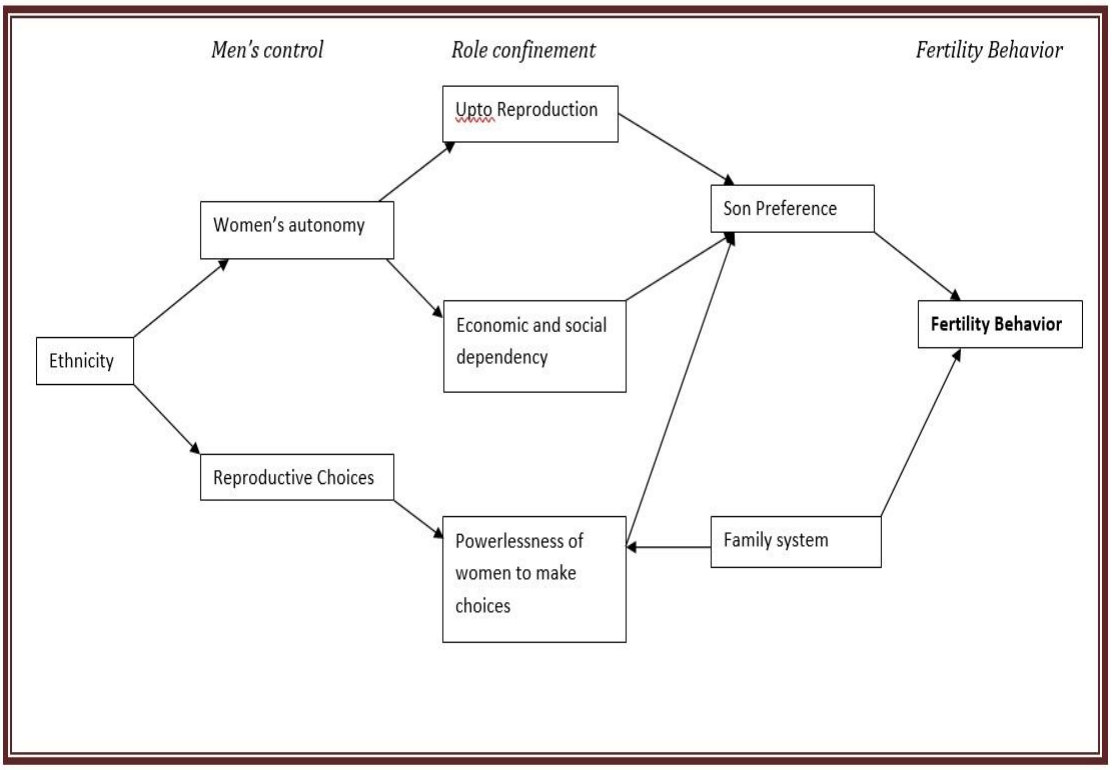
mortality (postnatal, neonatal, under-five and infant) are comparatively much higher. The birth interval between children under three years old might be one of the reasons for impoverishment of maternal and child health. Among birth control measures, permanent sterilization of women (tubectomy) is the best known method, but used comparatively much lower than non tribal women. However, male participation in the family planning process is comparatively lower.

These are some of the facts revealed from data available at the national level that should be linked and understood with "*How and why*" of social realities. The limited information available on most of these tribal community aspects is a major barrier to the effective delivery of many programs, including reproductive health programs. The emerging cultural context and social profile must be understood empirically with respect to fertility-related phenomena in tribal society. The present article seeks to understand this by following a tradition of field work that helps to understand the dynamics in depth. The primary objective of this paper is to understand the sexual dynamics of fertility behaviour in the Jharkhand *Oraon* tribe. On the basis of this main objective, the document explicitly attempts to understand the fertility decision process and its cultural context.

Methodology:

The paper is based on a qualitative study undertaken among *Oraon* tribe and their fertility dynamics. The fieldwork was undertaken in 2017 and included in-depth interactions with married women living with their husbands and having at least one living child. Contact with women was maintained even after fieldwork by telephone and social media. This helped to validate the final findings and ideas generated by the study. It was also instrumental in verifying the data and generating additional data. Informal discussions with community members and interviews with on-the-ground staff of NGOs and the Ministry of Tribal Development also helped generate ideas. Two villages dominated by the *Oraon* tribe of Bero block of the Ranchi district were chosen for the study. The willingness of women to attend the detailed interview was verified through formal consent. To make women feel comfortable speaking, the support of field staff of a local NGO was taken that helped with the translation into *saadari* (dialect) or *kurhuk*. No pressure was brought to bear on those who were unwilling to participate in the interview process. Interviews included a series of semi-structured questions focusing on basic demographic information, family planning history, factors related to fertility decision-making, and other related themes. The responses cited here are based on responses of women from both villages. Women were interviewed separately in confidence and the interviewees were allowed to speak freely without interrupting in the meantime and to redirect to the main purpose of the study. In-depth interviews produced rich data that are placed in a conceptual model as in Figure 1.

Figure1: The interplay of Ethnicity and Gender in Fertility behaviour



Results:

Socioeconomic and demographic profile:

The women interviewed for this study came from diverse socio-economic backgrounds in suburban and rural areas. Their literacy levels varied from lack of education to a higher professional level. The study population consisted primarily of agricultural workers and some husbands who had jobs or were in business. People working in agriculture also increased their income through emigration during the dry season to cities or other villages for manual work on construction sites. Some were engaged in nonspecialized and specialized activities such as masonry, automobile operations, carpentry, etc. Most of the women interviewed belonged to a nuclear family. The educational attainment of women surveyed was higher than that of other tribes who reported having access to education, better employment, and a better quality of life due to their proximity to cities.

Between the ages of 19 and 25, the majority of women had attained three-year parity. Most marriages were the first and within the same community. *Polygyny* (men with two or more wives) was socially accepted. The reasons given were either infertility of the former woman, the absence of a male child or separation from the first woman. The extent to which contraceptives were used was extremely low. Most of them were either non-contraceptive users or depended on natural methods such as abstinence based on their husband's cooperation or the use of traditional medicines. Non-users did not have children or were undecided to have another child or deliberately expected more children con-

victed of abstinence. Poor knowledge of birth control methods, fear of their side effects and infrequent sexual encounters were also reasons for low drug use. In most cases, a second or third child was involuntary, but women opted to continue the pregnancy. Educated women voiced their ideas on premature pregnancy abortion in private clinics, where proximity to the urban area had been a supportive factor.

Women's independence and locus of reproductive choices:

The *Oraon* tribe is a patrilineal society where men lead the household and are the primary decision-makers in the family. Yet at the same time, women enjoy freedom of movement and certain individual rights over their sexuality, age at marriage and choice of intimate partner. Women possessed the customary rights to dissolve their marriage on mutual consent, widow remarriage, and privileges in father's inheritance in the event of marriage trouble. However, they were not entitled to own land or property that was theirs. Women played a pivotal role in determining their reproductive choices, supporting the family economy and taking on the burden of domestic responsibilities. They were valuable and, consequently, well accepted into any family, regardless of their marital status, with or without the children of an ex-husband. However, at present, they were at negligible and less advantageous position.

By contrast, their participation in family and community decisions was extremely moderate. Women were not allowed to hold a customary political/tribal position as traditional local political leaders called *Parha Raja*. Although there was informal space for involvement and leadership in resolving disputes. They held limited rights to religious ceremonies. Taboos were imposed and practised upon women to keep their position subordinated by men. By tribal standards, to establish control of production, women were not allowed to touch the plough or cultivate. Pregnant women who violate these norms have had to abort. The participation of women in tribal rituals was usually important for preparing food, singing, dancing under deities, etc. As they narrates:

women can offer and express regards to the holy grove Jaherthan/ Sarna standing at a distance, and the worship of spirits/deities is limited to only men who can make sacrifices of birds and animals and because in our every ritual, male participation is an utmost priority as we need to procreate male children to continue our family and clan.

Women were thus controlled by their defined patriarchal roles, and they were discouraged from taking on roles other than procreation and upbringing of children. According to cultural norms, women find themselves in a situation where childlessness meant depriving them of the privilege of being a spouse or daughter-in-law of the household. Women's status was granted only when they reproduce, and especially child bearing increased their status. A woman with two children says:

If we do not contribute by bringing a son into the family and the tribe, our presence in the family meant nothing. If woman's

first child is a son, it was considered a family pride. Sterility was scorned, and women are reprimanded by their husbands or by the community.

Sexuality and reproduction were all about women. Consequently, her incapacity was a severe deterrent, even to the extent of separation, divorce, remarriage or abandonment by the husband. The childlessness of women by her own choice was indisputable and was not sanctioned by the society keeping the woman in a difficult and isolated marginal position. A woman described her fear of having no children even after 5 years of marriage:

My husband and mother-in-law have repeatedly accused me of having no children. They began to doubt me, calling me bahela (infertile) and engaged in a love affair with someone else for whom I would not conceive her child. They asked me to follow Ojha, bhooti (spiritual healers) and puja (rituals) to please our ancestral God, they proposed sacrifices to me. I was even accused of witchcraft for the destruction of my husband's family.

A similar experience was also shared by another woman who could carry children, but whose children died premature.

Another important area was land tenure and rights that remained under the absolute control of men, keeping women completely dependent on them for social and economic security. It continued to shape women's ability to have male children for future safety. Sorcery was a grim face of the status of women observed phenomenally in villages often attached to taking land rights from women without children, widows or divorced. A 33-year-old respondent, mother of a woman and two male children, reported that:

I expect that my son will support me by earning a salary and let me stay with him when I get old. His father has already left me, and I have nowhere to go but this house that belongs to him. And if I didn't have a male child, I would have felt doubly cursed.

Women were expected to raise children that prevented them from working until adolescence to take care of their younger siblings. It also discouraged adoption of contraceptive measures, which would involve frequent hospital visits.

Most respondents had a nuclear family, some were in the extended family system with people living very closely together sharing the same premises. The community of *Oraon*, known for its close relationship with children, has played an essential role in modulating the birth and size of the family. Women, including mothers, mothers-in-law, and even grandmothers in families, played a significant role in decision-making. *Oraon* women, while open to personal and reproductive choices, were still influenced by their extended families. They had a pro-natalist approach in expecting more children in the family and counselled couples accordingly to have more children. They objected to contraception as a hindrance to their opinions. The practice of *polygyny* and *ganam* (bridal prize) has shown a strong patriarchal influence in the community. There was a strict control over women's sexuality,

which led to their inability to control fertility in many different ways.

The influence of elderly women in the family directly or indirectly influenced opinions of their son or daughter-in-law regarding fertility decisions. Women expressed their powerlessness within the family with the active role of relatives in modifying their reproductive behaviour, even in the adoption of contraception or preference of son. A woman in her thirties with five kids tells her story as:

I tried the pill for a while, but the supply of PHC was irregular. My mother-in-law insisted that I have one more child for the family's prestige and future safety. As a result, I had to conceive again, but the fourth child was also a girl. I did not want to have any more, with my poor health and four children, but my mother-in-law did not let me go to sterilization. I had to go through conceiving again. Luckily! This time I had a boy and I felt rescued.

Despite the power of procreation, the young woman had no preference for fertility and birth control. Evidence suggests that the location of reproductive decision-making depended on the asymmetrical power relationships between men and women in the family system. As women were subject to strict patriarchal norms, they continued to take a pro-natal approach to their lives with a strong preference for male children. In spite of the perceived autonomy of tribal societies in literature, patriarchy dominates the *Oraon* society where social and political institutions also facilitate this culture.

Discussion:

As Davis and Blake (1956) conceptualised, fertility behaviour, including the intermediate variables in the influence of fertility, functioned through diverse cultural factors operating in society. This study carried out among the Jharkhand *Oraon* tribes through structured and unstructured questions shows the dynamic interaction between ethnic culture and the gender dimension in fertility behavior. The main themes that emerged from the findings of the study were: First, the taboos imposed on women to continue with the patriarchal inheritance. Secondly, paternal lineage and gender stratification in the *Oraon* socio-cultural milieu and Thirdly, family influences that keep women in meeker position affecting their reproductive behaviour.

The taboos imposed on women as part of their tribal ethnic identity were obligatory in the context of patriarchal society observed in daily life in production and in tribal customs (Xaxa, 2004). The lack of land rights for tribal women and their innate vulnerability have excluded women's position in all aspects of their lives, including their capacity to procreate and control sexuality (Chowdhury, 2017). Overall, it can be said that there is a complex interaction between family and social issues (Jayaraman et al., 2008) that broadly defines family size, and therefore, the fertility intent of couples. More specifically, the microanalysis of fertility behaviour of couples in the family system underlines the importance of conjugal relationships, which are guided by extended kinship relationships (Caldwell, 1976 and Namboodiri, 1983). A number of studies have also identified family orientation and the

type of family in which couples live as determinants of reproductive behaviour (Lorimer 1954; Davis 1955; Pakrasi and Malakar 1967). Result of the patriarchal hierarchy of the social system favours sufficiently high reproductive objectives and delays the use or non-use of modern contraceptives among couples (Jayaram et al., 2008). Women who exceeded their reproductive goals find out another way to dissuade by searching for other ways to manipulate pregnancy.

Conclusion:

The findings of the study demonstrate the validity of the conceptual framework, particularly the relationship between ethnicity and gender dimensions. Gender stratification in tribal society plays a significant role in the advancement of male children. The *Oraon* women, even if they are better educated, are still regarded as reproductive machines. Maternity is seen as their domain, but reproductive goals are determined by the standards and values of tribal culture. Understanding these cultural factors is important in promoting reproductive health and associated programmatic interventions by the Government within tribal societies.

Conflict of Interest: The research has no conflict of Interest.

References

Agarwal S. and Agarwal K. P. (2010). To what extent are the indigenous women of Jharkhand, India living in disadvantageous conditions: findings from India's National Family Health Survey, Asian Ethnicity,11(1), 61-80.

Barua A., Apte H. (2007). Quality of Abortion Care: Perspectives of Clients and Providers in Jharkhand, Economic and Political Weekly, (42)48, 71-80.

Bharti M. (2011). Ethno medicinal importance of some common pteridophytes used by tribals of Ranchi and Latehar districts of Jharkhand, India, The Socio Scan, 3(1 & 2), 5 – 8.

Caldwell J.C. (1976). Toward A Restatement of Demographic Transition Theory, Population and Development Review, 2(3-4), 321-366.

Chowdhry P. (2017). Land Reforms in India-Vol 13, Understanding women's land rights: Gender discrimination in Ownership. Sage Publication, New Delhi.

Davis K., Blake J. (1955). Social structure and fertility, an analytic framework, Economic Development and Cultural Change, 4(3), 211-23.

Elwin Verrier.1986. Baigas. Delhi: Gyan Publications.

Islam M. A., Rai R., Quli S.M.S. (2014). Manpower Potential, Employment Status and Forest Based Livelihood Opportunities among Tribal Communities of Jharkhand, India, Journal of Human Ecology, 47(3), 305-315.

Jayaraman A., Mishra V., Arnold F. (2008). The effect of Family Size and Composition on Fertility Desires, contraceptive adoption and method choice in South Asia. Calverton, USA.

Jejeebhoy J., Kalyanwala S., Zavier F. A. J. and Kumar R. (2010). Abortion Experiences of Unmarried Young Women In India: Evidence from a Facility-Based Study In Bihar and Jharkhand, International Per-

spectives on Sexual and Reproductive Health, Vol. 36(2) 62-71.

Kumar D. (2015). To Assess the Role of Family Planning on Fertility in Jharkhand State: Based on NFHS Data, International Conference on Recent Advances in Mathematics, Statistics and Computer Science (ICRAMSCS-2015) at Central University of South Bihar.

Lorimer F. et al. (1954). Culture and Human Fertility, Paris, UNESCO, p.160.

Maharatna A. (2000). Tribal Fertility in India: Socio-Cultural Influences on Demographic Behaviour, Economic and Political Weekly, 35 (34), 3037-3047.

Mairh A.K, Mishra P.K., Kumar J., Mairh A. (2009). Traditional Botanical wisdom of Birhor tribes, of Jharkhand, Indian Journal of Traditional Knowledge, 9(3), 467-470.

Mueller E. (l972). Economic motives for family limitation: A study conducted in Taiwan, Population Studies, 26:383-403.

Namboodiri N. K. (1983). Sequential Fertility Decision Making and the Life Course, in Rodolfo A. Bulatao and Ronald D. Lee (eds.), Determinants of Fertility in Developing Countries, Vol. 2: Fertility Regulation and Institutional Influences, New York: Academic Press, 444-72.

Pakrasi K. and Malakar C. (1967). "The Relationship Between Family Type and Fertility", Milbank Memorial Fund Quarterly 45.

Patel S. (1993), Tribal Families and Fertility at Cross Roads: Impact of Urbanization on Tribals, Mittal Publication, New Delhi.

Quillan Mc. Kevin (2004). "Religious values and fertility decline: catholic and Lutherans in Alsace, 1750- 1870" in Leete Richard (ed.) Dynamics of value in fertility change, Oxford University Press, New York, 293- 309.

Singh K. M., M S Meena, R K P Singh and Abhay Kumar (2012). "Socio Economic Determinants of Rural Poverty: An Empirical Exploration of Jharkhand State", 7thAsian Society of Agricultural Economists- Coneference presentation., ICAR Research Complex for Eastern Region, Patna.

Srinivas, M.N. (1952). Religion and Society Among Coorgs of South India, Oxford University Press.

Suranjeen P., Das M., Kumar N. and Kapoor S. (2009). Health Issues and Health Seeking Behavioramong Tribal Population, Jharkhand. Future's Group International, New Delhi.

Tomar J.B., Bishnoi S.K, Saini K.K. (2012). "Healing the tribal way: Ethnomedicinal formulations used by the tribes of Jharkhand, India", International Journal of Medicinal and Aromatic Plants, 2(1), 97-105.

Verma, R.C. (1990). Indian Tribes-Through the Ages. Ministry of Information and Broadcasting, Govt. of India, N.Delhi.

Xaxa V. (2004). Women and Gender in the study of Tribes in India, Indian Journal of Gender Studies, 11(3), 345- 367, Sage Publications New Delhi.