



"Cultural Dimensions of Reproductive Health: Insights from Oraon Women in Jharkhand"

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Abstract:

This paper investigates the impact of social, cultural, and economic factors on the reproductive health of Oraon women in Khunti district, Jharkhand. The study specifically examines Oraon female, from the age group of 21- 30 and 31- 40. This age range is culturally significant as it often embodies the transition from youth to established adulthood, a period steeped in social rites and cultural expectations across various societies. During these years, individuals not only solidify their professional and vocational identities but also navigate complex cultural narratives surrounding marriage, family, and communal responsibilities. Given the nature of the study, the approach employed was ethnography, which involved the use of observations and in-depth interviews as research instruments. Our study found that Oraon women define health as their capacity to maintain physical activity and fulfil their prescribed responsibilities in daily life. It was acknowledged that the Oraons' perspective on health is influenced by various factors such as social norms, social support, and interaction, which collectively create a distinct hegemony. Hence, we argue that a thorough comprehension of culture is crucial in order to effectively tackle health-related concerns among the Oraons.

Keywords: Reproductive health, Oraon community, Everyday life, Socio-cultural practices

Introduction:

The current understanding of health, as outlined by the World Health Organisation (WHO), emphasises a comprehensive perspective on the overall welfare of individuals. The definition of health provided by the World Health Organisation in 1947 emphasises the importance of not just physical well-being but also mental and social well-being. Over time, researchers in the field of social science have critically analysed and improved the World Health Organisation's definition of health. They have identified and included other important elements of health in their studies (Huber et al., 2011; Blaxter, 1990). For instance, by emphasising the variety and intricacy within different groups, Blaxter (1990) examined how health should be understood from the viewpoint of individuals. The article sheds light on how individuals perceive health as the absence of particular symptoms. One could also conclude that socio-cultural and economic factors have an impact on a person's health (Chin & Noor, 2014). Within the realm of health concepts, social-cultural factors often take on a significant role (Nettleton, 2013). Within a society, various ethnic communities possess distinct ways of life

and differing perspectives on health. It becomes clear upon closer inspection that the distinctive socio-cultural components of various communities frequently shape the diverse ways of life and perspectives that people within those communities embrace. As highlighted in Gramma et al.'s 2013 study, these components include cultural beliefs, traditions, and customs.

In a comparable vein, in a diverse country like India, cultural beliefs, customs, and practices vary among different cultural communities, which in turn have an impact on health. Tribals are recognised as unique cultural communities in India. While tribal populations can be found across various provinces in India, there is a notable concentration of these communities in specific regions such as Jharkhand, Assam, Meghalaya, Tripura, Mizoram, Manipur, Rajasthan, and Madhya Pradesh. Tribal communities' distinctive cultural backgrounds, knowledge, values, and practices influence how they perceive their own health. Jharkhand is the sixth-ranked state in India when it comes to the total tribal population, with 32 Scheduled Tribes (STs) residing there. In Jharkhand, the tribal population makes up a significant portion of the total population, with communities such as Santhal, Munda, Oraon, and Ho being prominent (Census, 2011). The Oraon tribe holds the distinction of being the second largest tribe in Jharkhand, making up a significant portion of the tribal population, as per the Census of 2011. Upon examining the existing literature, it becomes evident that studies focusing on the tribes of Jharkhand have delved into the socio-economic circumstances of these tribal communities. These investigations have successfully pinpointed the primary factors contributing to their marginalisation (Hebbar, 2006; Louis, 2000). Although there has been extensive research on the socio-economic conditions and traditional knowledge of tribal communities, there is still a lack of understanding when it comes to the Oraons' perspectives on reproductive health. Interestingly, the existing research work conducted on the Oraon community has overlooked health and health-related issues specifically pertaining to Oraon women. Thus, it is crucial to emphasise the perspective of Oraon women regarding their reproductive health and health concerns.

Adolescence is a critical period in human development where individuals form and analyse different ideas about everyday life, including their understanding of reproductive health. Based on different perspectives, it can be argued that growing up or having menstruation is a transitional phase between childhood and adulthood, typically occurring between the ages of 10 and 19 (WHO, 2009; Omotoso, 2007; Blos, 1979; Hall, 1904). Women find themselves in a challenging situation where they are physically mature, yet they still depend on older family members or community members for various necessities. This includes seeking validation for their own beliefs and making decisions about living a healthy lifestyle (Omotoso, 2007). In a patriarchal society, women are unable to develop decision-making skills and acquire new emotional and social abilities that are linked to their well-being and health concerns (Stang & Story, 2005).

A significant number of literature reviews on health studies either neglect to address the specific concerns of Oraon women or seek to merge their reproductive health and difficulties with the broader topic of gender, resulting in a generalised overview of health among the female population (Jejeebhoy et al, 2014). This method in the literature either weakens the representation of the health status of Oraon women or at most provides an incomplete depiction of the actual situation, which can vary among women of different age groups. The study of reproductive health, especially in tribal communities, lacks a significant focus on age-dependent factors. This study focuses on the views of reproductive health among 21- to 30-year-old and 31- to 40-year-old women belonging to the Oraon tribe in the Nauringa village of Karra Block, Khunti district, Jharkhand. It is important to comprehend the level of knowledge among Oraon women regarding specific health behaviours from a cultural perspective. Therefore, it is crucial to acknowledge the process by which Oraon women form their own comprehension of reproductive health in their everyday life practices, taking into account cultural factors.

What is The Idea of Health?

Health is a concept that is deeply influenced by the social and cultural context in which it is understood. There are different ways to define it, either in a simple or more precise manner (Napier et al., 2014). In the past, the concept of health has often been associated with the existence of disease, sickness, and illness. Various sources have used these terms to describe different aspects of negative health outcomes (Alexanderson, 1998; Last, 1995; Blaxter, 1995; Aggleton, 1990; Maslow & Mittleman, 1981; Boorse, 1977). However, as per the definition provided by the World Health Organisation (WHO), an individual's health can also be considered in

connection with socio-cultural factors. One aspect to consider is the general well-being of individuals, encompassing both their physical and mental conditions (Chin & Noor, 2014). At the grassroots level, individuals from various countries hold diverse perspectives on health, encompassing aspects such as lifestyle choices, dietary habits, and hygiene practices (Gramma et al., 2013). Due to their cultural beliefs, traditions, and customs, various ethnic communities within a society exhibit distinctive ways of life and perspectives on reproductive health (Gramma et al., 2013). Social scientists have approached the concept of culture from various angles. Some view culture as a collective phenomenon, while others see it as the individual expression of rituals, customs, traditions, symbols, and practices. Various scholars, such as Durkheim, Weber, Parson, Benedict, Mead, and Tylor, have contributed to our understanding of culture. Culture is often seen as a collection of elements and processes that individuals pick up while living in a specific community. This encompasses various aspects such as dietary preferences, drinking habits, and other lifestyle practices (Tylor, 1871). In his work, Boas (1904) highlighted the distinctiveness of cultures within different societies and among individuals.

In addition, Avruch (1998) emphasises the significance of culture as something that is lived, acquired, constructed, and understood by both previous and current generations. In addition, culture has been described as a complex network of knowledge that individuals acquire and use to shape their behaviour, encounters, and perspectives (Campbell, 2000). Understanding health and ill health from a culturally sensitive perspective is crucial for any community. The article explores the impact of social factors on the health and well-being of individuals. In 1999, Wilkinson and Marmot introduced the concept of "social determinants of health" to the World Health Organisation with the aim of promoting global health and well-being. The factors that influence health are the circumstances, in which individuals are born, develop, reside, labour, and age, as defined by the World Health Organisation in 2008.

The factors influencing social determinants of health can differ across countries and even within different communities within a country. In India, various factors significantly impact the health and reproductive health of individuals, including caste, culture, gender, exposure to crime and violence, social disorder, standard of living, public safety, transportation options, social support, social norms and attitudes, availability of resources for daily needs, exposure to mass media and emerging technologies, and access to healthcare services. Research conducted by Raj and Raj (2004 and 2014) also emphasised the significance of caste and gender as crucial social determinants of health that impact the well-being of women in India. Understanding the underlying factors influencing the Bhills of Udaipur, Rajasthan's perception of health and illness was the main goal of a thorough study by Jain and Agrawal (2005). The findings revealed that ill health is not solely attributed to physical, chemical, or biological factors. Instead, it is influenced by a multitude of socially and culturally determined elements, including long-standing cultural values, the influence of education, unhygienic food practices, contaminated drinking water, and inadequate sanitation.

Research has indicated that various cultures have varying beliefs when it comes to understanding the causes of diseases. These beliefs can range from metaphysical concepts like possession, witchcraft, fate, luck, and karma to supernatural beings such as deities and spirits, as well as cultural practices like dietary patterns and lifestyle choices (Jain & Agrawal, 2005; Bhasin, 2004; Bhasin, 2003; Mukherjee, 2003; Tribhuvan, 1998; Sarkar, 1993).

In their study, Verma and Shah (2014) examined the differences in the perception of health and ill health between tribal and non-tribal societies. According to the study, causation and supernatural factors influence how people perceive their health and ill health in tribal communities. In contrast, nontribal societies view ill health as a result of physiological and natural phenomena, as well as bodily malfunctions. In addition, there is evidence to suggest that cultural factors, including social status, interpersonal relationships, and beliefs about the supernatural, have a profound impact on how health is perceived in tribal societies (Jain & Agrawal, 2010). The health conditions and practices of tribal communities cannot be exclusively understood through medical factors. The social and cultural context also plays a significant role in shaping their overall health (Mukherjee, 2003). Despite their economic disadvantages, tribal communities possess a wealth of cultural heritage and traditional wisdom (Verma & Shah, 2014). For instance, they have a deep understanding of different herbal remedies sourced from the forest, which they skilfully employ to address a range of health issues (Ayam, 2017).

Objective:

To examine the social-cultural and economic factors correlated with reproductive health behaviour of Oraon women

To study the everyday life practices and healthcare-seeking patterns of Oraon women.

Methodology:

The study focuses on examining the everyday life and healthcare-seeking behaviours of Oraon women, and therefore, the chosen methodology is ethnography. The research utilised ethnography as a means of gathering data, employing participant observations, in-depth interviews, and focused group discussions (FGDs) as primary methods in the field. These methods assist us in gaining insight into how tribal communities perceive and engage with their beliefs and practices regarding health and seeking healthcare. Interviews and FGDs were conducted in Hindi. Local language translators were available to assist with communication. For this study, interviews were conducted with Oraon women between the ages of 21- 30 to 31-40. In order to protect the privacy of the participants, pseudonyms were assigned to them in the study. Every interview lasted between 30 and 60 minutes, during which the participants' responses were recorded after obtaining their verbal consent. In addition, once the interviews and focus group discussions were completed, the data was carefully analysed, examined, and interpreted. Fieldwork for this study was conducted in Nauringa village of Karra Block, Khunti district, Jharkhand.

Ethical Considerations:

To ensure privacy, we made a deliberate attempt to refrain from disclosing names and locations. In order to do this, we employed codes for the respondents, such as OR1, 2, and 3 for rural Oraon women and OU1, 2, and 3 for urban Oraon women.

Data analysis and Results:

The ethnographic study revealed how Oraon women mould and rationalise their comprehension of health through their daily life behaviours. By conducting extensive interviews and focus group discussions, various themes have surfaced about the viewpoints on health and reproductive health among Oraon women. The themes have been classified in the subsequent section to facilitate thorough comprehension.

A. Socioeconomic and demographic details:

The participants in this study were women who originated from various socio-economic backgrounds in suburban and rural regions. Their literacy levels ranged from a lack of education to a more professional level. The research sample mostly comprised farm labourers and a few husbands who were employed or engaged in business. Individuals employed in the agricultural sector also augmented their earnings by migrating to urban areas or neighbouring villages during the arid season to engage in manual labour on building sites. Some individuals were involved in both general and specific tasks, such as working with bricks, operating automobiles, and doing carpentry work.

The majority of the women interviewed were members of a nuclear family. The polled women had a greater level of educational attainment compared to others. Individuals stated that they have access to education, improved career opportunities, and a higher standard of living as a result of being close to urban areas. From ages 21 to 25, most women achieved three-year parity. The majority of weddings occurred within the same community and were the first ones. Society broadly accepted polygyny, the practice of men having two or more wives. The reasons provided were either the former lady's infertility, the lack of a male child, or separation from the first wife.

The use of contraceptives was exceedingly limited. The majority of them were either not using contraceptives or relying on natural techniques such as abstinence, which depended on their husband's cooperation or the use of traditional medicines. Individuals who did not use contraception either did not have children, were unsure

about having another child, or intentionally planned to have additional children by abstaining from sexual activity. Inadequate familiarity with contraceptive techniques, apprehension over their potential adverse effects, and rare instances of sexual activity were other factors contributing to the poor utilisation of contraception. Typically, a second or third child is unplanned, but mothers choose to proceed with the pregnancy. Well-educated women expressed their opinions on the topic of terminating pregnancies at private clinics, which benefited from being located close to urban areas.

B. Exploring the Reproductive Health and Beliefs of the Oraon Community:

It is evident that Oraon women highly value their health. They hold this belief because any decline in health can significantly affect their chances of survival and ultimately result in their downfall. According to OR1, ***'In our community, reproduction is seen as a natural process and is widely respected.*** As per Bourdieu (1986), health can be viewed as a valuable asset that contributes to an individual's overall resources. Sound physical well-being can be seen as a valuable form of capital. Thus, it is considered a valuable resource. Personal interviews and focus group discussions (FGDs) were conducted with a diverse group of women, including both married and unmarried individuals, to gain insights into their perspectives on health. Examining the individuals and their unique experiences, ideas, and understanding served to demonstrate the nuanced understanding of this valuable resource.

The idea of equal opportunity for all types of work, regardless of gender, was deeply ingrained in the socio-cultural fabric of the Oraons. The observations made during the interactions with Oraon female adolescents were highly evident. They believed that their health was primarily understood in relation to their ability to perform everyday tasks. During the interview, OR-3 emphasised this perception. ***'My family and I are engaged in agricultural and field-based activities. We begin our work with breakfast and continue until dinner. In order to engage in various physical activities, it is essential to have sufficient energy and maintain good health'***.

In Blaxter's (1990) study, it was observed that people had a similar understanding of health. They described it as the ability to handle everyday responsibilities and shared their personal experiences of health throughout their lives. One respondent, OR-7, ***'described their perception of being healthy as being able to do any type of work without feeling tired. I and my mother work as construction workers; every day we have to travel 25 to 30km to get work; otherwise, we are unprepared for survival'***.

OR-6 ***'Being in good health means having the ability to easily complete daily tasks'***. This perception was frequently observed during the in-depth interviews and focus group discussions, as it was deeply ingrained in the respondents' cultural beliefs about the importance of work in their daily lives.

In addition to work performance, Oraon women described health in relation to their social roles. These roles encompassed the various responsibilities that women held within their families, including being a daughter, sister, wife, mother, aunt, sister-in-law, and daughter-in-law. It was clear that married women showed a greater concern for the health of their family members compared to unmarried women. It seemed that those who were not married were more attentive to their personal well-being. This observation was clearly expressed in the opinion of OR8. ***'She stated that, as a married woman, her primary responsibility is to give birth to a child and take care of her reproductive health.*** She believes that if she is unable to have a child, her husband may replace her with another woman'. **OR-9: *'I need to stay in good health to take care of my loved ones.'*** This perspective on health aligns with Butler's (2007) view on gender roles, where she explains that both male and female roles are socially constructed.

In addition to fulfilling responsibilities in their personal lives, displaying altruism and demonstrating unselfish care for others has become a significant criterion for categorising Oraon women as healthy. Altruistic conduct among the Oraons is characterised by the practice of sharing and fostering positive social relationships with family, friends, and members of the community. **OR10 *She explained that in our village, there is a strong sense of community where everyone supports each other. Her grandmother believes that this characteristic unites us, and it is important for the new generation to preserve this value. She personally strives to assist others, recognizing it as a fundamental aspect of our nature.***

Essentially, the key determinant of sustaining optimal health is an individual's interpersonal interactions. In addition, we explored the correlation between dietary patterns and the impression of health. According to the majority of participants' responses, it is critical to consume nutritious meals in order to sustain energy levels for both domestic chores and outdoor activities. We found no instances of gender discrimination in food consumption habits. Work schedules impacted the specific nutritional requirements of both males and females in their food consumption habits.

C. The autonomy of women and their ability to make decisions around reproduction:

The Oraon tribe adheres to a patrilineal social structure, in which men occupy the dominant role in the household and assume the major responsibility for making decisions inside the family. However, women also have the ability to travel freely and possess certain individual rights pertaining to their sexuality, age at marriage, and selection of a romantic partner. Women had the usual authority to terminate their marriage with mutual agreement, engage in widow remarriage, and enjoy certain advantages in their father's inheritance in case of marital difficulties.

Nevertheless, they lacked the right to own land or property that rightfully belonged to them. Women had a crucial part in making decisions about their reproductive choices, contributing to the family's financial well-being, and assuming the responsibility of household tasks. Due to their high value, these individuals were readily accepted into any household, regardless of their marital status, whether or not they had children from a previous marriage. Currently, they found themselves in a situation that was both insignificant and less favourable.

In contrast, their participation in family and communal decisions was notably limited. Women were prohibited from assuming the customary political or tribal role of traditional local political leaders known as Parha Raja. Despite the presence of informal opportunities for participation and taking charge in settling conflicts, they possessed restricted privileges for religious rituals. To maintain their submissive position to males, they enforced and observed taboos on women. Tribal norms prohibited women from operating the plough or engaging in cultivation to assert control over produce. Pregnant women who fail to adhere to these rules are compelled to undergo abortions. Women's involvement in tribal rituals was often significant for tasks such as food preparation, singing, and dancing in the presence of deities.

According to OU8, *women in our community have the ability to provide and exhibit respect for the sacred grove. Jaherthan and Sarna are positioned at a certain distance from each other, and the act of worshipping their spiritual deities is restricted to men who are capable of offering sacrifices for birds and animals. This is because, in our rituals, the participation of males is of the highest importance as we want to produce male offspring in order to perpetuate our family and clan.*

Women were limited to their traditional tasks of reproduction and child-rearing and were discouraged from pursuing other endeavours. Traditionally, women without children were denied the right to be the wife or daughter-in-law of the home. Women's prestige was based on reproduction, particularly childbearing, which elevated them.

OR-7 stated that If a woman is unable to have children, she is driven out of the village under the accusation of being a witch. Consequently, she does not possess any authority or rights over her husband's possessions and is socially excluded from society. Thus, it is important to have children in order to maintain one's status in society or to live with dignity.

The absence of land rights for indigenous women and their inherent susceptibility has resulted in their exclusion from several parts of their existence, including their ability to reproduce and exercise control over their sexuality (Chowdhury, 2017). In general, there exists an intricate relationship between family and societal matters (Jayaraman et al., 2008) that largely determines the size of a family and, consequently, the intention of couples to have children. The microanalysis of reproductive behaviour in couples within the family system highlights the significance of marital connections, which are influenced by extended kinship ties (Caldwell, 1976; Namboodiri, 1983).

The majority of participants were part of a joint family, whereas a few were part of an extended family structure where individuals lived in close proximity and shared the same living space. The Oraon community, renowned for its strong bond with children, has played a crucial role in influencing family planning and determining family size. Women, especially mothers, mothers-in-law, and even grandparents, exerted a substantial influence in the process of making decisions inside families. Even though Oraon women were open to individual and reproductive decisions, the influence of their extended families still had an impact on them. They adopted a pro-natalist stance, encouraging couples to have more children and providing counselling appropriately. They opposed contraception as an impediment to their beliefs. The community's practice of polygyny and ganam (bridal reward) clearly reflects a significant patriarchal influence. Women's sexuality was tightly regulated.

Although possessing the ability to reproduce, the young lady did not have a specific inclination towards fertility and contraception. Research indicates that the allocation of reproductive decision-making was influenced by the unequal power dynamics between men and women within the family structure. Due to the imposition of rigid patriarchal standards, women adhered to a pro-natal stance, displaying a significant inclination for having male offspring. Despite the commonly held belief that tribal cultures possess a high degree of independence, the Oraon society is predominantly governed by patriarchy. Furthermore, the social and political institutions within this community actively support and promote this system.

Conclusion:

Based on the conclusions drawn from the data analysis, it is demonstrated that Oraon women perceive health as their capacity to maintain physical activity and fulfil their designated responsibilities, such as doing domestic and agricultural tasks, tending to livestock, selling agricultural goods in the market, and caring for family members. From their perspective, health is assessed based on the ability to carry out everyday activities, notwithstanding any discomfort or ailments experienced by Oraon women. Furthermore, their primary comprehension of reproductive health is limited to the act of procreation and lacks any additional information or understanding. According to Davis and Blake (1956), reproduction behaviour, along with the intermediate variables that impact fertility, is influenced by several cultural influences in society.

This study, conducted among the Jharkhand Oraon tribes, utilised both structured and unstructured questions to examine the dynamic relationship between ethnic culture and the gender aspect in reproduction behaviour. The primary themes that arose from the results of the study were: Initially, there are societal restrictions placed upon women to perpetuate the patriarchal system of passing down power and authority. Furthermore, the Oraon socio-cultural environment has a distinct pattern of paternal lineage and gender stratification. Furthermore, familial pressures have a significant role in perpetuating women's subordinate position, which in turn impacts their reproductive behaviour.

The restrictions placed on women as a result of their community cultural heritage were mandatory within the framework of a patriarchal society, as observed in their everyday lives, work, and tribal traditions (Xaxa, 2004). Several studies have also found that the orientation towards family and the specific form of family in which spouses reside are influential factors in determining reproductive behaviour (Lorimer 1954; Davis 1955; Pakrasi and Malakar 1967). The result of the patriarchal social system's hierarchical structure benefits couples with significant reproductive goals, leading to a postponement in the use or rejection of contemporary contraceptive methods (Jayaram et al., 2008). Women who have already achieved their desired number of children seek alternative methods to prevent conception by actively seeking ways to manipulate their reproductive capacity.

This research presents a detailed and sophisticated analyses of how culture significantly impacts the way Oraon female women perceive health and illness. Therefore, it significantly enhances the current understanding of the relationship between health and culture among the Oraon community in Jharkhand. The importance of this work lies in its ability to establish a distinct stance for Oraon women in current discourse on health and related topics. This text highlights the health challenges faced by Oraon women, who are born into a socially impoverished tribal culture. The study aims to amplify the health concerns of tribal female adolescents and seeks to contribute to the development of well-informed government policies for tribal communities, specifically focusing on the health policy for Oraon female adolescents. This information can be

valuable for formulating health policies that are especially targeted towards tribal communities in Jharkhand and more broadly in India.

Acknowledgment:

We extend our heartfelt thanks to the Oraon community, whose insights into cultural traditions and reproductive health enriched our study. We are also grateful to the regional healthcare workers, and Anganwadisevikas, Their dedication helped bridge academic research with practical, grassroots knowledge. Additionally, local interpreters were crucial in facilitating culturally sensitive communication. Simultaneously; we extend gratitude to School of Education and System Change (PSL), Piramal Foundation for their assistance during this project.

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