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**Fertility at the Crossroads  
of Ethnicity and Gender:  
Understanding *Oraon* Tribe  
in Jharkhand, India**

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# FERTILITY AT THE CROSSROADS OF ETHNICITY AND GENDER: UNDERSTANDING *ORAON* TRIBE IN JHARKHAND, INDIA<sup>1</sup>

Ujjwala Gupta\*

## Abstract

*Historically, Tribals have been known for their intense gender balance and autonomy to women folks. However, the growing concern among them is the unseen inherent gender disparity and their continued vulnerability owing to recent changes following their forced displacement, restricting access to forest and seasonal migration. With impact on cultural milieu putting an undue pressure on overall fertility, women's autonomy and value placed for children. This paper, using its empirical study findings, attempts to unfold multi-dimensional issues of Oraon tribe women, of Jharkhand.*

## Introduction

Fertility, as an important population characteristic, has been much analyzed, enumerated and discussed by statisticians and demographers at various levels giving an overview and insight of their current demographic pattern. Tribals, who are termed as *Adivasis/ Jan Jatiya* as per enumerated administrative convenience, are those inhabiting isolated geographical terrains having distinct cultural traits than the mainstream general population. They have been described by Davis (1951) by comparing their demography with non-tribals. He found high child-woman ratio (number of 0-4 children per 1000 women) amongst tribals as compared to the average of all-India censuses between 1911- 31, overall fertility among tribal women was higher as compared to the Hindus. Maharatna (2000) highlights a recently-discovered varied pattern of reproductive performances among tribals depending upon the level of deprivation and advancements in their socio-economic conditions. Tribal life in a rural setting is largely affected by urbanization, displacement and migration for a livelihood that impacted the fertility pattern, family system and the cultural milieu (Patel, 1993). Hence, this paper focusses on the *Oraon* tribe and makes an attempt to understand the multi-dimensional issues affecting fertility.

## Background

Post-Independence, immense acculturation took place in the form of Sanskritisation and diversification of religion played a significant role in transforming tribal culture and its related impact on women. (Elwin, 1986) was among the top few researchers to first highlight the status of tribal women in India. He observed that tribal women were enjoying a relatively high status when compared to most of the mainstream women. Sanskritisation discouraged the freedom enjoyed by tribal women in terms of their autonomy to choose their male partner for pre-marital sex or selecting their marriage partner, widow remarriage, marriage dissolution, decision-making and access to resources, which had been the basis of

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I am extremely thankful to the reviewers of this paper for helping me improve my writing skills. I am also thankful and acknowledge the contributions of the NGO staff for helping me conduct this study

tribal society (Burman, 1983). On the other hand, it also led to upliftment of women regarding their socio-economic status by providing better access to education and finding livelihood other than agriculture. Altogether, forces from all directions brought massive changes in the freedom for women that their basic cultural set up provided. With these factors at play, is their geographically-isolated habitation, that keeps them away from health care facilities resulting in high infant mortality rates, influencing their fertility preference? (Maharatna, 2011).

High fertility, food insecurity, malnutrition and exploitation are compounded with superstitions, ignorance and addictions among the majority of ST people (Agarwal and Agarwal, 2010; Islam, 2014 and Singh *et al*, 2012). (Agarwal and Agarwal, 2010) from their field observations find that the knowledge and usage of modern contraceptives among tribal women in Jharkhand is fairly low, compared to non-tribal women, due to their less exposure to mass media and accessibility to health care facilities. The use of spacing method of contraception is comparatively lesser than permanent sterilisation and also the rate of non-programmatic contraception, which implies the use of traditional methods of birth control, is significantly higher. That indicates lesser reach of services and hence high unmet needs especially among those tribes living in remote areas near forests (Kumar, 2015 and Suranjeen *et al*, 2009). Tribals of Jharkhand are considered as the custodians of traditional botanical knowledge of medicine as their day-to-day life is solely dependent on the forest ecosystem. Various parts of the forest flora are considerably used by them for spacing pregnancies, treat reproductive problems and even induce abortions (Mairh *et al*, 2009; Bharti, 2011 and Tomar, 2012). Jejeebhoy *et al* (2010) find that in order to limit the size of a family and terminate unintended pregnancies, which takes time to recognise, majority of married women seek abortions either through the indigenous methods or the local chemist of the village. The finding is corroborated by Barua (2007) who states that Jharkhand has the highest perceived rate of induced abortion indicating the dismal condition of health care services as well as demand for those services.

*Santhals, Mundas, Oraons* and *Ho* are the major tribes that make a majority of the Jharkhand tribal population. There exists a significant degree of differences in the socio-cultural behaviour within these and other tribes. Evidences from the studies have made the government to undertake policy decisions that have accelerated their efforts in reaching them to enhance their basic profile through opening new avenues in the secondary and tertiary sectors of job, improvement in literacy, access to health care and family welfare services and information. However, the outcome has been quite undulating because of the difference in the socio-economic development of the tribes (Verma, 1990).

*Oraon* tribe, also called *Kurukh* based on the language/ script they follow, are the aboriginals who had settled over a long time in the Chotanagpur region of Jharkhand. Being agriculturists, they form the 2<sup>nd</sup> largest population of tribals after *Santhals*. Traditionally, they follow *Dharmes/ Sarna*, which includes worship of ancestors, spirits and nature. Most of their rituals and beliefs are now being influenced by Hinduism and Christianity. This diversification in religious belief has served as a barrier in accepting new secular ideas. It also opened the doors for a transformed approach to marriages, family building and child-bearing. Catholic Christianity, basically being deeply conservative, is committed to restoring traditional culture (Muller, 1972 and Quillan, 2004) restricts the legitimised use of fertility

control influencing the culture of the community, thus, controlling their overall identity and usual behavior.

According to National Family Health Survey (NFHS, 2015-16), the total fertility rate among Scheduled Tribes (STs) in the state is 2.56. As much as 57 percent of women do not want any more children after achieving their required number of children. This, however, is not reflected in the extent of contraceptive usage where only 27 percent of married women are using some kind of contraceptive method to limit childbirth which is comparatively much lower in other social categories. However, 99.9 percent of women are observed to have knowledge of at least one method of birth control. Almost 73 percent of married women do not use any birth control method with 49 percent of them having demand for family planning and 22 percent with unmet needs. Even though ST society is considered to be gender-egalitarian, preference for a male child still persists and it defines reproductive goals. All forms of child mortality (post-neo-natal, Under-five and infant) are comparatively much higher among the STs. The birth gap between children being less than three years might be one of the reasons for impoverished health conditions of mother and children. Among birth control measures, permanent sterilisation of females is the most widely known method but its use is comparatively much lesser among general category women. Men's participation and involvement in the family planning process is fairly less.

These are some of the facts revealed from nationally available data which requires to be related and understood with "*How and Why*" of the social realities. It is not a real surprise to understand the limited information we are having in our hands on most of these aspects in respect to tribal communities for the reason if we truly want the policies to be effectively implemented. Nevertheless, the bigger picture would also reveal if the population policy could universally be applied to a major ethnic section of the state which is largely heterogeneous. It is imperative to understand why people behave in the way they do in terms of managing fertility, contraceptive use, valuing children and things falling on the same plane.

## **Methodology**

The study has briefly outlined *Oraon* society and their fertility dynamics which is based on a limited series of in-depth interviews conducted from September-October 2017 with 15 respondents who were currently married women living with their husbands and having at least one living child to understand the family system dynamics. Two villages, predominated by Oraon tribes from Bero Block of Ranchi district, were selected for the study. The willingness of women to participate in the detailed interview was ascertained taking their formal consent with a signature of approval. To ensure women feel comfortable to speak with no reticence, support from the field staff of a local Non-Government Organisation (NGO) was taken who helped in the translation of the interviewer's Hindi conversation to the local *Saadari* dialect. A few participants spoke in *kurhuk*. No pressure was imposed on those who were not willing to be part of this interview process.

The interview was based on a set of semi-structured questions supported by prompts. The questions included asking information on socio-economic characteristics, maternity and family planning histories through a random selection of women within their reproductive age group and at different

parity. The women under the study mostly came in the age group from 20 to 35 years. For the family system, questions were asked related to male and female age at marriage, age of entry into sexual union and age at first live birth considering all have a bearing on child survivorship. Regarding the value and disvalue of children, questions asked were regarding the gender preference for children, the number of children expected in the family, and their future aspirations with the children.

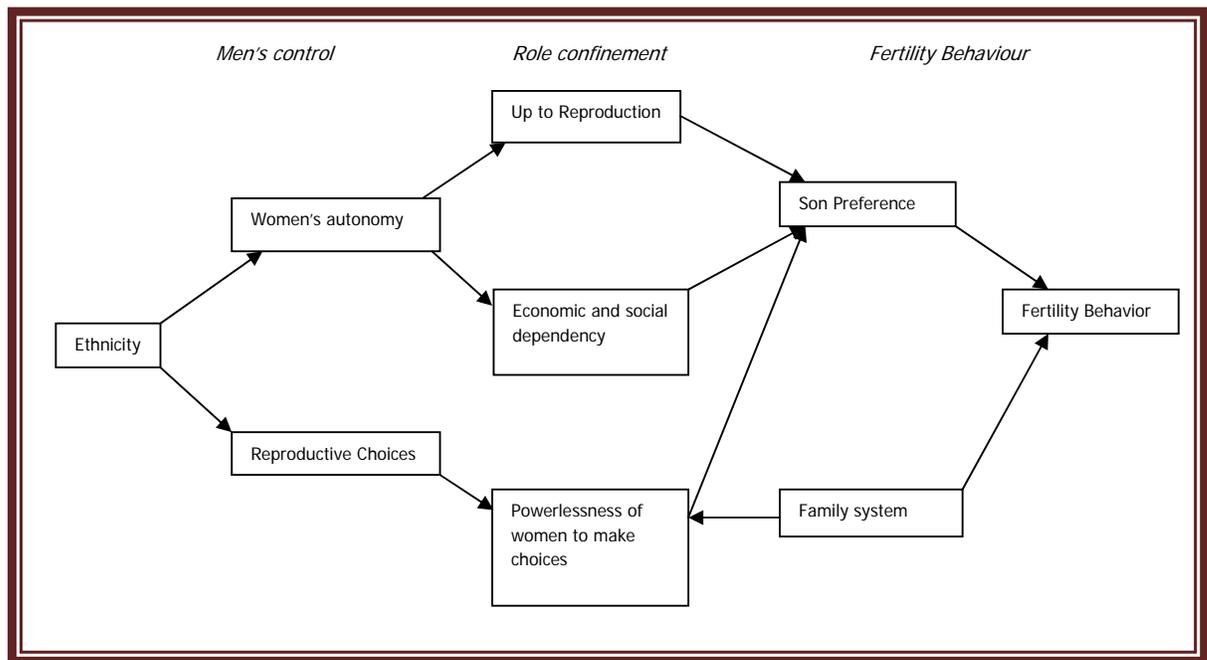
The interview initially took place in the form of general question and answer format which was later changed to more of an informal discussion when projected questions were not giving sufficient opportunity for women to express their own views. Each woman was interviewed separately keeping their confidentiality and the conversation was noted in the field notebook. Women respondents were allowed to speak freely without interrupting in between and redirecting towards the main objective of the study. At times of divergence from the discussion point, they were gently brought down to the issue.

Against this backdrop and the methodology in use, the present study attempts to provide an understanding of how traditional gender relations, together with ethnicity, affects fertility decision-making among the *Oraon* tribe. To understand this, certain key aspects are identified that encourage the stratification in terms of sex in the *Oraon* society putting pressure on women defining their activities and roles to be performed. Evidence gathered from the study would facilitate a deeper insight into the fertility situation that would make way through determining the prevalent diversity across other tribal groups which has, in many ways, remained untouched by the researchers so far. The major argument of this study would be the gender in relation to ethnicity that promotes fertility by generating differential value for children based on their gender to balance the power relations in the prevailing family system as well as the community at large. This keeps women at a more subordinate role in sexuality as well as in reproductive decision-making.

## Conceptual Framework

The main highlight of this paper is the gendered dynamics in relation to ethnicity and its influence on fertility behavior. The study is based on the conceptual model as presented in Figure 1. The linkages produced in the model are hypothetical and would be augmented by the empirical evidence of the study. The argument is placed on the basis that fertility is based on the cumulative effect of Ethnicity and Gender. Gender shows its influence in the form of male control over the autonomy of women and sexuality of women, including decision-making on reproductive choices. Control of men on women's autonomy is reflected in two forms -- confining the role of women up to reproduction and keeping her socially and economically-dependent within the realms of *Oraon* society. The male control over reproductive choices can be noticed in the form of less authority given to women for making choices and restricting her more to procreating male children keeping a balance in the gender composition of the family. However, the effect on fertility is concomitant with the family system and the larger kinship that demonstrates the powerlessness of women within the family sphere. The following section is an elaboration of the empirical evidence on these linkages.

**Figure 1: Interplay of Ethnicity and Gender in Fertility Behaviour**



## Empirical Evidence

A key aspect in understanding gender relations is the patriarchal heritage and the gender stratification in the *Oraon* society under study which impedes women to take upon the roles and activities of women giving an advantaged position to men. This is further supported with the invasive and mutually reinforcing ethnicity through larger social, economic and political institutions. In attempting to start the discussion, it is important to understand the basic profile of the respondents which will help draw an understanding upon the findings of the present empirical study as well as other relevant studies.

While the interviews were focused primarily on married women so the family system perspective in reproductive decision-making was also considered playing an extensive role. Efforts were made to interview other members present in the family to get different views. Women respondents were from mixed socio-economic classes inhabited in peri-urban and rural areas. Their literacy status ranged from 'no formal education' to 'higher professional level'. The study population was mostly agrarian along with some whose husbands were in employment or business or in a profession like teaching and army. Agriculture was supported by out-migration during no rain season to cities or other villages for manual labour at construction sites and few engaged as unskilled and skilled activities like masonry, driving an automobile, carpentry, etc. throughout the year. Most of the women respondents belonged to a nucleated family and a few were part of the extended family system with the kins living nearby. Education level among *Oraon* women respondents was substantially higher which indicated their access to education, better employment and improved living near to urban vicinity.

The age at marriage of women mostly ranged between 19- 25 years and by this age they had attained parity level three. Most of the marriages were first time, living separately from their parent family but within the same community. Polygyny was considered acceptable and the reasons cited for

having more than one wife were either infertility of the previous wife or want of male child or demise of the first wife. However, this practice was not so much prevalent due to the influence of mainstream culture. The level of contraceptive usage was extremely low with negligible Post-Partum Intra-Uterine Contraceptive Device (PPIUCD). Evidently, most of them were either non-users of contraception or expressed their dependence on natural methods like abstinence depending on their husband's cooperation. The non-users were those who were either having no children, remained undecided on having another child or deliberately did not want any more children but due to less awareness of the methods along with the fear of their side effects. They were reluctant to go for any birth control measures. In most cases, second or third child were observed to be unintentional but women preferred continuing with the pregnancy. Educated women expressed their idea of abortion for mistimed pregnancy in private clinics. Close proximity to the urban area was also a supportive factor for this.

### ***Women Autonomy and locus of reproductive choices***

*Oraon* tribe is a patrilineal society where the head of the household is a man who is the key decision-maker in the family. At the same time women also enjoy the freedom of movement and certain individual rights over their own sexuality, age at marriage and choice of partner. Women are given freedom and customary rights to dissolve their marriage based on mutual consent and widow remarriage, ceremonies, rites, rituals, privileges in the inheritance of father's property in case of marital disruption although they do not have any right to own land or property of their own. *Oraon* women are considered to play a pivotal role *in* their reproductive capacity, supporting the family economy and nevertheless holding domestic responsibilities. They are valuable and hence well-accepted in any family even if they are a divorcee or a widow, with or without children from the earlier husband. However, such instances are negligible and also less promoted amongst them.

On the contrary, their participation in decision-making at the family-level and in religious affairs at community-level remained hugely subdued. Witchcraft is a dismal face of women's status observed phenomenally in villages. Women are not usually entitled to hold any customary political/ religious positions in their tribe, like those of *Parha Raja* (head of 5-25 neighboring villages), even though they have informal spaces of participation and leadership in dispute settlements. They are restricted for the entitlements as *Bhagats* who practice main religious ceremonies. Moreover, even though they enjoy a higher degree of freedom many of their choices are still the subject of men's judgment as leaders of the community.

Taboos are imposed and implemented on women to keep their position subordinated by men in the patriarchal *Oraon* society. In terms of production, women are not allowed to make the roof of the house or girls to climb on roof, touch plough or do cultivation and restrictions in religious norms, menstruating girls to attend ceremony and violating taboos by pregnant women may result in aborting the foetus. Women are discriminated in their traditional socio-religious, as well as, political area of life even though they are permitted to take part in a few minor religious ceremonies at the family-level like those related closely with daily life, for example *Karma* and *Sarhul* (festival). With regards, to the larger rites and rituals, women are prohibited. However, female participation in religious rituals is important as

a support in terms of preparing food, singing, dancing together in virtue of deities. As they narrate in their words:

*"women are allowed to offer and express regards to the holy grove Jaherthan/ Sarna from a distant and the worship of spirits/ deities is restricted to only men who can offer sacrifices of birds and animals. In our every ritual male participation is an utmost priority and hence we need to procreate male children to continue our family and clan tradition".*

Women are confined to their ethnic culture and clearly marked patriarchal roles. This closes most of the opportunities that are beyond familial purview. It limits them to child bearing and rearing as one of the means to improve their social position and standing within the family. With respect to abiding by the cultural norms, women find themselves in a situation where having no children means taking away their privilege of being a wife or daughter-in-law of the house. Status of a woman is only proved when she becomes a mother, especially of sons, which is considered a redeemer of social life. Son's are the carriers of name of the family and tribe to a larger extent. A mother of two sons narrates:

*"Unless we contribute by bearing a son towards the family and tribe, our presence in the family do not mean anything substantial. If the woman's first child is a son, she is considered a pride of the family. Barrenness is disdained and women are chastised by her husband or the community"*

Sexuality and reproduction is the domain of women and hence her inability was strictly disincentivised even to the extent of separation, divorce, another marriage or even, at times, abandonment by husband. Childlessness of women, by her own choice, was beyond question and not sanctioned by the society keeping the woman in difficulty and secluded marginal position.

As narrated by a woman about her fear of not having any children even after five years of her marriage:

*"I did not have a child even after five years of my marriage. My husband and mother-in-law repeatedly criticised me for not having children and they started saying I was 'bahela' (infertile) and accused me of having a love affair with someone else for which I do not want to conceive a child in my marriage. I was asked to follow ojha, bhooti (spiritual healers) and puja (rituals) to please our ancestral God and offer sacrifices. I was blamed for performing witchcraft to destroy my husband's family."*

A similar experience was narrated by another woman who could bear children but suffered child mortality. Given the male-dominant structure of *Oraon* social system and women getting an education and better livelihood women are under the influence of a powerful set of motivation and de-motivation for producing a male child.

Another important gender bias is the issue of land ownership and rights. This right is in the absolute control of men keeping women completely dependent on them for social and economic security. This continues to put pressure on women to bear a male child for future security in case of any loss or a mishappening.

This is what a 33-year-old respondent, and mother of two male and 1 female child, said:

*"I expect my son to support me by earning and let me stay along with him when I am old as his father has already left me and I have nowhere to go now except this house which is owned by him. By any chance, if I did not have any male child in my life, I would have felt doubly cursed".*

In recent times, nuclear families have become common due to urbanisation and new employment opportunities for which they don't find social support to leave their children behind and carry on doing other daily chores. Women are expected to rear children for which they find themselves at a *loss of opportunity* to work until they wait for any of their children to grow up to 10-14 years of age to be able to look after the younger siblings. This prevents them from adopting birth control measures as it would mean frequent visits to a hospital for which an entire day may be wasted. Given the numerous constraints, most of them would choose to accept the permanent methods of birth control mostly after 35 years of age.

This defines the locus of reproductive decision-making that actually depends on the asymmetric power relations between man and woman in the family. *Oraon* women, being under strict patriarchal norms, continue to have a pro-natalist approach towards their life with a strong preference for a male child.

### ***Family system and Kinship***

Most of the respondents have been from nuclear family type, some were from the extended family system as well with kins living very close to each other and sharing the same premises. None belonged to the joint family system of living as couples were more likely to move out for better employment opportunities, health system and educational facilities for children. *Oraon* community, known for their close ties with kins, plays a vital role in modulating matters related to contraception as well as number of children in the family. Women family members, including mothers, mothers-in-law, as well as, grandmothers, play a significant role in the decision-making process. Though *Oraon* women are educationally advanced and somewhat free to make their personal decisions they are still seen to be under the influence of their mothers-in-law who have a pro-natalist approach. The women are expected to have more children in the family and are against the practice of contraception. Moreover, the marriage pattern among *Oraon*, which includes the practice of *polygyny*<sup>2</sup> and *ganam* (bride price), also has its strong patriarchal influence. There is strict power control over the sexuality of women that predisposes the powerlessness of women in her fertility control in many distinct ways.

First, the influence of senior female members of the family may be direct or through their son or woman's husband. Thus, their opinion carry weightage in shaping the preference of the young wife. It was observed that even if a woman wished to delay her pregnancy or stop child bearing, she had to take consent from not just her husband but also her mother-in-law. In a few cases, younger women were relatively less influenced by the decision-making in reproductive affairs. The reason for these interferences and opinion-giving rests on the tendencies of family members to remain closely tied up

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<sup>2</sup> Polygyny- Marriage of a man with several woman

with the life phases of the couple such that the couples progress slowly in their initial days of marriage with the support of the family and eventually start living separately. Living in connectivity to one other, sharing a mutual set of obligations result in constant interactions and exchange of opinions.

Some narratives from women suggest their powerless situation within the family and the role of relatives in modifying their reproductive behavior, even in the adoption of contraception or having a particular gender as the next child birth option.

*"I was married at 18 years of age and had five kids, even though I wanted to have only 3 kids, two female and one male child. I tried Mala N for some time but the supply from PHC was irregular. My mother-in-law insisted me to have one more boy child for the family's sake and security and so I had to retain the fourth child which was also a girl child. I did not want to have any other child, with my poor health and already four children but my mother-in-law did not let me go in for sterilisation and I had to bear one more child. Luckily! This time I got a male child and felt saved."*

Second, the dynamics of power play within the family is prominent at the time a woman wants to adopt contraception. In spite of having the power of procreating, the young wife has less motivation to decide about her fertility preference and contraception. Though *Oraon* tribes live near urban locality, where access to health clinics is relatively easier, and having a better educational background, women are still meek at the family level and need support, cooperation and opinion of family members to opt for modern contraception methods.

On the contrary, in a few cases, senior female relatives supported having a lesser number of children, encouraged using contraception and advised on reproductive matters. Women even relied on some relatives to exchange confidential issues and seek suggestions regarding birth control.

## **Conclusion**

As the objective of this paper has been to outline in what ways does the tribal ethnicity and the gender dynamics has a role to interplay in defining fertility preferences of women, it takes into account one tribal community i.e. *Oraon* which is considerably much better in terms of its socio-economic and political indicators as compared to the other tribes of Jharkhand. The study findings are based on the empirical evidence on the foundation of concept framework notifying the link between ethnicity and the gender dimensions active within the family system and the kinship. The gendered stratification in the tribal society gives special incentives for women bearing with the expected number of male children that keeps them in a subdued position at familial as well as kinship level. *Oraon* women are even though better in terms of educational attainment and skilled employments still sexuality and childbearing is considered their domain but the reproductive goals are set as per the requirement to continue family and kin name. Patriarchy prevents women from taking autonomous choices regarding fertility preference. The study projects two major findings. First, the status of a woman is determined by procreating male children which projects the value of a male child over a girl child. Even though among *Oraon* tribes girl children hold a substantial weight of holding the ethnic cultural values but above all male children are must to carry the name and continue with the ancestral heritage. Second, the gender

dynamics involved in the reproductive affairs do have a role in restricting or not restricting the family size, adoption of contraceptive methods and else. Most of the women in the interview had already achieved the parity of three by the time they reached 30 years of their age. This indicates the need to understand the extent to which ethnicity and gender are hinged together so that our Family Planning programs and policies can be well addressed.

## Discussion

The fertility behavior, as conceptualised by Davis and Blake (1956), included the role of intermediary variables in influencing fertility operated through various cultural factors prevailing in society. The study was conducted amongst *Oraon* tribes of Jharkhand through a set of structured and unstructured questions to understand the dynamic interplay of ethnic culture and gender dimension in the fertility behaviour. The major themes that come out of the empirical findings are taboos imposed on women to continue with the patriarchal heritage, paternal lineage and sex stratification in the *Oraon* socio-religious society; family influences that keep women in meeker position affecting the reproductive behaviour.

The study corroborates with the findings of Xaxa, 2004 which states that taboos imposed on women as part of their ethnic tribal identity is obligatory in a patriarchal society and observed in day-to-day life in two forms -- in production and another in religion. Chowdhury (2017) finds that along with several other congregations of issues, especially the decade's long disputes on land rights for tribals and its innate gender vulnerability, has excluded women's position in every realm of her life, including her reproductive capacity and her control over sexuality. Overall, it can be said that there is a complex interaction between the familial and social issues (Jayaraman et. al., 2008) that largely defines the family size and hence the fertility intent of the couples. Specifically, the micro-analysis of the fertility behaviour of couples in the context of the family system emphasises on the importance of conjugal relations this is guided by the extended kinship relationship (Caldwell, 1976 and Namboodiri, 1983). Several studies (Lorimer, 1954; Davis, 1955 and Pakrasi and Malakar, 1967) have also highlighted family's orientation and the kind of family in which couple live as an important measure to study reproductive behavior. The consequence of a highly-patriarchal hierarchy of the social system promotes sufficiently higher reproductive goals and delayed use or non-use of modern contraceptives among the couples (Jayaram et. al, 2008). It also emerges from the study that those women who actually exceed their reproductive goals and find deterrent from their spouse or extended family may seek other means of adoption of contraception including unauthorised induced abortions.

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