



## REPRODUCTIVE BEHAVIOR OF THE MARRIED SANTAL WOMEN: A STUDY IN RANGPUR DISTRICT, BANGLADESH

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### Abstract

The purpose of this study was to explore the fertility intentions and family planning of the Santal women as well as to find out their reproductive involvement with contraceptive usages. This survey was carried out on Rangpur Sadar and Pirgonj upazila under Rangpur district during January to March, 2018. Random sampling technique was adopted and total sample size was 150. The study shows that majority of the Santal women's marital age was between 15 and 19 years and they had one to three children. Most of them were not in practice of abortion and even a very few number of miscarriages was found in their reproductive behavior. Most of them were not forced to use any contraceptive. More than half of the Santal women became pregnant from one to two times in their life and first pregnancy was enumerated during their first year of matrimony as they did not take any birth control method just after their marriage. It is observed from the study that there prevails an association between Santal women's number of pregnancy and their duration of marriage ( $p < 0.001$ ). The regression analysis shows that duration of marriage and number of family members had a positive impact on the pregnancy number of the Santal married women. They worked outside their home during their pregnancy. A significant number of Santal married women do not know how to use contraceptives properly. Awareness should be increased regarding the usage of contraceptives among illiterate married Santal women.

**Keywords:** Santal, reproductive behavior, fertility intention, birth control method, pregnancy period

### Introduction

The Santal are one of the largest tribal groups in Bangladesh having a distinct life style. Over the years, acculturation and displacement of tribal communities have brought about dramatic changes in their lifestyles and value systems. With all these changes, they have started to adopt new accessibilities to various maternal health issues. Generally, women tend fields, rear animals, and sell products in addition to housekeeping, fetching water and firewood; cooking and caring for children and even these are carried during pregnancy (Mitra, 2008). We want to explore the insights of the Santal married women regarding their reproductive behavior and its covariates. Reproductive behavior

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means any activity directed toward perpetuation of a species (Smith, 2000) and there are a number of factors that affect reproductive concerns including socioeconomic, religious, cultural, and geographical factors for example poverty and illiteracy leads to poor utilization of family welfare services (Shree *et al.*, 2017). In some tribal societies, girls are considered as to be married just after attaining their menarche (Nagda, 2017).

Tribals are adversely affected by reproductive health problems especially in their reproductive tract wherein maternal mortality and infant mortality rates are relatively higher (Patel *et al.*, 2006). There are other factors (some causes and outcomes embedded within the specific socioeconomic, political and cultural contexts, which are brought up in many studies) that influence the reproductive health matters such as social status, economic position and access to resources (Patel *et al.*, 2006). An absence of antenatal care, lack of skilled birth attendants and poor emergency obstetric care were also noticed on the same list (Agrawal, 2013). We have explored this concern enumerating some socioeconomic and cultural aspects of the Santal married women in the study area.

In Bangladesh, though males were better informed about the methods of contraception, it is thought to be a very part of women concern (Rahman *et al.*, 2012) and tribal women, most of them are dependent on pill, vasectomy, hysterectomy, homeopathy medicine and herbal medicine for birth control (Rahman *et al.*, 2012). These contraceptive methods are used mainly in two ways- permanent and temporary. The permanent contraceptive is mainly availed from public hospitals but temporary contraceptive is accumulated privately (Patro *et al.*, 2005). Again, this usage may be varied with some issues like physical complications, socioeconomic and religious factors. The tribal female in a study expressed concern over the 'weakening' effect of contraceptive methods and others avoided family-planning methods altogether due to negative associations embedded in religious beliefs and social guidelines (Nagda, 2017).

Sometimes, family incomes can be considered as the indicator of using the contraceptive methods for the tribal women. Most of the spouses of the last generation of Deori tribe scarcely thought of limiting the family size because the bigger size of agricultural farm, availability of waste land and high income level have made possible for most of the families to afford the cost of child-bearing and child rearing (Nagda, 2017). With the passage of time, this trend may go with changes and socioeconomic situations regarding reproductive behavior of the tribal society have been explored in this study. Socioeconomic status of the family was seen significantly associated with the use of contraceptive method and decision regarding contraceptive use (Patro *et al.*, 2005). Knowledge and practices also matter for these usages.

In searching the reproductive behavior of the married Santal women, it is observed that tribal mothers are 1.3 times more likely to be underweight and anemic due to the lack of knowledge regarding their health issues (Agrawal, 2013). Despite their knowledge on different methods, one-third of the women was observed out of using any contraception because it was not available with free of cost (Patro *et al.*, 2005). With the changes of period, people are also aware of male and female sterilization methods for family planning (Nagda, 2017). A significant number of researches on tribal women's fertility, health and socioeconomic life have been conducted so far. But a very few literature on reproductive behavior of tribal women in Bangladesh is found. This study mainly focuses on the reproductive behavior of Santal women in Bangladesh with the case of Rangpur District investigating the nature of reproductive activity i.e. contraceptive usage, frequency of conception, and pregnancy complication.

### **Literature review**

Very little secondary sources are available about the current status of the tribal women's reproductive behavior i.e. uses of contraceptives. The prevalence and differentials of these contraceptive usages

may vary by numerous socio-demographic and economic factors. The highest prevalence was in the women aged between 25 and 34 years and the lowest in the women aged below 25 years (Kamal and Hasan, 2013). Women's fertility and the types of family structure is strongly correlated (Davis & Black, 1956; Stycos, 1958). The socioeconomic compactness of extended family animates fertility of women and early childbearing (Davis, 1955). From a study on family types and fertility in Bangladesh, India and Taiwan, it is seen that women who lives in joint families have lower fertility than that of women living in nuclear families (Nag, 1975). On the other hand, living in an extended family may cause the higher level of sexual frugality and as a result it can influence the fertility and the chance of pregnancy (Upadhyay, 2005). Women from nuclear family, who had electricity connection in their household, who had access to Television (TV) and who were visited by Family Planning Workers (FPW), were using more contraceptives (Kamal and Hasan, 2013).

Age at first marriage and education are certainly co-related and the lower times they spent in schooling, the earlier the entry into first marriage (Uddin, 2015). Level of education for both husbands and wives were significantly ( $p < 0.01$ ) positively associated with any contraceptive use (Kamal and Hasan, 2013). The age at first marriage may vary with the ascription of occupational status. Women's work status goes with current use of contraception. Nonetheless, the prevalence of any contraceptive method was higher among the women who were paid employed (Kamal and Hasan, 2013). The lower economic status of girl's can have resulted early child marriage. Due to mass poverty and social deprivation, the Santal women work outside their family as paid or unpaid laborers (Ali, 1998; Bandyopadhyay, 1999). They participated in various economic activities such as, farming, food gathering, animal husbandry, in addition to the regular household activities like, child bearing, family management etc. Participation in workforce provides them with income and earning opportunity.

Tribal women used both modern and traditional birth control methods. The most preferred modern methods among the study women were the oral pill, contraceptive injection, female sterilization and condom (Kamal and Hasan, 2013). The prevalence of periodic abstinence was also found. Nutrition is much essential input for reproductive health especially during pregnancy. But it depends on the various family size and economic condition of the family which may ennoble fertility of tribal women (Debbarma, 2005). Local pharmacies and shops were the main sources of non-clinical methods. The community health workers, FPW and Upazilla Health Complexes (UHC) provided the contraceptive materials (Kamal and Hasan, 2013). A significant number of tribal women needed supports from the government facilities. The access to electronic media such as TV increased the likelihood of being a current contraceptive user in the tribal society (Kamal and Hasan, 2013). On the other hand, the higher income can provide more resources for women to access health care services (Salehin, 2012).

Socioeconomic factors and reproductive behavior are closely associated. In this study, some important issues i.e. contraceptive usage, time of using, sources of getting contraceptive materials, social barriers and physical complication related to contraceptive usages have been brought to light.

### **Materials and method**

The study was carried out through survey research to explore the reproductive behavior of the Santal women of the Rangpur district. Rangpur Sadar and Pirganj upazilas were selected purposively as most of the Santal of Rangpur district lives in the aforesaid areas. Random sampling technique was adopted to conduct the study. Table 1 asserts the population and sample size for this study. About 36 percent populations were taken as the sample size to conduct this study. The women who were married Santal aged 15 to 49 years were considered as the unit of analysis. To collect data from field, an interview schedule was developed based on some important questions (both open and close ended) related to reproductive aspects of Santal women.

Table 1. Population and sample size distribution of the study area

Upazilla	Localities	Population	Sample	Total
Rangpur	Bhogram	79	35	
Sadar	Uttar Sheikhpura	177	84	137
	Kutipara	28	6	
	Dolapara	59	12	
Pirganj	Keshobpur	18	3	
	Pabonpara	13	2	13
	Paharpur	39	8	
	Total	413	150	150

After preparing the interview schedule, a pilot survey on 15 respondents was done to modify and exert valid and reliable information for the study. With this modification, the interview schedule was finalized and data were collected from door to door. The whole data were assembled from January to March, 2018. As the respondents were female and they kept themselves busy with daily work, data collectors had to communicate with them at night. Each respondent was interviewed for more than 40 minutes. Sometimes, they (especially illiterate) did not understand the concept and consequently, the data collectors helped the respondents to make the term understand. Collected data were decisively observed before entry into SPSS for data analysis. To measure the relationship of reproductive behavior of the Santal women with their socioeconomic information, some statistical tools like percentage distribution, chi-square test and regression analysis were used.

#### Components of reproductive behavior

One of the vital aspects of reproductive behavior is the childbearing patterns of women or couples (Swicegood & Bean, 2001), including especially time of taking contraceptives, pregnancy number, abortion and miscarriage, the number of births, the timing of births, and associated reproductive behaviors. Reproductive behavior embraces contraceptive behavior which is influenced by tribal women's socioeconomic and cultural aspects.

#### Results

**Socio-demographic and economic characteristics of the respondents:** Table 2 reveals that 39.3 percent Santal married women's age was between 16 and 25 years and they got married at age between 15 and 19 years. Most of them were from Hindu community living in nuclear family. They had 1 to 3 children in their reproductive life span. More than 36 percent married Santal women were illiterate. In the case of occupational involvement, most of them were involved in agriculture and 94.7 percent household had 1 to 3 earning members. Their monthly family income was below or equal to tk. 5000. Most of them were not accustomed to abortion and miscarriage was enumerated for a very few number (13.3 percent) of Santal women. Though 74.6 percent of them became pregnant within 24 months of their marriage, it was enumerated for 1 to 2 times in their reproductive span. More than 51 percent Santal married women did not take any birth control method for having no children whereas 48.7 percent of them received some methods i.e. laparoscopic tubal ligation, contraceptive injection, contraceptive pills and implant. Only 14 percent of them took the birth control methods within twelve months. Their food menu during pregnancy consisted of both normal and nutritious food.

Table 2. Socio-demographic and economic characteristics of the respondents

Categories	N (%)	Categories	N (%)	Categories	N (%)
Age		Abortion		Monthly Income (TK)	
16-25	59(39.3)	1	9 (6.0)	≤5000	109(72.7)
26-35	50(33.3)	2	1 (.7)	5001-10000	7(4.7)
36-35	33(22.0)	No Abortion	140 (93.3)	10001≥	1(.6)
55≥	8(5.3)	Mean- 1.10 S. D.-0.31		No income	33(22.0)
Mean-29.89 S.D.-9.04		No. of earning member		Mean -2179.1 S.D.-101.01	
Religion		≤3	142(94.7)	Age at marriage	
Sanatan	92(61.3)	4≥	8(5.3)	≤14	26(17.3)
Christian	30(20.0)	Mean- 2.06 S. D.-0.73		15-19	115(76.7)
Buddhism	28(18.7)	Educational attainment		20≥	9(6.0)
Types of family		Illiterate 71.3	55(36.7)	Mean -16.04 S. D.-2.12	
Joint	52(34.7)	Primary	44(29.3)	Number of miscarriage	
Nuclear	98(65.3)	Secondary	45(30)	1	14(9.3)
Number of child		H. Secondary	6(4.0)	2	6(4.0)
≤3	118(78).7	Occupation		No	130(86.7)
4≥	14(9.3)	Housewife	33(22.0)	Mean- 1.10 S.D.-0.31	
No children	18(12)	Agriculture	103(68.7)	Food menu during	
Mean -2.17 S. D.-1.01		Day labor	2(1.3)	Normal food	50(33.3)
No. of family member		Business	3(2.0)	Nutritious food	74(49.3)
≤4	84(56.0)	Job	5(3.3)	Normal & nutritious food	15(10)
5-7	64(42.7)	Sewing	4(2.7)	Not involved	11(7.3)
8≥	2(1.3)	Pregnancy number			
Mean -4.47 S. D.-1.38		≤2	76(50.7)		
First pregnancy time (m)		3-4	50(33.3)	Time of taking BCM (m)	
≤12	77(51.3)	5-6	12(8.0)	≤12	21(14)
13-24	35(23.3)	7≥	1(.7)	13-24	11(7.3)
25-36	15(10.0)	Not yet pregnant	11(7.3)	25-36	22(14.7)
37-48	4(2.7)	Mean- 2.5683 S.D.-1.30245		37-48	2(1.3)
49-60	4(2.7)	Method for having no child		49-60	5(3.3)
60≥	4(2.7)	Laparoscopic Ligation	46(30.7)	60≥	2(1.4)
Not related	11(7.3)	Injection, Pill & Implant	27(18.0)	Not taking	87(58)
Mean-19.58 & S.D-19.87		No method	77(51.3)	Mean-25.26 & S.D-19.87	

**Behaviors regarding contraceptive use:** Table 3 shows that 44 percent Santal women did not face any barriers for taking Birth Control Method (BCM) but 25.3 percent of them did not take BCM due to lack of knowledge. Decision for having children was taken by both husband and wife (87.3 percent).

Table 3. Respondents' behavior regarding contraceptive usage

Variables	N (%)	Variables	N (%)	Variables	N (%)
Barriers of taking BCM		Person taking BCM		Name of methods used	
Not involved	66(44.0)	Not involved	87(58)	Not involved	87(58)
Religious rules	4(2.7)	Wife	55(36.7)	Contraceptive Pill	36(24)
Physical illness	13(8.7)	Husband	7(4.7)	Contraceptive Injection	4(2.7)
Family pressure	2(1.3)	Husband & wife	1(.7)	Condom	7(4.7)
Lack of knowledge	38(25.3)	Facing problems for male child		Kathie	10(6.7)
Disagree	2(1.3)	No response	29(19.3)	Pill & Injection	3(2)
Want a male child	15(10.0)	Yes	13(8.7)	Condom & Pill	1(.7)
Own decision	10(6.7)	No	108(72.0)	Injection & Kathie	1(.7)
Decision of having children		Cause of having more than 2 children		Kathie & P ill	1(.7)
Wife	4(2.7)	For male child	15(10.0)	Taking method for having no	
Husband	6(4.0)	For female child	14(9.3)	No response	23(15.3)
Husband & wife	131(87.3)	For many more	25(16.7)	Yes	73(48.7)
No discussion	3(2.0)	Unconsciousness	5(3.4)	No	15(10.0)
No response	6(4.0)	No response	91(60.7)	Not yet fixed	39(26.0)
Forced to take BCM		Husbands View to take BCM		Forced to take BCM	
Not involved	15(10.0)	Agreed	9(6.0)	Husband	5(3.3)
Yes	16(10.7)	Agreed somehow	8(5.3)	Neighbor	11(7.3)
No	119(79.3)	Disagree	11(7.3)	Not involved	134(89.3)
Taking BCM		Don't tell him	81(54.0)	Bearing the cost of BCM	
Wife	97(64.7)	No response	41(27.3)	Wife	10(6.7)
Husband	11(7.3)	Place of delivery		Husband	30(20)
Don't take	42(28.0)	Own house	98(65.3)	Husband and Wife	11(7.3)
Bearing the cost of delivery		Missionaries	2(1.3)	Government	39(27)
Wife	1(.7)	Govt. hospital	11(7.3)	Own & Government	21(14)
Husband	68(75.3)	Home and hospital	9(6)	Not used	39(26.0)
Maternal family	17(11.3)	Private hospital	7(4.7)		
No response	12(8)	Community clinic	7(4.7)		
		Not involved	16(10.7)		

More than 36 percent women took contraceptives and 79.3 percent of them were not forced to take it. They had a type of autonomy to be involved with contraceptive usages. They did not face any obstacles from husband's side. In this study Santal married women did not tell their husband (54 percent) about their contraceptive usages. Though 48.7 percent married Santal women took various birth control methods for having no more children, 16.7 percent of them took numerous contraceptives for having more than two children. More than 65 percent respondents' delivery took place at their own home and cost of this delivery carried by their husband (45.3 percent). They reported that government also had supplied their contraceptives.

**Age at marriage and number of children:** Table 4 shows that 76 percent Santal women's age at marriage under 14 or equal had 1 to 3 children. On the contrary, 92 percent Santal women's age at marriage between 15 and 19 years had the same number of issues. In case of marriage after 20 years

of age, not a single Santal woman was found who took more than 4 children in their reproductive span.

Table 4. Cross tabulation of the respondent's age at marriage (in year) and number of children

Age at marriage (Y)	Number of children		Total
	≤3	4≥	
≤14	19 (76.0%)	6 (24.0%)	25 (100.0%)
15-19	92 (92.0%)	8 (8.0%)	100 (100.0%)
20≥	7 (100.0%)	0 (0.0%)	7 (100.0%)
Total	118 (89.4%)	14 (10.6%)	132 (100.0%)

**Duration of marriage and pregnancy number.** Table 5 indicates that more than 95 percent Santal married woman became pregnant 1 to 3 times during their less than or equal to 12 years of marriage whereas only 4.8 percent of them were enumerated for more than three times regarding the same issue. More than 67 percent married Santal women in the age group between 13 and 24 years and 58.8 percent in the age group between 25 and 36 were found pregnant from 1 to 3 times in the respective order. More than four time pregnancies were found by 32.1 percent in the age group between 13 and 24 years ; 41.2 percent in the age group between 25 and 36 years. There is an association between Santal married women's number of pregnancy and their marital duration ( $p < 0.001$ ).

Table 5. Duration of marriage and pregnancy number

Duration of Marriage	Pregnancy Number	
	≤3	4≥
≤12	60(95.2%)	3(4.8%)
13-24	38(67.9%)	18(32.1%)
25-36	10(58.8%)	7(41.2%)
37≥	1(50.0%)	1(50.0%)
Pearson Chi-Square ( $\chi^2$ )-19.380 Degree of freedom-3 $p < 0.001$		

\*significant at 5% level of confidence

**Nature of delivery based on occupation and working outside home during pregnancy:** Table 6 shows that more than 74 percent respondent's from agricultural occupation delivered their issues normally at home and 43.8 percent Santal women of the same categories were followed by scissor in hospital.

It was also observed that the nature of delivery of 37.5 percent Santal from housewife category was 'scissors in hospital' and 25 percent of them were followed by 'normal and scissors'. More than 88 percent Santal from agriculture did work outside their home during pregnancy while more than 41 percent from housewife category did not do that.

Table 6. Nature of delivery based on occupation and respondents' working outside home during pregnancy

Nature of delivery	Occupation(n=150)					
	Housewife	Agriculture	Day labor	Business	Job	Sewing
Not involved	7(43.8%)	7(43.8%)	0(.00%)	0(.00%)	1(6.2%)	1(6.2%)
Normal at home	18(18.2%)	74(74.7%)	2(2.0%)	2(2.0%)	2(2.0%)	1(1.0%)
Scissors in hospital	6(37.5%)	7(43.8%)	0(.00%)	0(.00%)	1(6.2%)	2(12.5%)
Normal in hospital	0(.00%)	10(90.9%)	0(.00%)	1(9.1%)	0(.00%)	0(.00%)
Normal & scissors	2(25.0%)	5(62.5%)	0(.00%)	0(.00%)	1(12.5%)	0(.00%)
Working outside home during pregnancy						
Not involved	5(62.5%)	1(12.5%)	0(.00%)	1(12.5%)	0(.00%)	1(12.5%)
Yes	2(2.5%)	69(87.3%)	2(2.5%)	1(1.3%)	4(5.1%)	1(1.3%)
No	26(41.3%)	33(52.4%)	0(.00%)	1(1.6%)	1(1.6%)	2(3.2%)

**Pregnancy number and socioeconomic factors of the respondents:** The regression model (Table 7) explains 50 percent of variation ( $R^2$ ) of pregnancy number with socioeconomic factors of the respondents. Duration of marriage and number of family members had a positive impact on the pregnancy number of the Santal married women but monthly income of their family was negatively associated. Age at marriage and number of earning members of the Santal married women's family had no statistically significant effect on their pregnancy number.

Table 7. Regression analysis

Dependent variable: pregnancy number				
Independent variables	Coefficients	Std. Error	t	Significance level
(Constant)	-0.22	0.85	-0.26	0.793
Age at marriage	0.03	0.04	0.86	0.386
Duration of marriage	0.09	0.01	9.19	0.000*
Number of family member	0.28	0.07	3.95	0.000*
Number of earning member	0.04	0.15	0.26	0.791
Monthly income of family	-0.28	0.10	-2.79	0.006*
N=150;R=0.70;R Square=0.50; Adjusted R <sup>2</sup> =0.47;F=18.87 ; df-6 and p<0.001				

\*significant at 5% level of confidence

## Discussion

More than half of the married Santal women lived in nuclear family and most of them got married at age 15-19 years. A significant number of Santal women's age at marriage between fifteen to nineteen years had 3 children in their reproductive span which is the sign of their high fertility. In some tribal societies, a family having two children is considered as experiencing of high fertility (Borah *et al.*, 2014). For example tribal women in Odisha are 2.5 times more likely to bear a child by age 19 years, and 2.7 times more likely to have more than four children (Agrawal, 2013). Santal women in this study had one to four family members as was found in Deori tribe where they scarcely thought of limiting their family size (Borah *et al.*, 2014). Most of them were illiterate and a very few number of Santal completed their higher secondary education.

Hypothesis from various studies presented a vivid picture of reproductive demography of the tribal woman having different levels of family income. Santal women's income in this study was not more than five thousand taka. They were not accustomed to abortion like Deori tribes and even miscarriage was found a very low level in the Santal. Most of the Santal' duration of marriage was single to twenty years and half of them became pregnant between 1 and 2 times in their reproductive cycles. Two-third of married Santal became pregnant within two years of their marriage and they began to take birth control methods three years after their marriage. Even half of them took birth control methods for having no child.

One half of the Santal women in the study area did not face any barriers for using contraceptives. The oral pills generally were found to be the most popular method while a few women used contraceptive injection. In the case of taking birth control methods, wives were found more in using contraceptives where pill taking was very common which is consistent with the study of Rahman *et al.* (2012). They found in their study that the males were reluctant to use contraceptives.

In this study, both husband and wife took decision for having children. A very few Santal married women were forced to take any birth control method. Some Santal did not tell their husband about their contraceptive usages. One-fifth for contraception and one-half of delivery purposes, respondents' husband bears the cost of the aforesaid issues. In this study more than half of women's delivery took place in their own house and this is supported by Rahman *et al.* (2012). But they mentioned the involvement of the assistance of a Trained Birth Attendant (TBA), and in the case of complications, tribal women usually go to the Union Health and Family Welfare Center (UHFWC), private practitioners or missionary hospitals. They were conscious about their reproductive health i.e. Santal married women had nutritious food during their pregnancies.

Almost all the Santal married women's frequency of pregnancy enumerated between 1 and 3 times in their 12 years of marriage and there prevailed an association between their pregnancy and their duration of marriage ( $p < 0.001$ ). Most of the respondent involved in agriculture performed 'normal delivery' at home though some were conducted by 'scissors' in hospitals. The same finding is observed in the study conducted by Chandraker *et al.* (2009) though those deliveries were conducted by dais and other untrained persons. Most of the tribal women involved in agriculture did work more outside their home during pregnancy. To analyze the relationship between pregnancy number of the married Santal women and their socioeconomic factors, it is seen that duration of marriage and number of family members had a positive impact on their pregnancy number. Chomitz *et al.* (1995) also found a relationship between marital duration and pregnancy frequency. Monthly income of the Santal married women's family was found negatively associated with their number of pregnancy. Though in this study age at marriage of the Santal married women had no effect on their pregnancy number, Haq (2018) found that age at marriage of women was a significant predictor in assessing the number of their pregnancy.

One of the limitations of this study was to determine the sample size. The findings of the reproductive behavior revealed by the study suggest wide scale tribal based area survey to divulge the actual reproductive situation of the Santal married women. All the problems found in this study can be addressed in the national policy formulation. Special measure should be taken by the Government to increase the flow of information regarding contraceptive usage. Current family planning services should be strengthened to ensure the accessibility of illiterate Santal women. The findings of this study will play a part for future research especially for those who work in the reproductive behavior and reproductive health issues.

## Conclusion

Few years back Santal women were much orthodox and traditional; they depended much on herbal and their native medicine due to unavailability of contraceptives. They still lacked proper knowledge of using these contraceptives. However, Santal women compared to men used the contraceptives more but the decision of the usage of these contraceptives was taken by both husband and wife. There prevailed a few barriers to peruse their contraceptives. They were not forced to choose definite types of contraceptives from their male partners. But they were not much conscious about their time of first taking contraceptives. They used condom frequently for having no more children. In most of the cases, husbands of the Santal women bear the cost of the contraceptives they used. They were aware of the food menu during their pregnancy as they took both normal and nutritious food. Sometimes abortion and miscarriage were found among them. Most of the deliveries were conducted at household level though 'scissors in hospital' was found as an instance in this study. Provision of medical equipment, free access to and use of voluntary family planning, especially effective contraceptive methods for both women and men are crucial to improve reproductive health conditions. GO-NGO effort can be solicited for creating more awareness among the tribal married women.

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