International Journal of Social Science and Economic Research

ISSN: 2455-8834

Volume: 04, Issue: 04 "April 2019"

FERTILITY BEHAVIOUR OF BAKARWAL WOMEN: FIELD EVIDENCES

Uma Prasher

Research Scholar, Department of Sociology, Guru Nanak Dev University, Amritsar, Punjab

ABSTRACT

In this Research Paper, endeavor is made to draw attention on the Fertility behavior of Bakarwal women of Jammu and Kashmir. For this paper, Kathua district is selected randomly from 22 districts of Jammu and Kashmir, from this district 220 women of Bakarwal tribe are selected and interviewed by using Snowball sampling technique. In this study, it was found that majority of the respondents' age at first Delivery was 15-17 years. Respondents reported 7-9 living children and they had 5-9 conceptions during their reproductive span. Less than 2 years of spacing between the two subsequent pregnancies found. Present study also highlights that there is direct relationship between literacy and number of living children as well as spacing between children.

Keywords: Bakarwal Tribe, Women, Fertility, Kathua, Jammu and Kashmir.

INTRODUCTION

Human fertility is responsible for the biological replacement and maintenance of the human species, since every society restocks itself and grows through the process of fertility. Therefore, in context of population dynamics it is important to note that fertility is one of the major counteractive forces that aids in overcoming mortality. Contrary to this, an increased level of fertility more than desired might result in population explosion. India is the largest democracy of the world and is expected to reach the replacement level fertility by 2020 A.D.(Chandiok, et al. 2016). The United Nations (1996) has been emphasising the role of women in demographic processes since the Fourth World Conference on Women held in Beijing in 1995. The United Nations identified five components of women's empowerment. First, women's sense of self-worth; second, their right to have and to determine choices; third, their right to have access to resources and opportunities; fourth, their right to have the power to control their own lives both within and outside the home; fifth, their ability to influence the direction of social change to

ISSN: 2455-8834

Volume: 04, Issue: 04 "April 2019"

create a more just social and economic order nationally and internationally (United Nations Population Information Network, 1995).

In spite of all welcoming trends, India still adds 16 million people to its population every year. This is primarily because of the marked cultural diversity of India wherein the factors that affect the fertility status vary from one population to another. Studies have reported that there are number of factors that affect the fertility pattern of a population, either directly or indirectly. Age at menarche, age at marriage, age at first conception, and number of conceptions and live births are some of the biological factors that determine fertility. In contrast to this, the educational status, occupation status, household per capita annual income, family type, and use of birth control measures are the social factors that affect the fertility pattern of a population. Among the social factors that affect the fertility status of a population, preference for male child is one of the most important. The preference for a male child among the parents in the Indian society is one of the most important reasons leading to the explosion of population in the society (Chandiok et al. 2016).

According to the National Family Health Survey, India-Report-2015-16, (NFHS-4) has experienced 22.73 per cent decline in total fertility rate (TFR) from 2.7 in 2005-06 to 2.2 in 2015-16 (IIPS, 2017). However, there are differences in fertility due to diverse spatial, socio-cultural, economic and institutional factors. The scheduled tribes (STs), which is 8.4 per cent of the total population of India (Census, 2011), has very high TFR (2.48) when compared to the Scheduled Castes (SCs) (2.26), Other Backward Class (OBCs) (2.22) and others (1.98).

The term “Bakarwal” is derived from the combination of two terms “Bakri” meaning goat/sheep and wal” meaning “one who takes care of”. Essentially the name “Bakarwal” implies “high-altitude goat and sheep herders”. Bakarwals are primarly pastoral nomads rearing goat and sheep in high-altitudes of Greater Himalayas during summer and spend their winter in plains and foot hills of Shwaliks. They are special nomadic tribes mainly found in the Pirpanjal range of mountains located between the two states of Jammu and Kashmir and Himachal Pradesh. Bakarwals are also found in every corner of Northern provinces of the Himalayan range, namely the states of Uttrakhand, Himachal Pradesh and Punjab. In Jammu and Kashmir Bakarwals are stretched out in all the three regions of the state Jammu, Kashmir and Ladakh (Sofi, 2013).

METHODOLOGY

This paper is aimed at to study the fertility Behaviour of Bakarwal Women. This study is descriptive and exploratory in nature. Looking at the nature of the topic, quantitative method of data collection has been employed. Among the different qualitative methods interview schedule is most appropriate to collect data. The universe of the study is Kathua district of Jammu and

ISSN: 2455-8834

Volume: 04, Issue: 04 "April 2019"

Kashmir state. There are 22 districts in the state, from where Kathua district is selected randomly and 220 women of Bakarwal tribe was interviewed by using snowball sampling technique.

FINDINGS

Pregnancy and child birth are almost universally associated with culturally based ceremonies and rituals. Mead and Newton (1967) reviewed the literature on 222 cultures and found that all had beliefs of appropriate behaviour during pregnancy, labour and the post-partum period. Food to eat, activities to avoid and care and behaviour all are culturally prescribed. Childbirth is an intimate and complex process whose topic is physiological and language is culture" (Jordan, 1982). The cultural context in which childbirth occurs provides norms that influence attitudes, values, and interpretations of personal and interpersonal experiences (Mercer & Stainton, 1984). Cultural beliefs and practices influence the woman's experience and shape mothering behaviour.

Here also the respondents followed the traditional Practices at the time delivery. The data in table 5.1 reveals that majority of the total respondents (39.1 per cent) tie the Tabeez to both mother and the child immediately after birth. 23.2 per cent respondents practice the traditional way in which new mother never kept alone to save her from the evil eye. Further, 20.9 per cent continued with the practice of not taking new-born outside the room, whereas only 16.8 per cent kept light/lamp burning because these persons have the view that darkness attracts all evils.

TABLE 1: TYPES OF TRADITIONAL PRACTICES FOLLOWED AT THE TIME OF BIRTH

Sr. no.	Types of traditional Practices	Numbers of Respondents	Percentage
1	Never leave new mother alone	51	23.2
2	Kept the lamp Burning	37	16.8
3	Child Not Taken Outside the Room	46	20.9
4	Tie the Tabeez to both Mother and child immediately After birth	86	39.1
	Total	**220**	**100.0**

ISSN: 2455-8834

Volume: 04, Issue: 04 "April 2019"

Medical Service Provider:

When we talk about community health care services, it is essential that the primary health care be effective and efficient. Community members can lobby local service providers to put primary health care workers in the community, as well as identify community members who could be trained to provide health advice. Other people who can provide health advice to the community, such as pharmacists or medicine sellers, birth attendants and traditional healers, should also be identified. Local service providers can be lobbied to provide additional training and support for these people if necessary. To be effective, health care workers should be acceptable to different community groups and have unrestricted access to the population. Most people initially treat ill-health within the home by using health tips or medication. They seek outside help (medical advice) only when it aggravates. Such help may not necessarily come from qualified medical personnel; it can also come from local pharmacists or medicine sellers, traditional healers, religious leaders and friends. Often, seeking medical advice from qualified personnel is the last choice. This can happen for many reasons, such as that an individual does not consider the problem to be severe or "medical" in nature, or that the value of medical advice is not appreciated. Sometimes, this is simply due to mistrust on the medical profession.

Table 2: AWERENESS REGARDING THE MEDICAL SERVICES PROVIDER IN THE AREA

Sr. no.	Awareness	Number of respondents	Percentage
1	Yes	171	77.7
2	No	49	22.3
	Total	220	100.0

Table 2 shows that more than three fourth of the respondents (77.7 per cent) are aware of the medical service providers in their area, whereas 22.3 per cent reported their ignorance.

The respondents are further requested to state the availability of the types of medical service providers in their area.

ISSN: 2455-8834

Volume: 04, Issue: 04 "April 2019"

TABLE 3: THE TYPES OF MEDICAL SERVICE PROVIDERS IN THEIR AREA

N=171*

Sr. no.	Medical services provider	Number of respondents	Percentage
1	Primary Health Centre	46	26.90
2	Chemist Shops	29	16.95
3	primary Health Centre & Chemist Shop	38	22.23
4	Hakim	31	18.13
5	All of These	12	7.02
6	No facility within 3 km.	15	8.77
	Total	**171***	**100.0**

**excluded the respondents who are unaware about the medical services providers in that area.*

The data in Table 3 reveals that out of one hundred seventy one respondents as many as 26.90 per-cent respondents found aware of the primary health centre as their medical services provider in their areas whereas 22.23 per cent reported respondents aware of Primary Health centre and chemist shop near them. Further 18.13 percent respondents report Hakim as their medical service provider in their area; nearly 17 percent respondent's aware of the chemist shop (pharmacy) and 8.77 per cent respondents stated that they don't have any medical service provider within 3 Km.

Health Problems:

The health problems need special attention in the context of tribal communities of India. Tribal populations have distinctive problems, not because that they have special kind of health, but because of special placement in difficult areas and circumstances in which they live. To fulfil the goal of 'Health of All', It is the high time that sorting of the problems of difficult areas, specific groups of populations and of need based health problems at large should be done on priority basis. The health, nutrition and medico- genetic problems of diverse tribal groups inhabiting widely varying geo- climatic and ecological conditions have been found to be unique and present a formidable challenge for which appropriate solutions have to be found by planning and evolving relevant research studies which should be need based and problem solving in nature .

There has been increased emphasis on women's health and on community participation in the development of health policy, 'ordinary women' have rarely been asked about their major health concerns. Among women's main worries regarding health were various cancers**.** The health problems they experience in the life are - stress, arthritis, being overweight, migraines/chronic headaches and tiredness, back pain, joint pain etc

ISSN: 2455-8834

Volume: 04, Issue: 04 "April 2019"

TABLE 4: DISTRIBUTION OF THE RESPONDENTS ACCORDING TO THE HEALTH PROBLEMS

Sr.no.	Response	Number of respondents	Percentage
1	Yes	100	45.5
2	No	120	54.5
Total		**220**	**100.0**

Table 4 shows that majority (54.4 per cent) of the respondents don't have any health related problem. Whereas, 45.5 per cent reported some kind of health problems to them. Noticeable percentage of the respondents has some kind of health issue. The reason behind this may be poor sanitation and hygiene. As we found that houses are built of mud/straw walls with thatched roofs devoid of proper ventilation. An enclosure for the animals is made within the household premises which leads to poor environment Sanitation. Here maternal morbidity is a big issue on which the respondents are requested to specify the nature of their health Problem.

TABLE 5: THE KINDS OF HEALTH PROBLEMS

N=100*

Sr. no.	**Health problems**	**Number of respondents**	**Percentage**
1	Regular Headache	19	19.00
2	Joint Pains	31	31.00
3	Swear Back Pain	33	33.00
4	Anemia	7	7.00
5	Dental pain	10	10.00
	Total	**100***	**100.0**

*figure excludes who did not have had health problem.

ISSN: 2455-8834

Volume: 04, Issue: 04 "April 2019"

Distribution of data shows that majority of the respondents reported swear back ache and close to it 31 per cent are suffering from joint pains. 19 per cent reported frequent headache. 10 per cent had tooth ache. Only 7 per cent reported that they are suffering from Anaemia. To diagnose it they had check-ups from PHCs.

Reproductive Health Problems:

Reproductive Health is a crucial part of general health and a central feature of human development. It is a reflection of health during childhood, and crucial during adolescence and adulthood. It set the stage for health beyond the reproductive years for both women and men, and affected the health of the next generation. The health of the newborn is largely a function of the mother's health and nutrition status and of her access to health care.

Women bear the greatest burden of Reproductive Health problems. Women were at risk of complications from pregnancy and childbirth; they faced risks in preventing unwanted pregnancy, suffered the complications of unsafe abortion, bear most of the burden of contraception, and were exposed to contracting and suffering the complications of reproductive tract infections, particularly sexually transmitted diseases (STDs), HIV / AIDS.

Data in table 6 reveals that 63.63 per cent respondents preferred take rest when they encounter with the reproductive health issues. Approximately 19 per cent of the respondents take kadha (dry fruits boiled in milk) as the home remedy for issues related to reproductive health. Further, 13.63 per cent respondents did not use any home remedy because they did not want to go against the god’s will. Only 11.36 per cent of the respondents take Haldi Wala Dudh (luck warm milk with turmeric in it).

ISSN: 2455-8834

Volume: 04, Issue: 04 "April 2019"

TABLE 6: **HOME REMEDIES FOR REPRODUCTIVE HEALTH PROBLEMS**

N-220

Sr.no.	Home Remedies	Number of respondents*	Percentage
1	Rest	140	63.63
2	Haldi Wala Dudh(Milk)	25	11.36
3	Kadha	42	19.09
4	No Home remedies	30	13.63

**Multiple respondents*

UN report on World Population Trends, vol. I (1983) have rightly concluded that in many developing countries, rapid population growth is considered to be a matter of great concern and programmes to reduce fertility have been given high priority. Furthermore, it is now well documented that family planning can favourably influence the health, development and wellbeing of the family, particularly mothers and children. In a population report, it has been rightly said that family planning is an effective way to prevent maternal and infant mortality because family planning can help couples avoid high risk pregnancies. Evidences around the world shows that the risk of maternal or infant morbidity and mortality is highest in four specific types of Pregnancies:-

a) Pregnancies before 18,

b) Pregnancies after 35,

c) Pregnancies after four births and

d) Pregnancies less than two years Spacing.

In the developing countries, about 6.6 million infant deaths and 200,000 maternal deaths could be avoided if women choose to have their children within the safest years.

According to the World Bank, about one –third of the total disease burden of women aged 15 to 44 years in the developing countries is linked to health problems related to pregnancy, child birth, abortion, HIV and RTI. factors that influence fertility is the age of a woman at the time of her first birth. Time of first childbearing also contributes to fertility changes when childbearing ages shift from early to late stages. Early childbearing contributes to increasing fertility while

ISSN: 2455-8834

Volume: 04, Issue: 04 "April 2019"

delaying having children reduces fertility level. So, the next important indicator of reproductive health of the mother is the age at first pregnancy,

First birth signals the beginning of the reproductive span in women's life. The age at first delivery depends upon the age at marriage, menarche and contraception adoption. In our culture a women's status in the family is high with an early delivery. Early motherhood maintains family lineage also.

Table 7 shows that majority of the respondents (61.8 per cent) were between the age group of 15-17 years at the time of birth of their first child which is followed by 18-20 years of age group that constitute 38.2 per cent. This finding is supported by the study of Singh in his book "Myth of Healthy Tribal" (1987).

TABLE 7: RESPONDENTS' AGES AT THE TIME OF BIRTH OF FIRST DELIVERY

Sr No.	Age (in years)	Number of respondents	Percentage
1	15-17	136	61.8
2	18-20	84	38.2
	Total	220	100.0

'To be blessed with children is the happiest event in women's life'. Fertility of child birth of the individual depends upon the age at marriage, use of contraception, and the number of conceptions. Higher number of conceptions reflects the non- use of spacing methods and inclination for large family size. The increase in number of conceptions is a detrimental factor on mother's health and exerts great pressure on maternal and child health.

TABLE 8: RESPONDENTS' NUMBER OF LIVING CHILDREN

Sr. No.	Number of children	Number of respondents	Percentage
1	1-3	51	23.2
2	4-6	75	34.1
3	7-9	94	42.8
	Total	**220**	**100.0**

ISSN: 2455-8834

Volume: 04, Issue: 04 "April 2019"

In table 8, majority (42.8 per cent) of the respondents have living children between 7-9 followed by 34.1 per cent who have 4-6 living children. Further, 23.2 per cent of the respondents have living children ranging from 1-3 and is contrary to the findings of A.K.Singh (1993) study entitled "Status of Tribal in India" where he reported that average Tribal women give birth to six living children. Reason behind this is that in our society more family members means more working hands.

TABLE 9: DISTRIBUTION OF THE RESPONDENTS ACCORDING TO THEIR NUMBER OF CONCEPTIONS

Sr. no.	Number of Conceptions	Number of respondents	Percentage
1	1- 4	76	34.55
2	5-9	139	63.18
3	More than 9	5	2.27
	Total	220	100.00

Table 5.9 shows that out of two hundred twenty respondents, majority (63.18 per cent) have highest number of pregnancies(5-9 times) in their lives followed by 34.55 per cent respondents who get pregnant 1- 4 times in their lives and only, 2.27 per cent had it more than 9.

Here an attempt is made to draw a relationship between age of the respondents and the number of the pregnancies they had in their lives. Distribution of data shows that all the respondents (table 5.8) in the age group of 15-19 years had 1- 4 pregnancies in their lives. This is because of the fact that respondents of this age group are in their starting years of their reproductive span as well as their age at marriage.

TABLE 10: RELATIONSHIP BETWEEN AGE AND NUMBER OF CONCEPTIONS

N=220

Age (in years)	**Number of Conceptions**			**Total number of respondents**
	1- 4	5-9	Above 9	
15-19	7 (100.00)	-	-	**7 (100.00)**
20-24	32 (86.49)	5 (13.51)	-	**37 (100.00)**

ISSN: 2455-8834

Volume: 04, Issue: 04 "April 2019"

25-29	20 (33.33)	40 (66.67)	-	**60** **(100.00)**
30-34	10 (17.86)	46 (82.14)	-	**56** **(100.00)**
35-39	6 (15.39)	32 (82.05)	1 (2.56)	**39** **(100.00)**
40-44	1 (4.76)	16 (76.19)	4 (19.05)	**21** **(100.00)**
Total	**76** **(34.55)**	**139** **(63.18)**	**5** **(2.27)**	**220** **(100.00)**

*figures in parenthesis are percentages (Percentage row wise)

In the age group of 20-24 years 86.49 per cent have conceived 1to 4 times whereas 13.51 per cent had it 5 to 9 times in their lives. Further 66.67 per cent of the respondents in the age group of 25-29 years got pregnant 5 to 9 times whereas 33.33 per cent 1 to 4 times. Approximately, 82 per cent of the respondents in the age group of 30-34 as well as 35-39 years have conceived 5 to 9 times. Further, 76.19 per cent of the respondents in the age group of 40-44 years whereas approx. 19 per cent stated that they conceived more than 9 times.

It is cleared from the table that with the increase in the age of the respondents' number of pregnancies also increases i.e. wider the fertility window leads to more pregnancies.

Birth Intervals

A birth interval refers to the length of time between successive live births of women usually measured in months. The pace of childbearing is another important aspect to understand women's fertility behaviour. The study of closed and open birth intervals is important not only to understand the childbearing pattern, but it also helps to understand the likely influences on the health of the mother and the child. For example, many studies have shown that children born too close to previous births are at increased risk of dying especially if the interval between births is less than 24months.Similarly, the chances of the mother suffering from maternal morbidity and related reproductive health problems increases if pregnancies occur in quick succession. Birth intervals also shows the effectiveness of family planning programs in which women can delay getting pregnant by applying family planning methods.

Birth interval is an important factor that regulates fertility. The closed birth interval is the period lapsed between the last child and the second last child.

ISSN: 2455-8834

Volume: 04, Issue: 04 "April 2019"

Table 11: SPACING BETWEEN CHILDREN

Sr.no.	Spacing	Number of respondents	Percentage
1	Less than 2 Years	118	53.6
2	2-3 Years	87	39.6
3	More Than 3Years	4	1.8
4	Not applicable*	11	5.0
	Total	**220**	**100.0**

*Respondents had only 1 child.

Table 11 shows that majority (53.6 per cent) of the respondents have less than 2 years of spacing between the birth of last and second last child followed by 39.6 per cent have 2-3 years of spacing. Further, 5 per cent of the respondents have only one child so this is not applicable to them and only 1.8 per cent of the total respondents have spacing of more than 3 years between last and second last child.

Significant relationship had been found between education and the number of living children. It shows that with the rise of literacy rate among the respondents, their number of living children (4-6) had declined. Among the respondents who were educated up-to primary level had less number (1-3) of living children.

TABLE 12: RELATIONSHIP BETWEEN LITERACY AND SPACING BETWEEN CHILDREN

Education	**Spacing Between Children**				**Total**
	Less Than 1 Years	2-3 Years	More Than 3 Years	Not applicable **	
Illiterate	112 (55.17)	78 (38.41)	4 (1.97)	9 (4.43)	**203 (92.27)**
Literate	6 (35.29)	9 (52.94)	-	2 (11.76)	**17 (7.73)**
Total	**118 (53.64)**	**87 (39.54)**	**4 (1.82)**	**11 (5.00)**	**220 (100.00)**

*figures within parenthesis represent percentages.

** Respondents had only 1 child.

ISSN: 2455-8834

Volume: 04, Issue: 04 "April 2019"

Data shows that majority (55.17 per cent) of the illiterate respondents have spacing between last and second last child is less than 2 years, followed by 38.41 per cent with spacing of 2-3 years. Majority of the literate respondents(up-to primary education) (approximately 53 per cent) had 2-3 years of spacing between the last and second last child fallowed by 35.29 per cent with less than 2 years of spacing.

From the table, direct relationship between the education and duration of spacing between children had found as with education increase in the spacing between children had increased.

Education is an important indicator of development among tribal groups. The trends of literacy of tribes in India from 1961 to 2011 which was only 8.54 per cent in 1961 and has been increased to 63.1 per cent in 2011. But female literacy of tribes is only 54.4 per cent compared to male literacy of 71.7 per cent. During the post-Independence period, the Indian government implemented legislation and allocated funds to facilitate access to enrollment in primary education in India.

In developing countries like India, achieving higher female literacy rates is one of the keys to reduce fertility levels. As literacy level of the woman increases fertility falls for several reasons. Literate women who can read and write tend to become more knowledgeable about family planning and more likely to use contraceptive methods. Whether in rural or in an urban area, a literate population increases the diffusion of information about family planning, education and health care. Women with more education are more likely to have interest outside their immediate family and to play social role beyond childrearing. They tend to get marry at a late age and accordingly their family size tends to be a small family. Again literate women are better informed about health and hygiene and typically live in better conditions and thus more of their children survive. Besides all efforts made by government tribal females lagging behind to their counterparts which directly or indirectly effecting their lives.

TABLE 13: RELATIONSHIP BETWEEN EDUCATION AND NUMBER OF LIVING CHILDREN

Education	**Number of children**			**Total**
	1-3	4-6	7-9 and above	
Illiterate	36 (17.73)	73 (35.96)	94 (46.30)	**203 (92.27)**
Literate	15 (88.24)	2 (11.76)	-	**17 (7.73)**

ISSN: 2455-8834

Volume: 04, Issue: 04 "April 2019"

Total	**51 (23.18)**	**75 (34.09)**	**94 (42.72)**	**220 (100.00)**

**figures within parenthesis represent percentages*

An effort was made to see the relationship between education and number of children in table 5.13. Table shows that majority (46.30 per cent) of the respondents were illiterate and had maximum number of children, that is 7-9 and above living children followed by approximately 36 per cent of the respondents had 4-6 children. Further, 17.73 per cent are having 1-3 living children. Similarly, majority (88.24 per cent) of the respondents were literate and having primary level of education have 1-3 living children followed by 11.76 per cent who had 4-6 children.

TABLE 14: NUMBER OF LIVE BIRTHS

Sr.no.	Live births	Respondents	Percentage
1	1-2	22	10.00
2	3-4	39	17.73
3	5-6	54	24.55
4	7-8	102	46.36
5	9 and above	3	1.36
Total		220	100.00

Table 14, reveals that majority of the respondents (46.36 per cent) have 7-8 live births followed by 24.55 per cent have 5 to 6 live births. Further, 17.73 per cent respondents with 3-4 live births whereas 10 per cent gave 1-2 live births and only 1.36 per cent had 9 and above live births.

Table 15: RELATIONSHIP BETWEEN AGE OF THE RESPONDENTS AND LIVE BIRTHS

N=220

Age	**Live Births**					**Total Number of Respondents**
	1-2	3-4	5-6	7-8	Above 8	
15-19	7 (100.00)	-	-	-	-	**7 (100.00)**
20-24	6 (16.22)	30 (81.08)	1 (2.70)	-	-	**37 (100.00)**

ISSN: 2455-8834

Volume: 04, Issue: 04 "April 2019"

25-29	4 (6.67)	4 (6.67)	36 (60.00)	16 (26.66)	-	**60 (100.00)**
30-34	4 (7.14)	3 (5.36)	12 (21.43)	37 (66.07)	-	**56 (100.00)**
35-39	1 (2.56)	1 (2.56)	2 (5.13)	35 (89.74)	-	**39 (100.00)**
40-44	-	1 (4.76)	3 (14.29)	14 (66.67)	3 (14.28)	**21 (100.00)**
Total	**22 (10.00)**	**39 (17.73)**	**54 (24.55)**	**102 (46.36)**	**3 (1.36)**	**220 (100.00)**

*figures in parenthesis are percentages

Data reveals that all respondents (table 15) in the age group 15-19 years had 1 to 2 live births, whereas 81.08 per cent had 3 to 4 live births are in the age group of 20-24 years. Further, in 25-29 years of age group, majority (60 per cent) of the respondents gave 5-6 live births. Approximately, 66 per cent of the respondents in the age group of 30-34 years gave 7-8 live births during their reproductive life span. Respondents who fall in the age group of 35-39 years gave 7-8 live births followed by 66.67 per cent with 7-8 live births in the age group of 40-44 years.

TABLE 17: NUMBER OF MALE LIVING CHILDREN

Sr.no.	Male living children	No. of respondents	Percentage
1	1-2	29	13.18
2	3-4	38	17.27
3	5-6	72	32.73
4	7-8	81	36.82
Total		**220**	**100.00**

Distribution of Data Shows that majority of the respondents (36.82 per cent, table, 17) have 5-6 male living children followed by 32.73 per cent who have 7-8. Further, 17.27 per cent have 3-4 male living children whereas, only 13.18 per cent have only 12 male living children.

ISSN: 2455-8834

Volume: 04, Issue: 04 "April 2019"

TABLE 18: NUMBER OF FEMALE LIVING CHILDREN

Sr. number	Female living children	Number of respondents	Percentage
1	1-2	35	15.90
2	3-4	83	37.73
3	5-6	70	31.82
4	7-8	32	14.55
Total		**220**	**100.00**

Table 18 reveals that 37.73 per cent have 3-4 living female children followed by 31.82 per cent. Further, 15.90 per cent have 1-2 female living children and only 14.55 percent have 7-8 living female children.

Miscarriage:

Miscarriage, also known as spontaneous abortion and pregnancy loss. It is the natural death of an embryo or fetus before it is able to survive independently. Some use the cutoff of 20 weeks of gestation and after which foetal death is known as a stillbirth. The most common symptom of a miscarriage is vaginal bleeding with or without pain. Sadness, anxiety and guilt are the afterwards effects. Risk factors for miscarriage include an older parent, previous miscarriage, exposure to tobacco smoke, obesity, diabetes, thyroid problems, and drug or alcohol use. About 80% of miscarriages occur in the first 12 weeks of pregnancy (the first trimester).Prevention is occasionally possible with good prenatal care. Avoiding drugs, alcohol, infectious diseases, and radiation may decrease the risk of miscarriage. Miscarriage is the most common complication of early pregnancy.

TABLE: 19 DISTRIBUTION OF THE RESPONDENTS ACCORDING TO THE MISCARRIAGE THEY HAD

Sr. no.	Particulars	Number of respondents	Percentage
1	Yes	20	9.1
2	No	200	90.9
	Total	**220**	**100.0**

Table 19 reveals that majority (approx. 91 per cent) of the respondents did not encounter any miscarriage in their lives whereas only 9 per cent have miscarriages in their lives.

ISSN: 2455-8834

Volume: 04, Issue: 04 "April 2019"

TABLE 20: NUMBER OF MISCARRIAGES

N=20*

Sr.No.	Particulars	Number of respondents	Percentage
1	Once	16	80
2	Twice	4	20
	Total	**20***	**100.0**

*figures exclude who don't had miscarriages

Distribution of data shows that majority (80 per cent, table 20) of the respondents reported miscarriage only once. Whereas, 20 per cent of the respondents had it twice. These twenty Respondents were further requested to state t heir reason of their miscarriage or abortion.

TABLE 21: REASONS FOR MISCARRIAGE

Sr. No.	Reasons for miscarriage	Number of respondents	Percentage
1	Due To illness	8	40.00
2	Due to Heavy Work	3	15.00
3	don't know	9	45.00
	Total	**20***	**100.00**

**figure excludes respondents how didn't had miscarriage.*

Table 21 shows that majority of the respondents (45 per cent) did not know the reason of their miscarriages whereas 40 per cent stated that it was due to illness and only 15 per cent considered heavy work as the reason for their miscarriages during their gestation period, because Tribal Women , Pregnant or not, is never free. Major burden is imposed by the responsibility of fetching water often from considerable distance and as several of the hamlets are on hillocks, the women are prone to slip on the uneven terrain and the fall results in damage of the foetus leading to miscarriage.

ISSN: 2455-8834

Volume: 04, Issue: 04 "April 2019"

REFERENCES

- Sofi Jan Umer (2013), 'The sedentarization process of the transhumant Bakarwal tribals of the Jammu and Kashmir (India)' *Journal of Humanities to social sciences*, Vol. 11, Issue 6, (May June 2013), pp. 63-67.
- National Family Health Survey -4
- World Population Trends and Policies, 1983,Monitoring Report, Vol.I, PopulationTrends, UN Publication.
- Singh, Amar Kumar (1993), Tribal in India, Har-Anand Publications, New Delhi.

