A Practice-based Study on the Fact 'Teenage Pregnancy' among the Garo Community Residing in Rajasimla Village in the Kharkutta Block, North Garo Hills, Meghalaya

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ABSTRACT

Teenage pregnancy is a major social problem in Meghalaya due to various reasons. In Meghalaya, the severity of teenage pregnancy may differ from area to area. This study is undertaken in Rajasimla village, located in North Garo Hills, Meghalaya State. It is a small village surrounded by the mountains and it is the bordering village to Assam state. This research is about the teenage girls in Rajasimla who became pregnant at early age and how social work profession have been used strategically by social workers to reduce the pregnancy rate in the village and thereby spread awareness. This topic suggests to tackle the issues by teaching young people about sex education, make healthcare easy to reach and provide support to deal with difficulties that comes with getting pregnant early. Social workers tried to lessen the numbers of teen pregnancy cases through involvement with the community, spread awareness and used specific plans for teenagers and youths who faces challenges in the region, aiming for better reproductive health. This innovative study is basically based on practice-based research through social work methods and approaches.

Keywords- teenage pregnancy, consequences, social work practice, youth

INTRODUCTION

Meghalaya is a north-eastern state of India. It is located in the eastern part of the country and it is known for its landscape and hills. Meghalaya is a home for three major types of tribes: the Khasi, Garo and Jaintia. These indigenous tribes contribute the cultural diversity of the state. The Garo community is second largest tribes in Meghalaya after the Khasi tribes. The Garo hills are known for its cultural heritage. The Garo's are known as "A'chik". It is said that Garo's are migrated from the Tibet around 400 BC (UNESCO, world heritage centre,1992-2024)

In Meghalaya state all the communities' practices matrilineal as a cultural and social tradition. In matrilineal societies all the inheritance will go to the youngest daughter from her mother. And the titles are also taken from mother side. The people have adopted this system for generations to show the importance of the women in the society. The Sons leave the parent house after the marriage, the son have to live in his wife's house. According to the Garo community traditional way, the boys have to leave their family right after the engagement but now a day's most people don't follow because some of them have to look after the family and help their siblings to finish in their studies and some are due to far away from home for jobs. Even though the property is owned by women; the men govern the society, in domestic affairs and manage the property.

The Garo community in Meghalaya, some of the indigenous group from rural areas of the west Garo Hills still believe in supreme god called "*Dak'bewa*" and practices various rituals and ceremonies related to agricultural cycles, life events and ancestor worship. This people are also known as "*Songsarek*". As they still believe in rituals and sacrificing the animals. Starting from the year of 1867 the Garo's began to accept Christianity in their life through Dr. Miles Bronson with the help of Omed W. Momin. And the first Baptist Church also build at Rajasimla Village in 1867 on 14th April. Since then, the prevalence of Christianity in Garo community has started (Momin, Amellina G. 2018).

The Garo language is known as "A'chikku". This is the main language of the Garo Hills. Hindi and English are also commonly used, especially in formal and educational setting. The Garo traditional attire is colourful and it reflect the cultural identity. This attire is hand woven for generations and it's still going on. Both men and women wear the traditional attire during ceremonies and festivals to show the community's unique fashion and identity.

The Garo people mostly rely on nature. Agriculture is the primary occupation for the Garo people. The jhum cultivation is the most common agriculture tradition. Until now the Jhum cultivation is still practiced. Since it's a modern century, people also work in the private companies or have government jobs. Aside from the jobs every people in this community have their own personal orchards like betel nut plantation, banana, pineapples, oranges and rubber plantation. And in some parts of the Garo hills, people depend on coal mining as well. People who are expertise in craftsmanship also make many things from bamboo and woods and sell it on market.

The Garo community celebrates various festivals. Especially in winter season there are many festivals in Garo Hills. Apart from that Wangala and Christmas is the main festival in Garo. Wangala festival also called "The 100 drums". This festival is not only celebrated by Garo tribe but also who live in Meghalaya, Nagaland, Assam and Bangladesh. This festival is a harvesting festival to thank "*Misi Saljong*" the sun god for blessing people with rich harvest. Wangala is celebrated in the month of September to December. This can take up to three -four days or even a week. This festival held at Asanang, west Garo Hills, Meghalaya.

Among the Garo community in Meghalaya, women play an important role in the tradition and in the society. From beginning the Garo society has been following matrilineal rules, where the property will go to youngest daughter of the family but now the times has changed, the parents will choose someone from one of their daughters whom they can rely on and can trust her in looking after them until they pass away. This matrilineal tradition shows the importance of women in the society. The women in the society also have given equal power to participate in society, decision making in the family and in the community as well. Garo women not only active in participating in the community but even in the agriculture too, they contribute to farming activities along with the men. Besides helping their men women also play essential role in showing their skills in traditional dances and crafts. More Garo women are paying attention to the education trying to improve their skills, gaining power in different job. Garo women are trying to prove that even a house wife can do business to help her husband in the family. Nowadays many women have become entrepreneur as a side job. It shows that women are no less than then men. Meghalaya Government also open up many opportunities for women, that focuses on the gender equality in the society.

Statement of the problem:

Teens are having some problems in balancing traditional and modernity. As the world is changing rapidly, many teens focus on education and in their future career. As for the clothes, traditional outfits at cultural events and western clothes are often wear wore in everyday life. Teens also likes to take part in traditional dances, music and sports. Technology also plays an important role in it. Family and community relation is also important for them. But Teenage pregnant also become one of the hurdles of teens in Garo community. Teenage pregnant means when girls become pregnant at the age of 13 to 19. It is dangerous to both -mother and the baby. Teenage pregnant is one of most disturbing scenarios in the society. This happens not because of cultural beliefs but also happened due to social media platforms as well as economic challenges, limited access to sex education and lack of parental care. Early relationship also played major role in teenage pregnancy, the parents need to be strict with their children until they reach 20 years of age but as per our study, most of the teenage pregnancy does not even reach 18 years of age. Teens are independent in nature and due to various reasons, they lead their own life. Some children have to work hard for themselves to buy their daily basic needs. Allowing too much freedom to girls also causes problem. "For some parents they might not accept their daughter's boyfriend to marry due to some kind of reason but their children may become pregnant first to get parents approve without knowing what parents are thinking for her future" (as per field data). Girls who take alcohol or take some other drugs might not know that after they are drunken, they are sexually exploited. This is one of the reasons for becoming pregnant before marriage.

Picture in India:

Since most child marriages results in teenage pregnancy due to societal pressure and lack of sexual and reproductive health knowledge, analysis on level of teenage pregnancy amongst 15–19-year-olds has been done. Analysis of NFHS-4 reveals that amongst the married girls aged 15 to 19 years in India,31.5 percent of the sample girls in this age group are found to have babies. It is important to note that almost a quarter of the married girls in the15-16 years age group had at least one baby while more than a quarter of the married teenage girls had at least one child at age 17 while 31% had a child by age 18. Findings (NCPCR, 2018)reveal that there are 12 states where more than 40% of these girls have at least one child or more. Interestingly we find emergence of states such as Goa (64%), Mizoram (61%) and Meghalaya (53%) with the highest prevalence of teenage pregnancy amongst early married girls.

BRIEF REVIEW

Adolescence is conceptualized as a positive stage of life, full of possibilities and potential. It is also a time for developing independence and can be a time of both disorientation and discovery. The world health organization defines adolescents as young people aged 10-19 years, but changes may begin before and continue after this age group. (Ghildyal P, Dey T, 2022)

A study by NCPCR, India child marriage and teenage pregnancy 2015-16 (NFHS-4, 2015-2016), says prevalence of child marriage among 15-19 years old and 20-24 years old is 11.9 per cent and 26.8 per cent, respectively, for girls. Findings reveal that there are 12 states where more than 40 per cent of these girls have at least one child or more. Interestingly, it was found in states such as goa (64%), Mizoram (61%) and Meghalaya (53%) with the highest prevalence of teenage pregnancy amongst early married girls (live in relationship).

Study area:

The specific research area is Rajasimla village near Assam border. There are more than 2000 people in this village. All the residents are native Garo people and it is the village of Christianity. As a Christian village, Christmas is the main festival of this village and there are no other festivals than this. People here are friendly and ready to help each other in need. Rajasimla village is divided into small different six (6) villages. All the people here speak native language called A'chikku' and people here follow both traditional and western lifestyle. Most of the people are literate only few are illiterate. 99% are depending on farming and agriculture even some of them have job in offices. People have their own rice farming, banana plantation, rubber, areca nut and jhum cultivation. Farming is the main job of the people in Rajasimla village and in Meghalaya state. 80% of the people in this village are educated only few remain uneducated. 80% of the children go to school and only 20% do not attend the school. There are more than 100 teenager's girls in the village at age range 13-19, from here 65% of the teen goes to school, 35% of the teen are dropout and became single teen mothers (local data).

Objectives of the study

- To identify the teenage girls who are pregnant in the Rajasimla village.
- To find out the causes of excessive teenage pregnancy in the Garo community of Rajasimla village.
- To practice social work methods and approaches to change the behaviour of the teenagers in terms of reproductive health.

RESEARCH METHODOLOGY

Exploratory study with practice-based methods of social work: social casework, social group work, community organization.

Purposive sampling has been used to make the sample frame. In depth interviews with identified respondents have been carried out. The data have been collected with the help of two semi-structured interview schedule (one for girls and another for their parents) and qualitative analysis have been done (case studies- in thematic representation with narrative analysis).

Universe at the time of study: 30 teenage pregnant girls (2022-2023) in the Rajasimla village

Sample size: ratio – 3:1 means (10 in-depth case studies)

Tools- active listening, observation, home visits, meeting with health staffs & panchayat members

Intervention done:

- Social workers used social casework process to study the problem and hence proceed to intervention.
- Group work has been used for group of girls who are pregnant and facing the critical situation. Behavioural therapies and remedial model have been practiced to heal their mental traumas.
- Community mobilization and organization have been initiated to make people participate and aware.
- Sex education has been provided from the school & also by health staffs to the teen age girls and boys. The focus is safe physical intimacy & reproductive health.
- A three-dimensional model has been used with equal focus on: preventive and curative care and enabling dimensions which can be termed as a lifecycle approach towards a protective life.
- Problem driven iterative approach has been used (It focuses on problems, not solutions. It follows a step-by-step process (not a rigid plan) that allows for flexible learning and adaptation.)
- The role of active social change agents has been played by social workers at the village level.
- Networking with the government functionaries with PPP (public-private partnership) has been practiced.
- The social workers also acted as counsellors and attended the schools and guided people in the community about safe sex.
- Social workers also have a connection between doctors or clinics, where community people can get birth control measures and also get free tested diseases like Sexual Transmitted Infections (STD's) and Human immune deficiency (HIV's) Virus. The girls also receive advise about their reproductive health.
- Social worker encourages and inspires teens to take charge of their own sexual health. Participatory community involvement has been introduced in different awareness programs and are also involved in teaching other teens to prevent teenage pregnancy in the community.
- The social workers arranged the programs in the community for everyone not just for teenagers about the importance of reproductive health. That's how social workers helped teenagers to become strong and bounce back in their difficult times. Social workers also support them in facing challenges and facilitate them to plan for positive future.

RESULT & DISCUSSIONS

Themes are selected as per the field data

Sl.no	Themes	Description
1.	Social and family dynamics	Due to economic problem in every household in the village, the problem started and also neglected by the parents and girls make them independent to do anything in their life.
2.	Behavioural pattern Girls/Boys' behaviour:	All the teenage mothers in this case are independent girl, who can support their daily needs. And they also like to lead free life by mixing with boys resulting in unwanted pregnancy. Most of the boys are in the same age as of girls and they are dependent on parents economically and cannot start their family. Many don't have any jobs.
3.	Personality traits and preference	respondents are going with people in friendly, adventurous way. They also have different intimate relationships with different partners. Multiple partners-love relations are the interest of both the boys and girls. In some cases, it can be seen that girls were taking alcohol and drugs.
4.	Less knowledge	without any proper education about physical intimacy boys and girls choose unwanted paths and no awareness about family planning methods leads the situation more vulnerable.
5.	Relationship types:	In the study area it has been observed that maximum cases belong to unmarried girls. The relationships are not permanent and even the cases studied are not engaged with each other. The tradition provides the opportunity to mix girls and boys freely and they don't follow any safety measures to protect themselves from unwanted sexual relationship. They believe in live-in relationship.
6.	Drop outs:	It has been observed that maximum respondents and the Garo population have not completed their secondary level education. This is another cause of engaging themselves in unsafe sexual relationship.
7.	Engagement in drug/ alcohol addiction:	Teenage girls and boys are very use to different drugs and hard drink consumption. The availability of the substances is high due to border states facilities. The addictions also indulge them in reckless life.
8.	Religion and old tradition	Ancient belief and tradition play an important role in value creation and belief system in society, so these tribes do not find to be interested in modern health system and family planning methods.

Conflict of Interest:

This study is purely based on research purpose and are not part of any organization nor is funded by any organization. In this study social work students are engaged and played a significant role in collecting data and practising social work methods.

CONCLUSION

Undoubtedly, cultures influence, to a great extent, the different ways in which parents raise children are the base of the personality traits of an adult person. The focal points being patterns of family life, shared conceptions of ways to bring up children and oral traditions handed down through generations. Among Garos, it is seen that their matrilineal setup plays a significant role in the parents' attitude towards their children but traditions are changing. Modern parents should be more conscious regarding their children's behaviour mainly for teenage girls and boys. In the name of tradition and free life they are not providing the values and responsibilities to their younger generation.

REFERENCES

- Ghildyal P, Dey T. (2022). Motherhood Sans Adulthood: Future at Stake. *Ind J Youth Adol Health*.;9(2):9-13.
- https://whc.unesco.org/en/disclaimer/1992-2024
- https://whc.unesco.org/en/tentativelists/6356/
- International Institute for Population Sciences (IIPS) and ICF. 2017. *National Family Health Survey* (NFHS-4), 2015-16: India. Mumbai: IIPS.
- Marak Q.(2012). Are Daughters Preferred in a Matrilineal Society? A Case Study of the Garos from Assam. *Anthropologist*. 2012;14(1):49-56
- Ministry of Health and Family Welfare Government of India. National Health Policy, 2017. Available at: https://main.mohfw.gov.in/sites/default/files/914756 2941489753121. Accessed on 20 May 2023
- Momin, Amellina G. (2018). The Contributions of American Baptist Missionaries to Garo Society: Some insights. *Research Journal of Social & Life Sciences*, UGC Journal No. 40942, Impact Factor 3.112 ISSN 0973-3914 Vol.-XXIV-I, English Edition, Year-12, June.
- National Commission for Protection of Child Rights and Child Fund India Release
Handbook for Ending Violence against Children.[Internet]. 2018 September 15.[cited2021October16].Availablefrom: https://www.mediainfoline.com/print/national-commission-protection-
child-rights-release-handbook

- O'Neil S, Naeve N, Ved R. (2017) *An Examination of the Maternal Health Quality of Care Landscape in India*. https://www.macfound.org/media/files/50268_landsc ape_report_2017.03.02.
- Passah MC. (2020). Influence of Sociodemographic Factors on the Utilization of Contraceptive Methods among the Married Women of Jowai Town, West Jaintia Hills District, Meghalaya. Orientanthropol.;20:181-93
- Rao M, Rao KD, Kumar AK, Chatterjee M, Sundararaman T. (2011) *Human resources for health in India*. Lancet. ;377(9765):587-98.
- Shullai WK, Singh ASS, Agarwal M. (2023) *The matrilineal society of Meghalaya: trends* of family planning and its implications on maternal health. Int J Reprod Contracept Obstet Gynecol ;12:2062-9.
- Singh M, Kaur A, Matra AA, Iyer A. (2020). *Traditional gender roles and changing* practices in the State of Meghalaya. DU J Undergraduate Res Innov;1(2):154-71.