

HEALTH AND CULTURE NEXUS AMONG ORAON FEMALE ADOLESCENTS IN JHARKHAND

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This paper examines the influence of culture on perception of health among female adolescents of Oraon tribe in Jharkhand. The study focuses on female adolescents, since adolescence is an important phase in life span of humans when they develop and rationalize various concepts about everyday life, including perception of health. Considering the nature of the study, ethnography as a method was used. Our study revealed that Oraon female adolescents perceive health as their ability to remain physically active and work according to their prescribed roles in daily life. It was also recognized that different social norms, social support, and interaction provide a unique hegemony that impact on perception of health among the Oraons. Thus, we contend that comprehensive understanding of culture is essential for addressing health related issues of the Oraons.

Keywords : Culture, female adolescents, perception of health, Oraon, Jharkhand.

Introduction

The contemporary definition of health, as defined by World Health Organization (WHO), depicts a holistic approach towards overall well-being of humans. It states health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" (WHO, 1947, p.1). However, over the period of time, WHO's definition of health has been critically analyzed and improvised by social researchers to include other fundamental elements of health (Huber et al. 2011; Blaxter, 1990). For instance, highlighting diversity and complexity among groups, Blaxter (1990) analysed that health should be conceptualized from people's perspective. It elucidated how people perceive health as absence of certain specific symptoms. It can be also interpreted that an individual's health as a function of socio-cultural factors (Chin & Noor, 2014). In the social construction of health concept the cultural aspects tend to play a central role (Nettleton, 2013). In a society, there are different ethnic communities, whose way of life and perception of health varies greatly from each other. A deeper analysis indicates that the different lifestyles and perceptions adopted by different community people are generally influenced by the

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particular community's socio-cultural factors, such as cultural beliefs, traditions, and customs (Gramma et al., 2013).

Likewise, in a vast country like India cultural beliefs, customs, and practices varies across cultural communities' thus influencing health. Tribals are considered as distinct cultural communities in India. Though they are distributed in most of the provinces of India, still tribals are concentrated in few areas like Jharkhand, Assam, Meghalaya, Tripura, Mizoram, Manipur, Rajasthan, and Madhya Pradesh. Tribals have distinct perception on health due to their cultural background, knowledge, values, and practice. Jharkhand ranks sixth in India, in terms of total tribal population and houses 32 Scheduled Tribes (STs). The tribal population of Jharkhand accounts for 26.3% of the total population and some of the key tribal communities in Jharkhand are Santhal, Munda, Oraon, and Ho (Census, 2011). Oraon is the second largest tribe in Jharkhand, and accounts for nearly 20 percent of the total tribal population (Census, 2011). A review of literature reveals that research on tribes of Jharkhand have explored the socio-economic conditions of the tribal communities, and have identified the key reasons for their marginalization (Hebbar, 2006; Louis, 2000). While the socio-economic conditions and traditional knowledge of tribal communities are widely studied, there exists a knowledge gap in understanding Oraons' perceptions about health. Specifically, the account of Oraon female adolescents' health and health related issues remain unaccounted for, in the existing research work conducted on Oraon community. Therefore, it is necessary to highlight the voice of Oraon female adolescents, related to their health and health issues.

Adolescence is an important phase in the life span of humans, when they develop and rationalize various concepts about everyday life including the perception of health. From various definitions of adolescents, it can be contended that adolescence period is in between 10-19 year, where an individual is neither a child, nor a complete adult (WHO, 2009; Omotoso, 2007; Blos, 1979; Hall, 1904). They are in dilemmatic position because physically they are grown up, but still they have to rely upon elder members of their family or community for various needs, such as verification of their own construct in their routine life including taking decision in healthy living (Omotoso, 2007). The adolescent stage is characterized by decision-making skills/abilities, along with acquisition of new emotional and social skills associated with health and health issues (Stang & Story, 2005). Most of the literature review on health studies either does not consider the issue of female adolescents separately or tend to club their health issues with the gender aspect, and give a rather generalized account of health in female population (Jejeebhoy, Kulkarni, Sathya & Mehrotra, 2014). Such approach in the literature either dilutes the health account of

female adolescents, or at best presents a partial picture of the ground reality, which may differ among females belonging to different age groups. Such age dependent approach is largely missing in the study of health in general and particularly in tribal communities.

Therefore, this study addresses perceptions of health among the female adolescents of Oraon tribe in Gumla district of Jharkhand. From the cultural viewpoint, it becomes necessary to understand how well the Oraon female adolescents are informed to follow certain health related practices. As a result, it is important to appreciate how Oraon female adolescents develop their own understanding about health at adolescence phase of life with cultural influence.

Review of literature

The concept of health is highly subjective and depends upon the socio-cultural context. It can be defined in either simple term or in a highly specific way (Napier et al., 2014). Traditionally health has been perceived as disease, sickness, and illness. These terminologies have been used interchangeably to cover various aspects of ill-health (Alexanderson, 1998; Last, 1995; Blaxter, 1995; Aggleton, 1990; Maslow & Mittleman, 1981; Boorse, 1977). However, according to WHO's definition, one can interpret an individual's health as a function of socio-cultural factors too, as it entails both the concept of physical and mental well-being of an individual (Chin & Noor, 2014). At the ground level, people in different societies perceive health in multi-dimensional factors, which may include perceptions about lifestyle, dietary habits, and hygiene (Grama et al., 2013).

In a society, there are different ethnic communities, whose way of life and perception of health varies greatly from each other due to cultural beliefs, traditions, and customs (Grama et al., 2013). Culture has been conceptualized in various ways and while some social scientists describe it in terms of collectivism, others consider culture as individual representation of rituals, customs, tradition, symbols and traditional practices (Durkheim, 1961; Weber, 1958; Parson, 1958; Benedict, 1946; Benedict, 1934; Mead, 1928; Tylor, 1871). Culture is also considered to be a set of elements and mechanisms that an individual acquires while living in a particular community, and includes elements of eating and drinking habits along with other lifestyle practices (Tylor, 1871). Boas (1904) emphasized on uniqueness of various culture of different society and people. Moreover, Avruch (1998) highlights culture as experience, learned, created, and interpreted from past generation and from the contemporary. Additionally culture has been also defined as a web of information that a person learns and which guides each person's action, experiences, and perceptions (Campbell, 2000).

Developing a culturally sensitive understanding of health and ill-health is of paramount importance to a community. It focuses on the social determinants on health and ill-health of people. Wilkinson and Marmot (1999) introduced the term "social determinants of health" in WHO for making a healthy society worldwide. The social determinants of health are "the condition in which people are born, grow, live, work, and age" (WHO, 2008). Factors of social determinants of health vary with countries, as well as within countries between various communities. In India some of the most important social determinants of health are caste, culture, gender, exposure to crime, violence and social disorder, standard of living, public safety, transportation option, social support, social norms and attitudes, availability of resources to meet daily needs, exposure to mass media and emerging technologies, and access to health care services. Studies conducted by Raj and Raj (2014 & 2004) also highlighted the importance of caste and gender as vital SDH affecting health status of women in India. Jain and Agrawal (2005) examined in depth the etiology of perception of health and illness prevailing among Bhills of Udaipur, Rajasthan and concluded that ill-health issues are not only due to physical, chemical or biological processes but also due to a number of socially and culturally determined factors such as age-old cultural values, impact of education, unhygienic food, unclean drinking water, and poor sanitation.

Studies have shown that different cultures often attribute diverse beliefs in tracing disease etiology, that could include metaphysical agents such as possession, witchcraft, fate, luck, and *karma*; supernatural agents such as deity and spirit, and cultural habits such as dietary pattern and lifestyle (Jain & Agrawal, 2005; Bhasin, 2004; Bhasin, 2003; Mukherjee, 2003; Tribhuwan, 1998; Sarkar, 1993). Verma and Shah (2014) differentiated between perception of health and ill-health among tribal and non-tribal societies. This study highlighted that in tribal communities, perception of health and ill-health was classified on the basis of causation and supernatural causation, whereas nontribal societies consider ill-health issue as accrued from a physiological, natural phenomenon, and malfunctioning of the body. Moreover, it has been observed that cultural factors, such as social status, relationship of individual with social members, nature of relationship with the supernatural world play a significant role in the evolution of a perception of health in a tribal society (Jain & Agrawal, 2005).

Tribal health condition or practices cannot be solely defined in terms of medical aspects, social and cultural context play an equally important role in determining their health (Mukherjee, 2003). Even though tribal communities are mostly poor in economic terms, they

are considered rich when it comes to culture and traditional knowledge and practices (Verma & Shah, 2014). For example, they possess a sound knowledge about various herbal medicine derived from the forest, which they effectively use in treating various ailments (Bhasin, 2003).

Objectives

The health and health issues of tribal females are noticed especially when they are pregnant or are lactating mothers. The perceptions of health among tribes are mainly derived from the experiences of elder members of the community. In fact, there is no study which specifically examines perception of health among tribal females at adolescent phase, which is important in the later phase of life affecting their reproductive health. Considering the gap in literature, this paper emphasizes on the influence of culture in shaping perception of health among Oraon female adolescents.

Research methodology

For this study snowball sampling methodology was used for gaining access to the respondents for present study. The snowball sampling is a part of convenience sampling, where the respondents are requested to identify and provide access to more number of respondents relevant for the study. This is also known as chain-referral sampling and is particularly helpful in accessing respondents from marginalised societies (Cohen & Arieli, 2011). With the chain-referral system, all the Oraon female adolescents present in Gokulpur village, during the time of field study were easily located. The block office of Sisai was the first point of contact to get the household data for Gokulpur village. It was reported that there were 93 Oraon households in the village with total population 498 (Census, 2011). Thereafter all the 93 Oraon households of the village were visited for locating the female adolescents belonging to the age group between 15-24 years. In this way 35 Oraon female adolescents were identified both married and unmarried, falling into the sample and all of them were interviewed. To maintain anonymity, name of respondents have been changed.

Since the primary objective of the study was to understand role of culture influencing perception of health among female Oraon adolescents, ethnography was considered to be the best method for this purpose. Ethnographic study was accompanied with participant observations, in-depth interviews, and focused group discussions as methods in the field. Participant observation aided participatory approach in perceiving socio-cultural settings in which tribal female adolescents were socialized and how culture influenced their perception of health. In-depth interviews and focused group discussions (FGDs)

aided in knowing and understanding about various cultural views and traditional norms about health that prevailed in tribal community. Interviews and FGDs were conducted either in regional language (i.e. *Sadri*) or Hindi for the respondent's convenience. This method provided flexibility to the researcher to engage into holistic discussion on health and health issues of the research participants.

Study area

The province of Jharkhand has been selected as the study area since it holds sixth rank in India with 26.3% of total ST population (Table 1.1). There are 32 tribal communities in Jharkhand among which Santhal (31.7%) has the largest population followed by Oraon (19.8%), Munda (14.2%), and Ho (10.7%).

Table-1.1. Percentage of ST and Oraon Tribe Population in districts of Jharkhand (Census, 2011)

State/District	Total ST Population (2011)	% of ST Population (2011)	Total Oraon Population (2011)	% of Oraon Population (2011)
Ranchi	1,042,016	35.78	530,287	50.89
Palamu	181,208	9.35	44,720	24.67
Lohardaga	262,734	56.90	208,967	79.53
Koderma	6,903	0.96	456	6.60
Gumla	706,754	68.90	442,659	62.63
Godda	279,208	21.29	8,631	3.09
Garwha	205,874	15.56	55,080	26.75
Chatra	45,563	4.37	26,993	59.24

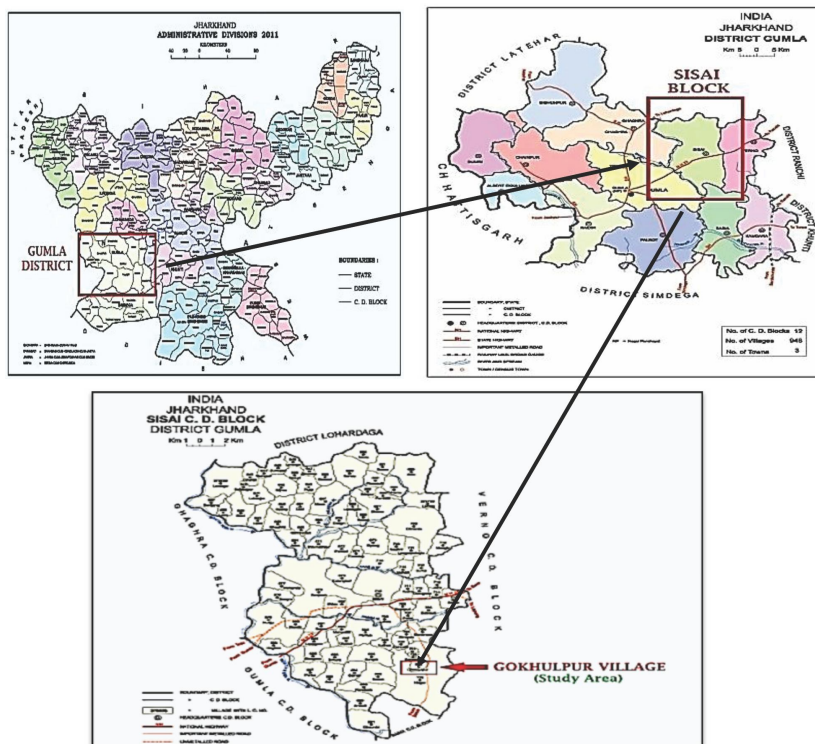
Source: Census of India, 2011

The Oraon tribes are the fifth largest tribe in India (Census, 2011; Sikligar, 2004) and mostly reside in Jharkhand, Chattisgarh, Odisha, and West Bengal. The study was conducted in Gumla district of Jharkhand. From Table 1.1, it can be concluded that Gumla has the highest proportion of ST population in Jharkhand (68.90%), as well as it has the largest population of Oraon tribe (62.63%) in the state.

Fieldwork for this study was conducted in Gokhulpur village of Sisai Block, Gumla district, Jharkhand. Gokhulpur village covers approximately an area of 1.53 square kilometers including the neighbouring vegetable field, waste land, and forest (Census, 2011). It is one of the smallest villages in Sisai block with 93 households and consisted of approximately 500 populations at the time when fieldwork was conducted for this study. The village is about 75 km. away towards west from Ranchi, the capital city of Jharkhand. Figure 1.1 shows the location of Gokhulpur village in the map of Jharkhand.

It was observed that 95% of households in Gokhulpur village belonged to people from Oraon tribe. So, the degree of solidarity and cohesiveness was very strong in the village as they belonged to same community. Moreover, Gokhulpur village has relatively less interaction with other (non-tribal) population, which in a way has assisted in preserving undiluted version of their culture, traditions, and belief system.

Figure 1.1, Location of Gokhulpur village in the map of Jharkhand



Source: Census of India, 2011

Findings and discussion

The ethnographic study revealed how Oraon female adolescents develop and rationalize their perception of health in their everyday activities. From the in-depth interviews and FGDs, certain themes emerged on the perceptions of health among Oraon female adolescents which have been broadly categorized in the following section.

Perceptions concerning health

Oraon female adolescents considered health as an asset. They have this conception because if health takes a toll, it will adversely influence

their subsistence, and ultimately, prove fatal for their existence. If adduced in terms of Bourdieu (1986), health according to them is an embedded form of capital and a healthy body is capital. Hence, it is considered a valued possession. Personal interviews and FGDs, with married as well as unmarried female adolescents, were conducted to probe into the perception concerning health. By emphasizing on the subjects as well as their lived experiences, cognition, comprehension about this valued possession was divulged in a nuanced manner.

The perception of performing all types of works irrespective of gender differentiation was deeply percolated in the socio-cultural setup of the Oraons. It was strongly reflected during the interactions with Oraon female adolescents. They felt that their health was conceptualised more in terms of ability to do routine works. One of the respondents, named Sukri, highlighted this perception during the interview as,

"...me and my family members are involved in agricultural and field based works. Our work starts from making breakfast and ends only after dinner. For performing all type of physical activities we need energy and have to be healthy."

Similar perception on health was noted in Blaxter's (1990) study, wherein he explained that individuals defined health in terms of coping with routine activities because they shared their health experiences within their life course. The cultural values regarding health was associated with functional perception, for instance, another female adolescent, Lali, explained to be healthy as, *"I am healthy because you can see me working without any tiredness or fail"*. This state of being healthy includes capability to carry out everyday chores. Such perception occurred repetitively during in-depth interviews and FGDs because it was embedded in respondent's cultural perception to perform work in everyday life.

Besides work performativity, Oraon female adolescents explained health in terms of social roles. These roles involved responsibilities of females as daughter, sister, wife, mother, aunt, sister-in-law, and daughter-in-law. It came out quite transparently that married adolescents were relatively more concerned about the health of their family members, in comparison to unmarried ones. The unmarried ones appeared to be more watchful about their own health. Such observation was explicitly reflected in the opinion of Premi, wherein she opined that *"I am a mother and a wife. I have to be healthy to look after my family members"*. This connotation about health falls in line with Butler's (2007) perception on gender role, in which she describes that role of male as well as female, were created in social milieu and

followed within society. Likewise, among the Oraons, females after getting married were expected to follow the social role of taking care of family members in which she has been married. FGDs among married females revealed that they observed their mother doing such acts. So, after getting married they also did the same. Therefore, central to Butler's (2007) perception, female's role in their society had been considered as a continuous series of performative acts. Hence, it can be convincingly put forth that such social roles were deeply imbibed, both consciously as well as sub-consciously, right from the childhood phases among the Oraon females.

Besides performing roles and duties in the personal domain, being altruistic and having selfless concern for others, emerged as a prominent parameter of being categorized as healthy among the Oraon female adolescents. Altruistic behaviour in context to the cultural milieu of Oraons, inferred to sharing of good social relationship with family, friends, and community members. Singo, for instance, defined herself being healthy as *"meeting cheerfully with surrounding people and doing something for them without anything in return"*. It included helping people around in chores like agricultural works, grazing animals, building house, assisting neighbours in mundane activities and volunteering for community work. In other words, it was meant that how an individual socializes with others was one of the most imperative aspects of being healthy. Along with it, perception of health was also expressed with reference to dietary practices. Most of the respondents stated that healthy food provided energy for performing domestic and outside activities. No gender discrimination in food consumption pattern was noticed. Both males and females consumed food according to their dietary requirements, owing to their working pattern.

Alongside dietary practices, physical fitness was another parameter on which the Oraon female adolescents comprehended health. Respondents emphasised on being physically fit and adjudicated its level by the capacity of performing domestic and outside activities. Apart from physical fitness on regular days, performing activities despite minor ill-health concerns was also considered as an important yard stick of being healthy. According to respondents, performance of daily chores was expected to be carried out normally, during minor health issues like body ache, cough, cold, mild fever, etc. For example, Mangri, while performing her routine work in fever stated, *"...although I am suffering from fever, I am able to manage my personal works and attend my school"*. So, performing, even though not being well, is culturally acceptable among the Oraons. These were the perceptions of Oraon female adolescents concerning health. For a holistic understanding of perceptions about health, it is necessary to also

analyse what are the perceptions concerning ill-health. Such perceptions have been deliberated in the following section of this paper. It attempts to expansively expound the view-point of Oraon female adolescents relating to what are ill-health and the various components of ill-health.

Perceptions concerning illness

As stated in the earlier section, Oraon female adolescents considered health as an asset. They affirm it as a form of capital and a valued possession. However, in this section, based on the lived and shared experiences of respondents, the perception of health has been expressed in a negative connotation, addressing to the enquiry of what is ill-health and how is it being perceived. Like any other community, Oraon female adolescents considered presence of health problems as being unhealthy. According to them, a person who is ailing from any sort of infirmity or illness is unhealthy. Their experiences concerning illness were either expressed in the form of interferences which the disease caused, or in terms of symptoms which were reflected.

They depicted that illness was in the consequence that an individual faces during the disease. This was very much akin to the observations noticed by Bury (1982) in his study, wherein he emphasized illness as an individual's experience in everyday life with symptoms which anchored the mind and body. A respondent named Reshma shared that *"I feel restless when I am sick; state of restlessness affects my peace of mind. It makes me feel low. Vibes of negativity surrounds me and it also affects my relationship with my family."* Thus, any individual, who is anchored with respect to mind or body or both - is considered to be unhealthy by Oraon female adolescents.

Throwing more light on this, the Oraon female adolescents elucidated that in their cultural setup, ill-health causing infirmities were broadly categorized into two groups – big diseases and small diseases. By big diseases, they inferred to infirmities which were relatively more serious in nature, required more time for healing and involved bigger expenses for medication and treatment. Usually everyday health problems, and seasonal issues like ear infection, stomach ache, cough, belching, diarrhoea, dysuria, dandruff, haemorrhoids, menstrual cramps, fever, cold, and irregular menstruation fell under this category. This categorization of diseases was quite uniformly expressed by the Oraon female adolescents.

Emotional disturbances and its aftermath were also perceived as ill-health by Oraon female adolescents. This was explicitly reflected in the personal interviews conducted with them, in which the respondents shared about their personal life events and issues. One of

the respondent, Lali confessed about the emotional trauma she faced after the death of her mother,

"It was difficult to accept that mother was no more; I was shattered and took several days to get back to normal. Keeping myself isolated for a while, I was compelled to be normal again, as I have two younger siblings to take care of..."

As evident from these instances, it is quite clear that such setbacks had negative impact on the emotional health of Oraons, and that such emotional traumas were also perceived as ill-health among the community members, including the female adolescents. Spaced out from demise of close kins, emotional concerns like dispute between husband and wife, economic disputes, quarrel among family members, neighbourhood clashes, anxieties concerning bewitchment, non-bearing of child, failure in career, issues in love life, property disputes, etc., were some of the other issues, which were explicated by Oraon female adolescents as reasons for emotional imbalance. These acted as instigating factor for ill-health and unhealthy conditions.

Respondents highlighted inability to cope with social environment as another perception related to ill-health. For example, Baijanti explained her incapability of coping with situation when she was unable to participate in the *Karma*² festival because of suffering from severe stomach pain. Non-participation or reduced participation in community activities, even though if interested, was echoed as a sign being unwell by the adolescents. From these accounts it can be deduced that personal narratives of illness, when communicated, constructs cultural perceptions of illness among the community members. They facilitate in understanding the construction of illness in relation to the socio-cultural surroundings, which are vividly individual, yet related to the conditions that the respondents identify to be important in their settings.

Supernatural captivation and allied influences

The prominent conception that was prevalent among Oraon female adolescents was their faith in supernatural powers as the causal agent for ill-health. They strongly believed that health problems occurred due to anger of Gods, ancestral spirits, ghosts, evil eye, bewitchment or bad omen. Such perceptions came out very vividly during personal interviews and FGDs, with the Oraon female adolescents. They opined that once a person is captivated or inflicted by supernatural powers, s/he no longer remains healthy. Such negative forces lead to illness and bad health conditions. For example, one of the respondents, Rimjhim shared her experience stating that, *"I fell ill many times last year. I still feel ill and am unable to recover like before... I have been inflicted*

by evil-eye. *It is still affecting me... I feel that someone is controlling my body*". Similarly, Lali purported that

"It is believed that our family has been affected by evil-eye. During the death rituals of my mother, I had a bad dream, in which an old lady confiscated the keys of my home. I was afraid and I notice that I often feel sick after having that dream even till today."

There were several other instances as well, where other adolescents also spoke about their experiences about supernatural influences. Like evil-eye, bad air (*burā-hawā*) was another major reason which led to ill-health in the village among Oraon female adolescents. Josiya illustrated that *"I experienced bad-air on a new moon night and after that I felt restless and was in pain. For six-seven days, I was unable to perform well in anything which made her feel low"*.

Likewise, black tongue (*bhak lagna*) was also considered as a prominent causation for ill-health among the adolescents. Josipha elaborated her experience that a sarcastic remark on her by a neighbour led to misfortunes for her. She opined that *"I suffered from fever and pain for several days because one day when I was well dressed and going to market, he came up to me and sarcastically said that I should take care of myself"*. Bewitchment was yet another cultural belief that was prominently exposed as a major reason of ill-health by the adolescent respondents. It is widely believed that witches (*dayan*) shoot invisible arrows, which hurt and paralyse the victim causing unbearable pain and illness. In addition, witches are also held responsible for ill happenings like snake-bite, impotency, hysteria, congenital malformation, emaciation of children, limb deformity, prolonged illness, convulsions, and unnatural death.

During discussion with the respondents, it was also highlighted that black magic, angriness of supernatural powers, bad omen and lack of propitiation of deities, were other prominent reasons for ill-health among Oraons. For instance, when someone suffers from chickenpox, it is believed that Goddess is expressing her anger on the patient by inflicting painful condition upon him/her. Malaria was considered to be the outcome of lack of propitiation of deities by the concerned patient. Similarly, epilepsy was assumed as infatuation of evil spirit(s) on the implicated person, whereas anemia was perceived to be the outcome of bad omen. Hence, increased stress was laid by adolescents on maintaining harmonious relationship with Gods, deities, ancestral spirits, and other supernatural powers.

Although educated, a major chunk of the adolescents had unmovable faith in such beliefs. Their perceptions are so culturally engrained through the different agencies of socialization during their

formative years of cognitive development, that it is almost impossible to deter their faith from such beliefs. Thus, people inflicted by supernatural influences and captivation are perceived to be unwell and unhealthy by the community members in general and female adolescents in particular. These were some of the cultural perceptions and belief concerning health and ill-health prevalent among Oraon female adolescents.

Conclusion

The analysis of field data suggests that Oraon female adolescents view health as their ability to remain physically active and work according to their prescribed roles like doing household and agricultural works, rearing cattle, selling agricultural products in market, and taking care of the family members. From their viewpoint health is measured in terms of daily routine performance even though Oraon female adolescents suffer from pain or any other ailment. Ranthi, a research respondent, stated that "*we never complain about our ache or body pain while doing our routine work, which means as long as our body is functional we are healthy.*" All respondents had similar notion about the linkage of body functionality and health. They also considered health as an asset because when they are healthy, they could earn their livelihood. For them ill-health was a situation that obstructed their normal routine life or daily activity. Being physically inactive, inability to cope with surroundings, and unable to take care of self were interpreted as signs of ill-health. This resonated the ideas of Foucault (1963), wherein he described that when an individual was suffering with health problems, symptoms were reflected in their external activities which served as instruments (or medium) in recognizing and understanding about cause of ailment by patient and health practitioners.

With respect to understanding of health, Oraon female adolescents interpreted both health and ill-health from their cultural view-point. Here cultural perspective referred to and ranged from simple food habits to composite traditional practices regarding health and ill-health conditions. For instance, Oraon female adolescents accounted for maintaining balance in food, physical fitness, and coping with situation like, performing routine work in aches, fever, cough, or cold for being healthy. For ill-health, they explained that health problem occurred due to seasonal change like fever, cough, cold, imbalance of food, and curse of Gods or malevolent spirits such as *buri nazar* (wicked eye), *bhak lagna* (curse of black tongue), *bura hawa* (evil spirit), and *baan marna* (cast by witch). Based on causes of health problems, health-seeking behaviour of Oraon female adolescents were also habitually determined.

This paper provides a nuanced understanding about the overwhelming influence of culture that shapes the perception about health and ill-health among Oraon female adolescents. Hence, it substantially contributes to the existing knowledge related to health and culture nexus among Oraon tribe in Jharkhand. The significance of this paper can be attributed to the fact that it provides a unique position to the Oraon female adolescents in contemporary discussion of health and health related matters. It reveals the health related struggles of Oraon female adolescents who by birth belong to disadvantaged social group of tribal community. The study expects to give voice to the health concerns of the tribal female adolescents and intends to contribute towards framing of informed government policies for tribal communities, with particular regard to the policy of health for Oraon female adolescents. This information can be helpful in developing tribal health policy specifically in Jharkhand and India in general.

Endnotes

- ¹ *Sadri* – a mix of local and Hindi language.
- ² *Karma* is the worship of Lord Karam, the God of power, youth, and youthfulness. It is a festival largely celebrated by tribals dwelling in the eastern region of India in the month of August and September.

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