

‘THE MENTAL AND REPRODUCTIVE HEALTH OF ADOLESCENT GIRLS WITH SPECIAL REFERENCE TO THE INDIGENOUS TIWAS OF INDIA’

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Abstract: Adolescence is a critical period in everyone's life, but it becomes particularly significant for an adolescent girl reaching childbearing age. The following research investigates the issues concerned in enhancing the reproductive and mental health education of adolescent girls of the Tiwas of West Karbi Anglong district in Assam, India. According to UNICEF data (n.d.), India comprises one-third of the world's child bride population. However, unlike the tribes of Odisha, India (Pradhan, 2022) where child marriages are prevalent, there is no forced child marriage among the tribes of Assam. In contrast, the choice of marriage is usually made by the Tiwa adolescent girl herself. Early pregnancy in developed countries such as the United States and the United Kingdom is equally alarming. An adolescent girl who reaches puberty undergoes the same physical changes, fear, anxiety, and excitement when entering adulthood irrespective of their socioeconomic status. There is currently a lack of research into the reproductive and mental health of Tiwa adolescent girls in Assam. Therefore, this paper investigates the issues of reproductive and mental health faced by adolescent girls in the Tiwa community by collecting primary data from the field. The best practices of developed nations will be studied from secondary data, to educate Tiwa adolescents about individual rights, marriage age, domestic violence and the dangers of early pregnancy. Finally, the findings will provide a counter-narrative to the common notion that child marriage is enforced in India; instead, it is chosen by the adolescent herself in many tribes of Northeast India.

Keywords: adolescent health, child marriage and pregnancy

Introduction

The study aims to identify ways to enhance the mental and reproductive health of adolescent girls of the Tiwas of India. Adolescence marks the transition of a person from childhood to adulthood. It becomes more significant for an adolescent girl as she reaches her childbearing age. Early or teenage pregnancy and motherhood are major concerns worldwide. According to the WHO (2020) report, "At least 10 million unintended pregnancies occur each year among adolescent girls aged 15–19 years in the developing world." Despite the fact that there is no social obligation for early or child marriage in Western or developed countries, cases of early pregnancy are very common similar to the developing or underdeveloped nations. According to the Teenage pregnancy data of the University of Bedfordshire (n.d.), 16 out of 1000 women under the age of 18 in England became pregnant in the year 2020. Data from the Office for National Statistics (2022) show that the rate of teen pregnancy is decreasing every year, with a significant decrease in London, which was previously the third-highest teen pregnancy city. The situation in the United States has also been recorded to be improved in recent years but there is a significant number of teen pregnancies counted. "The US teen birth rate

(births per 1,000 females aged 15 to 19 years) has been declining since 1991. Teen birth rates continued to decline from 17.4 per 1,000 females in 2018 to 16.7 per 1,000 females in 2019.” (CDC, n.d.)

The scenario in developed countries is comparatively better due to the use of effective contraceptive methods and abortion, which are less practiced in many developing and underdeveloped countries for socio-religious reasons. However, adolescent girls across the world, including the developed nations; suffer from the problem of sexually transmitted infections (STI), pregnancy death, sexual violence, poor mental health, and behavioral disorders (WHO, 2021). In India, there are 62 pregnant adolescent girls for every 1,000 women (Dhawan,2008). Teen pregnancy is more prevalent in India's northeastern states, including Assam, which has 60-80 live births per 1,000 women aged 15-19 years, representing 11.7 percent higher than other Indian states (Prasad, 2020).

There are constant efforts from UN organizations, government authorities, and non-government organizations to address the issues of teen pregnancy and mental health. But adolescent girls are still hesitant to express their concerns, fear, and interest in the public. Teenage pregnancy leads to teenage motherhood, which has a negative impact on the young mother's emotional and physical health. Central and state governments of India had devised many programs to protect the safety and health of adolescent girls in India. The Scheme for Adolescent Girls (SAG) is one such program of the government of India that is devised for 11–14-year-old girls. ‘It is to break the intergenerational life-cycle of nutritional and gender disadvantage and offer a supportive environment for the self-development of adolescent girls in the country’ (National Portal of India, n.d.). But every nook and corner of India, particularly the indigenous community dominated areas could not be reached yet. However, it is important to note that, unlike the other communities of India, the tribal communities of Assam, a state of India don't practice the child marriage concept.

Many indigenous groups of Assam, such as the Hill Tiwas (Tiwas who reside in Hills) live in geographically isolated and harsh terrain. Moreover, these remote dwellers are unaware and untouched by most of the government's health schemes (Baruah, 2021). Their Plain counterparts who are commonly well-known as Plain Tiwas are in a better position in case of receiving government facilities, but cases of early marriage are as high as the Hill Tiwas (Baruah,2021). This is not only the story of the Tiwas; the other 22 tribes of Assam are also affected by the same issue. Instead of being forced into marriage by her parents, a teenage girl from Assam's tribal community chooses her own life partner and begins her conjugal life. So, it is important to change the outlook of a teenage girl by educating her on the evil of early marriage and pregnancy.

Early or child marriage is practiced worldwide, and therefore it is added as one of the Sustainable Development Goals. According to SDG 5.3, "eliminate all harmful practices, such as child, early and forced marriage, and female genital mutilation" (UNICEF, n.d.). It is well understood that if we do not eradicate child marriage, we will not be able to meet the 2030 Sustainable Development Goal (Girls Not Brides, 2020). The Prohibition of Child Marriage Act, 2006, in India debar child marriage. However, because of poverty and a socio-religious mindset, this is repeated time and again. A child is not only suffering the evil of child marriage or early marriage; she has lost her right to a healthy and dignified adolescence.

Apart from child marriage, in general, a girl can rarely talk freely in front of people regarding her reproductive health or other problems related to her physical or mental changes. If the girl gets a platform like the adolescent girls' club run by the Assam Branch India Tea Association (ABITA) for the Assam tea garden girls, then she may understand her rights and know to take care of her health. Adolescent girls club members perform skits, and role plays, and hold meetings on topics such as sexual health, reproductive health, menstrual hygiene, balanced diet, and physical harassment (ABITA in support with UNICEF, 2020). This is an ideal model. This model can be implemented in other scheduled tribes' areas of India, where a child or early marriage can be eliminated.

The preliminary research indicates that there is not much work done on improving the mental health of adolescent girls in India. On the contrary, in developed nations like the United Kingdom, the trend of teen motherhood is declining. Therefore, the best practises for creating awareness among the adolescent girls of other communities in India were thoroughly studied through this project. Objectives are constructed in light of the above discussion. The objectives of the project are to-

- ✓ To understand the societal and religious system of the Tiwas which helps in understanding the opinions on early marriage among the Hill Tiwas
- ✓ To investigate the possibility of alternative methods of educating, informing, and motivating adolescent girls with special reference to the Tiwa tribe of Assam, to follow the best health practices in order to live healthy and dignified adolescence
- ✓ To explore the feasibility of converting the traditional systems of communication, such as youth dormitories or community gathering places, and church for educating adolescent girls.

Materials and Methods

Child or teen bride is a common practice among low-income and traditional societies worldwide. However, the ethnic communities under this study, namely the Tiwas in India do not have a culture of the child or early marriage. Yet early marriage or having a child before 18 is common in this community. The study is interdisciplinary research. It necessitates a study of the people's culture in order to comprehend their social and religious views on having a child, the right age of marriage or childbearing, and the social strata of a young woman. The study on the society and societies' perception of early marriage was done through observation and case study methods where the researcher stayed and interacted with the villagers of Umswai Valley which falls under Amri block of West Karbi Anglong district of Assam. The area of the study is selected on the basis of census and pregnancy data of the Government of Assam. Also, the existing traditional systems of communication or religious institutions were examined to see whether those can be used as a medium to educate teenage girls.

Library work was carried out to understand the existing theoretical framework and relevant studies. Development study reports of international and national agencies are consulted to understand the best practices of other countries. An exploratory study was used for the preliminary study as existing data are not sufficient. Here, mixed research methodologies were used as data was collected from both primary and secondary sources. However, it was required to collect both quantitative and qualitative data through meticulous fieldwork by following ethnographic research methodology which includes observation and participatory qualitative research methods. For this purpose, interviews are taken with

the Data manager of the hospital, school teacher, members of the village development committee, married girls who had an early marriage, school dropouts, and adolescent girls of the area. The schedule and case study methods were been followed for fact-finding. After the collection of field data, it is presented in an analytical manner and derive conclusions.

Results and discussion:

Adolescence is a crucial time in life when a young adult starts exploring the adult world. The transition from childhood to young adulthood creates physiological and psychological pressure on the adolescent mind, especially on the girl child who has attained childbearing capacity. In this study, the teenage girls and girls who got married early were enquired about their emotional and physical health, their perception of sex before marriage, and the effects of environmental factors like family, peers, or societal norms. It was expected that the knowledge of the adolescents of developed countries would aid in the empowerment of the Tiwa adolescent girls of India. The declining trend of teenage pregnancy in the United Kingdom is one such example. Also, it is essential to understand the various traits of the culture of the community to understand the status of the health of adolescent girls and society's perception of early marriage. The data and project findings were disseminated in an engaging and innovative manner.

Societal and religious system of the Tiwas :

The Tiwas' social structure revolves around their religious practices. As a result, discussing the Tiwa society would be incomplete without including their religious practices. A man stays with his wife's family, and his children follow their mother's lineage, according to the earlier Tiwa traditions the Hills of West Karbi Anglong. The husband is referred to as *Gobhia* and the system of keeping husbands at home is known as *Gobhia rakha* (Baruah, 2021). With time, patrilocality and patrilineality took its place, which means that women stay with their husbands' families and their children continue their fathers' lineage. However, it has been observed that the family's eldest daughter, or at least one daughter, typically retains her husband's title of *Gobhia*. This girl is given the same property rights as the family's boys and is permitted to retain her maiden name. However, women who go to live with their husbands must also leave their property and last name behind. Women from the Hill Tiwa community are perceived to have a better status than the other indigenous groups of Assam due to their property rights. They do not, however, make the decisions. The father is the essential figure in society who makes decisions for the home and the community.

The village key persons are associated with the *Samadi* i.e., the village male youth dormitory. They take care of societal matters like marriage, death, conflict, and even festivals. They take care of societal matters like marriage, death, conflict, and even festivals. Every man is a member of the youth dormitory of his village. The dormitory serves as a learning center for the life skills and traditions of the male members of the tribe. It is an open structure and traditionally made with bamboo, wood, and straw; where only the men of the society can meet and discuss important matters related to their village and society. As part of preparation of marriage, the father needs to meet the village key persons at the youth dormitory of their village and inform them about the groom. Then society should check the clan originality of both the families and any earlier marriage-related conflict between the

families or clan. Tiwas has 12 clans and many subclans (Baruah, 1989). The Tiwas follow exogamy, and therefore, the two families should not fall under the same clan or subclan, or else the marriage is not be permissible (Pator,2015). There are incidences of annulment of courtship as the groom and bride are from the same clan, as reported by the villagers of Umswai. Also, there are some incidences where the man left the woman after staying a few days at the in-law's house. In the future, if any man and woman from the same clan wanted to marry, the families would need to resolve the past marriage issue. So, it is the society and the clan system of Tiwas that decide the marriage, not the family or the bride and groom.

The concept of marriage and prenuptial relationship:

Society recognized the Gobhia marriage system, which encouraged girls to introduce a man or her loved one to her family. During the study, it was noticed that many unmarried men staying with their fiancé's family and helping the family with their household chores. While enquiring, it was informed by the village elders that it is a tradition from an earlier time, where men needed to stay with their fiancé's family and render their labour. If the family is satisfied with the man's work, then they allow the man to marry their daughter. Another popular method is marriage by force, where a man is forced to stay at a girl's house. If society finds a man as a regular visitor to a girl's house, the villagers will house arrest the person and force him to accept the girl as his wife. In this case, the man is asked to stay with the girl's family until their marriage is solemnized. Many times, the man refused and left the girl after a few days of staying together. Then there will be problems with those clans in future marriages. So, from the above discussion, it is clear that prenuptial sexual relationships are not considered immoral in Tiwa society. Although many times they do not share the same bed but intimate relationship with the fiancé is very common. Society does not put restrictions on flirting or dating of young girls and boys. However, polygamy and extramarital affairs are strictly prohibited and are punishable offenses.

There is another popular way of getting married among the Tiwas is marriage by elopement, which mostly happens among teenagers. From the research, it is found that most adolescent girls around the age of 14–16 tend to run away with men of their age or sometimes older to them. During the research conducted in various indigenous belts across Assam during the researcher's doctoral study, it was found that the adolescent girl herself tends to elope before reaching her marriageable age. Now parents are aware of the legal consequences of marrying their children at a tender age. However, from the study, it is found that the families accept the girl's or boy's elopement marriage with a little resentment. Similar to any other society in India, early marriage is an age-old custom in the Tiwa society. They will not bring the girl home once she eloped, and many times the girl herself has refused to return. Nicolus Aind, the principal of Umswai Don Bosco Higher Secondary School, said, "The acceptance is there. Therefore, the girls are not afraid of committing such an act. If the society stopped accepting such marriages, then elopement marriage would stop immediately." Nicolus Aind, who worked in various districts of Assam, especially districts with indigenous communities like Rabha feels that the girls of Umswai lack exposure as they are not going out of their area.

The valley is a cluster of 15 villages and hamlets in the hills of West Karbi Anglong. On each visit, the researcher spots missing children or adolescents from the village. While enquiring, it was informed that they were taken by people from plain areas as domestic help in the name of providing

better educational facilities. The COVID-19 outbreak worsened the situation. People who had been working or staying in towns or nearby plains areas returned to their villages and got married within a year. Most of them are under the age of 18, with the majority being in their early teens. There is a special case of a village of Umswai Valley which is worth to mention in this context. A family of Umswai Valley had three daughters, aged 13, 16, and 18 and they used to live with their relatives and friend's houses for better education. Like all other migrant labours and students, these three girls returned home during COVID-19 pandemic as their schools closed down till infinite time and the outbreak of the pandemic was more in plain areas than the hills. But within a year, the younger two girls eloped and in the very next year they become mother. This action is mostly related to peer pressure, where adolescent girls witnessed their friends, and neighborhood girls, marrying early and being accepted by their families. The dropout rate from school is another reason for early marriage among Tiwa girls, who usually elope with their loved ones.

General and reproductive health:

In general, it is found that awareness of reproductive health is very low among Hill Tiwas. Personal hygiene is rarely maintained. All households have a toilet, which is provided by the government of India under the Total Sanitation Campaign. But it does not have a bathroom. So, taking a bath in a corner of the house or near the water source, which is sparsely covered, is very common. Many women go to the nearby waterbody, a stream, to clean themselves. Since they were bathing outside, very little care is given to maintaining their personal hygiene.

The teachers of the Umswai school informed that nowadays, the girls are given training on general as well as menstrual health in schools. This included basic sanitation practices along with the use of sanitary pads during menstruation days. But education on reproductive health is not given to them as they never feel it is required. One of the reasons cited by the principal of Umswai Don Bosco School was that the girls are very shy and the people of the area are still not open to receiving them. On further probing, he said that every year, two women representatives from Don Bosco Intuition came to give education on health and menstrual hygiene practices to adolescent girls. But he never encountered any government interventions on the same at the other schools in the area. The health workers of the area, which are ASHA (Accredited Social Health Activists) and Anganwadi Workers (AWW) said that they time to time inform the girls of the area who are about to reach puberty to use sanitary pads instead of clothes. There were also subsidized sanitary pads from the government, which were stocked with the health workers of the village. Adolescent girls can avail of the pad for 6 INR, which is almost negligible compared to the other pads available in the market. But this has stopped for the past two years. The adolescent girls were also asked about their knowledge of menstruation hygiene. They were informed that they are informed at school, by their elder sisters, neighbors, and friends about the use of sanitary pads.

No education on reproductive health leads to early marriage, which turns into early pregnancy. The data received from Umpanai Primary Health Center (PHC) shows that most of the mothers are 18 or 19. The Umpanai has the only hospital in Amri Block. The data manager of the hospital had reported that most of the young mothers are actually below 18 or have just reached 18, which is the legal marriageable age in India for girls. So, parents lied to health workers about the pregnant teen's age

while bringing them to the hospital for delivery. As a result, on paper, there are only 146 cases registered in 2022–2023 as early pregnancy cases, where the girl's age is not manipulated. The data presented below is shared by the BDM of Umpanai Hospital. It is seen that out of the 1116 registered pregnancy cases, 66 are at high risk. The BDM mentioned that these high-risk pregnancy cases are mainly due to hypertension, short stature, multigravida (a smaller age gap between two children), and, in rare cases, diabetes. However, there were no cases of anaemia due to the diet of the Hill tribes.

Table 1: Data on Reproductive health of Umpanai PHC

District : Karbi Anglong(19)			Health Subcentre: --ALL--					Data As On : 13/04/2023				
Health Block : Umpanai BPHC (105)								Registration Month : -ALL(Upto current month)-				
Note : ProRata - ((count * 365) / (Estimated PW * days past)) * 100 Days Past - as per month and financial year chosen												
Note: Count of beneficiaries in the list may vary from total count displayed as it excludes abortion cases.												
Sr. No.	Block	Health Facility	Pw	Address	Bank	Phone	Self Phone	PW Registered			Teenage	Maternal
			Registered		Details	No	No	1st Trimester	High risk	Severe Anaemic	Pregnancy	Death
	Umpanai BPHC		1,116	1,116	1	1,116	343	649	66	0	146	1
1		Borgaon SD	165	165	0	165	0	84	7	0	34	1
2		Ouguri MPH	58	58	0	58	13	43	6	0	6	0
3		Putsari MPH	69	69	1	69	27	49	10	0	12	0
4		Rongjangphong SD	176	176	0	176	12	91	1	0	10	0
5		Umpanai BPHC	648	648	0	648	291	382	42	0	84	0

Education and cases of school dropout:

According to the data received from the Government of Assam’s website, the total male population of West Karbi Anglong is 153763 and the total female population is 146557; the literacy rate is 58% and 46%, respectively. While the female literacy rate of Assam is 67.27. According to the Right of Children to Free and Compulsory Education Act, 2009, the Govt. of India emphasizes elementary education, i.e., classes I to VII, targeting children in the age group of 6 to 14 (Department of School Education & Literacy, 2021). There are in total 14 government primary schools (Class I–V), one high school, and one higher secondary school in the Umswai Valley. The villages are scattered, and for that reason, the students need to travel a minimum of 3 kilometers to school. They walked to their school the majority of the time. This is the major reason for dropping out of school. The other reasons for dropping out of school are poverty and other socio-cultural factors. COVID-19 situation engraved this issue. There was no proper network or smartphone at their home. As a result, they could not avail themselves of online classes. There were high instances of school dropouts, especially among the girls in 9 and 10th grades. The dropout rate of girls from school is common in those hill areas, which leads to early marriage. Len Kholar of Umswai, who is a member of the Umswai Valley Development Committee, said, "The poor financial condition of the family allows the parents to think that the child should leave school and sit at home. If there are two children, then the preference is got by the male child instead of the female child."

The principal of Umswai School also attested to this claim. He informed, 'Usually girls complete their studies up to Class VII or VIII. Dropouts from school in the junior classes are rare. But when the curriculum gets harder in senior classes, many cannot pass and finally stop attending school. These kinds of cases are rare. Somehow, girls of the Umswai area attend school until class X, but after that many stop their studies. But people who have money send their children to the nearest colleges, Jagiroad, Khetri, and Sonapur.' Umi Puma is one such student who could not continue her education after Class X although Umi was good in her studies. Because her brother needs to go to college for better career options. Umi now gives tuition to students in the area. Umi is proud that her brother is working as a technical assistant for an oil company in Assam. But she sometimes regrets it, as many times she cannot apply for government jobs or avail the government schemes where a minimum level of education, such as Class XII is needed.

The socio-economic condition:

The socio-economic condition of the Tiwa women is poor. Women actively participate in agriculture, poultry, piggery, and all household activities. They are assisted by children and young men in cultivation and household chores. But elderly men are mostly seen roaming ideally, consuming alcohol, and creating nuance at home. A teenage mother must bear all these family responsibilities at her tender age, along with the burden of early motherhood. Since the teenage mother chooses to leave her studies midway, she cannot apply for any regular employment.

Best practices of other areas:

Through this study, the best practices in other Assamese tribal communities were carefully examined in order to teach teenage girls about their rights, including the appropriate age for marriage, violence against them, the dangers of early marriage and pregnancy, and other issues. Additionally, research has been done on similar concerns in established and emerging nations, like the United Kingdom, Africa, and Sub-Saharan Africa, to see whether it is possible to apply them to an Indian environment. According to that research, they are instructing adolescent women about safe sex, how to tackle unwanted pregnancy, reproductive health, and the perils of early marriage through a different medium. Menstrual health awareness programs were held all throughout Assam, including in the Tea communities. To create awareness on menstrual health among the adolescent girls and women in tea communities, a peer educator is selected from the community who visits every household of the tea garden, conducts meetings with the beneficiaries, and distributes subsidized rated sanitary napkins (APPL Foundation, 2022). Numerous nutritional camps are also being held by the Indian government in medical facilities, PHCs, and Anganwadi Centers. The Ministry of Women and Child Development of the Government of India organized a month-long celebration of the 5th Rashtriya Poshan Maah 2022 in September 2022, where one of the key objectives was providing nutritional and health support to women of reproductive age (Ministry of Women and Child Development, 2022). But the people of Umswai are not aware of any of such programs, which shows an apparent gap between the administration and villagers.

There should be an alternative platform or recreational center such as adolescent girls club of Tea gardens, essentially for those girls who could not continue their formal schools due to many reasons

as cited in this paper. But in the studied area, it is found that there is no recreation center for Tiwa young women and adolescent girls. If traditional systems such as religious places or other common meeting areas are used to disseminate information on the evils of child marriage and early pregnancy, it is aspect to generate awareness among adolescent girls. The same methods for behavioral transformation that is practiced in the Tea community would be ideal for the Hill Tiwa areas as it involves continuous intervention through peer educators selected by the government or non-governmental organization. The other methods like informing through mobile, electronic media, and social media messages will not be effective because of the language barrier and lack of mobile handsets. There are two *Samadis* or youth dormitories in many villages of Umswai valley. One is traditionally built with wood, and bamboo and used for religious purposes. Here, only men can enter as *Samadi* is a male youth dormitory. The other one is concrete and made with government funds. It is not used for religious purposes and so, women can also enter. Therefore, this concrete youth dormitory can be used as a recreational center for girls, and school dropouts.

Conclusion:

Adolescent girls all over the world are suffering from many issues, such as child marriage and early pregnancy; poor reproductive, and mental health. As a result, this research endeavors to determine the best feasible strategy to educate adolescent females and their guardians to have a better life. It is anticipated that the study's findings could be applied to educate young women in India, especially those from indigenous communities like the Tiwas of Assam and other developing countries that are combating the global problem of child and early marriage.

Better communication strategies for creating awareness are needed. The usual communication and campaign strategies used for the urban population cannot be fully successful in indigenous community areas. There are numerous traditional systems or institutions in Assam's indigenous community-dominated areas that can be used to educate people, particularly young women, about their health. Influential women in society, as well as a group of trained adolescent girls, can serve as torchbearers for educating adolescent girls about their health needs. Also, indigenous ways for disseminating information, like festivals, social gatherings, and village communes, are needed to be utilized.

This study aids in identifying successful measures implemented by other nations on adolescent reproductive health to raise awareness among girls in India who choose early marriage and pregnancy on their own. Furthermore, it aids in determining the best practices for improving the mental health of young women around the world. It is also found that society's non-acceptance of early marriage may have stopped it to a certain extent. Additionally, it is always preferable for the outside world not to take the agency of the indigenous communities, and the solutions need to be formulated within the community. At the same time, the government and autonomous bodies, that administer the area need to give prominence to last-mile connectivity and ensure that government schemes reach the entire population.

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Declaration of Interest Statement

The author declares that the author has no conflict of interests.

References:

ABITA in support with UNICEF campaigning to help children in tea gardens. (2020, Oct 12). *The Sentinel*. <https://www.sentinelassam.com/north-east-india-news/assam-news/abita-in-support-with-unicef-campaigning-to-help-children-in-tea-gardens-506384>

Appl Foundation .(n.d.).*Project 'SWADHIN'- the Menstrual Health Management (MHM) Programme*. <https://applfoundation.in/en/projects/project-%E2%80%98swadhin%E2%80%99-menstrual-health-management-mhm-programme>

Baruah ,G.(2021). The impact of traditional and contemporary media on the culture and society of the Tiwa tribe of Assam. Unpublished thesis of Krishna Kanta Handiqui State Open University.

Baruah, A. K. (1989). *The Lalungs (Tiwas)*. Guwahati: Saraighat Printers.

Centers for Disease Control and Prevention. (n.d.).*Reproductive Health: Teen Pregnancy*. <https://www.cdc.gov/teenpregnancy/about/index.htm>

Department of School Education & Literacy. (2021, July 14). Right to Education. <https://dsel.education.gov.in/rte>

Dhawan,H. (2008, November 14). *Teen pregnancies higher in India than even UK, US*. <https://economictimes.indiatimes.com/teen-pregnancies-higher-in-india-than-even-uk-us/articleshow/3711379.cms>

Government of Assam.(n.d.). *General Data of West Karbi Anglong*. <https://westkarbianglong.assam.gov.in/information-services/general-data-of-west-karbi-anglong>

Girls Not Bride. (2020, July). *SDGs and Child Marriage*. https://www.girlsnotbrides.org/documents/893/SDG-and-child-marriage_July-2020-update.pdf

Hill, J.& Daniels, P.(n.d.). *Life events and rites of passage*. https://staging.omnigraphics.com/wp-content/uploads/shopp_files/0807358-SP.pdf

Hispanic Origin. (n.d.). United States Census Bureau. <https://www.census.gov/acs/www/about/why-we-ask-each-question/ethnicity/>

International Center for Research on Women. (n.d.). *Child Marriage and POVERTY*. <https://www.icrw.org/files/images/Child-Marriage-Fact-Sheet-Poverty.pdf>

Johnson, S.R. (2022). *The Highest Teen Birth Rates by State*. <https://www.usnews.com/news/healthiest-communities/slideshows/states-with-the-highest-teen-birth-rates>

[Krogstad](#), J.M. (2020, July 10). *Hispanics have accounted for more than half of total U.S. population growth since 2010*. Pew Research Center, Washington, D.C. <https://www.pewresearch.org/fact-tank/2020/07/10/hispanics-have-accounted-for-more-than-half-of-total-u-s-population-growth-since-2010/>

National portal of India. (n.d.). *Scheme for Adolescent Girls (SAG)*. <https://www.india.gov.in/scheme-adolescent-girls-sag>

Ministry: Women and Child Development. (n.d.). *The Prohibition of Child Marriage (Amendment) Bill, 2021*. <https://prsindia.org/billtrack/the-prohibition-of-child-marriage-amendment-bill-2021>

Ministry of Women and Child Development. (2022, September 22). *POSHAN Abhiyaan to make India malnutrition free by 2022*. <https://static.pib.gov.in/WriteReadData/specificdocs/documents/2022/sep/doc2022922107701.pdf>

Office for National Statistics. (April 14, 2022). *Conceptions in England and Wales: 2020*. <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/bulletins/conceptionstatistics/2020>

Pator, M. (2015). *Tiwa jatir samaj aru sanskriti* [Tiwa tribe's society and culture]. Morigaon: Briskhya Offset Press.

Pradhan, H. (2022, September 25). *Govt incentive to curb child marriage in tribal belt*. <https://timesofindia.indiatimes.com/city/bhubaneswar/govt-incentive-to-curb-child-marriage-in-tribal-belt/articleshow/94427820.cms>

Prasad, A. B. (2020, December 31). *Adolescent fertility rate, teenage pregnancies decline in Indian states: NFHS-5*. <https://www.downtoearth.org.in/blog/health/adolescent-fertility-rate-teenage-pregnancies-decline-in-indian-states-nfhs-5-74850>

UNICEF India. (n.d.). *Ending child marriage and adolescent empowerment*. <https://www.unicef.org/india/what-we-do/end-child-marriage>

University of Bedfordshire. (n.d.). *Teenage pregnancy data*.

<https://www.beds.ac.uk/knowledgeexchange/data>

World Health Organization. (2021, November 17). *Adolescent mental health*.

<https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>

World Health Organization. (2020, January 31). *Adolescent pregnancy*. [https://www.who.int/news-](https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy)

[room/fact-sheets/detail/adolescent-pregnancy](https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy)

World Health Organization. (2022, August 10). *Adolescent and young adult health*.

www.who.int/news-room/fact-sheets/detail/adolescent-mental-health