

## **Socio cultural and behavioral Approach of Tribals of Anamalai Hills in Tamil Nadu - a Bicultural Skill Approach**

A. Sridharan\*, S.Kalpana\*\*,

*\*Senior Fellow, Sociology, Ministry of Culture, GOI, Ph.D. Scholar, The Tamil Nadu Dr.M.G.R.Medical University, Chennai -32,*

*\*\*Research Officer, Department of Epidemiology, the Tamil Nadu Dr.M.G.R.Medical University, Chennai -32, Corresponding Author: A. Sridharan*

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**Abstract:** The study area is forest and wet lands, comprising of thick forest, deciduous forest, and flora and fauna. Located in Anamalai Hills in the border of Tamil Nadu and Kerala. Malasar, Malaimalasar, Kadar, Kattunaikan, Muthuvan and Malapulayan tribes are different dwindling primitive tribes, who are numerical in numbers, live in isolation, economically weak, disease prone, strong in Socio-Cultural belief and in its practice. Considering the accessibility to tribal hamlets in the deep forest, among other hill tribes only Muthuvan and Malapulayan tribes are included in the study. The total population ranges from few hundred to few thousands around 3000 Muthuvan and 1800 Malapulayan tribal population living in the study area. Hill tribes are very strong family cohesion with unique Social Culture and customs, despite the fact that they are forest dwellers in the hostile environment and ecology. For the last seven decades government has taken various measures to assimilate them into social mainstream but in vain. This research was planned to investigate the strength of association between the Socio-Cultural Transformation and alcoholism and substance abuse among the hill tribes, and to explore this applied research innovative strategy for the effective prevention and rehabilitation of alcoholism and substance abuse. The main Objectives are to expose new material that calls for a reassessment of what has already been done in the study area. Methodology: This is a descriptive study comprising of one to one interview, information collected from tribal heads, information collected by conducting free medical camps with the help of local tribal anganwadi teachers. During his study the author has found that tribal culture is a major influencing factor for Alcoholism and substance abuse. This author has developed an “innovative” strategy– Bicultural skill Approach - Primary prevention of alcohol and substance abuse and its follow-up is possible by – “Educated Native Youths (ENY) persistent interaction, intervention and cultural exchanges with Uneducated Tribal Youths (UTY ) (i) through direct and social media networking with tribal youth in the deep forest and (ii) by undertaking, participating and promoting “Eco-Medical Tourism to the Tribal Settlement” with the help of various youth organizations such as “Nehru Yuvek Kendra” and NSS.

**Keywords:** Muthuvan, Malapulayan, Moopan, Culture, Alcoholism and substance abuse.

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Date of Submission: 23-10-2017

Date of acceptance: 08-11-2017

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### **I. INTRODUCTION**

Worldwide some section of humankind is being referred as Tribes, nomadic people, hunter- gatherers, primitive people, aborigines, forest dwellers, indigenous and adivasis. Tribal people are concentrated highly in the order as first in African continent , next in India., Australia and Northern America. Reviewing volumes of literature it is observed that albeit, these people are different in their attire, art and culture from region to region , they are very identical on some of their uniqueness such as living in clusters and are numerical, live in isolated places especially in deep forest and they are very strong in their family cohesion and cultural beliefs. India has the second largest tribal population of the world next only to the African countries, as two hundred and fifty tribal groups live in isolated regions and constitute 8.2% per cent of the total population of the country. In Tamil Nadu it is about 1% and in Kerala 0.7% of the total population as per 2001 census. The study area forest and wet lands, comprising of thick forest, dry deciduous forest, and flora and fauna. Muthuvan tribes are very much hesitant and relentlessly reluctant to mingle with other sub-groups of hill tribes and civilized people. Muthuvan tribes will not allow the hill Malapulayan tribes inside their houses and if hill Malapulayan tribes inadvertently place their footsteps at the entrance of their hut, Muthuvan tribes immediately vacate the hut and erect another hut, thinking that they are superior to other tribes, which is still in vogue. Muthuvan and Hill Malapulayan tribes are two different dwindling tribes, live in isolation, forest dwellers, economically weak, disease prone, strong in socio-cultural belief and its practice. Government has taken various efforts to assimilate

them into social mainstream but in vain.<sup>6</sup> On the other hand these marginalized people subjected to exploitations results in the aberration of their culture culminates in chronic alcoholism and drug abuse posing, threat to total extinction of these marginalized hill tribes from the Indian History.

The author, during his research field study has found out and developed an “innovative” strategy for the Primary Prevention and Rehabilitation of alcoholism and substance abuse among these tribal youths, based on old Tamil proverb, “*Mullai Mullal Edukkanum*” i.e the illiterate tribal youths afflicted by the evil effect of alcoholism and substance abuse is to be weeded out with the help of the educated native youths – Primary prevention of alcohol and substance abuse and its follow-up is possible by – “Educated Native Youths (ENY) persistent interaction, intervention and cultural exchanges with Uneducated Tribal Youths (UTY) (i) through direct and social media networking and (ii) by undertaking, participating and promoting “Eco-Medical Tourism to the Tribal Settlement” with the help of various youth organizations such as “Nehru Yuvek Kendra” and NSS under direct supervision and advice of a medical doctor/ medical Psychiatrists, and this proposal, “Bicultural Skill Approach” could act as fulcrum for the prevention of alcoholism and substance abuse among hill tribes.

The stimuli that induced the author to do this application oriented research was the high prevalence of alcoholism and substance abuse among the hill tribes predominantly seen among tribal youth. This review highlighted and brought to the limelight the one common finding that the major issue related to the high prevalence of alcoholism and substance abuse among tribal youth in the study area is due to socio-cultural erosion and fast surfacing of socio-cultural transformation among tribal youths. Most of the studies on the tribes are being carried out in the north eastern India and very few studies are being carried out in South India and especially the study on Muthuvan and Malapulayan tribes in the study area are only in single digit. However, very few studies on alcoholism and drug abuse among tribes were carried out in India that too only in North-eastern India. None of the previous research studies were concentrate on the prevalence, the trend, magnitude and disease burden of chronic alcoholism and substance abuse on the tribal community and its survival.

This paper share the authors own experience with tribal and aims at assessing the strength of association between socio-cultural transformation and alcoholism and substance abuse among Muthuvan and Malapulayan hill tribes. Attempts to study for the effective primordial, primary and secondary prevention and rehabilitation of alcoholism and substance abuse among the tribal community by adopting an “Innovative Strategy”- “Bicultural Skill Approach” with the help of Youth Organisation like Nehru Yuvek Kendra, so as to protect hill- tribal community, who are dwindling in numbers literally at the verge of extinction from the Indian history and Census.

Researchers are grappled with various complex issues peculiar to the characteristics of the tribes and their customs. While reviewing tribes related research, some lacunae on assessing the strength of the relative attributes, which form the major influencing factors for the complete care of a person/tribe as a whole and comprehensive care of the tribal community. Various studies findings did not provide uniform data. Very few previous studies were based on the prevailing ground reality but many studies were devoid of study reports about impact of the disease burden on hill-tribal community in future.

### **Culture of the Tribes**

The tribal people express their cultural identity and distinctiveness in their social organisation, language, rituals and festivals and also in their dress, ornament, art and craft. The tribes have retained their own way of managing internal affairs of the village mainly through two institutions namely, the village council and the youth dormitory. The dormitory is the core of tribal culture and it reinforces the age-old tradition. It is these aspects of their culture that give meaning and depth to their lives, and solidarity to their social structure. ([www.orrisstourism.gov.org](http://www.orrisstourism.gov.org)). However, this author, during the base line survey, observes some common constant and conflicting issues from the commentaries given by the local tribal heads and tribal health healers that majority of tribal treasury vis’-a-vis their culture and livelihood resources have been engulfed on one hand by exploitation and invasion of outsiders under the pretext of development programs and on the other side by the imposition of various forest rules and regulations. Dilution of tribal customs and believes and the above fast socio-cultural transformation is the major issue related to the Alcoholism and Drug abuse among these poverty driven hill tribes, the author observes.

### **Health and Culture of the Tribes**

Tribal health has also to be understood from cultural contexts, as well as a part of social structure and organization which is changing continuously and adapting itself to changes in a wider society. Health culture of a community is referred to as the ‘cultural factors influencing the health of a community, cultural meaning of health problems, diffusion of health practices from outside, cultural innovations by the current generations to deal more effectively with health problems and the overall health-related behaviour of the community’. In some tribes there is very little social control over behavior, and in others behavior is highly prescribed and there is

little room for deviation. The tribes in the latter' group show lower levels of social problems whereas the less-integrated tribes, both currently and historically, have higher levels of homicide, suicide, and alcoholism. Establishing the prevalence and other epidemiological characteristics of fetal alcohol syndrome ( FAS ) , alcohol-related birth defects ( ARBD ) , and alcohol-related neurodevelopmental disorder ( ARND).<sup>1</sup> Female substance dependents had major problem with privacy (87.5%), fear to treatment (75%) and absence of problem (75%)<sup>2</sup>

The World Health Organization (WHO) estimated that there are about two billion consumers of alcoholic beverages and 76.3 million people with diagnosable alcohol-use disorders worldwide. In addition to chronic diseases, such as cancer of the mouth, esophagus and larynx, liver cirrhosis, and pancreatitis, social consequences, such as road-traffic accidents, workplace-related problems, family and domestic problems, and interpersonal violence, have been receiving more public or research attention in recent years and stressed the need for planning, implementation, and evaluation of appropriate programs for the elimination of this social evil. Awareness among the population and necessary rehabilitation and self-help programs will help in bringing down the prevalence of alcoholism.<sup>3</sup> The prevalence of current use of alcohol ranged from a low of 7% in the western state of Gujarat (officially under Prohibition) to 75% in the North-eastern state of Arunachal Pradesh. There is also an extreme gender difference. Prevalence among women has consistently been estimated at less than 5% but is much higher in the North-eastern states. Significantly higher use has been recorded among tribal, rural and lower socio-economic urban sections. Unfortunately, the official response remains focused on the visible tip of the alcohol problem—people with alcohol dependence (around 4% of the adult male population)—instead of on the emerging crisis due to hazardous drinking in more than 20% of the adult population. This is reflected in the approach to alcohol control policies at federal and state levels. The focus is exclusively on supply reduction and tertiary prevention.<sup>4</sup>

### **Selected Tribes**

This study encompasses the entire hamlets, 'kudi' of Muthuvan tribes and 'hamlets' of Malapulan hill tribes in the Western Ghats of Anamalai hills in the border of Tamil Nadu and Kerala.

### **Study Population**

Muthuvan and Malapulan hill tribes. Does not arise since the total population in the study area ranges from few hundreds to few thousands, maximum 3000 , about 4000 in the case of Muthuvan tribes and roughly about 3000 in the case of Malapulan hill tribes.

### **Tribal Migration and Maladjustments**

Muthuvan tribes are held in great respect by all other classes of hill tribes, is the major deciding factor in their health seeking behavior, according to the author. The author describes that during his field study that another notable change till year 2000 is that these tribes were doing shifting cultivation and selling forest produce such as lemon grass and honey but for the last two decades. Malapulan tribal -people have rapidly changed their traditional jobs and started going to job outside the forest areas like construction work in the nearby villages and mingling with the native people. When there is no such jobs available, married and unmarried women are even go to places – far from their forest – to nearby town for daily wages. Tribal girls and married women sporadically go for job out of the districts say more than a100 km away from their birthplace in the deep jungle.

### **Data Collection Procedure**

Data from the study population was obtained by adopting participatory observatory assessment, Face to Face interview, interview through questionnaire, Focus Group Discussion., secondary data collection and corroborating with Govt agencies. While doing field study, it was observed that an “innovative” strategy for the Primary Prevention and Rehabilitation of alcoholism and substance abuse among these tribal youths , tribal youths affected by alcoholism and substance abuse having a evil effect on the illiterate tribal youths is to be weeded with the help of the educated native youths – Primary prevention of alcohol and substance abuse and its follow-up is possible by – “Educated Native Youths (ENY) persistent interaction, intervention and cultural exchanges with Uneducated Tribal Youths (UTY ) (i) through direct and social media networking and (ii) by undertaking, participating and promoting “Eco-Medical Tourism to the Tribal Settlement” with the help of various youth organizations such as “Nehru Yuvek Kendra” and NSS under direct supervision and advice of a medical doctor/ medical Psychiatrists, thihghlighting the ill effects and human complications of alcoholism and substance abuse and this proposal, “Bicultural Exchange Skill Approach”. The outcome of hypothesis tested is that this author after visiting the tribal settlements has found that tribal culture and the tribal health are inter-related., tribal culture and tribal productive life and well being are interlinked., tribal culture is the major

influencing factor for alcoholism and substance abuse and lastly the tribal culture which decides the tribal development schemes and the national targets and goals needs further study in different tribal cultural domains.

### **Socio cultural pattern**

Although it is a welcome sign for the fast socio-cultural transformations, there are chances of exposing to consumption of alcohol. Over a period of time, under the influence of chronic alcoholism hill tribes slowly declined to go for daily job due to alcoholic dependence and situation so happened that the female/wife used go out of their huts for their daily bread and butter, leaving their century old traditional customs in lurch. While data collection a Malapulayan tribe, married woman blessed with two children aged between 3 to 7 years, studied upto 5<sup>th</sup> Std, recently joined in an agency running home-nursing services and working as home nurse at Palakad district in Kerala about 150 km away from her tribal village, leaving her family for a monthly salary of Rs. 9000. Another tribal woman from the same tribal village also does the same type of home nursing away from her family members, the author observes. This sort of tribal migration in order to seek job by compromising their cultural value and moving and mingling with native population indicates the positive trend of socio-cultural transformation among Malapulayan tribes. However, there are chances of tribal ladies being exposed to the risk of social discrimination, social insecurity, personal safety and exploitation from sexual attacks cannot be ruled out. Innocent hill tribes solely for their bread and butter, are often subjected to mal-adjustment in new working and often prone to suffer mal-adjustment syndrome including various psychological problems.

The hill Malapulayan tribes health seeking tendencies is far different from the Muthuvan hill tribes. The Malapulayan male gender are least bothered about their century old culture and often indulge in chronic alcoholism and become alcohol-dependent. Whatever they earn they give little to the family and majority of their daily income would be spent for alcohol forcing the females, the only breadwinner in their family.

The author describes that during his field study he came across a shocking incidence was that one married rural woman was arrested by the Udumalpet Police for her allegedly involved in prostitution in remote rural house in the foot hills of Udumalpet police limit and remanded in jail. On enquiry it was revealed that her husband was not going to work and fail to look after his family. The arrested woman was the only breadwinner, looking after her family including her husband. It is pitiable that the said lady's poor socio-economic situation was exploited by some of her native youths and lured her by false promise of offering handful of cash and brainwashed her and get her entrapped into prostitution offences, needs urgent health remedy such as community behavioral education and therapy to all those socio-economic weak illiterate women sector, the author observes.

Malapulayan culture is not a major barricade for their health profile unlike other tribes but it is mainly due to their fast socio-cultural transformation, the author observes. Tribal poor state of health is not only due to their cultural restraint but also due to their poor inclination for hygienic practice compounded by alcoholism and business absentism and laziness. Although the local body agencies, NGOs and Government and forest departments are extending their possible health awareness programs through lot many out reached education schemes on their personal hygiene they did not yielded any appreciable results. This author thoughtfully describes that tribal health is no longer determined by their "culture" but determined by their "behavior-pattern". This study emphasize the need for a comprehensive health care delivery system, incorporating the health need assessment that entails the health assessment of a whole individual including his psychosomatic and behavioral pattern only then these tribes will be prevented from extinct.

### **Health Issues Among Anamalai Tribes**

There are 323 total population in "Periyakudi settlement", 162 male and 161 female population including children and old aged. There are about 6 patients suffering from high blood pressure diseases, one patient suffering from chronic respiratory disease., two married couples suffering from infertility problems., 30 females including 3 adolescent girls suffering from white discharge., two tribal male suffering from psychiatric disorders and more than 2/3<sup>rd</sup> of these population are suffering from high prevalence of peptic ulcer due to tobacco chewing, skipping afternoon meals and alcoholism. The author further describes that there is no clinical evidence for the presence and prevalence of early and chronic cancers such as stomach cancer, mouth cancers, uterus and cervical cancers except one patient from Nellipatty Kudi who died of stomach cancer. Reviewing various press and media and the interview of the local body office bearers in the past five years and review of literature of the research articles in the field of tribal anthropology and ethno botany underlined factor is that sudden surge in the rise of infertility cases both primary and secondary infertility among these Muthuvan reproductive age groups in the last one decade. This author during his field study in "Kuthukal Kudi" in Marayoor forest division, interviewed the anganwadi teachers, Mrs. Vasantha and Mrs. Sivakani, out of total population of 241 including children, there are about six couples suffering from primary infertility and about 8 couples suffering from secondary infertility for more than 6 to 8 years with one children/one pregnancy.

### **Reason for fertility decline**

Major observation of these tribes are addicted to oral contraceptive pills called “Mala- D” . According to the above tribal teachers, the invasion of Mala- D was first occurred well before 2000, wherein the village health workers used to propagate family planning methods to these hill tribes because at that point of time there were about 6 to 8 children in each tribal family and in view of high birth rate, with a view to bring down risk of maternal morbidity in multipara women, the local government introduced the temporary usage of oral contraceptive, Mala- D tablet to curtail unwanted pregnancy among these hill tribes. These tribal women, over a period of time, started using contraceptives pills and now it has become a routine practice, the author says. From time immemorial, hill tribes/ativasis have strong faith in “superstitious belief” . Even today this type of myth and mythology do exist among these tribes but not to that extent of the past decades. The author observes that many of the youngsters among the male tribes are explicitly addicted to substance abuse such as chronic alcohol and Ganja/marijuana and often presented with altered sensorium and behavior abnormality. During later part of 2015, the author gathered valuable information from the anganwadi teacher of the “Thindukompu” in the Malapulayan hamlet that there were about 4 male tribes suffered from chronic ganja addiction coupled with active pulmonary tuberculosis and one died recently due to severe addiction of Ganja. In the last three months there were about two suicides among the Muthuvan tribes which hitherto not known among these disciplined hill tribes and all the above health hazards were due to the effect of the fast socio-cultural transformation of these hill tribes more so due to their life style and living pattern and maladjustment, the author observes. This author is of the opinion that tribal health and tribal culture are interrelated and whatever the new concept or health strategy that is evolved to address the tribal health issues that should be done without causing any aberration on their culture and community cohesion.

## **II. CONCLUSION**

Tribal Medical Tourism enables health experts to visit to hill forest areas as a part of their ecotourism and render their expert medical expertise to alleviate their pain and agony of forest dwellers by spending few hours with tribes. If there is a will there is a way! And how far? and how soon? is the question before all of us, the author underscores. If medical tourism is possible and beneficial to people in cities in India, why not, to these indigenous people in the deep forest – a eye catching natural sceneries and unpolluted environment to health experts.

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IOSR Journal of Humanities and Social Science (IOSR-JHSS) is UGC approved Journal with Sl. No. 5070, Journal no. 49323.

A. Sridharan Socio cultural and behavioral Approach of Tribals of Anamalai Hills in Tamil Nadu - a Bicultural Skill Approach.” *IOSR Journal Of Humanities And Social Science (IOSR-JHSS)*, vol. 22, no. 11, 2017, pp. 74-78.