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Reproductive Health Beliefs, Customs And Practices Of Paniya Tribal Community In Wayanad District, Kerala: An Ethnographical Analysis

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ABSTRACT

In India, tribal or aboriginal people play a key part in constructing the cultural heritage and its uniqueness of 'unity in diversity'. They occupy a major part in the history as they are considered as the true habitants of India. The closeness to environment, adherence to native culture, customs and traditional beliefs make the life of aboriginal people a distinguished one. Yet, often their life is so miserable and pathetic one. Women among the tribal communities are considered as the 'marginalized among the marginalized'. Women's health has an important role in determining the health of the family members, especially of the children. But due to the discriminative practices, women are facing several health problems resulting as the victims of the poverty and malnutrition. For the present study, the women in the reproductive age group belong the Paniya tribal community in Wayanad District of Kerala was Selected. The Paniya tribal community is considered as the largest tribal community in the state of Kerala; and Wayanad is the district which has more number of tribal populations in the state of Kerala. The reproductive health disadvantages of the women belong to the Paniya tribal community in Wayanad District of Kerala is the focus of the present paper. Through and ethnographical analysis, the reproductive health disadvantages of the Paniya women, their health beliefs, customs, practices and attitude related to their reproductive health aspect was explored.

KEY WORDS: Tribes, Paniya, Reproductive Health, Health Beliefs, Customs, Practices, Attitude

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INTRODUCTION

The Constitution of India in its Article 366 (25) refers to Scheduled Tribes as those communities, who are scheduled in accordance with Article 342 of the Constitution. This Article said that only those communities who have been declared as such by the President of India through an initial public notification or through a subsequent amending Act of Parliament shall consider being Scheduled Tribes. They are also known in different names like *adivasis*, aboriginals, *vanavasis* and indigenous people.

Tribal communities are considered to be the most vulnerable and marginalized groups in India. The 'tribal' or 'indigenous people' constitute around 8.24% of the total Indian population[1]. Around 636 scheduled tribe categories live in geographically scattered areas and in areas which are not easily accessible.

Indian tribal communities are a heterogeneous group. Even though they have a rich culture they are socially and economically disadvantaged and marginalized. Most of them remain at the lowest stratum of the society due to various factors like geographical and cultural isolation, low levels of literacy, primitive occupations, and extreme levels of poverty

Table 1Demographic Status of Scheduled Tribes

Census Year	Total population (in millions)	ST population (in millions)	Proportion of STs population
1961	439.2	30.1	6.9
1971	547.9	38.0	6.9
1981	665.3	51.6	7.8
1991	838.6	67.8	8.1
2001	1028.6	84.3	8.2
2011	1210.1	104.2	8.6

Source*:* Consolidated from Census reports (1961-2011)

According to the Statistical Profile of Scheduled Tribes in India Report of Ministry of Tribal Affairs, Government of India, 91.7% of them living in rural areas and 8.3% in urban areas[3]. The population of tribes had grown at the growth rate of 24.45% during 1991-2001.

Tribes InWayanad District, Kerala

In Kerala, tribal people formed more than 3, 21,000 numbers[1]; i.e.1.45% of the Kerala State's total population consisted of tribal population, and they belonged to 35 different tribal communities and 22% of them were still living in the forest areas. Wayanad district with 1, 50,222 tribal population, Idukki district with 50,973 and Palakkad district with 39,665 account for the majority of the tribal population of Kerala. Wayanad district of Kerala stood first in the case of tribal population (37.0%) among other districts in Kerala state. They formed 18.40% of the total population of the

district[1]. The native tribal communities in Wayanad mainly consisted of various sects like Paniya, Kurumas, Mullukurumas, Adiyars, Kurichya, Kattunaickens, Mala Arayan, Wayanad Kadar, Karimpalan, Vettakuruman, Thachanadanmoopan and Ulladan[5]. They lived in the 2124 hamlets of 25 GramaPanchayats of four blocks of Wayanad district, namely, Mananthawadi, SulthanBatheri, Kalpetta and Panamaram.ThePaniya community was having the largest number (44.50%) of households and population in Wayanad district followed by the Kurichya community with a distribution of 16.73% of total tribal population in Wayanad district.

Paniya: 'Misfortunates among the Misfortunates'

Paniyas or Paniyan is believed to be from the Dravidian tribe. The term 'Paniya' is derived from the Malayalam word '*pani'* means 'work'. The members of the community have been engaged as landless agricultural labourers since time immemorial. The body features like dark skin, short in stature, broad nose with curly or wavy hair is have resemblance to the long armed Negroes and Kapiris of Africa. This largest tribal community was found other than Wayanad district like, Malappuram, Kozhikodu, Palakkad and Kannur districts of Kerala. They also resided in Gudulur, Pandalur areas of Nilagiri district of Tamil Nadu and in Kodagu district of Karnataka.

Majority of the settlement of the community were in the revenue villages, away from forest stretch. Paniya speak primitive Malayalam without any script and their language is known as '*PaniyaBhasha' (*Paniya language). As Jacob (2010) stated, the socio-economic and living conditions of Paniya community were not encouraging even though a number of programmes and schemes had implemented for the progress of the community. Therefore, the members of the community were not even in a position to maintain the minimum level of well-being. "All the tribes are misfortunates; among them the Paniyans are the misfortunate's among the misfortunates"[8] is a precise and direct statement about the life situation of the Paniya community. They were suffering from various kinds of social oppressions and exploitations such as, economic, employment, educational, land, health, sexual, etc.

Reproductive Health Status of Tribal Women

Right to health is considered as the important element in the life of human beings, irrespective of the socio-economic-cultural conditions of the people. There are several programs and policies initiated by the Government and non-government sectors, there is not much improvement in the adversities faced by aboriginal people. Lack of attention to ensure the right to health of the tribal community members is still an unexplored or under explored area. The notion of right to health is questioned or denied for the most disadvantaged sections in the society, especially to the tribal or aboriginal communities.

Women's health has an important role in determining the health of the family members, especially the health of the children. But due to the inequality, the women are also facing several health problems. Largely they are the victims of the poverty and malnutrition. The Director General of World Health Organization, Margaret Chan said, "We should judge the progress in humanity and the progress of any society or country by the way they treat their women and children".

Women in the aboriginal communities are considered as the 'disadvantaged among the disadvantaged'. A desired reproductive health status of women determines better health status of the upcoming generation, and that contributes to the well being of the communities and nation. United Nations Population Fund (UNPF)[11] – India report of 2011 said that, "Access to reproductive health services saves women's lives, which in turn makes children, families and whole societies more secure". Reproductive health in India is largely influenced by poverty related and socio-cultural factors on the one hand and programme interventions on the other. Reproductive health is not only the outcome of the biological or genetic factors but also of socio – economic, cultural and demographic factors.

Table 2Key Maternal and Child Health Indicators

Group	**Particulars on child health** (Figures per 1000 live births)					
	Neonatal mortality	Infant mortality	Child Mortality	U_5MR	Childhood vaccination (full immunization)	Prevalence of anemia in children (Any anemia <11.0 g/dl)
Tribes	39.9	62.1	35.8	95.7	31.3	76.8
General	34.5	48.9	10.8	59.2	43.5	69.5
Particulars of maternal health						
Group	Received ANC checkup	% of institutional deliveries	MMR	Prevalence of anemia in women (Any anemia <12.0 g/ dl)	Percentage of women age 15-49 who drink alcohol	Households covered with health insurance (in %)
Tribes	70.5	17.7	212*	68.5	14.1	2.6
General	84.8	38.7	178*	55.3	2.2	5

Source*:* NFHS 2006, M/o H&FW, GOI[15] ***Per100000 Live Birth***

According to NFHS-3 (2005-2006) report, maternal and child health was an integral part of the family welfare programme in India since the time of the first and second five year plans (1951-56 and 1956-61). Several programmes and policies were initiated by the central and state governments to improve the maternal and child health indicators. The above table 2 showed a comparison of child and maternal health with regard to the people belonged to general and tribal communities in India.

In Wayanad, out of the total deaths taken place during 2005-2011, 40.32% of the tribal people died due to the unavailability of treatment. The report said that, 34.56% of hamlets in the district lack any health care facilities and there by their right to health is questioned in different ways. Wayanad district, which accounts for only 2.56 % of Kerala's population, has almost double its share of maternal deaths in Kerala.

According to the health department of Wayanad, between 2010 to 2012, 324 under five mortality occurred in the district and out of that, 264 are from the tribal communities, it is 81.5%. From 2006-2013, 67 maternal mortalities were taken place in the district and 46 were tribal mothers (68.0%). During 2013, 142 children died and 74 were from the tribal communities died due to malnutrition[5]. The data obtained through right to information by the researcher showed that, starvation, malnutrition during adulthood, practice of early marriage and pregnancy, low interval in pregnancy and alcohol consumption were the main factors responsible for the high deaths of mothers and children in Wayanad.

Research Methodology

The present study was conducted among the women belonged to the Paniya Tribal community in Wayanad District, Kerala. The main objective of the study was to understand the reproductive health beliefs, customs, beliefs and practices of thewomen in the reproductive age (15-45 years) belong to the Paniya tribal communities in Wayanad district, Kerala. Descriptive research design was used in the present study. By using multi stage sampling techniques the respondents were selected from all the gramapanchayats of the district. A total of 288 respondents were selected for the study. For collecting the primary data, the interview schedule was used as the major tool; Focus Group Discussion (FGD), Ethnography was also used to collect the data.

Table 3Profile of the Respondents (n=288)

Components	Frequency & Percent
Age (in years)	
15- 18	2 (40.0%)
19-34	138 (50.55%)
35-45	148(49.66%)
Educational status	
Illiterate	134 (60.36%)
Lower Primary	50 (63.29%)
Upper Primary	53 (44.17%)
High School	39 (30.71%)
Higher Secondary	10 (50.0%)
Degree and above	2 (25.0%)
Marital Status	
Married	224 (46.96%)
Separated	17 (65.39%)
Widow	43 (67.19%)
Unwed Mother	4 (44.44%)
Head of the family	
Female	83 (61.03%)
Male	205(46.59%)

As far as the age was concerned, 51.73% of the respondents belonged to the age category of 35-45 years, i.e. more number of the respondents belonged to the middle age. Illiteracy among tribal communities was the root cause of their marginalization and deprivation of opportunities[5].

The study revealed that 38.54% of the respondents were illiterate. Among them 60.36% were illiterates in the Paniya community and 39.64% from the Kurichya community. Only 4.96% of the respondents had more than higher secondary education.

Marital status is considered as one of the element in determining the quality of life and social support of people. In this study, 82.81% of the respondents were married and living with the spouse. There were 1.56% of the respondents as unwed mothers.

As far as the head of the families were concerned, it was found out that 23.61% of the families were women headed families. The unwed mothers, the deserted women came under this category. But 76.39% of the families were headed by the male members in the family.

Practice of Substance Abuse

The habit of substance abuse is a common habit among the tribal communities in India. As Jacob (2010) pointed out, the use of alcohol, panmasala, betal chewing, and smoking were prevalent among even the women belonged to the tribal communities. It was reported that the substance abuse became a life threatening factor among the tribal communities in Wayanad[9]. Then the consumption of traditional alcohol was replaced by the foreign liquors; panmasalas were added with the traditional betal chewing. They started the consumption of alcohol and betal chewing from a very younger age and it lasted till the end of their life.

The following table depicts the information on the habit of substance abuse among the respondents.

Table 4Details of Substance Abuse

Frequency of Substance abuse	Total (N=576)
Alcohol	
Daily	16 (80.0%)
Weekly	10 (90.91%)
Occasionally	18 (62.07%)
Not at all	244 (47.29%)
Betal Chewing	
Daily	207 (70.64%)
Weekly	4 (50.0%)
Occasionally	17 (44.73%)
Not at all	60 (25.31%)
Smoking	
Daily	6 (66.66%)
Weekly	1(100.0%)
Occasionally	14 (93.33%)
Not at all	267 (48.45%)

The study revealed that there were10.41% of women who consumed foreign liquors and 8.84% of women consumed traditional alcohol and 3.99% of the respondents used panmasala. Betal chewing was found to be the common type of practice found among the tribal women, both in Paniya and Kurichya communities (58.83%). It was found that 4.33% of the respondents were having the habit of smoking too.

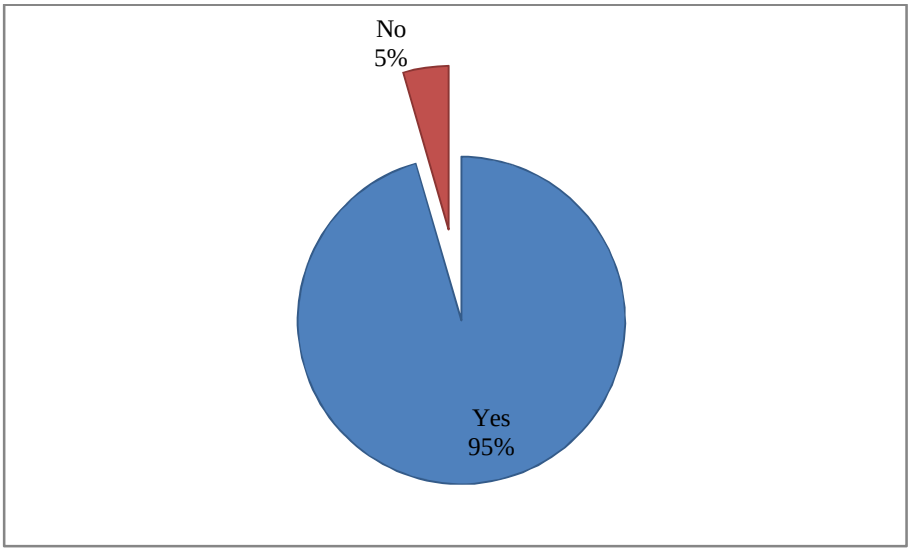
Observance of Customs at the Time of Menarche

The menarche of a girl belonged to the Paniya community is called '*ritumathykalyanam*' as a grand celebration for them. If a girl has reached her menarche, she left her house and stayed in the house of the head of the colony '*janmi*' for one or two days. The wife of the '*janmi*' helped the girl to take bath and enter in the house. When the girl returned to her house after two days there was a grand meal for them. Gifts were given to the girl by the people gathered for the function. The girl wore an '*urumal*' (a type of dress) after her menarche.

Observance of Customs at the Time Menstruation

Menstruation is considered as an important element in reproductive health. There were several cultural practices associated with menstruation in tribal communities of Wayanad. The tribal women were very particular in following the cultural practices and taboos during their menstruation.

Figure 1Observing Taboos during Menstruation



Among the tribal communities there were lots of taboos observed during the menstruation period of the women. 95.14% of the respondents were observing some or other type of taboos during menstruation. The types of taboos included food restrictions that is avoiding of the food prepared out of some sacred plants, the offering food items from the temple, stay alone in *valapura* and seeing an outsider. Other taboos like participation in religious activities such as performing religious activities or entering in *pooja* places or walking through the premises of sacred places and other matters

including touching of religious texts and the lamp. The figure showed that the adherence to the taboos and customs associated with the menstruation is still very strong among the tribal communities in Wayanad district.

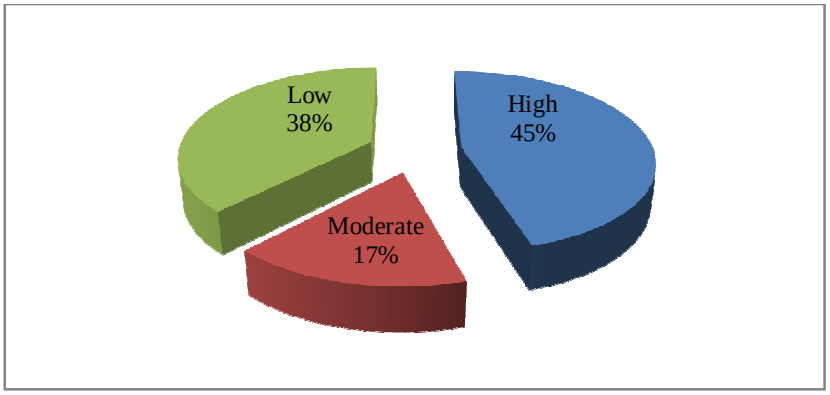
Belief System in Seeking Treatment

Considering good and bad day for seeking treatment of the health problems in general and reproductive health problems in particular is one of the characteristics feature and cultural element of the tribal communities in Wayanad district. The omen, the days, the appropriateness of the dates like *amavasi*, temple festival days and climates were influencing the treatment seeking behavior of the people belonged to the tribal communities.

Adherence to the Customs

The researcher used a three point scale to explore the adherence of the respondents to the customs, comprised of their cultural practices and believes associated to their health. As it was mentioned by Jacob (2010), most of the customs and cultural aspects of the tribal life were linked with the religion, economic, health, social and environmental aspects of their life[9].

Graph 2Adherences to Customs



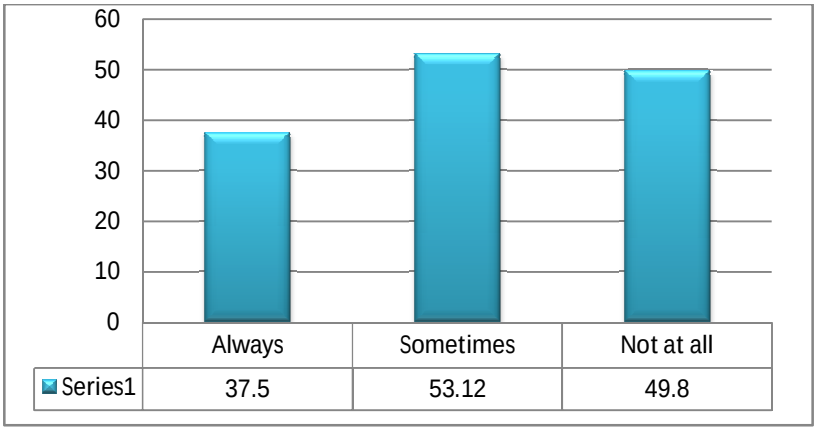
It was found out that, 45% of the respondents had the opinion that they had high level of adherence to the customs of their community. It was noted that, 17% of the respondents had moderate level of adherence to the customs. The tribal communities in Wayanad district had superstitious belief such as the ill health is a curse of God, so in order get relief from the illness the offerings and prayers are needed. The practice of '*daivamkanal*' (to see the God) is still prevalent among the Paniya community.

Using Pills for Postponing the Normal Menstruation

Menstruation is considered as a normal body function. The use of pills for postponing the normal menstruation has an adverse effect on the reproductive health of women. The Hindu (2013) reported that the use of pills for postponing the normal menstruation is increased in the tribal hamlets

of Wayanad. The tablets were available in the nearby shops of tribal areas and the women could avail it even without a doctors' prescription.

Graph 3 Using Pills for Postponing the Normal Menstruation



The above graph showed the prevalence of using pills for extending the normal menstruation as there were lots of taboos associated with the menstruation. It was noted that, 1.39% of the respondents belonged to both the communities used to purchase pills for extending the normal menstruation, and 11.11% of the respondents were also had the habit of using the pills for extending the normal menstruation.

Traditional Medicines

According to WHO (2008), traditional medicine refers to the knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures, used in the maintenance of health and in the prevention, diagnosis, improvement or treatment of physical and mental illness.

Table 5Particulars on Traditional Medicines (n=288)

About traditional medicines	Frequency & Percent
Knowledge	
Yes	133 (45.09%)
No	155 (55.16%)
Source of knowledge	
Traditional Healers	58 (44.96%)
Ancestors	58 (42.65%)
NGOs through training	0 (0.0%)
Training through Government bodies	5 (45.46%)
Others	10 (58.82%)
Not Applicable	157 (55.67%)
Dependence (usage)	
Always	43 (43.88%)
Sometimes	143 (47.04%)
Not at all	102 (58.62%)
Reason for dependence	
Good Quality	46 (33.82%)
More Availability	16 (57.14%)
Economical in Nature	48 (63.16%)
Related to Culture	21 (38.18%)
Other Reasons	3 (75.0%)

As per the statistics, around 80% people of the countries in Asia and Africa depended on traditional medicines partially or fully. This pointed out the importance of traditional medicines. According to the National Policy on Tribals (2012), the knowledge of traditional medicines and treatments were gradually disappearing from the tribal communities in India[4]. The above mentioned table showed the various components of the traditional medicines are discussed below.

The study also revealed the same that there is drastic change in the knowledge on traditional medicines among the people belonged to the Paniya community.

SUGGESTIONS

- A joint effort of anganawadi worker, ASHA worker, *balasabha* coordinators, health workers like JPHN, school teachers and other volunteers need to be ensured. The joint efforts of adolescent reproductive and sexual health programme (ARSH) of NRHM, school counseling programme, school mental health programmes, ICDS programme, *kudumbasree*programmeetc need to be join the hands together for ensuring better results in this regard.
- The habits of substance abuse in the early period need to be addressed. Better health education and awareness programmes for the adolescents and the family members will help

to prevent the tribal community members especially the female members to detach from such bad habits.

- Specialized medical camps on the gynecology, adolescent reproductive and sexual health can be conducted to evaluate and monitor the reproductive health status of tribal women.
- More attention should be given to the sex education, appropriate age of marriage, orientation on reproductive health problems, HIV/AIDS, menopause etc. The health department need to develop a new programme for providing orientation on menopause as it was found that many of the respondents lack information about it.
- Special counseling cells and clinics need to be set up in the schools and health care service centres in the tribal areas. The service of the trained professional need to be ensured in these clinics and counseling centres and this will help to the identification of the reproductive health disadvantages of the rural people in general and tribal community in particular.
- Mainstreaming of the indigenous medicines and treatment is an important area of intervention as it was found out that the knowledge on traditional medicines and treatments are wiping out gradually. The government agencies like KIRTADS, NRHM and Non GovernmentOrganisations need to undertake research on indigenous medicine / medicinal herbs.

CONCLUSION

In order to make the significant changes in the reproductive health status of tribal women, it is important to respond with knowledge, policies and programmes. It underlines a commitment to respond to women's health needs throughout their life cycle and indeed beyond the narrow conceptualization of their reproductive roles as only concerned with child bearing. It recognize women's health as basic human rights, without which women can neither play their basic roles as care takers for their families nor as participants in the process of economic and social development. The reproductive health of women should consider as their basic rights and through this study it was aimed for being the 'voice of this voiceless people'.

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