Ilkogretim Online - Elementary Education Online, Year; Vol 20 (Issue 4): pp. 1421-1427
http://ilkogretim-online.org
doi: 10.17051/ilkonline.2021.04.160

Health Status and Living Conditions of Irulas in Coimbatore district of Tamil Nadu, India

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Abstract: The study attempts to analysis health status and living conditions in the Coimbatore district of Tamil Nadu. A community based and cross-sectional study has conducted. The observational and in-depth interview was used to collect data. The 50 respondents were selected from the study. Findings revealed that the respondents were feeling anxious, sleep-related problems, substance use, chronic joint pain, loss of appetite, stomach pain, difficulty in breathing, weakness and chronic headache. Based on living conditions, most of the respondents are highly dissatisfied with their occupational, social, and community life, and most respondents are dissatisfied with their economic and housing conditions. Only the majority of the respondents were highly satisfied with their family life. The tribal ministry should give more emphasis on tribal health than their socio-economic development. Without addressing their health needs, their socio-economic development would be a mirage. As the saying goes, "health is wealth", and tribal health is their wealth.

Keywords: Health, Irulas, Living Conditions, Tamil Nadu

I. Introduction

Proceedings of national seminar on tribal health in India (2013) reported common health problems of tribes were anemia, maternal and infant mortality rate, malnutrition, underweight among preschool children, kyasannur forest disease, poor immunization, the inadequate spacing between assistance by untrained persons, consanguineous marriage, sickle cell disease, difficulty in accessing, affording health care, manpower, poor hygiene, sanitation and poor health-seeking behavior (Shruthi, 2013). She documented few communicable, tropical and non-communicable diseases as well in tribes of South India. Health indicators of these tribes were below the national average. As per Census 2011, 10.43 crore (8.6%) tribes in India occupy 15% of the geographical location. Tribes witnessed a 23.66% growth rate in population during 2001-2011. Irulars in Tamil Nadu Tamil Nadu constitutes 1% of total India's tribal population. One of the largest tribes in Tamil Nadu is Irular, are Dravidian tribe found in the states of Tamil Nadu, Kerala Andhara (Chittoor) and Karnataka. The word 'Irular' derived from Tamil word called "Irul" which means 'darkness'. 'Irular' means those who are in darkness. Curly hair and dark complexion is their prominent feature. According to Tamilnadu government, there were 36 identified tribal communities; Irulars form the largest tribal group, which is more than one lakh (Census1991, Rann Singh Mann, 1996). Total population of Scheduled Tribes in Tamilnadu is about 6.5 lacks in 2001. There is a decrease trend in the population of the Irula tribes. Now there are only 23,116 Irula households in Tamil Nadu(Census, 2011). The Irulars were mainly concentrated in the north-eastern part of Tamilnadu– Chengalpattu, Kanchipuram, Thiruvannamalai, Thiruvallur and Villupuram district. Beside Salem and Dharmapuri, few Irula found in the Western Ghats of Nilgiri hills; art, music, dance and religion are essential parts of their lives. These Irulars were adept in handling snakes and work as guides in the forest. Early 20th-century anthropological literature classified the Irulas under the Negrito ethnic group.

II. Tribes in India and Tamil Nadu

Infant mortality rate (IMR) among tribes is 62.1, neo-natal mortality rate 39.9, the child mortality rate 35.8, ANC checkup 70.5, 17.7% institutional deliveries, full immunization 31.3%, prevalence of anaemia in women is 68.5% and very few (2.6%) households were covered by the health insurance scheme. One fourth (25.4) of them receive assistance from a skilled person during delivery (NHFS, 2006). Few (2.8%) had a cesarean delivery, which was less than other communities; this may be because 82.3% of the tribal women

deliver at home. The percentage of IMR among tribes is very high in Andhra (94.1), Gujarat (86), MP (95.6), Jharkhand (93), Chhattisgarh (90.6) and very less in Sikkim (28.9), Assam (59), Karnataka (45.8), J&K (34.3) when compared to general population (Census, 2011). In Tamilnadu, IMR among tribes is 61 (56M; 67F) (Census, 2001). Planning commission (2009-10) report on below poverty line status of tribes (47.4%) is complete hogwash. Similarly, it stated that more urban tribes (17.6%) live under below the poverty line than tribes in rural areas (11.5%) of Tamilnadu which is absurd. Tribal ministry does not classify Irulas as tribes with low literacy rate (<30%).

A highly significant difference found between males and females Totos tribes with respect to psychiatric morbidity. Out of 1021 Totos 50 individuals were affected in which 35 were females and 15 were males. Overall psychiatric morbidity rate per one thousand was 49, out of which 31.28 for females and 28.30 for males. Total morbidity of the Totos tribes was fairly high compared to the tribals living in the plains. Nandi et al. (1977) found psychiatric morbidity in Lodha tribes was 32/1000, Munda tribes 44.6/1000 and in Urbanized tribes. It was reported to be 42.9/1000 (Nandi et al, 1992). Tribal studies so far have shown no significant difference between the rates of psychiatric morbidity among men and women (Nandi et al., 1977, 1980, 1992). The largest tribal population is found in India and they constitute nearly 8% of the Indian total population.

III. Review of literature

One of the Largest Tribes in Tamil Nadu is Irulas. It has been facing several psycho-social-economic problems during the last two decades. Earlier they were traditionally snake trappers, with the ban on trading snake and its skins without any alternative rehabilitative measures their living conditions of their life has been affected. It is in this context, the researcher made an attempt to study the living conditions of the Irular tribal Community. Findings revealed that 66% illiteracy, negative attitude towards education and girl children education, (84%) inadequate housing conditions, majority were involved in farming, have job insecurity, low income, indebtedness, 81% live under below poverty line, none of them were having banking facilities, toilet facility at home, most of them do not have community certificate to avail govt. welfare measures, alcohol dependence is seen among men folk, poor quality of life, poor health care facility and overall poor living condition. The study also revealed that they live in a joint family, do not promote dowry, inter-caste marriage, men and women enjoy equal social status, live in harmony, and actively participate in self-help group, temple festivals, and other community. Jahanara (2008) reported that 73% of irula tribes in Pondicherry live in below poverty line, less than one-third have belonged lower socio-economic status, 3% belonged to middle socioeconomic status. 83% were illiterate, 5% middle and primary school respectively, 2% high school and only 1% completed intermediate. Study revealed that nutrient intake of irulas of Pondicherry is not in accordance with the daily recommended requirement. All the women irulas suffer from anaemia and underweight. Eighty per cent (80%) of them suffer from thiamine deficiency. most of the irula children and adults do not consume milk in any form on a regular basis including pregnant women. Their height and weight was below the standard level of the general population. AnkitaArya (2004) conducted a study on nutrition and health status of irula children of Pondicherry from five villages, namely rajankulam, amtakulam, koonichampet, cittipet, T.N.Palyam. 48 children age ranging from 4-9 years were studied. Study found that 71% of the children having household income of 1000 to 2000, 20% Rs.500 to 1000 and 9% Rs.2000 to 2500. This study revealed that irula children energy intake was 1411.5, protein (35.5), fat (29.0), minerals (47.2). Study concluded that irula children in Pondicherry reported to have malnutrition in calories and minerals due to low family income. Gupta (1980) found that irulas energy intake was 1860 cal, protein (50.3), minerals (35.5), fat (25). Santhosh et al (2012) in their study on social life of Irula women of Chengal pet, Tamil Nadu found that 13% of irula women completed high school education, 62% of women were illiterate. 61% got married at young age (<20 years), remarriages were common. Among 48% of the respondent's age difference between husband and wife is above 10 years. Most of the irula women engage in agricultural work as coolie. 81% reported that they have habit of savings. 71% saved through self-help groups. Polyandry and polygamy prevailed in irulars of chengal pet. 78% of irula women reported they do not practice divorce. Bindu (2005), in her study found that lrular were an endogamous tribe in nature. Average family size of Irular is 3.15, the female sex ratio is 1000:966. 8.37% of the irulars were aged above 60 years. 64% of the Irula men 56% of irula women in Kerala were literates. Irular tribe has been reduced to the status of wage-labourer under non-tribes. Chewing betel leaves were common among irula men and women. Smoking beedi is very common and regular use of alcohol is bourgeoning among irula men. Government

development schemes were not reaching the Irula Tribes. Irulas possess rich knowledge about medicinal plants and its uses. It was observed that irulas' use 74 wild valuable plant species to treat diseases such as psoriasis, asthma, indigestion, diabetes, paralyze, genital disorders, snake & scorpion, dog bites, toothache, abortion, dysentery, swallon neck, cough, cold, headache, fever, high BP, stomach ache, rheumatism, leucorrhea, jaundice, burns, cuts and wounds, dandruff, kidney stones, epilepsy, bone fracture, syphilis, STD, swelling, sprain, mouth ulcer, de-worming, nose bleeding, body heat, stomach ulcer, hair growth, throat infections, dehydration, vomiting, liver disease, ear pain, eye infections (Pradheep 2013; Rasingam 2012; Poongodi 2011). This knowledge usually transferred from generation to generation through word of mouth. Presently, there is gradual decline in the traditional healing practices among irula younger generation. There is an urgent need to document the irulas knowledge on ethnomedicinal practices.

The origin of the word "Irular" is not clear. Some surmise that the word "Irula" is derived from the Tamil word "Irul" implying the dark complexion of the Irular, often being spotted by villagers as distinct silhouettes in the forests. Supporting their local name, the forest people themselves claim to have originated from darkness. While others are of the opinion that the word "Irular" is a derivative of the archaic word "erular" which means one who digs "tubers", as the indigenous people of that time engaged in the aforesaid activity. The present study throws light on the health status and living conditions of the Irulas in Coimbatore, Tamilnadu. It also attempts to give a brief description of their economic system and other artistic endeavors.

Elderly tribal women of Kanchipuram district found to have hypertension (22%), followed by arthritis (17%), diabetes (10%), anemia, skin problems (12%), vision problems (18%) (Santhosam, 2013). This is the first study on irula elderly woman which reported the health problems. The study also reported that 4% of irulars were Christians, 13% were widows. Fertility rates, death rate, birth rate, infant mortality rate of Irular in isolated area were higher than that of the Irular of exposed areas. Anomalies, disabilities and illness were higher in isolated group (55%) than exposed group (11%) (Saheb, 2011). Irulas face inadequate health care facilities, many do not have community certificate, patta for their residence. Other psychosocial problems such as poor housing condition, poor sanitation, early marriage, school dropout and alcoholism were common in kayarambedu village of kanchipuram district (Deepak kumar 2012). Prevalence of anemia and thinness among irula adolescent girls in thiruvallur district was 58% and 63.5%, respectively, and the severity of both increases with age (Saravanakumar et al., 2014). Other health problems such as typhoid (8%), HIV (3%) were reported in Irulars of Marakkanam (Gnanasekaran 2012). Studies found that the prevalence of Syphilis among irulars in Gummidipundi (4%), Marakknam (10%) (Kanthesh, 2004, Gnanasekaran, 2012). The prevalence of syphilis in Kolli hill tribes was 7% (Kalaivani et al., 2001).

Objective

To study the health status and living conditions of Irulas in the Coimbatore district of Tamilnadu

IV. Methods and Sampling

The present study is descriptive in nature. For this micro level study, the unique feature of four tier area sampling design has been executed to get a random sample. Out if 12 blocks, researcher enlisted the villages having Irulas family. For the present study, the selection of community development blocks namely Karamdai and Periyanaickenpalayam from the dist was done. After that, 50 households were surveyed A semi-structured Interview schedule was used to collect information from one respondent from every family. Based on community blocks, 28 irula families from Karamdai and 22 Irula families from Periyanaickenpalayam villages were selected randomly for this study. The study was carried out in January 2021. Data was collected from respondents belong to age start from 20 years. Researcher made home-visit to collect the data. Observation and in-depth interview was used to collect data. Socio-demographic data sheet, Semi-structured interview schedule on health aspects were used as tools for data collection. Participants were explained about the study purpose and oral informed consent was obtained.

Sources of Data

The secondary data was collected from research articles, books, newspapers, internet websites etc. Primary information obtained from the respondents by using an interview schedule.

V. Analysis and Results

Table: 1. Profile of Irula Tribes

S. No	Profile of Irula Tribes	Domain	Frequency	Percentage%
1	**Gender**	Male	24	48.0
		Female	26	52.0
		Total	50	100.00
2	**Age**	20 to 25	12	24.0
		26 to 40	20	40.0
		Above 40	18	36.0
		Total	50	100.00
3	**Education**	Illiterates	20	40.0
		Primary school	11	22.0
		Middle school	11	22.0
		High school	8	16.0
		Total	50	100.00
4	**Occupation**	Agriculture	12	24.0
		Construction work	8	16.0
		Snake trapping	7	14.0
		Casual labour	15	30.0
		Unemployed	8	16.0
		Total	50	100.00
5	**Family Type**	Nuclear	18	36.0
		Joint	32	64.0
		Total	50	100.00

Primary data

The above table shows that 52% of the respondents are female, and 48% of the respondents are male were selected for this study. Among them, 40% of the respondents belong to 26 to 40, 26% belong to above 40 and 24% belong to 20 to 25 years. With regard to education, the data shows that 40% of the respondents are illiterates, 22% studied upto primary, same 22% studied upto middle and 16% studied upto high school level.

Regarding occupation, the result shows that 30% of the respondents are causal labours, 24% are doing agricultural work, 16% are doing construction work, the same 16% are unemployed, and the rest 14% are snake trapping. The majority (64%) of the respondents belong to a joint family, and 36% of the respondents are nuclear families.

Table: 2. Health Status of the respondents

S. No	Health Status	Options	Frequency	Percentage%
1	Feeling Anxious	Often	12	24.0
		Sometimes	22	44.0
		Never	20	40.0
2	Sleep related problems	Often	8	16.0
		Sometimes	32	64.0
		Never	10	20.0
3	Substance use	Often	10	20.0
		Sometimes	22	44.0
		Never	18	36.0
4	Chronic Joint pain	Often	13	26.0
		Sometimes	13	26.0

		Never	24	48.0
5	Loss of appetite	Often	12	24.0
		Sometimes	22	44.0
		Never	20	40.0
6	Stomach pain	Often	19	38.0
		Sometimes	18	36.0
		Never	13	26.0
7	Preference of treatment	Often	13	26.0
		Sometimes	22	44.0
		Never	19	38.0
8	Skin itching	Often	14	28.0
		Sometimes	15	30.0
		Never	21	42.0
9	Difficulty in breathing	Often	22	44.0
		Sometimes	11	22.0
		Never	17	34.0
10	Weakness/tiredness	Often	26	52.0
		Sometimes	12	24.0
		Never	10	20.0
11	Chronic Headache	Often	23	46.0
		Sometimes	13	26.0
		Never	4	8.0

Primary data

With regard to health status, the above table shows that 44% of the respondents are feeling anxiety sometimes, 40% never feel, and 24% often feel anxiety in the study area. Sleep problem, 64% of the respondents sometimes face a 20% face never, and the remaining 16% of the respondents often face a sleep problem. Regarding substance use, 44% of the respondents sometimes face substance use, 36% never, and 20% often use the substance.

Based on chronic joint pain, 48% of the respondents never face, 26% sometimes, and 26% often face chronic and joint pain. Regarding loss of appetite, 44% of the respondents lose their appetite, 40% never, and 24% often lose their appetite. Stomach pain is found among 38% often, 36% sometimes, and 26% never face stomach pain.

The data also shows that 44% of the respondents sometimes prefer treatment, 38% never, and 26% always prefer treatment. The analysis reveals that 42% of the respondents never face skin itching, 30% sometimes and 28% face often this problem. 44% of the respondent often face breathing problem, 34% never, and 22% sometimes. The result also illustrates that 52% of the respondents often feeling weakness/tiredness, 24% sometimes, and 20% never. The data proves that 46% of the respondents often face chronic headache, 26% sometimes, and the rest 8%, never face this problem in the study area.

Table: 3. Living Conditions of the respondents

S. No	Living Conditions	Level of Satisfaction	Frequency	Percentage%
1	Occupational life	Highly satisfied	8	16.0
		Satisfied	12	24.0
		Dissatisfied	5	10.0
		Highly dissatisfied	25	50.0
2	Economic life	Highly satisfied	12	24.0
		Satisfied	7	14.0
		Dissatisfied	18	38.0

		Highly dissatisfied	13	26.0
3	Housing conditions	Highly satisfied	8	16.0
		Satisfied	12	24.0
		Dissatisfied	22	44.0
		Highly dissatisfied	12	24.0
4	Social and community life	Highly satisfied	13	26.0
		Satisfied	6	12.0
		Dissatisfied	14	28.0
		Highly dissatisfied	17	34.0
5	Family life	Highly satisfied	17	34.0
		Satisfied	13	26.0
		Dissatisfied	13	26.0
		Highly dissatisfied	7	14.0
6	Marital Life	Highly satisfied	16	32.0
		Satisfied	22	44.0
		Dissatisfied	6	12.0
		Highly dissatisfied	6	12.0

Regarding the respondents' occupational life, the above table 3 shows that 50% of the respondents are highly dissatisfied, 24% are satisfied, 16% are highly satisfied, and the remaining 10% are dissatisfied with their occupational life in the Irulas areas of Coimbatore.

Regarding economic life, the data shows that 38% of the respondents are dissatisfied, 26% are highly dissatisfied, 24% are highly satisfied, and the remaining 14% are satisfied with their economic life. The respondents' housing condition shows that 44% are dissatisfied, 24% are highly dissatisfied, 24% also satisfied, and 16% are highly satisfied. 34% are highly dissatisfied with the social and community life, 28% are dissatisfied, 26% are highly satisfied, and the remaining 12% are satisfied with their social and community life in the study area.

Based on family, 34% of the respondents are highly satisfied, 26% are satisfied, 26% are dissatisfied, and 14% are highly dissatisfied. With regard to marital life, 44% of the respondents are satisfied, 32% are highly satisfied, 12% are dissatisfied and 12% are highly dissatisfied with their marital life.

VI. Suggestions

- Tribal ministry should give more emphasis on tribal health than their socio-economic development. Without addressing their health needs, their socio-economic development would be a mirage. As the saying goes, “health is wealth”, and tribal health is their wealth.
- Direct cash transfer of all tribal welfare schemes and health insurance would pave a long way to improve health aspects and the overall development of tribes. Implementation of social welfare schemes should be equal to all the tribes in India, instead of focusing on particular tribes, because of their presence in large density and percentage.

VII. Conclusion

It is realized that substance abuse is widely prevalent among Irulas. It was evident that most of the Irulars’ living conditions were marked by illiteracy, poverty, poor housing conditions, and indebtedness; The study proves that the living conditions and psychosocial aspects of Irular tribal community is poor. The study's above findings are only a tip of the iceberg of the living conditions of Irulars and need necessary psychosocial intervention and suitable alternative rehabilitation measures. Public health intervention is much needed in tribal settlements to address psychological health and physical health care needs. Extreme poverty and low literacy level among Irula could be attributed to their unaddressed health needs.

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