



# Health Status And Living Conditions Of Irulas Tribe Communities In Tamilnadu: A Micro Level Study

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## ARTICLE INFO

## ABSTRACT

The Irulas primarily reside in hilly regions. Presently, they reside in distinct regions of Tamil Nadu. They primarily resided in the forest and primarily occupied themselves with rat-catching and honey-gathering. However, they also sustained themselves through fishing and livestock rearing. They reside in social clusters characterized by distinct lifestyles that are specifically tailored to their native surroundings. Nevertheless, individuals who choose to relocate to unfamiliar surroundings encounter a multitude of challenges, including but not limited to economic, social, cultural, health, and hygiene issues. This study primarily examines the economic, health, and living conditions of individuals residing in the Oragadam area of the Chengalput district in Tamil Nadu.

**Key words:** Health, Irular, Livelihood, Hygiene, Forest, Traditional practices

## 1.1 Introduction

India is inhabited by numerous indigenous communities whose traditional ways of life have not yet been influenced by modernization. India boasts the world's largest indigenous population, with a staggering 84.4 million people. The Adivasis, a group of indigenous people, are the most economically disadvantaged population in the nation and continue to depend on hunting, agriculture, and fishing for their livelihood [1]. The primary indigenous communities in India comprise the Gonds, Santals, Khasis, Angamis, Bhils, Bhutia, and Greater Andamanese. Each of these tribes possesses its own distinct culture, traditions, language, and way of life [2]. The Scheduled Tribes make up around 8.6 percent of India's overall population. The challenges faced by tribal communities and their health status are significantly influenced by factors such as health, education, employment/income, hygiene, and standard of living [3].

Health issues such as diarrhea, parasitic infection, infectious hepatitis, enteric fever, and waterborne diseases are prevalent in these rural, mountainous, and indigenous regions. India acknowledges 427 distinct groups as Scheduled Tribes. They make up approximately 8.6 percent of India's overall population [4]. These tribal communities reside in diverse ecological and geoclimatic environments such as hills, forests, deserts, etc. They are distributed unevenly throughout the country and possess distinct cultural and socio-economic characteristics. Reaching tribal groups proves challenging due to their geographically distant and secluded way of life [5].

The Irula tribe resides in the two southern Indian states of Tamil Nadu and Kerala. They reside in the districts of Nilgiris, Coimbatore, and Erode in the state of Tamil Nadu. They reside in the Palakkad district of Kerala, specifically in the Attappady and Valayar panchayats. The etymology of the term "irula" remains uncertain. The term "Irula" is believed by some to have originated from the Tamil word "Iruru". The Irula people's dark skin color is often identified by villagers as a unique silhouette in the forest [6]. The indigenous inhabitants of the forest assert that they originated from obscurity, as evidenced by their local designations. According to some, the term "Irlar" is believed to have originated from the ancient word "Ellar," which referred to individuals who dug for tubers. This practice was commonly carried out by the native populations of that era. According to the historical account of the Irula people, the term "Irula" signifies the ability to navigate and locate one's path in conditions of darkness. Illus possesses a significant feature. Irula is naturally born and maintains a mutually beneficial relationship with the Earth [7]. They reside in the mountainous areas of northern Tamil Nadu. Irulas possess innate expertise in traditional medicine and therapeutic methodologies. The term "Irula" in Tamil translates to "people of darkness."

## 1.2 Literature Reviews

Stanley and Muthukumar <sup>[8]</sup> (2021) studied communities cross-sectionally. The data was collected through observation and in-depth interviews. This study was descriptive. Fifty study participants were selected. Research found that participants had anxiety, insomnia, substance abuse, joint pain, decreased appetite, abdominal discomfort, breathing difficulties, weakness, and chronic headaches. Most respondents are unhappy with their jobs, communities, finances, and housing. Most respondents were happy with their families. The Ministry of Tribal Affairs should prioritize tribes' well-being over socioeconomic progress. Most Irlars were uneducated, poor, and indebted. The study found significant deprivation in the Irlar tribal community's living conditions and psychosocial aspects. The above research findings only scratch the surface of Irulal life, highlighting the need for psychosocial intervention and alternative rehabilitation. Tribal reservations need immediate public health interventions for mental and physical health. Due to unmet healthcare needs, the Irula community is poor and illiterate.

Lakshmi and Eswarappa <sup>[9]</sup> (2022) discovered that 73% of the Irula population in Pondicherry resides below the poverty threshold. Additionally, less than one-third of the Irula people belong to the low socio-economic category, while only 3% fall under the medium socio-economic category. There is reportedly. Out of the total population, 83% were unable to read or write, 5% possessed a diploma from junior high school or primary school, 2% held a diploma from secondary school, and a mere 1% had a diploma from junior high school. The study revealed that the dietary consumption of Irula individuals from Pondicherry fell short of meeting the recommended daily nutritional needs. The majority of the women experienced anemia and were below the recommended weight. Eighty percent of them experienced thiamine deficiency. The majority of individuals, both children and adults, residing on Irula Island, including pregnant women, did not have a habitual intake of milk in any of its forms. Her stature and mass were below average for the general populace.

Arya, <sup>[10]</sup> (2008) conducted a study on the nutritional and health conditions of Irula children in five villages: Rajankulam, Amthakulam, Koonichampet, Chitipet, and T.N. Paliyam in Pondicherry. A total of 48 children, aged 4 to 9, underwent testing. The survey revealed that 71% of the children belonged to households with a monthly income ranging from Rs 1,000 to 2,000. Additionally, 20% of the children came from households with an income between Rs 500 and 1,000, while 9% came from households with an income between Rs 2,000 and 2,500. The study revealed that children residing on Irula Island had an intake of 1411.5 units of energy, with 35.5 units of protein, 29.0 units of fat, and 47.2 units of minerals. The study determined that children belonging to the Irula community in Pondicherry experience caloric and mineral malnutrition as a result of their households having a low income.

Bindu et al. <sup>[11]</sup> (2005) say rural tribes are similar. Irlar had an average 3.15-person family. Females outnumbered males 1000 to 966. 8.37% of Irular residents were over 60. The male population in Irla was 64% literate, while the female population in Kerala was 56%. On Irula Island, men and women chewed betel leaves. Irula Island men now smoke beedis and drink alcohol more often. Health and living conditions of the Irula community in Coimbatore, Tamil Nadu, India. Irulas did not benefit from development. Irula knew a lot about medicinal plants and their uses. There are 74 rare wild plant species that treat psoriasis, asthma, indigestion, diabetes, paralysis, reproductive diseases, snake and scorpion bites, dog bites, toothaches, abortion, red intestines, swollen throats, coughs, colds, and more. It's effective in treating illnesses. Headache, fever, hypertension, abdominal pain, rheumatism, leukemia, jaundice, burns, cuts, dandruff, kidney stones, epilepsy, bone fractures, syphilis, STDs, boils, sprains, canker sores, deworming, nosebleeds, body temperature regulation, stomach ulcers, and hair growth can be treated. Pharyngitis, emesis, hepatic disorder, otalgia, and ocular infections are symptoms. The health infrastructure in Irula is poor, and many people lack community certificates or residency status. In Kayalambedu, Kanchipuram, poor housing, sanitation, early marriage, school dropout, and psychosocial issues like alcoholism were common.

Mehta <sup>[12]</sup> (1975) offers a comprehensive analysis of the tribal development initiatives implemented throughout the 20th century. According to him, the government has not been able to fulfill their fundamental needs for survival. The British government and local rulers held dominion over the first half of the century. They were indifferent to their own needs or well-being. Consequently, it was utilized by the leaders of that era during the initial half of the century.

Srivastava <sup>[13]</sup> (2008) asserts that prior to acquiring literacy, tribal societies exhibited minimal clothing, distinctiveness from other global societies, and limited personal possessions. This suggests that they resided in comparable living circumstances. They were unfamiliar with concepts such as accumulation, investment, profit, and surplus. The classification of "tribal communities" in India is a matter of ongoing debate and lacks consensus due to the dynamic changes occurring within these communities. The contention is that Native American tribes deviate from conventional textbook definitions.

Barman and Neo <sup>[14]</sup> (2014) conducted health assessments on a total of 7,565 households belonging to 23,597 tribes. Out of the total number, 496 individuals who were elderly, 70 individuals who were pregnant women, and 283 individuals who were children under the age of 12 were reported to have anemia. The prevalence of sickle cell anemia was high among the tribes residing in Verakulam colony. The offspring were delivered with a diminished weight at birth, and the community also experienced type 1 diabetes and insufficiency of vitamin A. The study determined that the combination of significant distances required to access medical services and a lack of coordination among various sectors exacerbates the problem. Araram, located in Kannur district,

experienced child mortality in the year 2013. Additionally, the tribe experienced five instances of cancer, leprosy, and tuberculosis. During this period, districts such as Idukki, Kasargod, Malappuram, Wayanad, and Pathanamthitta also experienced cases of malnutrition.

### 1.3 Statement of the Problem

Health is an essential requirement for human progress and is intrinsically connected to human welfare. Health is not solely determined by medical care, but also by the holistic advancement of society, encompassing culture, economy, education, society, and politics. The well-being of a society is intricately linked to its values, philosophical and cultural customs, as well as its social, economic, and political structure. Each of these factors exerts a substantial influence on health, which subsequently has repercussions on all of these factors. Indigenous communities in our society face unique health challenges<sup>[15]</sup>.

The primary factors that contribute to their poor health status are unsanitary conditions, lack of knowledge, inadequate personal hygiene, and insufficient health education. The health and nutritional issues faced by India's extensive tribal population are as varied as the tribal groups themselves, who demonstrate significant diversity in their socio-economic, socio-cultural, and environmental contexts<sup>[16]</sup>. This paper aims to analyze the health status and living conditions of the Irula Tribe Communities in Tamilnadu, specifically focusing on the Oragadam Panchayat of Thiruporur Taluk in Chengalput District. The study will be conducted at a micro level.

### 1.4 Research Methods

The research was carried out in Oragadam, Chengalput district, Tamil Nadu, spanning from October 2022 to December 2022. The study included a sample of 50 individuals from a total population of 100. Individuals aged 20 years and older were selected for sample collection. Data was obtained from adult family members who were able to participate in the interview using a well-prepared interview schedule. The collected data will be condensed into a table and analyzed using suitable statistical methods. Secondary data were obtained from various sources including books, newspapers, magazines, websites, and research articles.

### 1.5 Results and Discussion

This study provides insights into the health status and living conditions of the Irula tribe residing in Oragadam, Chengalput District, Tamil Nadu. An endeavor will also be undertaken to concisely elucidate their economic system and other artistic pursuits.

**[a] Study Area Description:** Oragadam is located approximately 15 kilometers away from Chengalput town and 5 kilometers away from Thirukkazhukundram. Located amidst a lush expanse of woodland and cultivated rice paddies. The population of this village consists of 55 families, known as Ellarians. They possess autonomous colonies. He manages a fleet of two buses to provide transportation services to this village. The majority of individuals are impoverished and employed as salaried workers. The Erulars depend predominantly on rudimentary agriculture for their livelihood and sustenance.

Consequently, the Irula people, particularly the Irula women, suffer from a generally inadequate nutritional status due to the unstable food supply. As a result of recent precipitation, a substantial quantity of mud has accumulated within the hut, rendering it unsuitable for habitation. The local community is currently facing a significant issue with the availability of potable water, leading them to resort to utilizing water from a nearby lake on a temporary basis. Historically, rice consumption was limited to festive occasions. They consume poultry, red meat, pork, and seafood, excluding beef. They prepare a single meal per day.

**[b] Socioeconomic conditions:** The combination of poverty and inadequate access to healthcare results in malnutrition and a higher rate of child mortality. Consequently, these individuals are highly susceptible to various health indicators. Overall, the nutritional health status of rural women is generally poor, with a significantly lower percentage (57.0 percent) compared to the national average for women aged 15-49. A higher proportion of women in H. Oragadam Irlar compared to the national average experience anemia (severe, mild, moderate), with 70.0 percent of women (aged 15-49 years) also reporting high or low blood pressure. Conversely, the nutritional status of these women exhibits significant variation.

The primary factors contributing to their grievances are the substandard living conditions prevalent in rural areas, widespread illiteracy, and the prevailing state of poverty. This could be attributed to the inequitable allocation of healthcare resources. Approximately 70% of the health infrastructure is primarily located in urban areas, whereas around 85% of Irula residents reside in rural areas. The study revealed that the highest educational attainment of the participants was completing the 12th grade, with one female student having undergone a teacher training program. There is a lack of toilets in all households and no public toilets available in the area, resulting in open defecation.

**[c] Living conditions:** Table 1.1 indicates that 56% of the participants are female, while the remaining 44% are male. These individuals, specifically the Irulas, were chosen for the purpose of this study. Out of the respondents, 24% fall within the age range of 20 to 25, 48% fall within the age range of 26 to 40, and 28% fall within the age range of above 40 years. With respect to education, the data indicates that 10% of the

respondents are illiterate, 72% completed primary education, another 10% completed middle school, and 8% completed high school. In terms of occupation, the findings indicate that 50% of the participants are engaged in casual labor, 10% are involved in agricultural work, 20% are employed in construction, 8% are currently unemployed, and the remaining 12% work as snake catchers. 80% of the respondents are part of nuclear families, while the remaining 20% are in joint families.

Both Irula men and women encounter challenges related to income, including low wages, extended working hours, job instability, and a significant portion of them living below the poverty line. On average, they earn a monthly wage of Rs.1000. The Irulars earn a maximum income of Rs. 5000/- per month from various employment sectors. Derived from the concept of 'family life' Out of the respondents in the Irular areas of Oragadam, 36% expressed a strong sense of dissatisfaction with their family life, while 42% reported being satisfied. Additionally, 14% indicated a high level of satisfaction, while the remaining 8% expressed dissatisfaction.

With respect to the respondents' occupational life, 32% of them express a strong sense of dissatisfaction, while 26% are moderately dissatisfied. On the other hand, 24% report a high level of satisfaction, leaving the remaining 18% who are extremely satisfied. The data on the respondents' housing condition indicates that 38% express a high level of dissatisfaction, 32% express dissatisfaction, 20% express satisfaction, and 16% express a high level of satisfaction. The study reveals that 16% of individuals express a high level of satisfaction with their social and community life, while 22% report being satisfied. On the other hand, 32% indicate dissatisfaction, and 30% express a high level of dissatisfaction. Regarding economic life, the data indicates that 36% of the respondents express a strong sense of dissatisfaction, 44% express a general sense of dissatisfaction, 12% express satisfaction, and the remaining 08% express a high level of satisfaction with their economic life.

**Table 1.1 Living Conditions of Irulas Tribe Communities**

Satisfaction with Living Conditions	Level of Satisfaction	F	%
Family life	Highly Satisfied	18	36
	Satisfied	21	42
	Dissatisfied	7	14
	Highly Dissatisfied	4	08
Occupational life	Highly Satisfied	9	18
	Satisfied	12	24
	Dissatisfied	13	26
	Highly Dissatisfied	16	32
Housing conditions	Highly Satisfied	05	10
	Satisfied	10	20
	Dissatisfied	16	32
	Highly Dissatisfied	19	38
Social and community life	Highly Satisfied	8	16
	Satisfied	11	22
	Dissatisfied	16	32
	Highly Dissatisfied	15	30
Economic Life	Highly Satisfied	04	08
	Satisfied	06	12
	Dissatisfied	22	44
	Highly Dissatisfied	18	36

Source: Field survey

**[d] Health Status:** Regarding health status, table 1.2 indicates that 60% of the participants frequently experience chronic headaches, 30% experience them occasionally, and the remaining 10% never encounter this issue. Regarding sleep disorders, 20% of the respondents occasionally experience them, 36% never experience them, and the remaining 44% of the respondents frequently experience this problem. The findings also demonstrate that 44% of individuals experience poor eyesight, 24% occasionally experience this issue, and 32% never encounter this problem. Regarding chronic joint pain, 56% of the respondents frequently experience it, 28% experience it occasionally, and 16% never experience chronic joint pain.

Out of the respondents, 36% never experience nervous disorders, 44% experience them occasionally, and 20% are frequently affected. The analysis indicates that 44% of the participants frequently experience weakness or tiredness, 32% experience it occasionally, and 24% never experience it. According to the survey, 32% of people frequently experience a loss of appetite, 44% experience it occasionally, and 24% never experience it. The findings also demonstrate that 16% of individuals never experience respiratory distress, while 56% frequently encounter difficulty breathing, and 28% never suffer from asthma.

The data also indicates that 24% of the respondents have a kidney disorder, 28% occasionally experience kidney problems, and 48% have never encountered any kidney issues. The study reveals that 42% of the participants occasionally opt for treatment, while 34% never do, and 24% consistently prefer treatment in the designated

study location. Health and nutrition management is a crucial pursuit for enhancing the quality of life, particularly among indigenous populations. This entails establishing circumstances that facilitate the typical physiological and psychological growth and operation of human beings, both on an individual and societal level.

The nutritional concerns and health behaviors of tribal communities have been greatly shaped by the intricate interaction of various social, cultural, educational, economic, and political factors. The treatment of disease is closely intertwined with common beliefs, customs, traditions, values, and practices concerning nutrition and disease. Nutrition is a universally esteemed objective. Enforcing health and nutrition upon individuals is not feasible. It is an imposed positive characteristic. Universal access to medical services is a crucial aspect of societal progress, as it ensures that all individuals can benefit from healthcare.

Tribal communities often possess a plethora of folklore pertaining to beliefs surrounding health and nutrition. Indigenous communities are especially vulnerable to malnutrition as a result of customary socio-cultural practices and limited literacy levels. Multiple studies have been conducted in both rural and urban areas of India to examine growth and nutritional status. There is a scarcity of research on the tribe and a paucity of reports on the nutritional status of the Irula tribe in the study area.

**Table 1.2 Health conditions of Irulas Tribe Communities**

Health Status	Options	Frequency	Percentage%
Chronic Headache	Often	30	60
	Sometimes	15	30
	never	5	10
Sleep related problems	Often	22	44
	Sometimes	10	20
	never	18	36
Poor eye sight	Often	22	44
	Sometimes	12	24
	never	16	32
Chronic Joint pain	Often	28	56
	Sometimes	14	28
	never	08	16
Nervous disorder	Often	10	20
	Sometimes	22	44
	never	18	36
Weakness/tiredness	Often	22	44
	Sometimes	16	32
	never	12	24
Loss of appetite	Often	16	32
	Sometimes	22	44
	never	12	24
Difficulty in breathing/ Asthma	Often	28	56
	Sometimes	14	28
	never	08	16
Kidney problem	Often	12	24
	Sometimes	14	28
	never	24	48
Preference of treatment	Often	12	24
	Sometimes	21	42
	never	17	34

Source: Field Survey

### 1.6 Conclusion and Suggestions

Thus, it can be inferred that malnutrition is a significant issue for the Irula residents of Oragadam, who are prone to experiencing a range of health problems, including nutritional deficiencies. While the prevalence of infectious diseases has decreased, non-communicable diseases such as diabetes, kidney stone dialysis, cholesterol, and chronic lung and respiratory diseases affect both men and women. Poor dietary choices and a sedentary lifestyle can result in elevated blood pressure, elevated blood glucose levels, elevated blood lipid levels, and obesity. The man is afflicted with alcoholism, characterized by a compulsive and excessive intake of

alcoholic beverages. Siddha medicine is only practiced by a small number of individuals. Certain individuals opt for allopathic medications, whereas others choose homeopathic remedies.

Nevertheless, as a result of the economic crisis and escalating expenses associated with healthcare and transportation, they lack the financial means to promptly acquire and obtain medications. The prevalence of inadequate access and affordability of vital nutrients necessary for sustenance and well-being were identified as prevalent factors contributing to unhealthy dietary practices among rural inhabitants of Oragadam. Moreover, there is a lack of knowledge and awareness regarding nutritious diets. In an effort to enhance the well-being of the impoverished rural community in Irlar, the state government has implemented a range of programs and interventions. However, the outcomes have proven to be unsatisfactory. Hence, it is imperative for state governments to implement initiatives aimed at enhancing the overall socio-economic and health conditions of Irula men and women in the study region. Moreover, it is crucial to promote knowledge and understanding regarding the healthcare system in order to uphold the well-being of the Irula community.

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