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A Holistic Study on Demographic, Sociocultural and Healthcare Seeking Pattern of Irular Community at Pichavaram, Cuddalore District, Tamilnadu

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ABSTRACT

Background: The tribal communities remain at the lowest stratum of society – Though accorded special status under Indian Constitution their health remains unsatisfactory due to isolation, illiteracy and the environment in which they live. This study was conducted to present a holistic view of the socioeconomic status, living conditions, general customs, beliefs and practices and health seeking behaviour of the Irular community, at Pichavaram in Cuddalore district, Tamil Nadu. **Methods:** A - Mixed method study was performed using Focus Group Discussion, in-depth interviews, participatory observations (triangulation of methods) and a pre- tested semi structured questionnaire among the people of Irular community aged 13 to 70 years residing at Kalaignarnagar and Grid colony, Killai, Pichavaram during the month of October 2020. **Results:** The study was done among 250 participants with the mean age of 30.66±12.48. 11.6% of them have acquired education upto high school level, 7% upto higher secondary and 2.2% upto degree level. 55.6% of the families use LPG for cooking, 69.1% boil water for drinking. 25.2% practice open air defecation. Association between menstrual hygiene and literacy of female participants is statistically significant. 55.6% utilize Government Hospital and 44.4% utilize Primary Health Centre services for healthcare. **Conclusion:** Our results identified a notable transition in the sociocultural patterns and a progress in the economic status of these Irulars due to fishing profession, self-help groups, literacy among younger generation and efforts of a private foundation. There is improved awareness related to menstrual hygiene and Maternal and child health practices. But the elder generation requires further motivation for increased health seeking behaviour.

Key word: Irular, Socioeconomic status, cultural beliefs, health seeking behaviour

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INTRODUCTION:

The term “tribe” has its origin from Latin word “Tribus” which means a social division, consisting of families, linked by social, economic, religious or blood ties with a common culture and dialect¹. According to 2011 census, the tribal population constitutes 8.6% of the total Indian population². Geographic and cultural isolation, low levels of literacy, primitive occupation and extreme levels of poverty keep them in the lowest stratum of social

ladder. Hence the Indian Government has recognized the tribal communities in India under the Schedules of 5 and 6³ and has accorded them a special status and. So far 705 tribal groups have been notified and recognized²

In Tamil Nadu, they constitute 1.1% of the total population (Census of India, 2011)³, the most commonest people recognized being Adiyar, Aranadan, Erawallar, Irular, Kadar, Kavikar, Kotar, Todar, Paniyar, Kurumbar and Kattunayakar⁴. Irular,

is a Dravidian ethnic group believed to have originated from Andhra Pradesh reside primarily in Tamil Nadu and Kerala. The name “Irular” originated from the term “Irul” which means “darkness” that may indicate their dark complexion or the gloomy and wretched condition of their life or the reason that their rituals are performed during the night time⁵. For centuries, they were neglected, exploited, and marginalized. They suffer from extreme poverty and social backwardness. Their huts made of Palmyra leaves have no proper facilities

Hence, the Irular tribal community is designated as a Particularly Vulnerable Tribal Group (PVTG) and both Central and Tamil Nadu Governments have made efforts and to upgrade their living condition by providing habitats, education, health care and vocational training.⁶ Research in the past has focused only on selected aspects such as economic condition or cultural beliefs of practices or the health care and health seeking behavior of the tribal populations. But the present study is a holistic venture to explore the sociodemographic status, cultural and religious beliefs and practices, living conditions and health seeking behavior of the Irular tribal population.

MATERIAL AND METHODS

This study is a mixed method study – with both qualitative and quantitative aspects. The qualitative study was done by Triangulation method-Focus Group Discussion, In Depth Interview and Participants – Observation Technique. The quantitative study was done by door-to-door personal interview using a pretested semi- structured questionnaire. The field activities were carried out during the month of October 2020.

About 950 Kilometers (km) of the coastline of Tamil Nadu includes extensive mangrove wetlands one at Pichavaram in Cuddalore District and the other at Muthupet in Thiruvavur and Tanjore Districts. Kalaingar Nagar and Grid Colony were selected among 5 hamlets of Irular settlement in Pichavaram by simple sampling random method and 250 study participants were recruited by universal sampling. Kalaingar Nagar and Grid Colony are located 18 Kms East of Chidambaram on the Chidambaram – Pitchavaram tourist complex road. 5 hamlets are solely allotted for Irular settlement. They are MGR Nagar, Kalaingar Nagar, Bharathiyar Nagar, Vidiyal Nagar and Grid Colony. MGR Nagar was formed

during the period of Late Tamil Nadu Chief Minister Dr. M.G.Ramachandran The other four including Kalaingar Nagar and Grid Colony are the settlements made for the victims of Tsunami Disaster of 2004.

People between the age 13 to 70 (also above 70 years of age if mental perception is normal) were included in the study. Tribal people who were not willing to participate, who were ill or who have migrated were excluded. Study instruments included a Pre tested semi – structured questionnaire consisting of the details on socio demographic details, socio-economic status, cultural beliefs, environment and their health seeking behavior and a voice recorder for focus group discussion. (FGD)

For FGD, 60 persons were selected, and they were divided into 4 groups; adolescents, adults, the females in the reproductive age group and senior citizens. A checklist of what should be discussed with each group was prepared and FGD was conducted in the community hall in the village after the people had returned from the routine work. As they were found with no masks, a general advice was given on the precautions to be taken against COVID – 19 and masks were provided to them. The discussions were audio recorded and documented after obtaining informed consent. The local community leaders were subjected to indepth interview on their origin, settlement, and cultural practices.

Data obtained was entered in Microsoft Excel sheet and analyzed using SPSS version 25. Descriptive statistics such as frequency and percentage were calculated. The association between variables was evaluated by chi-square test with 5% level of significance. Yates correction applied where necessary. Ethical approval was obtained from Institutional Ethics Community of our Institution.

RESULTS

Qualitative Part:

Housing and Occupation:

The two hamlets, Kalaingar Nagar and Grid Colony were situated opposite to each other and consisted of uniformly constructed concrete houses with a hall, kitchen and a toilet. Each housing area covers 5 cents of land and is facilitated with borewell water. Most of them have set joint families. When the son gets married, they extended their house with a thatched

shed. Many have even converted the toilet into a room. Most of the houses are not properly and cleanly maintained. Only a few houses hosted by graduate girls look newly whitewashed, clean and tidy with a fenced garden.

Quantitative Part:

Table1: Sociodemographic distribution of the study participants (n= 250)

Variables		Frequency n (%)
Age	<18 years	33(13.2%)
	18-25 years	86 (34.4%)
	25-40 years	74 (29.6%)
	40-60 years	48 (19.2%)
	>60years	9 (3.6%)
Gender	Male	113 (45.2%)
	Female	137 (54.8%)
Occupation	Homemaker	40(16%)
	Farming	32(12%)
	Farming and fishing	15(6%)
	Fishing	135(54%)
	Self- employed	5 (2%)
	Students	17 (6.8%)
Education	Nil	107 (42.8%)
	Primary	29 (11.6%)
	High school	54 (21.6%)
	Higher secondary	50 (20.0%)
	Degree	10 (4%)

Table 2: Distribution of living conditions among the households (N=100)

Variables		N & %
Type of housing	Pucca	93
	Kuccha	7
Fuel for cooking	LPG	55
	Firewood	45
Purification of drinking water	Yes	70
	No	30
Sanitation practices	Sanitary latrine	75
	Open Air	25
	Defecation	

“Before having settlement here, we had been hunting snakes and rats as our occupation and some were hired by landowners to work in their land. With the ban of killing snakes, we shifted to fishing in the

mangrove waters. Men go far and deep water for fishing, sometimes accompanied by women. Women catch fish in the shallow mangrove water using groping and bunding technique” aid a female participant.

“Their fishing bounty consists of prawn, crabs, snails and mussel. The women folk are incessantly laborious, finding no time for rest or recreation. A female participant in FGD said *“No rest mam. We have works to do all the time. Rarely we watch TV”*.

According to them, they had to struggle and wait for years to acquire Ration Card, Aadhaar card, Community Certificate. Still, they say that they struggle to lead life. Most of them have neither savings nor any investment or any plan for their future. Their main food consists of rice and fish with rare inclusion of vegetables. Many are economically well enough to buy vehicles and Fridge. R.O water is used for drinking as the borewell water tastes salty.

Generally, the Irulars of these two hamlets look shy. One Male participant of FGD said, *“We are never scared of snakes or rough seas but of strangers and rich people and we used to hide when we see them. Now, we have gained little confidence”*

Education:

Illiteracy is found only among the Senior Citizens. All the children get minimum education upto 8th Standard as a Middle School is available here. Some girls continue their education at Government Higher Secondary Schools at Parangipettai and a few girls have graduated. But the boys are denied higher education and they shoulder the burden of their parents in fishing. The participants unanimously opined that education is necessary for girls as it will enable them to administer their family and they could nurture their children well.

Domestic culture and care:

Both men and women share equal decision-making power on all issues. *“United we both husband and wife take decision. There is no male domination,”* says a female participant.

Child marriage was in practice in the past but is not in vogue now. In the past female children got married immediately after attaining puberty. But now they get married only after 18 years of age. Polygamy or two or more sisters marrying the same person was in

practice in the past and now they avoid for the reason, as in their own words, *“We cannot think of polygamy due to the low income and critical economic condition.”* One male participant said, *“Remarriage and widow remarriage are not done here. One who has lost the better half lives either with the parents or with the brothers.”* Divorce is not encouraged either. *The elders will make compromise between them “*

Registration of birth / death was not done in the past. But now they are aware of the importance and are registering both birth and death. Marriages are never registered except for two marriages that have been registered as the marriage tie was made with Muslims.

Cultural and Religious Background:

These Irulars are Hindus. *“Kanniamman and Thillaikali are our deities and a festival is celebrated each year”*. Displacement and culture in the neighbouring town have influenced them to celebrate the other common festivals like Deepavali and Pongal. Marriage bonds are made between uncle and niece. Marriages, which were once done by mere exchange of betel nut leaves is now done by tying a thali. The ceremony takes place in the premises of the groom's house whereas in the case of well-to-do people, it is conducted in the common marriage hall in the village. When a husband dies, the wife removes her Thali. The dead body is buried in the common burial ground. On the third day, the family members sprinkle milk on the burial spot and collect a handful of soil from there to be dissolved in the sea. When a girl attains puberty, she is made to stay in the hut erected by her uncle for 10 days and on the tenth day she is given a head bath and is allowed to enter the house. Their belief in the existence of ghost is not as strong as it was in the past. One female participant says, *“There is no such thing as ghost. If one behaves as if being haunted, we take that one to hospital for treatment.”*

Social Problems and health issues:

Almost all the Irulars above 40 years of age look sluggish, and look unclean and unhealthy with scaly skin, dry hair, and mottled teeth as they take least care of them. Smoking and liquor consumption is common among the people of this age group.

Health –Seeking behavior:

There is a Primary Health Centre at Killai but the Irulars are not satisfied with the facilities, care and supply of medicine and hence they opt for the Government Hospital (GH) in Parangipettai, which is in 3 Kms from their place. They do not opt for private hospitals either. Option for the PHC (Primary Health Centre) is only for common fever or diarrhea. Traditional healers are not sought for treatment.

The most common diseases, as all of them voice generally, are only found among women. The obvious skin disease is overlooked by them. Womenfolk suffer from anaemia. Fish being their main food, as in their own words, all are healthy. A Male participant says, *“We live secluded and have no contact with the others. We visit the town very rarely. So, we have no chance of being affected by any communicable disease. The aquatic surrounding never allows any infection.”* They blindly believe that they will never be affected by COVID 19, and they do not use masks or sanitizer. *“We take bath using soap and salt after returning from the work and that protects us from any contagious disease,”* is their unanimous answer when they were tested for their knowledge on communicable diseases. Their blind belief that they will never get hypertension or diabetes has prevented them from being tested. The Panchayat board has arranged for a garbage cart that regularly collects wastages from all the houses.

Menstrual Hygiene:

Good menstrual hygiene is maintained by the females. The private organization named “Nambikkai Foundation” had been responsible for in providing sanitary napkins and creating an awareness in menstrual hygiene among women. Unlike in the past, during which they used worn out clothes, they use sanitary napkins now. The used napkins are burnt off or buried. Heavy work during menstrual is avoided and rest is taken if severe lower abdominal pain is experienced.

Family planning methods:

Giving birth to 5-8 Children was customary only in the past and now that attitude has changed. They do not use any contraceptives but undergo tubectomy after giving birth to 2-3 children. One female participant, in response to the question regarding birth

control, says, “It is a shame to give birth to a baby after getting grandchildren.”

Table 3: Association between education status and menstrual hygiene of female households (N=137)

Variable	Response	Illiterate	literate	P value
Usage of cloths napkins	Yes	36 (94.7%)	2 (5.3%)	0.000*
	No	22 (76.3%)	71 (23.7%)	
Reuse of cloths	Yes	57 (43.8%)	73 (56.2%)	0.013*
	No	5 (100.0%)	0 (0.00%)	
Disposal of napkins/cloth	Burning	62 (95.6%)	74 (54.4%)	0.277
	Dumping	1(100%)	0 (0.00%)	

Maternal and Child Health:

An expectant mother undergoes regular antenatal check-ups in PHC which supplies folic acid tablets. The family members also take a good care of her. One of the female respondents says, “We eat meat and fish, the husband buys nutritious food items for the wife, we avoid heavy work or travelling during pregnancy and go for regular checkup. We are vaccinated also.”

In the past, people largely relied on the traditional birth attendants for obstetric services. But now people practice institutional delivery. To boost up breast milk secretion, they eat special food supplements such as ground nuts and dry fish. One female respondent says, “We give a very good postnatal care for caesarean delivery and maintain good umbilical hygiene. Breast feeding is good for both the infant and the mother as well.” They are also aware of the nutritional value of colostrum. Their children are immunized according to the schedule.

DISCUSSION

In a study done by Sinu et al⁷ on the socio-economic conditions of the Irular of Villupuram district the mean age of the respondents was 43, whereas in the present study it is 30.6. Literacy plays a major role in the socio-economic and health seeking behavior. This study has discovered that 77.6% of the study populations are literates which is higher than the average literary rate of the tribal population in India

(47.9%) and Tamil Nadu (41.53%) and similar to that in Cuddalore(79%). This increased level of literacy among the study population is due to the availability of a middle school in the village. Sinu et al⁷ have found out that inspite of the Government Schemes and reservations, not even a single respondent has reached high school level of education, because of nonavailability of school nearby. But in the present study 36.4% have completed 10th Standard 7% have completed 12th and 2.2% have acquired degree.

Shift to fishing is also a similar finding in a study on the Irulars in Cheyyar in Thiruvannamalai District (2015) by Udayamahadevan et al. Gnanamoorthy⁸ has stated that 15 respondent were still following rat and snake catching, and only 4% of them work as labourers. Santhosam et al⁹, in their study in 2013, on Irular in Kancheepuram District, 86.6% were involved in household chores and 10% were agriculture labourers. Udayamahadevan et al have stated that their participants eat squirrel, rat, cat and so on whereas the food items of the present study population include fish, crab, snail prawn and freshwater mussel. Regarding religion 98% population of the participants were Hindus and they speak Tamil which is similar to other studies.

The average family size is 3-to 4 members in the present study whereas in the study by Gnanamuthu et al it was 4- to 6 persons .According to their study, and that of William R.F¹⁰, nuclear families were common whereas joint families were seen among the present study population. Sinu et al⁷ have stated that none of the households have toilet facilities and most of them go for open defecation. In the present study, all the houses have toilet facility but some of them had converted it into a room and go for open defecation.

According to the study done by William.R.F¹⁰, on the Irular in Pichavaram location, the Irular tribes were deprived of the basic needs like water, school, hospital and community certificate. ¹⁰ But now they have acquired such basic needs which is a positive development. In their study Santhosam et-al⁹ have found out that among their study population 22% had hypertension, 17% arthritis, 10% Diabetes, 10% anaemia, 12% skin problems and 5% had minor ailments . But the respondents of the present study denied having such non-communicable diseases and most of their skin look scaly.

Gnanamoorthy et-al⁸(2015), states that the Irulars of their study collect medicinal plants for healing simple health issues. In the present study, the study population utilize G.H services for communicable disease and preferred using herbs. For simple health issues, they utilize the PHC at Killai and GH in Parangipettai for any single or serious ailment and obstetric issues.

Alcohol consumption was common in the present study like the other studies. In their study on the Tribes of Odisha, Contractor et.al¹¹ have found out that the thrust of maternal health policies over the past decade has been on institutionalizing childbirth and 26 deliveries out of 70 in 2016 were home deliveries.

The present study shows that literacy of women was the main reason for better antenatal and postnatal care when compared to the tribal communities in the other studies. In a study done in 2017 on family planning practice by Prusty R.K. et al¹², they have found out that female sterilization in India was 94.6% whereas in the present study, 67.8% female sterilization was found.

Conclusion:

Our results suggest that there is an appreciable change in the socio-economic status of the Irular community. Self –help groups have also improved the economic status of the people. There is a marked improvement in confidence and participation in public occasions. But they live only in the land provided by the Government. Efforts are made neither to buy a land or to construct own concrete houses. They seem to be satisfied with the present living condition. Alcoholism is found to be reduced and suicidal attempts and polygamy have been given up. Patriarchal domination in decision making is given up and both men and women have equal rights in taking decision in all issues. There is a marked change in the cultural practices. Inter-caste marriages are also seen. There is an appreciable awareness about Government policies and plans meant for the tribes. But they don't make use of the Government quota in securing professional courses or any Government profession. For them, education for girls is only for obtaining better domestic administrative skill. There is a distinctive difference in the attitudes of people in the age of group 40 years and above than 20 years and above. Better maintenance of personal hygiene and health seeking behavior are noticed among the younger

generation due to the improved literacy level among them. Due to the efforts of the Killai Town Panchayat a good environmental hygiene is maintained. Due to appreciable efforts of private institutions like Nambikkai Foundation an awareness have been created among the females in maintaining good menstrual hygiene and good antenatal and postnatal care.

Limitations:

A General hesitation among the people in answering the questions regarding personal and general issues and services provided in the PHC and reluctance in talking about communicable and non-communicable diseases brought challenges in conducting the study.

Recommendations:

Education for all adolescents – both males and females and making use of the Government schemes in acquiring professional education and a government job are necessary for the overall upliftment of the Irular Community.

Practices of saving and investments will promote their economic status to a higher level. Complete eradication of liquor consumption and smoking is recommended.

Blind confidence that they will not be affected by any communicable diseases like COVID-19, and non-communicable diseases should be changed, and a better motivation is required in such health issues through proper behavior change communication.

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