

## **Can Poverty be an 'Individual Psychiatric Disorder'? – Development Dialogue of tribals in Attappady**

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### **Abstract**

Development has the face of appraising some sect of people as part of their system and neglecting another part as they are minority. This is somewhat a kind of negligence. It is common among the development to question the pattern of marginal's in the name of their deprivation. Tribal's once lived in a state of abundance and prosperity. Tribes in Kerala present a fascinating picture and they are often exploited and ruthlessly up-rooted from their habitats and replanted in the arid land of civilization in the name of resettlement. They get socially marginalized and become economically defenseless in the new environment and socio-economic formation of the society.

**Key Words:** poverty, development, abundance and prosperity.

India is home to almost half the tribal population of the world. Tribals are characterized by a distinctive culture, primitive traits, and socio-economic backwardness. The tribals of India, constituting 8.2% of the total population (84 million), belong to around 698 communities or clans. Around 75 of these groups are called primitive tribal groups due to pre-agricultural level of knowledge, extreme backwardness, and a dwindling population.(2) However, the exact number of tribal groups may be lesser than 500 due to group-overlapping in more than one state. Though the Indian tribals are a heterogeneous group, 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.

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity – WHO. The yardstick of how developed a society is generally based on the health and education of people. A fact revealed in the national family health survey is that one out of two newborn children in India is born low-weight/ is malnourished. Malnutrition among the children in our country is worse than that of some African countries. As far as children are concerned, the right to nutrition is their primary and natural right. The CAG report of 2012 says that 29% children below the age of 3 years are malnourished in Kerala. We need to approach the issue of child deaths in Kerala keeping in mind this as a disturbing statistic. Today the situation in Attappady is bleak. The Government machinery seems perplexed and unable to meet the basic needs of a population of 30,460. It is therefore pertinent and imperative to ask why Kerala has failed in the welfare of the tribals. A simple temporary relief measure of medicines and food will do little to help the people of Attappady to escape their grim conditions caused by disease and hunger.

The real issues of Tribal communities arose from alienation of their livelihood options. They were deprived of their landed property by the government by vesting of forests under the ownership of the State and the settlers from the mainstream. The income and livelihood condition of Tribal communities in Kerala represent a terrible picture. Like Tribals in other parts of India, Tribals in Attappady also depended mainly on agriculture for their livelihood options. They followed shifting cultivation. But vesting of forest under the ownership of the State deprived them the opportunity. This disrupted their livelihood options and that happened to be one of the most vital causes of their socio-economic exclusion. This resulted in severe malnutrition problems among them and especially in their children. Malnutrition and related health problems in Attappady points towards several reasons for extreme poverty and malnutrition deaths in the region. The most pertinent among them are as follows: land alienation of the tribals; loss of traditional shifting cultivation; loss of traditional food items such as ragi,

chama, cholam, veraku, thina, thuvara, honey, tubes, roots, medicinal vegetables, etc., neglect of the tribal people and inaction by the departments of Tribal and Social Welfare and Health; failure of public distribution system; poor performance of Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS); contrary to the practices in other places, most of the anganwadis do not distribute eggs, milk, and bananas among tribal children; lack of essential drug supplies, disempowerment of tribal communities and institutional delays and inefficiency in implementing the laws, schemes and projects meant for tribal groups in Attappady

One of the most significant characteristics of the tribal economy is that tribes have been forced to low position physically and socially and they lead a remote life instead of being engrossed in the mainstream population. As a result, they tolerate a condition of a departure from their whole socio-economic conditions. This may take in the form of static indifference and it will arise in the form of barring from educational opportunities, social participation, and admission to their own land holdings, force for alcoholism and drug usage, misuse of their women etc. When we go for reasons for all these issues, there arise a lot of troubles. In their land and forest they enjoyed complete privileges. But the infinite process of isolation of their land and utilization from mainstream society shaped all the issues in their life. Their landed properties on one hand and their culture and life on other hand were started disappeared. Their health conditions were deprived and all kinds of sickness have attacked them one by one. Mainly malnutrition and related health problems were generated here among the tribals and later it becomes one of the most fundamental issues facing in their life. Implementation of different administrative measures gave further stress to the general growth and sustainable development of tribal communities by focusing constitutional and legal rights after independence from the First Five Year Plan onwards.

### **Population profile of Tribals in Attappady.**

The number of tribals who constituted 90.26% of Attappady's population in 1951, reduced to a mere 34% by 2011, tribals lost their land, agriculture, culture and way of living in an abundant manner. They wrote off their lands to resolve debts. Regular involvement of non-tribals in tribal lands has resulted in deficiency of land, collapse of livelihood, internal dislocation, cruelty and intolerance.

On the rise of infant mortality rate in Attappady gained notice, the reaction from Government was rather paternalistic. It opened and provided Community Kitchens to give free food. The tribals are not consulted or involved in development decisions connected to their area and issues can be termed as one of the major reasons. Development has failed the tribals in Attappady for their decision making power. Lack of the right to self-determination for marginalized sections denies them their voice.

There is an interesting question as "Can Poverty be an 'Individual Psychiatric Disorder'". Several tribals in Attappady had turn out to be "psychiatric patients" with "diagnoses" of depression, alcohol dependence and other "severe mental illness" as a result of severe social issues like dispossession of land, unemployment, malnutrition and prejudice. This raises vital questions about how broad social and economic issues are occluded by way of prescribing the label of "mental illness". Public dialogue brands some people as "mentally ill" person. Many are enforced to leave their job owing to discrimination and resulting physical attacks at his workplace, and resorted to living in a cave inside a forest, wearing shabby clothes and forced to indulge in some kinds of activities to kill their hunger will be labeled as "mad" by all quarters quite easily.

Sometimes it is noted that, poverty and other social sufferings as individual psychiatric "disorders" to be treated with free medicines. Points to this reason as the untidily dressed tribal, the street-dweller and those with marginalised sexual identities all question the "normal," and in most of the cases they are slipping into the category of the "mentally ill". Mental illness thus becomes a means of social control. Attappady had gained public attention because of the deaths of infants due to malnutrition/hunger in

2013; once again, it again falls under a dark shadow, owing to the deaths of children that continued in 2014 as well. Data up to 31st December 2014 reveals the death of 22 children (13 as per government statistics) and the death of 37 infants during pregnancy. In 2013, 47 deaths of infants were reported from Attappady and schemes amounting to Rs. 400 crore were announced by the union as well as the state government. Moreover, the three-tier panchayath set apart rs.1.26 crore to eradicate malnutrition. But the present reality is that one third out of these remains mere announcements on paper. Records available with the state legislature reveal that only 36% of the tsp had been utilized by the Agali block Panchayath in the last year. As per survey of 2011, the tribal population of Kerala is 4, 26,208. the population of Attappadi, an important tribal inhabitant area, in 2011 was 30460 (44%). the tribal sections like Irula, Muduka and Kurumba also live in Attappady. of these, Kurumbas belong to ancient Adivasis section. there are about 10,000 families in 192 oorus of the Western Ghat mountain ranges. the area of Attappady, the first tribal block of Kerala, is around 745 sq.km. the tribal population remained excluded from the social and economic development growth story of Kerala. there are no dearth's of laws that are meant to protect the tribal people, but on ground reports from tribal areas reveal that those who are supposed to implement these laws instead constantly violate them. the continued death of infants in attappady is an unfortunate testimony to this. the panchsheel principles of nehru were the basis of the policy approach post-independence for the existence. a survey of literature on malnutrition and related health problems in Attappady points towards several reasons for extreme poverty and malnutrition deaths in the region. the most pertinent among them are as follows: land alienation of the tribals; loss of traditional shifting cultivation; loss of traditional food items such as ragi, chama, cholam, veraku, thina, thuvara, honey, tubes, roots, medicinal vegetables, etc.; neglect of the tribal people and inaction by the departments of tribal and social welfare and health; failure of public distribution system; poor performance of mahatma gandhi national rural employment guarantee scheme (mgnregs); contrary to the practices in other places, the Anganwadis do not distribute eggs, milk, and bananas among tribal children; lack of essential drug supplies such as Mesoprestol and Magsulf for delivery and childbirth related medical emergencies; disempowerment of the Adivasi communities.

### **Intensity of Tribal issues**

Food itself is a problem for them (tribals) due to tremendous poverty. It is a big struggle for them. It leads to psycho-social issues which are more rigorous here. The tribals who were initially living inside the forests were relocated to colonies. Even though we call them 'children of forests' they have no land at all in their possession. It is all grabbed by settlers. With many tribals living in dismal poverty and dirtiness, the mental health, when asked if his mind was peaceful, responded by saying that he is worried.

Most of them are unemployed in their settlements. Problems are in the broader spectrum of personal, social, political, and economic lives. This downplays the preconditions of poor mental health such as poverty, violence, breakdown of indigenous idea of communities, disempowerment, human rights violations, power asymmetries, etc. Tribals turn out to be a menace to the "modern" "developed" state. Development needs to understand and recognize the diversities of human experiences. Development needs to be seen as an expansion of freedom by reimagining the subaltern as not static but dynamic with intra-group differences and varied needs.

Attappady, with 192 hamlets that fall under six revenue villages, lies on the state's Eastern border with Tamil Nadu. It is the Kerala's only tribal block, with 44 per cent of the population belonging to Irula, Muduga and Kurumba tribes. In a state that flaunts its social and development report card, Attappady is Kerala's darkest corner. Attappady had hit headlines in 2013 when the region reported a series of infant deaths, allegedly due to malnutrition and related complications. While tribals comprised 90.26 per cent of Attappady's population in 1951, their numbers had dropped to 42.21 per cent by 1971 as settlers from

other districts of the state and from across the border in Tamil Nadu bought their land. The tribals usually wrote off the land to settle debts.

### **Food habit and pattern of change**

The traditional tribal diet — of chama (millet), thuvara (red gram) and vegetables grown on their land — has gradually been replaced by the rice and dal that they get as monthly ration. Experts believe the project made tribals “lazy” and may have contributed to the further erosion of traditional food practices.

The departure from their traditional menu of multi-grains has left several women in Attappady anemic. “The departure from their traditional menu of multi-grains has taken a toll on tribal women. Many women here face health issues for want of nutritional food. They have only rice to eat. Several women with fertility problems need to take iron and folic acid tablet. They are asked to include leaves and vegetables in their menu,”

### **Mental illnesses in Attappady**

“While some of it could be hereditary, depression is a major factor that has gone undetected. This has led to more serious mental illnesses and even alcohol addiction among tribals. With little awareness, most cases go untreated,” says Dr R Prabhu Das, superintendent at the tribal hospital, who has worked in Attappady for many years. He says a screening conducted last year among tribals of the block had revealed that about 500 had mental illnesses, 350 of whom were categorized as “psychiatric patients”.

### **Issues in Attappady**

Attappady is a place where total prohibition on liquor is in force. However, in Attappady, where many settlements still lack drinking water, illicit liquor is available in abundance. “Brewing takes place in interior settlements on the hill tops. The sale of the liquor can take place anywhere. Addiction to illicit liquor is one of the main reasons behind increasing poverty among the tribal communities in Attappady. Most men spend all their wages on liquor and women are doomed to shoulder the burden of their families. Pregnant women work till their child is born, and then return to work a few days after delivery. Hard work, lack of proper food and rest, repeated pregnancies, violence at home and no peace of mind at the end of the day—all this leads to poor physical and mental health among women.

The excessive consumption of illicit liquor, that too on an empty stomach, has taken its toll on the health of tribal men. Mental health is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community. WHO estimated that globally over 450 million people suffer from mental disorders. Mental health is a key issue in Attappady. The region had no facility to treat mental health issues other than occasionally taking some patients to the mental health centre at Kuthiravattom. According to a survey conducted by the National Rural Livelihood Mission (NRLM), over 900 tribes in Attappady have mental health issues. Among them, 320 have been identified as those who are in need of immediate treatment and rehabilitation. In a move to address mental health issues faced by tribal communities, the Kerala government has started a comprehensive scheme titled ‘Punarjani’. The scheme has been introduced to ensure better treatment and rehabilitation for the Tribal populations of Kerala’s Attappady region in Palakkad district.

### **Conclusion**

Mood disorders and schizophrenia are rampant among the tribals in Attappady, especially those who are aged below 40. “Most of the mental health issues remain undiagnosed. Only a permanent facility can reach out to all hamlets, targeting those people who show any symptoms. Anxiety itself is an adaptive and universal human reaction to stressful situations. Determining when anxiety reaches the level of

clinical interference with daily activities or the level of diagnosing an anxiety disorder is guided by (1) intensity (the level of distress experienced by the person) and (2) frequency/duration (whether the anxiety occurs often and persists for longer than would be expected under the circumstances). Anxiety symptoms manifest in physical, affective, cognitive and behavioural domains. Physical symptoms of anxiety typically reflect autonomic arousal, such as shortness of breath, chest tightness, racing heartbeat, upset stomach, dizziness, trembling and numbness/tingling. Emotional symptoms of anxiety range at home, work or in social situations. anxiety, nervousness, worry, irritability, muscle tension, trouble relaxing, restlessness or being on edge, concentration and memory difficulties, anticipatory anxiety, four clusters of somatic symptoms, and functional impairment due to anxiety.

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