

CHAPTER – I

INTRODUCTION

Poverty is about not having enough money to meet basic needs including food, clothing and shelter. However, it is much more than just not having enough money. All the earlier definitions of poverty give preference to income and expenditure to explain poverty in the economy. To overcome limitations of these poverty definitions, the capability approach was developed initially by Amartya Sen. Its main concepts are functionings and capabilities. „Functionings“ refers to the various things a person succeeds in „doing or being“, such as participating in the life of society, being healthy, and so forth, while „capabilities“ refers to a person's real or substantive freedom to achieve such functionings.

Socio-economic conditions, poverty and health status are related to each other. The effects of income, education, occupation, environment, behaviour, and access to health services all tend to operate together to influence health status. Socio refer to “the study of the behaviour of people,” including the ways they interact with one another or their family structures. The word ‘economic’ refer to the economy, such as people’s income and finances. Socio economic links financial and social issues together. Poverty is one of the major issues faced by the tribal communities in Kerala. Poverty is a situation where a household or an individual is unable to meet the basic necessities of life which include consumption and non-consumption items, considered as minimum requirement to sustain livelihood. Poverty creates ill health because it forces people to live in environments that make them sick, without decent shelter, clean water or adequate sanitation (WHO, 2018).

Tribes are the aboriginal inhabitants of our country who have been living in a life based on the natural environment and have cultural patterns congenial to their physical and social environment. They are the poorest; most marginalized, oppressed, and deprived people in the country. India has the second largest tribal population in the world after Africa(Richard Scaria et.al 2013). Though Kerala has achieved outstanding progress in human development its health status presents a picture of low

overall mortality co-existing with considerable morbidity, mostly caused by diseases linked to underdevelopment, poverty and diseases of affluence.(Panickar and Soman 1999). Reports show that tribes in Kerala underwent serious health issues. Recent change in land use pattern and land alienation has adversely affected their traditional livelihood leading to food insecurity (Rajasenana et al 2013). Poverty, lack of cleanliness, infrastructure inadequacy, coupled with various health problems add fuel to fire.

Studies' including health indicators in rural Kerala shows that the lowest social class including the tribes have highest death and birth rates (Kannan et.al 1991).But in reality there exists differences in the health status of tribes and non tribes in Kerala.Kerala enjoys a unique position in the health map of India and its health indicators are at par with the Western world have the lowest infant mortality and maternal mortality rate with the highest life expectancy coupled with high morbidity and Human Development Report 2005 adduces increase in life expectancy as one of the reasons for high levels of morbidity in Kerala. (Economic review 2011).But conditions of tribes in Kerala are distressing. They are caught in the vicious circle of poverty coupled with malnutrition, morbidity and mortality. A study conducted on the basis of Multidimensional poverty index by(Richard Scaria et al 2013) in Attappady Palakkad among Irular,Mudugar and Kurumbar tribes show that Majority of tribes lies in the category of severe poverty i.e., tribes in Attappady are affected in more than 50% deprivation indicators.More over pregnant women and lactating mothers were found to be suffering from chronic malnutrition and anemia leading to high infant mortality rates (DrIqbal et al 2013).

The livelihood options of the tribes are predominantly primitive in nature (Throat, 2009) with minimal dependence on other means of employment. Communities like Kattunaikas still depend upon forest for hunting, whereas others work as agricultural or non- agricultural laborers (Wayanad Initiative,2006).Studies conducted by (Rajasenana et. al 2013) on 9 prominent tribal communities of Kerala from Wayanad ,Idukki and Palakkad shows that health status of tribal population is not robust as they are very much below the state average in terms of most of the health indicators of morbidity, mortality, infant mortality and other demographic features. This is because

of their peculiar habits like drinking and use of tobacco (Kannan et. al, 1991). Health pattern is inferred by compiling their perception of own health situation as well as data regarding the stage of visiting medical practitioner, stage of ill- health, loss of work-days due to illness and their ill health practices such as consumption of alcohol and tobacco. (Rajasenan et al 2013). Though the tribes constitute only a little above one percent of the total population, there is an “over representation” of tribes in the state’s Below Poverty Line (BPL) category with 44.3 percent as per the NSSO (2004-05). The situation of massive poverty amongst the tribes always leads to ill health conditions and immense difficulty in recovering from the ill-health poverty snare (Rajasenan and Bijith George Abraham 2013)