

# Quality of Life and Cultural Health: A Study among the Kurichiya Tribal Community of Wayanad District, Kerala State

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## Abstract

The cultural change mainly affected the peoples lifestyle, economy, and consumerism. Due to the consequence of cultural change directly or indirectly influencing the traditional system of their socio-cultural and economic life and also influence the people's health. The present study traces the quality of life and cultural health of Kurichiya tribal community in Wayand district Kerala. Kurichiya a matrilineal joint family group in habiting in Wayanad district of Kerala state. This population is traditionally agricultural community, and their life and culture tuned accordingly. As a tribal community pursuing certain traditional food culture and a strict customs related their livelihood. But today due to the influence of technological and economic change and for increasing the better quality of life they move to break some cultural practice especially food and economy. This context paper aims to document the way of life has undergone over a period of time and particularly the factors that determine the notion of quality of life and wellbeing.

**Keywords:** People and Culture; Quality of Life and Cultural Health.

## Introduction

The study of quality of life of the community and their cultural health is closely interrelated. For better standard of living of a community there are attempting to improve their economy, culture, food habits, health care facilities, consumerism, etc. Cultural uniqueness of a group as they maintain an intimate relationship with quality of life practices of a community but in occasionally it is losses. The study of health and culture are significant indicators of development of a population. Health culture is a wider meaning; it is the vital in quality of life and health of a community. It

is influenced by heredity, cultural beliefs, food and traditional health care practices. Earlier the tribes depends upon with health care practices for their quality of life, they give priority in magic, rituals and religious beliefs, all these are directly influencing. The material available from the nature used for curing the diseases and food habits of a community are an integral part of one's cultural health. For perception, a way of life, and taboo and credulous associated with production, preparation and consumption of food. But ecological changes and the influence of other communities are directly or indirectly associated with their occupation, food culture and health care practices. Due to the cause of changing food culture sometimes increase the

deficiency of certain micronutrients such as iron, vitamin-A, calcium and iodine as well as calories and proteins etc.

This paper, I shall attempt to trace the quality of life and cultural health: a study reference to Kurichiya community of Wayand district Kerala. Wayanad has the largest population of tribal people in Kerala. The native adivasis include mainly the Paniyas, Kurumas, Adiyas, Kattunaikkar, Kadar, Kurichiya and the Uralis. The Kurichiyas is the most developed among them.

The Kurichiyas have their own specialities, which lend some support to their claim of a distinctive culture; their many characteristics with the rest of the Kerala people have to be noted with numerous shared traits such as the traditional fore-lock of hair, house pattern, ornaments, style of offering, shamanism, kinship technology; they have to be treated as part and parcel of Kerala non-Brahmin society<sup>1</sup>. The researchers have given an account on Kurichiyas of Wayanad; it depicts some of the ethnographic details of the community and help to understand about the basic contours of the community and a clear picture about the eco-cultural adaptation.<sup>2,3,4</sup>

The study of quality of life and cultural health of the Kurichiyas is significant in providing a comprehensive picture of the life and culture of the people. During the past the Kurichiya lived in isolation from the mainstream population. They lived in dense forest and used to keep distance from other communities. Earlier they would not enter the house of other castes. They consider it as pollution, and if occurred in any case, they would have to sprinkle water for purification; this is clearly understood the people and their cultural background.

Each ritual ceremony, community prepares special food it is closely connected the ecological availability and health. Food is both biological and culturally important as far as human beings are concerned. In order to perform various metabolic activities, biologically, inevitable for growth and survival. The Kurichiyas are non-vegetarians. There is a large kitchen for joint-cooking. This population is traditionally agricultural community, occasionally conducted hunting, fishing and gathering. The knowledge of production and their use in the form of implementing, weapon, and facilities is handed over from one generation to the other. Kurichiyas of Wayanad have a great material tradition. Prior, the community becomes accustomed to the forest bio network and build up a subsistence level of economy within the limits

of available natural resources to maintain their quality of life like food, water, air, cloth etc. They traced abundance of vegetables and hunted wild animals in the nature for their basic sustainability. They had hunted deer, pig, rabbit, etc., but now they done hunting occasionally and started to consume chicken which brought from the market. They were forbidden to take meat of whitecranes, buffalo, cow, etc. They also consumed fresh fruits, leaf products, tapioca, tubers of different kinds, colocasia etc., on seasonal availability. Meat of fish and birds also formed a significant part of the cuisine. Now, rice has become the staple food. The community is still consuming roots and tubers. The community's earlier food habits are directly connected to the ecology, but now mostly they depend market products. The community has rich knowledge about traditional medicine. They made traditional medicine to cure physical ailments, the main ingredient of their medicine included herbs, leaves, roots, fruits, etc. ill health and disease were very low in earlier periods. The food items were collected by gathering activities added their health condition, very good, they could undertake hard labour because of good health. Due to the influence of the various government welfare programmes providing much concession for the upliftment of the tribal community's standard of life. Today, people are moving to change for better living conditions they forced to use new technological culture. It causes to modify their food culture and to manipulate the health position. Coming into new contact and new way of life directly affected their health and increasing new life style diseases. While the breaking of the joint family and comes in the place of the nuclear family, but the traditional customs and worship of the tribal community and their belief are still continuing.

The population is traditionally agricultural community, occasionally conducted hunting, fishing and gathering. They are following the strict kinship system with matrilineal joint family and tharavdu is the major power centre of the family. Kurichiya is the second largest tribal population in Kerala. Their present population is 35,171.<sup>5</sup> They are distributed in Kannur and Waynad district. Their population is scattered in all the three taluks of Waynad district, i.e. Mananthavady, Sulthan Bathery and Vythiri. The name Kurichiya is said to have originated from *Kurichi*, the name of a day on which they scheduled to hunt, or perhaps from *Kuri*(external mark) which they make on their chests and foreheads with holy ashes. They are also known as "Hill Brahmins". They speak their own dialect,

which is a mixture of Tamil and Malayalam.<sup>6</sup> Now, they speak and write in Malayalam. The younger generation speaks in their traditional language rarely. At the time of their rituals and ceremony, they use their own language.

The physical appearance of the Kurichiyas is those both sexes are long arm, robust, and have curly or wavy hair. They have tall stature and their complexion varies from light to very dark brown. In the past, they uncovered their upper part of the body. Men have their long hair tied in a knot on the side of the head, called '*Kuduma*', and wear earrings and waist band, but now the younger generation cropping their hair, and avoid wearing earrings and waist band. Women wear earrings, nose-rings, waistband and bangles, old generation still uses these types of traditional ornaments.<sup>6</sup>

Kinship assumes a prominent place among Kurichiyas. Generally, they prefer cross-cousin marriage. Their descent is traced through the matrilineal line. They practice joint and avoidance relationship. They have some specific kinship terminologies, which are based on their *Kulams*. Now they have 57 *Kulams*. The *kulams* are divided into two. They are *Bandhu* and *Pandhi*. The *Pandhi* is considered as their sister clan. Hence, it is prohibited to marry the person who belongs to the *pandhi* clan. If they marry from *Pandhi*, they should be out-cast from *taravadu*. In the past, polygamy was also practiced occasionally.

The Kurichiya community following strict kinship system with matrilineal joint family and *taravadu* are the major power centre of the family. The family is controlled by a head, known as *Odaikkaran*. He is the political leader of *taravadu*. Others like *Vidhikaran* (religious head of the settlement) and *Changathi* (friend). Kurichiya women play an important role in communal composition, custom and economic spheres of activities including the institution of affinity and marriage ceremony. Marriage is the one of the important social organizations. There are three types of marriage, namely *Thalekettukalyanam*, *Therattukalyanam* and *Kettukalyanam*. The first type of marriage occurred before the puberty of the girl. The second is *Therattukalyanam* which means 'puberty ceremony'. The third type of marriage *Kettukalyanam* provides the beginning of family life.

Religion has been the core of India's tradition. Religion in Indian has not only been a tradition of worship, also controlled the entire community life. The Kurichiyas believe in Hinduism. They considered *Malakkari* (Siva) as their supreme God. They also worship other gods like *poothi* (*bagavathi*), *muthappan*, *ganapathi*, *guligan*, *saraswathi* etc.

## Objectives

The present study aims to find out the Quality of Life and cultural Health among Kurichiya Tribe of Wayanad district, Kerala.

### Study Area

The study was conducted among the Kurichiyans at Vellamunda Panchayath, in a Manathavadi Block of Wayanad District in Kerala. The fieldwork was conducted in the following six settlements viz; Kakkotara, Valakkottil, Chuliyattile, Karuvalasserry, Athikolli and Peruvadi.

## Materials and Methods

The present study was carried out among the Kurichiya tribal population at Manathavadi, taluk in Wayanad district. As the Kurichiyas are speaking Malayalam, communicating with them has not posed any problem while collecting data and making rapport. The first one month was utilised for conducting a household survey. The interview includes both formal and non-formal. Their daily events have been noticed by participant and non-participant observation. Most of the data were collected mainly through interview and observations. Interview with aged people were helped to reconstruct their tradition. Details about their maternal and child health care practices were collected with the help of Asha workers and anganwadi workers. The sample for the present study comprise of 150 households of Kurichiya population. Purposive sampling method is used to collect data. A schedule was developed for collecting the detailed information about the clear picture about the community's family structure (family size and composition, occupation structure, income of the family), food habits, health and health care practices by interview, observation etc. However, it would not be possible to focus deeply on a community within a limited time of two months.

## Result and Discussion

The present study draws the quality of life and health culture of the Kurichiya population. It includes their living condition and changing food culture, health care practices, diseases and economic activities.

Table 1 shows the family structure and size of the Kurichiyatribal population. Nuclear family is the most common form found among the present study. The peculiar feature of Kurichiya community is their family structure. Traditionally, they are following joint family system. More than 100 families were once lived under one roof in this joint family system. Earlier they were settled in different areas of Wayanad under 108 tharavads, but now 57 tharavads only existed and others are extinct due to the various reasons. Among the 150 samples were studied, 94% of families were living in a nuclear family system and remaining 6% families were living in tharavadu.

**Table 1:** Family Structure

Family Structure	Number	Percentage
Nuclear Family	141	94%
Joint Family	09	06%
<b>Total</b>	<b>150</b>	<b>100 %</b>

The major reason for the disintegration of the traditional family system was the various social welfare schemes introduced by the Government, they provided financial assistance for construction of houses and distributed through local self-government and scheduled tribe development department. About 95% of the families were constructed home with the aid of the government and the remaining 5% were constructed with their own expense. All the same time, their traditional family structure resulted major changes, but they still strictly follow their traditional rituals and beliefs.<sup>7</sup>

House to house surveys were conducted using an interview schedule. Among the sample study,

48.49% are females and 51.51% are males. Only 6.57% of the sample study belongs to children of age group 0 to 4. Among these 10 numbers are under six months, seven months to one year are 12 in number and 15 are belong to two to four years. 30 to 34 age group people are more in number (12.43%) and 50-54 age group persons are only 2.84%. There are 9.94% are above 60 years of age.

In each culture of the people would engage in dissimilar works for improving their better standard of life. So for satisfying their needs, they wanted economic sustainability. The influence of education, contact with mainstream population and ecological changes are closely associated with their occupational changes. Economic organization is divided into traditional and modern. The traditional economy includes hunting, food gathering, fishing and shifting cultivation. Toady hunting is associated with ritual activities, hunting is usually a group activity, and they are expert in archery and hunting for game meat. Hunted meat is an unavoidable item during their ritual ceremonies like girls nuptial ceremonies, marriage, etc. But the strict rule implemented by government against the hunting in the forest, forced them to change their tradition and depends at market. Nowadays they practice settled agriculture with animal husbandry. Many of them are working in different areas as wage labourer, salesman/women in shops, media, members in local self-government, etc., few of them are appointed as tribal promoters and Asha workers. Awareness of the reservation for their backwardness resulted to achieve government job, a small number of people are working in various

**Table 2:** Age and Sex Wise Population.

Sl. No.	Age Group	Male		Female		Total
		No	%	No	%	
1	0-4	18	6.59	19	6.55	37 (6.57%)
2	5-9	21	7.69	18	6.21	39 (6.98%)
3	10-14	32	11.72	28	9.65	60 (10.68%)
4	15-19	22	8.06	22	7.59	44 (7.81%)
5	20-24	17	6.23	26	8.96	43 (7.64%)
6	25-29	33	12.09	31	10.69	64 (11.37%)
7	30-34	32	11.72	38	13.10	70 (12.43%)
8	35-39	19	6.96	27	9.31	46 (8.17%)
9	40-44	17	6.23	17	5.86	34 (6.04%)
10	45-49	19	6.96	16	5.52	35 (6.22%)
11	50-54	9	3.29	7	2.41	16 (2.84%)
12	55-59	6	2.18	13	4.48	19 (3.37%)
13	60+	28	10.26	28	9.65	56 (9.94%)
<b>Total</b>		<b>273</b>	<b>48.49</b>	<b>290</b>	<b>51.51</b>	<b>563 (100%)</b>



posts of state and central government and private sector. The table of the working status of Kurichiyais given below.

**Table 3:** Occupational Structure.

Category	Males	Females	Number	Percentage
Agriculture	68	32	100	17.77%
Wage labour	120	70	190	33.75%
Animal husbandry	35	20	55	9.78%
Government employee	14	4	18	3.10%

Agriculture continues as traditional economic activities among Kurichiya. 17.77% of persons are still depending on agriculture. The table shows that wage labourers are more in number, i.e. 33.75% are working as wage labourers. More opportunities and high wages attracted more people to engage on wage labourer. They are working in the field of construction and plantation. About 9.78% persons are earning income through animal husbandry along with other jobs. Other income generating activity is included MNREGA (Mahatma Gandhi National Rural Employment Guarantee Programme) SHG (Self-help groups) are working successfully in their area. Many of the old aged peoples and females are beneficiary of MNREGA. Among the sample, 40% of the females and 10 % of the males are the members of SHG. There are 3.10% people are government employees.

Health is defined by World health organisation as "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". Perception of health or notion of disease varies from person to person. These are closely connected with their food, economy and ecology. According to Kurichiyas the concept of health is directly related to their daily work, during the past time their food and medicine are closely connected with their ecology. They consumed only what they produced and they did not depend others for food. They used traditional methods for cultivation, but for increasing production their traditional methods transformed to mechanize and started to use fertilizer and pesticides. This resulted to contaminate their environment, food and water and they readily fall into various life style diseases.

The community has their own medical practices; the traditional healer has a respectful position in the community as they believe that their skill is gifted by the god. At present the government has started a number of health care facilities in the tribal areas to improve the health of the tribal people. Besides their traditional health care practices they also use other type of treatments like Ayurveda,

Allopathy, and homeopathy medicines. Thus, medical pluralism exists among them. The majority of the prefer the modern health care treatment due to the better and advanced treatment facility, free medicine and treatment at government hospitals, speedy relief, influence of services by Asha workers and anganwadi workers etc. The present study population, 15% depends both traditional and modern medical treatment and 85% uses modern medical facility. Most health problems and diseases are increasing in recent periods because people are more cautious about their better quality of life like changes in occupation, food, culture and family structure and ignore their health.

What the people eat, how, when, where, and how much is greatly determined by social, economic, political and cultural process.<sup>8</sup> At present, major changes occurred in their food habit. A Large portion of the forest has been destroyed and replaced by monoculture plantation like tea, coffee, areca nut, cardamom, etc. Their contact with outsiders has also resulted in more contact with modern culture. Now, their food pattern and structure has also changed. They prepare different types of foods and approximately 95% of the study population consuming food products from the market. Some of the things remained unchanged as in the past, a ragi which cultivated in their land was the staple food their daily life. Nowadays, rice has taken the place instead of ragi. Now they consumed ragi, which is brought from the market and also they continue to give to small children. Till today people have followed certain food taboos observed like meat of cow, buffalo, pork, and white crane, etc. Hot and cold classification are deep-rooted in the culture of a community. It is a belief associated with food, folk medicine and practices of the community. There is unanimity with regard to the concept of hot and cold. They considered mustard oil and papaya are hot and ragi is cold. In the community, food preference and avoidance are related to the major phases of life, diseases, health care practices and to the nutritive value of the food.

Maternal and child health was largely neglected among the earlier. They did not get proper rest or food during pre natal and post natal periods. During pregnancy, she uses to lead a normal life and had not given much importance to her health and of the child. She used to engage herself in all hard works such as carrying the firewood or paddy crushing, etc. She would start to do their work after the third day itself of the delivery like grinding and washing clothes etc. Home delivery assisted with midwife was common and they did not go

to hospital. In the past infant mortality rate was high, and abortion and stillbirth were also high. Comparatively the rate of stillbirth and abortion are now reduced. Home delivery was common among them, there are 25% of abortion and stillbirth are reduced in home delivery to hospital delivery. The present face of the pregnancy and delivery are completely different. After confirming pregnancy, they would seek advice from a doctor in the near PHC (Public health centre). The doctor or nurse at PHC would give a plan for prenatal checkups and refer to gynaecologist or she themselves consult the gynaecologist, usually at District hospital Manathavady. Anganwadi workers and Asha workers visit their homes and give advice of pre natal and post natal care, vaccination, distribute Iron and vitamin tablets etc.

### Conclusion

Changes in food and environment adversely affect their health and effect many health problems. Traditional health care practices are not answering to such diseases. In some cases, curing methods are not effective because of modern adulterated food and new life style. The life style of Kurichiyas today is very much different from their earlier condition,

mainly due to the impact of the market economy and non-tribal contact. Medical health care centres like public health centres, government hospitals, etc. made an important role to the upliftment of tribal health to improve their quality of life.

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