

Explanatory analysis of life style of Narikurava community in Pudukkottai district

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Abstract

The Narikuravar is an indigenous community from India state of Tamil Nadu. They have a distinct culture that has been passed from generation to generation. The main occupation of the people was hunting birds and animals. But as they were prohibited entry into the forests to pursue this livelihood, they were forced to take up other alternatives such as selling beaded ornaments. Present study attempts to understand the Life style of Narikuravas. Objective of this study is to study the socio economics condition of Narikuravas, to find out the food system of Narikuravas and to explore the forms of Health system of Narikuravas. Explanatory and Descriptive research design has been opted for the present study. The study has undertaken in selected area of Keerannur of Pudukkottai district involving sixty three respondents. The major issues which confront Narikuravas are poverty, illiteracy, diseases and discrimination. Special attention needs to be given to the Narikurava community's women and children. Government should have a long-term plan for improvement of the Socio-economic status of the Narikurava community.

Keywords: Nomads, Health Care, food system Indigenous Tribes

1. Introduction

The tribes in India form an important part of the total population. It represents an element in Indian society which is integrated with the cultural mosaic of our civilization. The tribal population of India constitutes nearly eight percentage of the total population. Among them the Narikurava community is playing a significance role. The Narikurava is an indigenous community from India state of Tamil Nadu. The main occupation of the people who originally belong to the indigenous tribes, is hunting. But as they were prohibited entry into the forests to pursue this livelihood, they were forced to take up other alternatives such as selling beaded ornaments to survive. Hence, they migrate from place to place to find a market for their beads. Children accompany the adults wherever they go, which means they never get chance to attend the school. The Narikuravas speak an Indo-Aryan language called Vagriboli. Almost all Narikuravas are well-versed in Tamil. However, most of the Narikurava liturgical hymns and folk songs are in Vagriboli.

The major issues confront Narikurava are poverty, illiteracy, diseases and discrimination. There has been discrimination of Narikuravas since ancient times. Due to their consumption of animals tabooed by settled Hindu communities and other habits, they are classified as untouchables as per the Hindu varna system and are excluded from streets inhabited by upper castes. Hence, their status in society is on par with dalits and at times, even lower.

High crime rates and unemployment are other problems which afflict the Narikurava community. The proscription of fox-hunting as well as killing endangered species of birds and wildlife has depleted the Narikuravas of their traditional sources of livelihood. As a result, unemployed Narikurava youth are taking to crime and illegal activities. There have also been instances when Narikurava have been arrested for the possession of unregistered firearms as country rifles which are banned according to the Indian laws.

On 1996, a social-welfare organization named Narikurava Seva Sangam was formed in order to educate Narikurava children and facilitate them to lead a settled life. Other social-welfare organizations, too, have poured in their efforts to improve the lives of the Narikuravas. In May 2008, the creation of a Welfare Board for the Narikuravas headed by the Backward Classes Minister was authorized by the State Government. Steady progress is being made in educating Narikuravas and assimilating them into society. The demand for the Welfare Board and remove them from the Backward Class list and include them into Scheduled Tribes are still going on.

Socio-economic ignorance, geographical isolation and their discernment of not using now day's health care services are the great barrier for improving health status of nomad tribal. The tribal's socio- cultural norms are different to general population, having distinct civilization, rituals, depending on forest and traditional agricultural technology. The practices of poverished economy and exploitation have made them economically poor. It has been noticed that majority of the nomads are living in the extreme exterior where it is difficult to locate them.

Similarly as in the paper of Nagda *et al.* (2004) documented that the tribes of southern region of the state inhabited in scattered type of settlement live on hills with 2-3 huts. In such situation of habitat, health improvement and physical infrastructural facilities such as roads, electricity, buildings, and transportations are difficult task. A large number of nomad tribal populations are affected by unemployment, malnutrition, diseases, poverty and lack of physical resources such as forest, agriculture land, water, electricity and even cooking fuels, industries and mining.

No doubt, the medical facilities are just rudimentary. But these people are not even willing themselves to go to hospitals for minor diseases like cold and cough as shown in the results of the present study. Although many of these populations has come out of their spheres of previous

lifestyle due to the urbanization and modernization and they are forced to adapt to new type of occupations but when taking to the account of the health problems they still attached to their beliefs as it has been shown in the study of Elwin (1955). It argues that gods are associated with children's disease, cough, cold, blindness, madness, diseases of pregnant women, and so on.

2. Health Transition of Narikuravar

Nomadic pastoral lifestyle is often regarded as a harsh, strenuous way of life. Our interviews suggest that nomads consider it to be healthy. In contrast, one of objectives for sedentarization is to create better access to health-care services. However, delivery of health services to the majority of rural areas is hampered by the fact that health workers in the townships are not very well trained and are not adequate in terms of numbers. With increasing barley production, there has been a significant increase in consumption of barley wine or local alcoholic drinks, as indicated by an increase in liver problems and stomach aches according to records from the health centers. Poor sanitation and inaccessibility to drinking water, particularly in keerannur village, were also reported by villagers. Cooking with biomass fuel causes indoor air pollution which leads to respiratory problems and increases the risk of tuberculosis (Mishra *et al.*, 1999).

The poor burning quality of turf makes the situation even worse. Unhygienic living conditions, degraded quality of fodder, and consumption of dirty water increases the probability of transmission of infectious diseases, such as tuberculosis, and waterborne diseases, such as diarrhea, in the village. Salty butter tea, a common drink among Tibetan nomads is not as suitable for a sedentary lifestyle. Degradation caused by climate change and human activities results in an increase in dust storms in winter and spring (Qian and Zhu, 2001).

All these changes contribute to more non communicable diseases such as diabetes, heart disease, and chronic bronchitis and other respiratory problems. Increasing tourism and migration bring other health risks such as HIV/AIDS. Improved road transportation is always associated with increasing numbers of traffic accidents, infectious diseases, and also social issues. The transitional impacts of land use and socioeconomics on different social groups can vary across temporal and spatial scales. Women are seen to be more vulnerable than men.

3. Methodology

3.1. Objectives of the study

- To study the socio economics condition of Narikuravas
- To find out the food system of Narikuravas
- To explore the forms of Health system of Narikuravas

3.2. Research Design: Explanatory and Descriptive research design

3.3. Sample: The study included 63 people from various age groups and Snowball sampling technique was used.

3.4. Data collection: The study mainly depends on the primary and secondary data. The data is collected from the respondents through the interview.

4. Analysis and Findings

4.1. Socio Economic Conditions distribution

Table. 4.1 Explains that the sex wise classification of the sample respondent presents a high ratio of males than females. Males (55.6%) are more than females. Females (44.4%) are less than half of the respondents. This is because the males were dominating the community that's why they were everywhere to get as a snowball respondent.

The religious wise classification of the respondents presents a high ratio of Hindu religion. Hindu followers (73.0%) are more than other religion. Christian followers are less than one third (27.0 %) of the respondents. There is no any Muslim follower. This is because original religion of Narikurava is only some customs but since it is considered in Hindu religion they are called Hindus. Origin of Christian religion in Narikurava community is through conversion by evangelic missionaries. Till now there is no acceptance of Islam in this community.

The education wise classification of the respondents made six groups. More than half of the respondents (50.8%) are in the group of primary school. Remaining comes under the group of Upper Primary School (38.1%), High School (7.9%), Higher Secondary (1.6), Higher Education (1.6) and Technical Education (0%). It is because lack of proper settlement in one place, lack of educational institution in their area, poverty, child marriage, negligence of government and lack of awareness about important of the education.

The age wise classification of the sample of the respondents gives the fact that more than one-third (41.3%) of respondents are in the 40 onwards age group which is followed by one-third (36.5 %) in 31-40 years of age group. The third group comes under 21-30 (22.2 %). Thus the study comprises the respondents from 21years to 41 years onwards dominated by 41 years onwards. Since it was snow ball sampling age was not restricted in any particular category.

Monthly income wise classification of respondents made four categories. More than one-third (41.3) % of the respondents come under 2001-4000 rupees category. One- third (33.3) % of the respondents comes under the 4001-6000 rupees category. Remaining are 1000-2000 (17.5) percentage and above 6000 rupees is (7.9) percentage. The table shows that average monthly income of Narikurava of keerannur is 4000 thousand rupees only which indicate the pathetic condition of life both economically and socially. Backwardness of social interaction depends on their income also. It is noticeable that above 6000 thousand monthly incomes gets only to 7.9 % people and development of this community requires government intervention fully.

4.2. Health system

Table 4.2 describes that the Medical treatment wise distribution of respondents classified into six groups. They are Allopathic, Ayurveda, Home remedy, Siddha, Homeopathy and Unani respectively. Half of the respondents (49.2%) are using allopathic treatment for their diseases. It is because quick and fast curing capacity of allopathic treatment and easily available everywhere. One-third (36.5%) of the respondents using Home Remedy (natural and traditional) as their medical treatment. It is because they were living in a particular circle without mingling the general people and traditional believes and customs do not allow them to go for other treatment. 14.3 % of the respondents are only using

Ayurveda for the medical treatment. It is because lack of available everywhere and slowness of the curing. Nobody uses Siddha, Homeopathy and Unani for the medical treatment. It is because they are not familiar with it and lack of available.

4.3. Food system

Table 4.3 explains that the Lunch wise distribution of the respondents classified into five categories. They are Rice, Idly, Millet, Corn and Wheat. More than one-third (42.9%) of the respondents having rice at lunch. It is because south Indians are habituated having rice at lunch and it much cultivated here. 23.8% of the respondents are using wheat at lunch. It is because of the traditional and cultural relation to the north India by their origin. 14.3 percentage of the respondents are having corn, 11.1 percentage of the respondents are having millet and 7.9 percentage of respondents are having idly at lunch time. It is because these items are available with cheap price and since they don't have much earnings they are satisfied with it.

Breakfast wise classification of the respondents classified into six categories. They are Rice, Idly, Millet, Corn and Wheat. More than half of the respondents (58.7%) are having idly at breakfast. It is because idly is a conventional food, cheap and best and easy to prepare. 19.0 % of the respondents are having wheat at breakfast, 11.1 % of the respondents are having rice and 11.1 % of the respondents are having millets. It is because preparing the food depends on their time and convenience since they are going for job very early preparation will be difficult. Wheat and millets will survive for days that's why they are preparing nights and using in morning.

Dinner wise classification of the respondents classified into six categories. They are Rice, Idly, Millet, Corn, Chapati and Roti. 23.8 percentage of the respondents are having idly at dinner. It is because of convenient to speed preparation and cheap and best. 20.6 percentage of the respondents use corn,

19.0 percentage of the respondents use millet, 17.5 percentage of the respondents use chapathi, 12.7 percentage of the respondent use rice and 6.3 percentage of the respondent have roti.

Table 4: Socio Economic Conditions distribution (N = 63)

S. No	Items	Socio - Economic Conditions		
		No. of Respondents	Percentage	
1	Gender	Male	35	55.6
		Female	28	44.4
2	Age	21-30	14	22.2
		31-40	23	36.5
		41 Onwards	26	41.3
3	Religion	Hinduism	46	73.0
		Muslim	17	27.0
		Christians	0	0
4	Educational Qualification	Primary	32	50.8
		Upper Primary School	24	38.1
		High School	5	7.9
		Higher Secondary	1	1.6
		Higher Education	1	1.6
5	Income (monthly)	1000-2000	10	10.52
		2001-4000	40	42.1
		4001-6000	34	35.78
		Above 6000	11	11.57

Source: Primary data

Table 2: Health System

Health system			
S.No	Items	Frequency	Percent
1	Allopathy	31	49.2
2	Ayurveda	9	14.3
3	Home Remedy	23	36.5
4	Siddha	0	0
5	Homeopathy	0	0
6	Unani	0	0
Total		63	100.0

Source: Primary data

Table 3: Food system of the Narikuravar

S.No	Items	Break fast		Lunch		Dinner	
		Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
1	Rice	7	11.1	27	42.9	8	12.7
2	Idly	37	58.7	5	7.9	15	23.8
3	Millet	7	11.1	7	11.1	12	19.0
4	Corn	-	-	9	14.3	13	20.6
5	Wheat	12	19.0	15	23.8	-	-
6	Chapati	-	-	-	-	11	17.5
7	Roti	-	-	-	-	4	6.3

Source: Primary data

5. Conclusion

The present study on Narikurava community brought out their unique way of life style. The religious wise classification of the respondents presents a high ratio of Hindu religion than Christianity. There is no any Muslim follower. It is because original religion of Narikurava was only some customs but since it is considered in Hindu religion they are called Hindus. Origin of Christian religion in Narikurava community is through conversion by evangelic missionaries. Majority of this community people have primary level education. It is because lack of proper settlement in one place, lack of educational institution in their

area, poverty, child marriage, negligence of government and lack of awareness about important of the education. Average monthly income of Narikurava of keerannur is 4000 thousand rupees only which indicate the pathetic condition of life both economically and socially. Half of the respondents are using allopathic treatment for their diseases. It is because quick and fast curing capacity of allopathic treatment and easily available everywhere. Remaining major part of the respondents is using home remedy (Natural and Traditional).Nobody uses Siddha, Homeopathy and Unani for the medical treatment. It is because they are not familiar with it and lack of availability. Rice is dominant food for this

community than other variety of food. It is because south Indians are habituated having rice and it much cultivated here. Even though they are still following some sort of the traditional and north Indian foods.

Presently Narikuravar Community is in a very pathetic condition as they are subjected to various kind of discrimination, living in a poor socio, economic and health conditions. So necessary Health, Education and Employment facilities have to be created by Government by long-term planning. Long term and short-term courses of vocational training should be provided to develop skills and knowledge of Narikurava community people. Special attention needs to be given to the Narikurava community's women and children and Government should have a long-term plan for improvement of the Socio-economic status of the Narikurava community.

6. Reference

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