

**Tribal Unwed Mothers of Thirunelli Gram Panchayat,
Wayanad District, Kerala: A Case Study**

*Dissertation submitted to Jawaharlal Nehru University
in partial fulfillment of the requirement
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MASTER OF PHILOSOPHY

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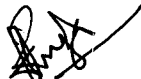
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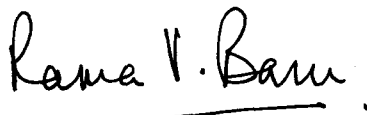
CERTIFICATE

This dissertation entitled “**Tribal Unwed Mothers of Thirunelli Gram Panchayat, Wayanad District, Kerala: A Case Study**” is submitted in partial fulfillment of the requirements for award of the degree of Master of Philosophy of Jawaharlal Nehru University. This dissertation has not been submitted for any other degree of this university or any other university and is my original work.



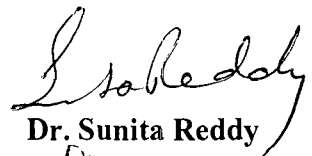

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We recommend that this dissertation be placed before the examiners for evaluation.



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ABBREVIATIONS

AD	: Anno Domini
ADS	: Area Development Society
AIDS	: Acquired Immune Deficiency Syndrome
ASHA	: Accredited Social Health Activist
BC	: Before Christ
BPL	: Below Poverty Line
CDS	: Centre for Development Studies
CDS	: Community Development Society
CRPF	: Central Reserve Police Force
DNA	: Deoxyribo Nucleic Acid
GDP	: Gross Domestic Product
GOK	: Government of Kerala
HIV	: Human Immuno Virus
ICDS	: Integrated Child Development Service Scheme
ICPD	: International Conference on Population and Development
JPHN	: Junior Public Health Nurse
KDR	: Kerala Development Report
KSACS	: Kerala State Aids Control Society
MDG	: Millennium Development Goal
NREGS	: National Rural Employment Guarantee Scheme
PAHO	: Pan American Health Organization
PHC	: Primary Health Centre
RNTCP	: Revised National Tuberculosis Control Programme
RTI	: Reproductive Tract Infection
SC	: Scheduled Caste
ST	: Scheduled Tribe
STD	: Sexually Transmitted Disease
TB	: Tuberculosis (Tubercle Bacillus)
TDO	: Tribal Development Officer
TGP	: Thirunelli Grama Panchayat
UN	: United Nations
WHDR	: Wayanad Human Development Report
WHO	: World Health Organization

GLOSSARY

'Loose' women	: women who are morally weak
Gadhika	: A Ritual associated with traditional healing practice of AdiyaTribe
Gounder	: Landlords in Karnataka
Naduvazhi/Deshavazhi	: Local chief
Oorukootam	: Caste panchayat of Tribals
Pattaya	: Deed for Land
Thalapattam	: A form of providing coolie or wage in advance for the workers (wage as money or agriculture produce)
Vallipani	: Daily wage for workers in the form of Paddy
Muppan	: Head man of the tribal community

Introduction

This study is about tribal unwed mothers, their life and health. Wayanad, one of the tribal districts in Kerala has been facing the problem of increasing numbers of unwed mothers in recent years. This has become a challenge for the growth and development of the entire tribal community of Wayanad. As deprived sections of the society, tribal population are much more vulnerable and struggle for survival. In such deprived conditions they face many challenges that are hard to fight back. These difficulties include forms of exploitation, violence, poverty, unemployment etc. These are the faces of tribal life not only in Wayanad but also in many parts of the world. Gradually they adjust to their deprived condition. Their sufferings become a part of their everyday life.

Tribal Unwed mothers in this study are the result of such deprived condition and they represent that section of women or adolescent girls who are victims of violence in the form of sexual abuse or rape. Tribal population in Wayanad, the original inhabitants of this hill country, has undergone gradual transition from mainstream to the margin or periphery of the society. This transition happened in the social, economic, cultural, political and ecological sphere of Wayanad and for its people. It was not a positive change, and these factors led to the deprived condition of the tribals. Unwed motherhood among tribal women in Wayanad is a consequence of these transitions which led into deprivation. In this study, the author tries to look into the macro forces which led to the transition of tribal population and its links with unwed motherhood among tribal women. Apart from this, there are various micro and individual factors which are responsible for the increasing number of unwed mothers. The study tries to analyze these factors in its socio cultural, political economic and ecological context.

The everyday life of women has a close link with their health status. This study focuses its attention on the health of unwed mothers in the context of their poverty and vulnerability to sexual exploitation. The social, economic lives of unwed mothers are the main issues of concern, which impinge on their health status. To get a holistic picture of the health of unwed mothers, this research looks at their reproductive health, maternal health and general health aspects. Apart from this it tries to sketch their everyday lives as

a mother, breadwinner of the family, as a member of social group etc. and show how all these roles are linked with their health status.

The Marxist perspective in social science research considers society or social reality as a product of contradiction, conflict, change and transformation. This approach in social science helps to reveal the system of domination and how it brings change or transformation in the society. This makes it important to understand the historical factors which influenced the evolution of a society (Mukherji, 2000). The political economy perspective says that health and illness are the result of socio economic and developmental factor, and focuses on the identification of political, economic and historical factors which causes health, illness and diseases (Bisht, 2004). These perspectives are used in this study of unwed mothers in order to understand the issue of unwed motherhood and its links with the health of unwed mothers.

The feminist approach in social sciences states that women's research has to begin with women's experience of their social reality (Mukherji, 2000). This study looks at the history of Wayanad and the transition of tribals, the effect of this on the issue of unwed mothers. Through an in-depth understanding of the life, history, and lived experience of these unwed mothers, this study tries to understand what sort of health and other issues emerge in the everyday life of unwed mothers and what are their coping strategies.

To introduce this dissertation, the first chapter deals with different aspects of health. It studies women's health and violence against women as a major determinant of health. Through a review of relevant literature, it also examines the various factors responsible for violence against women and the impact, this has on the health of women. Disadvantaged sections of the population, especially indigenous population, are the greatest sufferers or victims of violence against women. This chapter also includes studies on tribals regarding their culture, exploitation and health, and in turn draws attention to the impact this has on the rise of unwed motherhood and the reasons for this as well.

Chapter 2 conceptualizes the research problem, the research methods, tools and techniques used for data collection, and provide a brief of the research setting and field experience.

Historical account of this locality has a close link with the issue of unwed motherhood among tribal women. In order to understand the transition of tribals to landless and marginalized, one has to historically review their past from being the original inhabitants of the hill country Wayanad to their present day situation. Various social, ecological, economic, political and cultural forces are responsible for their present day plight. Chapter 3 therefore looks at this transition period and the context of women in this culture. It introduces the socio political and cultural history of Wayanad and discusses the issues and concerns of tribal women in the context of the transition. Mainly based on secondary data this chapter gives a macro picture of the factors which contribute to the issue of unwed motherhood.

Chapter 4 and Chapter 5 are mainly based on the information gathered from the field. The first section of Chapter 4 deals with life stories of tribal unwed mothers. The second section talks about various micro or individual factors responsible for unwed motherhood. Since sexual exploitation has been considered one of the main reasons for unwed motherhood, the chapter brings attention to the factors which lead to the sexual exploitation of tribal women and adolescent girls. The third section examines the everyday life and sufferings of tribal unwed mothers through their experience. Their social setting, economic activity, relationship with community and their coping strategies are also discussed within this chapter.

Health of unwed mothers is the prime component of chapter 5. Through understanding the reproductive history of unwed mothers this study looks at the maternal and reproductive health of unwed mothers in the context of exploitation, poverty and isolation due to premarital pregnancy. The factors responsible for poor health of unwed mothers, the accessibility and availability of healthcare services are also included in it. In order to deal with a social and public health problem like violence against women and unwed motherhood, the state, community and the individual's family have their own

responsibilities. The last section of this chapter probes into the various efforts made by the state, the community and the families in order to support unwed mothers or curb the increasing incidence of unwed motherhood in Wayanad. The last chapter-summary and conclusion, talks about the significance of understanding violence against women in their social context and its prevention for better health status of women and the overall development of the nation.

Chapter I

Women, Violence and Health

1.1 Understanding Health

World Health Organization defines health as “not merely the absence of disease and infirmity but complete physical, mental and social wellbeing” (Baer et al, 2003: 4). It means that health is a state of being (Radley, 1994) and imparting a positive meaning, rather than illness or disease which is opposite to health and causes pain and suffering for individuals in their everyday life. Health and illness are not exactly opposite; illness is more definite and makes disruptions in health or wellbeing. Social inequality, class, gender, racial and other kinds of discrimination, poverty, structural violence, social trauma, relative deprivation etc force an individual or a community to live or work in a hazardous physical environment. These factors are barriers to the well being of an individual or group (Singer, 2004). “The people’s experience of health and illness involves both their social context and their body” (Radley, 1994: 17). Health is considered as an elastic concept and varies from culture to culture and society to society and from one historical period to the other (Singer, 2004). Therefore it becomes vital to evaluate health in its socio cultural context.

Health is a contextually defined subject. “Health problems of a population are usually a function of the latter’s ecological background, cultural, economic and social setting and the political structure...” (Banerji, 1982: 2). Imrana Qadeer (2001) has pointed at two different perspectives in public health, which have been derived over a period of time in order to understand health. The first perspective tries to look at “health and health services in its social context and argues that not only technology in the medical field and biology but also socio- economic, political and cultural forces carve the health of the population and health services. The second perspective looks at health as purely biological and the power of technology to treat the malfunctioning of the body” (Quadeer, 2001: 61).

Health needs are different for men and women, not only due to the difference in their biology, but also due to the differences in the situations in which they live and are

brought up, their roles and responsibilities, the gender inequalities in their access to resources and various other factors. "...when considering the differences between women and men in health status, there is a tendency to emphasize biological or sex differences as explanatory factors of well being and illness. A gender approach in health considers the critical roles that social, cultural factors and power relations between women and men play in promoting and protecting or impeding health" (WHO, 2000: 2). Various literature (Gysels et al, 2002; Bisht 2004; Gill et al, 2007) throws light on how vulnerable living and working conditions influence the health of women. The low status of women, illiteracy, poverty, unsafe working conditions and exploitation of various kinds are some factors perpetuating the level of vulnerability towards women's ill health. To understand the social context of women's health and illness it is important to examine different dimensions of women's lives including domestic work, sexuality reproduction, motherhood and their employment (Doyal, 1995).

"If biological finality of death can only be explained in a wider social context then the complex realities of women's sickness and health must be explored in similar ways. In order to do this, traditional epidemiological methods have to be turned on their head. Instead of identifying diseases and then searching for a cause, we need to begin by identifying the major areas of activity that constitute women's lives. We can then go on to analyze the impact of these activities on their health and well being" (Doyal, 1995: 21).

But it is difficult to separate various parts of women's lives because activities and life time of individual women are varying within or between various social, economic, cultural, political and ecological contexts. That means health is a product of how we live, what do we do, who we interact with, and the nature of these interactions and relationships (Doyal, 1995).

The health needs of women are usually examined under one of the three headings- Maternal Health, Reproductive Health or Women's Health. Health problems occur during pregnancy, child birth, the immediate postpartum period and lactation termed as maternal health of women. Reproductive health of women includes maternal health and other problems like female cancers, RTIs, STDs and contraception related factors. In case of the third category, women's health, an entire range of health problems affecting women

both during and after reproductive years (Paolisso and Leslie, 1995) are then considered. This shows that all the three headings are interlinked, including each other in order to give an expanded view of women's health.

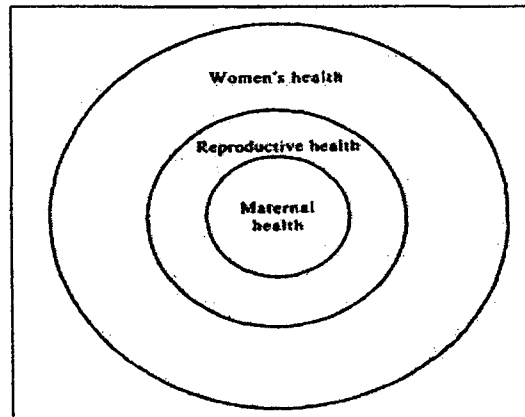


Figure 1.1 Expanding view of Women's Health (Paolisso and Leslie, 1995: 56)

The ongoing debate on the shift from women's health to Reproductive health brings out the fact that, isolated focus on Reproductive health of women will not give a correct view of the actual health challenges of women including malnutrition, communicable diseases etc. (Quadeer, 2001). The maternal and reproductive health strategies are inadequate to deal with women's general health issues. The changes in the general health aspects of women are the best way to improve the maternal and reproductive health of women. So there is a need to look into women's health in an expanded way which includes reproductive health, maternal health and other general health issues of women to understand the health issues of women in their totality.

1.2 Violence against Women and Health

1.2.1 Global Context: Violence against women and adolescent girls, a kind of exploitation plays a significant role in contributing to the ill health of women and adolescent girls, especially their sexual and reproductive health. In 1993 the United Nations Declaration on the Elimination of Violence against Women defined "violence against women as any act of gender based violence that results in or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private

life” (Deosthali and Manghnani, 2005: 172). In broader terms violence against women includes battering, rape, sexual and physical abuse of young girls, verbal and emotional abuse, murder by a partner or husband, honor killing by a family member, forced sterilization, female genital cutting and stalking, sexual harassment in the work place, promoting women and girls for prostitution, pornography and trafficking of women and girls. It is a massive violation of human rights and it threatens all people and limits women’s abilities to make choices about their own lives (Boston women’s health collective, 2008)

WHO recognizes sexual violence, intimate partner violence, and the abuse of women and children as public health problems of epidemic proportions (Boston women’s health collective, 2008). Gender based violence refers to violence experienced by females throughout their life cycle from pre birth to death. At a global level the health burden of gender based victimization among women aged 15-44 is comparable to that posed by other risk factors and diseases already high on the world agenda including HIV, TB, and Sepsis during childbirth, cancer and cardiovascular diseases (Boston women’s health collective, 2008). More than 5,85,000 women die each year because of pregnancy related issues and many suffer due to infections and injury. 70,000 women die each year due to unsafe abortions in developing countries and 1 in 10,000 women die in Eastern Europe because of maternity related causes. The rate is very high in Southeast Asia (1 in 35) and in Africa (1 in 23) (Shankar and Thamilarasan, 2003). Adding to this is the increased incidence of HIV pandemic and sexually transmitted diseases, which contributes violence against women a major public health concern.

The impact of gender based violence on women’s health can lead to poor physical, emotional and social wellbeing among women victims and survivors. In the context of the study on unwed mothers, the researcher tried to understand gender based violence in terms of sexual abuse or rape, the factors responsible for it and their health implications.

1.2.2 Determinants of Gender Based Violence:

The Introductory chapter of the book, *“The question of silence? The sexual economies of modern India”* edited by Mary E John and Janaki Nair clearly portrays the process of

modernization and the emergence of new sexual economies and how women become the victims of exploitation, and subsequently the impact this has on their lives, mainly women's health. Women have been the victims of patriarchal sexual practices, whether through the exploitation of landlords, caste atrocities, marital rape, state policies concerning reproduction or as bearers of the violent marks of political change (John and Nair, 2000). The authors point at the control exhibited by men over the bodies and lives of women and how this affects the poor working class women. In other words they probe at the effects of structural access and privileges of upper caste men on sexuality of lower caste women.

The imbalance between power distance (difference in power between men and women) and individualism are factors responsible for endorsement of violence against any individuals or groups (Luther and Luther, 2007). The probability of being exploited or becoming victims of any type of violence increases with the increase of power distance between the individuals or groups and the increase in individuality of individuals or groups decreases the chances of exploitation or victimization. Violence prevails in a society where there are social inequalities and hierarchies existing in case of race, sex, religion, class, caste and ethnicity. Violence against women has links with all these factors and involves the situation in which the abuse takes place, structure of the society, socio economic and cultural factors (Luther and Luther, 2007).

In earlier times, the nationalist and Marxist movement model looked into the relations of production rather than relations of exploitation in the new political model. This political model redefines exploitation in terms of issues of caste, gender, rural livelihoods and environment. Violence against dalits and especially against women shows sudden increase since 1994 in India which also denotes extreme intolerance against lower caste and tribes. Rape, a kind of violence, has been a weapon used by upper caste men to control lower caste women. This is a form of control over women's sexuality by those who have more power and status, and was prevalent in cases of mass rape of lower caste women by upper caste men or through suppression of women's sexuality through rape by policemen and army personnel (Purkayastha et al, 2003).

Socio economic and cultural factors including lack of education, family breakdown, lack of economic opportunities, traditional beliefs and practices and poverty are the major factors that make young people susceptible to sexual exploitation or sexual abuse. There is a possibility that women or children migrating to cities for jobs due to economic reasons easily become the victims of sex trade, and willingly or unwillingly use their sexuality as an easy way of earning a living. In other cases domestic workers are used for sexual satisfaction by their employers or employer's friend. Due to the fear of losing their livelihoods, the victims do not dare to report the incidents or bring out these issues in the public sphere. By providing food, shelter, clothing and education some people attract the girls and sexually abuse them. Adolescent girls who are victims of sexual abuse often become pregnant and add to the growing incidence of young unwed mothers (UN, 1999).

Poverty is the major force that drives people, especially women of colour and runaway teenagers, into prostitution. Prostitution becomes a means of survival when other work is not available (Boston women's health collective, 2008). A qualitative study conducted among adolescent girls who had undergone induced abortion in Tanzania reveals that girls are the willing preys or vulnerable victims of men's sexual exploitation and are active social agents engaging in high risk sexual behavior. Love relationship or hope of marriage, the intention of getting material benefits as money, luxury items, food etc. are some of the reasons for their commitment (Silberschmidt et al, 2001)

Poverty and powerlessness are the major obstacles which keep the poor or disadvantaged sections from coming out of destitution and are the main reason for bearing exploitation and gender based violence. In his book *Poverty, Class and Health Culture* D Banerji shows: because of deepening poverty, people are becoming even more vulnerable to the control and exploitation by the ruling class. Even those who were earlier economically independent are now being compelled to be dependent on them (Banerji, 1982; Zurbrigg, 1991).

The World Report on Violence (2002) explains that the most common form of sexual violence around the world is that which is perpetrated by an intimate partner in terms of sexual assault. It increases the vulnerability of women who are married or cohabiting

with a partner. Other factors influencing the increased risk of sexual violence include age of the victim, consumption of alcohol or drugs, previous rape or sexual abuse, involvement in sex work, poverty etc. The report also says that economically empowered and more educated individuals also become perpetrators of violence against women (Krug et al, 2002).

Much of the literature on the subject documents that cultural forces play a role in facilitating sexual exploitation of women and violence towards them. For example, Luther and Luther (2007) say that relative dominance of men over women in India is the main reason for high rates of sexual harassment against women than in western countries. Lack of alternate options for livelihood and the need for money, put women in an unsafe condition and make them more accepting of sexual abuse to some extent (Luther and Luther, 2007).

In her book *what makes women's sick*, Lesley Doyal (1995) examines sexual abuse and male power. She argues that women are at high risk of sexual abuse and among them the powerless are most vulnerable.

Various factors that perpetuate sexual violence against woman can be codified in terms of structural, cultural, socio economic and political factors. The exertion of power over the powerless, the upper caste men's control over the lower caste women's body especially among dalits and tribal populations or those who are living in severe poverty, and the lack of livelihood opportunities are some of the main socio, economic and political factors that force women and girls to willingly or unwillingly become victims of sexual abuse. Lack of education, fear of losing employment or livelihood, intention to have a lavish life style, etc. add to the continuous victimization of women. A study on rape victims conducted in Kerala reveals that socio economic status and rape have a visible connection (Venkitakrishnan and George, 2003). Women and girls living in an insecure environment and in unsafe economic conditions form majority of the victims. The women living in slums, or belonging to scheduled caste and scheduled tribe areas, street women, beggars even sex workers are also victims of rape or sexual abuse.

1.2.3 Gender Based Violence: Implications on Women's Health

Gender based violence against women in the form of rape, and sexual assault/ abuse seriously threatens the health and wellbeing of victims. Unwanted sex, termed as rape (sexual act performed without consent) or abuse (forced to participate in sex) causes serious physical and psychological damage to the women's body and sometimes results in the death of the victim. The biological nature of women's bodies and the social inequality prevailing in the society also accelerate women's vulnerability to unwanted sex.

“Men of all ages, races and classes rape women and girls of all social and economic backgrounds. Hence the potential damage to health is a universal one. However it is significant that some women's circumstances put them at greater risk than others, those with the fewest resources to protect themselves being most vulnerable” (Doyal, 1995: 68)

Doyal further argues that powerlessness of women and their role in the society have close links with sexual abuse.

Rape or sexual abuse causes long term psychological impact on rape victims. A study of rape victims in Kerala reveals that rape victims suffer from hallucinations, melancholia, and because of low self esteem and shyness, stay away from relatives, friends and neighbours. Restlessness and lack of power in concentration are also some of the other problems they face. Some victims show suicide tendencies. Nightmares, troubled sleep, irritability and outburst of anger and hyper vigilance are also different reactions of rape victims. Lack of support and a feeling of inferiority make them isolated and insecure. This makes the situations more dangerous and has long lasting effects. That means every rape victim is on the road to psychiatric illness (Venkitakrishnan and George, 2003).

Various studies (Ahmad et al, 2009, Garcia and Sayavedra, 1996) shows that repeated victimization of women culminate in chronic ill health and social issues including depression, suicide attempts, addictions, chronic physical symptoms, poor pregnancy outcomes and a negative impact on children's health and behaviour. Violence can also give rise to unhealthy behaviour, such as smoking, alcohol and drug abuse, sexual risk taking and physical inactivity (Deosthali and Manghnani, 2005).

Women facing sexual violence have reported poor health status and are at risk of contracting sexually transmitted diseases and other gynecological illness. The risks of transmitting HIV/AIDS, and reproductive tract infection are also prominent among those who have undergone rape or sexual abuse without contraceptive protection during sexual intercourse. Due to this, the survivors of sexual violence are vulnerable to pelvic inflammatory disease, vaginal and anal tearing and trauma, bleeding, bladder infections, sexual dysfunction, pelvic pain, dysmenorrhea, other genito-urinary health problems and unintended pregnancy (Deosthali and Manghnani, 2005).

Lesley Doyal also discusses the physical effects of rape on women and says that after such an experience many women will quite literally, never be the same again. Many women experience injuries to the genital or anal areas, fear of having conceived, unintentional pregnancy and venereal diseases. Sexual violence also causes cervical cancer because of unprotected and early sexual relation or sexual relation with multiple partners. Sexually transmitted diseases including viral infections like genital herpes and warts, bacterial infections like syphilis, gonorrhea, Chlamydia, vaginosis and fungal or protozoan infections like candidiasis or trichomonas are also a major threat for victims of sexual violence. The STDs are damaging women's health more than men. Due to the stigma associated with the diseases and due to the lack of services available for treatment, women suffer in silence for years and this makes their situation more dangerous. Risks related to HIV/AIDS infection are also higher among sexually abused women and girls (Doyal, 1995).

Sexual abuse, coercive sex or rape have negative consequences on the emotional, physical and social health of women and adolescent girls. Adolescent girls are more prone to sexual violence, especially those from poorer or backward sections of the society. Sexually transmitted diseases, HIV/AIDS, reproductive tract infections and unwanted pregnancies are the result of sexual abuse or rape. The stigma associated with these issues and poor socio economic conditions prevent the victims from accessing healthcare facilities and hence increases the mortality and morbidity due to the same. Unwanted or unintended pregnancies among adolescent girls are the major reason behind induced or unsafe abortion in developing countries (Glasier et al, 2006).

1.2.4 Violence against women in India- current scenario:

National Crime Records Bureau of India classifies crimes under Indian Penal Code against women as rape, dowry deaths, cruelty by husband and relatives, molestation, sexual harassment and importation of girls.

Table 1.1 Violence against women reported during 2008

SI NO	Crime	Case reported	% to total IPC Crime	Rate of Crime
1	Kidnapping and Abduction of Women and Girls	22939	1.1	2.0
2	Molestation	40413	1.9	3.5
3	Sexual harassment	12214	0.6	1.1
4	Cruelty by husband and relatives	81344	3.9	7.1
5	Importation of Girls	67	0.0	0.0
	Total crime against women	195856	9.4	17.0

Source: GOI (2008) Crime in India 2008. New Delhi: National Crime Records Bureau, Ministry of Home Affairs.

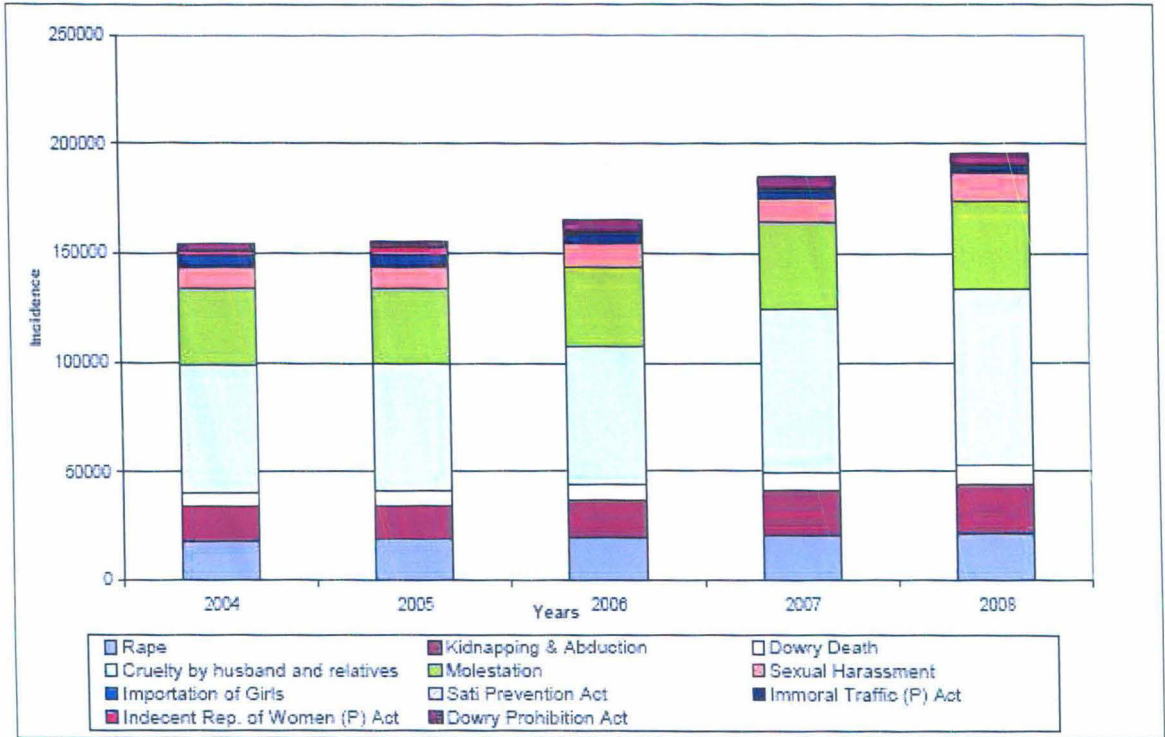
In 2008, a total of 1, 95,856 crimes were reported against women in India. This is around 9.4 percent of total crimes reported under Indian Penal Code in the year 2008. In which cruelty by husband and relatives was the highest (81344) followed by molestation, kidnapping and abduction of women and girls.

There was 1.3 percent increase in the crimes reported in the year 2008 and 2007. This report says that there was an increase in crimes committed against women in the last five years from 2004 (7.8%) to 2008 (8.9%) (See graph 1.1). Madhya Pradesh has reported the highest number of rape cases in the year 2008, i.e., 13.7 percent of total cases reported in the country. Andhra Pradesh and Uttar Pradesh has reported the highest incidence of sexual harassment 29.1 percent and 27.6 percent respectively. Importation of girls was reported from Jharkhand, Karnataka, West Bengal and Bihar.

The age wise incidence of rape cases in India shows that women (57.3%) between the age of 18- 30 are more vulnerable followed by women between the age of 30-50 (16.7%) and teenage girls (16.3%) between the age of 15-18. Rape against old aged women was also

reported. The age above 50 years had reported 0.6% of rape incidence (NCRB-GOI, 2008).

Graph 1.1 Crime head wise incidence of crime against women in India during 2004- 2008



Source: GOI (2008) Crime in India 2008. New Delhi: National Crime Records Bureau, Ministry of Home Affairs.

Crime against scheduled tribes: Madhya Pradesh reported the highest number of crimes against Scheduled Tribes in the country. It accounts for 19.2 percent of the total crime reported in the country. Arunachal Pradesh has reported the highest rate of crime against tribes. This is around 5.2 percent compared to the national average of 0.5 percent. The rate of crime against tribes remained same as that of 2007 i.e., 0.5 percent in the year 2008 (NCRB-GOI, 2008).

Except murder, rape, and robbery, all other crimes against tribals have increased from 2007 to 2008. Madhya Pradesh had reported the highest rate of rape cases i.e. 40 percent of the total rape cases reported against tribals (NCRB-GOI, 2008).

Table 1.2 Comparative incidence of crime against Scheduled Tribes in India

Sl. No.	Crime-Head	Year					% Variation in 2008 over 2007
		2004	2005	2006	2007	2008	
(1)	(2)	(4)	(5)	(6)	(7)		
1.	Murder	156	164	195	140	128	-8.6
2.	Rape	566	640	699	627	585	-6.7
3.	Kidnapping & Abduction	79	72	88	89	93	4.5
4.	Dacoity	40	27	12	9	14	55.5
5.	Robbery	50	49	29	21	18	-14.3
6.	Arson	33	38	46	54	49	-9.2
7.	Hurt	767	767	838	855	873	2.1
8.	Protection of Civil Rights Act	11	162	49	5	6	20.0
9.	SC/ST (Prevention of Atrocities) Act	1,175	1,283	1,232	1,104	1,022	-7.4
10.	Others	2,658	2,511	2,603	2,628	2,794	6.3
	Total	5,535	5,713	5,791	5,532	5,582	0.9

Source: GOI (2008) Crime in India 2008. New Delhi: National Crime Records Bureau, Ministry of Home Affairs.

1.2.5 Violence against Women: Context of Kerala

Kerala is famous for its developmental model, and has achieved a high quality of life for its people which is equal to that of developed countries. High literacy rate, high health status etc. are creditable. High status for women in society, strong land reform movement and increase in the wages of labourers for their work contribute to the present position of Kerala in the high developmental index in comparison to other states of India. In the case of health status, Kerala achieved a significant position and the development indicators like life expectancy, maternal mortality and child mortality rates are near or equal to developed countries. Kerala has low mortality and high morbidity rates compared to other Indian states.

According to 2001 census 51.42 percent of the women constitute half of the population in Kerala. The sex ratio is favorable to women in this state; 1058 women for 1000 male. Female literacy rate is 87.86 percent, which is higher than any other state (Venkitakrishnan and George, 2003). But it is obvious from recent reports and incidents

that high literacy rate and improved status of women does not show a reduction in the atrocities against women. Kerala's women are viewed through the social and religious milieu of the society- they are kept within the four walls of the society.

Kerala has a smaller gender gap in basic capabilities compared to other states of India and shows higher status of women in the state. Recently, the understanding of wellbeing of women in terms of education, and health, shifted to mental health, crime against women and property rights. This shows that there was an opposite trend in Kerala like an increase in crime against women and declining property rights for women (KDR, 2008). Crime reports show that there was increase in violence against women. The crime report of 2008 shows that, Kerala was in the third rank in case of incidence of total crimes that comes under Indian Penal Code. Kerala was in the sixth position in the incidence of crimes under special local law's (NCRB-GOI, 2008).

Table 1.3 Crime against women in Kerala during 2007-2009 April.

Si No	Crime against women	2007	2008	2009 up to April
1	Rape	500	548	189
2	Molestation	2604	2756	878
3	Kidnapping	166	167	39
4	Eve Teasing	262	255	123
5	Dowry deaths	22	25	6
6	Cruelty by Husband and relatives	3976	4135	1277
7	Other offences	1851	1820	644
	Total	9381	9706	3156

Source: Official website of Kerala Police.

The incidence and rate of crime committed against women in Kerala during 2008 is 4.1 percent of total crime in the country. Kerala holds 5th rank as per rate of total cognizable crime and 11th rank as per percentage share of total cognizable crime. The Table 1.3 above shows that there was an increase in the incidence of crime against women (9381 to 9706) from 2007 to 2008 in Kerala. Cruelty by husband and relatives (Domestic violence) reported highest numbers and molestation and rape were also high compared

with national data. Kerala holds 14th position in rape cases reported in nationwide data (NCRB-GOI, 2008).

In the crime report of 2008, age wise distribution of rape victims of Kerala reveals that the majority of the victims (274) are from the age group of 18-30, followed by girls between the age of 14- 18, and women between the age of 30-50.

The district wise report of crime against women shows that Malappuram has reported the highest numbers of crimes followed by Thrissur and Kollam district (see Table 1.4).

Table 1.4 Crime against women in Kerala, 2008

Sl. No	District	Rape	Molestation	Kidnapping	Eve-teasing	Dowry Death	Cruelty by Husband/Relatives	Other offences	Total
1	Trivandrum City	19	128	13	7	1	113	29	310
2	Trivandrum Rural	36	404	14	9	5	315	26	809
3	Pathanamthitta	30	168	7	12	0	173	14	404
4	Kollam	59	273	20	11	0	443	31	837
5	Alappuzha	15	224	16	22	2	249	25	553
6	Idukki	28	131	12	3	0	193	9	376
7	Kottayam	30	221	11	32	0	193	72	559
8	Ernakulam City	11	59	8	5	1	87	70	241
9	Ernakulam Rural	35	135	9	23	2	174	137	515
10	Thrissur	45	214	10	28	2	331	208	838
11	Palakkad	41	135	9	4	4	294	52	539
12	Malappuram	51	149	7	28	2	525	173	935
13	Kozhikode City	15	72	4	10	2	165	136	404
14	Kozhikode Rural	38	155	8	28	2	289	232	752
15	Wayanad	34	76	7	11	0	115	159	402
16	Kannur	33	113	6	13	1	274	248	688
17	Kasaragod	27	92	6	6	1	202	199	533
18	Railways	1	7	0	3	0	0	0	11
	Total	548	2756	167	255	25	4135	1820	9706

Source: official website of Kerala Police

Highest number of rape cases was reported from Malappuram district followed by Trivandrum and Kollam. A look at the total population and the incidence of rape cases show that Wayanad has the highest incidence (see Table 1.5).

Table 1.5 Kerala- Rape cases reported from 2007- 2009 (up to April)

year	Trivandrum	Pathanamthitta	Kollam	Alappuzha	Idukki	Kottayam	Ernakulam	Thrissure	palakkad	Malappuram	Kozhikode	wayanad	Kannur	Kasargode	Total
2007	68	18	41	25	28	22	45	49	41	41	40	27	35	20	500
2008	55	30	59	15	28	30	46	45	41	51	53	34	33	27	547
2009	30	4	20	9	7	9	15	9	23	9	22	7	18	7	189
Total	153	52	120	49	63	61	106	103	105	182	115	81	86	54	1236
PopulatiOn'	3234.7	1231.6	2584.1	2105.3	1128.6	1952.9	3098.4	2975.4	2617.1	3629.6	2878.5	786.6	2412.4	1203.3	

*population as on 2001 census

Source: official website of Kerala Police

Crime against Scheduled Tribes in Kerala

Kerala constitutes 1.10 percent of tribals with respect to the total population of the state and 0.47 percent with respect to total ST population of India. About 34 categories of tribes live in different parts of the state. Kerala has the highest literacy rate of Adivasis 57.22 percent (Ratnakar et al, 1999).

In Kerala during 2008 the total incidence of crime reported against tribes was 106. This constitutes 1.9 percent of total crime reported against tribal population in India. Kerala was in the 15th rank when comparing the incidence of crime against tribals to total crime against scheduled tribes. As per percentage share, Kerala was in the 11th position. Rape and violence are the major crimes reported against scheduled tribes in Kerala.

Table 1.6 Crime against scheduled tribes reported in Kerala and India, 2008

Si No	Crime reported	Incidence of crime		% of Total crime against ST in Kerala
		Kerala	India	
1	Murder	1	128	0.8
2	Rape	23	585	3.9
3	Kidnapping and abduction	1	93	1.1
4	Docity	0	14	0
5	Robbery	0	18	0
6	Arson	0	49	0
7	Hurt	36	873	4.1
8	Protection of civil rights act	0	6	0
9	SC/ST prevention of atrocities Act	2	1022	0.2
10	Other offences	43	2794	1.5
	Total	106	5582	1.9

GOI. (2008). Crime in India 2008. New Delhi: National Crime Records Bureau, Ministry of Home Affairs.

Violence against women is a universal phenomenon, happening in every part of the world, every society and community. The impact of violence against women is high among the more disadvantaged sections like poor and indigenous populations. It contributes high tension among indigenous communities and destroys the peace of such communities. Over exploitation of natural resources, intrusion of outsiders into their territory, displacement from their land, loss of livelihood options etc. are the indirect causes of violence against women and children in indigenous communities (UNICEF, 2003). Violence against tribals in India also points to the various socially, culturally and politically embedded factors which contribute to the present plight of tribal populations in India. The ultimate result is that of violence against tribals, denial of their rights to have land, denial of access to education etc. The next section of this chapter discusses these factors and their impact on tribal populations and specifically on tribal women.

1.3 Tribes: Developmental Issues and Exploitation

India is the country with the largest tribal population in the world. According to 2001 census, the tribals in India constitute 8.08 percent of the total population. Above 85 percent of population in Mizoram, Lakshadweep, Meghalaya and Nagaland are tribal. The states of Rajasthan, Gujarat, Madhya Pradesh, Orissa, Bihar, Maharashtra, Andhra Pradesh and West Bengal account for 83 percent of the total tribal population (Shankar and Tamilarasan, 2003).

Scheduled tribes are economically, socially and educationally backward, geographically isolated and remain outside the Hindu society. They mainly reside in hilly terrains and dense forests and coastal areas. There is a symbolic relationship exists between the term tribes and forest, because the forests provide them shelter and give them resources for livelihood. Apart from this, the tribal culture has developed around the forests and there are strong social bonds between the tribes and forest. Tribal women consider the forest as their father's home and the trees are held sacred (Sarkar and Dasguptha, 2000). Tribes have an important role in maintaining the forest ecosystem. Shifting or settled cultivation, animal husbandry, hunting and gathering, and wage labour are primary sources of their livelihood. For a secondary source of livelihood, they are engaged in traditionally skilled works like mat weaving, basket making etc. Collection and exchange of minor forest produces are another source of livelihood for tribal people.

The emergence of colonial forces and modernization confronted the free living and self respect of tribal population. During this period British started exploitation of forest resources and inhabitants of the forest. The help of non tribals and their military power defeated the resistance of tribes to protect their habitat from exploitation. These exploitative and oppressive land revenue and forest policies threatened the lives of tribal population, and gradually because of their powerlessness and helplessness the tribals who were the real owners of the forest land became the tenants and labourers in their own land. At the same time non tribals emerged as powerful landowners, moneylenders, forest officials etc (Mohanty, 2005).

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Land, minerals, water and forest are the essential resources for the development of a country. Many of the tribal territories are situated in such areas which can be tapped for economic development of the nation. The availability of cheap labour force and raw materials in the tribal areas, attracted many multinational companies to start their industries in these resource rich areas. During this process tribes became alienated from their territories and many became the wage labourers in these companies. This resulted in a huge disparity and inequality in income and wealth between non tribals and tribals (Mohanty, 2005).

Paul Hockings' ethnographic study on 'The Cultural Ecology of Nilgiris District' clearly depicts the Modernization of Nilgiri economy and its impact on the flora, fauna and hill tribes. The establishment of large plantations and dams causes destruction of large forest cover. It mainly affected the traditional food source of people who were dependent on forest for their living. Excessive hunting by British and local hunters led to the extinction of certain animals and created problems along the food chain. This led to the transition of food procurement strategy of foraging tribes and their livelihood, like giving up of hunting, reduction in foraging activities and seeking daily wage employment in plantations (Hockings, 1989).

Settlement of people in forest areas and modernization of agriculture and production led to widespread felling of forests and in turn affected the tribal social, economic and cultural life. The tribal population was marginalized into the periphery of society, in other terms what Chambers' et al called the "deprivation trap" (Unnithan, 1997). The five interrelated clusters of disadvantages are termed as the deprivation trap; these are physical weakness, isolation, poverty, vulnerability and powerlessness. Poor health and physical disability underlines the physical weakness and experience of poverty, physical inaccessibility or lack of accessibility of information and services refers to the isolation and powerlessness and vulnerability highlights the poor people's exposure to physical and political threats, loss of their assets and the detrimental effect of rising costs on their situation (Unnithan, 1997).

Outsider's exploitation of the nature of the "culture of silence" of the tribals, can be best seen in various literatures related to land alienation, bonded labour system and sexual exploitation of tribal women and children. The interaction between the tribal people and outsiders has made changes in the socio economic structure of tribal society. This gave outsiders an opportunity to take advantage of the innocence of the tribal people. Traditionally tribals considered land as a common property. In their economic relations they gave importance to labour than land as an agent production. Later the immigration of outsiders and various government policies dispossessed tribals from their land. This situation created two categories of tribals- land less and landed. The landless became the wage labourers or bonded labourers on the land of immigrants or Zamindars. Government policies dispossessed tribals from the forest. This affected the landless tribals and their livelihoods. They were forced to work as agriculture labourers (Kunhaman, 1985).

Tribals became the victims of planned economic development in many ways and they were displaced from their land due to construction of big industries, dams and canals. The benefits from development have been taken only by the non tribals.

"Many of these development projects have not only made an adverse impact on the local economy, but also brought about serious environmental consequences of which again the tribes are the ultimate victims" (Mohanty, 2005: 40)

Tribal populations are always cited as an example of backwardness (Mohanty, 2005). They are considered as the most deprived sections of the society. They are deprived of basic amenities and live in poor conditions. The Planning Commission estimate of 1999-2000 reveals that the incidence of poverty is higher among the scheduled tribes. When compared to the general population statistics, 46 percent of tribes in rural areas and 35 percent in urban areas live below the poverty line. On the other hand, respectively as 27 percent of rural and 24 percent of urban general population are living below the poverty line (Mohanty, 2005).

Many poverty alleviation and developmental programmes have been initiated by the state and central governments for the socio economic development of tribal people. In reality the fruits of these initiatives have bypassed by non tribals living in tribal areas by putting

blame on tribals for their beliefs, customs and cultures as the main obstacle for development. Lack of political representation of tribes or the inability of tribal leaders to push the interest of tribes during the policy making and planning processes can be seen as a significant reason for the neglect of the needs of tribes without any social and political cost (Mohanty 2005). “Putting the last first” (Chaimber, 1987) is the slogan of all community development activities, but in reality results portray increasing disparity between the powerless and the powerful. Improper planning, default implementation, lack of systematic monitoring etc. dominate the outcomes of policies and programmes meant for the marginalized sections of the society, especially tribes. (Das and Das, 1992). Land alienation, lack of opportunity for employment, illiteracy, low wage rate, exploitation of various kinds and lack of political representation are the hallmark of a marginalized tribal community (Das and Das, 1992).

1.4 Studies on Tribal Women and Health

The socio economic transition and cultural changes among tribal due to improved relation with outside world have made their living condition more vulnerable. The intrusion of outsiders in to their land through establishing plantations, settlements and other developmental activities for their own economic interest have thrown out tribal people from their land and lost traditional source of their livelihood. All these factors have affected the health and wellbeing of tribal populations, especially women and children. Their powerlessness and poor socio economic status has been exploited by outsiders and put them in the vicious cycle of poverty.

A study on “*Tribal women and forest economy : deforestation, exploitation and status change*” by Walter Fernandes and Geeta Menon shows that environmental deterioration contributed unfavorable social environment for women than men, in terms of increasing their work load; as supplier of food, fuel and fodder to her family. This increased the susceptibility to exploitation of women forest dwellers by outsiders like officials from government or other organizations, money lenders, small businessman and forest guards. The depletion of forest and forest resources has also made negative implications on tribal women’s social, physical and economic status (Fernandes and Menon, 1987).

The poverty and hunger compelled tribal women to work as wage labourers in agriculture fields and other sectors to earn an income for the subsistence of their family. The unsafe working condition and exploitation by the employers or coworkers of various kind also resulted in poor physical, social and economic status of tribal women. The excessive felling of forest and exploitation of forest resources contributed to depletion of traditional medicine or medicinal herbs, which they have been used for curing illness. Non availability of these herbal medicines without alternatives for treatment added to poor health status of tribal population, specifically women's health (Fernandes and Menon, 1987).

The condition of deprivation is the important factor which forced tribal women or adolescent girls willingly or unwillingly became the victims of gender based violence. Sexual abuse in work places, trafficking for sex trade and rape became serious issues which creating disturbances in tribal lives. Due to their powerlessness, fear of losing life and livelihood; they keep quiet about such issues which are sucking their healthy physical, social and emotional wellbeing, increased their chance of continued victimization (Harsh et al, 2007).

Ecosystem approach to health recognizes that there are close links between individual health and one's biophysical, social and economic environment (Reddy, 2004). The felling of forests, displacement of tribals from their land for construction of industries, dam etc. without adequate rehabilitation measures, over exploitation of forest resources without any concern for future, have brought about changes in the ecological, social and economic lives of tribals. This threatens the survival of tribals and marginalizes them to the periphery of society. All these changes have had a negative impact on the health of tribals, especially the health of women and children (Reddy, 2004).

Sushama Sahay Prasad (1988) in her book "*Tribal Woman Labours: aspect of economic and physical exploitation*" clearly shows how the modernization and industrialization with enactment of forest laws which restrict tribals for their livelihood options, have led to their being victimized with changes in their traditional lifestyles. This work is mainly focused on tribal Rejas of Ranchi. Changed lifestyles and difficulty to meet basic

necessities increased tribal women participation in labour market. It led to various kind of physical, economic and psychological exploitation of tribal Rejas by co workers, contractors, intermediaries and landlords. Exploitations are in the form of low wages for their work, inadequate and irregular payment of wages, hard work than prescribed timing, poor living conditions in the work site, lack of drinking water and medical care, sexual exploitation etc. The author says that illiteracy and ignorance, and their helplessness is the main reason for them to fall prey to the hands of exploitators. This study also stresses that tribal women and children are the majority of victims of any type of exploitation.

S K Basu (1993) states that health is a function not only of medical care but of the overall development of a society- cultural, economic, educational, social and political. The studies of Basu (1993), Shay (1993) show that there is a steady decline in the tribal women's health status. Poor literacy levels, low age at marriage, marriage practices, poor nutritional status, ecological changes and genetic factors are considered as the major determinants of their poor health status. Unfavorable social conditions, poor medical facilities and nomadic lifestyles also contribute to this.

Ecological degradation caused by felling of forests depleted forest resources and led to hunger and starvation among these forest inhabitants. It also increased the workload of the tribal women. They now had to travel huge distances to collect fire wood, food materials and fodder and attend to other household work and do wage labour as well. Hard work with poor nutritional status because of changing food habits, restricted types of food production in their changing environment and the lack of sufficient amount of nutrients led to poor health status of tribal women (Basu, 1993; Sahay, 1993)

Poor maternal and childcare practices increased the morbid condition among tribal women. It was found that gynecological complaints and deficiency diseases are high among adult tribal women. Low grade morbidity condition among tribal women was also caused by sexually transmitted diseases. STDs are the most prevalent diseases in tribal areas. Poor hygiene during childbirth, abortion and menstruation is associated with spreading of STDs. (Basu, 1993). The trends in sexual life of tribal people due to the changes in their living situations have changed. The social situation of a person having

disease and their treatment makes the situation more hazardous and a threat to tribal world all over India (Akram, 2008).

“Tribal women in India have specific health problems, some of these were built in problems of these communities and some were imposed upon them which jeopardized their overall development and progress inclusive of their health” (Basu, 1993: 35).

Abha Chauhan (1999) says that the Indian constitution gives responsibility to the state for the economic and educational upliftment of scheduled tribes and scheduled castes and protects them from social injustice and all forms of exploitation. But backwardness of tribal areas, poverty of people and the concept of integration of tribals with the rest of the population became a hindrance to the development of these areas. She also discusses the various reasons for poor status and deteriorating health conditions of Saharia tribal women. Dependence and helplessness of tribal women, deprivation of their traditional rights on land, illiteracy, ignorance of government laws and procedures, and corruption on the part of the officials who were responsible for implementing developmental programmes have done more harm than good. Widespread poverty and indebtedness, alcoholism among tribal men, hard work, malnutrition, their belief in traditional remedies and decreasing knowledge of herbal treatment, other institutional factors associated with healthcare facilities and rampant exploitation of tribal women by outsiders are termed as main reasons for their poor health status.

Besides this in India, official records say that about 1000 cases of alleged rape have been annually reported by women belonging to scheduled castes and scheduled tribe populations in late 80's. Most of these rapes were committed by security forces. Sometimes the act of violence was well planned and a premeditated sexual attack on women. Rape was used as a weapon to suppress the struggle of powerless against the powerful. Sathé (1998: 145) wrote that *in the name of establishing law and order they kill, torture and rape the women*. Government officials, the police and rich locals and upper caste Hindus are the partners and fellow conspirators for this brutal act against deprived sections of the society. “To secure the job, to get the wage for the work, to save

the family and husband, to survive they have to go through rapes and tortures". (Sathe, 1998: 150).

Through the ages, tribals have undergone different types of exploitation exerted by non tribals. This comprises land alienation through different coercive methods, for example with the intention of grabbing tribal land, marrying tribal women, bonded labour system and ruthless violence (physical and psychological harassment) against those who resist these activities. This also generated fear among tribals and killed the hopes, aspirations and spirit of tribal people who continued to struggle for their survival. Women and children were the real sufferers of these attacks by outsiders. The outsiders sexually abused tribal women and adolescent girls only to show their power by controlling powerless people. As a result of this, one can find illegitimate children and unwed mothers in numerous tribal villages (Das and Das, 1992).

Land alienation, deterioration of forest resources by outsiders and developmental and conservative activities by government authority displaced many of the tribal people from their own land. They were trapped in the evils of deprivation like isolation, poverty, hunger, indebtedness etc (Hockings, 1989). All these situations and changes in the socio economic and cultural environment increased the violence against tribal women. The existence of bonded labour system, increased work participation of tribal women and migration for employment also contributed to their further deprivation. In search of a means of livelihood the outsiders exploited innocent tribal women and girls, and made them victims of violence, sexual abuse or rape in work place or in their homes (Basheer, 2002).

Tribes were considered as the original inhabitants of Wayanad. They freely lived in the forest without any invasion from the outside world and collected food through hunting, gathering and shifting cultivation. After the British colonization in the 18th century, the British explored new areas like Nilgiri and other areas with rich natural and biological resources for the enhancement of national capital. As part of the industrialization of the economy they started plantations and dams in the hills of Nilgiris by felling or clearing large area of forest. Till this time the tribal economy was dependent on the forest produce

and exchange of it for other food items. The intrusion of outsiders into the forest land made their living conditions vulnerable. The destruction of forests and several species of plants affected their food security. Hunger and ill health was the ultimate result of this. They became wage labourers or bonded labourers in the plantations in their own land (Hockings, 1989).

After independence the migrants from the plains came and took ownership of their land through deceptive means or for low prices. This led to poverty, hunger, unemployment etc. among the tribal groups. The current situation of Adivasis in Wayanad, after 60 years of independence and after spending of large amounts of money for their development through government machinery is very pathetic. Illiteracy, lack of infrastructure and drinking water, unemployment, communicable diseases like TB, malaria and abuse of tribal women and other problems dominate their lives (Ratnakar et al, 1999).

Tribal women have a prominent position and freedom in their society as compared to other communities. Non tribal people use this freedom to their advantage and abuse Adivasi women in various ways. Sexual abuse, rape and other issues like kidnapping, murder etc. have also been reported. "Many Adivasi women are raped, others have been kidnapped or have disappeared. In one year, 200 Adivasi women were found missing in Wayanad district alone. About 20 sexually assaulted women committed suicide. Many others are dying from attempted abortions as a result of these rapes" (Ratnakar et al, 1999: 26). Increasing numbers of female single parents is another result of sexual abuse or rape. These tribal unwed mothers live their whole lives bearing the burden of having an illegitimate child and without proper livelihood sources and housing facilities. These kinds of living conditions have a profound impact on the health and wellbeing of unwed mothers and their children. It is against this background (poverty, sexual abuse, helplessness), that this study has been conducted and focuses on the health of unwed mothers.

1.5 Studies on Unwed Mothers

Various studies related to unwed mothers were also reviewed as part of the brief review.

Ann L Clark's (1967) study on the crisis of adolescent unwed motherhood, says that every culture has its own established code of conduct, those who violate or act against this unwritten law of society may be rejected by the society or sometimes be abandoned by their families or peer groups. Childbirth out of wed lock is against cultural norms of many societies and is therefore culturally unaccepted. This situation causes much stress for unwed adolescent mothers. Adolescence is a time for growth and maturation. So adolescent pregnancies, out of wed lock deal with two maturational crises at the same time. This study reveals that adolescent pregnancy is not just a symptom of family disturbance. The study emphasizes that the problem or need of unwed adolescent mothers should be viewed in the context of their respective families and subcultures (Clarks, 1967).

South (1996) identified that family background, social class, educational and occupational attainments are the salient determinants of non marital childbearing. This study mainly focused on mate availability and transition to unwed motherhood. The author used life course events and features of social context for analyzing the transition to unwed motherhood. In this paper, the researcher critiques that in earlier time's researchers only focused on individual risk factors like educational attainment, employment, family experiences etc. as determinants of unwed motherhood.

Scott (1996) argues that mate availability with family background include parent resources such as mother's and father's education, socio economic standard, childhood family structure and socio demographic characteristics of young women influence these life course transitions. Through this study one also identified gaps for further studies about unwed mothers. These include broad impact, the influence of local communities and social context on timing of events in the life course of a young adult and transition to premarital birth of a child.

Bronars and Grogger (1994)'s study of the economic consequences of unwed motherhood reveals that premarital child bearing perpetuates poverty and family instability. It argues that child bearing out of wedlock reduces the mothers educational attainment, lowers the probability of having a marriage, increases the chance of getting welfare measures and decreases family income. Early child bearing out of wedlock also increases the growth of underclass population, and increases the number of children prone to poverty and to intergenerational transmission of poverty.

A study on unwed mothers and their sex partners by Hallowell Pope (1967) shows that

“The probability of a girl having a birth out of wedlock is related to many interconnected factors, among them: the composition of her field of eligibles, the nature of her heterosexual partnerships, frequency of premarital intercourse, her fecundity, her knowledge and use of contraception; and, if she becomes premaritally pregnant, her attitudes toward and the availability of abortion and her possibilities of getting married before giving birth.” (Pope, 1967: 555)

A cross sectional research conducted in Kerala on the inter play of stigma, discrimination and subjective wellbeing of unwed mothers reveals that the mean age of pregnancy was 19.62 and the nature of first sexual contact was based on false promises of marriage by men from non tribals and own tribe communities. The perceived stigma was found to be substantially high and the subjective wellbeing of tribal unwed mothers was found to be far below normal Indian adult populations. The study also found a positive correlation between perceived stigma, perceived ill health and subjective wellbeing. Another finding was that increased age is invariably correlated to perceived stigma, perceived ill health and well being. This study says that the increasing number of unwed mothers in the tribal area increases social vulnerability and social exclusion of unwed mothers from tribal and non tribal communities (Jose et al, 2009).

The published materials on research related to unwed mothers and their lives and coping strategies are very limited in the Indian context. The situation, nature and the factors responsible for premarital motherhood is different from culture to culture and place to place. Their coping strategies too are different in different geographical and socio economic environment. So this study tries to focus on the socio economic and cultural context of unwed motherhood and their health and coping strategies.

Chapter 2

Research Methodology

Research methodology and research techniques are different from each other and are integral to research. Research methodology denotes the “logic in use” involved in selecting particular techniques, assessing their yield of data and relating the data to theoretical positions. Research techniques are considered as the pragmatics of primary data collection (Behera, 2004). This chapter mainly deals with the conceptualization of the research problem, the research setting, the research methods, the sources of data, data collection and the field experiences of the researcher.

2.1 Statement of the Problem

A unique problem that has overwhelmed Kerala in recent times is that of the increase in the number of unwed mothers among tribal women in Wayanad (Venkitakrishnan and George, 2003). Thirunelli, one of the Gram Panchayats in Mananthavadi Taluk of Wayanad District, with highest tribal population, is home to over 300 tribal unwed mothers, most of whom are the victims of sexual abuse or rape by non tribal men (Basheer, 2002). Many of these mothers are below 15 years old. As on 1st June 2005 there were 52 cases of tribal unwed mothers reported from Thirunelli Gram Panchayat alone (GOK, 2007). Majority of tribal girls were victimized by the false promise of marriage by non tribal men. In other cases tribal girls working as casual labourers in coffee estates or other agriculture fields were sexually abused by the masters or fellow workers. Once the girl became pregnant she was abandoned by the culprit. In her later life she was forced to live with her illegitimate child under severe poverty. According to tribal rules the women or men having sexual or marital relationships with non tribes are considered as outcastes. This situation also creates financial insecurity for the unwed tribal mothers and many ends up with prostitution as a means of survival (Basheer, 2002).

These unsafe and poor living conditions have a profound effect on the health and wellbeing of unwed mothers, especially with regards to the reproductive health of unwed mothers who are a victim of sexual abuse or rape. In other way helplessness, isolation,

lack of proper housing, unemployment, illiteracy, knowledge about health care facilities, its affordability and accessibility result in the poor health status of tribal unwed mothers (Johnny, 2007). Apart from this, induced abortion and improper ante natal, post natal and care during child birth may lead to death or lifetime morbidity condition for mothers. Unsafe sexual relations may increase the probability of having reproductive tract infections, gynecological problems, sexually transmitted diseases like HIV/AIDS, gonorrhoea etc. The stigma associated with the diseases and the lack of information on these diseases make the women reluctant to take treatment in time which makes the situation more dangerous. Therefore it is important to look into the perceptions of tribal unwed mothers towards their ill health; especially reproductive health in the context of poverty and sexual exploitation. So this study has its own significance as it provides insight into the health needs of the unwed mothers and their other socio economic issues that lead to sexual exploitation. The study will be helpful for understanding various measures that need to be taken in order to deal with the issue of increasing number of unwed mother and their ill health.

2.2 Conceptualization of the Problem

Poverty which results from the exploitative class relations in society is considered as a primary cause of ill health among women, especially those from deprived sections of the society such as scheduled caste and scheduled tribe. Culturally determined lower status and oppression are other factors which enhance the burden of women's ill health (Zurbrigg, 1991). It has been made obvious by other studies (Bronars and Grogger, 1994; Scott, 1996) that unwed mothers find it difficult to maintain their health and wellbeing as a result of the various kinds of oppression and exploitation that they face. When focusing on the issue of the increasing number of tribal unwed mothers in Wayanad and their health from a public health perspective, there is a tendency to view it only in the context of individual's risk behaviour or individual risk factors. But in order to get a clear picture of this issue, it is important to understand the interplay between the ecological, social, political, economic, and cultural factors in its historical and current context. This will throw light on how socio economic and cultural transition led to changes in ecological

and political structures which also is linked to the emergence of tribal motherhood out of wed lock and their ill health.

In the context of tribal culture the term “unwed” is irrelevant while linking it with the dormitory system among the adolescent tribal boys and girls. In this system tribal boys and girls freely mingle with each other without any constraints. Early sexual relationships with loved ones within the same tribal community are also permitted in this institution. This institution is prominent in Majangs of the Juangs, the Morungs of the Nagas, and the Ghotuls of Murias of Madhya Pradesh. Similar institutions are common to Dravidian tribes also. But nowadays this system is not considered good because of sexual relationships between the boys and girls, and also with the increase in modernity the system gradually disappearing (Bahadur, 1977). But in the case of Wayanad the situation is different where tribal girls are being sexually exploited by non tribal men and are giving birth to children out of wedlock. In this situation according to the tribal culture, the woman is made an outcast. In majority of the cases, in her later life she lives alone without getting marriage or having a family life. This condition of isolation and helplessness combined with illiteracy, poor infrastructure and lack of livelihood opportunities increases the vulnerability and risks of the individual and can lead to ill health.

Ill health and reproductive health is conceptualized in terms of socio economic transition, poverty and sexual exploitation. To understand the ill health of unwed tribal mothers it is important to look at how ecological degradation and socio economic transition of tribal society is linked with the situation of poverty among the tribes. Further, one needs to take a look at the factors responsible for it, and how this has led to sexual abuse or rape of tribal girls which has implications on their general health and their reproductive health. Poverty here is taken as a synonym for deprivation. Robert Chamber’s categorization of clusters of disadvantages as *deprivation trap* will be used for analysis of their poverty (Chambers, 1983; Chambers et al, 1989).

“Five clusters of disadvantages include physical weakness, isolation, poverty, vulnerability, and powerlessness. Physical weakness refers to lack of strength, under nutrition, poor health, physical disability and high ratio of dependence to active adults; isolation refers to physical remoteness, ignorance and lack of

education, and lack of access to services and information; poverty refers to lack of income (flow of food and cash) and of wealth (stock of assets); vulnerability to exposure to contingencies and the danger of becoming poorer and more deprived; and powerlessness to the inability to adapt, cope and choose, and weakness in the face of exploitation and demands by powerful" (Chamber et al, 1983: 112).

In the context of sexual violence there is a chance to increase the likelihood of adverse reproductive health outcomes. The characteristics of sexual violence, the age of occurrence, type of sexual contact, number and periodicity of incidents and the relationship with the perpetrators have an effect on the relative severity of poor reproductive health. The Fourth international conference on population and development in Cairo (1994) defined "reproductive health (as) a state of complete physical mental social wellbeing and not merely the absence of disease and infirmity in all matters relating to reproductive system and its process and functions. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capacity to reproduce and the freedom to decide, when and how often to do so" (Glazier et al, 2006: 2).

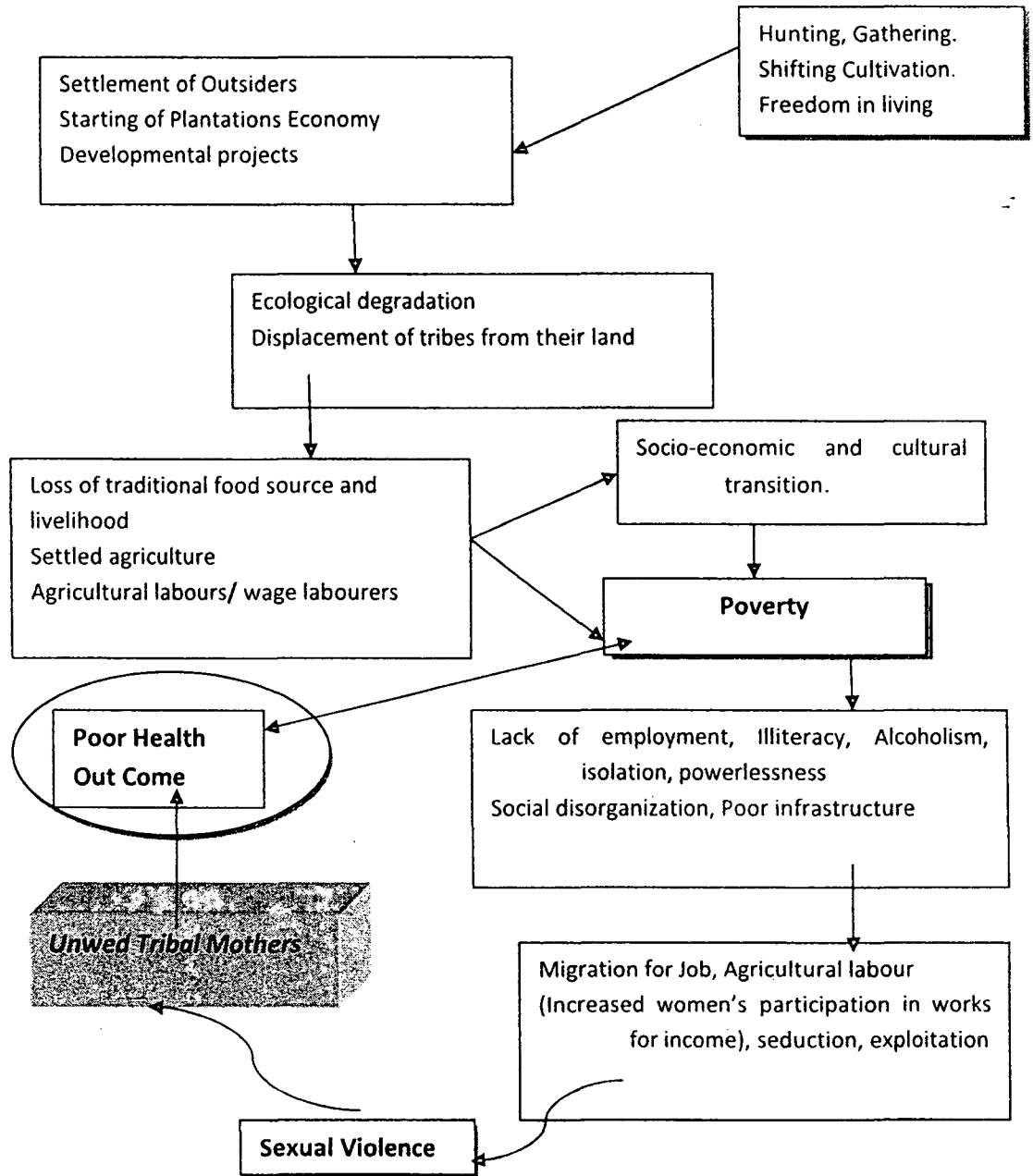
The subjective definition of reproductive health depends upon women's life experiences and is reflected in their perceptions and what they themselves say (Qadeer, 1998). To understand reproductive health in the context of sexual violence, the researcher would focus on the history of sexual violence, reproductive history, the women's life experience, their general health, their social and psychological health and any other problems related to the reproductive system and the treatment or remedies taken to resolve these issues.

The interdependence between general health and reproductive health and socio economic condition is very clear but is often missing in social science research on the subject. The focus of this study therefore is on the livelihood¹ issues and its linkages with the general health and reproductive health of the subject. In this context, it is important to understand

¹ Livelihood is used here to describe an adequate and secure stock and flow of cash and food for the household and its members throughout the year, and the means to meet contingencies (Chamber et al, 1989: 8).

the livelihoods adopted by tribal unwed mothers for their survival and their previous occupation

Figure 2.1 Conceptualization of Problem: Schematic Representation.



2.3 Objectives of the Study

The brief review of literature on violence against women and health, tribes their problem of displacement, exploitation and health issues, unwed motherhood and the factors responsible for this, and its consequences frame the broader objectives of this study. The study tries to understand the health of tribal unwed mothers in Thirunelli Gram Panchayat

of Wayanad District within their social, economic, cultural and ecological context. The specific objectives of this study are-

1. To trace historically how changes in ecology, social, political, economic, and cultural factors have influenced the lives of tribal people and its relationship with the issue of tribal unwed mothers.
2. To understand the perception and lived experience of unwed mothers regarding their ill health in the context of poverty and sexual exploitation
3. To understand accessibility, availability and affordability of healthcare services for unwed mothers.
4. To understand the coping strategies adopted by tribal unwed mothers for their survival

2.4 Research Method, Techniques and Tools for Data Collection

This study is primarily qualitative. Both secondary and primary data was collected. Secondary data sources included articles published in journals, media reports, official reports, books etc. Empirical data was collected using various tools and techniques. A Pilot study was conducted before the actual field trip to assess the feasibility of the study and the accessibility of the respondents (given the sensitive nature of the research problem) in the study area.

Tribal mothers (who are unwed) in Thirunelli Gram Panchayat of Wayanad district are the subject of the study. Convenient sampling method was used for the selection of respondents. “Convenient sampling method is a usual practice in qualitative research because the findings are inherently not generalizable and repeatable” (wood et al, 1998: 235). The willingness of respondents was seen while selecting cases for data collection. Availability and capacity to remember their past life was also considered. Name and identities of the respondents was kept confidential and thus pseudo names have been used in this study.

Case study, as method of research is used in this study. Informal in-depth interviews, observation and group discussions were used as technique (Method) of data collection.

Various tools like semi structured interview guides and interview schedules were used for collecting information from the participants of the research.

Case study: This method is used to understand in depth the experience of unwed mothers. To trace the evolution and growth of a social problem in its different aspects can be studied using case study as a method of research. "Social reality is difficult to conceive in the form of a mere statistical table, and is real and meaningful only when taken in the context of the particular social settings and events and the group elements which produced it" (Gopal, 1970: 185). Case study method is used to get a picture of the life of unwed mothers and of the various factors responsible for this social problem in the social context of the individual respondent. Case studies of ten unwed mothers including 9 Adiya and one Kuruma Tribal women have been conducted as part of the study.

Convenient Sampling method was used to identify the unwed mothers, who were the main participant of this research. From the field it was understood that, it is possible to classify the category of unwed mothers in to three. The first category includes tribal women/ adolescent girls who were sexually exploited by tribal and non tribal men became mother out of wed lock and living as an unwed. The second case represents tribal women who were married to tribal men and later divorced. And then they were sexually exploited by tribal or non tribal men and became mother out of wed lock, now living as unwed. The third category represents tribal women/ Adolescent girls who were sexually exploited by tribal or non tribal men became mother out of wed lock. But now they are having married life with other tribal men. In this study the focus was given to the first two categories of unwed mothers.

Life History: Life histories (entire life process from childhood to present) of unwed mothers were recorded as part of case study method. Life histories of the individuals under study will facilitate continuity in data collection. This not only provides information regarding the issue at hand, but will give a more inclusive picture combined with ecological and historical data (Gopal, 1970). "The life history or detailed biography can be used to study a specific individual or group or culture. The life story of an individual is unique or special or a representative of a group whose story illustrate

broader social processes. It covers general issues or gives details of an individual's biography" (Gysels et al, 2002: 181). This technique will help to articulate the individual's daily living and past experiences. Therefore, in this study life histories of ten tribal unwed mothers were recorded in their socio economic and cultural contexts. This include family background, education, history of sexual violence, reproductive history, maternal and child health practices, situations that led to sexual violence, perception and the experience of ill health, current means of livelihood, stigma or isolation they have faced or are still facing etc. The informal nature of life history interviews (in-depth interview) allows the women to talk about sensitive topics like sexual relationships, pregnancy, etc. Self reported morbidity information of respondents was used to understand the health of unwed mothers.

Interviews with key informants: To get an in-depth understanding about various dimensions of tribal life, sexual exploitation of tribal women, unwed motherhood and the life of unwed mothers and their health aspects, interviews were conducted with key informants from various sectors. These included Thirunelli Grama Panchayath president, ward members, doctors from primary health centers, health inspector, junior public health nurse and ASHA workers from Thirunelli primary health centre. Interviews with Anganwadi teachers and school teacher were also conducted. Interview with members of the community development society including its president and secretary, Area development society members in respective areas, and the neighbourhood group members were also conducted. The tribal extension officer and the block tribal development officer were also interviewed as a part of the study. Neighbours of unwed mothers and other tribal women were also interviewed to get a picture of the setting and the life of unwed mothers. The relatives of unwed mothers, older tribal women and tribal men were also interviewed to understand the changes that had occurred in their environment and life style and to gain more information on the issue of unwed motherhood. Other social activists who are interested to participate were also interviewed as part of this study. Various approaches like Informal conversational interview, general interview guide approach, standardized open ended interview were used in the key informants' interview.

Group discussion: Group discussions (informal and formal) were conducted to understand the changes in tribal life, problems that they faced, and the reasons behind the issue of unwed mothers. Formal group discussions were conducted with Gram Panchayat members and Community development Society members and two neighbourhood groups. Informal group discussions were conducted with mothers coming to Anganwadi centres, during visits to tribal colonies depended on the willingness and attitude of the group being formed at the time of visit.

Observation: Observation is termed as “seeing with a purpose” (Gopal, 1970). To understand the local life of people, their interactions, the local settings, livelihood patterns, cultural practices etc were used as part of the observation method.

Willingness of unwed mothers to share their history of sexual violence and life was a major challenge for the study. Through building a rapport and by generating trust and confidence among them, interviews were carried out. It would be unethical to collect data on one’s experience of ill health and sexual abuse without their prior consent. Also it would be unethical to share this information with others. Keeping this in mind, this research data was collected with the prior permission of the respondents and their names and identities have been kept confidential.

All the interviews were conducted in regional language (Malayalam) and recorded as written form. Field notes and field diaries were kept as part of this. Preliminary analysis was begun at the time of data collection. The observations and significant quotes were marked. Later, information collected were transcribed in to English and categorized based on the themes which are associated with lived experience of unwed mothers and raised by other participants of the research. Then the data were analysed manually.

2.5 Rationale for Selecting Thirunelli Panchayat

The increasing incidence of unwed tribal mothers is a central, social and public health issue faced by the population of Wayanad recently, especially in the tribal communities. Sexual violence against tribal women and girls has been considered as the major reason

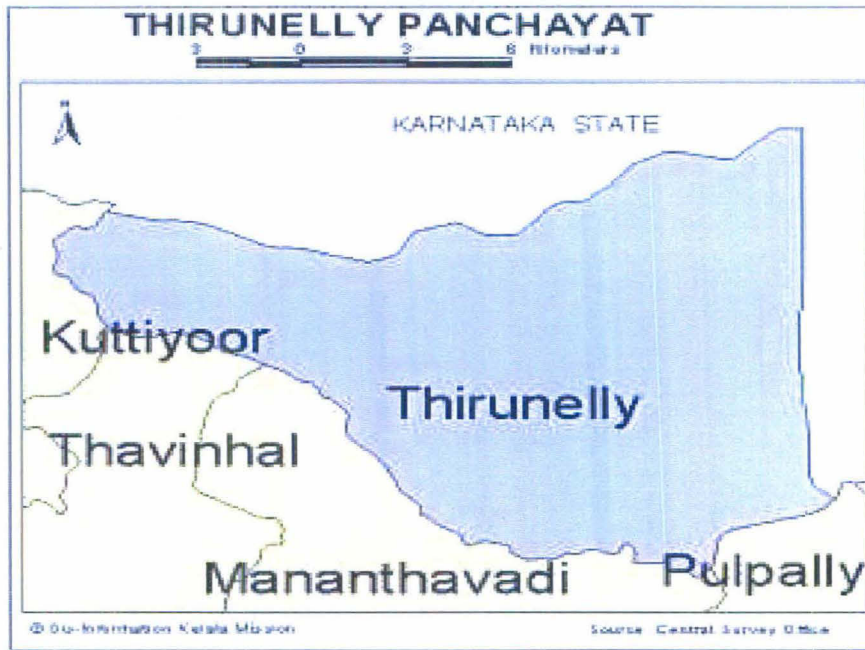
for this. Sexual violence against women is as a public health problem giving public health relevance to the increasing incidence of unwed mothers in tribal belt of Wayanad. Around 552 cases of unwed mothers from scheduled castes, scheduled tribes and other categories were reported by ICDS in 2006. 303 of them were tribals. The concentration of unwed mothers is high in Mananthavady block where 257 cases were reported from this area itself. Thirunelli Panchayat is home to over 56 tribal unwed mothers which is the highest among Panchayat wise data (GOK, 2006). The recent survey conducted by the tribal development office in Mananthavady, as part of a welfare programme for them, reported 125 unwed mothers in Thirunelli Gram Panchayat alone (TDO, 2010). An official survey conducted in 1990 reported that there were 99 unwed mothers in Thirunelli. This included 73 Adiya women, 11 Paniya women, 7 Kattunayaka women, 6 Kuruma and 2 Kurichya women. The survey showed that Adiya tribal women were the worst sufferers. The State women's commission received complaints from 103 unwed mothers in Thirunelli, in which 85 of them were from the tribal community (Basheer, 2002). There is no proper survey conducted in this regard in Thirunelli Panchayat. During the pilot study for the (first week of October), discussions with women from the neighbourhood groups and with the Gram Panchayat authority it came to the light that four cases of pregnancy out of wedlock had occurred recently in this Panchayat. This issue is especially recurrent in the tribal settlements. Many such issues have come to the public front; many such cases are not reported. This shows that the number of unwed mothers may be higher than the reported cases. These are the reason for selecting Thirunelli Gram Panchayat as the area of the study. A List of unwed mothers available with Tribal extension office has been used to trace the participants of the research.

2.6 Research Setting

The geographical location of Thirunelli Panchayat is at the north western part of Wayanad district. It shares its border with Coorg district of Karnataka in the north, Kannur district and Thavinhall Panchayat of Wayanad district in the west and Mananthavady and pupally Panchayat in the southern and eastern part respectively. The total area of this Panchayat is 201.16 sq. km. this area is endowed with beautiful landscapes including streams, thick forest, vast paddy fields and hilly regions. This area

is surrounded by Narinirangi and Bramagiri rocks and 72 percent of the total area of this Panchayat is covered with forest (GOK, 1997).

Map 2.1 Map of Thirunelli



Source: www.lsgkerala.in/thirunellypanchayat

Thirunelli Gram Panchayat was established during the British rule in 1937 (GOK, 1997). This Panchayat has 16 administrative wards and is divided into two revenue villages, Thirunelli and Thrissilery (GOK, 2006). Tribals and their landlords were the only inhabitants in this area during the time of formation. Paddy cultivation was their main livelihood option. The land ownership was shared by Devaswam (organization associated with administration of temples) and the revenue department. Wet lands were in the hand of Devaswam and dry lands were under revenue department. Later through land reform movements' agriculture labourers and landless got authority over the land they were cultivating or living on. Bonded labour system was exists in this area. 1941 onwards there were large number of migrants from Travancore settled in this region. Migrant farmers started dry land cultivation in this area at first (GOK, 1997). Paddy, coffee, pepper, coconut, areca nut, banana, ginger, rubber etc are important crops cultivated in this area. At present the land utilization data shows that 35.83 sq.Km of dry land, 12.53

sq km of wet land, and 16.09 sq.Km of plantation area, is used for agriculture purposes (GOK, 2006).

Thirunelli comes under Mananthavady Taluk of Wayanad district. According to 2001 census the total population in this Panchayat was 27450. This Panchayat in Wayanad is reported to have the highest tribal population. Around 40 percent of the population is tribal as compared to other Panchayats in Wayanad. The total tribal population in this Panchayat is 11178 with 5474 females and 5431 males. Christians from Travancore, Muslims from Malabar area and Hindus including Nair, Thiyyar, Nambiyar and Wyanadan Chetties constitute the religious composition of this Panchayat. Scheduled caste population is only 553 (GOK, 2006). Adiya, Kattunaika, Paniya, Kurichya, Kuruma and Malayaraya are the main tribal inhabitants in this area. The details are given below-

Table 2.1 Details of Tribal communities, Colonies and population, Thirunelli Grama Panchayat as on 2008.

SI No	Tribe	Colony	Family	Male	Female	Total
1	Adiyan	80	1090	2270	24	4679
2	Kattunayakan	167	677	1436	1469	2905
3	Paniyan	37	334	748	799	1547
4	Kurichiyar	58	326	723	715	1438
5	Kuruman	39	352	692	743	1435
6	Malayarayan	4	17	36	35	71
Total		385	2796	5905	6170	12075

Source: List of tribal colonies in Mananthavady Taluk, Tribal development office Manathavady, 2008

The sex ratio in this area is unfavorable to women (975/1000) as compared to all other Panchayats in Mananthavady block (1018/1000). But in the case of tribal communities, the sex ratio is favorable to women. The total literacy rate as on 2001 census is 44.94 percent. The number of illiterates is high among females (5986) than males (4489) (GOK, 2006). The literacy rate of the tribal community is far below that of the general communities. The total families below poverty line are 6464. The non working

population (15116) in this Panchayat is higher than the working population (12334). In this women (9349) contribute to the majority of the non working population. The population in this Panchayat depends on agriculture for its livelihood. Majority of them are marginal agricultural labourers. Female work participation is also high in this area, and is around 43.81 percent as compared to 24.08 percent of Mananthavady block. Many houseless and landless tribal families live in this Panchayat. One third of the total households have electricity supply (GOK, 2001).

Transport and communication facilities are limited in this area due to its geographical nature. Most of the roads are through reserved forest. Most of the tribal colonies are connected through mud roads. Water scarcity is a major problem that they face. After the introduction of Jalanidhi (Kerala water Supply and sanitation) programme, the Govt. sponsored drinking water Programme, the situation is a little better. Forest animals pose problems in the form of destruction of crops, houses and other infrastructure facilities, and harm to livestock etc., Droughts, floods and low price for agriculture produce are the challenges faced by the population of this Panchayat, especially in the case of farmers. Lack of irrigation facilities is the main problem faced by the agricultural sector in this Panchayat. Panchayat level statistics (2006) of Wayanad district shows that this Panchayat is also industrially backward along with some other Panchayats in the district. Few handloom societies (2- 87 members) and small scale industrial units (48), including agro based (14), textile based (19) and others work in this Panchayat (TGP, 2009). These provide employment to about 135 individuals (GOK, 2006).

Socio cultural institutions like public libraries, reading rooms, youth clubs and adult education centers function within this Panchayat. 28 Anganwadis are there in this Panchayat. The functioning of Anganwadis is satisfactory. There are 9 lower primary schools, 3 upper primary schools and 3 government higher secondary schools in Thirunelli. Two primary health centers with twenty four bedded inpatient facility and nine family welfare services, one government homeo dispensary and one ayurvedic dispensary are available under healthcare services. One private hospital and two private clinics are also there in Thirunelli.

The history of Wayanad and Kerala has its own relevance with Thirunelli. Thirunelli temple is popularly known as '*Dakshina Kashi*'. The Thrissilery temple and Bavali Makham are famous for its religious functions and are situated in this Panchayat. Pakshipathalam and Tholpetty wildlife sanctuary also attracts many tourists to this region. Thirunelli is infamous for 1970's Naxalite revolt in Kerala.

2.7 Field Experience

“You might begin your study with a snapshot in which you set the scene and introduce major actors one by one, much as if you were writing a play. Continue presenting still shots until you have enough elements on hand to put things in motion” (Wolcott, 2001: 41).

Before analysed data, I was inspired by the latter. I was confused as how to put field observations, analysis and interpretations in an organized way in this research report. Recollected fieldwork days through the field notes, photos clicked and memories in the field. Made snapshots of each events, started describing and analyzing each snapshots and actors in that. This provided another outlook to field observations and people's voice, actions and response.

I started field work on 18th of December 2009. This study is about unwed tribal mothers, who are victims of sexual abuse or coercion. Before approaching the community, I was doubtful about their responses to my work, mainly because this is a sensitive issue- it deals with their personal life and also there was a difference in their cultural background. Recent social sciences writings recognize that there is power differential between the observer and the observed that shapes the translation of cultural experiences made by the researcher. The relationship that the researcher brings through the field work to the community will help to understand “others” culture and during the process of writing the researcher should be reflexive to avoid generalizations bordering on racism (Unnithan, 1997). To deal with such issues the author established a good rapport with the community before interviewing the tribal unwed mothers.

The first day of my field work (18, December 2009) was in Grama Panchayath office. As part of checking the feasibility of my study October 2009, I visited Panchayath officials

and CDS² office in my study area and took their prior permission to work in their area. They extended all kinds of logistical support to me. That day there was a meeting of CDS executive committee it include all selected members of ADS in each ward of the Gram Panchayat. I attended the meeting and introduced myself as a student and told them about the purpose of my visit. Women leaders were very cooperative and they shared their knowledge about this issue. This meeting was a golden opportunity for me and it gave me a good initiation to my field work. All ADS members have a clear idea about the events that are happening in their working area and are also familiar with every family. The interaction with them helped me to locate my study participants, their details and where they were residing. My earlier work experience in Kudumbashree helped me because I was familiar with their activities and the nature of work. The Gram Panchayat welfare standing committee chairman and other women ward members were also present in that meeting, their experience in the field of tribals and social activities provided me a basic idea about the area and its people. In the same meeting we decided the dates for the field visits and arranged for each ADS member to accompany me when going to their respective field area. This was in view of what Srivastava has said about fieldwork.

The field worker may have around him his own groups of friends, admires and helpers for which Madan has aptly used the term 'convoy', which help him in a variety of ways and also expects several favors in return (Srivastava, 2005: 23).

For the first few days of field work decided to visit tribal colonies with the intention of understanding their condition and building rapport with the community. To get acceptance and entry into tribal hamlets without any hindrance from them, adopted the strategy to visit colonies with ADS members or Anganwadi teachers. The reasons for this were that, they are familiar with and were accepted by the tribal people and had knowledge about the tribal families and their everyday life. And also decided that before

² CDS Community Development Society a Grama panchayat level organization of State Poverty Eradication Mission, Kerala. Popularly known as 'Kudumbashree'. CDS has a three tier organization structure, at grass root level Neighbour Hood Groups (NHG), ward level Area Development Society to coordinate the activities of NHGs and CDS at the Panchayat level to coordinate the activities of ADS. The mission of this organization is to eradicate absolute poverty and women empowerment. Its activities including micro credit, thrift, enterprises development for poor unemployed women and youth, promotion of lease land farming etc.

going to meet the actual respondents of the study, the 'unwed mothers', I would visit two or three other tribal mothers in order to turn the attention away from unwed mothers alone and to avoid giving the impression that the study is only about unwed mothers. The reason for this was that there was a possibility of an opposite reaction from the people's side against the study, as many studies have done in the past on unwed mothers.

During my field visits to colonies, the people were curious about my identity in terms of my religion and marital status. When I was interacting with a group of Paniya tribal women, one lady asked me if I was going to a church or a temple for worshipping god? I told them that I was a Hindu. It was necessary at that time to build a good rapport with them. After finishing the interview with an unwed mother she asked me about my family and children. She was surprised to hear that I was unmarried since my questions to them included reproductive history and related matters.

Sometime I felt that they were treating me an outsider and showed an unwillingness to talk. They considered me as a journalist and or a government employee and asked about the benefits they are going to get from the information they have given. But I clarified the purpose of my visit and said that it was for educational and not official purposes.

The fieldwork was during the harvesting season of paddy and coffee. So there were enough days of employment for the agricultural labourers. The tribal colonies were almost vacant, and I could see only old ladies and small kids in many houses. All adult males and females were going to agricultural fields and were back by the evening. To meet them I had to go to their working fields or on Sundays. Sundays are their shopping day. There I got chance to observe the interactions of tribal unwed mothers with other women and their involvement in a group situation.

Language was not a barrier for me during my fieldwork. Tribal women used their own tradition language while interacting within their community. To an outsider or non tribal they talked in Malayalam. Their language is a mix of Malayalam, Kannada and Tamil. After one and half month of fieldwork I too started learning some words in tribal language.

Transportation to the field was very difficult and time consuming. I stayed in the Mananthavady Gram Panchayat president's house. It took twenty minutes by bus from Mananthavady to Kattikulam, where the Thirunelli Panchayath office is situated. To reach the interior tribal colonies in the village it took me about one to two hours by bus and then had to walk through the forest and mud roads. The numbers of buses were few and had to wait for hours to get other means to travel.

As a woman, I faced difficulties with regards to the remoteness of the villages and the lack of transportation facilities. The sensitive nature of the study was also another issue which limited my hours of field work. I had to return before six in the evening because those who exploited the tribal women were residing in the same area. If they came to know about my intention they could have created problems for me. So I stuck to my time and shared my intention of field visit only with those who accompanied me in the field to avoid such difficulties in my fieldwork. I was also required to be brave and resourceful at times.

Chapter 3

History of Wayanad- Transition of Tribals

Wayanad, the hilly district of Kerala state has attracted national and international attention historically and recently, due to its geography, forest and other resources. Attention has also been focused here due to Wayanad's people and their traditions and at present the suicide of farmers, sufferings of indigenous people and their struggle against restoration of alienated land and violation of human rights etc (George & Prasad, 2006). The natural beauty of Wayanad and its vast natural resources attracted many people to this tribal land. They exploited both its resources and the tribal people in various ways. By the interventions of outsiders, the indigenous people of Wayanad lost their identity and now are marginalized to the periphery of society. Majority of them are living in abject poverty and deprivation- they lost their livelihoods, their homes, their land and were eventually forced to work as labourers on their own land (Johnny, 2007). Women were the worst sufferers of all these changes; they have undergone various type of violence in their daily lives. Many of these tribal women were sexually exploited, many became unwed mothers, and many have died due to abortion and other health issues (Johnny, 2007). The transition of a society to its present situation is not a sudden change; it is a continuous process of changes in its social, economic, political, cultural and ecological factors. Wayanadan community also had undergone transition with changes in its social, economic, cultural, political and ecological underpinnings. A critical analysis of Wayanad's history will bring a macro picture of the transition of tribal community, the factors responsible for it and its relation with unwed motherhood among tribal women in Wayanad. This chapter mainly discusses the tribals of Wayanad and their situation through an examination of a social, economic, political, cultural and ecological history of Wayanad and its contemporary situation. This chapter is mainly divided into five sections which include Wayanad geography, demography and economy, tribals of Wayanad and their culture, a brief history of Wayanad and socio economic status of tribals and the sufferings of the tribal women. The chapter is mainly based on secondary sources; official documents, books, and articles related to it.

3.1 Wayanad Geography and Demography

Wayanad, a beautiful hill station in North Eastern tip of Kerala, lies at the mountains of the Western Ghats and is a continuation of the Mysore plateau. It is 76 kms away from the seashore of Kozhikode situated at a height of 700 to 2000m above the sea level.

3.1 Map of Wayanad



Source: <http://enchantingkerala.org/kerala-maps-wayanad-district-map.jpg>

Wayanad district is surrounded on the North, by Kodagu district of Karnataka state, on the East by Mysore district of Karnataka and Nilgiri district of Tamil Nadu states, on the South by Ernad Taluk of Malappuram district and West by Kozhikode Taluk of Kozhikode district and Thalassery Taluk of Kannur district (GOK, 2001). Wayanad lies between north latitude $11^{\circ} 27'$ and $15^{\circ} 58'$ and east longitude $75^{\circ} 47'$ and $70^{\circ} 27'$. On the southern tip of Deccan plateau it has the vast area of the Western Ghats covered with thick forest, tangled jungles, deep valleys and small streams. In the centre of the district hills are

lower in height, in the northern area it has high hills which give it a wild and mountainous appearance. The eastern area is flat and open. The western border of the district slopes down to eastern side of Kozhikode district. The road which curves and bends through this hill range is one of the major routes, which connects Malabar area to Karnataka and Tamilnadu (GOK, 2003).

Hills with tea, coffee, pepper or cardamom plantations and dales, which are converted from paddy fields, make Wayanad picturesque. Geographically there are rivers flowing east and west. The forest type soil of Wayanad promotes the growth of vegetation and greenery. 38 percent of the total land comes under forests. Wayanad has a cool climate and the mean maximum and minimum temperatures range from 29^o C and 18^o C. The mean average rainfall in this district is 2322 mm per year. The cool climate, beauty of forest, rivers, lake and waterfalls attract many tourists to this region (GOK, 2003).

3.1.1 Administrative Set up of Wayanad

Table 3.1 Details of Administrative Set up Wayanad as on 2006

	Details
Revenue division	1
Taluks	3
Revenue Villages	49
Municipalities	1
Municipality wards	25
Block Panchayath	3
Grama Panchayath	25
District Panchayath divisions	16
Assembly constituencies	3
Number of households	166763
Total population	780619
ST population	136062

Source: Government of Kerala. (2006). Panchayath Level Statistics, Wayanad District, Department of Economics and Statistics, Thiruvananthapuram.

Earlier Wayanad was a part of Kannur and Kozhikode district. The new district was formed on 1st November, 1980 as the 12th district of Kerala, with three administrative blocks of Kalpetta, Sulthan Bathery and Mananthavady. The total geographical area of Wayanad is 2131 sq.kms with a total population of 7,80,619 as on 2001 census report; that is 2.5 percent of total population of the state (GOK, 2003).

Revenue and local self government system of administrative set up in Wayanad are like other parts of the state. Revenue system of administration consists of one revenue division, three taluks and 49 villages. The local self government system includes one district Panchayat and under this there are three development blocks and 25 Gram Panchayats. There is only one urban centre in Wayanad (GOK, 2003).

3.1.2 Growth of Population

Table No 3.2 shows that there was a sudden increase in the growth of population during 1941-1981. Economic, political factors together with government policies increased the migration of people from the plains to this hill region. This was the main reason for the sudden increase in population. The important characteristic of this district is that it is inhabited by a large population of tribals (34.7 percent). Earlier tribes were the predominant population in this region. Later their population reduced to 17.4 percent (as on 2001) of the total population of the state. (WHDR, 2009).

Hindus, Muslims and Christians form the main religious composition of the district with its indigenous tribal population. The majority of the population belongs to Hindus followed by Muslims and Christians. Brahmins from Karnataka, Tamilnadu and other parts of Kerala, along with Nairs, Thiyyas, Wayanadan chettys etc constitute the Hindu religion. Mappilas from Malappuram and Kozhikode and Christian migrants from southern parts of Kerala constitute the Muslim population and Christian population respectively. Wayanad consists of a small population of Jain community also; they are the migrants from Karnataka. Adiyar, Paniyar, Kurichyar, Kurumar, Kattunaicker and Uralis are the different tribal communities in Wayanad (GOK, 2003)

Table 3.2 Population of Wayanad district from 1901 to 2001

Census Year	Population			Decadal variation	
	Persons	Males	Females	Absolute	Percentage
1901	75149	41632	33517		
1911	82549	45489	37060	7400	9.85
1921	84771	47473	37298	2222	2.69
1931	91769	50877	40892	6998	8.26
1941	106350	57952	48398	14581	15.89
1951	169280	92099	77181	62930	59.17
1961	275255	144635	130620	105975	62.60
1971	413850	215338	198512	138595	50.35
1981	554026	284261	269765	140176	33.87
1991	672128	341958	330170	118102	21.32
2001	780619	391273	389346	108491	16.14

Source: Wayanad Human Development Report 2009 (Draft), Centre for Development Studies, Thiruvananthapuram, 2009, p 13

The sex ratio of the general and scheduled caste communities is unfavorable, but in case of scheduled tribes, it is favorable for females. The table below shows that the Muslim and Christian populations living in this district are higher than the state average. Population densities in areas are changing according to the different geographical locations. Mananthavady and Sulthan Bathery blocks have the highest population density. The population of tribals also varies within the blocks. Mananthavady area has highest population density of tribals. The low fertility rate and improved life expectancy shows that there is low young dependency ratio and increase in the old age dependency ratio (WHDR, 2009).

Table 3.3 Demographic features of Wayanad, 2001

Major Indicators	Wayanad	Kerala
Population share of the state	2.5	100
Share of Scheduled caste Population (%)	10.7	100
Share of Scheduled Tribe population (%)	37.4	100
Religious Composition		
Hindu	50.23	56.14
Muslims	26.8	24.7
Christians	22.5	19.02
others	0.41	0.12
Sex Ratio		
All communities	995	1058
Scheduled caste	993	1048
Scheduled Tribe	1019	1021

Source: Government of Kerala. (2006). Panchayath Level Statistics, Wayanad District. Department of Economics and Statistics, Trivandrum

3.2 Socio Economic Features of People of Wayanad

The economy of Wayanad mainly depends on agriculture. Earlier it was characterized by subsistence production and consumption. Later migration of common man to this hilly area and the shift from food crop cultivation to cash crop cultivation led to the emergence of a market dependent economy. Earlier main cultivations in this area were food crops like Paddy and raggi etc. At present the main cultivation in Wayanad has been shifted to perennial cash crops like coffee, tea, pepper, cardamom, areca nut etc., making it the largest foreign exchange earner of the state. This district is industrially backward and has recently shown growth in service sector industries. There was a declining trend of earnings from primary sector due to various factors like market fluctuations, climate change etc. This situation is compensated by development in tertiary sector industries like tourism, hotels, restaurants, real estate's ownership and other services. In the year 2005-2006, the contribution of primary sector and secondary sector to the GDP of Wayanad

has been 43 percent and less than 11 percent respectively. Animal husbandry and other allied activities have high potential in this district and are the main income earning activities of the population (WHDR, 2009).

Agriculture is the main livelihood of the population in Wayanad. The majority of the people are small and marginal farmers and agricultural labourers. The region is mainly a cash crop cultivated area. Coffee is predominantly grown here followed by pepper and tea. About 80 percent of the total cultivable area is dominated by perennial cash crop cultivation. One percent of land has been used to cultivate vegetables, 12 percent by annual crops and 5.8 percent of land is utilized for seasonal cultivation (GOK, 2006). Earlier, paddy was the main cultivation in Wayanad. The paddy fields have been converted to banana cultivation, annual crop cultivation and other nonfarm activities (George & Prasad, 2006).

The shift in agriculture production from food crops to perennial cash crops affected the food security, employment opportunities and livelihood conditions of the small and marginal farmers and agricultural labourers (WHDR, 2009). The farmers of this district were under crisis during 2001 to 2003. Various reasons like low price for agriculture produce in the market, drought, and disease affected to the crops and other climatic changes were responsible for this. Many farmers committed suicide because of crop failure and high debt. Many were under the threat of poverty and vulnerability. Agriculture labourers, including tribal landless labourers, were the worst sufferers and had migrated to other parts of the state or country in search of livelihood (WHDR, 2009).

Wayanad, being an agrarian economy, constitutes high work participation of male and female as compared to the state average. Another important issue in this regard has been the seasonality of employment. Seasonal unemployment is high in this region among small agriculture labourers and other allied workers. The 2001 census report shows that 58.1 percent of scheduled tribes are literate and there is a 15.4 percent difference between the male- female literacy rates (WHDR, 2009). The living conditions of the tribal people are very poor and they live in one-room huts with no separate room for cooking, eating and sleeping. They don't have any asset base like utensils, table, cot etc. for other

household purposes (WHDR, 2009). The 2001 census data shows that only 17.1 percent of the total households have drinking water facilities and 42 percent of houses have electricity supply (WHDR, 2009).

The families living below poverty line were 49.9 percent according to 1997 BPL survey. According to 2007 BPL survey, the classification of poor was into absolute poor and poor, depending on 9 point indicators.* The draft list of BPL families of this survey shows that in Wayanad 30.6 percent families are absolutely poor and 16.6 percent are poor families compared to 20.3 percent and 17.35 percent of absolutely poor and poor families in the state (WHDR, 2009). In this report Wayanad has the second position with the highest number of BPL families, followed by Idukki district of Kerala.

Wayanad is an important biodiversity hotspot in the Western Ghats. The sudden increase in the migration and modernization affected the ecological balance and its natural equilibrium. This led to various environmental issues like soil erosion, drying up of natural water sources, changes in the quality of soil etc. The production and profit based agriculture promoted the overuse of fertilizers and insecticides instead of natural methods which caused environmental degradation. The destruction of a variety of flora and fauna also resulted due to this. The shift from mixed cropping to cash crop based mono cropping also has had a negative impact on the environment. Conversion of wetland to dry land for banana and areca nut cultivation also resulting in the poor percolation of water into the ground. This resulted in the depletion of ground water levels and led to drought and other issues. These are some of the present-day challenges being faced by Wayanad due to human impact or intervention. (WHDR, 2009)

Social infrastructure like roads and communication facilities are poor in Wayanad as compared to the state average. Basic facilities for education are satisfactory except in the

* Following are the nine factors considered for calculating the poverty index.

1. Kutch house. 2. No access to safe drinking water. 3. No access to sanitary latrine. 4. Illiterate adult in the family 5. Family having not more than one earning member. 6. Family getting barely two meals a day or less. 7. Presence of children below 5 years in the family 8. Alcoholic or drug addict in the family and 9. Scheduled Caste or Scheduled Tribe family.

The household which qualifies four or more of this factors considered as poor and those families qualifies 8 or more of this indicators considered as very poor (WHDR, 2009)

tribal colonies. Higher education facilities however, are inadequate. Healthcare facilities are also inadequate especially in cases of tertiary healthcare (WHDR, 2009).

Generally speaking Wayanad is a less developed area in the state as compared to other districts. The Kerala Human Development Report of 2005 showed that there is not much variation in the human development index across the districts of Kerala. Variation is only observed in the case of per capita income, not in case of literacy and life expectancy at birth. But, the index of deprivation, based on the quality of housing, access to drinking water, sanitation and electricity shows higher variation across the districts because of the high value of deprivation of scheduled tribal populations (WHDR, 2009).

3.3 Tribals of Wayanad and their Culture

Tribals are considered as the original inhabitants of this hilly district. There are different groups of tribal communities like Kurichya, Kuruma, Kattunayaka, Urali, Adiya and Paniya residing in this district for centuries. For the time being they have undergone various changes in their social, economic and cultural life which have forced them to live in poverty stricken conditions and in a vulnerable environment. The historical understanding of Wayanad and its socio economic and political history makes one clearly understand their present situation of suffering and deprivation. Before discussing it in details it is important to have an understanding about the various tribal groups in Wayanad.

The tribal population of Kerala constitutes 1.1 percent of total population of the state and 0.47 percent of total tribal population of the country. More than 35 percent of the total population of Wayanad consists of tribals. Around 99 percent of the tribal population includes the main six categories of tribes. They are the Paniyan (44.8%), Kurichiyan (17.4%), Kurumar (17.5%), Adiyani (7.1%), Kattunaikan (9.9%) and Oorali (2.7%). The Mananthavady block has the highest tribal population in the district. Certain groups of tribal communities have been concentrated in certain areas (GOK, 2006).

Tribals are mainly agriculturally dependant. Tribals in Wayanad are mainly agriculture labourers, small and marginal farmers. Earlier, their economy was based on subsistence

production and consumption. They were engaged in shifting cultivation and collection of forest produce through hunting and gathering for their subsistence. Later they turned to settled agriculture and agriculture labour as their main source of income for living. They have their own traditional beliefs and practices, food habits, marriage patterns and other customs. A brief on each category of tribes has been summarized below.

3.3.1 Kurichiyan

Kurichiyans are the landowning group among the tribes and are mainly agriculturalist, engaged in settled agriculture. The name 'Kurichiyan' comes from the expression "kuri vechavan" (he who took aim) and was given to them since they were adept in archery (Nair, 1911). Another derivation of "kuruchchi" means hill country. The group belonged to the class of Nairs and were considered the descendants of early Nair warriors who came to fight with Vedar Rajas of Wayanad. They were closely associated with Pazhassi Raja's rebellion against Britishers in Wayanad.

There are many who are socially, economically and culturally advanced. Kurichians consider themselves superior to other tribes and castes. They practice untouchability with relation to other castes and tribes except Brahmins. They avoid eating beef and bison meat, but drink alcohol. They speak Malayalam with a peculiar intonation. They generally have huts on the top of the hills or mountains. They keep their surroundings and interiors of their huts neat and clean. The group follows the tradition of having a headman (Muppan). Succession to the position of headman is not by hereditary but by divination. In Wayanad the headman is known as 'Pittan'. At present, the reverence and respect they once had for their headman are gradually disappearing (Luiz, 1962).

Kurichiyans practicing Tali-kettu-Kalyanam before a girls attain puberty. This means that the real marriage will takes place only after puberty. Marriage by purchase is customary. The groom has to pay a certain amount to the bride's parents. Marriage by exchange of ring is of recent origin. Usually, the bride is the daughter of a maternal uncle or a paternal aunt. Matriarchal rule is strictly observed while selecting a bride. Brides live with her husband after marriage and succession through females is the rule (Marumakkathayam). Divorce and desertion are common. Divorced women and widows

are permitted to remarry with the consent of their parents and headman. However there are no ceremonies performing. Traditionally they observe the laws of pollution at the time of a girl attaining puberty, or during menstruation or after childbirth. This includes isolating the woman in a segregation hut for living at this period. Kurichiyans bury their dead. In case of men, a bow and arrow and for women a bill hook is placed in the grave. Pollution rituals connected with death last for 11 days after which they bathe and feast. In the past they worshipped inanimate objects, now they also visit temples and like to be known as Hindus (Luiz, 1962).

They have a very efficient social control mechanism. Excommunication from the caste was the punishment given to individuals who went against their rules. Luiz (1962) also says that Kurichiyans outcaste their women and girls ruthlessly for the violation of the social rules. Many of such outcasted members adopted Christianity in their later life.

In terms of modern development indicators they are far better in position than other tribal communities in Wayanad. Many of them work as government employees and have better representation in local leadership and in political parties. They have been making use of the benefits of various welfare programmes for the development of tribals (WHDR, 2009).

3.3.2 Mulla Kuruman

Mulla Kuruman tribe is considered as the original inhabitants of Wayanad. Like Kurichiyans they are also agriculturists and expert bowmen. They also fought along with Pazhassi Raja against the British. Mulla Kuruman is considered as their nickname given by early Nair's in Wayanad. The prefix 'Mulla' means Bamboo, related to their occupation like cutting, selling and making other bamboo products (Luiz, 1962). Their language is known as 'Kurumba' which is a mixture of Kanarese, Malayalam and Tamil. They claim racial superiority over other tribal groups like Kattunayakans and Urali Kurumans. They also believe in untouchability with relation to tribal groups and avoid association with them.

Earlier they had matrilineal rule of succession but now they have adopted makkathayam or the patrilineal rule of succession. Their settlements are situated near their plots of land or the land that they work on. Each settlement has six to twelve huts. In their settlements they have separate huts for worship of god known as 'daivam pura'. They also have the institution of headman who is obeyed and respected. Headmen in consultation with *Vellichapad* preside over ceremonies, make offerings, and act as medicine men etc. The office of the headman is hereditary. These days the community has also started worshipping Hindu gods and likes to be known as Hindus (Nair, 1911; Luiz, 1962).

Marriages are only after puberty. Like Kurichiyans they also perform a marriage ceremony before the real marriage. This is known as thali- kettu – kalyanam. Bride price is an important aspect of their marriages. Divorce is permitted only after consultation with elders of the wife and the head man. Remarriage is also permitted among them. Polygyny is common and polyandry is uncommon. They also follow laws of pollution during puberty, menses of women, and after child birth. Outcasting is the punishment for disloyalty or actions against their rule.

Mulla Kurumas are generally agriculturist and earlier practiced shifting cultivation. Due to the limitations of this they abandoned it and started settled cultivation. They own land and cultivate it. Selling of forest produce is also another source of income for them. The educated members of the tribe are employed in various government departments and have good representation in political and local leadership (WHDR, 2009).

3.3.3 Paniyan

Paniyans constitute a vast majority of tribes of Kerala. In Wayanad also they are in the highest number. They are curly haired and dark skinned and resemble Negros. They are considered as a slave tribal group that lives in high elevations where there are plantations and paddy cultivation. The name 'Paniyan' is the modified form of the Malayalam word 'Panikkar' meaning labourers. They speak a coarse dialect of Malayalam and a mixture of Tulu and Tamil. Rice is the main diet of Paniyans otherwise they depend on forest produce for sustenance. They follow the patrilineal rule of succession (Luiz, 1962).

They also have the institution of headman known as Kuttan, usually selected by landlords on whose farm they settle. Marriage and other new ventures are undertaken only after consulting the head man. They worship the goddess of the, kali and other Hindu gods and believe the existence of the soul after death (Nair, 1911; Luiz, 1962).

Marriages are usually after puberty. Gopalan Nair (1911) says that sometimes marriages are allowed before puberty. Bride price is prevalent among Paniyan's also. Pattern of family is satisfactory; divorce and desertion are rare cases. They do not isolate their women during puberty and menstruation. Paniyans bury their dead. The pollution associated with death lasts for seventeen days. They avoid eating fish and meat during these days. Singing and dancing is essential to Paniyan's, and performances occur on every occasion. (Luiz, 1962).

Paniyans are mainly agricultural labourers. Majority of them are landless and working as bonded labourers. This bonded labour system is still practiced in certain areas of Wayanad. Bonded labourers have huts near their workplace or plantations. They are very poor and the wages for their hard work in the field is very poor and poverty is a part of their life. Due to their poor living status and illiteracy, they became marginalized and are pushed to the periphery of the society. They fail to get the benefits of various rehabilitation programmes meant for them. Paniyans do not have representation in local leadership, political parties and government services (WHDR, 2009).

3.3.4 Adiyans

Like the Paniyans, the Adiyans are considered as a slave tribal group in Wayanad. 'Ravulayar' is the traditional name of Adiyans. The word 'Adiyan' denotes slave or vassal attached to a person of standing. It is believed that their ancestors had migrated from Coorg. They came to Kerala with Chetties and Brahmins of Mysore and continued their agricultural activities (Luiz, 1962). They are agricultural labourers and also have their own cultivation in hilly areas. They are also landless tribes like Paniyans. They are always engaged in agriculture labour in their landlords' land for which they get low wages as compared to their hard work. Hunting and gathering are also known to them but due to deforestation and restrictions due to forest laws, these days they only depend on

wage labour for their livelihood. All these situations have led them to the condition of deprivation (Luiz, 1963; WHDR, 2009).

A dialect of Kannada is their mother tongue. They are also familiar with Malayalam. They are non vegetarians and are fond of betel nut and pan. They follow patrilineal rule of succession. But the question of inheritance is not there because they are landless and do not have any savings for future (Luiz, 1962).

The institution of headman is there in all settlements and known as 'Peruman'. He is a senior member of a family. His wife is known as 'Perumathi'. The consent of headman and their council is important to undertake new ventures and to marry. The office of the headman is hereditary. The headman owns a 'Thundi' (drum) which they use in festive occasions. They sing and dance with the beat of the drums. They have a good collection of folk songs and folk dances. They believe that singing and dancing makes the spirit happy. Women do not participate in dancing (Luiz, 1962).

Marriages are allowed only after puberty. Marriage by purchase is common; groom has to pay rupees two to hundred to the parent or uncle of the bride. Divorces and desertion are also common among them. They do not permit marrying one's murapennu, the daughter of maternal uncle and paternal aunt. The bride has to be from a non related family, but marrying outside the tribe is against their rule. The segregation associated with puberty, menses and child birth etc are not strictly done as compared to other tribal groups (Luiz, 1962). There is no punitive measure for men and women who commit sexual offences (like excommunication prevalent among Kurichiyans). If a woman commits such offences she is allowed to join the community through certain purificatory rites known as "Kalachu Veypu" (Nair, 1995).

Adiyans are Hindus by religion. They celebrate Onam and Vishu and visiting temples. During March and April months they get special allowance from landlords to visit temple in Valliyoorkavu. They consider Maladaivam (God of hills) as their popular god. They also worship the spirits of ancestors (Luiz, 1962).

Adiyans bury their dead. The funeral ceremony is celebrated on the fifth day. It can extend till the fifteenth day. Kakkapula is observed every year in memory of the deceased ancestors. There is no fixed date for performing it (Nair, 1911).

The situations of Adiyans are better than Paniyans. These days many Adiya youth are educated and coming to the mainstream society. They have a good hold of local politics, and local leadership. Even then they have failed to reap the benefits of welfare services for them (WHDR, 2009).

3.3.5 Kattunayakan

Kattunayakans are termed as a primitive tribal group. Their name denotes the king of the jungle. Their main livelihood is collection and gathering of forest produce. They are also known as *Then Kurumar* (*then* means honey), because they collect honey from the forest. They seldom interact with other communities. Their language is a mixture of Malayam, Tamil and Kannada. They consider Paniyans as untouchables and avoid eating food cooked by Paniyans. In Kerala the Kattunayakans and Uralis Kurumans are considered as an endogamous group. But they do not mix, interdine or intermarry (Luiz, 1962). They follow a patrilineal mode of succession.

They are animist and totemist, worshiping hill, trees, rocks, snakes and animals and sun, moon and siva. They believe in sorcery, magic and mantras. They also believe in worshiping of spirits which is permitted by their ancient codes. They also have the institution of headman. All new ventures and marriages happen by his consent (Luiz, 1962).

There is no age restriction for marriage. Generally it happens after puberty. Marriage before puberty is uncommon. Marriage by capture and purchase are possible. Currently, marriage by purchase is more common than earlier days. They also have the system of bride price in marriage. They have forbidden degrees of marriage and endogamous marriage is punished with outcasting. Murapennu is the popular bride. Female cohabitation with anyone outside is outcasted. Polygamy is permitted among them. Divorce and desertion are common, remarriage is permitted. Segregation associated with

puberty and childbirth extends till fifteen days. They bury their dead near to their settlements; desert that locality and purposefully avoid visiting that place. They do not observe pollution after death. Belief about the existence of soul and rebirth is very vague (Luiz, 1962).

They live in the interiors of the forest and make huts there; its condition is very poor. Gathering and collection of forest produce is the main source of income. Very few have settled agriculture. Limited numbers work in the forest department as watch men. They are not hard workers. The changes in environment and decline of agriculture affected the livelihoods of Kattunayakans. Their living conditions are poor and majority of them have not benefitted from the services and welfare programmes of the government for the upliftment of tribals (WHDR, 2009).

3.3.6 Urali

Uralis are otherwise known as Vettu Kurumbas. Their name is derived from their profession of felling trees; “vettu” means cutting (Nair, 1911). They are the artisan tribes. They make ploughs, knives, earthen pots, sizing timber, umbrellas of screw pine leaves, making baskets etc. They are essential part of agriculture community. Traditionally they practiced shifting cultivation in small scale. They also collected edible roots from the forest and used as food materials (Luiz, 1962).

Their settlements are clustered type. The houses of Uralis are generally called ‘Padis’. They have a separate meeting hall in their settlement. They also have the institution of headman called as ‘Muppan’. They speak a mix of Dravidian language (Luiz, 1962).

Urali families are monogamous in nature. Earlier they practiced polygyny and polyandry (Devan, 1995). They are strictly endogamous and prefer brides from their community alone. Bride price system is also prevalent among them. They also practice segregation during menses, puberty and after childbirth. The pollution after childbirth is observed for five to seven days. They bury their dead and do not observe pollution rites then (Nair, 1911).

Uralis are traditional artisans. Without Uralis the life of Wayanad people would have been difficult. But now the migration of artisans from the plain to this hilly area has made them competitors and has affected the lives of the Uralis (Nair, 1911). Due to the restriction from the forest laws many of them discarded their traditional skills of weaving baskets and other items. The change in products and production system also has led to the destruction of their traditional livelihood system. For example products like aluminum, plastic etc have entered the market. These days the tribal group has also lost their source of income due to environmental, legal actions and modernization (WHDR, 2009).

3.4 Socio, Economic, Political and Cultural History of Wayanad

This section mainly looks at the history of Wayanad and the factors in each time period which led to the deprivation of tribals, the original inhabitants of this region. Every locality has its own history. The people who lived in each time period, save their history of their life, culture and the pain they suffered for their future generations. It may be their writings, their art, their worship method and their rock inscriptions etc. identification of these hidden things, by connecting or relating the things identified and analysis and interpretation of that together gives a picture of the local history of a place. It is essential to understand the local history of a place in order to understand their past and the reasons for their present distress (Prasad, 2007). In many of the historical literature, the recorded history of Wayanad begins from 19th century after the death of Pazhassi Raja in 1805. Historical understanding of the people and the tradition of Wayanad was started by British during the administration of East India Company. They were very interested in understanding the history of the locality under their rule for administrative purpose (Johnny, 2007). The history of Wayanad is mainly the tragedy of what happened to the tribes because of the beauty and prosperity of their mother, this hill land (Panoor, 1971). To understand tribal life and its transformation, based on the political history of Wayanad this section is divided in to four parts- before the Kottayam Regime, Kottayam Rajas rule, the British rule and after independence. To understand the past and present situation of Wayanad, books and articles published and journals are referred.

There are different interpretations for the name of Wayanad. Wayanad has vast paddy fields, so it is believed that the name was derived from the term 'wayalnadu' or 'Bile nadu'. 'Wayal' or 'bile' means paddy field and 'nadu' means country (Johnny, 2007). Nair (1911) in his book *Wayanad the people and its tradition* says that, it is derived from the term Vana-nadu (forest country). With time it became pronounced as Vaya nadu or Wayanad. In the Madras manual of administration it says that the name is derived from the Sanskrit name 'Mayakshetra', meaning district of Mayan, the architect of deityans. With time it started being pronounced as Mayanadu (Mayan's country) and later Wayanad (Johnny, 2007). The debate continues on the assumptions regarding the name of Wayanad.

3.4.1 Wayanad during its Early Civilization

Historians are of the opinion that the rock inscriptions and different apparatus made up of stone, discovered in different parts of Kerala, show that human life started in this area before 6000 to 7000 years back. The rock inscriptions in *Edakkal* caves of Wayanad and various tools and utensils made of stone were discovered in 1901 show that human beings and their culture has existed for the past 5000 years. The findings from *Edakkal* caves and other parts of Wayanad show the possibility of the existence of an ancient generation and their culture of traditional people, that existed in the Neolithic period. It is believed that they are the forefathers of the present tribal groups existing in Wayanad. The rock inscriptions and picture of a human being with a bow and arrow and with a dog on the wall of *Edakkal* caves throw light on the existence of a ruling family in Wayanad. Fosset, (Police supretendant during british rule) suggested that this picture represents the fore fathers of Mulla Kurumans, a tribal community in Wayanad. Hunting by use of bow and arrow and with the help of trained dogs, a ritual that is in practice by Mulla Kuruman, has a relationship with this picture, adding to the assumptions that was raised by Fosset. Dr Hultzch also points out that the rock inscriptions and pictures represent the fore generation of Kurumans of Wayanad. Historians and Archeologists have the same opinion that the pictures and inscriptions in *Edakkal* cave were made at different time period. It is discovered that the rock inscriptions in *Edakkal* were written (in *Pali* script) 6000 years after the drawings were portrayed in *Edakkal* caves (Johnny, 2007). One of

the inscriptions read by Dr Hultzch mentioned about a King Vishnu Varma, the propagator of *Kudumbiyil* family. It was not mentioned in that rock inscription, the time period they had swayed over Wayanad (Nair, 1911). When looking into the nature and style of scripts in *Edakkal* caves, it can be assumed that the *Kudumbiyil* dynasty ruled Wayanad from the time period between BC 300 and AD 500 (Johnny, 2007).

Dr Oppert, a famous historian has the assumption that the names like 'Kudumban' and 'Kuruman' come from the word 'Kudumbi' (Nair, 1911). Based on this assumption it is believed that *Kudumbiyil* written on the rock inscriptions in Edakkal were considered the forefathers of the Kuruman tribal community in Wayanad. From these findings it was implicit that earlier Kurumans were the original inhabitants of Wayanad (Johnny, 2007).

The recorded history of Wayanad starts with the conquering of Veda Rajas and the insertion of Kottayam Rajas in power to control Wayanad. There was a conjecture that the Veda Rajas were the followers of the *Kudumbiyil* family. The myths, stories, religious centers, and certain names of places in Wayanad reveal of the existence of Kudumbiyil Dynasty in Wayanad. Arippan and Vedan were considered as two Vedar Kings and were the last in the line of Kudumbiyil family. Arippatta Kunnu in Thavinhal amsam in Wayanad was the place of Arippan's rule and where the fort of Arippan was situated and was called after him. Vedan ruled over Pakkam, and Nenmeni amsam were known as *Vedan Kotta* (Vedan fort) after him. Mullu Kurumban's in Wayanad claim that they belong to Arippan's race and Urali or Vettu Kurumaban's to vedan's race (Nair, 1911; Johnny, 2007).

"Their claim to this nationality is supported by following pages in the Madras Journal of Literature and Science (1889): 'we are insufficiently informed about the early history of Kurumbers. Before they settled down to anything like domestic life they roamed as Vedas in the virgin forests hunting the deer for its flesh and the wild animals for their own safety' " (Nair, 1911: 14)

There are various stories and legends related to the conquest between Veda Raja and Kottayam Raja's present in the history of Wayanad. Kurumans in Wayanad strongly suspect that Kshatriya Rajas had inundated Veda Rajas through fraudulent actions. Entirely different story were written in Malabar Gazateer, recorded from certain significant inhabitants of Wayanad. The story goes like this

“The Vedar kings were ruling the country when the Kshatriya ruler of (Kumbala Kumbazha- Kasargode in south Canara) happened to go on a pilgrimage to the Thirunelli temple. He was taken as prisoner and carried before the Vedar Raja at Velikumbam fort and on being pressed to marry a daughter of the ruling family; he consented on condition that the ceremony should be celebrated in accordance with Kshatriya customs. This was allowed and an auspicious day, a month hence, was fixed for the celebration of marriage. Mean while the Kumbala Raja communicated with the Rajas of Kottayam and Kurumbranad, who came up with their force and encamped in the neighbourhood of the fort. The Kumbala Raja’s attendant, an ascetic with matted hair and Erati by caste, was entrusted with the duty of beating drum to commence the festive; but this was really a signal to commence the onslaught, and on hearing it, the two Rajas with their united force destroyed the Vedar King; Kumbala Raja was rescued, but he insisted that as he had promised to marry the Vedar girl, he must at least find a substitute and one Nanthillath Nambiar was prevailed upon to marry her. On this marriage, he was appointed as the ruler of Velikumbam with supreme authority over the surviving Vedars....” (Nair, 1911: 10-11).

As a reward for rescuing his son Kumbala Raja gifted the land of Wayanad to Kottayam and Kurumbranad Rajas. North west part of Wayanad was under the rule of Kottayam Raja and the South East part was ruled by Kurumbranad Raja. For some period of time both ruled their respective portion. Later a dispute between these rajas ended with Kurumbranad Raja giving up his country to Kottayam Raja. Later Kottayam Rajas became the rulers of Wayanad (Nair, 1911).

3.4.2 Wayanad during Kottayam Regime

The period before invasion of Kottayam regime over Veda Rajas, Wayanad has been considered as the Tribal republic. That time they were the leaders and dominant population in Wayanad. They lived freely in the forestland and engaged in shifting cultivation and hunting, and gathering for their sustenance. The feudal system in Wayanad was strengthened during the Kottayam regime. It was only in the thirteenth century that the authority of Wayanad came under Kottayam rajas. Before Kottayam Raja’s rule it was recorded that Chera and Kulashekhara Rajas also ruled Wayanad. It was reported that during this period (BC 100 to 600) Wayanad was an important market centre for spices and pearls. Al- Edrisi, geographer of Sicily King Roger II, mentioned Wayanad in his writings on the Indian peninsula; he says that many trees grew in this wayandan hill, including cardamom. The amount of Cardamom export was high from this area. All this information proves that Wayanad had connections with the outside world during its early human civilization (Johnny, 2007).

Various religious centers and ruptures of *Jain Bastis* throw light on the Jain culture that existed in Wayanad during its medieval history. During 8th century, Jains started migration to Kerala from the south Indian state of Karnataka where Jains had a strong hold. These migrant Jain communities in Wayanad started settled agriculture in this hilly area which was environmentally sustainable. They were against ploughing the land for cultivation. For expanding the culture and setting up of new Jain settlements in Wayanad and other parts of Kerala, the Jain religious authority encouraged people by giving land for cultivation at free of cost. This encouraged many of the locales to shift to Jain community. Getting land was an easy task for Jains from the Adivasis who were practicing shifting agriculture and collection of forest produces as well (Johnny, 2007).

After the entry of large numbers of Jains to this hilly area, tribals who were engaged in shifting cultivation were compelled to start settled patterns of agriculture and living due to lack of availability of land. Tribals who were in association with Jains and those who had their own land, started settled agriculture. The Kurichiyans and Kuruman were among this group. Others who were wanderers became landless and later turned into bonded labourers or slaves. This period was considered as an important period in the history of Wayanad because it was the time when shifting cultivation changed to settled cultivation. And they constructed various types of irrigation facilities like canals, ponds, bunds etc. for the development of agriculture sector (Johnny, 2007).

During the period of Kottayam Raja many Nair families from Malabar area were brought into Wayanad. After this there was a great shift that happened in the lives of the tribal population who were dependant on forest and forest produce and shifting cultivation for sustenance. They lost their land, forest and their traditional worshipping centers. All were captured by Kottayam Raja and their Nair administrators. These poor tribal populations were forced to depend on these new landlords who threw tribals out of their land. Many of these tribes became slaves or bonded labourers in the land of these landlords. These poor and uneducated tribals were unaware about the importance of having deed (*pattaya*) for their land. This circumstances also made them marginalized and landless. The

politically powerful landlords and *Naduvazhis* used this situation to alienate them from their land (Johnny, 2007).

Followed by Jain and Nair Migration, Muslims from certain areas of Malabar and North India also reached Wayanad during different time periods. The intention of Muslim migration from North India was the propagation of Islam in South India. They had cartel over the trade and economy of Wayanad and started agricultural production as livelihood (Johnny, 2007).

During Kottayam Raja's rule, population including Hindu's and others were evidently satisfied until there was aggression of the *Muhammadens* (Hyder Ali and his son Tippu Sultan) of Mysore from 1770 to 1799. Pazhassi Raja, the young prince of Kottayam Raja, came to Wayanad and organized revolts against Mysorean authority. The unsettled state of consequent on the Mysore invasion continued until the fall of Seringapatam in 1779 and the cession of Wayanad to the British Government (Nair, 1911; Johnny, 2007).

3.4.3 Wayanad under Colonial Rulers

Before 1773, Wayanad was under the rule of Kottayam Rajas. Hyder Ali, the king of Mysore started his invasion of Malabar during this period. The troops of Hyder Ali started devastating Malabar. During this time the Kottayam Rajas fled to Travancore for safety. Hyder Ali and his army passed through Wayanad and entered Malabar region through the Thamarassery Ghats. This is the time the East India Company also focused their attention on Wayanad and its natural resources. Pazhassi Raja, the young prince organized revolts against Mysorean authority with the help of the East India Company. But in 1784, the Mangalore treaty between Tippu Sultan and Ravi Varma, Raja of Kottayam, reaffirmed the rule over Wayanad by Mysoreans. This situation led to the third Anglio Mysorean war 1790 in which Pazhassi was on the side of the British. In 1792 this war was terminated after the execution of a treaty in which Sultan surrendered the entire Malabar into the hands of the British. During this time, Pazhassi Raja expanded his authority over Wayanad. But there was a doubt which existed between the surrender of Wayanad along with Malabar region. East India Company wrote to Pazhassi Raja about the deeds which have written and part of handing over Wayanad was not included in it.

Pazhassi Raja requested Company government to hand over the administration of Wayanad to him. Britishers took neutral position in this regard. Subsequently Kurumbranadu Raja raised his claim over Wayanad and it was recognized by the British. Naturally Pazhassi Raja was expelled from his authority. Later it was understood from the report of Malabar joint Commission (1798) that Wayanad was not a region ceded to the company by Sultan. In 1799 Tippu Sultan was killed in Seringapatam battle by the British. Later, East India Company took possession over Malabar including Wayanad. This led to a conflict between Pazhassi Raja and British. Since 1800 to 1805 till the death of Pazhassi Raja, Wayanad remained as a major military theatre of the company of South India (Kurup, 1995).

Pazhassi Raja's conflict with the British in Wayanad was considered as a significant action against the colonial force. He fought the well equipped British force with the help of specially trained Nair forces and Tribal forces with their traditional equipments like Bow and arrow. Gorilla mode of encounter was the prime strategy used by Pazhassi to resist the British force. He also got good public support for his fight against British. For better government administration in Wayanad, the British decided to kill Pazhassi Raja and declared rewards for those who helped to find him. Due to the intimidation of British government many landlords and tribals supported the colonial forces and helped kill Pazhassi Raja (Kurup, 1995; Johnny 2007).

After Pazhassi Raja's death Wayanad came under the administration of the colonial rule. They gave administrative powers to *Desavazhi's* in Wayanad during British rule. Those who were equal in social status with these *Desavazhi's* got control over their land and religious institutions. Those Chieftains who were not in administrative set up were given land which they had been possessing traditionally. At the same time the British confiscated the land properties of rebels and all private landholdings were converted into government land. During this period of both *Desavazhi's* feudal and colonial administration, the common people including tribals were the main sufferers. Those who were landless and low in the social hierarchy were turned into agricultural labourers in the fields of *Desavazhi* or Kuruchiya or Kuruman tribal landlords. The agriculture dependant common people lost their land and implemented regulations for shifting

cultivation and had to bear the imposed heavy tax for their land. All this was the result, of the death of Pazhassi Raja. European administrative officers were reluctant to consider tribals as human beings. Administrative rules of British officers created fear among tribals about loss of their tradition and culture. This forced them to rebel against British. This was the reason for the Kurichiya Rebellion in 1812 after seven years of Pazhassi Raja's death. After six months of turmoil and encounters the British force finally suppressed this tribal rebellion. After suppression of this rebellion the colonial forces occupied the whole part of Wayanad and started the exploitation of its human and natural resources (Johnny, 2007).

It was considered that this was the period when ruination of Jain culture started. The major reasons for its debasement are considered as the attack of the Mysorean Sultan and the conflict between East India Company and Pazhassi Raja. It was also believed that drought happened in the nineteenth century and with the strengthening of Hindu religion there were attacks against Jains. These factors also compelled them to go back to Karnataka (Johnny, 2007)

During British rule, the landlords were the owners of the land and took the major share of produce from the land. The collection of levy for the land started during the British period. Till 1823 there was no special tax for paddy fields. After that they started taxing paddy fields based on the average production of paddy. After 1822 there was an increase in the price of paddy. The main reasons for this were the lack of agricultural labourers for paddy cultivation and the increase in the expenditure for production. Lack of transportation facilities was also another factor which reduced the market for paddy in other parts of Kerala. The 1792 Act of Abolition of Slavery was the reason for the reduction in agricultural labourers and the increase in cost of production. In 1889 the British government enacted new Settlement Act and made changes in Land Act based on this (Johnny, 2007).

According to 1857 census, around 16,561 bonded labourers were there in Wayanad; many of them were from tribal groups like Paniya and Adiya. They were also compelled to work in the land of Kuruchiya and Kuruman landlords as slaves due to their

landlessness and the restriction on shifting cultivation and gathering forest produce. The abolition of slavery Act had not made any impact on the bonded labour system in Wayanad. Adiyas and Paniyans were the bonded labourers in the land of Nair and Chetty landlords of Wayanad. Giving certain amounts of money in advance (*Thalappattam*), these landlords made agreements with the Adiya and Paniya workers to do agriculture labour in their land. Later this system came to be known as *vallipani* (*valli* = Cooli for work in the form of paddy, two ser paddy for one day's work for men and one ser for women, *pani*= work). At present, in another form bonded labour exists in Wayanad (Johnny, 2007).

Growth of Plantation Industry

Growth of cash crop based plantation industry was reported from 1830's in Wayanad. Coffee and tea were the major plantation crops cultivated during British period. Coffee was cultivated as an experiment by the British military station in Mananthavady as an intention to provide work for British corps during free time. This was a successful attempt. On his way to Madras, a partner of Parry & Company came to see this flourishing coffee plantation in the hills of Mananthavady behind the mess of the military station. In 1820 he started coffee cultivation in 75 acres of land. Unfortunately, this was a failure. Later between 1830-1840 Mr, Pugh established a coffee estate in Mananthavady (Nair, 1911).

In 1841 Parry and Company started 'Wayanad Coffee Plantation' by accumulating 1000 acres of land from government and private parties. Within 35 years by 1875, 12 or more huge coffee plantations were started in Mananthavady area. During this period 'North Wayanad became a planting centre with all paraphernalia of a European club and a racecourse' (Nair, 1911: 42). After 1870's the coffee plantations were affected by certain types of leaf diseases that caused a decline of the industry. The decline of the coffee industry led to the establishment of tea plantations in Wayanad. In 1892, Parry and company started tea plantations in Wayanad. Tea plantations provided them with enough profits which led to the expansion of tea plantations in Wayanad. In 1857, Mr. Powel started the first Pepper plantation in the name of "South Wayanad Estate" in Wayanad. Rubber plantations were started in Vythiri in 1904 by C E Albert. From 1820 to 1905,

different European companies and English men spent about more than 1000 million in Wayanad for coffee, tea, rubber, pepper and cinchona cultivation (Nair,1911).

During 1798, the British government discovered the presence of gold deposits in Wayanad. In 1875, gold mining was started in Wayanad by an Australian. Till 1880 around 33 Gold mining units were started in different parts of Wayanad by British companies. Around Four million pounds were spent on this gold mining expedition by different companies. Mining was not satisfactory. Later they came to know that using the limited technologies available at that time did not make mining profitable. Due to this reason British companies abandoned their mining activities in Wayanad (Johnny, 2007).

In 1937, the British government declared an Act which provided British citizen's the provision to hoard wealth in the form of land, plantations etc in the region that was under East India Company. This Act was the major factor that led to the growth of plantation industries in Wayanad. The sudden growth of plantation industries became a challenge to the feudal system of production and economy existing in Wayanad. The plantation based economy made a shift from feudal based production systems to Capitalist modes of production in Wayanad (Johnny, 2007).

Deforestation Vs Forest Regulation

This abrupt growth of plantation based agriculture production led to large scale felling of forest land. In the earlier years of East India Company the forest in Malabar area was under the authority of respective landlords who possessed that land. They had the right to give permission for cutting trees from the forest. Due to various technical reasons gaining authority over forestland was a difficult task for British government. In the 1870's the British authority declared forestland in Wayanad as reserved forest. At the same time they passed a resolution which prevented shifting cultivation in the forestland in Wayanad. In 1881 they reframed this resolution. According to the new rule it restricted shifting cultivation and felling of forest 6 K M away from its border. They were lenient in the case of tribals (Johnny, 2007).

Captain Gibb was the first forest officer in Wayanad. He was appointed as forest officer in 1866. That was the time the British government started extensive exploitation of forest

resources in Wayanad. For trading and other purposes, vast areas of natural forest were cut down by the British. They started teak plantations by clearing forest areas. These trees were exported to foreign countries for making railway sleepers and other purposes. This uncontrolled manner of clearing of forests led to extensive deforestation. British officers warned the British administrators about the large-scale deforestation due to clearing of forest lands. According to 1887 statistics of the forest department, around 75,801 acres of reserve forests and 1, 11,897 acres of reserve lands was there in Wayanad (Johnny, 2007).

Trees which were cut down during and after 1905 were stored in the timber depots in Thalassery. According to the working plan of the forest department, they enhanced the process of collection of timber and setting up of Teak plantations. From Begur, Kurichiyad and Ramboor forest they collected 3500 cubic meters of timber per year. In 1926, they collected 1150 cubic meters of timber. From 1929 to 1938, 450 hectares of natural forests were cleared from Begur, Chethalayam and Bathery forest ranges. For increasing the growth of Teak and other trees, around 1800 hector trees providing poor quality timber were cut down from Sulthan Bathery alone. British administrators decided to plant 60 hectares of teak trees per year by clearing the forests (Johnny, 2007).

Thousands of acres of forestland were cleared with the purpose of plantation industry and trading. This may have led to the extinction of various varieties of flora and fauna from this geological hotspot in the Western Ghats. Cardamom is considered as the 'rani' of spices. The quality of Wayanad cardamom is good and it has a high demand in the world market since the beginning of the century. It was naturally grown in the forests of Wayanad and directly collected from the forest and exported to various countries till 18th century. The extensive exploitation of forest resources and clearing forest reduced the production of cardamom in Wayanad. Later they turned to cultivating Cardamom like paddy or other agriculture product. Besides cardamom, pepper and sandalwood are also exported from Wayanad to Bombay, China and Bengal. During the rule of Tippu Sultan the export of sandalwood were restricted (Johnny, 2007).

Muslim traders from Thalassery were the middlemen between the farmers of Wayanad and the British companies. Chovvakkaran Moosath was one of the key traders from Thalassery, who took the agriculture produce before its harvest by providing cash for their products in advance. In his writings, Francis Buchannan mentions these traders and their exploitation of farmers. He wrote that there was an agreement between the farmers and the middlemen before giving advance money for agriculture produce of farmers. This was, if the rates of the product were less than the money given by the middlemen, the farmers had to refund the amount (based on the market price) after selling the products in the market. In majority of the cases farmers failed to refund this money. If farmers were unable to pay this amount they had to give interest for the amount that was to be refunded in the form of paddy. In such cases farmers had to mortgage their pepper farms or paddy fields in the name of middlemen. In the case of failing to return the amount, the land would be taken by the middlemen instead. In this ways many acres of land was taken by Muslims from poor farmers and tribals (Johnny, 2007).

Christian Migration to Wayanad

Panoor (1995), represented Wayanad as “Africa of Adivasis and America of Migrants” in one of his writings. Christian migration in Wayanad increased after the setting up of plantation industry in Wayanad. Suriyani Christians from Thiruvithamkoor and Latin Catholics from Mangalapuram were the first Christian migrants into this hilly area. Migration before 1930’s was mainly that of Jain, Muslim and Nair migration. At the same time migrations after 1930’s were termed as Cosmopolitan migration. During the great famine in 1930’s, the government decided to grow more food products in Wayanad. For that, the British Government invited farmers from other parts of Kerala to grow food products by felling the forest. This programme was known as ‘grow more food’ programme. Land was provided to the farmers on lease for cultivation to grow more food products. Farmers made their houses in these lands and started cultivation. Now also many families in Wayanad live on this leased land. During 1947- 48 the government started a rehabilitation programme for ex-servicemen in Wayanad by giving land for cultivation. That also increased the migration to Wayanad from other parts of Kerala.

These migrations made both positive and negative impact on the original inhabitants of Wayanad and on the economic development as a whole (Thomas, 1995).

When critically analyzing the British rule it can be understood that Wayanad underwent tremendous change in its social, political, economic and ecological milieu. The administration of Wayanad under British rule can be divided into two parts. The first part of their rule was through East India Company and the other part was through British princess. During the second half till independence Wayanad was under the rule of the Malabar Collector. Earlier, the East India Company in Wayanad was under the rule of Pazhassi Raja. The East India Company constructed the road facility from Malabar to Wayanad through Thamarassery Ghats and through Kuttyadi Pass. The East India Company's rule in Wayanad changed their traditional Feudal system of production and administration to that of revenue system of administration. They started the collection of taxes, provision of *pattaya* for land, documents for transaction of land and other properties, slavery abolition act, court facility etc. During the last period of East India Company there was a shift in the pattern of cultivation from food crops production to plantation based cash crop production. This was the time there was shift in the feudal system of production and consumption to the Capitalist mode of production and marketing. The backbone of Wayanad's economy shifted from food crop products to cash crop products. This led to the increased per capita income of Wayanad and later to the development of places and changes in the social situations of Wayanad. During British administration coffee production reached its highest level leading to socio economic development of the region. Cropping up of plantation industries provided job opportunities for people from many parts of Kerala and nearby states. Migration to this place had increased during this time. With the enhancement in economic situation of British authority they decided to construct new roads and various government offices in Wayanad. They started police stations, post offices, court complexes, educational institutions, health care facilities etc, in Wayanad region. They implemented forest laws which prevented deforestation activities also which was considered an important contribution to Wayanad and its people (Gopalakrishnan, 1995).

Exploitation of natural resources and the export were the main motivating factors for the British government to construct better road and transport facility in Wayanad. At the same time this was an important contribution of the British government to the development of Wayanad and its present condition. The clearing of forests for plantation and collection of other timber produce greatly affected the livelihood sources of tribals who were the original inhabitants of this land (Gopalakrishnan, 1995). Increased migration of different groups and castes made Wayanad as a 'multi cultural social system' (Kurup, 1995). Tribals became landless and became slaves on the lands of landlords. The shift from food crops to cash crop production affected the food security of the poor, especially the tribals who were dependent on paddy, raggi and other root items. Forest laws also made an impact on the life of tribals. Poor and landless were marginalized to the periphery of the society, especially the tribals who were working as agricultural labourers. Tribals lost their traditional religious centers and their culture (Johnny, 2007). They became the poorest of the poor. Restrictions in shifting cultivation also made an impact on the life of the tribals. Forest is the main source of food and income for the tribal population. They collected food and other forest produce and exchanged it with food products like chilly salt etc. Changes from the barter system to cash based market made them selling these products in the market place. They did not get good earnings from these activities. Later due to forest laws and acts they sustained themselves as agricultural labourers or bonded labourers (Kunhaman, 1985).

Large-scale deforestation during the British period hit the equilibrium of ecology and the sustenance of its people. The clearing and felling of trees made an impact on the climatic condition of Wayanad. This hilly area was considered as the rest place of the Malabar. The climate was cool and salubrious and got enough rain during rainy season. But now the situation is entirely different. The changes in climatic conditions have resulted in reduction in the rainfall, incidence of drought, and changes in agriculture products for example orange cultivation. Earlier orange was an important produce but changes in cool climatic condition resulted in destruction of its cultivation. Soil erosion and increase in salinity of soil also resulted in reduction in agricultural production. All these together made it challenging for the original inhabitants of Wayanad, the tribals, to have a

peaceful and prosperous living that their forefathers had in this hill country (Mohan, 1995).

3.4.4 Wayanad after Independence

The independent state of Wayanad has many stories to tell about the deprived condition of tribals and their landlessness. After independence there was an influx of a large number of migrants from the southern part of Kerala who encroached on the land of the tribals (George & Prasad, 2006). The data says that there was a steep increase in the migration of Christian families from Travancore area to this hilly region.

“Wayanad is a hill district in the northern part of Kerala. In the nineteenth century, the British authorities opened up the land of Wayanad for cultivation of tea, coffee and cardamom and put up many large estates. Thousands of workers were brought to Wayanad from other parts of Kerala and other neighboring states to work in the estate. Large-scale deforestation took place during this period. The decadal growth in the population of the Wayanad was 59.17 per cent 70 in 1941-51, 62.6 per cent in 1951-61, 50.35 per cent in 1961-71 and 33.71 per cent in 1971-81. In the first three decades of twentieth century, the growth of population here was less than ten per cent. This shows that there was an influx of settlers to Wayanad after the Second World War. The economic slump and sufferings due to war compelled people from all parts of Kerala and other South Indian states seek shelter on the virgin soil of Wayanad. In 1941-51 alone, 62930 families migrated to Wayanad. At that period, the land price was Rupees four per acre in Malabar region that includes Wayanad, while it was Rs. 695.48 per acre in Muvattupuzha in South Kerala. The low land price attracted settlers to Wayanad. In the early years after the settlements, thousands succumbed to malaria and attacks by wild animals. But those who survived these and the cold conditions cleared the forests and transformed Wayanad into a paradise of prosperity. Till the year 1931, Adivasis (aboriginals-tribal) constituted majority of the population in the district. In 1941, non- adivasis became equal to Adivasis and subsequently exceeded the Adivasi population.1 as per 2001 census Adivasis constitute only 17.36 per cent of the district population” (George & Prasad, 2006: 70-71)

The proportion of tribals having households with less than 50 cents of land is higher in Malabar region. The number of tribals who lost their land reached its highest in 1950's. This was the peak time in migration also. Through encroachment and deception, Christian, Muslim and Hindu migrants grabbed the land of the tribals. From 1966 to 1976, around 9895 acres of land was lost from 3546 tribal families in Wayanad. A study conducted by Kerala agricultural university in 1992 found that two thirds of the total tribals in their study area lost their land after immigration (Mathew, 2009). Paniyas and Adiyas, the traditional bonded labourers, were the worst sufferers among the tribes. They

were forced to depend on wage labour for subsistence. Tribals work participation rates have been on an increase after independence. In Wayanad, the present statistics show that 55 percent of tribals are agricultural labourers, 35 percent are marginal farmers and only 9 percent depend on forest for their economic activity (WHDR, 2009).

In 1838 slavery was abolished by the British government in the Malabar region. But it existed there in the form of *Kundal pani* or *valli pani* among the tribes of Wayanad especially among Paniyans and Adiyans till 1976. The system of bonded labour and *valliyoorkavu* temple in Mananthavady has a link. Paniyas and Adiyas had made agreements with landlords as bonded labourers during the special occasion of Valliyoorkavu temple. Till 1980's the concept of *valli pani* was prevalent in the Wayanad region (Johnny, 2007).

The land reform movement in Kerala has made a negative impact on the tribal population in Kerala. Due to this reform many tribals lost their land. Generally the tribals had the practice of giving their land to rich landlords for cultivation on lease. According to the Land Reform Act there was a clause that those who cultivated the land had the authority to take over that land by giving some amount of money to the owner after certain years of lease. This section of land reform act was misused by rich landlords and through cheating they acquired ownership of vast tribal lands. Due to the complex legal actions related to the restoration of their land many of the tribals lost their land and the compensation for it. From this it is clear that those who were the protectors of the rights of tribals, ended up marginalizing them. The shun attitude of government and administrators to this poor and deprived sections of the society shows how the politically and economically powerful treated the poor who were voiceless and powerless (Mathew, 2009).

“Justice delayed is justice denied”. These words are true in the case of land restoration activities of the Kerala state government for the landless tribals. Loopholes in land protection Acts were the main reason for this. The Vth Schedule of article 244 of the Indian constitution prohibits the transfer of immovable property of a tribal to a non tribal in order to protect their rights and possession over their land, and promote peace and

good management in the tribal area. In 1950, the Debar Commission appointed on the basis of 339 Article of Constitution, recommended the restoration of all tribal lands that alienated them since 1950s to the original tribal owners. But the state government failed to pass tribal land restoration act. In 1975, the Kerala government passed the Kerala Scheduled Tribes (Restriction on transfer of land and restoration of alienated land) Act. The implementation of this Act was delayed due to various reasons and in 1986 the rules for operationalizing the Act came into force. According to this Act, all land transactions from 1960 were considered invalid and were to be restored to the original owner of the land after making payments for the amount spent for making the land fertile. By this time the alienation of tribal land or transfer of tribal land continued and the number of landless increased. This situation questioned the possibility of this act and reframed it to restore the transactions of land that happened after 1987 alone. This was also not implemented in the state. In 1996, the Government tried to pass another act; this amendment aborted by the President of India. The State government failed to convince the Centre and the President on the genuineness and legality of the Act; this was the main reason for its disapproval. In 1996, the Kerala Scheduled Tribes (Restriction on transfer of land and restoration of alienated land) Amendment Bill was passed by the state government. In this bill the government offered to provide one acre of land to all landless tribals in the area in which they were living. This bill also failed to provide provisions to the tribals. Lack of political will was the major reason for the failure to implementing this Act. Instead of standing by the law, the government and the political parties encouraged the settlers to resist the implementation of the Act (Bijoy, 1999).

Non recording of tribal land rights and manipulation of land records by influential people with non-availing of loan for tribals for the payment of compensation to the occupants were the important factors which have been kept under wrap (Bijoy, 1999). "The passing of the Amendment, which in effect denies the restoration of alienated lands with vague promises of alternate land and cash, only helped in further alienating the Adivasis. Their frustration and anger rose as at no other time in the state's history" (Bijoy, 1999: 1330) The 1980s Forest Conservation Act can be blamed for the distribution of land for tribals at that time. But state and central government together violated the laws and their own

orders of regulation of rights of tribals and forest dwellers. In 1980s, the forest conservation act clearly stated the prohibition of encroachment to the forestland. This act gave the authority of the forests to the state and central government, earlier it was only a state subject. So for the denotification of forestland, the state had to get consent from the central government also. The Act also states that if forestlands were taken for compensation, an equivalent amount should be afforested. This Act also gave provisions like those who encroached the forest area prior to 1980 should not be considered as encroachers and could get their right over their land through settlement by law. Central government passed many orders which were in favour of the tribals and their right to land. But lack of political will among the central and state government diverted the distribution of land for the landless tribal folks (Bijoy, 1999; Bijoy & Raman, 2003; Mathew 2009).

Various tribal movements took place in Wayanad, after independence, to oppose the exploitation of tribals by non tribals and the failure to implement the land restoration Act by government. Naxalite movements in 1968- 1970s and 1980s and the Muthanga land struggle in 2003 were important in this. Socio economic upliftment of tribals was the ultimate aim of these movements. Tribal unions or associations got well established support from political parties for these movements. Both these movements were suppressed by the state government through brutal attacks on tribals who participated in them. Adiyas and Paniyans were the main participants in these movements. Apart from this, small movements also took place like the 1994 Kalpatta collectorate picketing and the encroachment of 67 acres of land in Ambukuthi reserved forest in Manathavady. Both these encroachments were suppressed by police. In 1995, tribals encroached 18 acres of revenue land in Panavalli. They made huts and started cultivation in that area. Forest officials fired these huts and destroyed their crops that they had grown in the revenue land. The Police arrested tribals that took part in this encroachment. After returning back from the jail, they encroached the same place again. There has been no reaction on the part of the police and officials against this action till date (Mathew, 2009).

The Naxalite movement in Wayanad started in 1968 with the help of agricultural labour union working in Thirunelli area of north Wayanad, under Kannur district. A. Varghese

was the secretary of this union. Around four hundred tribal bonded labourers in Thirissilery area of Thirunelli village were members of this union. Abolition of bonded labour system (*Valli pani*) and increased wages for their work were the reason for this movement. The members of the movement conducted Dharnas and Stayagraha in front of the houses of landlords. Later their action turned became more naxalite in its approach, taking law into their hands and committing murder and violence. Naxalites murdered a landlord named Adika in Thirunelli area. After this incident, the state introduced police forces into this region to suppress the revolt. The Police killed the leader of naxalite movement, Mr. Varghese, in Thrissilery and other activists were arrested by the police. After that also, in the name of Naxalites, the police had started exploiting the poor farmers and tribals. These police officers arrested and imprisoned many farmers and tribals who were not a part of this movement (Mathur, 1977). They sexually exploited women and girls by encroaching their houses and trampling those who have shown resistance to it including men. Ajitha, a Naxalite in Thirunelli revolt said that the kind of brutality of the police administrators' activities was more exigent than situations in 1975's emergency. Even today many tribal women in Thirunelli area bear the burden of such brutal attacks of the police force and are **unmarried mothers of fatherless children**. Naxal revolt in Thirunelli area created fear in the minds of the tribals and forced them to move away from dodgy politics. This situation was used by other political parties and human service organizations to convert the tribals into Hindus. Depoliticization of tribals during this period was the major reason for their dearth of participation in policy formulations, administration and the powerful political front (Johnny, 2007).

In the Muthanga land struggle, restoration of alienated land was the main demand of Adivasis. In August 2003 around 2000 Adivasis from Paniya and Adiya community including women and children were encroached in to Muthanga wild life sanctuary, made their huts in these reserved forest area. Bijoy and Raman says that

“It's a culmination of tribal frustrations over the failure of successive governments in the state to restore Adivasi land despite several judicial directives and the existence of laws enacted for the purpose, such as the KSA Act of 1975. Instead attempts were made to amend the Act which was later wholly repealed. The protest of the Adivasis at Muthanga met with brutal repression by the

government. But chastened by the public anger at the police action, the government now remains immobilized in the face of a series of fresh land occupations by Adivasis in the Kerala part of the Western Ghats". (Bijoy & Raman, 2003: 1975)

The Muthanga land struggle had a negative effect on the tribals. Adivasi Gothra Mahasabha leaders, C K Janu and Geethanandan, were the main actors in the Muthanga land struggle. They mobilized the tribal people for this movement against the state for their rights. The organizations that provided support were invisible from the scene. These organizations used the democratic means of tribal movements for addressing their hidden agendas by turning the public's focus to the tribal struggles. Those political or non political groups did not have their own space in active or powerful politics, so they used these movements as a shortcut to create their own space (Johnny, 2007)

"The mainstream political parties had established their presence amongst the Adivasis under the organizational control of the immigrants. State repression and a fast expanding market for cash crops and the plantation economy, along with the fact that Adivasi lands were held by powerful economic interests, together worked to weaken radical movements. The Adivasis had meanwhile become a numerical minority in their homelands" (Bijoy & Raman, 2003: 1978).

The struggle against the state for getting the land rights had been going on, but the results for these struggles were only suppression and exploitation of tribals, the actors in movements (Johnny, 2007). Some lost their life; some got their names in the public front as leaders of the movements. But now also the sufferings of the landless tribal population is perpetuating. They themselves are helpless to confront their sufferings. These original inhabitants of Wayanad were oppressed by the immigrants and have had to live with the evils effects of oppression in their later life.

"Kerala has by far the highest incidence of land alienation by Adivasis amongst states in the country. Fears of ethnocide are voiced on account of hunger deaths, deaths due to malnutrition and diseases. The incidence of mental illness is also high. The phenomenon of the huge and rising number of 'unwed mothers' amongst adivasi women in these belts forcing the government to launch DNA testing to identify the fathers, points to the horror that these communities face as their mainstay - their home lands - are invaded by others backed by the state apparatus" (Bijoy, 1999: 1331)

Struggles for restoration of land continue on one hand and on the other, the issue of landlessness is deepening; more and more land has been transferred to non tribals due to the lack of proper livelihood and the debts of the tribals. These poor people are becoming

poorer. Immigrants from the plains have diversified the crops for agriculture cultivation. They have shifted from food crop cultivation to cash crops like pepper, coffee, ginger, banana, areca nut etc. This has provided them with high yields and high profit in this land. This hilly region has become the paradise for immigrants. Later the tribals also adopted this mode of cultivation. Changes in agricultural patterns and landlessness among tribals have had a negative impact on their life. The rampant deforestation and mono cropping patterns have affected the equilibrium of nature. It has led to soil erosion and destruction of a variety of plants and animal species. The shifts from food crops to cash crop cultivation have had a negative impact on the food security of tribals. The people who had locally produced food in their or forest land and used forest produce as a source of nutritious food are being compelled to depend on markets for getting food materials for their survival. These landless, poor income populations are suffering in order to get their two times meals a day. Deaths due to starvation have been reported among tribals in Wayanad (Bijoy & Raman, 2003). Poor wages for their work, and hard work without proper nutrition given them poor health. To meet the daily expenditures for living they were indebted to banks, moneylenders, storekeepers or landlords. Lack of savings and indebtedness has put them in a vicious cycle of poverty; in other words in trap of deprivation. The majority of them are malnourished and prone to various health issues like communicable diseases and genetic disorders (Ayyappan & Mahadevan, 1990).

Deforestation, restrictions due to forest laws and transformation of tribals from their traditional habitats had brought many changes to their culture. Hunting of animals and providing fresh meat for feast is an important part of rituals associated with puberty ceremonies among tribes. The celebrations and rituals are now limited. Cattle rearing, bull and buffaloes have also been a part of tribal life, providing them with milk and manure for cultivation. Depletion of the forest and land into plantations reduced the availability of food and fodder which resulted in the reduction of cattle wealth. It affected their food production and economic stability (Ayyappan & Mahadevan, 1990).

Changes in housing patterns also occurred due to deforestation and the shift in crop production. The tribals traditionally lived in huts which were made of raw materials

available from the forest, with roofs made of paddy straw, grass available in the forest and raggi straw. These raw materials were not easily available due to restrictions on collection of forest produce and reduction in paddy and raggi cultivation. This made the people change their housing pattern to tiled or concrete set up. For making this they cut down the existing shady trees to build houses along modern lines. This has resulted in long term ecological impact and health and economic impact on tribals. Depletion of forest resources also had made a negative impact on the traditional medicine system among tribes. Lack of availability of herbal medicine has affected the health of tribals. (Ayyappan & Mahadevan, 1990)

There were changes seen in the pattern of exploitation among the tribal communities of Wayanad. The introduction of illicit liquor was used as a means for exploitation. By providing tribals with illicit arrack, Christians from Travancore encroached upon their land and made them bonded labourers. Their illiteracy was exploited by these encroachers and other moneylenders. Social tension always existed between tribals and non tribals. The conversion of tribals to Christianity, sexual exploitation of tribal girls by non tribals etc. also caused social tensions between the two (Ayyappan & Mahadevan, 1990).

After independence, the government had implemented various developmental programmes for the socio economic upliftment of tribals. During the first five year plans there was no special or separate programme for development of scheduled castes and scheduled tribes. Later from Fifth five year plan onwards a special component plan for tribals welfare were started. It was done a part of state government funding. The amount kept for this plan was always less than the actual need. Apart from this, the state government and implementing authority failed to provide services for the actual beneficiaries (Mathew, 2009).

As part of fifth five year plans, for socio economic development and the prevention of the exploitation of tribals, the Kerala government started integrated tribal development programmes under the Tribal Sub Plan. Sugandhagiri Girijan Cooperative farming society located in Vthiri Taluk and Priyadarsini estate located in Manthavady Taluk are

two important tribal welfare programmes started under Tribal Sub Plan in 1988 and 1986 respectively. The main intention of these programmes was to rehabilitate tribal families who were released from the bonded labour system.

The Sugandhagiri project spread over 3000 acres and rehabilitated 715 families from different tribal communities. This project has focused on cardamom cultivation. Majority of the workers are from Paniyan tribe, 425 Paniya families are rehabilitated under this programme. Corruption and lack of commitment of officials, major dependence on single crop, water scarcity, lack of timely healthcare facilities, absence of workers etc. however do not let this public enterprise yield good profits. (Mahadevan et al, 1990)

Priyadarshini Estate is an outstanding venture of the successful tribal rehabilitation project. This project was established in 1986. The aim of this project was to establish viable and self sustaining plantation for the rehabilitation of the tribals released from the bonded labour system. This was implemented as a tribal cooperative society and spreads over 365 acres of land in three places. It is the only tea estate cum factory in the country being run by rehabilitated tribals. It has rehabilitated 109 tribal bonded labourers and 9 other destitutes who were the victims of various type of exploitation including rape, trafficking and sexual abuse. Convergence of various departments like agriculture, tea board of India, irrigation, electricity board, civil supply, planning board, forest, social welfare, etc were considered as the major reason for its success along with the commitment and hard work of tribal workers (Mahadevan et al, 1990)

For their socio economic development, employment generation, education, health, social welfare and housing schemes were implemented by state and central governments. Due to their lack of knowledge on various programmes or the corruption of officials and middlemen, many of the benefits of the programme did not reach the hands of tribals and they were forced to live with their backwardness or poverty.

After the formation of Wayanad district in 1980's there was a tremendous development in the fields of agriculture, industry, tourism and education related matters. But these poor people were marginalized to the periphery of the society. Many of them have been

kept away from the benefits of modernization and development. The fruits of all these were extracted by the powerful or by the benefactors. Because of the political motive and their poor representation in politics, they were denied legal and constitutional rights (Mathew, 2009). They also did not benefit from the various developmental programmes that were started for them. Many were displaced from their land, became landless and homeless. Lakhs of rupees were spent for their development, yet they remained in deprived conditions. Their situation remained the same or became worse. Landlessness, poverty, health issues, problems in housing and education, changes in their traditional culture etc became a challenge for tribals in their life (Mathew, 2009)

3.5 Tribal Women and Their Sufferings

The historical account of Wayanad and their original inhabitants given a picture of the transition of tribal population from landed to landless and then to deprivation. It clearly gives a picture of the social, economic, political, cultural and ecological factors influencing each other and how this led to poverty and deprivation of the tribals in Wayanad. Understanding of tribal women's situation in the context of the transition gives a picture of their sufferings.

Study conducted by Mathur in 1997 to understand the position of women in tribal society found that the social structure of the tribal society is centered round the family. The tribal women in Kerala especially in Wayanad enjoy equal status with their men folk. Women are the corner stone of the social structure of the tribal societies in Wayanad (Mathur, 1977). Shifting cultivation has been the main livelihood of the tribal population in earlier times. After finishing their household work, taking care of the family and children, social interactions, tribal women also joined their men folk in agricultural activities. When the cash crop economy was introduced women became the custodians and controllers of the household (Mathur, 1977).

Mathur (1977) says that

“Traditionally, Indian women's sphere of activity and control over the social system is limited. Compared to them, the tribal women in Kerala are considered as economic assets and they enjoy greater freedom of movement and they have certain choices open to them with regard to marriage, dissolution and pre marital sex life” (Mathur, 1997: 183)

Tribal women enjoy equal status with men in their social and economic life. At the same time they have no role in their traditional political organizations and religious ceremonies. They do not enjoy property rights. They have failed to take up new skills and get education (Mathur, 1977).

Tribal women face restrictions in their traditional culture and religious matters, at the same time they are the victims of the actions of formal social system. The so called formal system represents tribals as primitive groups and therefore worthy of being oppressed. Tribal women are the oppressed minority in an oppressed social system (Johnny, 2007). Feminists' organizations fighting for sustaining women's freedom and better status of women in their social life have failed to look into this oppressed condition of the tribal women as the major problem and suggest better solutions to the sufferings of these tribal women. So it is important to look at various kinds of subjugation they have been experiencing in their lives (Johnny, 2007).

Depletion of the forests and land alienation by immigrants increased the burden of tribal women in their daily life. Before the encroachment of immigrants, it was much easier for them to collect food, fodder, water and firewood from the forests. They enjoyed all types of freedom in living. Later they lost their traditions and livelihoods and became bonded labourers. The evil effects of modernization and so called sophisticated culture of the migrants had severe consequences on the tribal women. Unemployment and poverty made them vulnerable to exploitation. The materialistic and the lavish life of the settlers and influence of Media and cinema have made changes in the attitude and mode of living of tribal women. They easily became the victim of sexual exploitation. Women who committed adultery, which was against their traditions, were outcasted from their family and community. Many of them were forced into prostitution as a way for living (Johnny, 2007). Many of them became unwed mothers with fatherless children. The stories of these atrocious acts of cheating and exploiting tribal women got public attention recently. Hundreds of such unwed mothers as a result of seduction, cheating and sexual abuse have been living in the tribal areas of Wayanad (Johnny, 2007).

Wayanad Human development report (2009) says,

“Deprived of asset base, the Adivasis continues to be victims of exploitation through various ways. For instance, ‘liquor was and continues to be an important weapon in the hands of the settlers to hoodwink, stupefy and destroy the Adivasis. In the earlier periods, liquor was used to coax the Adivasis to part with their land...Now it is used to coax them to do work. This has created a situation where the Adivasi colonies are surfeit with cheap and often spurious liquor, which can have disastrous consequences on their survival itself...sexual exploitation of Adivasi women is rampant with rising numbers of **unwed mothers** among them’ ” (Cited in Jacob 2006 quoted by WHDR, 2009: 54).

The macro factors involved in the transition of tribal life are varied from one century to another. In earlier times, revolts and suppression were important aspects of life. Later, the migration of people from plains, along with colonialization, led to exploitation of the inhabitants and their natural resources. For the purpose of economic growth they adopted and implemented various policies and programmes which also affected the tribal life in an adverse manner. The tribals became landless and bonded labourers. Several development activities were implemented during the British rule in this hilly district. But the poor and deprived sections were unable to utilize the benefits of all these programmes. They were marginalized from the centre of the society. After independence too, the central government and state government implemented various programmes for their development. Lack of political will, commitment of officials with lack of knowledge about the programmes among tribals negatively affected them. The international policies and programme affected the economy of this district. New economic policies and liberalization affected the agriculture based economy of this district. It also hit the life of tribals adversely. At present, they migrate to other parts of the state or nearby states in search of livelihood. Tribal women and children are the greatest sufferers of all the transition that has happened in their life. Work participation of tribal women has increased. These changes in the mode of exploitation have eventually resulted in sexual exploitation of tribal women and led to unwed motherhood.

Chapter 4

Being an Unwed Mother: A Journey through Their Life

The previous chapter dealt with the macro forces that influenced the lives of tribal populations, tribal culture and ways that lead to unwed motherhood. This chapter is mainly based on the fieldwork among the unwed mothers and their experiences. This chapter is divided into three sections. First part brings brief life histories of ten tribal unwed mothers in Thirunelli. The second section focuses on the factors responsible for unwed motherhood among tribal community in Thirunelli area of Wayanad district and the third section gives a picture about their lived experience as an unwed mother.

To understand the reasons behind unwed motherhood or premarital child bearing, various researches have been conducted in many parts of the world. These reveal that socio economic conditions and family background, educational and occupational attainment, childhood family structure, socio demographic characteristics of young women are the most significant determinants of premarital birthing (South, 1996; Pope, 1967; Clark, 1967). A qualitative approach to study the health of tribal unwed motherhood in Thirunelli area of Wayanad district of Kerala, also make this evident. In case of Thirunelli, various social economic, historical and cultural contexts come into the forefront. The findings of the present study are somewhat different from the previous studies. The study tries to understand the life histories of tribal unwed mothers through interviews and discussions with not only the unwed mothers themselves, but also with the villagers, families of unwed mothers, neighbours and other key personnel. The information provided was then analyzed in order to determine the factors responsible for the increasing number of unwed mothers and its impact in their later life.

I

4.1 Life Stories of Tribal Unwed Mothers

In this section the researcher present summaries of the life histories of ten tribal unwed mothers of Thirunelli Panchayat. These stories represent the sufferings of tribal women,

who have been facing sexual violence of various kinds. These stories are the base of next two sections in this chapter.

Story of Omana*

Omana is a 37 year old unwed mother of a 20 year old daughter. She is an adiya tribal woman. At present she lives with her sister's family. She is landless and homeless and works as an agriculture wage labour. She is uneducated and illiterate and lives in extreme poverty. Around 14 members stay in this small two room house. The house is tiled and the floors are coated with mud and cow dung. There is no electricity supply and water is drawn from Panchayath well near to the house.

Orphaned as a child, Omana along with her two siblings lived with their relative. Their land was sold by their relatives after their parent's death without their knowledge. Later only they were know about selling of their land. Omana started working at the age of ten in the land of the landlord in her village. She remembers that at that time they were paid 20 rupee per day of work. Their main job was the clearing of agriculture land, weeding, cleaning, harvesting etc. Her income was mainly used to meet her household needs.

At the age of 15 she attained puberty. She however, had no understanding of this. There was also no separate segregation hut for her to live in at the time of menses. She did not go to temple during this time. She also continued to do all the household work and agriculture labour during her menses period.

Omana's first sexual contact was at the age of 14 years. When she was alone in her relative's house, a man from the same tribal community forced her to have sex with him and promised that he would marry her. This relationship continued till she got pregnant at the age of sixteen. It was an unintended pregnancy. The man however denied the relationship when he came to know about her pregnancy. She on the other hand, kept silent out of fear and helplessness.

* Name used here is Pseudo name

All names used in case of unwed mothers are pseudo names not their real name.

Omana was unaware about her pregnancy. During a visit to the doctor during her fifth month due to stomach pain and irregularity in menses she came to know about her pregnancy. At the time she was unaware of the link between sexual intercourse and pregnancy. She first informed her partner about this. He did not support her and asked her to keep their relationship a secret. So she kept quite. This also made her tense and angry. She spent many sleepless nights and even contemplated suicide. Eventually she decided to give birth to baby.

When her family came to know about this, she was made an outcast in her community. This made her more helpless and isolated. Her mother's sister in a distant village helped her at that time by providing shelter and food. She was unaware about abortion services at that time. But it was too late for abortion as well. The unsafe practices of traditional methods used to abort the child made her reluctant to do so. Till her eight month she continue to work in the fields. During her pregnancy she did not visit any hospital for checkups. She gave birth to her daughter in her mother's sister's house. She assisted her during the delivery.

Rituals associated with childbirth were not conducted in her case. She rested till her third month after delivery but later she started working again. She immunized her child at the nearby primary health centre. The child was malnourished and very small. For two years she had to breast feed her daughter. She also recalls that she was not allowed to give her first milk to her baby. After five years remaining an outcaste she was called back by her family to her home. She was still unaware about contraceptives and had not been sterilized yet. After returning she did not have sexual relations with anybody.

Health wise it is clear that she is malnourished, anemic and stunted. She is now 37 years old but looks like a very old woman. She has the habit of chewing betel nut and tobacco. She also suffers from other health ailments like headache, backache etc. For this she does not visit the hospital. It is only when she has severe health issues that she goes to the nearby PHC.

She has no savings and is not a member of the Neighborhood Group of Kudumbashree in her area. During financial constraints she depends on bank loans, and local moneylenders for credit or she resorts to selling her things during an emergency. When there is no work she finds it difficult to manage her household finances. So she goes to Coorg to find agriculture work with her friends. She gets 80 -100 rupees per day for her work.

Now she lives as an unmarried mother. Her daughter is 20 years old and is married and is the mother of a child. Omana is content with her present life and enjoys having her daughter's baby. She was very keen to perform all the rituals performed in her community at the birth of a child, something she missed at her delivery.

Story of Savitha

Savitha is a 27 year old Adiya woman who is a victim of sexual exploitation. She is the mother of two children, daughter- eight years old and son- three years old. She is living with her parents and siblings. Around 14 members are there in her house including three children and three adult men. Her family lives in very poor conditions. There is no toilet facility or electricity supply. The family gets its drinking water from the nearby well made by the Gram Panchayath. They have only 4 cent of land on the margin of a vast paddy field. She has studied only till 4th standard. Her parents are agricultural labourers. Savitha is the elder daughter in her family. She has two younger brothers and two younger sisters. When they were small she was the only one to look after them till her mother came back from the fields. This meant putting a stop to her education so that she could take care of her siblings.

Savitha was married to a tribal man from the same community at the age of 17. She had one daughter through this marriage. After her first child was born, she divorced her husband as he was an alcoholic. Three years after the birth of her first child, she became a wage laborer in the nearby agriculture fields. Her father was an employee of the landlord in that area. After few months she got a job in the landlord's house as a maid servant. The landlord's son (married Nair) seduced her and had sexual relation with her consent when she was alone in the house. This happened regularly after that.

Her friends and neighbours made her wary of her relationship and warned her future. But she did not stop and continued her relationship with him. During this period she however was given contraceptives pills by him. Unfortunately she got pregnant after two year of their relationship. For seven months she kept quiet about it and continued her work in the same house. But later he came to know about it and gave her medicine for abortion and tried for induced abortion without her knowledge. But she resisted and it was not possible.

Though she was aware about her pregnancy and had once consulted a doctor she however had no ante natal checkups. Later her family also came to know about it and it became a publicly discussed issue. Her family rejected her and threw her out of the family. One of her distant relatives gave her shelter. She was psychologically stressed, isolated and helpless. She suffered from sleeplessness at night and feared being killed.

She gave birth in her relative's house where she stayed. By that time it became very public and political parties had taken on this issue. Since the Landlord's son had a good hold in politics he was also a powerful person in that area. When her family asked for compensation for his unlawful act, he denied them. Her family and community took a decision to file a case against him. This made him scared and understanding the implications of such issues, he accepted that he was the father of her child. Then through Local Government's involvement Savitha was given a compensation of 30000 rupees. It also decided to give 30 cents of land in the name of Savitha and her son. But it had not been registered yet.

She is not a member of the Kudumbashree Neighbour Hood Group. She has very limited social contact. She has a fixed saving of about 30000 Rupees. At the end of the first year after childbirth with she returned to her family with their consent. Now she lives with her parents. She does not work. Lacking future security, she does not have much hope for tomorrow.

Story of Kavitha

Kavitha is a Kuruma tribal woman. Now she is 18 years old and is a mother of a 4 year old boy. She is an unwed mother. She is living with her parents. She stopped her education after 4th standard. She was sent to a tribal residential school in 5th standard but discontinued her education. Her parents are wage labourers. She is the only child of her family.

She stays in her father's house. It is being constructed. The house has a concrete roof with two rooms. They have pipe (common tap) water facility in their colony. This was a set up by a drinking water programme of the Panchayath. It also had toilet facility but no electricity supply.

When she was 10 years old she started going to the fields with her mother for work. She also helped her mother in her household activities. At the age of 12 she attained puberty. She did not know much about it. During the initiation of her menses she was with her mother's sister. Then she returned to her house and performed all the rituals associated with it.

She met her partner in tribal colony where her mother's sister resided. She became acquainted with him and they started meeting each other regularly. Later their relation became more serious. She was 12 years old during her first sexual contact. He was 6 years elder than her age. She was unaware about the link between pregnancy and sexual intercourse. They are ignorant about contraceptives and the implications of having sex without protection. When he asked her to have sex with him she consented. At the time she hoped for a marriage with him. This influenced her decision. They met at her relatives place occasionally.

She did not show any symptoms like vomiting, nausea, anemia etc till the 8th month of her pregnancy. Later due to stomach pain she visited a doctor in the nearby primary health centre. From there she was referred to the district hospital in Mananthavady. She gave birth to a baby boy at the hospital. Since she was too young to be pregnant, the fear

of losing her life made her opt for a hospital delivery. The compulsion of doctor also led to this since she was only 14 years old that time.

This incident shocked her family and relatives. Considering her age they protected her rather than made her an outcaste. The man was also from the same tribal category. So her family thought about marrying them. But at that time both the boy and his family denied their relationship with the illegitimate child. Kavitha insisted that she only had relationship with one man. In this situation her family became helpless and took it as their daughter's fate. Today she is just 18 years old and has a four year old son.

Her family has not thought about marrying her to someone else. Once she forcefully entered the house of the father of her child and stayed there for two days. His mother didn't give her food and water. He too did not accept her so she returned to her family after two days. Her family did not think about filing a petition against him because they were unaware about the procedures and thought it to be a time consuming affair. It is difficult to pursue this at the court and police station.

During her interview, she was playing with her son. The child was very energetic and healthy; she too looked healthy and did not mention any specific health problems. She was in the habit of chewing betel nut and tobacco. She also did not work after the incident. She wanted to continue her education but did not know how to do that.

Story of Savi

Savi is an Adiya tribal woman living with her parents. She is 22 years old and is a mother of 7 year old son. She is unmarried and working as a wage labourer. During times when work is not available she works as a housemaid in order to meet her family's living expenses. Savi studied till 5th standard, and then she stopped her education. Total 6 members are there in her house. It is a tiled, two room house. The floors are coated with cow dung and the house and its surroundings are neat and clean. The house does not have toilet facility or electric supply and there is a scarcity of drinking water. Her father has 10 cents of land dry in nature. All adult members in her family are wage labourers. She has a younger brother and a younger sister.

She started working as a housemaid when she was small. She worked in houses outside her village sometimes even outside the district. She returned to her house after two years. She was attained puberty at the age of 11 years and suffered from nausea, vomiting, stomach pain during her period. After childbirth she had severe bleeding for four days during menstruation. She never consulted doctor for this.

Savi was also a victim of sexual exploitation by a tribal man from her own tribal group. She became a mother at the age of 15. She was unmarried when she was seduced by the man. She met him at her relative's place. Though she was reluctant to share information regarding the man, the villagers told the researcher that he was a lorry driver and 12 years elder than her. They met each other from her relatives place. After they started having a relationship, he initiated sexual contact with her which she consented to as he promised to marry her. She was unaware of pregnancy related matters and they did not use any contraceptives. The relationship ended soon after her pregnancy.

She came to know about her pregnancy only as late as her 7th month when she got pains in her stomach and noticed that it had been growing in size. Her family took her to district hospital in Mananthavady. She gave normal birth in the hospital. The man who she was involved with denied his role, abandoned her as an unwed mother. Though her family discussed the possibility of a marriage between them, however, the man did not give his consent. Later he married another tribal woman and had a separate family life. Savi's family did not take any legal action against him and did not bring the issue into the public light.

No rituals were practiced after the delivery of the child. Savi's son is now in the second standard student in a nearby tribal school. She has limited social contact with other people and is not a member of Kudumbashree unit. She has joined a small chit-fund in order to save for her future. Savi also is habitual of tobacco and betel nut chewing.

Story of Nirmala

Nirmala's case is a recent one which happened in Thirunelli Panchayath. During the researcher's first visit to the field she was 8 months pregnant. In March 2010, she gave

birth to a baby boy. Nirmala is a 27 year old Adiya woman. She is the mother of two children (a 7 years old boy and 3 months old baby boy). She is now living with her mother. She is an active member in Kudumbashree neighbourhood group activities. She also is the matron of NREGS work in her ward.

She has studied till 8th standard. After that due to economic reasons she stopped her education. Her mother was the only earning member in her family. Her father abandoned her family when she was in 7th standard. To help her mother and to continue her sister's education she started earning. She helped her mother in household activities and field activities. When she was 14 years old she was sent to a house in Nilambur (village in Malappuram district) as a housemaid, through an agent. She was satisfied with that job and remembers with happiness the new clothes that they bought her.

Her case is same as that of Savitha who was discussed earlier. She too was a victim of sexual exploitation by a non tribal man. After one year as a housemaid she came back to her village. She became an agricultural labourer. At the age of 16 she attained puberty. Just after she reached puberty her family started searching for a groom. At the age of 17 she was married to man from her own tribal group. They lived together for two years. Her first delivery was at the age of 19. When she came back to her place for delivery her husband abandoned her.

After this incident for seven years she lived with her mother and her son. Last year she got acquainted with a Christian boy who was unmarried and ran a teashop near her place. One day she went to his house to do agricultural work. That was the first time they met. Later their relationship became stronger. He also gave her money and other help whenever she needed it. He also gave her a mobile phone and they started chatting regularly. He promised her that he would marry her. Later they started meeting there in his shop. One morning when she returned from the hospital (her grandmother was admitted in hospital) he called her inside the shop and coerced her to have sex with him. She gave her consent as he had promised her marriage. After this incident they started meeting every alternate day. Their relationship continued for 6 months.

She was aware about pregnancy and related matters. She asked him to use contraceptives during sexual intercourse. But he was reluctant to use it. She came to know about her pregnancy after two months. This time she took proper prenatal care. He accompanied her to hospital and incurred all expenditure for that. He is an educated man and is five years elder to Nirmala. After the fourth month of her pregnancy she noticed changes in his behaviour and nature. He started avoiding her. Till that time she had kept quiet about this incident. Later she told her mother about this.

Due to the changes in his behaviour she became upset and psychologically stressed. When he told her that he is not willing to marry her, she went into depression and became suicidal. Her mother stayed with her due to fear of her committing suicide. Later she shared her problem with a political activist in her neighbourhood. The issue came in front of the Grama Panchayath authority. They called a meeting between his family and hers. In that meeting his family strongly opposed getting their Christian son married to a tribal girl. So it was decided that Nirmala would be given a compensation of Rs 60,000 for her plight. Later she gave birth to a baby boy; it was a normal delivery in hospital.

Story of veena

Veena is a 40 year old Adiya tribal woman. She is an unmarried mother of a 12 years old girl. She is living with her mother and siblings. She is asthmatic and is a sickle cell disease patient. She is unemployed. Her health condition does not allow her to go for agricultural labour or allied work. So she helps her mother and sister in household activities. Her health condition is very poor. Since the age of 20 she has been suffering from asthma. She was a tuberculosis patient also. She is anemic and malnourished. Due to this reason she was admitted in the district Tuberculosis centre for six months for treatment. Her family spends Rs 150 per week on her medicines. She is also in the habit of chewing betel nut and tobacco.

She is uneducated and illiterate. Due to the distance to her school, and the poor financial condition of her family she was not given education. Her parents were unaware about the importance of education as well. Her parents were bonded labourers in landlord's farm where they were paid in kind. Her sister is also uneducated. The house where she lives

now is comparatively in a better condition than other tribal houses. 7 members are staying in that small two room house.

Veena attained puberty at the age of thirteen. At the age of 20 she got her first asthmatic attack for which she consulted a tribal medicine man for herbal medicines. But they were ineffective and later they turned to allopathic medicine. She uses an inhaler now. Her health condition has deteriorated after her delivery.

She got pregnant at the age of 26 from a tribal man from the adiya tribe. He came to that place as a wage labourer. At that time he was staying in her house. When all her family members had gone for work and she was alone at home, he coerced her into having sex. He stayed at her house for only two months and left her place even before she became aware of her pregnancy. She believes that her disease too may have some links with her abandonment.

She got to know of her pregnancy during her sixth month. She first shared it with her sister. Both her sister and mother scolded her and asked her to leave the house. But she remained and the family kept this issue as secret from the neighbours.

Lack of knowledge about abortion services and economic constraints led them to keep the child. She was psychologically and physically weak during that time. She kept herself isolated from others. She was regretful of her sexual relationship and suffered from anger, sleeplessness, lack of appetite etc.

She gave birth at home with the help of her mother and a midwife. After her delivery she continued to do all her work herself. She never asked help from anybody. She was severely anemic after delivery and suffered high bleeding. But she did not taken any medicines for that. Because of her weakness she stopped breast feeding at an early stage. Her family did not practice their rituals after delivery.

Today she continues to live with the burden of premarital unintended pregnancy. Her health is deteriorating day by day. She is worried about her daughter's future. Veena

lives in isolation and does not participate in any functions and rituals happening in her tribe community. Health wise she is suffering from being asthma and sickle cell disease.

Story of Beena

Beena is a 45 year old Adiya woman. She has one daughter of 17 years old. She is working as an agricultural labourer in order to sustain her family. She is illiterate and is living with her age old mother, unwell sister and her brother. She and her brother's income meet the household expenditure and treatment. She is a sickle cell disease patient. She was admitted in hospital one month before this interview. Lack of proper food, treatment and rest are some of the factors which cause severity in this problem. She also is addicted to chewing betel nut and tobacco.

When she was 13 years old she was sent to work as a maid servant in a house in Kannur district. At the age of 25 only she returned to her house. She attained puberty at the age of 14. Now she is in menopause stage. Last few years it is stopped. Early menopause may be due to severe anemia and malnutrition and sickle cell disease may be another reason for that.

She is an unwed mother and got pregnant from a construction worker who came to build houses in her tribal colony. She became acquainted with him at the workplace and he coerced her to have sex with him. She got pregnant at the age of 28 years. She came to know about her pregnancy only in the third month. When she broke the news to her mother, her family members were against her at first but later they supported her. She gave birth to a baby girl at her home. Her mother and the local midwife assisted in her delivery. They conducted a few rituals related to the birth but in a small scale. The child and mother were not immunized.

She has educated her daughter till 8th standard, and has now sent her, with the help of an agent, as a home maid in Kannur district. Beena says that she is happy with this decision. Here she has to do work in the fields or may not get full time employment. This however, may have other consequences of the child, but Beena at present is only looking at it in terms of finances and employment.

As a wage labourer Beena goes to Coorg at the time of unemployment. She is also working in NREGS. She has good contacts with her neighbours and other co workers. During financial constraints she asks for help from her neighbours. Her daily expenses are often managed by taking credit regularly which she pays back at the end of the week once she has received her week's wages. She is not a member of Kudumbashree neighbourhood group. She also does not have any savings of her own. The income coming from her daughter's work too helps support the family.

Story of Jaya

Jaya (47 years old) is an unmarried tribal woman from the Adiya tribal community. Jaya has one daughter from her relationship; she is now 24 years old and is married to a tribal man. Jaya stays in her house with a distant relative. She got assistance from the block Panchayath to build her house. It is a two room house. The condition of the house is very poor with a broken roof and damaged mud floor. There is no electricity and sanitation facility in her home. She also faces scarcity of drinking water. They have Pipe water supply by Grama Panchayath programme but it was irregular. So she has to fetch water with much difficulty from below the hills.

Jaya is illiterate. She never had been to school because of the poor economic conditions of her family. Her parents were also wage labourers. She started earning at an early age as a housemaid and wage labourer. She now works as an agricultural labourer. During unemployed season she prefers to go to Coorg (in State of Karnataka) nearby, with her friends to work in the farms. These days she gets 80 rupees per day for working as a wage labourers.

When she was 22 she went to work at a construction site in her place. There she met a non tribal man who also had come as a construction worker. He made her fall in love with him and then had physical relationship. She was unaware of his intentions and she gave her consent. This continued for the next two month after which the man returned to his home town. Later she came to know of her pregnancy. For the first few months she kept it a secret from her family but later they came to know of this incident. Her family

was against her. They were angry with her but she stayed with her family during this time and gave birth to a baby girl in her home. She never consulted a doctor or visited a hospital for checkups or immunization during her pregnancy period. The local midwife helped her give birth and it was a normal delivery.

She remembers that her family did not conduct any rituals associated with the birth and had given her a normal diet (no special food requirements were taken care of) during her postnatal period. After two months of giving birth, she started working in the field again. The reason for this was that it was necessary at that time to earn money to look after her daughter and herself.

When asked about her health she said that she has been suffering from lower abdomen pain for the last few years. She also suffered from body pain, back ache, head ache etc. She rarely took treatment for her pain. Once during severe abdomen pain she went to the district hospital Mananthavady but has never taken treatment after that. Economic reasons and loss job are the main reasons for stopping her treatment. For short ailments like fever she visits the nearby sub centre or PHC for medicines.

From her interaction with others it was observed that she was very talkative and mingled freely with others. She is a member of Kudumbashree NHG. She also goes for NREGS work when it is available. She is happy with the wages she gets from NREGS.

Story of Lalitha

Lalitha is a 43 year old Adiya woman and a mother of three children all borne out of wedlock. She is an agricultural wage labourer. She has one daughter and two sons. She has a house in her 4 cents of land. Through funds from the Panchayath she has been able to build her house. She is an illiterate woman. When she was young, her father abandoned her mother. She has three brothers and two sisters. Her mother was the only earning member in her family. She had three brothers and two sisters. They were not able to educate themselves due to their poverty. At the age of ten, with the help of an agent, she was sent to Kannur district as a housemaid. She came back at the age of 13.

She attained puberty at the age of 13. Her first pregnancy was at the age of 14 years. A man, who sold goods in the tribal colonies, made her fall in love with him and after gaining her trust coerced her to have sex with him. She came to know about her pregnancy in her third month. It was an unwanted and unintended pregnancy. She was ignorant about pregnancy related matters and of the bodily changes. Due to constipation and nausea she visited a doctor who informed her of her pregnancy.

She was totally isolated from her family. She lived with them but was kept at a distance. She delivered her baby at home. At the time of giving birth, there was nobody at home. She cut the umbilical cord herself. She requested her mother and sister to clean the baby. Then only they helped her. Later she was pregnant on two more occasions with a gap of 3 and 4 years. She insists that the same person is the father of these children also. He however has denied this publicly but she continues to keep relations with him. The neighbours however doubt what she says and feel that her three children are of three different men.

She has been suffering with symptoms of sexually transmitted disease from her early years of sexual activity. Now she had taken treatment for it and has been cured. She however lives an isolated life and does not have friends or acquaintances who can help her in times of need. All throughout her pregnancies she never visited the hospital for ante natal checkups and immunization. She is unaware about contraceptives and sterilization.

She is a member of the neighbourhood group. But she does not have any savings. She is working in NREGS also. During periods of no work she migrates to Coorg for agricultural labour. She manages her household expenses by taking credit regularly.

Story of Latha

Latha is a 38 year old Adiya tribal woman living with her aged mother and sister. She has a 14 year old daughter. She is an agricultural labour. The condition of her house is very poor. Around seven members stay in that house. It receives electricity and has pipe water facility for drinking water. Latha is illiterate. Her family has 60 cents of cultivable land,

but it is not being used for cultivation. Her house is situated in this land. She has five siblings, three brothers and two sisters. For cooking she uses firewood and collects it from the nearby wood depot.

Latha, in her interview, said that her father and mother were unaware of the importance of an education and therefore did not send their children to school. She started working as an agricultural labour at the age of 20 years. She got 30 rupees as daily wages.

Talking about her reproductive health, Latha said that she reached puberty at the age of 14. She knew little about her menstruation cycle before that. When she first got her period she was unwell and suffered from giddiness and weakness for which she took bed rest. She got pregnant at the age of 23 by a Muslim man from her own place. His father had a grocery shop in her tribal colony. Her house was in front of that shop. This is how they met. After falling in love, the boy promised to marry her and then compelled her to have sexual intercourse with him. At the time she was completely unaware of his family situation or background.

She came to know of her pregnancy during her fifth month when she was severely anemic and had to consult a doctor. Her condition was worsening and she was referred to the medical college in Calicut for further treatment where she remained for the next two months. Her family members were her only support. She suffered from Nausea, faintness and constant urination after her fifth month of pregnancy. Till her 9th month she had to have regular checkups at the hospital. She however, gave birth at home with the help of a local midwife. She was reluctant to go to hospital due to unfounded fears and therefore made a conscious choice to have her delivery at home instead. Unfortunately, due to lack of breast milk she stopped breastfeeding just after two days of giving birth. She started agriculture labour after one year of her delivery.

She filed a case against that Muslim man who sexually exploited her. Because of the compulsion of people he was ready to marry her. But her family and community were against this decision. They doubted him and did not want to give their consent since he was a man from outside the tribal community. They proceeded with the court and she

won. The court ordered the man to give her alimony. After that incident in her life she never had any relationship with anybody.

Now that Muslim man is working as a contractor. He is married to a Muslim woman and lives near to her colony. Sometimes he visits their daughter and gives money for her education. The daughter studies in 8th standard.

Latha is a sickle cell anemic patient and suffers from malnourishment. She also has chronic back pain, body pain and giddiness. At the time of severe anemia she visits the hospital for blood transfusion. She herself takes the decision to meet doctor. Earlier, when she was ill her sister accompanied her to the hospital. Her sister is also an unwed mother of three children and now has got pregnant again and is in her 7th month of pregnancy.

She earns 80 to 100 Rupees per day through wage labour. Depending on availability of work, she sometimes even works outside her village. Her main expenditure is on household expenses. Often she buys food on credit from the nearby shop. Twice in a month she is able to pay back the money after getting a good amount after work. She also chews betel nut and tobacco out of habit for which she spends about Rs 20 per day. She does not have any savings. She is a member of Kudumbashree neighbourhood group. She also works under NREGS activities. She often worries about her daughter's future and hopes that what happened to her will not happen to her daughter.

II

4.2 General factors responsible for unwed motherhood in Thirunelli

Tribal unwed mothers in Thirunelli are considered mainly the victims of sexual exploitation and rape. In this study, to understand the factors of unwed motherhood, the researcher tried to look into the circumstances and situations which led to the sexual abuse or rape. These could be considered as the determinants of unwed motherhood. At micro level, the socio-economic condition of the individual family is an important determinant. When we are looking at this issue from a macro perspective, the cultural transition and political factors have a close link with the situation of sexual abuse which

ater leads to unwed motherhood. The micro forces which led to this issue have been identified as landlessness, poor family condition, illiteracy, lack of livelihood options and ncome, migration for employment, seduction, lack of social control (formal and nformal), influencing political factors, class imbalance, and other social problems like lcoholism and drug abuse. All these factors are inter-linked and it is too difficult to eparate them from each other. The study adopted the case study method in order to nderstand the issue of unwed mothers at the ground level. From the life of unwed mothers we can see how all the above mentioned factors are intertwined and how it is a ublic health issue in the current context.

Poor Family situation and Illiteracy

The childhood of all unwed mothers who were interviewed was full of pain and sorrows. All have the same story to tell about their deprivation and how much their parents suffered to make ends meet. They narrated their stories in which they lived with lack of food, proper clothing and housing. The parents of unwed mothers were agricultural abours in the land of landlords. From morning till evening they worked hard to earn a iving. After coming back from the fields, the tribal women would fetch water from nearby stream or well and had to attend to household work like cooking, washing etc. In such a condition of deprivation they did not get time to look after their children. They were always thinking about how to survive from day to day Unwed mothers, who were interviewed, had started earning between the age of 10 to 14 years. They used to accompany their parents or relatives to the field. Although they were paid small amounts for their work, however this gave some support to their families.

The parents of unwed mothers were illiterate. Due to ignorance and lack of income many of these parents failed to provide education to their children. Out of ten case studies, five unwed mothers were illiterate and among the other five only one studied till eighth standard. The main reasons that led to this stop in education were that of lack of transportation facilities to reach the school that were at a distance, lack of proper clothing and food at home etc. In the words of an old tribal woman, the mother of a respondent, *“we were not having anything to wear and eat. How can I send my children to school in such a condition.....”* She was regretful that her children had not been given a school

education and said that she had nobody to guide her or tell her about the importance of an education.

Savitha, a 28 year old unwed mother, stopped her education at fourth standard. Her parents were wage labourers. She has two younger brothers also. That time her family got a loan from the tribal department for goat rearing. Nobody was there to take care of her siblings and their livestock when her parents left for work. So they told her to stop her education and look after her younger siblings and goats. This case also points at the fact that sometimes even government schemes aimed at uplifting people from poverty can have negative implications. The livestock provided, in fact led to school dropout for girls. Thus any intervention plans need to foresee such consequences in advance.

Lalitha also had a story to tell about why she never had been to school. Her father divorced her mother when they were small. There were seven members in the family including her mother. Her mother was the only earning member in her family, but the income was not enough to feed the entire family. There were no clothes for them to wear and they use to cover their bodies by scalps of their mother's sari. In such a situation, they had never been to school and started working at the age of 10 to 14 years. Lalitha's case shows how extreme poverty can be a reason for early employment and lack of education.

While interviewing it was observed that some of them were very sad while thinking about their childhood days. Others adjusted to their situations by realizing that it was their destiny. This lack of education had a profound impact on the increasing number of unwed mothers.

Landlessness

In the ten case studies, it is identified that except for two, all the others living with their family, have only 5 cents of land and a house in that. Their parents were also landless. Landlessness among them forced to go for agricultural labour as a source of income. Seasonality of the job availability and landlessness gave them no food security. This also led to poor nutrition, physical disability and other adverse health conditions. It also

influenced their financial stability. All these situations increased their vulnerability to sexual abuse and rape.

Attraction to outside world

Working in agricultural fields from their adolescent days they get the chance to interact with the outside world. The material culture and lifestyle of outsiders easily attracts tribal youth. These situations also increase the probability of sexual exploitation by outsiders or by tribal men themselves. Their living conditions are very pathetic. Physical remoteness of the village and the lack of transportation and other communication facilities, along with illiteracy and ignorance increase their plight. All these also lead to an increase in women's participation in the labour force. Due to the increased vulnerability, there are more opportunities for others to exploit tribal women in their work place or at their homes.

Unemployment and Migration for work

Interviews with key informants and unwed mothers, point to the ill effects of migration as a reason for sexual exploitation of tribal women and adolescent girls. The seasonal nature of the availability of agricultural work was the main factor which pressurized tribal men and women for short term migration to the nearby state of Karnataka in search of jobs. Thirunelli is on the border of the state of Karnataka. It takes at least one and half an hour to travel to the place of work. The intensive migration of tribals to Kutta and Kudaku (Coorg) in search of work has started recently. The land lords in this area are taking big farms on lease from Gounders of Karnataka. The non availability of local labour force in that area motivated these landlords to use the cheap labour force of tribals for working in these lands. The tribals go to their work place by bus or by jeep. The transportation facility is arranged by the owner of the farm. Tribal women and adolescent girls are part of this labour force. Sometime they were forced to stay at workplace itself. In the farmland they were provided with a shed for shelter, its condition was very pathetic as told by the villagers. The shelter lacked even the basic amenities like bathrooms and toilets etc. It consisted of one big hall separated into two compartments for men and women to sleep in. Alcohol and other drugs were easily available in this area. Sometimes

tribal women also drank alcohol with their fellow workers. The tribal women are therefore under risk of exploitation of various kinds from their fellow workers, land owners, jeep drivers etc.

The interview with some of the tribal women who were migrating to Karnataka state for jobs revealed that they start their journey at seven in the morning and return sometimes by seven in the evening or late at night after doing their routine work in the field. Mainly the work for the women includes weeding and clearing of lands. The wages are the same what they get in their homeplace that is 80- 100 Rs per day. Sometimes they carry their food also. When they had to stay back at their workplace they were not provided with any food, and had to cook their food where they were staying. If they were provided food and alcohol, their wages would be deducted. So after taking care of their food, alcohol and other necessary items they have a saving of 10 to 20 Rupees a day.

The junior public health nurse in Thirunelli subcenter talked of the travel to Kudaku (Place in Karnataka) and how unsafe the journey was.

Normally the centre of Thirunelli town is very calm and quiet and no rush at all except during the tourism season and the time of pilgrimage. But now every morning 7-7.30 except Sundays it is filled with tribal folk including women, adolescent girls and men who were going to Kudaku for work. All these people are packed into three or four jeeps arranged by farm owners. There was not enough space for them to sit. Both men and women were sitting together. In this packed condition they have to travel at least one and half hour. Under such situations there are high chances of abuse of tribal women and adolescent girls. (Interview with JPHN, Thirunelli Sub centre).

She also said that under these conditions of the journey many relationships and acquaintances are formed. Sometimes jeep drivers also exploit tribal women in various ways.

Here, it is clear that the landowners were utilizing the cheap labour force of tribal folks without providing any adequate facilities at the workplace. They also were exploiting women and adolescent girls sexually and physically or creating opportunities for exploitation by other co- workers. This situation may cause unwanted and unintended pregnancies among tribal women and adolescent girls.

The interview with Thirunelli Gram Panchayat President reveals that from 1983 to 2000, because of state intervention and local government's efforts (discussed in last part of chapter 5) there was a decreasing trend in the sexual exploitation and premarital pregnancies among tribal women. Recently there were several (5 cases within 2 months January and February, 2010) issues of premarital pregnancy reported in Panchayat samithi showing that there is an increasing trend in sexual abuse of tribal women and adolescent girls by non tribal or tribal men. He also pointed out that migration for work as agricultural wage labourers and domestic work and seduction by non tribal and tribal men are the main reasons for sexual abuse and unwed pregnancies.

Poverty, poor living conditions, lack of income for basic subsistence, attraction to the outside world etc. are the main reason for migration. The tribal women and girls are unaware about the evils of the outside world. They are easily attracted to the outside world and its life. Their innocence and their deprived condition become the ways in which others could attract or trap them. Powerful landlords who have taken the land of tribals through cheating and encroachment (words of Kunhaman, Quoted by Radhakrishnan, 1998), officials who were appointed for the welfare of the population and fellow workers are the major actors on the other side (words of Sugathakumari, Quoted by Radhakrishnan, 1998).

Cultural factors

Tribal culture of marriage and their early initiation into sexual relations are also considered as another factor for increased sexual abuse of tribal women and adolescent girls. In tribal culture, most marriages are not arranged. Most marriages are a result of elopement. Having sexual relations before marriage is not a taboo according to their culture. It is this aspect of their culture that had been abused by non tribal men, who seduce tribal women through promises of marriage and other financial benefits and sexually exploit them with their consent.

Karthy (Pseudo Name) an Anganwadi teacher, who is working for tribals, says that "*we cannot term it as a rape because they are willingly having sexual relationships with others*". In such cases, if tribal women have such a relationship with tribal or non tribal

men they keep quiet. Later it becomes a problem when their relationship breaks up, and after getting pregnant the man does not take responsibility of the child and claims he is not responsible for her pregnancy.

In tribal culture women have been enjoying more freedom of movement and better status than women from other communities. The family members are not involved in these matters and women and children have much more freedom. On the other hand, because of their deprived living conditions the family members do not even have the time to pay attention to such matters and are always engrossed in meeting their day to day needs. This often adds to the reasons behind having a continuous relationship with men which may lead to unwed pregnancy.

Role of Formal and informal social control mechanism

Tribal communities have their own informal social control mechanism to discuss tribal matters. This is known as *oorukoottam*, and it has much decision making power. All matters relating to tribal life are discussed in this group. Marriage, birth, death, and specific issues that threaten the life of tribes etc. are discussed and important decisions are taken to resolve issues. But nowadays there is not much importance given to this social control mechanism. Tribals have started adopting the culture and practices of the general population especially Hindus. The involvement of local politics has also reduced the role of their traditional social control mechanism in dealing with issues. The failure of such mechanism has been one of the most important reasons for the intrusion of non tribals in the lives of tribal people.

The functioning of the formal social control mechanisms like police are also not found to be very effective among the tribal people. They also exploited many tribal women sexually and physically. During 1970's due to Naxal attacks the state government started a police station near Thirunelli town. When the Naxalite revolt reached its critical time the government introduced a CRPF (Central Reserve Police Force) camp in Thirunelli area where Naxalites had their tribal forces to take action against landlords. In that situation, landlords and the police force raped tribal women and girls and used this as a weapon against the rebels (Sathe, 1998). Many tribal women got pregnant because of

forced sexual relations with police officers (Johnny, 2007). This point at the darker side of formal social control mechanisms, where power is used to exploit the weaker sections. Various literature and newspaper articles show that this happens in many parts of the world. It shows how during the revolts and disasters, the increased vulnerable situation for women becomes a platform for their physical and sexual abuse.

Local social activists like Karthy (Pseudo name) says that involvement of politics made the situation of tribal people more hazardous and increased the numbers of unwed mothers. In some cases political parties have taken the issue as a political motive to get votes from the tribal population, or the powerful landlords and are not interested in finding a solution to this serious issue. Otherwise there was no existence for the political party. Sometimes they took a diplomatic position rather than looked into the sufferings of tribal women.

Economic reasons

From the words of the Junior Public Health nurse it was clear how economic reasons put poor tribal women in the trap of sexual abuse or victimization. She said that the existence of bonded labour system and slavery attitude of tribes towards their landlords were considered as another reason for sexual abuse of tribal women and adolescent girls. There is no legitimate system of bonded labour but it is continued to be practiced in different forms in the villages. The tribals consider it as a 'permanent job'. The main reason for its existence has been the lack of other livelihood options and the lack of income because of seasonal nature of agriculture labour. This makes full time employment throughout the year. Sometimes landlords play with of the emotions of tribal women and make provisions for employment based on sexual favours. Their vulnerable condition forces them to have sexual relations with landlords or with their friends. They were forced to continue this type of relationship because of fear of losing their job or life. Few women lived their lives without any feeling of regret and considered it as their fortune to have such relationships with men.

Addiction to alcohol

The issue of alcoholism among tribal men and women was another factor which contributed to the continued victimization of tribal women by non tribals and tribal men. Alcohol and films are the weakness of tribals. The improved interaction with outsiders after the increase in migration of people from the plains, setting up of the Gwalior Rayon's bamboo plantation and the interaction with government officials brought alcoholism into the tribal community. Alcoholism and drug abuse are the major social problems which dominate the tribal hamlets. Villagers responded that they provide tribals alcohol or tobacco to get agricultural labour to work in the field.

In case of sexual abuse of tribal women, perpetrators provide their husband or father or brother, a bottle of alcohol for making arrangements for him, or for dissuading them against taking any action (Bsheer, 2002). Information from key personnel reveals that in case of job migration, the landowners provide alcohol in the workplace after work with two intentions. One is to attract more tribals to the workplace and the other is to abuse women sexually without any resistance. Drunk on alcohol they could be taken advantage of. All these led to sexual abuse of women resulting in unwed motherhood. Santhi (Pseudo Name), a tribal woman says that sexual exploitation from the part of tourists was also happening in Thirunelli because of alcoholism among tourists and tribes.

When going deep into the village life it seems that there are various structural and functional factors that perpetuate the issue of unwed motherhood. The class disparity between the tribals and non tribals, the power structure, and gender disparities between the men and women etc. lead to vulnerable living conditions for tribal women especially from those tribes which are at the lower level of the hierarchy. The issue of unwed mothers is high among Adiya tribe; they are economically and socially poor than that of Kurumba and Kurichya tribe. The Adiya tribes are mainly landless and work as wage labourers. Kurichyas are considered as the Brahmins in the tribes. They enjoy better status in the society educationally, economically and socially. They are mainly cultivators and have their own land.

The whole story of the village and tribal life clearly brings the isolation, powerlessness, poverty, vulnerability and physical weakness of tribals into view. Chambers (1989) terms this as “deprivation trap” that shapes the everyday life of tribal population and especially the tribal unwed mothers. The exploitative class relations existing in society and the influence of so-called “culturally advanced” people on the life of tribals, is gradually increasing the chances of tribal women and girls to become victims of sexual or physical abuse. The vulnerable nature of tribal women with lack of income, malnutrition, poor working condition, hard work etc. has a chance to create poor health conditions for tribal unwed mothers. To understand the issue in its holistic way it is important to look into the sexual dynamics of tribal women behind sexual abuse and lead to unwed motherhood.

Sexual Behaviour of Tribal Unwed Mothers

To understand the reasons behind unwed motherhood it is important to understand their sexual behaviour, pattern of sexual relations and the factors which promote such relationship etc. in the three categories of unwed mothers. This study focuses mainly on the first two categories that is, a girl that was sexually abused by tribal or non tribal men and became a mother before marriage and continues to live as an unwed mother. In the second category, the tribal woman was first married to a tribal man and then separated and was then sexually abused by another tribal/ non tribal man and having had a child now lives as an unwed mother. Out of ten cases, 2 were married to tribal men at their early age. Later they were separated because of various reasons and then sexually abused by non tribal men and had children from those relations. In the earlier relationship both had one child each. The other eight were exploited by tribal/ non tribal men, and became unwed mother. Out of this, four were exploited by non tribal and other four by tribal men. Among these ten cases (their present age) two were below twenty, two were below thirty, two were below forty and others were forty, forty five and forty seven years old. All these respondents, except one, have one child from their relationships and one had three children without marriage.

In all these instances majority had their first sexual contact between the ages of 11 to 25 years. 11 years was the minimum age. All had sexual relations with only one partner except one. The other one responded that she has had sexual relations with one man but

her neighbours says that she has sexual relation with many men and had three children from such relationships. The age of the sexual partner exceeds that of the respondents by more than five years to ten years depending on case to case.

The main reasons for having sexual relations were coercion, falling in love and false promise of marriage. In all the cases the hope of having a married life was the main reason for having sexual relations with their partner whether tribal or non tribal. Fear of losing the partner, the promise of marriage and his nature of caring were other reasons which encouraged them to have a continuous relationship. Fear of losing employment, monetary benefits and gifts etc. also motivated them to have sex with their partners in some cases.

The extent and nature of relationship were different in each case. In majority of the (6) cases, they had sexual relations for two to three months, in other cases (4) were it extended for more than six months. These women were reported that they never faced any type of violence before or during their sexual relations, since in all the cases they willingly had sex with the man. The place of sexual intercourse (initial) was mainly at girl's home. In few cases it happened in their workplace or in the girl's relatives place. The bonding behind their relationship was based on the fact that trust had been formed after having initiated a good relationship with the woman and by generating confidence in her through promise of marriage and other gifts. The innocent tribal women were trapped in their promises and became sexually committed to the non tribal or tribal men. In all these instances, the initiation of sexual act was from the men's side.

Except in two cases, all the others were unaware about reproductive information and pregnancy related matters. They never got any information from their mothers, siblings or from friends about the consequences of sexual relations. Parents of all the respondents were illiterate and they did not have any such talks in the family circle. In the other two cases they were married and both had a child in their earlier relation. So they were aware of all reproductive matters. They felt that it was their 'destiny' that it had happened to them.

This study shows that under the circumstances, when the parents have to go for daily labour, young girls are left behind. In most of the instances, the sexual relation happened at the women's home, during day time, except in one case. Tribals lived in a colony type set up. Their houses were constructed near each other because of the lack of land. In such situations, there were opportunities to have sexual relations with partners both through coercion or with consent.

In all cases after knowing about their pregnancy the man who was responsible, raised objection, and denied their involvement in this issue. They abandoned their partner and denied their paternity. They could get away as they were powerful, than the illiterate, unemployed tribal girls, and could protect their image and their status in the society. In many cases they advised the poor tribal women, not to inform others about who was responsible for their pregnancy. In two cases, the non tribals persuaded the girl to go for abortion but it did not happen because they were afraid about theirs and baby's health. Having a child before marriage is not acceptable in tribal communities. The fear of losing status in their community made tribal men reluctant to reveal their involvement in such issues. In both the cases, by using their power, money and hold in political parties they easily came out of the issue. In case of women, they had to bear the burden of having an illegitimate child on one side and seeing the men, who were their earlier partners, leading live with their families. Both happened at the same time where the powerless became more powerless and the powerful became more powerful.

The knowledge about contraceptives and their use were alien to them. Only two were aware about it. In one case, she demanded her partner to use contraceptives. He did not use contraceptive and convinced her that *"anyway we are going to live together. We need a child also. So there is no point in using contraceptive"*. Following this she never asked him to use contraceptives again. When she got pregnant, he did not marry her due to his family's compulsion. Tribal women's illiteracy, ignorance and their innocence were the main factors which became the causes for their pregnancy and made them unwed mothers.

Except in two instances, others never tried for abortion. Fear of losing life was the main reason for this. Lack of knowledge about abortion facilities, and the expenses involves

compelled them to give birth to the child instead. In many cases they came to know about their pregnancy after five to eight months. This meant that there was no chance for legal abortion. In case of one respondent, they tried for abortion in the fifth month of pregnancy; her partner gave her some tablets. She swallowed two three of them, but later she stopped having them since she did not like his insistence to abort the baby and his ill intention behind this.

Ignorance about the Reproductive Cycle

Tribal women were very poor in health consciousness. They did not have the habit of keeping track of menstrual cycle. This made them unaware of the bodily changes that happened to them after having sexual relations with a man. In many cases after the fifth month of pregnancy the women went to the hospital due to certain health problems and because of weakness. It is then that they came to know of their pregnancy. Then also because of fear of outcasting and being thrown out of their families, they kept quiet. In other cases the changes in behaviour and attitude of the sexual partner towards them compelled them to share the mishap with their family or friends.

The tribal girls or women had such relationships were unaware of the after effects of such relations on the health of women and their image in the society. Many such incidents happened in their own community and in their family itself which had similar outcomes. Although they knew of the way in which society viewed women in such relationships and the struggles that came with it, yet the incidents happened again and again.

III

4.3 Life of Unwed Mothers: An Analysis

This part of chapter 4 deals with unwed mothers and their socio economic life. It looks at the everyday lives of unwed mothers including their household activities, work etc. It gives a picture of their sufferings and experiences that they have been undergoing throughout their life. The processes within the household and the daily lives of women have a prominent role in shaping the health of (Moss, 2002). Moss (2002) also says that a woman's health and wellbeing is a product of her biological characteristics and inheritance together with institutional, social and psychological processes. He says that

violence is a product of cultural, socio economic and power relations towards women and has a direct and indirect risk to women's health. In this context, to understand health issues of tribal unwed mothers who are the 'victims of sexual exploitation', it is important to look into their daily life. To understand their life, their settlement patterns, socio economic patterns, social network patterns and their coping strategies are discussed.

Settlement Pattern:

This section of the chapter mainly looks into their geographical location, housing patterns and other basic facilities like water, electricity and other infrastructure facilities and their availability. Details of their household matters and assets were also collected with the intention of getting a picture of their living condition.

Thirunelli is an area with a hilly terrain and vast paddy fields in its valley. Major part of this village comes under reserved forests. Tribal settlements are generally situated on the slope of the hills or on the sides of the vast paddy fields. Many of the tribals are landless or have land only to build a house. Unwed mothers come under the category of landless and homeless. They stay with their parents, siblings or with relatives. Many of their settlements areas are in the interiors of the village. They are isolated from the towns and cities. They have to walk at least half an hour to forty five minutes to reach to a place, which has shops and other transport facilities. Road infrastructure is good for many settlements. But these mud roads are not suitable during rainy season for walking or driving a cart and therefore during the rainy season they are literally isolated because of their physical remoteness.

A tribal settlement always has a cluster of households. It varies from three to thirty and sometimes more. Each category of tribes has their own settlements. Inter mixing of various categories of tribes are unusual. Now days they have houses with tiled roofs. All these houses were constructed by various government programmes implemented through local government or tribal department.

Generally these houses have two rooms with a kitchen and a veranda. That also has very little space inside. Floor were plastered with mud and cow dung. Very few have

electricity supply and have toilet facilities. The tribal settings near to non tribal setting are electrified.

Omana (Pseudo name), is living with her elder sister. She is landless and does not have a house, and shared her childhood memories of their land:

When I was a child my father and mother died. My father had one acre of land. After my parents death we were staying with our relatives. Our relatives sold our land and house without asking to us. We were unaware of all these matters, at that time. Later we came to know about it.

Many of these respondents became mothers at a very young age and did not even think about a family or house, or did not know the importance of having a house of their own. Only two unwed mothers had their own house. These were constructed through government programmes.

It was observed that the conditions of their houses were very poor. They were unhygienic with broken roofs and walls etc.. At least two families with their children were living in a small house. Their houses were fully packed. They did not have basic furniture and sleep and ate on the floor. They had very few utensils for cooking and collecting water. They had simple tools like knives and other agricultural implements.

Cooking was done mainly on firewood which they collected from the nearby forest. Due to deforestation and restrictions in forest laws, they faced difficulties in getting firewood for cooking purpose. Tribal colonies were now being provided with pipe water supply through the Jalanidhi programme. Then too they faced water scarcity during the summers. During this time they had to carry water from wells or from streams far from their house.

Socio Economic Pattern:

In many houses unwed mothers are the main actors in their family. They are daily wage labourers. They manage their households and wage labour activities. In their houses unwed mothers are often the only breadwinners of the family. They work hard to meet the daily expenditure for their families' sustenance. So even if the mother feels unwell, she is compelled to do household and wage labour.

They are mainly agricultural labours with their main activities being weeding, planting, harvesting, thrashing etc. associated with paddy cultivation. During other seasons they are busy with coffee plucking, work related to ginger cultivation etc. Early morning 8-8.30 am they reach their workplace. They carry their lunch to the field. If their work is near to their homes they go back for lunch. Till 5.30- 6pm they work in the fields. Around 9 hours a day they work in the field or in plantations to earn for their families' survival. Lalitha (Pseudo name) says that:

I have to work hard. No one is there in my family to support me and my children. My income is the only support to my family. Even if I feel any weakness or little fever, I go for work. It is necessary for me to earn income for the subsistence of my family.

They get 80 Rupees per day for their work. For men it is 100 Rupees per day. It was noticed that there are variations in wages in different places. In the interior of Thirunelli people get the above mentioned amounts. At the same time Thirunelli town and its surroundings wage labourers get 100 Rupees for women and 120 for men per day. Jaya (Pseudo name), tribal woman and neighbor of an unwed mother shared her experience

Here we are getting 80 Rupees per day for working in the field. We are doing hard work. We know there in Thirunelli and Thrissilery area for a day's work people get 100 rupees. If anybody asks for 100 rupees per day for working in paddy fields she is out from that group. She is losing one day's work that was the benefit. Here they (Landlords) are getting enough workers to do work in their paddy fields with an amount less than 80/- also. So nobody is taking interest to ask for higher amount as wage because of fear of losing their income and fear of isolating from their group.

This shows how landlords exploit the physical labour of tribal women and men by providing very less wages for their work. They deny work to persons who ask for a higher amount for his /her work. Land owners always deny tribals the right to have a better life with a better income. While telling about their deprived situation they themselves keep quiet. Another point is that if anybody raises their voice against low wage rates, they do not get any support. If they are getting very little amount, people are forced to accept it because they have to feed their families that include children, women and aged. Otherwise the whole family may or may not have any food. Landowners take

advantage of this situation of tribals to reduce their cost of production and to earn more profit.

Seasonal unemployment is an important character of agriculture led economy. In case of tribals, they were also getting employment for at least six months in a year mainly during the season of weeding and harvesting. They got sufficient employment during the months of December to February and June, July and August. All the other months they are unemployed, especially during summer season. They face severe economic constraints during these months.

The National Rural Employment Guarantee Scheme is an opportunity for them during the times of no employment. Among the 10 unwed mothers, 5 of them have been working under NREGS. They were very happy to work under NREGS because they were getting higher income for their work and equal wages with men. Some of them were dissatisfied with the payment system since they got their wage after one or two weeks. At the same time others keep it as their savings in the bank to use at the time of contingencies. It is not possible for them to keep their wage as savings for a long time because this is the only earning they have.

Short term migration to Coorg district of Karnataka is another option for them to get livelihood during seasons of unemployment. This phenomenon increased after changes in the agrarian economy of Wayanad after 2000- 2004 due to the crisis in the agriculture sector. Women and adolescent girls were also migrating as agriculture labours to vast ginger farms of Coorg.

Farmers of Wayanad are getting land for lease in Coorg to cultivate various crops, mainly ginger. These lands were the main working field for tribals. Here tribals getting 100- 125 rupees per day for their work. Farm owners provide transportation and accommodation facilities to the workers. They have to bear the expenditure for food, medicine etc. The working conditions in these farms are very poor and difficult to survive. Unwed mothers also go to Coorg as agriculture labourers. Lalitha (Pseudo name) an unwed mother shared her experience in Kudaku as a migrant labourer.

I am going to Kudaku (Coorg) for agriculture work in ginger farms owned by Wayanadan farmers. Starting work at 8 am, till 5 pm we are in the field. They are providing shelter and food. We have to pay for the food. The shelter is like a cow shed. The shed is separated into two parts one side for ladies and the other side for men for sleeping. Sometimes the owners, supervisors and contractors of the farm also sleep in the same shed. Alcoholics' make problems for others at night. Earlier times we were getting coolie of 12 rupees per day. Now we are getting 100-125 per day.....

The place where they are staying is very unhygienic and there are no basic facilities for workers, especially for women workers. Their poverty and lack of livelihood options are the main reason for their migration. To survive, they make all sorts of choices to earn something without looking at the complications in their later life. The powerful landlords have been exploiting the powerless, their condition of poverty, illiteracy, and their hard working nature.

Landowners export these poor people to their farmlands in Coorg against the government rules on migration. They have to inform the nearby police station about the details of workers who cross the border as migrant labourers. But it is only in the papers. The interview with the tribal development officer gave a clearer picture about the situation of migration and exploitation.

Tribal people are migrating to Coorg for working in the plantations or farms of landlords, they are taken to the farm for lease from Gounders of Karnataka. They give 26000- 38000 Rupees per acre as lease. In this way they were taking 5-10 acres of land in lease. In such area it is too difficult to get sufficient number of labours for cultivating the land. So they prefer to utilize the tribal work force in their land. The main thing behind this was their situation of poverty and hard working nature. Availability of alcohol for cheap rates is another factor which attracts tribals to go to these areas for work. Their addiction to alcohol is exploited by landowners who provide alcohol in the work place to do the work.

Women workers are also facing problems due to alcoholism of male workers. Women don't have proper facilities to live. There is no toilet facility, drinking water and sleeping place for women. Women workers undergo various type of exploitation including sexual harassment in these workplaces..... (Interview with Tribal Development Officer in charge, Mananthavady block).*

* His experience of visit to plantation in Coorg. He is member of District team to understand the issue of tribal migrant labourers.

Depending on the availability of work, people stay in the field. Otherwise they come back to their home daily. If they are going to Coorg on a daily basis they have to start their journey at 6-6.30 am. Then they reach the field by 8 am. From 8.30am till 5 pm they are busy with their work in the farm. At 7- 7.30 pm they reach home after intensive work in the field. Women workers are major sufferers of this type of work and travelling. In a day, they end up working for at least 16-17 hours without proper rest and food. This includes both household work and wage labour. This was the condition of unwed mothers who were migrating to Coorg as agriculture labourers. They work in terrible condition in order to provide two meals a day to their family and to meet the other needs of their children. There is no scope for unwed mothers to anticipate any type of support to them or to their families in such conditions.

Main part of their income goes to household expenditures like purchasing of groceries, education of children and their healthcare. For groceries they generally purchase rice, salt, chilly and oil. They rarely purchase vegetables and other nutritious food. In a day they have food mainly two times, once in the morning and later at night. Their main food is rice and curry. They cook curry with things available in their locality like jack fruit, mango, leafy vegetables, roots of plants etc. Though they are generally non vegetarians, due to economic constraints most of the time they have food without any non vegetarian dish. Earlier, crabs from the paddy fields were their main non vegetarian item. These days because of intensive use of insecticides and changes in climate, these are not available. Though they eat two times or three times a day. But the quality of food is very poor.

Deforestation and exploitation of natural resources with over utilization of chemical fertilizers leads to non availability of food materials that they had been collecting from the field and forest. This affects the health and nutritional status of the tribal population who were dependent on the forests and fields for their food, especially vulnerable population like unwed mothers.

Unwed mothers usually purchase their household items from nearby shops on credit. Once in a week they make payments after getting their income in their hands. After all

payments are made there is no savings. The grocery vendors also cheat them as they are illiterate and poor. In such situations they are unable to clear their debt.

Through Public Distribution System every family below poverty line has the right to get rice for rupees 2 per Kg. Sometimes they make use of this provision. Usually the distance to the shop may be a reason to not make use of the system. Those who purchased rice and other food items regularly from the public distribution system complained about the poor quality of grains they are selling. ICDS services are also available to these mothers in the form of food grains to pregnant women and adolescent girls and nutritious food for children between the ages of 6 months to 3 years. Those unwed mothers interviewed as part of this study who are eligible utilise these services.

During economic constraints they sell their household assets, their crop produce or grain that they received as wages for work to meet their financial needs. Many of them do not have the habit of saving. Instead of saving they feel they do not have anything to save after all household and other expenditure. During the time of financial constraints they are forced to take loans from moneylenders, neighbours and landlords. This situation of poverty, and unemployment put them in the debt trap.

Unwed mothers have a clear understanding about their life situations and they adjust to the situation of deprivation. Latha's narrative below clearly shows how much they are willing to adjust and accommodate (for example lack of food).

Today in my home I have everything like rice, water, oil, firewood etc. to cook a good meal. But I don't know whether I will get it tomorrow and day after tomorrow. I know I may not get it. So why today only I have to eat good food.... This is our everyday situation. Why I have to make a change for today only. Nobody was there to support me and look after my daughter

This also reflects her fear of loneliness and helplessness which dominates the lives of unwed mothers in general.

Their condition of lack of good quality food and nutrition leads to physical weakness. It is easy to make this out from their physical appearance. Due to their physical weakness they face difficulties in managing both their household and wage labour activities. They

have to bear all their difficulties alone. No one was there to support and share their issues.

Lalitha's words clearly bring out these facts:

I have three children. I worked hard to look after them and to educate them. After 4th standard two of my children stopped their education. My elder son started earning money. But he does not help me in household matters. He spends his earnings on himself. He has started drinking also.....

Tribals are addicted to alcohol and tobacco. Unwed mothers also have the habit of using tobacco or chewing betel nut quid. This habit among unwed mothers has profound implications on their economic wellbeing and health. Per day they spend 10- 20 rupees only for purchasing of betel nut and tobacco. They are addicted and can go without food instead. But without tobacco and betel nut it is not possible for them to survive. Lottery is another weakness of theirs. In a day's work they get 80 rupees as income. In which 20 rupees they have to spend for betel and tobacco, 10 rupees for lottery, 10-20 for travel and other expenses. In the end only 40 rupees is left for other household purpose. In such conditions they cannot save for their future needs. It is impossible in the current context of inflation, globalization and high price of food materials.

Thus, it shows that there is an addiction for alcohol and beetle nut and a hope to earn money through passive ways like buying of lottery tickets.

From their lived experiences it is clear that they are economically and physically weak and they did not get any support from relatives, friends or even from their children. They stay in remote places where they are isolated from the outside world. They are unaware of the incidents happening in their outside world. They are technologically poor and illiterate and isolated from resources and services meant for them. Their physical and economic backwardness make them more vulnerable to contingencies like natural disasters- droughts, heavy rain, and health problems etc. They and their family members are more prone to exploitation and continuous victimization.

Social Network Pattern

Participation of women in activities other than household work, wage labour have a close relationship with their educational, health and social status. Women need their own space to share their feelings and their happiness, where they are free from their day to day

activities at the household and the workplace. This is important for a sound mind and happiness. Social support networks includes family, friends, neighbours, neighbourhood groups etc. During stressful situations these social network systems will be the only thing which a woman can approach for help and to share her problems. Moss (2002) says that support and caretaking is a double edged sword. Moss says that support and caretaking emotionally satisfy and provide capital or credit for women's future needs which she can draw from her children, siblings or friends.

Most of the families of unwed mothers were not supportive of them. They were not getting any support from their male partners who sexually exploited them. As a victim of sexual exploitation, family members sometimes look at them as 'loose' women. It was noticed that during the time of crisis many of them lacked support and care from family and friends. So they were emotionally stressed also. In the workplace too they had limited friendships with their co workers. They did not have real friends to share their problems. They are always busy with their household matters and wage labour.

Generally, almost all unwed mothers had one child from their relation. From the discussions with villagers, neighbours of unwed mothers and through direct observation, it was found that children of unwed mothers also lived in vulnerable situations and had chances of being victims of exploitation. Unwed mothers failed to provide them with basic education and other resources for their future development. Due to financial constraints and poverty they were forced to send their children as housemaids and for other such income earning activities. In such situations there is an increased chance of physical and sexual exploitation. Because of their difficulties in their daily life unwed mothers were unable to look after their child properly. In such situations there was not much possibility of having proper communication and sharing of feelings between the mother and children. Within the family, the basic social unit itself, they were lacking care and emotional support.

Among ten case studies, five were taking part in neighborhood group's activities. There are different reasons for non participation including illiteracy, lack of knowledge about its functioning and its importance, lack of money to deposit as thrift etc. Those who are

members in this group are saving at least 10 rupees in a week. They can avail credit from this group at the time of any urgency for cash. Apart from thrift credit activities it is also a platform for them to share their happiness, sufferings and engage in new initiative with the members of the neighborhood group. This grassroots level institutions in one way or another provide economic and emotional support for unwed mothers.

During the meeting of neighborhood group members or at the work place, it was observed that unwed mothers were trying to stand away from the other workers or members in their group. They themselves kept aloof from their friends. They always carried the labels being unwed mothers, sexually exploited women, loose women etc. Though publically they were not addressed in this way, everyone however was aware of their status. This also meant that sometimes friends also do not interact with them. Maybe this was the reason for their withdrawal from the groups or from public places. One way or the other they carried the stigma or isolation attached with their status of being unwed mothers.

Only one unwed mother had representation in institutions. All others were illiterate or studied till 4th standard. They were hesitant to participate in public meetings and other gatherings which could provide them information regarding various resources and services. This situation alienated them from these resources and services. Lack of awareness about resources and services among unwed mothers were influencing their future financial, social and individual development. For example they rarely attended Gramasabha meetings where the local government discussed their programmes and services. Due to their absence in these meetings they were always denied or could not get the services which were meant for them.

Coping Strategies of Unwed Mothers

Stress and stressful life situations have links with the physical and psychological disorders among women. Effective coping strategies like support from social networks and family have been found to reduce the health risk of women. So to understand the health of unwed mothers it is important to look into various coping strategies adopted by

them. The understanding of day to day life of unwed mothers will give a picture about this.

It is clear that unwed mothers are forced to suffer throughout their lives with the stigma of being the mother of an illegitimate child. While in the first few years of their life (after pregnancy) they were psychologically stressed but later its intensity was reduced due to their interactions with community and with the acceptance of their children as members of their family and community. At this stage they turned their attention to the upbringing of their children. They were very hesitant to face people and their neighbours, they kept quiet on questions regarding their partner and the incident that had happened. Often they showed withdrawal behaviour in public. Without a livelihood it was difficult for them and their children to survive. For survival they were forced to do wage labour as a means of subsistence, this was hard physical labour which was not good for their health.

Many of them believed that it was their fate to have an illegitimate child. Many regretted the time when they had the relationship with their sexual partner or the situation that led to such kind of a relationship. They looked at it as a mistake in their life and saw it as their responsibility to bear the sufferings. This shows that they are totally unaware of the social factors that could influence these situations and sought to blame themselves alone. In some other cases they repeated their mistakes. Some did not feel bad about their sufferings and took it as a part of their life.

From the words of unwed mothers we will get a picture of their psychological condition when they came to know about their pregnancy.

Omana's (Pseudo name) experience

I thought about committing suicide..... (a call for help). That time I was staying with my relatives. They were embarrassed of me.....They told me to go away from their home. My sister also left me..... Everybody was against me....I left my home..... Where would I go..... ?at last I got help from one of my distant relatives.....My fear of dying was the only reason I became an unwed mother!.....

Nirmala's (Pseudo name) Voice

I laugh in front of everybody..... I do all the household work..... I talk to everybody..... Only I know what I feel inside and what I have to bare..... (Tears roll down from her eyes).....

Veena's (Pseudo name) Experience

Everything happened because of me I strongly believe that the mistake was on my side.... I don't know why I went for such a relationship with that man..... (Deep sign.....wiping tears with her cloth....).

Engaging in household activities and livelihood activities are their major strategies to come out of their grief and burden. Those who are very introverted and do not have a good relationship with neighbours or friends were facing more difficulty to cope with their situation. Others gradually forgot their fate and remembered it only when anything bad happened to them from the side of family or friends.

Spirituality is also a kind of coping strategy to move out from stressful situations. Unwed mothers have also started worshipping Hindu gods and visiting temples, especially during the time of celebration. They rarely take part in the rituals and other celebrations related to marriage, death, birth, menarche, harvesting etc.

In their tradition there was an apex body to decide and conduct rituals. They were considered as the leaders of their traditional social control mechanism. According to their traditional rule, a woman or man having sexual relations before marriage with a non tribal was not acceptable. Pregnancy before marriage is also considered violation of the rule. The apex body of leaders has the right to take action against such traditionally unacceptable relations. Those who have done mistakes have to pay a fine in the form of bangles made of brass. Till the time of payment those who violated the right have no consent to participate in rituals and celebrations happening in their village. Practicing of rituals and worshipping their own god is a part of everyday life of tribals. No consent means it's a type of isolation or stigma. After making the payment to their Muppan they can also participate in all the activities that are happening in their tribal village. The tribal people believe that god will forgive their mistake once a payment of brass bangles has been made. In case of unwed mothers the same process took place to forgive their mistake. Till they are unable to pay the fine of brass bangles they were outcasted by the community. Once the fine was paid they could live with their family and participate in all rituals happening in their community. Unwed mothers also believe that after payment of

brass bangles to Muppan, *god* forgives their mistake of having a child before marriage. Total amount to buy brass bangles was about 30- 50 rupees.

In case of unwed mothers, till the time they paid their fine which was decided by Muppan they had to stay away from their family. After payment in most of the cases they returned back to their family. This is also a matter of shame for other family members and friends. In some cases they were called back after two to three years. In other cases they remained staying with their family. In many cases they were allowed to live with their families but were isolated, not spoken to and not given any help.

Even after few years, after their situation normalized, they still were not free from psychological stress or anxiety. They were very anxious about their children's life. They felt helpless in terms of providing them education, health, security etc. Latha (Pseudo name) shared her anxiety and loneliness and the lack of support she experienced. She says:

I am staying with my old aged mother, sister, her children and my daughter. These days I am not sleeping properly.....I am worried about my daughter's future..... The condition of our house is so poor. And it is unsafe to live without proper door and roof. Anybody can enter our house at night and trouble us.....

Her sister is also an unwed mother of three children and she is also worried about her daughter's future. General observation from the field shows that unwed mothers are going for further relationships with tribal or non tribal men and have their children as well. But in other cases they live without any such relationship in their later life. At the same time, few of the sexually abused women or those that got pregnant before marriage married other tribal men or even the man who sexually abused them and are now leading a family life with them.

In ten case studies only one unwed mothers had taken legal action against the exploiter. In three cases they failed to continue legal procedure due to the economic difficulties, ignorance and lack of support. In some cases they withdrew their petition filed due to pressure from the powerful forces or the exploiter. From these three cases, two cases were discussed in front of the *panchayath samithi* and a compromise was made on the basis of provisioning of money for the victim. In these cases they willingly or unwillingly

adhered to such decisions because of their powerlessness and ignorance. In majority of the cases ie, the six other unwed mothers were reluctant to file a case against their exploiter because of fear of publicity on the issue, and because of their lack of knowledge about legal procedures and the time constraints in their everyday life.

This chapter mainly discussed the general factors responsible for unwed motherhood and their sufferings and the lived experiences of unwed mothers. Their poverty, illiteracy, unemployment, cultural and traditional factors etc were considered as the rootcause of their sexual exploitation and their journey into unwed motherhood. After giving birth to children due to sexual relations maintained outside wedlock, they face several difficulties in their lives which make their lives worse than that of the general tribal population who are living in the same area. 'Poverty is the cause and poverty is the consequence' these words of Galbraith (1979: p11) appropriate the fate and life of unwed mothers. Structural issues like caste, class and gender and its interplay with the political and historical contexts lead to exploitation of these tribals. Deprived economically and socially, tribals are dependent on agricultural labour and are prone to exploitation, especially sexual exploitation of women who eventually become unwed mothers. Premarital child birth and sexual relations before marriage are outlawed in many societies. Among tribal groups in Thirunelli also these are taboos and are considered against their tradition. When one looks at their daily life and lived experiences one is made aware of their suffering and pain as unwed mothers. "People are poor because they are poor because they are poor" (Chamber, 1983: p111). They live in remote and isolated areas, are illiterate and are ignorant about the resources and welfare services available to them. They therefore do not access such resources and services. They are physically weak, have low quality food which lacks nutrition. They have many mouths to feed and due to the seasonal nature of their agricultural labour they live in poverty. They are unskilled, have low wage rates and are overworked, exploited and are unable to raise their voices against the exploiter because they are powerless. They either adapt, chose or cope with the demands of the powerful. They are vulnerable to contingencies like ill health, death, disasters and further exploitation of the powerful. They remain landless and homeless and are in the trap of

debt. They lack support from their society and family. They therefore are completely in the “trap of deprivation”.

The condition of deprivation and the health status of the population are related to each other. Health and illness of women are closely linked to their socio economic status, where they live, their family situation, their social contact and education. Work and working condition, physical and sexual abuse, violation of reproductive and health rights, accessibility and availability of healthcare services etc have direct links with the physical and psychological health of a woman. In this context it is relevant in public health to understand health issues of unwed mothers. The following chapter tries to understand the health issues of tribal unwed mothers in their social, economic, cultural, ecological and political environment.

Chapter V

Health of Tribal Unwed Mothers

Various epidemiological researchers found that the context in which people live, work, eat, recreate, and procreate have profound implications on their health status. In their work Inhorn and Dudgeon (2001) argued that women and men have different disease risks, including biologically determined differences in their social roles apart from their differences in their reproductive organs and their psychology. Such situations provide different exposures for both men and women that can benefit or harm their health. Kettel (1996) says that adequate conceptualization of women's health includes women's total wellbeing, a condition of life that is determined by women's reproductive functions, effect of work load, stress, nutrition, war and migration and risk arising from biophysical environment. Bio physical environment is termed as the natural or constructed life space in which women carry out various gender-based involvements as domestic workers, producers and income earners (Kettel, 1996).

Sexual abuse or gender based violence as a result of various socio cultural and economic exposures impacts the physical and emotional health of women. Pan American Health Organization (1994) points out the health consequences of gender based violence which include sexually transmitted diseases, injuries, pelvic inflammation, unwanted pregnancy, miscarriage, chronic pelvic pain, headache, gynecological problems, drug and alcohol abuse, asthma, irritable bowel syndrome, tobacco addiction and permanent or partial incapacity, mental health issues like post traumatic stress disorder, depression, anxiety, sexual dysfunction, multiple personality and obsessive compulsive and food disorder (Gonzalez, 1996).

In this study, women's health is considered as the combination of maternal, reproductive and general health of women. Maternal health is concerned with the health problems that occur during pregnancy, childbirth, and the immediate post partum period and during lactation. Reproductive health is a broader term that includes maternal health and any health issue that influences the functioning of reproductive organs and the sexual health

of an individual. To understand women's health it is important to understand the health needs from the perspective of women themselves. For that, knowledge about what women perceive to be their greatest health problems, what they understand to be the etiology of health problems, what they perceive as potential solutions, and what constraints they face in protecting and promoting their health is essential (Paolisso and Leslie, 1995). In this study, to understand health issues of unwed mothers, information regarding perception of their health problems, solutions they are adopting to deal with their health issues and the problems that they are facing to protect and promote their health, were collected. This chapter examines the reproductive history of unwed mothers, their general health matters and the problems they are facing to deal with it.

5.1 Reproductive History of Unwed mothers

Reproductive health is considered as a basic human right after the Cairo conference in 1994 (Inhorn & Dudgeon, 2004). Generally the notion of reproductive rights is conceived in terms of individual persons. But it never involves a single person alone, it involves rarely two individuals. Reproductive health events involve multiple individuals like their sexual partner, family, household, service providers or larger social groups. Hence the reproductive health of an individual depends upon one's subject's position and how they are defining it (Inhorn & Dudgeon, 2004). In this study tribal unwed mothers are considered to be the concerned individuals. Important determinants of maternal and reproductive health are considered as their general back ground of socio economic disadvantages, socio cultural problems, traditional attitude and low status of women in the society (Defo, 1997). "Micro evidence on the relationship between women's status and women's health has been scarce because of the virtual absence of pertinent data linked to women's reproductive histories" (Defo, 1997: 1024).

In this study reproductive histories of unwed mothers were collected through informal interviews conducted in order to understand their life history. They were very cooperative and supportive in answering questions about pregnancy, childbirth, and post natal period. Information on menstruation, problems associated with it, pregnancy, childbirth, labour, and postnatal care, and also abortion, contraception and sterilization were collected. Data

on the history of the sexual relationship was also collected to understand the overall maternal and reproductive health of unwed mothers.

It was found that the average age of menstruation was that of 13 years. Majority of the women were unaware about menstruation related matters initially. Very few discussed it within their peer groups. All of them shared the first event occurred with their mother. In tribal culture, menarche is considered as the marriage of a tribal girl and they celebrate this event with their traditional songs and dances which explain the upcoming responsibility of a tribal girl as a woman, a mother and a wife. The girl's family invites their relatives and neighbours to this event. Rituals are carried out and a feast is given during this occasion.

Interaction with unwed mothers gave an insight into their problems associated with menstruation, after and before pregnancy. Lower abdomen pain, vomiting, giddiness, stomach pain etc. have been the main problem that they suffered during menstrual period. They were very poor in keeping track of their menstrual cycle. Average duration of the menstrual cycle was three days and all of them used cloth for menstrual bleeding. Two of them reported to have high bleeding during menstruation.

The sexual behaviour of tribal unwed mothers was discussed in the previous chapter. From the words of tribal unwed mothers it was clear that their sexual relation did not extend for a long time. This also depended on how the man and women were acquainted and where they carried out their sexual relationship. The men who sexually exploited the tribal girls or women were residing near their colonies or in the same or nearby villages, in most of the cases.

The unsafe sexual relationships with tribal or non tribal men before marriage was the main reason for the increasing number of unwed mothers in Thirunelli. Data related to the response towards pregnancy (their feelings), and the problems suffered during pregnancy were also collected. Their knowledge about their own body was very limited and they had been unaware about the association between sexual relations and pregnancy at that time. It was found that majority of them were unaware about pregnancy at its first stage. They came to know about it in the fifth or seventh month of pregnancy. They

suffered stomach pain, vomiting, giddiness, nausea etc. during their pregnancy time. Many of them never felt any problem during the first three months of pregnancy. Later they felt weak and giddy, they thought that it was due to lack of food intake, malnutrition and hard work. Then severe anemia, weakness, or stomach pain compelled them to visit the doctor. It was during the doctor's check up that most of them came to know of their pregnancy. The reactions to pregnancy were different from individual to individual. Anger, fear, self isolation, sleeplessness, lack of appetite, suicide tendency etc. dominated their thoughts and feelings at that time.

For the first, fourth or fifth month of pregnancy, they were unaware about it. So they did not get proper antenatal care during the first stage of pregnancy. Lack of nutritious food, proper care and rest during the first trimester led to anemia and weakness during pregnancy time. Two respondents got pregnant at the age of 12 and 13. They came to know about their pregnancy as late as the 7th month during a visit to doctor due to stomach pain and irregularity in menstruation.

They visited the hospital only when their menstrual cycle stopped or due to stomach pain or because of giddiness and headache. Out of the 10 cases interviewed, 3 had proper checkups, that also only after they knew about the pregnancy. Fear to go to hospitals, injections, tests, lack of income to meet expenditure for all these, lack of transportation facility, distance to the hospital, and lack of support from family members were considered as some of the major factors which prevented them for seeking antenatal care. The mental situation because of the stigma and self isolated condition and traditional beliefs were also other factors for poor antenatal care. Lalitha's (Pseudo name) shared her experience.

I was unaware of the relationship between pregnancy and sexual intercourse. So I never thought that I could become pregnant due to this. When my family heard about my pregnancy they were against me. They started isolating me.... At the time of my delivery my mother and sisters were not at home but were in the field. In the evening they returned but they still did not help me. I cut the umbilical cord myself. When I eventually asked for help-..... 'Don't do anything for me... can you just clean the baby' Then only they helped me.....

Lack of income and lack of family support compelled these pregnant tribal women to become wage labourers. Some even went for work till eighth month of their pregnancy.

This led to their physical weakness and other physical ailments like back pain, stomach pain etc.

All deliveries happened at home except in three cases. In these three cases it was the fear of complications in the delivery that led to the family deciding on hospital deliveries. In the case of others local birth attendant or sometimes they themselves carried out the process. Veena's (Pseudo name) shared her sufferings:

- I came to know about my pregnancy during my 6th month. Everybody in my family scolded me. My mother told me to go out of the house. They kept my pregnancy a secret from other colony members. My family members were unaware about abortion services also. So they decided to bring up the child at home only.

That time my mental situation was very bad. I was unable to sleep, showed anger towards everybody in the home, and kept my problems within my mind. I felt that I was alone in the world..... later I started isolating myself..... I kept quiet about my ailments. If they came to know my brother or my sister went and bought medicine from the medical shop. I never went to hospital for anything.....

Pain started at one Friday evening..... that time nothing (money) was there in my hand to meet doctor or to go to hospital.... my brother and sister were also out at that time..... I thought why I should disturb them. So I kept quiet about the pain..... at its severe stage local birth attendant came to help me. Saturday morning I gave birth to a baby girl. After birthing I did everything myself..... nobody was there to help me

Money was also a major factor which led them to have their deliveries at home. Due to fear of stigmatizing the family and individual, from the society, the family members kept quiet about the pregnancy. Therefore, to maintain the secrecy they preferred home delivery. As the pregnancy through sexual abuse was always unplanned, so it was unwanted also. Therefore not much attention was paid to the health of mother and baby. It was also another reason to prefer home as the place for childbirth. From the interviews with the ASHA volunteers it was understood that that they were not keeping track of their menstrual cycles and the date of conception was also not known for them. That was also the reasons for home delivery.

Family support is very essential during the time of pregnancy, childbirth and post natal period. It is very important for the health of the mother later in life. The complications in pregnancy and childbirth may lead to lifetime morbidity for women. It was found that

every delivery was normal birthing. Some have reported high bleeding after delivery. In case of Latha (pseudo name), she got pregnant by a Muslim man in her village. She was a sickle cell anemic patient also. She came to know about her pregnancy during the fifth month when she visited a doctor because she fainted. The doctor referred her to nearby medical college for emergency care. She was severely anemic and the lives of both the mother and the child were in danger. She was there in the hospital for two months. Her family and other relatives took care of her in the hospital. Her family incurred the expenditure for treatment. She was taken care of and fed good nutritious food as well. She was very sure that if her family would have been against her during that time, she would have died.

From their interviews it was clear that the children were malnourished at the time of birth. This could also be seen on the field. All the children remained very thin, lean and anemic. All mothers had breastfed their child. But in 2 cases they stopped breastfeeding after two months or two days of pregnancy because of health problems.

Interaction with old tribal women and unwed mothers gave an insight about their food habits after pregnancy and childbirth. After delivery tribal women are fed a curry made from a mix of ten types of leafy vegetables that were available in the paddy field or forest. Bamboo shoot curry with rice is also given as a special food to the mothers during their post partum period. In case of unwed mothers, however, nothing was done and no special care was provided. They had normal food after delivery. Sometimes it was due to their lack of income or availability of food in their nearby fields. Some said that these days, due to the intensive use of fertilizers in the field and destruction of forest, these special food items were not available to them. Usually certain rituals are also performed after child birthing. In the case of the majority of tribal unwed mothers these however were not performed. Lack of family support was once again seen as a major reason for the lack of special care and rituals associated with pregnancy and child birth. After delivery, normally, tribal mothers took one to three months of rest. In the case of unwed mothers, after one month itself most women started doing domestic work at home like fetching water, firewood, cooking, cleaning etc. This was mainly due to their poor economic conditions. It was essential for them to earn income through their livelihood for

survival. Most started agricultural labour after three four months. In two cases they stopped going for work after giving birth. Now their children are three and four years old. This premature return to work, without proper healthcare, led most to have anemia, physical weakness, back pain etc.

Looking into the immunization and family planning details it was found that all mothers that were interviewed, except one, immunized their child. In case of the exception, when asked about immunization, the unwed mother who has three children replied "*I never was immunized (about injection) I am never going to be as well. So I did not give to my children also*". It is observed that the colonies or tribal population that have good interaction with outsiders were practicing immunization and other health related matters very well. Except in two cases, the other eight were unaware of the use of contraceptives and their importance. No unwed mother had performed sterilization. After their first child they never had sexual relations with the men who had sexually abused them, except in one case. Here the victim had continued her sexual relations with other men also. She was also not using contraceptives during sex. All her deliveries had been done at home, so she had not even thought about sterilization.

From the words and experiences of unwed tribal mothers, it was realized that their maternal health was very poor. They suffered severe anemia, other physical weakness, lack of proper food and nutrition, lack of proper care during childbirth and post natal care etc. All this contributed to their poor maternal health. Malnourished babies, lack of breast milk for feeding them; high bleeding and severe anemia etc. were predominant in them. This continued their poor health status in their later lives. Factors such as illiteracy, unwanted nature of pregnancy and lack of male support at certain times too influenced their health. Lack of hygiene during childbirth and postnatal care also caused many gynecological problems in the long run.

Two cases were reported that they had lower abdomen pain and felt like their uterus was coming down when carrying heavy things or while doing any hard work. All of them reported that they were suffering from one, two or all symptoms like white discharge, itching in genital parts, pain during urination and stomach pain during menstruation after

delivery. These all symptoms point to their having contracted reproductive tract infection or sexually transmitted diseases. Interviews with health care providers show the real picture of reproductive health of tribal women and unwed mothers in general. They informed the researcher that the number of ovary cancer patients amongst tribal women had increased. They mentioned that the lack of hygiene during menstruation, and child birth along with under nutrition and neglect of healthcare increased the severity of the disease and later led to early death or increased morbidity of tribal women.

Healthcare providers also discussed the various STDs/RTI cases reported. Its prevalence was high in women than in men. The sexual behaviour of tribal men and women were other factors for increasing the risk of spreading of the disease. The data collected from *Jyothis* (counseling and testing centre for sexually transmitted diseases and reproductive tract infection a branch of Kerala state AIDS control society, KSACS) shows that vaginal discharge, genital ulcer, lower abdomen pain, urethral discharge, genital warts are the main symptoms of the patients, coming to take treatment. From May 2009 to December 2009 a total 75 cases were reported with several symptoms of STDs and RTIs. Out of these, 43 cases were male and 32 cases were females. They did not have separate data for tribals. But tribes were also coming to the centre for treatment. The healthcare persons also stated that that tribals discontinued their treatment before getting cured. This then meant an increase in their vulnerability of contacting non-treatable infections and diseases like HIV/AIDS, syphilis etc. In Suraksha Project (project for women sex workers only, KSACS), for the last seven months, from June 2009 to January 2010, 95 cases were reported with symptoms of STDs and RTIs. Total 15 cases of HIV/AIDS (Prathyasa, KSACS, Mananthavady, 29th Jan 2010) were reported from Thirunelli area, including tribal and non tribal populations. Separate details of tribes and non tribes were not available.

Reproductive history and sexual dynamics of unwed mothers gave a picture of how they became unwed mothers and their experiences and sufferings during the pregnancy, delivery and period of post natal care. From their experiences, it was understood that unwanted pregnancies always caused mental, physical and financial burden to the women herself and to the family, community and the society as a whole. Unwanted pregnancies

increase the health risk of both the mother and her child in their later life. There is also the painful dilemma of whether to carry the pregnancy full time or to terminate the pregnancy. Health care providers mentioned that many cases of illegal abortions were taking place among tribal women in Thirunelli due to unwanted pregnancy and No official data was available in this regard. But unwed mothers in Thirunelli also faced the same emotional dilemma which led to various psychological problems like stress, depression, anxiety and self isolation, sleeplessness, suicidal tendencies etc. Some of these mothers thought about abortion and some of them tried but failed. All of this points to the fact that they were unaware of legal services and facilities available to them. In three cases they were compelled to have an abortion but due to fear of death they decided to give birth to their baby instead. They suffered from mental tension due to premarital pregnancy, their poor working conditions, living conditions, lack of family support and lack of proper food which led to various complications during pregnancy, birthing and post partum period like anemia, high bleeding etc. Lower age of pregnancy and lack of proper care resulted in poor health of mother and child. Both were malnourished, anemic and physically weak. It was found that they were also under the threat of having reproductive tract infection and sexually transmitted diseases. Therefore it is evident that merely looking at Maternal and Reproductive health matters will not give a holistic picture about the health of unwed mothers. It is most important to explore their general health conditions as well.

5.2 General Health of Tribal Unwed Mothers

In this study, the health of unwed mothers is conceptualized in the context of their poverty and sexual exploitation. The previous chapter of this study brought a picture about their life; their experiences and their sufferings that they had undergone throughout their life. It was understood that the health problems of women in our country are primarily related to their social status in the society (Sathyamala et al, 1992). Health problems beyond reproductive health are always missing in many studies which focus on women's health issues. Changes in lifestyle and the situations in which women live in have a relation with many chronic diseases like cancer, diabetes, genetic disorders etc and communicable diseases like tuberculosis, HIV/AIDS, skin diseases etc (Paolisso and

Leslie, 1995). Women's own behaviour and other factors also determine the health status of women (Paolisso and Leslie, 1995). To understand the health of unwed mothers in a holistic way, the researcher tried to collect the perception of ill health that they suffered during the last one month of interviews and information on illnesses that have continuous medication and treatment. Information from health care providers, villagers and other key persons was also collected to get a clear picture about unwed mothers' health matters.

All unwed mothers interviewed as part of the study responded that they generally feel unhealthy or physically weak. The reason for this was the lack of proper food, hard work and lack of rest during or after work. General health problems reported were fever, back ache, headache, anemia and giddiness. Anemia and malnutrition can be seen in their physical appearance.

Headache and body pain are common problems reported by unwed mothers. They do not take this seriously and therefore do not take medication for this. They said that lack food and rest was the main reason for their headaches. The response that Latha (pseudo name) an unwed mother, gave when asked about the reason for her headache, gives a fair idea of how she perceived her health problem

“Whenever I go to work at the coffee plantation I feel giddy and fall unconscious. Later I realized that it's because the coffee plants absorbing my blood. So these days I do not go to pluck coffee and have stopped drinking coffee.”

Omana suffers from headache and teary eyes for the last few years. She is taking her own remedies for curing it. The situation has become worse these days, every evening she has this problem. But she is reluctant to go to the hospital to consult a doctor. She says that *“it's only a headache, so there is no need of treatment it will cure itself”*.

Soledad Larrain (1996) says that women who are raped or sexually exploited frequently develop symptoms like irritable bowel syndrome, backaches and migraine headaches, which are all symptoms that indicate a high level of stress.

The relationship between work and health has been discussed in various studies. These unwed mothers are mainly agricultural labourers. Throughout the year they are engaged

with some or other type of work which needs extensive physical activity. After working in the fields they have to do all the household activities like collecting firewood, fetching water, looking after children etc. There is not enough time to take rest for them without proper intake of food, leading to various health problems like back pain, headache, anemia etc.

Latha's shared her feelings

“After coming from the field I feel very weak and am unable to do other household work. I just make porridge and have it and try to go to sleep early”

Paolisso and Leslie (1995) say that number of activities that fall under women's traditional work responsibilities in and around home or farm have implications on women's health. Fatigue and physical effects such as sore, painful legs, hips and shoulders, prolapsed uterus due to carrying heavy loads and big container of water, clearly show the health impact of the double burden of household and wage labour on women. They also say that activities like weeding, transplanting, threshing, and post harvesting processes are undertaken specifically by women. These need long hours of work in the same position i.e., bending the waist or movements of shoulders and hands, lead to chronic back and leg problems.

Anemia and malnutrition are the other health problems reported by unwed mothers. Lack of nutrition is the major reason for both these problems. Giddiness due to anemia is common among them. The usual cause of nutritional anemia includes inadequate supply of iron, folic acid and vitamin B 12 in the diet and poor absorption and utilization of nutrients by organs in the body. Excessive blood loss during menstruation and birthing also causes anemia among women. From the responses of unwed mothers, the main reason for anemia is due to the lack of proper food intake. Other reasons are sickle cell anemia and excessive bleeding during menstruation or labour. Malnutrition among individuals increases the susceptibility to infections and diseases, reduces work capacity and productivity among adults.

Among ten unwed mothers in this study, three were suffering from sickle cell disease. The information they shared were confirmed by their respective ASHA volunteers. This

disease is a burden for the individual herself and her family. In three cases they became easily susceptible to various infections, and suffered from faintness and mild fever. During the severe condition of anemia, blood transfusion is the only solution to keep the levels normal. Due to severe anemia Beena (45 years) had been taken to the District hospital for blood transfusion just three months before her interview. Latha (38 years) also suffered due to severe anemia during her pregnancy time. She was in a critical stage. It took three months to get cured, and to revive from its critical level. Due to the termination of treatment and lack of nutritious food they are constantly under the threat of severe health problems. The malnutrition and anemia among these unwed mothers are chronic in nature. Their food habits and poverty are the main reasons for this.

Respiratory diseases have also been reported among unwed mothers. Discussion with healthcare providers pointed to health issues of tribals in general and specifically of unwed mothers. They said that respiratory diseases are common among tribals. Veena (40 years), an unwed mother reported that she is an Asthma patient for the last twenty years. She is also suffers from sickle cell disease and tuberculosis. Without medicines it is too difficult for her to survive. Per week she needs 150 rupees for medicines apart from her expenses for food and other things. She is unemployed also.

It was observed that usage of betel nut and tobacco is highly prevalent among unwed mothers. These habits increase economic and health risk among unwed mothers. Intensive usage of tobacco, alcohol and drugs are considered as a coping strategy to get relief from tensions from day to day life and mental stress. Overuse of all these things was also indicated as an outcome of sexual abuse or rape (Gonzalez, 1996). Healthcare providers say that addiction to alcohol, tobacco and other drugs are the main reason for the increase in the number of patients with cervical cancer, mouth cancer, and other respiratory diseases. Overuse of chemical fertilizers and insecticides are also another reason for increased incidence of respiratory diseases and cancers.

In health centers they do not keep records of the names of unwed mothers. Healthcare providers who work at the grassroots level are quite acquainted with tribal unwed mothers and their life. The Junior public health nurse in Thirunelli sub centre explained

the case of an unwed mother suffering due to breast cancer. She said that the lack of proper treatment, unhygienic living environment with the lack of nutrition is the main reason for her present condition. Mathrubhoomi daily (Dated 20.1.2010) also reported the sufferings and helplessness of this unwed mother. She was an agricultural labour, now living with her son. Delay in treatment with lack of nutritious food made her situation severe. Now she is bedridden and lives in intolerable pain.

Among ten unwed mothers interviewed, only one was aware of HIV/AIDS and STDs and how they are transmitted from one person to another. She was educated and had good contacts with outsiders and was an active member in the neighborhood group. Majority of the unwed mothers had one or the other symptoms of STD/RTI like lower abdomen pain, itching in genital parts, white discharge, high bleeding during menstruation etc. But only one had taken treatment, that also when she had reached a severe condition. The patient was totally ignorant about its causes and its consequences. She thought that it was because of her unhygienic living conditions and practices. She has sexual relations with many partners also.

Healthcare providers are alert because of the fear of the spread of HIV/AIDS and other communicable diseases in this area in the context of migration of tribal populations to Coorg and other farms in Karnataka in search of jobs, and Thirunelli as a tourist destination. Recently it can be seen that there were increasing incidents of non communicable diseases among tribes. Changes in the food habits were considered as the main reason for this.

Discussion with them opened to various health issues of tribal population in Thirunelly area. Skin diseases, tuberculosis, respiratory infections, sickle cell anemia, body pain, smoking and drinking related health issues are prominent. Cervical cancer, mouth cancer and breast cancer and various other non communicable diseases were also reported. Few cases of HIV cases and STD/RTI cases could also be seen.

Healthcare providers said that the nature of their settlement pattern, poor housing, scarcity of drinking water and nutritious food are the main reasons for increased

prevalence of tuberculosis and scabies in this area. Those who are under treatment of tuberculosis are unable to work because of weakness and the heavy dose of medicines without proper food and nutrition. This situation increases the vulnerability of individuals themselves and his/ her family. It was evident from Veena, an unwed mother's life. She is unable work as a wage labourer. She lives with her family of seven members. Her brother and sister are incurring the expenditure for her treatment.

Interviews with the medical officer in the primary health centre reveal the reason for prevalence of scabies and other skin diseases in this region. Children are the greatest sufferers of scabies. The major reasons for skin diseases are that of unhygienic living condition and unsafe working condition. Tribals are mainly agricultural labourers. Throughout the year they work in the paddy field or on plantations without proper care for their body. In the hilly area the amount of ultra violet rays reaching the earth is little higher than in the plains. Their continuous work in the fields during day time in direct sunlight causes skin problems. Since their dwellings are near the forest, some flowers and insects cause allergy problems in adult as well as children in these areas. As agriculture labourers, living in unhygienic conditions, unwed mothers are also vulnerable to these diseases. The medical officer also said that chewing of betel nut, and living in poorly ventilated houses with fire wood oven are the major reasons for respiratory disorders among tribal women. Agricultural labourers are the primary victims of overused insecticides and fertilizers in the fields especially women workers who are in direct contact with it while clearing the land and weeding. For their hard work what they get in return are poor wages and serious illnesses like cancer, asthma and other respiratory disorders.

Physical and psychological health is essential for an individual to lead a healthy life. The health problems reported by unwed mothers themselves and healthcare providers' show that unwed mothers are physically weak and unhealthy. It is important to look into their psychological health as a victim of exploitation and as a mother. Interviews with healthcare providers mentioned that psychiatric problems like stress, depression and anxiety are common among unwed mothers. The emotional trauma they undergo throughout their life maybe a cause for their physical weakness also. Garcia and

Sayavedra (1996) say that women who face sexual violence exhibit a variety of symptoms such as nightmares, depression, lack of concentration, sleep disorders and feeling of rage, humiliation and self loathing. From the words of unwed mothers and their experiences it can be seen that they are under stress, depression and anxiety. Many said that they have problems of sleeplessness and unreasonable anger towards others. They themselves feel like sexually exploited women, withdrawing themselves from the public and keeping themselves isolated. They have suicidal thoughts as well. The levels of anxiety and stress are very high among unwed mothers. Their future life, their children's security, care etc are the main reason for this. Feeling of guilt and stigma brought by their family and society also causes depression among them. To get relief from all these emotions and thoughts many of them are addicted to alcohol and tobacco.

5.3 Factors Influencing Poor Health of Unwed Mothers

Poverty and economic inequality, women's position in the family and society, educational status, women's role in economy, political participation, access to health care services etc are all important determinants of women's health (WHO, 2000). This framework of WHO is used to describe the factors influencing the health of unwed mothers within their social, economic, cultural and ecological context. The life experiences and sufferings of unwed mothers give a picture about the factors that influence the poor health of unwed mothers.

Poverty is the ruthless killer and greatest cause of suffering on the earth (WHO, 2000). From the life of unwed mothers can be understood that they are living in a trap of deprivation which means poverty, isolation, physical weakness, and vulnerability. Inadequate housing as an outcome of poverty, creates health hazards to women (Kettel, 1996). The prime reason for health issues of unwed mothers is poor housing. The houses are poorly ventilated and unhygienic and are situating near each other. Early motherhood makes it hard to escape poverty among unwed mothers and increases the likelihood of various health risks. Lack of flow of food and cash due to poverty also affects the health of unwed mothers. Anemia and malnutrition among unwed mothers are considered as a result of poor intake and quality of the food.

Tribal women enjoying better social position in family and society compared to others. But they do not enjoy control over assets and other matters. They enjoy equal status in household matters only. As unmarried mothers, these tribal women have lower status in the family and society. Majority of them are landless and homeless. They are illiterate and economically poor. They face isolation and stigma from their family, community and society. They have poor social networks, few friends and relatives. All these factors together contribute to their poor interaction with the outside world and poor access to healthcare resources, which ultimately leads to poor health of unwed mothers. These young unmarried mothers are victims of sexual exploitation. This throws light on the lower status of tribal girls and women in the society, which leads to sexual exploitation and later to unwed motherhood. Violations of reproductive and sexual rights are the ultimate result of this. Women's access to and control over resources is also an important determinant of their ability to lead a healthy life and to access health services. This economically disadvantaged, landless, homeless nature of unwed mothers with lack of support from family and the community, increases their vulnerability towards further exploitation and health risks.

The relationship between education and women's status is widely recognized. And education and health are interdependent. Education enhances the individual's confidence, knowledge, interactions with the outside world and their decision making power. All these factors together influence the health status of women by affording better access to health resources and information to avoid health risks, and to seek better health care when it is necessary (WHO, 2000). Those who are educated are capable of making better choices of marital relations and choices regarding reproduction (WHO, 2000). Majority of unwed mothers in this study were illiterate and few had primary education. They were isolated from the outside world due to illiteracy and physical remoteness. They were unaware of the relationship between pregnancy and sexual relations, and of the use of contraceptive and other healthcare services which could help them improve their lives. Illiteracy was the main reason for their unwed motherhood and later this also led to poor reproductive and maternal health and other general health issues. They are unaware of healthcare services and facilities for seeking healthcare. Bonnie Kettle (1996) says that

illiteracy denies the opportunity for health learning, particularly the importance of sanitation and personal hygiene. This is also reflected in the health issues of unwed mothers.

Participation of women in work and its nature is linked to the health status of women in many ways. Women, especially single handed have to hold the responsibility of household work, care for their family and get paid employment. This leads to mental stress and physical strain due to lack of social support (WHO, 2000). In case of unwed mothers they enter the agricultural labour at an early age. Their condition of deprivation and economic disadvantages are the main reasons for entering wage labour activities. This situation denies them opportunities for getting an education and earning skilled employment. So they are pushed to low skilled jobs which require extensive physical labour. The poor intake of food with higher energy utilization leads to anemia, malnutrition and other work related health risks. Double burden of household work and paid employment with chronic or other health problems increases the vulnerability of unwed mothers to life time morbidity. Hard work, poor wage and unemployment also put them at health risks. During periods of unemployment, they migrate to other places for jobs which increase the possibility of their sexual, economical, physical and psychological exploitation. This results in various health implications for unwed mothers.

Unwed mothers are illiterate and have poor social networks. They are isolated and unaware of the resources or services which help to promote their health and wellbeing. Such kinds of situations also lead to poor health conditions of unwed mothers. For example they are unaware of abortion services and contraceptives. The lack of knowledge of these services makes them prone to various health hazards. There is a need to address the problems of unwed mothers in front of the state or policymakers to plan and implement programmes to enhance health and wellbeing of unwed mothers and their children. In such actions their participation is necessary to understand their felt needs. They have to come forward and express their sufferings to the general public or before the state. Political or organizational support is necessary for such efforts.

Access to healthcare services is an important determinant of the health conditions of women. Access to healthcare services and its availability to women depends on their geographical location, the ability to pay, the nature of healthcare delivery, the presence of traditional and bureaucratic providers and the extent of family support, and the women's access to and use of services (Romito et al, 2005). The barriers to seeking healthcare among women differ with the contexts in which they are living. In the context of the study, barriers to their access to healthcare can be seen in the light of four sub sections including economic constraints, socio cultural constraints, time constraints and institutional factors. Interaction with unwed mothers, key personnel's, health care providers gives a picture about all these matters.

Time constraints: Unwed mothers are mainly agricultural labourers. They are the only earning members in their family. So it is important for them to go everyday for paid work. After that they have to do their household activities. In a day they are busy with their employment and domestic work for at least 16-18 hours. They do not have savings or other resources to meet their monetary needs. They have to work and earn something for their family's sustenance. Due to the distance to the hospital, the waiting time at the hospitals and the lack of transport facility, they spend a day to visit the doctor. Loss of wage or employment with expense to reach hospital comes to be around 150 rupees. This amount exceeds Rs 200 if they have to buy medicines ie, equal to their two days wage. So meeting the doctor is not a matter of high priority.

Economic constraints: Unwed mothers are the only breadwinners of their family. The incomes they earn through wage labour are not enough to meet their household expenditure. In such situations they are reluctant to seek healthcare options and turn to home remedies for curing their illnesses. Apart from their health, responsibilities of healthcare of other family members too fall on them. In such situations mothers always gives importance to the health needs of other family members rather than their own. It is understood that the lack of income and increased cost of medicines leads to delay in health seeking.

Socio cultural constraints: The importance of socio cultural factors in determining women's use of healthcare facilities is well established (Paolisso and Leslie, 1995). Women's social interactions, cultural beliefs and practices, travelling related matters, social stigma and isolation associated with diseases, individuals cultural perception of disease and health are important socio cultural factors that influence whether healthcare is being sought from healthcare providers. With this, awareness among women about the symptoms of disease also are an important factor which push them to seek healthcare at the proper time.

Tribal unwed mother's social interactions with others are very limited because of their self isolation and stigma from the community and society. Due to these limited social interactions they lack neighbours and friends. They don't have a space to express their feelings and happiness. They always keep their health issues to themselves. If they feel uncomfortable, they take home remedies or treatment from traditional healers. Only when it gets to severe conditions, they discuss it with their family members or neighbours. Lalitha (Pseudo name) shared her experience of isolation and helplessness

“Whenever I ask for help from my family members or neighbours to go to the hospital, they are not willing to come with me. I have asked them two or three times but of no use. So I always go alone.”

This is only an example how directly or indirectly sometimes or other times they face isolation and helplessness from their own community. So they generally keep away from other people and do not interfere in other's matters. This situation of helplessness, isolation and lack of support from the family and others give rise to bad health conditions.

Unwed mothers said that they themselves take decisions to visit the doctor or the traditional healers. That also, only when in a severe condition, because they are unaware of the symptoms and causes of illnesses they are suffering. If they know the symptoms of the illness they can have the treatment at its first stage. Usually they were unaware of this and it is only in the critical stages that they go to the hospitals. This situation increases the chances of having lifetime morbidity or mortality.

Tribals' traditional beliefs and cultural practices are another important factor which contribute to the poor health seeking nature of unwed mothers. According to tribal culture they believe that illnesses are the outcome of the bad deeds they performed in their life. Through their cultural practice '*Gaddhika*' (talking to god) the head of the tribal group tries to understand the cause of the disease. If it is due to bad deeds there is no remedy for it. He has to accept the will of god if it is death or life. Such cultural practices and beliefs are now also practiced in the Adiya tribe. The Head of the tribal group has the role of a traditional healer also.

Travelling alone to distant places is difficult for these illiterate unwed mothers. So somebody has to accompany with them to the hospitals, which are far away from their place. Unwed mothers are not willing to seek healthcare from such facilities because of the lack of support from family, community and friends. This also can be considered as a factor for the poor health seeking nature. Lack of awareness about the healthcare services and resources provided by the state also makes this task challenging and they do not seek healthcare at the right time. The State government has different schemes for providing free medical and healthcare services for the tribals. Many of them are unaware of these services. As a result they themselves spend money for treatment. In some situations because of the high cost of medicine and testing, they have stopped their treatment in half way. This situation increases their morbidity among them leading to loss of job and various illnesses.

Institutional factors: Institutional factors are considered as important to determining the health seeking nature of the women. The attitude of healthcare providers, facilities available in the healthcare centres, the availability of staff, distance to the facility etc. are important subsets of institutional factors which influence the healthcare seeking of unwed mothers.

There are two primary health centers in Thirunelli Gram Panchayat. One is situated at Kattikulam (Begoor) the market centre of Thirunelli Panchayath. The other one is situated in Appapara area which is little interior to the town. Total 9 sub centers are working under these primary health centers in different parts of the Gram Panchayat.

Around 70 staff are working in this primary health centers including 35 ASHA volunteers. Appapara health centre has its own proper infrastructure facilities but Begoor centre is working in a rented building. Appapara PHC has inpatient facility with 20 beds. It provides twenty four hours healthcare services to the population in that area.

The interview with the healthcare providers gave a picture of the problems they face while providing proper healthcare facilities to the population, especially to the tribals. They face difficulties due to the lack of doctors who are proficient in giving anesthesia and in gynecology. Appapara health centre has special facilities such as a delivery room, RNTCP sputum examination centre and ophthalmic care. Except the first, both are functioning very well. The delivery rooms are closed due to lack of technical facilities and non availability of a trained gynecologist. Due to these reasons delivery cases are referred to other hospitals after antenatal checkups. Another reason for this is that if any complications happen, it is too difficult to reach the other hospitals because of the geographical nature and lack of transport facility.

In an interview with the medical officer, it was revealed that the transfer of doctors to urban centers gave rise to a lack of availability of health care professionals in this rural area. Lack of transport and other facilities are the factors which discourage the doctors to serve in this remote area.

The interviewed unwed mothers were satisfied with the attitude of healthcare providers towards them. They said that the only problem they are facing in these hospitals, are lack of medicine. Now a day's local self government providing special attention for the purchase of basic medicine for these health centers. The field staffs like JPHN and health inspectors are in touch with the tribal population.

Geographically Thirunelli has hilly and forest covered areas. The tribal population lives in the interiors of the town of Thirunelli. The transportation facility to this area is very limited, to reach primary health center they have to travel a minimum half an hour. In case of serious health problems they have to travel one to two hours to reach the nearby secondary health care facility. To get tertiary care they have to travel to Calicut or

Kannur medical college. The journey would consist of 4-5 hours of travel to reach to these hospitals. At night there is no public transport facility to reach to their nearby town, Manathavady. They are forced to hire private vehicles during emergencies. All these factors compel them to not seek healthcare when ill.

Even if they reach there on time they are unaware of the procedures or where they can get medicine, test etc. In such conditions they are reluctant to go to hospitals to seek healthcare. Fear of injection is also another factor which demotivates them to visit health centres. They rarely approach private hospitals for healthcare because of their economic constraints.

To differentiate each aspect of poor access to healthcare facilities for protecting and promoting the health of unwed mothers is difficult. All the factors discussed above act in their own way depending on the individual behaviour, knowledge, time availability, economic status and support from the family and community.

In this chapter health of unwed mothers is mainly located in the context of their deprivation and violence against them. Their livelihood issues and exploitation of various kinds are termed as the root cause of their health problems. With this, their inability to access, afford or accept proper healthcare facilities due to various economic, social, cultural, geographical and institutional constraints, has led to the movement of these marginalized section of the society to its periphery. The reproductive history of unwed mothers gives us a picture of suffering and experiences of women who became pregnant due to sexual violence. Unwanted pregnancy is a common result of sexual violence towards the women and adolescent girls. The emotional pain they undergo gives them various psychological problems and other physical ill health. The support from the family, community and society is lacking in their later life, since they are viewed as a victim of sexual exploitation and as a women who has given birth to baby out of wedlock. From the experiences and sufferings it is understood that unwed mothers are vulnerable to various communicable and other reproductive health problems. Poor maternal health, lack of intake of good quality food, poor living and working conditions are identified as the major reasons for their ill health and susceptibility to it. From their

day to day experiences it can be seen that they are busy for 16-17 hours a day with their household and wage labour activities. In such cases they forget to take care of their health. If they feel ill they still are compelled to do wage labour and household activities because they are the only breadwinners in their family. They are not getting enough time to go to healthcare providers. All these situations together contribute to the poor health conditions and the increased vulnerability towards ill health of these unwed mothers. From the life and sufferings of unwed mothers it is apparent that health is a social product and it is not possible to understand health in its individual context alone.

5.4 Response of State, Community and Family to the Issue of Unwed Motherhood*

Violence against women is a social and developmental issue. WHO (2002) considers violence as violation of human rights of the entire society. It also says that violence is associated with complex conditions of the society including poverty, gender inequality, child mortality, maternal ill health etc. Sexual violence against women is considered as a serious public health problem. Various macro, micro and individual factors are responsible for sexual violence against women in a society. WHO (2002) says that violence is predictable and preventable. But first one has to understand the complex factors underlying in it.

Tribal unwed mothers in Thirunelli are a product of various macro, micro and individual factors including the social and economic transformation of their society, cultural changes, encroachment and migration, poverty, lack of education, powerlessness etc. They are the victims of sexual exploitation. In order to see how the issue of sexual exploitation and unwed motherhood can be prevented, it is important to address the issue first. So to prevent this issue there should be participation of family, community and the state. In the context of the growing incidence of unwed mothers and sexual exploitation of women and adolescent girls it is important to look into the response of family, community and state.

* interviews with tribal development officer, village leaders, other key personnel and family members of unwed mothers are the main source of information

Response of the family: Information related to the response of the family towards the fate of their unwed daughter with an illegitimate child, was explored. It was found that when the family came to know about the pregnancy for the first time they rebuked and isolated the victim of sexual abuse. ie, not allowing the girls to stay with their family. In another case the family kept it as a secret matter from the neighbours and relatives. Family members came to know about the pregnancy, at a later stage. So they were unable go for abortion or other health care services. In four cases family members' did not support the girls and threw them out of their family. That time, they stayed with their relatives. Unwed mothers suffered without food, water and proper care during their pregnancies and child birth. It was noticed that few years after child birth, the family accepted and allowed unwed mothers and their children to return to them.

In six cases the families took no action against the culprit, because the culprits were either their landlord or relatives. In other cases culprits were labourers from distance places. This made it difficult to trace them. Fear of stigma from the community and shame may be the reason for keeping the issue a secret. The difference in powerful versus powerless is another factor that made them not take any action against the culprit. Lack of knowledge about legal action and legal aid is also another factor. Economic constraints also hinder this taking of action.

Community's response: The effort of the local community is evident in addressing the issue of unwed mothers from various print and visual media. Local community took this as a social issue, while the families of unwed mother remained silent. They raised their voices against the perpetrators and addressed the issue before the state and public. In the late 80's with the local community's efforts, the outside world came to know about the stories of violence against tribal women and violation of their human rights.

The local political leaders and social activists made good efforts to help unwed mothers to raise their voices against their culprits. The name of Karthy (Pseudo Name), an Anganwadi teacher and a voluntary social activist is unforgettable name in this list. She helped many unwed mothers in Thirunelli area to file petitions against the culprits who sexually exploited them. Now too she works for the welfare of tribal people. The

response of the local leaders' on this issue is also highly regarded. But sometimes they are forced to take a diplomatic stand while solving the issue. Generally, if the women is not going for any petition against the culprit in the police station, local leaders make an effort to solve it through compromise or marriage of the woman with the man who sexually exploited her. In case of compromise, the culprit has to give a certain amount of money to the victim or their family. In other cases, they go for legal action against culprit.

Response of state: State government has taken various steps to understand the issue of unwed mothers and to tackle their problems. The efforts made by the local community in order to get support from state government, is appreciable. Till the time the local community raised their voice against these abusive acts, the outside world was totally unaware of this. In 1991 Kerala State Women's Commission made a head way on the issue of unwed motherhood and its causes. They got 103 complaints from unwed mothers from Thirunelli, in which 85 were tribals and others were from scheduled caste category. State women's commission helped these unwed mothers to establish the paternity of their child through DNA tests. Of these eighteen cases were taken up (Bashreer, 2002). This was mainly a preventive strategy to reduce the incidence of sexual exploitation of tribal women as it generated fear in the exploiters. After this effort it was noticed that there was a reduction in sexual exploitation of tribal women. According to the Grama Panchayat president recently there has been an increase in the incidents again. During the time of the research fieldwork, within four months, there were five cases of pregnancies reported.

Poverty and lack of livelihood options can be seen as the reason for sexual exploitation of tribal women and they are becoming unwed mothers. State government with the help of central government has introduced various income generating and housing development programmes for unwed mothers. Improper implementation of these programmes has led to its failure and still a lot of unwed mothers continue to be landless and homeless.

Thrissilery industrial power loom is a state government effort to provide sustainable employment for unwed mothers through the provision of training and employment in the power loom sector. Culturally, the tribes are agricultural labourers and are unfamiliar

with weaving and other works. This is the main reason for poor participation of unwed mothers in this programme. The amount of wages they get in a day is less compared to agricultural labour because of the unfamiliarity. Now that the government has introduced its new wing in Thirunelli, it may increase the participation of tribal unwed mothers if their problem was the distance to the industry. Many unwed mothers have been provided with employment in Priyadarshini tea estate, a cooperative society of tribals. This involvement also has failed due to various reasons like distance to the estate, lack of interest of unwed mothers etc. During field work there were two cases of unwed mothers, who worked as Anganwadi helpers and peon in the forest department. Majority of these unwed mothers are however striving hard to make ends meet.

Recently the state government decided to start a pension programme for unwed mothers with the help of the tribal development and social welfare department. This programme is known as "*Sneha Sparsham*" (loving touch). At its first stage of implementation 226 unwed mothers from Wayanad will be getting the benefit of 300 rupees per month. There may be certain criteria for its implementation and provisioning. It will be a highly beneficial programme of financial assistance for unwed mothers if it is implemented without any corruption.

All these programmes were implemented or were going to be implemented for the welfare of tribal unwed mothers. At the same time, there was no specific programme implemented to prevent the issue of sexual exploitation of tribal women and adolescent girls. Healthcare providers conduct various health camps for non communicable diseases prevention and as a part of the reproductive and child health programme. There is no specific programme for adolescent tribal girls or tribal women which can provide information to them to protect themselves from violence, especially sexual exploitation. At present the problem of unwed mothers is still occurring in many parts of Thirunelli area. This shows that there is an urgent need for proper awareness among the population especially tribal adolescent girls and women, on reproductive health matters and violence against women and on its impact on their and children's future.

Chapter 6

Summary and Conclusion

This study is about the health of unwed tribal mothers in the context of their social economic, political, cultural and ecological milieu. “Women’s health involves their emotional, social, cultural, spiritual, and physical wellbeing. It is determined not only by biology, but also the social, political and economic context of their life” (Raine & Paquette, 2004:1047). This study is a reflection of the lived experience of unwed mothers and their health in the context of sexual violence and poverty. It focuses on the everyday life of unwed mothers, their perceptions about their health, their livelihood strategies and their other coping strategies adopted as a single mother. This study also focuses on the way in which one succumbs to unwed motherhood among Adiya and kuruma tribal women. This would mean examining the socio economic transition of tribal community in Wayanad District.

The study is conducted in Thirunelli Gram Panchayat of Wayanad district. Information published in the media says that this area is home to more than 300 unwed mothers among tribal community and all are victims of sexual exploitation. Sexual exploitation is a kind of violence against women that has profound implications on the physical and psychological health of women. Unwanted or unintended pregnancy is the consequence of sexual exploitation. Apart from this various long term health impacts like psychological disorders, sexually transmitted diseases, HIV/AIDS etc. are explored. This is the context in which the study aims to understand the experience of unwed mothers and their ill health; especially reproductive health.

The research problem, health of tribal unwed mothers was conceptualized in terms of their socio economic and ecological transition, poverty and sexual exploitation. The political economy framework and a feminist approach is used to analyze the issue of unwed motherhood and the health of tribal unwed mothers. To understand the issue of poverty, the researcher adopted the Robert Chambers’ (1983) approach to understand poverty ie, deprivation trap. Five clusters of disadvantages, powerlessness, isolation,

vulnerability, physical weakness and poverty, are used to understand the condition of poverty. This framework has the advantage of distinguishing two different situations in a society where the remoteness or inadequate resources or both are linked to the poverty of a whole community. In the second type where there is a marked difference between the poor and wealthy within the same community (Chambers, 1983). To understand the situation of unwed mothers, cluster of disadvantages at the household level were analyzed.

Health and reproductive health of unwed mothers were defined and analyzed in terms of their lived experiences and what they themselves say about their health and illnesses. This includes sexuality and reproduction, pregnancy and child birth, and domestic work and employment (Doyal, 1995).

To get a whole picture of the health of unwed mothers in their socio, cultural, political, ecological and economic context this study tried to trace the history of Wayanad, in order to understand the transition of tribals and its implications on tribal women. It has attempted to understand the perceptions and lived experience of the unwed mothers and their ill health in the context of their poverty and sexual exploitation. The accessibility, availability and affordability of healthcare services and the coping strategies of unwed mothers have been explored.

Secondary sources of information were explored to understand the historical evolution of the tribals, the original inhabitants of Wayanad and their transition from self sustenance to landlessness and dependency. The causes and consequences of sexual exploitation which led to unwed motherhood have been looked at. Information from micro level was gathered through empirical research from the field. In-depth interviews and case studies were done. Using life history technique ten case studies of unwed mothers were collected to understand the issue in its completeness. The study of their life history brought the lived experience of an individual in its complex social, economic and cultural milieu in its past and present context. In-depth informal interviews using interview guides were conducted. The information collected from key personnel was relevant and contributed to

the comprehensive understanding of the research problem. Field experience was interesting and challenging due to the sensitive nature of the issue.

“World Bank recognizes that gender based violence is an epidemic and principle cause of ill health as well as death among women. ICPD and Beijing document recognize that gender violence is a principle obstacle to women reproductive and sexual rights and health” (Copelon, 1996: 16). Power, domination, and use of force are important elements of violence. Violence can be divided into two basic forms like structural violence and direct violence. Structural violence is the basis for direct violence. The occurrence of structural violence is due to the dominant political, economic and social system, which obstructs the access to and means of survival of large numbers of people. “Structural violence influences the socialization which causes individuals to accept or inflict suffering, according to the social function they fulfill. Aggression, arms and physical force are the means to violence” (Gomez, 1996: 4)

The socio economic and political history of Wayanad brings out macro factors which influenced the changes in tribal life through their earlier civilization to the present. It brings a picture of how the original people of Wayanad became marginalized and deprived. The invasion of Kottayam Rajas, Tippu Sultan, Colonial authorities, the migration of people from the plains after independence and the government policies intruded on their life and space. Diversification of food crop based agriculture to cash crop and the change to plantation based economy long with the destruction of forest and forest resources made impact on the food security and asset base of the tribals. A gradual process of socio economic and political transition of Wayanad and its people affected the life of tribals, the original inhabitants. They underwent a kind of structural violence which altered their free living and access to resources for their livelihoods. This includes loss of land, traditional food sources, livelihood options like shifting cultivation, collection of forest produce and their traditional culture. They became landless, bonded labourers and later, deprived sections of the society. During the course of time they were depoliticized and became a voiceless group, dependent on the powerful to meet their subsistence for living.

The Paniya and Adiya tribal community, are traditional agricultural labourer class, and have been most affected due to this transition. They became landless and were forced to depend on the landlords for their survival. Bonded labour was the only means for them to get work. They became the poorest of the poor, when compared to other tribal communities in Wayanad like the Kuruchiya, Kuruma, Kattunayaka and Uralis, which are socially and economically better off. Their deprived and poor conditions made them vulnerable to the landlords and powerful people, who exploited them physically, economically, sexually and mentally. They got poor wage rates for their work and were overworked. To meet both ends of their lives, they were forced to take loans from banks, moneylenders or landlords. Lack of savings and indebtedness put them in the vicious cycle of debt and poverty.

After independence there was an influx of migrants from southern part of Kerala into Wayanad. They grabbed the lands of tribals and alienated them from their land. This situation increased the work participation rate of tribals in agricultural and allied activities. Various programmes implemented with the aim of developing tribal population have failed due to the corruption of officials, lack of political will and improper implementation. The land reform movement and laws on restoration of alienated tribal lands failed to meet the needs of the tribal population. Various tribal movements also had been undertaken with the objective of ending exploitation of tribals and to restore their land. But all these movements were suppressed by the state government through brutal attack against the activists in movements, who belonged to backward and disadvantaged sections of the society.

Tribal women were the victims of all these transitions and domination. Their burden of work increased. To meet the subsistence of the family they started working as agricultural labourers. They were the worst sufferers of all these changes. The tribal women were exploited physically, sexually and economically by the powerful landlords and other non tribal men. Due to their helplessness and marginalized condition they were forced to adjust to the situation of exploitation. The living conditions of all these tribal women is hand to mouth. Many of them were sexually exploited, and became mothers before marriage.

There is always a tendency to view sexual health aspect in the context of behaviour of an individual. In this study unwed mothers have been termed as victims of sexual exploitation. This study throws light on various interrelated factors which perpetuate the incidence of sexual exploitation among tribal women and adolescent girls. Their lived experiences and the responses of key personnel helped to identify the inter play of various micro and individual factors responsible for unwed motherhood. It is difficult to separate one from the other. Family situation, illiteracy, landlessness, attraction to outside world and seduction, unemployment and migration, cultural factors, role of formal and informal social control mechanisms, economic reasons and addiction to alcohol are considered as determinants of unwed motherhood in Thirunelli area of Wayanad.

Pregnancies among unwed mothers were always unwanted or unintended. Sexual behaviour of tribal women is an important individual factor responsible for unwed motherhood. Early initiations into sexual relations through falling in love or being coerced into sexual contact are the main reasons for this. False promise of marriage, financial and other benefits, loss of employment, fear of death etc were other factors which compelled the tribal women to continue with the relationship. Family circumstances, illiteracy, unemployment, household poverty and powerlessness also perpetuated the situation, where willingly or unwillingly tribal women had sexual relations with tribal or non tribal men. Culturally embedded factors like early initiation of sexual relation and taboos associated with have also contributed to individual behaviour. Ignorance about the reproductive cycle has resulted in unwanted pregnancy among tribal unwed mothers. Lack of knowledge about contraceptives and abortion services have also led to unwed motherhood.

To understand the health problems of women it is important to understand their life and living situation ie, women's experience of social reality. Everyday life of unwed mothers throws light on their sufferings. Information collected through informal in-depth interviews were analyzed in terms of their settlement patterns, socio economic patterns, social network patterns and their coping strategies. Majority of them are homeless and landless. They live with their relatives or their families. From the day to day life of unwed mothers it is clear that they live and work in very poor conditions. Many of them

are wage labourers. Seasonally they migrate for agricultural work. Their burden of work is higher than a tribal woman who has a family and other social support. Many of them were thrown out from their family after their premarital pregnancy. The stories of unwed mothers clearly point to their isolation, helplessness and deprivation. The life experience of unwed mothers shows that there is higher chance of continuous victimization and increasing vulnerability.

They are living in remote and isolated areas, and they are illiterate and ignorant about the resources and services. This makes them unable to access health and welfare services. They are physically weak and have bad quality food. They also suffer from lack of nutrition. Their other challenges include seasonal employment, unskilled labour which yields low wages and demands hard work. They are exploited and unable to raise their voice against the exploiters because they are powerless. They adjust or choose to cope with the demands of the powerful. They are vulnerable to contingencies like ill health, death, disasters and further exploitation of the powerful. They are in the trap of debt and are landless and homeless. They lack support from the society and family and remain trapped in isolation, poverty, physical weakness, powerlessness and vulnerability.

Violence against tribal women in Thirunelli is also a reflection of their poverty, illiteracy, unemployment etc. The women who face violence in their everyday life are struggling to live. The oppression of the landlords and sexual exploitation of tribal women is a part of their life. Their silence against such issues is not only a problem for individuals or his/her family but it has its own impact on the community, and society and on the nation in which they live in.

Tribal unwed mothers are forced to live with their sufferings in their day to day life. They believe that it was their fate to have an illegitimate child. The method of coping is different from individual to individual. Engaging in household activities and work, spirituality, and sharing their problems with neighbours was seen as the main coping methods. Most of them regret the incident that led to their state and blame themselves for their fate. In other cases they take it as a part of their life. Their living conditions, lack of family support and helplessness force them to have relationships with other men. Which

most often led to sexual exploitation and later desertion after pregnancy, leaving the unwed mothers to struggle for survival and to live in isolation and leading a stigmatized life.

The issue of unwed mothers in Wayanad recently came to the public front. The Wayanad Human Development Report of CDS (2009: 35) says that “the issue of unwedded mothers has economic, health and cultural implications. Health conditions of unwed mothers are mostly pathetic compared to the general population. They are under mental stress because of the stigma”. The current study too finds that they are psychologically depressed or stressed because of isolation or helplessness. They have symptoms like headaches, sleeplessness, anger, anxiety, loss of appetite, withdrawal behaviour etc. as reported by them. Their mental situation and physical hard work leads to other general health issues like body pain, back ache, respiratory diseases, malnutrition, anemia, dizziness etc. Reproductive health and general health of women are related. In case of unwed mothers, their unwanted nature of pregnancy and the isolation, and stigma attached to their pregnancy and post natal period has implications on their health. Very few had taken ante natal checkups and post natal care properly. High bleeding during delivery and lack of nutritious food worsened their general health condition, in the form of anemia and malnutrition. Many of them reported having symptoms of reproductive tract infection or sexually transmitted diseases. Interview with health care providers and unwed mothers reveals that lack of hygiene during birthing, improper postnatal care and menstruation are the main reasons for this. Lack of contraceptive knowledge and its use also further led the ill health condition among unwed mothers.

Their lack of awareness about the symptoms of diseases and reluctance to seek healthcare also contributed to their poor health conditions. Geographical factors like distance, lack of transport and communication facilities, economic reasons, cultural practices, lack of knowledge about availability of services etc. are the major factors responsible for poor health seeking nature of unwed mothers.

From the lived experience of unwed mothers it is apparent that they are physically and psychologically unhealthy and socially isolated. They are exploited sexually, physically

and mentally. They are unable to have a safe and satisfactory sex life. In almost all the cases, the women got in to sexual relation under some or the other compulsion. After having sexual contacts, on confirming pregnancy in all the cases men denied their paternity and got away without any commitment. They left the young women as young as 14 years to lead a life of unwed mother. The delay in confirming pregnancy left with no choice but give birth at home without any medical assistance. Here it is clear that how the perpetrators denied the rights of tribal women over their own bodies and reproductive rights, how they played with the sexuality of poor tribal women.

In most of the cases legal actions against culprits have not been carried out due to ignorance and economic reasons. Considerable effort has been undertaken by local and state government to address the issue and rehabilitate unwed mothers. They brought out some interventions like filed petition against culprit, DNA test to clarify the paternity of fatherless children, pension for Unwed mothers, provision of livelihood opportunities and housing etc. State Women's Commission, Tribal welfare and Social welfare department and local self government institutions roles in the implementation of these programmes were appreciable. But it seems that employment generation programmes like handloom society and others are not effective because of lower wages, distance to the facility, lack of motivation and illiteracy. To improve their condition there is a need for multidimensional approach, keeping the complexity of the problem. There is a need for strengthening legal action against the culprits and reducing all the vulnerability which are pushing them towards unwed motherhood. There is a need for proactive measurements, political will and local leadership.

This study is limited to ten case studies of unwed mothers in Thirunelli area. There is a limitation on making generalizations about the factors identified as causes of unwed motherhood and the health issues of unwed mothers since in other settings there may be differences in socio, cultural and economic context. This study has tried to understand their health condition through their perception. To understand the complex health issues, clinical examination can add to the value of the study. So social science oriented and clinical examinations can further enhance the research on this issue. Observation showed that tribal women living with their husbands and family are relatively better off than

unwed mothers. A comparative study can further show the contrast. There is a scope for studying children of unwed mothers as they are stigmatized and differentially treated.

The experience of unwed mothers in the context of HIV/AIDS, the denial of reproductive rights of women, and violence against them has its own relevance in the public health agenda. Prevention of violence against women is important to achieve the Millennium Development Goals. Violence against women is a mere reflection of poverty, gender inequality, unemployment and other structural factors related to each context (WHO, 2005).

Improvements in socio economic condition, provision of sustainable livelihood opportunities, land for landless and improvements in educational status of tribal are the best ways to prevent this problem. For this there is a need for convergent action of various departments like tribal welfare, social welfare, legal service, education, agriculture, forest and other organizations working for the development of tribals especially women. Thus, there is a need to raise voice against all forms of oppression which deny these women their sexual right, right to health and above all human right.

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Annexure

Tools Used for Data Collection

Interview schedule

General information

1. Name/ No :

2. Address :

3. Ward no :

4. Age :

5. Tribe :

Name of colony:

6. Family details :

Si no	Name	Sex M/F	Age	Relation ship	Marital status	Education	occupation	Wage

7. Monthly income of the family :

8. Housing type (roof) : a) Concrete, b) Tiled, c) Thatched, d) Sheet, e) Others.

9. House (floor) : a) Mud, b) Concrete, c) Tiled, d) Others.

10. Toilet facility : a) yes, b) No

11. Electricity facility : a) Yes, b) No

12. Other facilities available :

13. Drinking water facility : a) Own well, b) Neighbour's well, c) Pipe water,
d) Panchayat well, e) others
14. Fuel usage : a) Firewood, b) Kerosene, c) LPG gas, d)
others
15. Land details : a) Below 5 cents, b) 05-25 cents, c) 25 -50 cents,
d) 50 cents - 1 acre d) 1 care and above
16. Cultivable, uncultivable details in cents/ acres.
17. Type of land : a) dry land, b) rocky land, c) wet land, c) others
18. Irrigation facility : a) Yes, b) No
19. If yes , source :
20. Details of Cultivation :
21. Anybody in your home suffering from chronic illness, mentally challenged, handicapped
etc...

Interview Guide:

Life History- Respondent No:

Childhood

Place of birth

How many siblings do you have?

Did you grow up in the same village?

To whom you are closest in the family? Why?

Memories of mother / father and their work?

Education

Did you go to school?

Name of the school you went?

Till which standard you studied?

Reason for stopping education

Did you like or not to continue education?

What are the works you had done in your home and outside?

Did you remember any disease that caused to you and treatment taken?

Your area of interest at that time

Memories of friends and experience with them

Menstruation

When it happened first, age? Your experience

Any discomfort, pain, trouble have you been suffered

Regularity or duration

Length of cycle

Problems and remedies used

If changes in the cycle what was the reason

What all works are you doing these days?

Any contraception induced changes

What is used during menstruation? Cloths, napkins etc...

What is done to used things, where it washed and dried

How do you keeping the track of menstrual cycle?

Work: Before pregnancy

Did you employed or not

If yes where?

Type of employment- agriculture labour, working in plantations, self employment, house made shopkeeper, and others

Work place, is it inside village or outside village-

If its in outside of your village where were you stayed?

Who helped you to getting this work?

Did you paid any amount for getting this work
 Were any other women from your area worked there?
 What was the motivation behind getting this job?
 Work load, hours of work and wage
 Income earned per month
 Utilization of money- day to day expenditure in house, clothing, ornaments, investment,
 entertainments, health care, others specify
 Working environment- are you satisfied with that?
 Who is your good friend in the work place?
 Relationship with other workers
 Are you continuing with that job or not
 If not what were the reason for leaving that job?
 Did you face any problem in the work place? If yes, what were the issue? How it ended

Pregnancy

How many children do you have?
 Age difference of children
 First pregnancy at what age
 How did you know about your pregnancy?
 Whom did you first tell about it and later on?
 Was it planned/unplanned/ wanted/ unwanted?
 Feelings of first pregnancy
 Shyness, happiness, anxiety, anger etc....

Problem faced during pregnancy

Health related

Problem faced in the first trimester/ second/ third
 Anemia, nausea, constipation, bleeding, constant urination, diarrhea.
 How long did it last? To whom did you talk about it?
 How did it affect you? What was done to decrease it?
 Any illness occurred during pregnancy?
 Treatment when, where, and how? Allopathic, Ayurvedic, traditional

Medical care-

How many times did you visit health care provider?
 Did any health worker visit you? When did health worker visited you?
 How many times she visited you?
 What are the checkups and what kind of services you got?
 Reason for choosing health facility
 What was the reason you did not go for checkup?
 Who accompanied you for going o checkup and who helped you to meet the expenditure?
 Did you have registration in any hospitals or maternity home for delivery?

Social and familial

What was the response of relatives, neighbours and family members?
 They accepted it or not? If not, why?
 Where did you stayed with family or relatives or other somewhere?
 Did any ceremony performed related to pregnancy?
 Was there any change in their daily routine, visiting, food, work, sex, etc?
 Approach of health care providers towards you

Child Birth***Labor***

Where had the child birth- hospital, home
 Experience of first labor
 When did it start? How did she know?
 Whom did she first tell, what was done immediately, Duration of labour,

Delivery

Experience of first delivery
 Preparation done for delivery
 Where did delivery take place? Place /location- hospitals/ home- why?
 Was it a normal delivery? What are the problems?
 Who paid the cost?
 Position of delivery
 Who conducted delivery- mother, local birth Attendant, other relative, doctor, no help?
 Child- alive or dead? If dead when? Age of death? Reason for death of child
 Who cut the umbilical cord? How, with what?
 What was done with placenta? Bath for mother and baby
 Was there any problem during or just after delivery- high bleeding or any other complications?
 If yes how it controlled?

After Delivery

Where you stayed after delivery- house
 How many days you stayed in hospital? Why, for what?
 After child birth did you visited hospitals or health facility? If yes where?
 How many visits purpose: checkup for mother and child, immunization, post delivery complications, illness of child, family planning or any other.
 Special practices after delivery
 Breast feeding the baby- how long, any problems?
 Food practices
 Did you get special care? What all
 Did your family perform any ceremony after child birth?
 Did you have any health problem after delivery?

If yes, specify? How long it lasted?

Did you seek any medical care to solve this? If not, why? If yes where, when and how?

Physical relation - when it resumed, use of contraceptives

Contraception

Did you know anything about contraceptive?

When did you first heard about it, which method, from where?

When first used and why?

Before using did you consulted anyone- family, partner

Anybody compelled you to use contraceptive

How decided which one to use- help and guidance from whom?

Are you using any method right now?

Is there any problem have you been suffered while using contraceptives?

Sterilization

Was it performed- when and why?

If yes their experience

Who was involved in deciding?

Where did you have it done?

Why did you choose it?

You know exactly about what is sterilization, what would happen?

What were your feelings?

From which hospital you done it? How many days you stayed there?

Who looked after you? Who paid expenditure for it?

What kind of sterilization you had done- laparoscopic/ surgical

Any discomfort due to procedure

How much rest, when did you start your daily routine any precaution taken?

Any physical problem experienced any pain or discomfort...

Did you get any benefit for sterilization? If yes what? From whom?

Who told you about it first?

Abortion

When was your first abortion? Why?

How many abortions do you happened?

Experience of abortion:-

What happened in each case? At what stage?

Whether induced or spontaneous? If it is induced-

From where did you do it? Traditional practitioner, hospitals, yourself, how?

Who advised you? Who decided it? Family, yourself, partner

At what cost? When? Where?

Formalities done before abortion?

Care given and during abortion?

Is there any physical problem after abortion?

If yes what are these? How long are you suffering? Did you seek any treatment for this?

If no why? If yes, from where? who helped you?

Did anybody offered any benefit for doing abortion? From whom, for what?

How much did you get? Cash or any things

Motherhood

Did you done vaccination for your children

(BCG, OPV, DPT, Measles, Booster dose)

Where did the child immunized? Why?

How important was it to you to have children? What aspiration you have for them?

As a mother what do you worry about your children? Why?

Are you close to your children?

What was other family members, relatives and neighbours approach towards your children?

Sexual behaviour:

First sexual contact- when, age

With your permission or not

What was your response to this incident?

Did you say this incident to your mother, sister or close friend? If not, why?

When and where did you meet the partner first?

Partner from your community or outside

From your own village or outside village

Where it happened? In work place, home, forest, other places

Was your partner give money, gifts, food or any other things after or before sexual relation?

Did you have knowledge about pregnancy at that time?

What are the health problems after this incident?

What are the other problems you faced after this incident? Eg: Isolation, stigma, discrimination

From family, relatives, neighbours, friends, community, work place, health care facilities

Are you lived together with partner?

Back ground of partner occupation, marital status, education

Length of relationship with the partner

Nature of relationship with the partner

Boy friend, getting money for sexual relation, single contact with man,

Love relationship/ hope to marry.

Have or don't have intention to marry partner

What was partner's decision regarding marriage and pregnancy

What was his response when hear about your pregnancy

Is he supported you? Or not

Was he advised you to go for abortion and where to go?

Did he pay the expenditure incurred for it?

Did you know about contraceptives?

Belief about contraceptives

Did she use contraceptive or not?

If not why

Availability of contraceptives

Was he accepted your child as his son/daughter

Did you have knowledge about his family, place, age etc?

What was your feeling when he abandoned you in this situation?

Was he come back or not?

Did you meet him again somewhere?

Women's health

Do you generally feel healthy/ unhealthy? Do you feel your health has been deteriorating why?

With whom do you talk about your health problems?

Do you suffer from any specific disease or illness? Which have you been most troubled by worst illness

What have you done about your illness? Treatment (probe: whether tendency to attend to them/neglect/cause of neglect/ for which problem they try out home remedies/ go to the doctor or traditional healers)

At what level of severity of health problem do you go to the doctor? Why do you go to? For which problem do you stick to home remedies? Which health problem / severity for which they feel the need to take rest/ permitted to take rest?

What do you believe are the causes of these diseases? (Probe for the types suffered)

Have you ever been bedridden for a long time? How has your family respond to this?

Do you feel that sexual relation with your partner and pregnancy made any long term impact on your health?

Who takes decision about when and where to take seek health care? How much you spend on it?

Do you have enough money to spend on health of your child and your own health?

Did you face any problems related to seeking health care?

Accessibility:- Acceptability-cultural factors/Affordability- financial matters/Availability-distance to the health facility, infrastructure and availability of practitioners, transportation facility/ approach of practitioners towards you .

Sexually transmitted diseases/ Reproductive Tract infections

- Did you know about any disease spreading through sexual contact?
 Did you suffer any problem in your genital and related parts? If yes, what are your symptoms?
 How many years are you suffering this problem?
 When it started before sexual contact and after sexual contact?
 What is your perception about causes of your problem?
 Did you said about this to anybody? Did you seek health care for solving this problem?
 How much time it took to heal?
 If it cured how long did you take treatments?
 What is your belief about safe sex?
 Did you use contraceptive during sexual relation? If not, why
 Who took the decision of using contraceptive or not?
 Did you have knowledge about HIV/AIDS?
 Where did you hear about it? How it is communicating to other people?
 What is your perception about the causes of HIV/AIDS?

Reproductive tract infections

- After abortion and pregnancy did you suffered any problem like vaginal discharge, pain, bleeding etc.
 When the problem started? What you thought about its causes, your perception?
 Did you tell this to anybody?
 Did you go for treatment? When you started treatment? Where?
 Time taken for getting cured

Present livelihood strategy

- Where are you working now?
 Inside village or outside village
 Are you continuing with the work you had been doing earlier?
 Work place, type, time
 How many days are you working in a month?

 Income earned from present work? Is this income is enough for you to meet household expenditure, health care, children's education etc.
 How you dealing with the lack of income?
 Are you engaged in any other work?

 Did you have any saving?
 Did you have any debt? How it came? From where you got money?
 Bank, NHGs, money lenders, your employer.
 Have you sold any household things at the time of financial distress? What? When?
 Aare you constantly worried about financial problems?

Work load,

Is there any health problem for you to continue the present employment?

Approach of employers, co workers

Anybody supported you for maintaining the household expenditure at the time of financial constraints?

Are you a member of neighbourhood group?

If not a member, why?

Seasonal availability and unavailability of work

In which season you are getting more days of work?

In off season what are doing to earn income?

How you maintaining household expenditure at that time?

Interview with key persons- Interview guide

1. About village, region, ecological degradation, developmental activities and tribal life
2. About tribal women's work, status etc
3. Tribal culture and cultural changes
4. Social issues in tribal areas
5. "Unwed tribal mothers" why this is an issue and its reason?
6. Health care service and its utilization by tribal community , unwed mothers specifically
7. In opinion is health care facility functioning well?
8. What are the economic and social changes happened in this region.
9. Agrarian crisis and its effect on the migration of tribal women for work
10. Is there any increase in the incidence of unwed mothers after 2000?
11. What is the response of tribal community and non tribal community towards this issue
12. What are the support given by government and NGOs in this regard
13. Is it sustainable?
14. In your opinion what should be the exact solution to solve this public health issue
15. In your opinion what is the role of local community and local government to reduce the incidence of unwed mothers.
16. In your opinion what are the unmet health needs of tribal unwed mothers

Interview health care providers- interview guide

1. What are the main health problems among tribes in this area?
2. In your perception what are the causes for that
3. Did they seeking treatment at time?
4. If not what are the reasons?
5. What is your understanding about the problem of unwed mothers in this area?
6. What are the causes for it?
7. Are they seeking antenatal, postnatal and pregnancy care properly?
8. If not, why?
9. What are the health care facilities available in your institution?
10. What are the common health problems among unwed tribal mothers?
11. What are the sexually transmitted diseases reported among tribal unwed mothers?
12. Are they suffering from any type of reproductive tract infections?
13. Pregnancy and abortion related problems reported?
14. HIV/AIDS cases reported among tribes- male, female.
15. Are they aware about contraceptives? And its use.