CHAPTER – I

EXECUTIVE SUMMARY

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

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

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

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

The conversion of tribes from owners of land into agricultural workers with the wage rate below subsistence level made the situation shocking with high levels of morbidity and mortality. (Rajasenan and Nikitha, 2013). Maternal anaemia and deliveries by untrained persons pose problems. Tribal mother's average intake of cereals and millets was 273 g which was lower than the RDI of 410 g. The mean daily intake of pulses and legumes was 12.5 g/day as against RDI of 40 g; barring other vegetables, the intake of all other food stuffs was below the recommended level. Lack of nutritious food and proper health care for tribal women during pregnancy have led to such a devastating situation. Most tribal women are anaemic because of this proper intake of foods. The condition is acute among pregnant women and lactating mothers(Gangadharan and Kumar, 2015). Improvement in the health and nutritional status has been one of the major thrust areas for the social development of the tribes in Kerala. In this backdrop, the present study seeks to examine the problem of poverty, malnutrition and morbidity prevailing among the tribal communities of three major districts in Kerala, namely Wayanad, Idukki and Palakkad.

OBJECTIVES OF THE STUDY

- To study the depth of poverty among tribal communities in Wayanad District.
- To identify determinants of poverty among the tribal communities in Wayanad
- To analyse health status of tribal communities in Wayanad
- To identify the nature, pattern and causes of morbidity among tribal communities

LIMITATIONS OF THE STUDY

- It became difficult to reach certain parts of tribal colony settlement, as they are far flung from the main village or panchayat.
- Tribal promoters are reluctant to participate in data collection after 5p.m. in certain areas due to threat of wild animals.
- Communication became difficult and time consuming due to language barrier.

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