

**Summary of**  
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Summary of

**FACTORS INFLUENCING INCREASED ALCOHOLISM AND MENTAL  
ILLNESSES AMONG ADIVASIS (TRIBALS) OF KERALA AND  
REMEDIAL MEASURES**

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## **Factors Influencing Increased Alcoholism and Mental Illnesses Among Adivasis (Tribals) of Kerala and Remedial Measures**

The problems facing by Kerala state are many in terms of social, demographic, political, and economical and the like. These are the main problems of the majorities of Kerala population. But what is the major problem of the minorities like Adivasis in forest areas of Kerala state today? Whether it is economical, social, political, demographic or physical health? It is not possible to say 'yes' strongly after visiting their domestic areas. The above problems are threats to them also, but the crucial problems now facing by them are alcohol and mental health related. Most Adivasis live in poor hygienic condition resulting in various problems such as low life expectancy, low nutritional intake, high morbidity and high infant mortality rate. The inadequacy of public health care delivery system, poor preventive measures, insufficient income and high consumption of tobacco and alcohol have led Adivasis to an unhealthy life. Comparing to the earnings of Adivasis, the expenditure on health is a heavy burden which keeps Adivasis living in a poor health conditions. The present study aims to identify the causes of increased alcoholism and mental disorders among them. To search some remedial measures are also the part of this investigation.

The Adivasis' territories and homelands have been divided by state boundaries and international borders. State governments have consciously followed a policy of 'development' to make their respective areas conducive for outsiders to enter and settle, either to extract resources or to produce goods for the predominantly urban market. Most of the tribal people of Kerala live in the forests and mountains of Western Ghats, bordering Karnataka and Tamil Nadu. There are 36 Adivasi communities listed in this state. The majority of them belong to the following tribes: Paniyas, Malakuravans, Malayarayans, Malavetans, Malayans, Mannans, Ullatans, Uralis, Vishawans, Arandans, Kattunaykans, Koragas, Kadar, Kurichiyans, Kurumans, Pulayans, Malsars and Kurumbas. The share of Adivasis' population in the state is 1.14 percent. Adivasis' literacy rate in Kerala is 57.22 percent, among them 63.38 percent are men and 51.07 percent are women. About 82 percent of Adivasis are living under the poverty line. 54 percent of Adivasis do not have permanent employment in this state.

Wayanad is the most backward district of Kerala. More than one third of the Adivasis of Kerala State resides in Wayanad district. Adivasi communities, numbering 136,062 (17.43 percent of the total population of Wayanad) do not form a homogenous entity. Major communities found in the district are Paniyan (44.77 percent), Mullu Kuruman (17.51 percent), Kurichian (17.38 percent), Kattunaickan (9.93 percent), Adiyani (7.10 percent) and Urali Kuruman (2.69 percent). Adiya, Paniya and Kattunaikan are the three tribal communities which are still seriously underdeveloped comparing with the others. Adivasis labourers can be generally categorized into three groups, namely agricultural laborers, marginal farmers and forest dependants. The Adivasis in India live under extreme poverty and hunger because the majority of them do not have land for cultivation. The Adivasis do not have the habit of saving money. Most of the displaced Adivasis are denied of their right to live in forest which used to be their source of livelihood. Now they depend only on daily manual work to meet their expenses. The current situation of Adivasis in Kerala is not so fine. 82 percent of the Adivasis are under the below poverty line. 40.1 percent of the Adivasis are displaced. 64 percent of the Adivasis are the poorest of the poor. 54 percent of the Adivasis are permanently unemployed. 63.5 percent of the Adivasi households do not have electricity. 53.1 percent of the Adivasi households do not have drinking water source. 83 percent of the Adivasi households do not have access to toilet facility. 56 percent of the Adivasi children are undernourished. 43 percent of the Adivasis are illiterate. 76 percent of the Adivasis do not have permanent houses.

The tribes in Kerala have a great tradition to put forward, but with the lack of education they are yet unaware of their individuality and want to be away from the main stream. This is actually an escape from the reality. They are unaware of their abilities and their co-beings (we) are not bothered about them. As they are our brothers and sisters, it is our duty to boost them both physically and mentally. It is in this sense, the present investigation is conducted. A study about the most important problems prevailed among them may have a great help to the government and other authorities to realize the demand of these indigenous people and thereby they can take necessary step. The identification of the causes of increased alcoholism and mental illness will help to find out remedial measures to alleviate these problems to a certain extent.

The main objectives of the study are: to identify the various psycho-social factors influencing increased alcoholism among Adivasis of Kerala, to identify the various psycho-social

factors influencing increased mental illnesses among Adivasis of Kerala, to identify some remedial measures to reduce alcoholism among Adivasis of Kerala, and to identify some remedial measures to reduce mental illnesses among Adivasis of Kerala.

A sample of 120 people was selected from the early adults and middle adults of Adivasis of Kerala state. The participants were drawn from 5 districts of Kerala state, i.e., from Wayanad, Kasargode, Idukki, Palakkad and Kannur. Several aspects such as gender, age, marital status, education and income were taken into consideration for the selection of the sample. In order to study the causes of Schizophrenia, Bipolar disorders, and Personality disorders, purposive sampling method was used. 5 persons were selected from each of the Schizophrenia, Bipolar disorder, and Personality disorder affected groups of Adivasis. Case study method was used to find out the causes of Schizophrenia, Bipolar disorders, and Personality disorders.

To collect the necessary information from the participants regarding the variables under study, the tools such as General Health Scale, The Alcohol Use Disorders Identification Test (AUDIT) and Personal Information Schedule were used. The investigator met the participants individually and received their consent to participate in the study. Necessary information were given to all participants relating to the importance of the study. Then the 3 tools were given to each Participant as a set in the order Personal Information Schedule, General Health Scale, and The Alcohol Use Disorders Identification Test for the responses. The statistical techniques used in the study for the analysis of data were (1) the t-test, (2) MANOVA, (3) ANOVA, and (4) Duncan Procedure.

The results of the study showed that males are higher in Alcoholism than females. But the study also show that alcohol dependence is higher among many female Adivasis. The results obtained showed that there exist statistically significant difference between males females in general health, that is, females higher in general health than males. The results showed that somatic symptoms are relatively high among females than among males. The mean scores showed that females are more disturbed by anxiety and insomnia problems than males. Gender-wise difference in social dysfunction was found in the present study (that is, males are higher in social dysfunction than females).