CHAPTER II

METHODOLOGY

This chapter describes and elaborates the rationale and research design used to convert the ideological base into the research praxis. The chapter begins by articulating the rationale that justifies the need for studying sexual and reproductive health practices of Muthuvans. Further, it goes on to explain the concerns of the present research and why the qualitative methodological paradigm is adopted in this endeavour.

The first part of this chapter gives the rationale for the study followed by the conceptual framework and objectives. The second part consists of the methodological paradigm and the research design that guided the research. This is followed by the process of fieldwork and a brief summary of the procedure of data analysis. Finally this chapter addresses the challenges faced during the study, the framework of data analysis and the limitations of the study.

Rationale of the Study

There have been few attempts by the scholars in studying the health culture and practices of indigenous people and the tribal communities in its holistic dimensions. There are many studies which have explored the general picture of tribes and tribal life in India. Sociologists and anthropologists from outside India also have explored the area of sexual and reproductive health by using anthropological methods following the qualitative realm; three of the major studies that were conducted include, the one in North India (Jeffery 1996), Dakshina Kannada (Nitcher M 1996), Tamil Nadu (Hollen 2003). These three studies focused on rural and urban poor population. Bang's (1991) study in Maharastra's rural and tribal area not only depicted the magnitude of gynecological morbidity in poor women but also brought into focus the negligence associated with these problems. All the four studies mentioned above have highlighted the immense need for further research on disadvantaged tribal populations and to understand the level of their reproductive health rights.

A majority of the studies on tribes in Kerala, have always focused on the district of Wayanadu, which has the highest tribal population. Among these studies, there are few studies that deal with the issues of reproductive health. A study by Cruz (2006) focused on the nutritional habits of tribal women during their pregnancy. In Kerala, none of the studies have used qualitative
methodology while studying the issues of sexual and reproductive health of tribal communities. One can find few studies carried out among the tribes of Idukki district which is the second largest tribal populated district of Kerala. The number of studies among the Muthuvan community is less. Boban (2000) focused on the ethnomedical practices of Muthuvan and Mannan tribes. Kumar (2005) conducted a study on youth dormitory system of Muthuvans and Damu (2003) explored the attachment of Muthuvans with the nature. Further, Thomas’s study (1958) focused on the livelihood of Muthuvans. No studies were found which dealt with the health aspects of the Muthuvans.

Muthuvan's secluded life in the forest limit their interaction with the outside world, but the external elements reach in to their culture through various agencies like Government programmes and initiatives. The interface with ‘modernity’ is bringing in changes and is reflected in their reproductive and sexual health practices. The present study specifically focuses on sexual and reproductive health bringing in the wider context of various understandings and approaches to the concept and practice of health, which is invariably culture specific and context specific. When it comes to the state of Kerala, health research with an insider’s culture specific understanding still remains as one of the areas not explored adequately. This study thus, seeks to bridge this gap and tries to understand the sexual and reproductive health practices of Muthuvans from an actor perspective.

Further, in recent years there has been increasing attention given to sexual and reproductive health of the indigenous communities. The literature available on India and Kerala focuses more on the dimension of indicators of health in a quantitative realm. Thus, there is a dearth of literature based on sexual and reproductive health practices especially using an insider’s perspective. This study therefore, is an attempt to address this need. Understanding the cultural differences and having thorough knowledge about the community will help in formulating effective culture specific and acceptable policy plans for the people. Culture specific studies help in rectifying the limitations of welfare programmes of the targeted group. Inter-disciplinary research combining the social science methods provides a clear understanding of the context in which the health problems arise, how women define their health problems and how to they perceive the rituals and practices associated with sexual and reproductive health. In this regard, the present study would be a reference in the area of sexual and reproductive health of Muthuvans. Anchored in these rationales the following concepts are formed.
Conceptualisation

The conceptual framework has been derived from the conceptual understanding that has been developed through the literature review and the concepts discussed in the previous chapter. Even when the people are from similar community they have multiple experiences and they establish a specific way of interaction and practices related to their daily life activities. These processes are shaped by people and their experience contributes to these processes as they form settlements, share languages and form a 'tradition'. The conceptualization of this study emerges from the belief that individuals have meaning attached to each object.

Figure 1: Conceptual Framework
Explanation of the Conceptual Framework

The conceptual framework shows that the understanding sexual and reproductive health of Muthuvan women is a process. It has been derived from the conceptual understanding as reflected by the literature and the concepts discussed in the previous chapter. A practice is developed through the interaction, experiences and communication exists in a community. Each practice evolved in a community through interaction, acceptance, dependence, resistance and negotiation of people. The experience of people and many factors are involved and interlinked which becomes imperative to understand the sexual and reproductive health practices of the Muthuvans. These factors that are interlinked are explained below.

Relationship to Nature, 'Tradition' and Their Concept of Health: The study of indigenous beliefs and practices with regard to health and disease is of great significance in building health-related theories and practices that can be of value to the entire humankind (Tribhuwan 1998). In his study has pointed out that, about 99 percent of the deliveries among the Thakurs and Katkaris of Sahyadri take place at home. Home is a preferred place of delivery because they have certain rituals to be performed after the birth of a child. Burial of the umbilical cord outside the western wall of the hut, the ritual of bathing the mother and the child for five days, the ritual offering of the child to Goddess Satvai and many others are important components of their belief system. The women, the midwife, the new mother and other family members participate in these rituals; and the completion of rituals and the participation in them have significance in their culture. Not just the concept of health, but all important aspects of tribal life need to be understood and analysed on the basis of the tribal worldview (Weltenschuang). Muthuvan culture is close to nature; their life is associated with proximity to nature. They put their trust in soil, water and fire; they assume that all these have a healing power.

'Modern' Health Practices Entering the Tribal Culture: Rapid changes have been brought into the indigenous cultures and their health practices in particular with the entry of 'modern' civilization, education, development programmes (Governmental/Non-Governmental), new methods and practices offered by modern medicine. In this study, the term ‘other medicine system’ is used to denote all kinds of medical systems other than that of the tribal health practices (generally referred to as ethnomedicine). Thus, other medicine system, as far as the tribes are concerned, includes biomedicine and other less influential systems like ayurveda which have made their entry into the tribal world at some point. The term 'modernity' or modern practices is used in this study to denote the external exposure and outside elements that came into the world of
Muthuvans which compel them to make negotiations with their local culture. I have limited the concepts of modernity the purview of external exposure/intervention in the community and does not wander into the academic realms: so as the concepts of tradition, which refers to local and indigenous practices in the Muthuvan community.

‘Modernity’ has begun questioning the ancient wisdom of the indigenous culture, outright branding them as superstitions and myths. The natural, holistic views and ways of life of the tribal populations is not fully understood with the rational, analytic yardsticks of the scientific worldview. On the one hand, the other health systems devalue the tribal health system, their practices and allure the tribes to blindly embrace the methods and practices that are totally new to them, which are at times, not very easily assimilated into their way of life. On the other hand, some practitioners of other health systems (especially companies that manufacture bio medicines) have an eye on the possible commercial value and scope of the ancient tribal medicines and they exploit the insights from the indigenous health philosophy and practices to their advantage. This phenomenon, termed as biopiracy (Khor 2004) which reflect the notion of the earth’s natural resources and local knowledge being plundered for commercial profit, has become a new front in the struggle for indigenous people’s rights.

On a different level, one can not underestimate or ignore the contributions of modern civilization and of modern medicine to the tribal health culture especially in the field of reproductive and sexual health. Modern medicine is waging a constructive war against the road blocks created by ignorance and also by bureaucratic inefficiency that prevent the tribal populations in India from realizing the WHO goals of holistic health. These two perspectives of which, one is often, ‘romanticism’ and the other is always ‘devaluing based on superstitious beliefs and culture of tribal community’, contributes in creating gaps in understanding the tribal health. The present research is done with the intention of exploring the facts on current practices on sexual and reproductive health.

In India bio-medicine is most commonly referred to as allopathy and the term most frequently used by Muthuvans is English medicine or allopathy. In this study, I use the term allopathy or allopathic medicine in order to stay within the specific ethnographic context of my research and to bring out how biomedicine takes on a unique form at the local level. The word contraceptive
and Mala-D is derived from the biomedical system, but in this study Mala D is used in the same way as used by the Muthuvans who have attached their own meaning to it.

**Dynamics of Gender in the Tribal Community:** Given the seclusion norms based on the theory of purity and pollution, which range from puberty to old age, gender dynamics of tribal culture needs to be focused. Joshi (2004) argues that without formal education, skill, training or opportunity for employment and with relatively poor health and nutrition, they get caught in a web of ignorance, ill health, lifelong economic dependency, physical seclusion, early marriage and frequent child bearing.

Gender disparities among Muthuvans in food intake, access to health care, education, food habits and growth patterns are evident from as early as the post neonatal stage. By adolescence, many girls are grossly underweight (Shirur 1999). Women in India, (IIPS 2005) especially in the rural areas, experience slightly higher mortality rates than that of the males. Considering NFHS data for India as a whole, it is seen that the infant mortality rate is marginally higher for females (58) than males (56).

In many tribal communities the ‘place’ of women is well defined and clearly demarcated by the norms and rituals. It is still the patriarchal power that holds its sway over the community and this power sees to it that the gender superiority-inferiority considerations and scruples are maintained and perpetuated through norms, taboos and restrictions. Punishments are strictly administered to check the possible violations. Keeping this as the background, it is necessary to understand the practices of women, especially of the indigenous groups like Muthuvan, with regard to reproductive and sexual health. A critical analysis of the implications of gender and sexual disparities and discriminations in their communities needs to be recognized.

**Perceptions of Tribal Women Regarding SRH Practices and its Changes.** Women represent resources for the future whose potential can either be wasted or nurtured in a positive way. The information and means to protect them should be seen as a basic human right. But, in the absence of appropriate and effective programmes for gender and sex education, and in the absence of appropriate reproductive health services, tribal women continue to remain at risk. Every culture and community has its own understanding of health. When it comes to the reproductive health, it is prominent. Indigenous culture has its own rituals associated with growing stage and during puberty. For them the preferred place of delivery is their own home and that facilitates them to perform the rituals associated with birth. Their concepts about
conception, birth and health is different from the other people. They have their own ethno
tmedicine system for the treatment of illness. A change of this system is natural like any other
system. But the women cannot cope up with the changes and at the same time hesitate to take
the available resources from the outside world. In case of any emergency at the time of delivery,
women need the support of men to reach the hospital. The perception of women regarding
sexual and reproductive health is changing due to the intervention of government programmes
and policies.

Based on the concepts explained above the following objectives are framed to understand the
sexual and reproductive health practices of the Muthuvans.

**Objectives of the Study**

**Broad Objective of the Study**

To understand the reproductive and sexual health practices of the Muthuvan tribal community in
the context of the evolving tribal health culture over a period through its interaction with the
outside world.

**Specific Objectives:**

*To explore the role of cultural components in sexual and reproductive health practices of
Muthuvan women.* Sexual and reproductive health practices of an indigenous community are
important in understanding their conceptualisation of each practice and ritual associated to this
area. An attempt was made to capture these interactions and to examine the various implications
in their everyday life.

*To analyse the dynamics of change in sexual and reproductive health practices among Muthuvan
women* Due to the influence of external bodies their cultural practices related to sexual and
reproductive health are undergoing changes. In the interface with external world, their local
practices are changing and women face challenges in their sexual and reproductive health
practices.

*To examine the response of Muthuvan women in the context of changes happening in their sexual
and reproductive health practices* It is important to understand their response and position in the
context of change.

Based on the objectives the following research questions are formed and which are -
1. What are the sexual and reproductive health practices followed by the Muthuvans?
2. How do Muthuvan women perceive, understand and contextualise their sexual and reproductive health needs?
3. What meaning do Muthuvan women attach to traditional sexual and reproductive health practices?
4. How do they respond to the changes occurring in this area of sexual and reproductive health?

The objectives and questions help the researcher to understand what kind of data is needed for the research and what design one needs to follow while approaching the field.

Therefore, these research objectives and questions directed me to use a particular research approach and methods for gathering the information.

**Research Approach**

To understand the tribal health culture from the perspective of the people, following qualitative research paradigm becomes important as its emphasis is on building a field-based theory through the process of induction. In this approach of research, the researcher reaches out to the researched in order to study the reality of the researched in their specific context and try to understand their own interpretations of what they know and experience. It involves a process of an ‘outsider’ becoming the ‘insider’. And one of the best suited qualitative research methodology for this study is ethnography.

The broad and the specific objectives of the study demonstrate the need for a qualitative research methodology using multiple methods of data collection that suits an ongoing process of induction. As shown in the literature review, the existing gaps in the kind of knowledge required in the area of tribal health culture demanded a research strategy that skillfully incorporates various ways of getting to the roots of the meanings that the researched make with regard to the subject of the study. The following are the theoretical and methodological streams followed in this study for data collection, analysis and in building a field-based theory.

**Symbolic Interactionism**

This is a version of the theory, which dwells upon the activities of people in face-to-face relationships (Rock 2001). Most human actions are symbolic and it represents something more than what is immediately perceived (Charon 1995). One does not react to ‘facts’ as they really
are, but to our conscious perception of those facts, and that consciousness is necessarily interpretive and experimental. Symbolic interaction tries to understand the process through which individuals interpret situations and construct their actions. Rock (2001:28) emphasises “If facts do not imprint themselves photographically on the blank mind, and if the mind cannot liberally invent its own environment, consciousness will unfold within a special process that transcends both polarities, the knowing-known transaction that merges thinker, thought and things known into a single dialectic”.

Any research grounded in symbolic interactionism is tentative, empirical and responsive to meaning (ibid.). The social world is taken to be a place where little can be taken for granted, a place not static but of process, where acts, objects and people have evolving and intertwined local identities that may not be revealed at the outset or to an insider. It does not do much to presume too much in advance. Knowledge, it is held, is not won in the library but in the field, and it is for that very reason that the ethnographers conduct fieldwork.

**Ethnomethodology**

The ethnomethodological approach assumes that the social world is constantly being created by members of society which for them is unproblematic because it is regarded as the result of society’s members using their own common sense. Society is created by its members using their taken-for-granted common sense knowledge about how the world works and how they can deal with it in acceptable ways (Emerson 2001). The concern of ethnomethodologists is to study and explain how it is that society’s members actually accomplish the social world which they created through commonly accepted, albeit, sophisticated methods. Further he argues (ibid) of all the methods, the most important is language; we accomplish social encounters largely through conversation. Individuals have learned methods for doing so and through ethnomethodological approach looking how they have achieved such methods.

In such a perspective, research is not a passive or neutral process. It is interactive and creative, selective and interpretive, illuminating the patches of the world around it, giving meaning and suggesting further paths of enquiry (Garfinkel 1967). In this sense, it is a process that does not start from the fixed conditions and a clear vision of what lies ahead but changes with each stage of enquiry so that many important questions emerge only through the process and in situations.
**Ethnography**

Ethnography is an art and science of describing a group and culture (Fetterman1998:1). In its most characteristic form it involves the ethnographer participating in people’s daily lives for an extended period of time, observing around, listening to what is said, clarifying things in fact, collecting information whatever available to throw light on the issues that are the focus of the research. Ethnography is the study of people in naturally occurring settings or 'fields' by means of methods, which capture their social meanings and ordinary activities, involving the researcher participating directly in the setting, if not also the activities, in order to collect the data in a systematic manner without meaning being imposed on them externally (Brewer 2000:10). Bryman (2001:X) suggested the key features which include: ethnographers immerse themselves in a society, collect descriptive data via fieldwork, concern over the culture of its members, from the perspective of the meanings that members of that society attach to their social world and render the collected data intelligible and significant to fellow academics and readers.

### Table No. 2.1 Relation of Research Paradigm and Methods Used

<table>
<thead>
<tr>
<th>Ontology</th>
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<th>Logic of reasoning</th>
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<tr>
<td>People’s perceptions vary according to their context, interaction and culture. A human being is a subjective being and resides in a subjective world, in the construction of which the person is an active participant. The belief systems, rituals and customs are all intertwined to enable the human actors to introduce and establish every practice in the community. Muthuvans live inside the forest the result of this isolation is less scope for change</td>
<td>It is guided by the fact that people and culture are different and only by observing one can understand what they do and how they interact Symbolic interactionism - As followed in the study leads to an interaction between thought, language and meaning engaged by researcher and the researched in a defined situation. Ethnomethodology –how they have achieved such methods like social system practices</td>
<td>The detailed profile of the reproductive and sexual health practices of Muthuvan is drawn on the basis of their perception The multiple methods (triangulation) of data collection adopted as an ongoing process of induction</td>
<td>The research follows a qualitative research based on Ethnography The Methodology uses multiple methods and include Focus group discussions Participant &amp; non-participant observation Informal conversations Unstructured in-depth interviews Event observations</td>
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**Research Design**

Ethnography is relevant and useful in understanding the tribal health culture and especially their perceptions and concepts on reproductive and sexual health practices. Such a study helps in understanding the reasons for resistance or willingness encountered on the part of the indigenous culture in accepting the other medicine or the medical systems. As reflected in the contextual and the conceptual underpinnings of the study, the attempt is to understand how Muthuvans perceive the sexual and reproductive health practices and the role these understandings play in the life of the Muthuvan women. Definitely, such processes and their meanings are contingent upon particular contexts – historical, social, political, cultural, and geographical and so on. What makes these distinct in each case is the human agency that interprets meanings and belief systems, modifies them and moves on in course of time. At work is not a single and ‘absolute’ reality but ‘realities’ are shaped temporally, spatially and historically. In doing so, it is difficult to point a single methodological position or method that can be employed to study such processes. Naturally, what is ruled out is a positivistic position, whereby, what is emphasized is the “measurement and analysis of causal relationships between variables, not processes” (Denzin and Lincoln 1994). The logic of inquiry in the present study is informed by the qualitative research paradigm, which in itself is multi-paradigmatic in focus and multi-method in approach.

The ontological base of the research paradigm is that people’s perceptions are different according to their context, interaction and culture. It is that a human being is a subjective being and resides in a world of subjective reality in the construction of which the person is an active participant. According to Guba and Lincoln (1994: 110) “realities are apprehendable in the form of multiple, intangible mental constructions, socially and experientially based, local and specific in nature (although elements are often shared among many individuals and even across cultures) and dependent for their form and content on the individual persons or groups holding the constructions”. In this study, traditional practices, belief systems, rituals and customs are all intertwined to enable the human actors to introduce and establish every practice in the community. The epistemological concern of this research is the subject, the women, the kudy and the subjective interpretations of reproductive health practices. The ontological understanding about Muthuvan traditional practices are influenced by the gender, power and external exposure.
The world view of research participants can be understood only when the researcher actively participates in the inner processes and involves oneself to form an *emic* perspective. This is done by engaging oneself with the everyday life of the researched, where understanding the ordinary becomes crucial to understand the context within which the ordinary takes place. Greets (1976) explains the qualitative paradigm primarily entails two sets of actors – the researcher and the subject of the research comprising ‘other’ people. He emphasises, the researcher as a subjective being comes from a position of culture, background and ideas whereas the ‘others’ operate within a different cultural framework. In a research exercise, what the researcher studies is the cultural framework of others and to do this, the first task is to strive to align oneself with the world view of the researched.

The epistemological position of this study is guided by the fact that people are culturally different, their ways of understanding reality are different and therefore, only by observing one can understand what they do and how they interact in different contexts and situations. Understanding and making sense of people's perspective and perceptions calls for an interpretive position of 'what is it' rather than a normative and 'what it should be'. Social reality is produced or constructed by people in and through their everyday interactions, influenced by each distinct context to a great extent. One could conclude that the meaning of the social order comes about through interactions among people and their understanding of these interactions.

Symbolic interactionist approach involves interactions between thought, language and meaning engaged by the two sets of actors in an attempt to understand each other and is hence informed by symbolic interactionism. Drawing from Herbert Blumer’s definition, Rock (2001: 27), contends that “The symbolic interactionist approach rests upon the premise that human action takes place always in a situation that confronts the actor and that the actor acts on the basis of defining this situation that confronts him”. In the course of a research study, the researcher also becomes an actor in that she/he tries to interpret the meanings created by the researched. Naturally, much of the revelation of the reality depends upon the interaction between researcher and the researched which results in co-creation of meaning.

‘Case study research involves the study of an issue explored through one or more cases within a bounded system’ (Creswell 2007:73). Case study seeks to understand an issue or problem using the case as a specific illustration. The case study describes a situation, analyses specific aspects of a case and understand the complexities of the community representing the case. Yin (2001) defines a case study for purposes as an empirical inquiry that investigates a contemporary
phenomenon within its real-life context. He then adds that this is especially true ‘when the boundaries between phenomenon and context are not clearly evident’, and that ‘the difficulty of distinguishing between phenomenon and context means that the technical definition needs to include that there will be many more variables of interest than data points’ which means that multiple data sources to give triangulation will be required, and that guidance from prior development of theoretical propositions will be advantageous. Amapalapadikudy and Andavankudy represent the major units of this study. During the process of analysis these two kudys are considered as two cases and therefore are compared thematically and interpreted.

In the process leading up to the fieldwork in Muthuvan kudy, the decision was made to approach the field through a qualitative realm using qualitative methods. This choice was influenced by both explicit and implicit reasons of theoretical character, some of which are discussed in this section. In the following section, some general thoughts and assumptions deriving from culture-specific experiences associated with the reproductive and sexual health practices are examined. Stories related to reproductive and sexual health are prevalent within the indigenous culture in general, appear to be immense and a qualitative paradigm essentially addresses such volume and depth of data. These considerations led to the choice of qualitative methods, based mainly on what Silverman (1993) has proposed. The depth of the qualitative methods that comes close to the specific demands of my field of study impressed upon me that this is the most logical choice to pursue such a study.

The reasons for choice of qualitative methodology for this research could be summed up in two key words - closeness and flexibility. By closeness, I refer to the possibility of observing the participants and their customs and events associated with the reproductive and sexual health situating myself in the close proximity to the field of action. Closeness helps in building the credibility of the conducted research due to the ability to confirm or alter the interpretations that are made during the course of the field work. Flexibility here referred to the possibility to let the participants put the emphasis on themes that are important to them, which enables to influence the direction of field work. There were only few instances during the data collection, like in few in-depth interviews, where I tried to direct the participants’ responses in view of coordinating the responses focused around the purpose of those discussions.

Since, the field work had to be conducted in Muthuvan kudys over a period of time I presumed that this would create a nearness that would enhance my understanding of the researched reality. My attempt was to understand a selected portion of a community, whose lives and thoughts
served as a cross section of the larger community, of which I had very limited knowledge upon arrival in the field. I also visited and interacted with the people of kudys other than the research sites Andavankudy and Ampalaparakudy, which included Edalaparakudy, Puthukudy and Kandathikudy. Further, I have explored the kudys outside Edamalakudy that is in Marayoor area to get a holistic understanding of the Muthuvan culture and their reproductive practices. However, the main focus of the research is Andavankudy and Ampalapadikudy. Since these two kudys are prime sites of the study - Andavankudy and Ampalapadikudy is considered as two separate cases for the purpose of analysis. It is from these kudys that, I have selected cases for in-depth interviews and tried to understand their culture through the participant and non-participant observation. Narratives, FGD are conducted both outside and inside Edamalakudy. Hence, the study has tried to represent the Muthuvans of Idukki district. Muthuvans as a collective entity adhere to common community norms with minor adaptations in various local contexts. However, the key themes of this study could be generalised among Muthuvans of Idukki district. I went to Anachal kudy and other Muthuvan kudys in Marayoor area to get a vivid picture of Muthuvan culture. Further, I have met people belonging to other tribal groups of that area which included Ulladan, Urali, Malapulaya and Mannan tribes living in different parts of Idukki district to know the differences in the practices. Therefore, this study not only represent the Muthuvans of Edamalakudy it also represents the Muthuvans of Idukki district.

**Research Site**

The study was carried out as an ethnography of the Muthuvan tribe in the Edamalakudy tribal panchayath of Idukki district of Kerala in South India. Kerala is often quoted in socio-economic debates and discussions as the ‘Kerala model of development’ with its high achievements in the field of health and family welfare at a low cost. Kerala's infant mortality rate is 13/1000 live births and life expectancy is 76 years for women and 70 years for men are close to that of developed countries (Census India 2011). Over 95% of institutional deliveries, high coverage of immunizations and access to universal health care are some of the highlights of the Kerala model of health care.
In Kerala, the tribal population constitutes about 1.14 percent of the total population, which constitutes about 3.4 percent of the total Indian population. The tribal population of the state constitutes 0.5 percent of the total tribal population of the country. The tribal literacy in the state is only 64.35 percent while the literacy rate of the general population is 90.86 percent. Kerala stands at 5th place in tribal literacy while it stands first in general literacy (Chathukulam 2002). Even after spending huge amounts of money and manpower, most of the problems that ail the tribal population like illiteracy, poverty, land alienation, indebtedness, unemployment, alcoholism, sexual exploitation, malnutrition and recurring diseases still persist (Murikkan 2003). The percentage of women receiving skilled attention during pregnancy in Idukki is 95.7. Whereas, it is 100 percent in Wyanadu, the district which has the highest tribal population in Kerala (Census 2001). Human development indicators (CDS 2005) are low in Idukki district when compared to other districts of Kerala, Idukki is placed in the 12th position.

Idukki district is located in the middle part of the state of Kerala, which is bound on the East by Madurai District of Tamil Nadu State while on the West by Ernakulam and Kottayam Districts of Kerala. On the South is the Pathanamthitta District, while on the North it is bound by Thrissur and Coimbatore Districts of Kerala and Tamil Nadu States respectively. There is no rail and air
link to access the Idukki district. The whole of the district is accessible only through road. National Highway NH 49 and State Highways SH 13 and SH 33 pass through the district. Remote areas like Edamalakudy (the area of the field study) are not accessible even by roads.

The district of Idukki has many unique topographical and geographical characteristics. This is the largest District of Kerala with an area of 5105.22 sq. km, forming 13 per cent of the total area of the state. About ninety seven per cent of the total area of the district is covered by rugged mountains and forests. There is only a strip of Middle land (3%) in the western part of the district. More than fifty percent of the area of the district is covered by the forest. The temperature of the district fluctuates from 21 degree Celsius to 27 degree Celsius, with minimum seasonal variation (http://idukki.nic.in/culture.html accessed on 17/10/2011). As common to other parts of the state, the Idukki district also experiences both the Edavappathy\(^2\) and Thulavarsham\(^2\) in the month of June-July and October -November respectively. The annual rainfall in the district varies from 250 to 425 cms. There are 14 peaks in the district, which exceed a height of 2000 meters above Mean Sea Level (http://idukki.nic.in/culture.html). This region is popularly known as the ‘high range’ area. Idukki district is divided into four taluks namely Devikulam, Peermed, Thodupuzha and Udumbanchola. Anamudi, which is the highest peak in the Western Ghats, is situated in the Devikulam taluk of the district. The thick evergreen forest gives shelter to a large number of tribal hamlets (source:http://idukki.nic.in/culture.html accessed on 19/10/2010).

Idukki is the second largest district in Kerala in terms of where the most number of scheduled tribes live and a host of tribal ambiguities exist in this district. There are seven tribal communities found in the district namely Malapulaya, Mala Arayan, Mannan, Muthuvan, Paliyan, Ulladan and Urali. The report of survey (2011) conducted by ST department reveals, there are 245 tribal settlements in the District, of which 74 are in Thodupuzha; 11 in Peermedu; 126 in Devikulam and 34 in Udumbanchola Taluks. Almost all the scheduled tribes are living in extremely remote mountain ranges and in the deep interiors of the dense forests.

\(^2\) South West monsoon
\(^2\) North-East Monsoon
Edamalakudy is one of the biggest tribal settlements of Idukki district situated near Munnar. No other tribes, except the Muthuvans live in this area. Recently, it was declared as the first tribal panchayath of Kerala. Earlier it was a part of Munnar Grama Panchayath. The settlement has a total population of 2646, of which 1292 are male and 1354 females. There are 28 Muthuvan tribal settlements or kudys scattered in this area (DMO 2006). The tribal settlements are situated in dense forests and without basic facilities like transportation, communication and electricity. There is a government tribal lower primary school but the teachers are frequently absent, as no teachers dare to walk 18 kilometers everyday through the dense forest to reach the school in the kudy. There is no accommodation available for teachers in the kudy. No medical institution is functioning expect one sub-centre under the public health centre. The medical team occasionally come from Munnar and organise medical camp in Edamalakudy.

**Research Participants**

The primary research participants of this ethnographic study are the Muthuvans, with a special focus on Muthuvan women belonging to the Andavankudy and Ampalapadikudy of Edamalakudy. The other participants include:

- Other Muthuvan women (older women, mothers and unmarried) of each kudy
- Prominent male members of the community, like the chief, persons who control the ritualistic and legalistic formalities, husbands of the Muthuvan women, unmarried young men
- Members of other tribes (lying adjacent to the Muthuvan settlement). It is important to know about their views regarding Muthuvan's status among tribes and also their relationship with the Muthuvans.
- Members of the ‘outside’ world, like health workers, forest officials, government personnel like those in charge of various campaigns (example: ICDS, Anganwadi workers)
- Other relevant persons in the vicinity (visitors of the kudy like merchants and quack doctor/s)

Women in the reproductive age group were set as the criteria of selecting the main stakeholders. However, I did not restrict it only to the reproductive years since, the main foundation of norms and beliefs constructed culturally, in one’s mind are done before the reproductive period. Elderly women play a prominent role in forming the concept of ‘Muthuvan womanhood' properly in a girl child. Therefore, I attempted to go through the entire stage of a woman's life. Hence, even if I am looking at sexual and reproductive health practices, I am not only locating women those who are in their reproductive years but also the women beyond these period.

**Process of Entering into the Field:**

This study attempts to understand the way Muthuvans of Edamalakudy understand and make meanings out of the tribal concepts and cultural practices associated with reproductive and sexual health. Attempt was also made to bring out the process of transition with the advent of the modern civilization and health culture into the Muthuvan kudys.

Edamalakudy consists of 28 Muthuvan kudys, of which two kudys are selected for the present study through purposive sampling, the smallest and the largest Kudy. The smallest one is Ampalapadikudy (consists of 13 families) where I stayed during my fieldwork and the other one, Andavankudy the biggest kudy (consists of 28 families) and is almost one kilometer away from Ampalapadikudy. More than the size, Andavankudy is very traditional in terms of its existence and culture. Ampalapadikudy has concrete houses and toilets. An important reason for choosing Ampalapadikudy for my stay was the availability of toilet facilities in the kudy. Furthermore, the
nearby kudys of Andavankudy and Ampalapadikudy of Edamalakudy were also mentioned while
describing the culture and sexual and reproductive practices of Muthuvans. The other surrounding
kudys that I have visited during this study are Edalaparakudy, Settu kudy and Puthukudy. I also
wanted to explore which kudy has more exposure to the outside world, compared to that of
Edamalakudy. Therefore, I visited and stayed in Periakudy, Marayoor for three weeks.

The distance from the mainstream society resulting from geographical isolation prevents any
rapid changes in their culture and social systems. Even when given a scope they do not get easily
assimilated with the outsiders. Emerson (2001) emphasises the one effective way of engaging
with research participants in such a site is participant observation, where the researcher resides in
a place on a relatively long-term basis in order to investigate and experience the social life and
social processes that occur in the setting.

I did not have any firsthand experience of the life and situations in the Muthuvan tribal
populations in Edamalakudy before I chose it as my field of study. Though, in 2006 I had visited
a Muthuvan kudy at Theerthamala near Marayoor, little far from Edamalakudy. This brief visit
helped me get a feel of the life and situations of the Muthuvan in general. Observing their
dormitory system and different reproductive health practices at that time had instilled in me a
desire to know more about their customs and practices. This later prompted me to enter into a
serious research study on the Muthuvans and their sexual and reproductive practices.

Before beginning the actual fieldwork I contacted the health department of the State Government.
A health inspector, who visits Edamalakudy once in two months for medical camps, arranged my
accommodation in the kudy. The Health department had arranged a camp for ASHA (Accredited
Social Health Activist) workers in the town of Munnar. ASHAs from Edamalakudy were also
participating in the programme. I reached Munnar on the last day of their camp and joined them
on their return journey to the kudy. Traveling with them by foot for almost a day made me feel
like one among them. Initially, most people in the kudy suspected that I could be a representative
of the forest department on a mission to investigate their ganja \(^{23}\) cultivation. During my first visit
to the kudy I could not gather much data due to heavy rains as it was during the monsoon season.
I was not able to travel from one kudy to another. Another major obstacle on the way was the
blood sucking leeches. Monsoon season is the favorable time for leeches. If one walks in the

\(^{23}\) Cannabis Sativa
shady area without much sunlight, by the time one takes five steps at least ten leeches could be seen on the feet.

Eventually, I could meet all people in the Ampalapadikudy and could build a rapport with them by participating in their daily chores like cooking, accompanying them for firewood collection in the forest and going with them to the agricultural field. I focused on both Andavankudy and Ampalapadikudy in the second and third phase of my fieldwork. Later on, I spent three weeks in Marayoor Muthuvian kudy, a place 40 kilometers away from Edamalakudy. This visit was to understand how Muthuvian culture in Marayoor is different from Edamalakudy, the Marayoor Muthuvans have more facilities in terms of transportation, education and proximity to health services. They have more interaction with outsiders and other tribal people. And once I began the data analysis work I felt some gaps in the data, therefore, I went to another Muthuvian kudy near Anakkulam where I met Vasanthi\(^{24}\) and other people of Edamalakudy.

I took a break between different phases of data collection and analysis. That gave me time for reflecting on the data that was already gathered which served for a process of iteration. I also utilized such breaks for interviews with other people who stay outside Edamalakudy who have close contacts with Muthuvans of Edamalakudy. I also made use of this time in identifying the gaps in data and incorporated new strategies accordingly to reach out to the missing data. Each break also helped me in replenishing myself since staying inside the forest without communication, transportation and any other facilities at a stretch was little tiring and overwhelming. In every visit I learnt their language and when I went back after each break, I had to recollect and learn it again. If I had stayed at a stretch in Edamalakudy I could have mastered their language.

\(^{24}\) Vasanthi was eight months pregnant and had come to her brother’s place as this kudy has accessibility to health facilities.
Table No.2.2 Activities Undertaken During Fieldwork

<table>
<thead>
<tr>
<th>Period</th>
<th>Activities</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 2008</td>
<td>Planning and arrangements for field work</td>
<td>Permission from forest department, entry through the health department.</td>
</tr>
<tr>
<td>June-August 2008</td>
<td>First Phase of field work</td>
<td>Basic understanding about the Muthuvan and their culture. Conducted in depth interviews with kani and other prominent male members about the history of Muthuvans. In this phase I focused only on general culture rather than reproductive health. Observed a death ceremony.</td>
</tr>
<tr>
<td>September 2008</td>
<td>Identified gaps, interview in outside</td>
<td>Analysed the data that was gathered in the first phase. One interview with a forest officer. Arranged accommodation for the next phase of the field work.</td>
</tr>
<tr>
<td>Oct-November-December 2008</td>
<td>Field work II Phase</td>
<td>During this visit I mainly concentrated on the Sexual and Reproductive Health (SRH) practices and event observations. Marriage, child birth and menarche celebrations were observed. Conducted 7 focus group discussions and few in depth interviews.</td>
</tr>
<tr>
<td>January 2009</td>
<td>Munnar</td>
<td>Conducted interview with Anganwadi teacher, member of Girijan Society, Principal of model residential school, Panchayath member, tribal extension officer, other tribal members from Malapulaya, Ulladan, Mannan.</td>
</tr>
<tr>
<td>February</td>
<td>Leave</td>
<td></td>
</tr>
<tr>
<td>March-April 2009</td>
<td>Field work III phase</td>
<td>Observed the rituals of kondakettu, urumalkettu. Conducted 5 in-depth interviews and 3 focus group discussion. Filled the gap in the area of SRH.</td>
</tr>
<tr>
<td>May 2009</td>
<td>Field work in Marayoor</td>
<td>Stayed in Periakudy for 3 weeks to understand the differences of kudys in Marayoor and Edamalakuy</td>
</tr>
<tr>
<td>September 2009</td>
<td>Visited a kudy in Anachal</td>
<td>Stayed two days to understand Muthuvans preparedness for a hospital delivery.</td>
</tr>
</tbody>
</table>

25 Head man of the kudy
Following methods were used for data collection during the field work.

- **In-depth Interviews.** In-depth interview aims at rich depth of information and is the best method for in-depth probing of personal opinions, beliefs and values. I have done seven in-depth interviews with Muthuvan women and with one Muthuvan male. I have also conducted interviews with the secondary stakeholder groups consisting of Anganwadi workers, tribal extension officers, Girijan society employees, three single-school teachers, health professionals and local health supporters and members from other tribes like Malapulaya, Ulladan and Mannan.

- **Event Observation.** During my stay in the field I got an opportunity to observe events like Marriage, Menarche celebration, Delivery, *Urumalkettu*²⁶ and Kondakettu. I have done photo documentation of some of these events. These were the most important events related to their sexual and reproductive life and being part of these rituals helped me gain rich insights into their cultural practices by directly observing them at close range.

- **Focus Group Discussions.** FGD elicits information on a range of norms and opinions in a short time and group dynamic stimulates conversation and reactions. Due to the special circumstances prevailing in my research site (secluded Muthuvan settlement) the design and the procedure of the following focus group discussions were informal and evolved on the spot. Few of the focus group discussions were conducted formally especially with the ASHA and among men. Thirteen sessions of focus group discussion were conducted for different groups in which the ASHAs, adolescent girls and young women were part of the FGD.

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²⁶ It is a celebration of cutting the hair of an adolescent boy.
<table>
<thead>
<tr>
<th>No</th>
<th>With</th>
<th>Topic</th>
<th>Conclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>ASHA</td>
<td>Concept of health</td>
<td>In their view health is the state where one can work and carry weight. A person who has more height and big size is considered healthy. Heavy bleeding at the time of delivery is sign of poor health.</td>
</tr>
<tr>
<td>2</td>
<td>ASHA</td>
<td>Diseases related to women</td>
<td>Uterine prolapse and associated beliefs</td>
</tr>
<tr>
<td>3</td>
<td>ASHA</td>
<td>Status of women</td>
<td>Low educational status, hard work of women, equally sharing of financial responsibilities. Some works are reserved for women only and vice versa.</td>
</tr>
<tr>
<td>4</td>
<td>ASHA</td>
<td>Exposure of outside world</td>
<td>They have hardly gone outside the forest. It is through the movies and outsiders who visit the kudy through which Muthuvans get their external exposure.</td>
</tr>
<tr>
<td>5</td>
<td>ASHA</td>
<td>Delivery practices</td>
<td>Special hut <em>thinnavveedu</em> for the delivery care i.e for the first 21 days. Prefer to give birth in the kudy.</td>
</tr>
<tr>
<td>II</td>
<td>Adolescent Girls</td>
<td>Marriage</td>
<td>They prefer their choice than of the parents. ‘We are ready but no one is coming to marry us’.</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td>Concept of Spouse, Mala-D</td>
<td>Spouse should be responsible. If we do not use Mala-D we will miss celebrations, gathering and loss of agriculture work.</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>Work</td>
<td>Firewood collection. Agricultural work in the entire day time under the sun. Food preparation.</td>
</tr>
<tr>
<td>III</td>
<td>Young women</td>
<td>Health</td>
<td>They said they are working hard and feeding their children and staying away from diseases.</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td>Mala-D</td>
<td>‘If we use mala-D continuously we can lead a pleasant life along with family otherwise every month we need to stay 4 days away from them’.</td>
</tr>
<tr>
<td>IV</td>
<td>Aged women</td>
<td>Changes in the area of RSH practices</td>
<td>A lot of changes happened. Uses of Mala-D, cases of infertility are new. “The rules are changing according to their convenience”.</td>
</tr>
<tr>
<td>V</td>
<td>Anganwadi teachers</td>
<td>Sexual and reproductive health practices of Muthuvan</td>
<td>All the teachers said that they do not have enough courage to see the delivery except one teacher. Teachers commented that Muthuvans never take treatment for disease and they consider death as normal event.</td>
</tr>
</tbody>
</table>

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27 Each Roman number represent the session number and Arabic number represent the number of meetings under each session
In line with the above factors and with insights from the brief ‘field’ visits, I have gathered information through the process of observation – both participant and non-participant. This can be explained as a shift from participant observation to observation of participation where Barbara Tedlock (2000: 464) mentions that, “…ethnographers both experience and observe their own and others’ co-participation within the ethnographic scene of encounter”. I stayed in the Edamalakudy kudy for a period of five to six months to observe and participate in the daily lives of people. This exercise was closely integrated with taking field notes where the interaction between the researcher and the participants and the researcher and the observed environment was recorded as text. Emerson et.al (2001) calls it a form of representation where just-observed events, persons and places are reduced to a written account.

The other method of gathering information involved informal conversations and unstructured in-depth interviews that is recorded in the form of narratives as related by the participants. The unstructured interview started with the reflective life story of the participants. This session was conversational, fully flexible and controlled by the participants; in the session that followed I used the focused questions based on the first session and also asked childhood experiences, events associated with sexual reproductive health, relationship with others and also with the opposite sex. Riessman (1993) maintains that narrating is one of the major means through which human beings make sense of their experiences and share it with others. Bryman (2001) defines “narrative analysis as the frame that covers a variety of approaches that are concerned with the search for the analysis of the stories that people employ to understand their lives and the world around them” (ibid:414). In this case, it was extremely important to capture the sense the participants try to make when they narrate their past since that helped me to understand the changes happening to their health culture, ethnomedicine, marriage, sexual relations, construction of gender, reproductive morbidities and nutritional habits. I also gathered information related to the role of each individual in the society, associated with reproductive matters and marriage. Drawing from the research questions, a tentative guideline for questions was used so that the relevant issues are not missed out. I have observed most of the events associated with the reproductive health practices among them. It has given me a good picture of their culture. Events are the carriers of their culture, for an outsider this is the concrete way to understand a community.

The area of health research has widely applied focus groups as an effective method for gathering information on people’s perception. This also provides ready access to the perspectives of a
specific group of people. The method is appropriate for eliciting the perspectives of women, perhaps due to the idea that those focus groups more closely resembles ‘feminized’ patterns of interaction and exchange (Barbour 2007). Focus group is the suitable method for gathering the perceptions of mothers on reproductive and sexual health practices and its changes. I conducted four planned focus groups among older women, adolescent mothers, ASHAs, and with a group of men. Many unplanned discussions were also conducted off hand with women who used to come to me and talk; seeing them others also joined the group and slowly that evolved into informal discussions and I could direct those group gatherings into my focus of research. These conversations usually happened during a night stay in the kudy or while walking towards another kudy. They were suspicious about tape recording and I had to eventually forsake it. Even the school teachers were not comfortable with the tape recording. Usually during night, women from the kudy, on rotation, would come to sleep in my room as they never allowed me to stay alone. It was during this time the women shared their stories and also explained about how the cultural norms affected them and also many other matters related to the kudy. That was the best time to get the information but most of the times I was at the end of my energies to be in the right mood to listen to them due to exhaustion after walking long distances in the mountain ranges without sufficient intake of food. I could remember only a bit of the conversations that I had with those women and so had to ask them again during the day time.

Information was gathered by meeting different people directly in the kudy, especially Muthuvan young and elderly women who had experiences and stories to share, from members of outside society and Government officials working in the area, from the subject experts on tribal culture and history and other relevant persons. These methods indicate that there are multiple sources that would be accessed for gathering information. According to Denzin (2000), qualitative researchers deploy multiple interconnected, interpretive methods since no single method can capture the subtle variations in continuous human experience. In fact, the present study also engaged in triangulation whereby the researcher attempted to secure an in-depth understanding of the phenomenon in question through multiple methods and multiple sources (Flick as cited in Denzin and Lincoln 1994). In the present study, observation and participation in various processes, conversation with actors in the context and archival material were used to make sense of the Muthuvan's world. I collected archival materials from Tribal extension office, Munnar and KIRTADS (Kerala Institute for Research, Training and Development Studies of SC & ST), Kozhikode. The information gathered from the research participants written down was with due
permission from the participants. I also used photography as a method to capture visual records of rituals and events where people participate.

**Process of Data Analysis**

The analysis of qualitative ethnographic data is described as 'iterative' (Bryman 2004:399) because of the repetitive interplay between the collection and analysis of data. In contrast to the qualitative research designs, the ethnographic analysis starts right from the field till writing of the research outcomes. Writing field notes is the right step of analysis of data in ethnography. Again field notes are of the field if not always written in the field (Sanjek 2001). While doing field work I carried a rough book to note down the points. But I could not write down everything in all the situations. When I begin opening a book and pen, the people shifted the natural flow of talk to some formal way and some of them even stopped talking. The opening of pen and book often would interrupt the conversation. Therefore, I began the habit of writing detailed field notes of the previous day, on the next morning. At the end of the field work I computed the data in to the ethnographic description.

The data collected through in-depth interviews and focus group discussions were then subjected to the process of analysis in ethnographic research with the primary aim to understand the research concerns from the people’s perspective. Ethnography largely follows narratives in describing data (Cortazzi 2001). During the process of data analysis I adopted various lines of inquiry with the aim of creating concepts, discovering patterns from the emerging concepts, seeing how concepts emerge and explaining why the particular concepts emerge. The analytical framework deployed resonates with the structural and thematic models, owing to the emphasis on what is being said rather than how it is said and the relation of the narratives with the wider analytic arguments (Huberman 1994). The interviews in Malayalam were transcribed into English. These transcribed interviews and focus groups were then structured and separated into homogeneous data types or into emerging sub-themes. This process of structuring the data involved integration of data from various participants including the researchers’ own observations which resulted in case narratives following the same thematic logic. The sub-themes in each narrative are at a generic level in order to make comparisons between cases possible and the data in the narratives are without any interpretation or analysis on the researcher’s part.

The process of data analysis began by developing a checklist matrix for each case. Such checklist matrix broke down each data unit into a concept label. These concept labels were then
categorized under derived concepts emerging out of the data. Such derived concepts were then interpreted with the help of various matrices that maximized divergence of the findings.

**Ethical Issues and Sensitivity Involved in the Study**

Confidentiality of the information that was gathered from the field is one challenge of this study. In order to address this issue, the information that were recorded or photographed were with the full consent from people and is used only for research purpose. The typical terms for the reproductive organs and related words used by the Muthuvans were a concern. But, I took the help of an interpreter in order to familiarize certain terms related to reproduction and sexuality especially in the initial period of the fieldwork. The issue of positioning in the field is a question of subjectivity as well as of ethics. I tried to look like them wearing sari and making a kondakettu on head. There were many descriptions attached to me by people in the kudy like - student and a married mother leaving her child with parents and coming to live with Muthuvans to study about them, she is brought in by her husband and after a period he comes again to take her back. It was new information for them that a woman is studying after her marriage. Many of them were very curious about this and raised questions on this. Many of the Muthuvans were curious to know about my religion. Along with this a 'doubt' on my identity was also raised by many. “Who will come to this deep forest to study about us… she must be a woman police to find out our ganja cultivation”. People from the kudy where I lived responded to others on these suspicious and curious questions. As time passed they began accepting me. I chose a position accommodating these various identities like mother and married woman to facilitate the best possible fieldwork in terms of information gathering and incorporating ethical considerations too. Another difficulty which I faced was the attitude of some of the Muthuvan men. There was a man, whenever he saw me in the kudy, would say to me, “you are still here, whatever you learnt about us till now - that is all, there is nothing more that you can learn. Even if you stay longer you are not going to get any new information.” These were the people who were associated with ganja cultivation and who also worked as guides in sandalwood smuggling from Marayoor. During the initial stages of my fieldwork, the attitude of these people used to worry me, but later on people from the kudy supported me and asked me to ignore such people.

The participants sometimes became conscious of the fact that the researcher is an outsider and was part of the ‘outside’ system. Certain members of the community were wary about the researcher based on their varying attitudes towards outsiders. This fact is influenced by their experiences with the earlier researchers who visited them with similar interventions. This would
have affected the way the interpretations were presented to me as a researcher and therefore would have influenced upon the meanings that I was trying to understand and interpret. Effective rapport with the Muthuvans helped in solving this problem; but it was challenging. Some participants, whose cases I had selected were hiding the truth of some incidents from me. Sometimes, they were dishonest regarding their personal matters especially if they have violated or deviated from their cultural norms. This put me in a state of confusion. In the early stages of fieldwork, my presence on certain events like delivery was not comfortable for the women as they felt shy. These kind of situations made me a little hesitant to observe the events during the initial days of fieldwork.

Another concern was the location of the Muthuvan kudys in Idukki district, which are isolated, deep in the forest and far away from roads. The entry into the tribal kudy was done through Forest department and the Health department who have offices and personnel working within these communities. The isolated stay for more than a month in the kudy was difficult, though the initial weeks did not create any problem. However, after a month of every phase of field work I felt like going back home. After a certain point, may be after a month of continuous stay in the kudy, it was not possible for me to stay any further. I had to take a break from the isolated life. I wanted to eat something else and sleep in a proper bed. At the end of every phase I used to decide that I will not be coming back but after reaching home I would see gaps in the data. Then I used to pack my bags and go back to the kudy.

I have intentionally chosen to provide a first person account in the entire thesis hoping to put myself in the shoes of the Muthuvan women who are my research participants. I could relate my experiences with that of many of the Muthuvan women and the mothers. I started the research as a married woman and as a mother of a five year old girl. Towards the end of my field work and the data analysis I became pregnant with my second child. At times my own experiences appeared to intervene in the concrete situations of the researched.

Once a girl was in the menstrual hut and critically ill and no one was willing to take her to the hospital due to the pollution attached with menstruation (Explained in Chapter V). Should I have taken the role of a classic ethnographer, stay calm and observe how the community was responding to what was happening without any intervention on my part? But I responded as an interdisciplinary researcher; I used insights from anthropological methods, sociological theories and my role as a professional social worker. At the end my social work profession pushed me into action and I decided to intervene in the situation.
The names used in the thesis are pseudo. Pseudo names are used to maintain anonymity and confidentiality. I have obtained the oral consent of the participants while collecting the explicit information of the research purpose and for documenting the work.

**Limitations of the Study**

One of the main limitations during the whole process was language; initially I could not follow the language of Muthuvans. Their language is a mixture of Tamil and Malayalam. Therefore it was difficult to understand. But those who had gone to schools could speak Malayalam as the medium of instruction in the school is Malayalam. As the field work progressed I was at a stage where I could understand what they were saying. But my ability to speak their language was very limited even at the last period of field work. Sometimes, I could not follow their usage especially when the old women spoke. Often, I took the support of the interpreters who knew Malayalam and who belonged to Muthuvans themselves. Further, due to the lack of facilities like transportation from one kudy to another and lack of communication facilities, I had to do much of the preparatory work before the starting of each phase of field work. This was time consuming too. At times I felt that the Muthuvans talked less. They never elaborated things whenever I ask anything they gave one word or one sentence answer. The other limitation was that response of people on the questions regarding their sexual life. They were not open to speak on these issues except for two people. Even during the focus group discussion most of them kept quiet when the discussion reached the area of sexual life.

In this chapter I have tried to explain background of the present study, the process of fieldwork, rationale for studying the reproductive and sexual health practices of Muthuvans and where I have located myself in the whole process of this study. This research largely follows an anthropological interpretative approach to understand the institutions and the actors who play a major role in the sexual and reproductive health of Muthuvan community. Next chapter draws the general picture of the Muthuvian tribe of Edamalakudy.