CHAPTER VI

MUTHUVAN WOMEN'S RESPONSE TO CONTEMPORARY CHANGES

The exposure and intervention to the outside world and the agencies bring changes in the culture of any community. However, the velocity of change to a greater extent depends on the process of adaptation and strength of its integration into its traditional and cultural practices. 'Traditionally' the area of sexual and reproductive health was considered as secluded domain of women. Sexual and reproductive health was perceived differently by different categories of people. For instance, elderly women in a particular community might find it difficult to accept any changes in their traditional practices relating to reproductive and sexual health practices and hence they expect the same from younger generation and would try their best to shield the traditional practices. Interestingly, more young Muthuvan women seem to have devised subtle ways of modifying the traditional practices as per their convenience. Nevertheless, when it is admissible and culture specific that agency or institution is welcomed irrespective of the age and gender differences. Therefore, this chapter tries to delineate the changes that have been made in the life of Muthuvans through 'modernity' - on different socio cultural aspects of their life - and its implications on their sexual and reproductive health practices and their adaptation to such changes.

Muthuvans have their own norms and beliefs particularly, when it comes to sexual and reproductive health practices. Such stances are explicit in the case of every indigenous community that adheres to their own traditional practices. However, with the infusion of the process of 'modernity' and sanskritisation into their culture, the tribal customs and practices viz. food habits, housing, dressing, socialising and marriage undergo changes which in turn have an influence on the sexuality and reproductive health practices. The key agents that bring in these new ideas are the outside agencies which include the government, other society, culture, education, media and health systems.

The extent of external influences among the Muthuvans of Edamalakudy is comparatively less due to its geographical isolation and limited interaction with other groups of people. The Muthuvans who stay outside Edamalakudy have more outside exposure than those who reside within Edamalakudy. There are Muthuvans from other regions who come to Edamalakudy through marital relations live in wife's native place, as it is the practice among Muthuvan (matrilocal in nature). The women from Edamalakudy, who are married to Muthuvan kudy outside Edamalakudy, live in their marital homes and native homes interchangeably. This provides scope for interaction with the people outside and gives ample opportunities to
experience the outer world to those who have not gone out of Edamalakudy. The ones who never go out of Edamalakudy, usually understand the outside world from the ones who had living experience with the outside world by listening to them.

It is important to observe, how the various external agents influence Muthuvan’s life which create an impact sooner or later, be it positive or negative, on various social, cultural and health aspects. The following section discusses the influence of such agents on various social, cultural and health practices. The changing patterns and the response of Muthuvans on such changes, particularly on women’s sexuality and reproductive health are analysed in this chapter.

**Changing Health Practices of Muthuvan with the Advent of Modern Medicine**

In the area of general health, it is observed that there is a growing pattern of treatment-seeking behavior from the part of Muthuvans especially among men. If they get fever or chest pain, they will treat themselves with their knowledge of ethnomedicine. If they are sick for many days, they cannot go for work and it affects their financial status and naturally that influences their interest in and enjoyment of other activities like celebration of festivals. The men consume alcohol, which is a new element that has entered into their life from outside. They believe alcohol has some medical potency to cure diseases. Vasanthi says, 'after heavy loading work it is necessary to take alcohol, otherwise they will get chest pain'. And after two or three days if it is not cured then they go to the hospital for an injection. Muthuvans prefer injections than tablets. They believe that the injection works faster than tablets and therefore, prefer injection. Traditionally, Muthuvans had a strong 'tradition' of ethnomedicine. There were medicines which was effective for many of their ailments. But, they never revealed the ingredients of those medicines to others. Hence, that treasure of knowledge is eventually losing its existence. Now, they are using their traditional knowledge on certain ailments like for treatment of fracture and snakebites. Snakebites are common in the kudys and they never go to hospital for treatment of snakebite. If a person is bitten by the snake, first thing they do is to make them drink their own urine. Urine contains antibodies against the venom that enter body. Later on they apply herbal paste on the bite or wound. The application of herbal paste will continue for seven days. After seven days, the person will be all right. But, at times the wound will not heal and they come to the medical camp and ask medicines for the wound. Muthuvans completely use their tribal wisdom and what they do not have with them they 'borrow' from the 'outside system', a clear case of smart adaptation. As mentioned, they have knowledge for treating snakebite but do not have medicine for treating the wound for which they depend on modern medicine. Gradually, partial dependence on allopathic medicine is becoming more common. Muthuvans of Edamalakudy have mentioned that they have medicine even for 'sex selection after conception' and also for sterilization. They further
explained that they could not utilize this ancient wisdom now because only the elderly women have the wisdom of this ‘secretive’ medicine and they never would reveal it to other women, who do not have a minimum of six children. Once, I attempted to get more information regarding this from an old woman. But she completely ignored the question.

The Role of Government Agencies

One of the important external agencies that has influenced the health system and culture of Muthuvans is the Department of Health through their intervention of government initiatives and projects viz. medical camps, vaccinations, distribution of medicines and injections as part of their curative care process. This has resulted in the reduction of indigenous tribal rituals like pooja and the influence of ethnomedicine over the Muthuvans life is reducing. Health camps have been the major health intervention introduced into Muthuvans life. During the medical camps they give medicines and vaccinations to children and pregnant women. As per the record of department of health, all the children from Edamalakudy are vaccinated. Muthuvan's impression on vaccination is, ‘this medicine will protect children from all the illness’. Anganwadis keep some medicines for common ailments like fever, cough, and diarrhea and also for body pain. They write the names of medicines on the cover. But these medicines cannot be used when required, as a literate person is required to read them and to supply it to the needy.

Going to town for medical help, undergoing tests, x-rays, scanning and so on appear as herculean tasks for the Muthuvans. This shift to hospital often happens at an advanced stage of disease when the case is beyond recovery through treatment. Hence they often believe that those who are going to hospital will come back dead. It was reported recently (July 2011) that a person was taken to hospital (Medical College Kottayam) with advanced stage of jaundice and declared dead in the hospital.

The following excerpts from my conversation with a Muthuvan man named Achuthan from Marayoor aptly summarises their attitude towards Medical Colleges, the highest health care centre in the public sector of Kerala. His wife is bedridden and his response was like this,

‘It is a kind of arthritis and she is not able to walk on her feet, her legs are “shaking” (vechu pokuka) and she cannot keep them properly on the floor. I consulted many doctors and she underwent Ayurveda treatment as well. The doctors gave medicine and asked me to go to (Kottayam) Medical College. I do not want to take her to Medical College since those who have gone to Medical College never came back alive (Field notes 2009).

He added further,

‘It is a College, so the students do all sorts of experiments on our body. (Vetti keeri padichu kazhinjal pinne savam alle backi kanoo). Now, she is in the kudy unable to walk. If we had taken her to Medical College for treatment then, she would not be alive now’.

Achuthan is scared of treatment at the medical college, based on his past experiences and
observations and hearsays about it. Health Inspector Ravichandran says, ‘Muthuvans usually
depend on modern medicine in the advance stage of illness. And in the last phase of an illness,
it may not be possible to save one's life. But the people blame the system and its treatment’.
ASHAs try to make people in each kudy aware of the need for treatment at appropriate time
but people in the kudy are not much interested to seek treatment from outside and are also to
some extent unwilling to avail of treatment offered by the modern medicine. Many of them
avoid meeting non Muthuvans, as language is a barrier and less exposure to the outer world
prevents their interaction with others. However, after introduction of traveling allowance to
hospitals, free medication and daily allowance of food for those who are admitted in the
hospital by tribal welfare board, things are changing slowly. Now, the number of people
taking medical treatment from Edmalakudy has increased whereas earlier there were no cases
of hospital admission. Department of tribal development have a provision to spend
Rs.50,000/- on each Muthuvan for their medical treatment. This Rs.50,000 will include
vehicle (taxi) charge from the nearest vehicle accessible point to hospital, food, cost of
medicine and doctors’ fee.

Modern Medicines within the Kudy Structure
In Ampalapadikudy people keep allopathic medicines and use it during emergencies. They go
to hospital for further treatment if the illness lasts for a week and in cases when the self-
treatment does not work. However, such practices are not much observed in Andavankudy,
where they take complete rest and lie down on the mud floor near the hearth and they take
traditional ethnomedicine for common illness like fever. They also perform certain rituals
using water and they drink that water along with ethnomedicine. During one visit to
Seddukudy, I met a seventeen year old boy Devan, who had tumour on the upper part of the
ear which had been removed. Some fluid and puss was coming out of that wound and the boy
was in chronic pain. He wanted to go to hospital, but his mother explained,

I am a widow. However, other men from this kudy would support us and they may come
along with us to the hospital. But I do not want to send him alone with them. If I need to
go along with other men I would need a female support. I am not getting anyone. That is
why it is delayed. I also want to take him immediately to the hospital and arrange
everything through an MLA, who had already helped in arranging for the surgery. When
I get a company of a woman I am ready to take him to the hospital (Field notes 2008).

For any health needs or emergencies, Muthuvans in Edamalakudy trust a person called Atom
Mani and his wife Rosamma more than anyone else from the medical field. Atom Mani
follows a treatment method which is a combination of modern and traditional medicine.
Therefore he is popular in the community that, his name will become familiar to anyone who
comes to that area even for the first time. It was during my last field visit that I could meet
him at the kudy. At that time two forest employees were scolding Atom Mani for giving
treatment to the Muthuvans and they strictly warned him from coming to that area henceforth for treatment since he was a quack. When Mani was returning, Vidhya, a Muthuvan woman asked him to examine her daughter. She reported that her daughter Nandana was suffering from a common cold. He gave her some syrup and asked rupees twenty for that. Then I asked Babu if he would be able to share mind sharing some thoughts about the health status of Muthuvans, and he shared his observations.

Muthuvans, according to him are very healthy as they live inside the forest area and have the advantage of enjoying fresh air and water. Therefore, they need less medication to cure an illness as compared to outsiders. He recollected the case of a Muthuvan who attempted suicide by consuming a pesticide called Ecalux. Usually, those who consume it would die immediately. A medicine called coramine\(^{90}\) prolongs a dying person’s life just for five more minutes. When Babu applied this injection to the person who consumed Calypso (poison) he survived. He was explaining that it happened only because of the extraordinary health status of the Muthuvans. He said that he administered only a small dose of that medicine as compared to outsiders because only lesser dose is enough for Muthuvan in case of any medicine.

'Other Medicines’ mark a significant entry point of external things into the tribal world and its worldview. These practices are also known as ’allopathic medicine or modern medicines’, and pose serious threat to the traditional ethnomedicines and health system of the Muthuvans. Modern medicine brought in many changes in the reproductive and sexual health practices of the Muthuvan.

In case of illness, Muthuvans first think of local healers who are available in the kudy or nearby kudy. To treat any disease they first apply their knowledge of ethnomedicines and in addition to this, they take allopathic medicines available in the kudy. And if it is not cured, then they decide to go to the hospital.

Some individuals in the Muthuvan kudy are experts in treating jaundice, skin diseases and problems related to eyes. They do not reveal those medicines to the fellow Muthuvans. They believe by sharing the contents of medicine to others it may lose its effectiveness. Their ancestors who passed these knowledge to them strictly warned them not to tell anyone. But restricting the knowledge to a limited number of people will slowly erase that wisdom from the kudy and may be after one or two generations such valuable treasures of knowledge may get erased totally. In a way, the Muthuvans in Edamalakudy have lost or abandoned lots of traditional health wisdom, but still they have not yet fully succumbed to the lure of modern medicine and health facilities. They are caught up in the dichotomy of apprehensions over

\(^{90}\) Nikethamide or coramine is a stimulant which mainly affects the respiratory cycle.
embracing the modern medicine, the inability to access it and more importantly in the fear of erosion of their valuable traditional knowledge and their authentic sources.

When one look at the life experiences of Muthuvans historically and their struggle inside the forest against epidemics their helplessness during the time of death without any treatment has made them dependent on allopathic medicine. They could not save the life with the help of pooja and ethnomedicine. There it was natural for them to depend on these external medicines which could save their life to certain extent. Even, when they have accepted these modern medicines they still prefer and value their ethnomedicine and their traditional healing practices.

**Muthuvans Concerns with regard to Modern Medicines**

Muthuvans have different opinions, likes and dislikes when it comes to modern medicines. Some people strongly favour injections and they never had a chance to consume tablets as part of the treatment. They get the treatment in the private clinics and not from Government hospitals. In the private clinics they can get the treatment according to their demands. Use of ayurvedic treatment is not prevalent among Muthuvans. They say that it is expensive, requires a long time for the disease to get cured, duration of treatment is long and the follow up is also difficult. Most of the Muthuvans have not heard about homeopathy. Mayilswami says, “Allopathic medicine never gives a complete relief from disease, and never treat the root cause of any illness. Allopathic medicine helps soothe the patient and after sometime, the disease will appear again. And Ayurveda is expensive and not available always”.

Incidentally, there have been many cases of infertility among married women in Edamalakudy. Some of them I met are Jansi from Settukudy, Kamakshi from Edalapparakudy, Meena and Aswathy from Andavankudy. Some of the Muthuvan women conceived years after their marriage. The elderly women folk observe that this is a recent phenomenon. ‘I never heard about infertility before’ Raniyamma recalls. Jansi felt sad about her childlessness. All of these women admitted that they had consumed Mala-D to prevent menstruation. Kamakshi, who possesses acres of cardamom, paddy and finger millet fields says, ‘Now I am not using Mala-D regularly. But, sometimes I have no other way but to resort to it in order to look after my agricultural work.’

**Dynamics and Response in SRH Practices**

One of the key points this study brings into focus is how ‘modernity’ affects sexual and reproductive health practices of Muthuvan (women) and how do they interpret the role of contemporary practices in their life along with the struggle for preserving their traditional

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91 Kamakshi is married for last seven years, but has not still conceived.
practices. Reproductive and sexual health practices are an area where the push and pull of 'modernity' are observed. Hospital deliveries are a recent occurrence in the kudy and even then the hospital deliveries are very few. Special care for pregnant women, like intake of iron tablets, is unheard of in their traditional life. Interestingly, whoever had gone from the kudy to the hospital outside for delivery had Cesarean session. In all cases, the reason was no sign of delivery after the due date. The due date is decided by the doctor through a scanning process in the third trimester. Muthuvan women do not know their exact delivery date since they never note down their last menstrual date. It is observed that in the kudy too after the expected time (as per their calculation) pregnant women would be waiting for labour pain. But, in the kudys there is no other choice, they would have to wait till the pain actually starts. It may be in some cases weeks or a month later. In the cases who reach the hospital, the doctor decides the due date and if delivery does not occur even after one or two days, they take the baby out surgically. One can see how Muthuvans of Edamalakudy re-conceptualise and reconfigure the world in which they live in terms of reproductive and sexual health practices without upsetting their traditional cultural domains.

**Response to External Objects: Mala-D**

*Usage in the context of population control*

Mala-D, a contraceptive was introduced among Muthuvans by the Health Department of the State Government. Mala-D has been the least preferred contraceptive among women from higher social-economic groups as Mala-D is a government owned brand of oral contraceptive pills and is provided at a subsidised rate under the contraceptive social marketing programme of the Government. Rural women in the village with population less than 15000 are the target group under this programme (source:www.hlfppt.org/images/mala.d-pdf accessed on 11/11/2011). The thrust behind promoting these contraceptives seems to be a rather hidden technique of population control implemented among poor women especially from the marginalised communities. The reason for targeting the marginalised and poor women is that usually they have large number of children and it is easy to control their population with oral contraceptives or allopathic medicines. Government, as part of implementing the hidden agenda to control population growth exploits the ignorance and lack of education of poor women. One of the features of family planning programmes is the treatment of infertility. But, in Edamalakudy, many women have become infertile due to the long term use of Mala-D, in an 'innovative' way adapted to their local-specific practices. And the government never took initiative to treat those women facing infertility in the same spirit of implementing the population control programmes.

Only recently the Departments of Health and Tribal Development have begun to observe the
extensive usage of oral contraceptives among Muthuvans, irrespective of marital status and they decided to conduct a family health survey among the Muthuvans of Edamalakudy (Siju 2011). Based on this report few politicians and activists has started to look at this issue and due to their pressure, the Health Department has now initiated awareness programmes against the extensive usage of oral contraceptives.

**What is Mala-D for Muthuvan?**

Mala-D is subjected to diversification in terms of its original purpose and practical use and is popular among ordinary tribal women. Their typical mode of usage of Mala-D is always in tune with cultural conveniences and thus this external object, Mala-D, easily becomes an artifact for the actors.

The Department of Health introduced Mala-D among Muthuvans in the mid-1990s as a birth control measure. When the women started using it as menstrual control both men and older women vehemently opposed this trend, but now they do support the use of Mala-D in private spaces. Husbands buy and give to their wives. Shahina (2011) reports cartons of Mala-D being bought by men from Tamilnadu since it is not available in Idukki area. Health department strictly warned all medical shops selling Mala-D. But, people in the locality began making this tablet and distributing it to the local shops in the kudy. They are selling it at 50 paisa for one tablet.

The women in Edamalakudy are hard working. And when they go to stay in thinnaveedu during their 'impure' days, it becomes difficult for men and older women to handle the agricultural work. Therefore they silently (sometimes openly) support the use of Mala-D for preventing/stoping menstruation. The men, who go to shops outside the kudy buys Mala-D to give it to women in the kudy. The small teashops in the kudy run by Muthuvan men in the forest also sell it. Chinnaswami, 25 years old, who married a man from Andavankudy, adds, 'In the kudy, lots of women use Mala-D. That is wrong, but that is also convenient for women. So we men cannot oppose them if it is their decision to take that pill'. Again, Mayilswami from Ampalpadikudi, 70 years old, expresses his angst of using Mala-D ‘If anything happens to any women in this kudy after taking this Mala medicine, no one here will take them to the hospital. Those who get sick because of this medicine will die here only; that is it'.

**The Outsiders’ Views on the use of Mala-D**

A teacher named Vijaya posted in Edalaparakudy says, 'we are giving awareness to the women individually that menstruation is a process that is natural and if we try to stop it with these substances that will damage the body. Even though they listen to us always, they go back and use it without any remorse'. Padmanabhan, Health Inspector says, 'we are not giving contraceptives to anyone in the kudy except the married mothers. If anyone misuses this
contraceptive for other purposes than birth control measures, we cannot be responsible for that. They get these tablets from outside shops too. Any way it is affecting the health of the women and therefore, we are planning to conduct classes for that. But some of the shopkeepers or pharmacists in the medical shop discourage the use of Mala D. Once Ambily 26 years old, mother of a 7 year old girl from Marayoor shared her experience with me. She went to a medical shop and asked for Mala D and the lady pharmacist there asked arrogantly, 'For whom is the Mala D'. Ambily responded that it was for her mother. Then she replied, 'If it is for mother, ask your mother to come and take it. I will not give it your hand'. This shows that the public has also noticed and are concerned about the excess use of Mala-D among the Muthuvan women.

**Socio-Cultural factors behind the usage of Mala-D**

There were plenty of arguments in the Muthuvan community in support of the use of Mala D. The most important of them is a woman’s feeling of isolation from the community during the time of menstrual periods. Isolation in the thinnaveedu for three to four days is not an easily digestible and bearable proposition for young Muthuvan women. Secondly, leaving agricultural field for three days may lead to loss of cultivation and crops at the peak time. Thirdly, when a married woman moves over to thinnaveedu, her husband is left alone with their children, if any. He has to cook for himself and the children, has no one to talk to, and has to take care of the children especially those who resides in wife's kudy. In their custom the husband has to keep a distance from in-laws. Hence, more and more women prefer to stay back at home and bypass the restrictions around menstruation.

**Table No.6.1 Arguments for Consumption of Mala-D to Prevent Menstruation**

<table>
<thead>
<tr>
<th></th>
<th>Arguments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Isolation from the community. Staying alone in the thinnaveedu completely for 3 days</td>
</tr>
<tr>
<td>2</td>
<td>Leaving the agricultural field for 3 days may lead to loss of cultivation or crops at the peak time</td>
</tr>
<tr>
<td>3</td>
<td>For a married woman, her husband is alone. He has to cook for himself. No one to talk and have to take care of children alone</td>
</tr>
<tr>
<td>4</td>
<td>If a death occurs in the family or the kudy she cannot attend the ceremony or see the dead body, even if it is her husband. If two nights are over in the thinnaveedu then with the permission of Kani, the wife can see the dead body of her husband</td>
</tr>
<tr>
<td>5</td>
<td>Unable to attend festivals and programmes in the kudy</td>
</tr>
<tr>
<td>6</td>
<td>Women are suspicious of husband's extra marital relationship</td>
</tr>
<tr>
<td>7</td>
<td>Managing 3 days with limited food items, water and dress.</td>
</tr>
<tr>
<td>8</td>
<td>Thinnaveedu is not proper housing. The four sides and roof of a thinnaveedu are covered by grass and the floor is mud; during rainy season water leaks from the top.</td>
</tr>
<tr>
<td>9</td>
<td>Wild elephant’s attack is quite common in the kudy. Due to this, women are scared of sitting alone in the thinnaveedu during the night</td>
</tr>
<tr>
<td>10</td>
<td>Unable to take care of a sick husband or children (in case)</td>
</tr>
</tbody>
</table>
**Does the changing SRH practices and use of Mala-D lead to empowerment?**

It is noted that these Muthuvan women have begun to control their body and sexuality with the diversified use of a contraceptive. This modification challenges their traditional cultural norms and practices. But, at the same time this bold and `subversive’ initiative on their part indicate a gesture of empowerment on their part as they themselves control their body functions. However, it has adversary effects/ impacts in their society, in their personal life and relationships. When Muthuvan women make themselves always available for work, even during their supposedly due menstrual periods, Muthuvan men take advantage of it. Even, if men do not work they do not have to worry, their *muthuvachi*\(^2\) is there to work and cook food for her man and her children. If a woman goes to thinnaveedu that would affect the men folk and so the husband himself buys Mala-D for her.

From the above discussions, it is to be concluded that the women are the integral part of this society. Therefore, men silently support women's consumption of Mala-D. It is interesting to note down Norman Long's (2001) perspective on continuity and discontinuity. The basic insight from this perspective is that when actors with diverse values, interest and power come together continuities and discontinuities in sexual and reproductive health practices emerge. Muthuvans, especially women, appropriate the modern schemes, facilities and services in ways that suit their felt needs. The response to the outside world is important for their survival and therefore, it is a negotiation that takes place in which they hold on to the 'tradition' and at the same time strive to adapt to contemporary changes. Women sometimes escape the control of patriarchy of the kudy but are still under the control of the patriarchy either through modern medicine or through other systems.

**Table No.6.2 Population of Edamalakudy**

<table>
<thead>
<tr>
<th>Year</th>
<th>Population</th>
<th>No. of Families</th>
<th>Average family size</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006- Survey report by Health dept</td>
<td>2470</td>
<td>629</td>
<td>3.93</td>
</tr>
<tr>
<td>2011- Survey report by Tribal Extension Dept (Compilation -2008)</td>
<td>2103</td>
<td>563</td>
<td>3.74</td>
</tr>
<tr>
<td>2012- Survey by Health Department</td>
<td>1815</td>
<td>512</td>
<td>3.54</td>
</tr>
</tbody>
</table>

\(^2\) Muthuvan Women
The total population of Edamalakudy was 2470 in 2006 and got reduced to 2103 in 2011. Further, it decreased to 1815 in 2012. A steep decline of population is observed and I argue that one of the factors behind this is the birth control through the use of Mala-D and at the same time the number of deaths increased as a result of old age and suicide. The number of pregnant women is 12 as per the survey of health department conducted in 2012. In the absence of birthrate a proxy calculation of crude birthrate has been done based on the number of pregnant women. It was surprising to know that the birth rate in Edamalakudy panchayath is 6.6. The birth rate of India is 20.97 and in Kerala it is 14.7 which is the lowest among the states of India. When it is compared across the world, the countries with lowest birthrate are Monaco (6.94) and Japan (7.31). One of the reasons behind very low birthrate among the Muthuvans is the excess and continuous use of Mala D.

**Women’s Response towards Medical Care in Pregnancy and Delivery**

An area where the influence of modern institutions and medical practices on traditional Muthuvan life becomes very visible is pregnancy. Late pregnancies are common nowadays. They never take any medical consultation or antenatal check up except in exceptional cases. However, they meet the health personnel who come in to their kudy for medical camps once in two or three months.

The Muthuvans still keep their suspicion and fear towards modern medicines and practices. The case of Sreemaya is a typical example. She had severe white discharge and she went to the District Government Hospital along with her husband. She was admitted in the hospital since she complained of stomach pain. Then the doctor could not diagnose the problem. Every morning, during the rounds doctor visited and asked her about her pain and if there were any other problems. Neither her husband nor she revealed about white discharge. Three days passed and on the fourth day, her sister, an anganwadi helper, visited them in the hospital. She revealed to the doctor that Sreemaya had the problem of severe white discharge. Immediately they started the treatment for it and she recovered after a few days. Muthuvan has a tendency to recede biomedicine and usually they treat with their available resources in the kudy. If they go out of kudy for treatment for them it is difficult to incorporate themselves with the procedure and language.

Amazingly, no one from Andavankudy has ever gone to hospital for delivery. From Ampalpadikudy only three women have gone to hospital for delivery and all of them had cesarean deliveries. In these three cases, the reason for cesarean was same. The hospital staff reasoned it as the absence of labour pain. Those who wish to go to hospital for delivery should get out of the kudy and the forest in the sixth or seventh month of their pregnancy and stay with some relatives in the town. They need to stay three months outside the kudy after
the delivery too. Therefore, those who have good contacts and networks outside Edamalakudy only can afford hospital delivery.

Atom Mani says,

If the delivery occurs in a hospital they do an episiotomy that makes vagina wider which makes it easy for the foetus to come out and they stitch the incision after the child birth in order to narrow down the width of the vagina. But in Edamalakudy deliveries occur in the kudy itself and hence no episiotomy is done and the natural widening of the vagina stays as it is making it very loose in nature. Subsequent deliveries further loosen the vagina. Hence, men do not get sexual satisfaction from their wives. Babu also adds that it is one of the reasons behind the extra marital relationship among Muthuvans, where most of the men run after teenage girls in the kudy (Field notes 2008).

Vasanthi, became pregnant after 7 years of marriage. She went to Anachal, the place where her brother Alakaswami stays, for the convenience of going to the hospital in the 5th month of pregnancy. Alakaswami prepared a small thinnaveedu for Vasanthi's stay after the childbirth that she can enter into this thinnaveedu directly after returning from the hospital. She visited Adimali Government hospital for the checkup and they asked her to undergo a foetal scan in the 7th month. During the scanning it was recognized that she was carrying twins, and the doctor told it straight on her face. She was alone in the scanning room and she started crying. She was very depressed after hearing this and no one was there to console her and tell her that it was normal to have twins. When she came back to the kudy, everyone started to pacify her. I was also asked to console and advise her. She was not eating or drinking anything. She was so confused about the proper caring and also rearing up of the twin children. She said, “I had not seen such things in my life.” Twins are a bad omen for them.

I decided to accompany her to the hospital and visited her at the place where she was staying in Anachal. I asked her about her preparation to go to the hospital. She said she had packed everything and was ready to go. As far as the requirements for a hospital delivery were concerned, she had not taken sufficient stuff with her and the bag contained nothing for the expected newborns. She was lying down in the ground and all other activities like eating and even sleeping took place there. Their aduppu93 was also in the same floor. Her intake of breakfast was ready only after ten in the morning; she got up by six in the morning and had nothing to eat or drink except a black tea. After ten in the morning, she had two pieces of tapioca with chutney made of chilly. Later she had rice with sambar. I was five months pregnant at that time and she was nine months and carrying twins. I was more tired than she was, climbing the mountain all the way. She delivered after two days and it was a caesarian session. As mentioned earlier, all the hospital deliveries of Muthuvans were caesarian. So far whomever I had contacted for this study, women from Edamlakudy and elsewhere, who had been admitted to hospital for delivery, Vidhya, Sreemaya, Vasanthi in Edamalakudy and

93 Stove
Rasmi from Marayoor, all had caesarian deliveries.

The period of postpartum amenorrhea is quite lengthy among Muthuvans. There is at least a gap of two and a half years between every delivery in Edamalakudy. Ponnu says, ‘We get periods after two years of delivery’. Vidhya added that it was quite normal among the Muthuvan women. Ponnu is the mother of a two year old child. She did not get her periods after delivery. It was observed that all women breast feed their children frequently for a longer period. Regular breast feeding among them could be a reason for their delayed onset of menstruation in postpartum period. The ovulation after delivery is delayed and therefore, spacing between two births among Muthuvans is natural.

**Sex Preference and Sex Ratio**

In old times, Muthuvans had large families, with ten or more children for every couple but in most of the cases many of them die in their childhood itself leaving only three or four children. Now due to the state initiated family planning programmes, awareness programmes and other incentives by the Government the fertility rate has decreased in most of the families in Edamalakudy. Preference for a girl child is prominent among the Muthuvan. They use the word *makkal* for girls; the literal meaning of *makkal* is children. If anyone asked how many makkal (children) you have, the answer will be as per the number of girl children.

**Table No. 6.3 Sex Ratio of Muthuvan along with that of India, Kerala and other selected tribes**

<table>
<thead>
<tr>
<th>Age group</th>
<th>All ST India</th>
<th>All ST Kerala</th>
<th>Marati</th>
<th>Kuruman</th>
<th>Muthuvan</th>
</tr>
</thead>
<tbody>
<tr>
<td>All ages</td>
<td>978</td>
<td>1021</td>
<td>1008</td>
<td>995</td>
<td>976</td>
</tr>
<tr>
<td>0-6</td>
<td>973</td>
<td>974</td>
<td>1054</td>
<td>948</td>
<td>943</td>
</tr>
</tbody>
</table>

*Source: Census India (2001)*

The sex ratio of Muthuvan shows high risk and this is the least sex ratio among the tribes in Kerala. Universally, the number of females is more in any given community. There is growing concern over this imbalance in sex ratio. The sex ratio among Muthuvans is less, which is the lowest in Kerala and especially in the under six category. Muthuvan stay inside the forest totally away from all medical and diagnostic facilities. A minute percentage of Muthuvan women go to hospital, but that too at the end of the second or the third trimester. At present, there are absolutely no chances of sex determination among them. On listening to their conversations it is understood that they prefer girl child. They mentioned that they have herbal medicine, which they consume during pregnancy which helps them to have a choice of sex of the baby. However, that is not applicable because they themselves say that it is only
after six children that the old women who carry the secret of this medicine, reveal it to women. Therefore, this is not the reason behind the decline in sex ratio among Muthuvans. It is difficult to trace the reason behind the decline in sex ratio. Getting those medicines are very difficult, says Atom Mani. May be some indigenous people have a tendency to procreate more male members than female children, as reported by Thurston (1909). Existence of polyandry also gives a hint towards that. Muthuvan women are very shy and usually have a tendency to run away from outsiders. Therefore, another reason for distorted sex ratio may be due to the under reporting of women and girls at the time of enumeration.

Transitions in the institution of Marriage

The system of marriage among the Muthuvans has changed during this decade. They have adopted many customs from few other people. Though Muthuvans in Edamalakudy have only limited interaction with the outside world, through marriage alliances with Muthuvans from other places, many changes have come into the kudy. Most of the marriages are not pre-planned. The bridegroom will reach the kudy without prior information and meet the father of the bride which will invariably be followed by the wedding ceremony. Since there is no prior invitation even the siblings who are in other places cannot participate in the function. Once, when I contacted Vidhya\(^4\) over phone, she said her sister Ammu got married and she was not present for the wedding. ‘I was in Kattamudi, I did not know it. Only three days after the marriage I came to know about it.’

Two years back in Edalaparakudy there was a marriage, where the boy was from Marayoor. Their practices related to marriage have slightly changed from that to Edamalakkudy due to their interaction with the outsiders. Most of the traditional practices associated with marriage have been eroding among Muthuvans of Marayoor. In Edamalakkudy the bride’s friends were getting ready to play hide and seek, as part of traditional practices. But, the groom said to the bride’s friends, ‘I cannot go and find the girl, if you want me to marry her come out with her’. In the past, a special comb named pukari was made by the groom was gifted to the bride, which was supposed to be worn in the hair as a lifelong gift. These days the boys do not know how to make this comb. It used to be considered as a mangalyasutra. Widows do not wear this comb. However, the new generations do not follow this custom. Muthuvans do not have the practice of dowry system. Boys and girls will get equal share of property from the parents. After marriage they start a new life in a new house built for them. Both exogamy and also marriage outside Muthuvan community is considered to be big offenses. Nevertheless,

\(^4\) In Edamalakudy I stayed with Maniyamma, an anganwadi helper and ASHA, whose husband is Ex Panchayath member. Vidhya is their eldest daughter. She married her father’s sister’s son who lives outside Edamalakudy but she comes with her family to her parents house and stays there for months. I depended on Vidhya for food during my stay in the kudy.
they have gradually loosened these rules in certain special cases; for example, they largely accept those who marry from and into the Tamil higher castes of Chettiyar and Thevan.  

Early decision on marriage is quite common among Muthuvans; mostly fixed either by parents or by the chief of the clan. When a baby boy is born in a clan, they await the birth of a girl to fix their marriage. But of late, this practice does not seem to go down well with the youngsters and they prefer to marry someone as per their liking when they grow up. If the parents forcefully push them to marry the person they have formerly betrothed to, a few girls and boys tend to give up their arranged marriages and return home in a short span of time after the marriage. Hence, the parents are not as rigid as before regarding their choice of bride and groom and in most cases they are allowing young people to take their own decision.

**Crisis in Marriage**

Crisis in marriage have taken a leap among the Muthuvans with the influence of outside agencies at various levels. One common reason for recent rise in the marriage crisis is the result of arranged marriages between an educated girl and non literate boy or an elderly man. Nowadays, the number of girls going outside the kudy for various purposes viz. education, training programmes organized for Mahilasamakya and ASHAs, anganwadi helpers have increased. All such programmes provide exposure to external world. Most of these training programmes educate the tribal women on different aspects of women empowerment. Once they come back to the kudy and share their experiences with other kudy women, they also get a picture of the world outside and get motivation for change. These experiences and sharing have helped to boost confidence among Muthuvan women. So when an educated and empowered woman marries an uneducated man, the mismatch may eventually lead to marital discords.

Edamalakudy has quite a number of families with separated couples. Among the total twelve families in Ampalapadikudy, five families have spouses staying separately and in one family itself there were two such cases. Every house in Ampalapadikkudy, except two, has a history of marital separation. In Andavankudy too, about half the families have cases of marital separation. Among these cases, most of the separated couples are young indicating a recent trend. There are rare cases of bigamy or entertaining extramarital relations but the general attitude of people here is against such tendencies. There is a man in Andavankudy, who has

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95 Another prominent caste in Tamil Nadu
96 In each clan, a person from particular family is assigned to decide the marriage related matters. This is a position one gets through birth. That must be a male and he would decide who marries whom in that clan. He only arranges the bride and groom to meet. However, in the present stage mostly the boys and girls find the person by themselves. If one could not find a partner and if she or he does not have a pre determined one, he or she is in a position to find a spouse by himself or herself. Last year this person's daughter's marriage is fixed and after 15 days marriage she runaway with her boyfriend.
two wives. One wife is living in Andavankudy and the other one, who is 19 years old, lives in another kudy in the Edamalakudy area. He has four children from the first marriage.

Muthuvans, in Edamalakudy are exposed very much to media, especially Tamil commercial movies through easily available VCDs. They are the ‘windows to the world’ for the Muthuvans, prompting them to fancy about the ‘wonderful’ life in the world out there. Their children are named after film stars. Groups of adult men, both married and unmarried, regularly watch porn movies in their chavadi. They generally say that there is no question of extra marital relationships in their tribal community. ‘Vechal vechidathu irikkum’ (joined for lifelong), is what their conviction is. But one can observe increasing marital discords and increasing number of separations. In case of separated couple they may not have any valid reasons to justify it. It is the panchayam that rules over cases of divorce, but there are enough evidences and arguments to assume that ‘modernity’ has greatly influenced the drastic changes in marriages and separation among Muthuvans.

The already existing ambiguity regarding relationships among them is amplified with the influence of the external world. For example, Rayappan is living with a woman almost the same age of his daughter, though this trend has not in any way got the approval of the rule of the kudy or the nod of the majority’s. Kannaki's father is also living with another young girl. There are also few women who have begun to talk back to men, asserting their dignity and freedom. They do it when their men come home drunk and are hopeless. The strict guidelines associated with the matters of reproductive life like freedom, restrictions, taboos and separation are continue to exist. Muthuvans are not yet affected by 'modernity' to that extent because of their geographical seclusion, less access to education and lack of excessive exposure to the outside world. Here, it is important to note Thurston's report (1909) that polygamy and polyandry exist among Muthuvans. Hundred years ago there was practice of both polyandry and polygamy. The present old generation is more monogamous but few men who belong to the age group of 30 to 45 years show a trend of following polygamy or multiple relationship. The present older generation considers it to be a negative attitude. But many people from 30 -45 years age group has a negative feeling towards those who have multiple partners or the ones who have abandoned his wife and children and gone along with some other woman. They have a moral to live with their own wife and family and it is observed that some of the abandoned wife and children has a stigma attached with the father's/husband's extra marital relationship. Some cases have led to suicide. This 'stigma' and notion of ‘morality’ is a new encroachment their world from outside. Mostly, I observed such feelings in the Ampalpadikudy people who have more interactions with outside world. It is clear that their marriage system is undergoing transition. On that trajectory one can see a transformation of polygamy to monogamy in the present older generation and few from the
younger generation is showing a tendency towards the polygamy which has roots in their culture itself. Further, the attached stigma and morality shows an external influence on the institution of marriage.

**Dynamics in Food Habits and Agricultural Practices**

The food habits of Muthuvans have undergone significant mutations with their exchange with the modern world. They used to collect their food items from the forest and cultivate finger millet in larger quantities and paddy at a minimum level. Introduction of Mahatma Gandhi National Rural Employment Guarantee Scheme gives a good source of income to the people. Earlier, they used to work for one another without proper wage system. Those who do not have land and hence, cannot give work to others will get a wage of Rs.60/- per day. Eventually, the availability of rice with nominal price and lack of a steady income source made them approach the civil supplies more frequently than earlier. The attack of wild elephants in the finger millet field is another factor that has made them more dependent on the Civil supplies for their food needs.

A shift in the food habits from the 'traditional' to 'modern' among the Muthuvan is observed and it has adversely affected their agricultural practices and the health of the women and children. The children those who are studying outside are exposed to rice and they get used to it and therefore, when they come back to kudy, they prefer eating rice. Shift in the agricultural practice came after the introduction of free common supplies. The conventional agricultural practices of Muthuvan have been finger millet farming. But, owing to the periodic attack from wild animals, especially wild elephants they had to forgo this crop cultivation. Ratnaswami an old man, from Andavankudy said, 'We toil in the field from morning till evening under the sun and in the night elephants come and destroy our finger millet farm completely. Whatever we cultivate the animals destroy'. In this context, the tribes readily accepted the food supply from the government. Moreover, before the introduction of free common supplies, the Muthuvans were paying loading charges of Rs.5.5 per kg of rice from Pettimudy to Edamalakudy. But now, the loading charges to Edamalakudy settlements are practically removed which provide them with free or rationed supply of rice for a nominal amount i.e., Rs.1 per kilogram.

It may sound as a benevolent gesture on the part of the government, but this scheme in the long run seems to have eradicated their traditional agricultural practices which were healthier to them. Finger millet gives most of their nutritional requirements like carbohydrates, calcium and iron, but the rice cannot meet these nutritional requirements. Such dietary shift will have adverse effect on the health of women and children in the long run. The old folk prefer finger millet cultivated naturally by them in their own fields. They still prefer to eat that. Young
Muthuvans have considerably moved away from their traditional food practice and shifted to 'modern' practices. This transformation affects not only their health but also their culture and values connected to it. The rice that they are getting is white boiled one. They do not cultivate any pulses or vegetables in the kudy except beans and they eat some wild green leaves occasionally. Beans and green leaves are seasonal and so they cannot consume this daily. Thus, mostly they prepare rice and dhal (lentil). Having dhal with rice is almost a luxury for them. Cultivation of commercial spices like cardamom has increased and pesticides are used profusely aiming at better production. The pesticides make the soil polluted with harmful chemicals, which indirectly reaches the cultivating food items too.

Commercial crops like cardamom have been cultivated by Muthuvan which gives them a steady income. Cardamom has given a better footing to Muthuvans, made them richer and they have started investing money in Gold and Life Insurance Corporation policies. Further, they use the returns from the good yield to celebrate the festival of Pongal. But this boon has come with a price, i.e.; the use of pesticides and other chemicals to boost production have after effects to the hitherto virgin soil in the forest land. The pesticides and the chemicals have begun to contaminate the soil and water and this has badly affected the flora and fauna of the reserved forest. Moreover, easy access to pesticides, especially those poisons like Ecalex has made it easy for those Muthuvans who decide to commit suicide.

The changes in food habits seem to affect the Muthuvans in two ways. Giving up traditional 'healthy' nutritional habits and the changes in cultivation patterns have left them in vulnerable conditions and make them susceptible to diseases. Women and children are more affected with the change in food pattern, since they need more iron and calcium. Apart from being vulnerable to ill health through malnutrition, there is also the threat of pesticides used in cardamom cultivation. Some Muthuvans even resort to a dangerous poison called calypso used as pesticides when they decide to take their lives. The easy availability of this pesticide has brought in such unforeseen results in the lives of Muthuvans of Edamalakudy. It spreads in the water and those who use it in the cardamom field without proper precautions may be subjected to physical deformity and chronic illness. Further it affects the flora and fauna of the forest. The nutritional deficiencies affect the health of the women and children due to the transformation of this food habits.

**Mobility in Social Life**

Those who have not yet seen the world outside know the outside cultures only through the description they get from others who have gone out and also through the visitors who come to Edamalakudy, like teachers, health department staff and loaders. Teachers and loaders are the main set of outsiders reaching the kudy and having a sustained interaction with the residents
of the kudy. It was noticed that a few women from Edamalakudy regularly go to temple in Marayoor and a good number of them are going to the hospitals too. In Marayoor, women would also go to the markets alone or in groups.

Earlier Muthuvan women used to sit around a big vatti and eat together from it. Now plates of various shapes and sizes are available in most of the Muthuvan houses and they have started eating individually except on some occasions. This practice has reduced communication and interaction among women and they are getting more secluded. Living to the tune of nature is also declining and fast life is slowly creeping into the kudy and surely this would affect their spontaneous get-together and celebrations. During such gatherings they used to share among themselves even matters related to their personal life and sometimes sexual and reproductive health issues. As number of community gatherings is getting reduced, some of their unique outlets for socialization are also taken away.

Those who send their children outside for better education have better economic and social profile. Besides, educating their children gives sufficient exposure to the parents as well. When children go to tribal hostels and other boarding schools, it gives them sufficient opportunity to interact with the teachers, other parents and children from different communities. This becomes a doorway to view the lives of other people, changes happening around and so on. People who have greater interaction with the outside world have a tendency to speak Malayalam fluently besides their traditional Muthuvan language. It was also interesting to observe how the girls adapt to the modern situations: if the girls go to schools outside Edamalakudy after kondakettu, they dress up like other children from outside the kudy. When they come back to the kudy, then they wear the traditional dress of the kudy and put a konda on the back of their heads.

The entry of external things into their traditional cultural practices has brought significant changes among Muthuvan women. They used to be very shy to face outsiders in old times (they would run away at the sight of an outsider). Such behaviour has changed drastically. 'Modernity' is bringing in more trust in Muthuvans towards outsiders, towards modern things, facilities and way of life, towards modern medicines, food habits and so on. The way they accept the changes and adapt to the changes is in many cases becoming occasions/channels for empowerment especially in the case of Muthuwan women. Many of their responses to change are rather negotiations than full-fledged processes of adaptation; they take something new, and retain many things old.

**Education: the Catalyst of Change**

Education is the main agent of change in any society so is in Edamalakudy. Earlier, Muthuvans were giving least preference for education, but now their children are sent outside
the kudy and to different tribal hostels for better education. Every child in the kudy goes through some education system, either the anganwadi or Lower Primary (LP section 1-4 standard) school or a kudy school managed by a single teacher. Schooling, for the first time gives the Muthuvan children an exposure to language/s other than Muthuva language. The anganwadi teachers of Integrated Child Development Scheme (ICDS) and the Lower Primary school (LP) teachers are outsiders and are not familiar with the Muthuvan language. The students and teachers initially make a reciprocal relationship in mutually learning each other’s language. With advancement of education in the kudy, one girl has completed 12th grade and four boys have completed SSLC (10th) grade in 2009.

About ten-twenty years back, all girls used to stop their schooling with kondakettu that comes usually after their 4th standard or even before that. Now this is not the case; parents are now very conscious of educating their girl children, even when their traditional customs and practices might stand in their way. They are now sending the girls back to school even after kondakettu. Some of them even sent children to schools outside the kudy. For instance, Maniyamma is educated only up to fourth grade, since she had to discontinue her education due to the shifting of family from the place Anachal (outside Edamalakudy) to Edamalakudy. She is an Anganwadi helper. Her older children are illiterate, but she has now sent her younger children to the boarding school, inspired after her exposure as an anganwadi helper. Once Ammu, daughter of Maniyamma, was dressed up and was about to leave for tribal hostel with her friends from Edamalakudy. But, she got her periods at that time. She did not want to go to the hostel, but Maniyamma forced and sent her to the hostel. According to Maniyamma, ‘If she stayed back here, then after a week I would have to carry her to the hostel. Now the things have changed. Earlier we couldn’t even think of going inside the forest during menstrual periods’.

On the other hand it was observed that the older generation and people who have not had sufficient exposure to the outside world have reservations towards girls’ education and do not hold much regard for girls’ education. Mayilswami, for instance was not much in favour of educating Ammu, his granddaughter. He thinks now it is time for her to get married and settle down. Here, the old man is not favour of her granddaughter’s education. Some others are suspicious about girl’s interaction with the outsiders. Many of them are scared to interact with outsiders and therefore they usually withdraw from such situations. An old woman named Kakkathi from Marayoor narrated:
When I was a child, if anyone from outside came to the kudy immediately we would go inside our house and hide; and we used to look through the pores of door to see what they were doing till they were gone. I don't know why we were scared like that. Those days we thought that the outsiders would kill us or eat us (pidichu thinnumo atho kollumo enthannariyilla vallatha pediyayirunnu) (Field notes 2009).

A few of the parents still fear the outsiders, which make them restrict their children going to school. Some of the Muthuvan parents have apprehensions about sending their children to schools and hostels outside that it would lead their children to mix with people who eat beef and any other set of people with whom they do not want to have interaction. Though Muthuvans are non-vegetarians by nature, they usually do not eat beef (meat of cow or bull). They have strict taboos associated with that. To quote Subhadra, ‘We will not eat cow's meat and we will not even drink water from those houses where people eat beef and we will never allow the beef-eaters to enter into our house’. The tribal hostels run by the Scheduled Tribe department of the state government have students from different tribal groups and other communities. They serve all kinds of food there. Ambili from Marayoor has her daughter studying in the first grade and staying in a boarding run by Christian nuns. While taking admission she made it a point to tell the sisters that her daughter Prabhala should not be served beef. Being from Marayoor, Ambili has more exposure and knows how to deal with situations involving outsiders, so she does not shun away from dealing with them. She makes sure that her daughter gets the best opportunities.

Even though parents want to send their children outside the kudy for education and exposure, there are practical difficulties. Despite education, boarding and lodging being completely free for the tribal people, most of them cannot afford traveling from the kudy to the school and the other miscellaneous expenses on the way. Another hindering factor is that if the father of a family died or went after other women, children's education suffers, since there will be no one to take them to schools outside the forest. Women alone are restricted and reluctant to go outside the kudy walking long routes through the forest to enquire about different schools and make all required arrangements.

Education is an important factor which was brought in to the Muthuvan culture. Muthuvans have started interacting with the outsiders and understanding other customs and practices have made them rethink about their own practices. SRH practices also have changed tremendously due to education and training of ASHAs.

**Influence of Electronic Media**

For Muthuvans, the movie Compact Discs (CDs) serve as a bridge to the outside world. Most of the women in the kudy, who have never gone outside has not seen vehicles, buildings and similar modern facilities and see them for the first time in the movies. Though, movies serve as an important vehicle for the entry of modern culture in the Muthuvan world, they also
create some negative effects in the community. People here have begun to imagine their real life in tandem with reel life and build up their expectations in that line of movie stars and images. For example Muthuvans did not have a considerable history of extra marital relationships in past decades. The increasing number of separation and cases of suicide in the kudy may be due to the influence of media. Now looking at the increased incidence of marital discords, separations and suicides in the kudy on account of extra marital affairs, one could presume it as influence of movies to some extent. Exposure to porn-movies is also associated with this.

**Dynamics in the Structure of Muthuvan House**

A very distinct shift in the system of housing was noticeable in Edamalakudy. The traditional mud houses are slowly disappearing and more concrete buildings are coming up with government funding. They used only natural or organic materials for construction of houses. Gopalan, an elderly Muthuvan, commented on the strength of a mud house, ‘anakuthiyalum ithinu onnum pattilla’. (Nothing will happen to this house even if an elephant tries to knock it down). Changes in housing patterns and structures have begun to affect their traditional habits and practices meant for treatment of ailments.

When they get sick they lie down near the hearth on the mud floor. These two elements are supposed to aid the healing process. Further, the rattan mat they are using is a natural product and they say the impurities from the blood and the body are also absorbed by this mat. A few from the younger generation prefer the plastic mat available in the market due to its durability and convenience. But it was noticeable that the one who used plastic mats also preferred to sleep in rattan mat at the time of their illness. With the onset of changing housing patterns, their system of healing with mud and fire is now being challenged and even altered under the influence of the so called development programmes of the government.

The Government tries to implement various schemes among the tribes with a development perspective that could steer these tribes towards the mainstream society. However, tribal people have a divided approach towards such development schemes/programmes and accept it in their own way. For example, the health department has introduced various programmes like modern thinnaveedu with cement flooring and attached toilet for women during their menstruation. Traditionally, Muthuvan women used to lie down on the floor near the hearth during the time of menstruation. They do not like the system of attached toilets and they point out the lack of a hearth in the floor as something they miss dearly. Due to these reasons women are not using the modern thinnaveedu for their menstrual stay. Some of those thinnaveedu are now turned into goat sheds. Interestingly, in Ampalapadikudy people have modified the thinnaveedu according to their convenience and they are using them effectively.
They removed some part of the cement flooring and made a hearth on that and use those thinnaveedu for their traditional practices. They plaster mud on the floor and that is where they lie down. Thatha, one of the women commented 'otherwise our thinnaveedu also would have been turned into goat sheds or lie empty like the new thinnaveedu in other kudys’.

Muthuvans have the capacity to grasp things quickly and imitate accordingly. Krishnan Kutty, an employee of Girijan society expressed this opinion. When he worked in Edamalakudy he made a small house for his own purpose with mud bricks. He himself made the bricks with mud and water. He made hexagonal shaped bricks and put them under sunlight and was later baked in fire. Some Muthuvans observed this and they also started making bricks like that for their own purposes. Mainly they used these bricks to construct their storage places and cardamom dryer sheds.

Thus, one could observe that Muthuvans are adapting quite well and modifying the modern structures and making them to suit their traditional purposes. They do not seem to have strong resistance towards the modern ways and styles of living, which call for re-articulation or even abandonment of some of their traditional customs and practices. Edamalakudy used to be the thirteenth ward of Munnar Grama Panchayath. They did not have many specific schemes for Edamalakudy settlements. Declaration of Edamalakudy as the first tribal Panchayath in Kerala since 2010 would help the government programmes to reach the tribes directly. As the people in the kudy themselves have become decision makers they could plan and enact programmes in their cultural context.

**Dynamics in Dressing**

A tremendous change has happened over the years in the dress culture of Muthuvans. In the past, the women were not used to wearing blouses but now it is changing. There are no tailors available in Edamalakudy to stitch blouses. They have to depend on people from nearby towns for that, whereas in Marayoor, there is one Muthuvan girl, who stitches dresses. She learned tailoring from the nuns in the nearby convent and they also have given her a tailoring machine. She told, 'now I am unable to do other works, since sitting and doing tailoring has become a habit. My mother does all agricultural work and firewood collection. I never get time to go out for those kinds of work, and now I do not feel like going'.

Earlier all women, irrespective of marital status and motherhood, wore sari in melpudava style. Even now some of the old women wear sari as melpudava without blouse. At present most women whether in melpudava or maradi, use blouse except for a few older women. Another conspicuous entry is that of nighty (long night dress) which entered into their life recently; but now only a few young women use that. The same corresponding change has
happened in the dress culture of Muthuvan men. They have removed their thalappavu which they were supposed to wear always. Now it exists only among few old men.

Maradi was the way of dress in early days. That is the reason why even now we could see most of the old women wearing sari in the old fashion without blouse. Later blouse came into their world and young and middle aged women started wearing it and changed the style of wearing sari imitating the outsiders. Of late, young women also have started wearing blouse along with maradi and they shifted to the common way of wearing sari after child birth. Young girls who study outside have started wearing salwar-kameez outside the kudy. Old women do not like the young girls wearing undergarments. They say that all these are unnecessary things and it is nonsense that the young girls are wearing them. But, most of the women wear bra and hardly have they worn panties. Girls or women who wear sari in maradi style often change to the common attire it when they go outside the kudy. Then it becomes difficult for others (outsiders) to recognize them as Muthuvan women; they look like any ordinary Malayali woman.

People in the kudy keenly observe any outsider entering the kudy: how they dress, behave and move about. Some women in the kudy seemed very interested in gathering information about the customs and practices in the 'world out there' beyond their kudy. Those who come to the kudy from outside for different purposes are the major source of information and medium of interaction with the outside world. Further, if a woman from any kudy gets a chance to go and live outside, she comes back with new mannerisms, which will soon be noticed by other folks in the kudy and they try to copy the same. Such changes could be observed in their life style, like in the way Muthuvan women wear sari in their kudy. Outside the kudy women have started wearing sandals, which they never used to wear, when their lives were restricted to the limits of the kudy. They still will not wear slippers in front of older women, who would scold them for wearing it. If an old woman sees a girl wearing slipper inside kudy she says, 'chop off her foot' (*avalde kalu vettikalayanam*). However, men did not have such restrictions and wear slippers inside as well as outside.

To conclude Muthuvan's dress is the representation of their culture. A mother, an unmarried woman and a widow all have different dressing patterns which differentiates the various stages of muthuvan womanhood. The changes brought by education and changes occurred in the kudy practices among the Muthuvan are more 'civilised' but they still hold as to their culture and cultural practices. Educated girls like to dress well, though their husbands are afraid of other men getting attracted towards their wives, leading to suspicion of infidelity. It is also noticed that, new patterns of schooling (especially outside the kudy), are taking a toll on the traditional rituals and practices; the timing of rituals and customs like urumalkettu ceremony, kondakettu and thalemuttu are subjected to adjustments in order to suit the
demands of modern education. But, there have been situations in the kudy where the interface of contemporary changes and local practices led to conflicting reactions and responses. There was this incident when a girl from Andvankudy who menstruated at boarding house was called back home and was never sent back again to school. There are plenty cases of school dropouts resulting from such cultural norms. Educated girl refuse to marry at a young age, something which the family would naturally object. Even if such a girl keeps pressurizing the family and wins them over to her side, interestingly the families tend to succumb to community interests. Many such girls finally get married as per the parameters of the Muthuvan community, but they continue their zeal and thirst for acquiring knowledge and also at times for imparting their knowledge to other girls, who happen to be confined within the boundaries of the kudy.

Strategies of response at Community and Individual Realms
Culture of a community is a complex web of organic and dynamic processes and it distinguishes a particular group of people from others. There are always ongoing changes in all cultures; some changes are drastic and some other may go unnoticed. Incidentally, most changes in culture are brought in by external factors. In the case of remote, rural and traditional communities, change occurs in slow pace, for their culture is rooted in age old customs and practices, aloof from immediate influences of modern urban life. In such communities culture is associated with suspicion, fear and punishment any change in cultural practices faces strong resistance especially when it comes to the area of sexual and reproductive health practices. Holmberg (1960) explains the adoption process of any externalization intervention and material for a traditional community undergoes through seven stages. The first stage is the process of 'individual cultural change', availability of the innovation to the individual. The other five stages in the middle are awareness, interest, trial, evaluation and adoption. Holmberg's seventh stage is the integration of innovation into the individual's routine. For a traditional society, the most important stages are availability and interest. One can see the difficulties for an agent or action to reach on Indian tribal setting due to geographical isolation and cultural isolation like language. The old generation 'the elders' who still enjoy power and positions in such communities usually oppose changes vehemently, because the new ways might challenge their conventional hierarchies and belief systems that they have been holding on as 'sacrosanct' for ages. Such overarching belief systems provide those communities with intricate mechanisms of control over its members through the customs and practices, which ensures that no one, especially the (educated) young generation, deviate from the traditional norms, rules and regulations.

In a way traditional society is propelled into the 'modern' world, and gradually, though not without some institutional hiccups (i.e. what are often designated 'social and cultural
obstacles to change”), its economy and social patterns acquire the accoutrement of ‘modernity’ (Long 2001). The state and other welfare agencies attempt to project a development based on the parameters they have developed as per their notions of development. This is very evident in the way the state try to ‘transform’ the tribal communities, which are self-reliant in many respects. They have their own agriculture production, means of livelihood, administrative structure, rules and norms in the hamlet, traditional health and healing practices. Nevertheless, the state introduces so called development strategies to ‘modernise’ them. Sometimes such development interventions could turn around their culture or twist the expected development. The state and its machinery often do not take any responsibility of the reverse impacts of development and decline to revert what is expected to happen.

Standardisation patterned after schemes of modernization and development fails to take into consideration the diversity of human life. Ingold (1994: 335) comments, “One of the most striking features of human life is the extraordinary diversity of ways of living it”. This diversity often is based on the response of each community towards change. It causes different impacts on the personal and social life of people. Response varies from person to person and community to community and it is usually mixed with confusion and fear. Such apprehensions, confusions and fear of punishment for change is more aggressive among tribal communities as they are closely woven with customs and traditions related to their belief system. Obviously, tribal people have a rhythmic association with nature in their life compared to general population. They usually resist changes brought in by contemporary practices, voluntarily or involuntarily. However, eventually every community has to address the conflicts (social as well as impacts on their individual life) created by changes. The community deep rooted in practices may slowly accept the process of change denouncing the associated confusions. However, they hold on to their practices along with the changes happening in the community due to external contacts at a time.

Addressing the ‘public concern’ and ‘private dilemmas’ is one such issue in front of indigenous people. The government proposes policies and programmes for the welfare of Muthuvan and implements them often without considering the cultural milieu ruling their life. Therefore, when these programmes reach into the tribal hamlet they become an artifact or the tribes may diversify the use of it. These make the people confused and often put them on risk. For the tribes, the government programmes and policies interrupt their natural ways of being and living. Take a specific case from Edamalakudy, many houses now have concrete floor and wall and the roof with tin sheet, constructed under various government schemes. Earlier, the roof was grass, the walls and the floor were of mud. A sick Muthuvan prefers to sleep in the mud floor nearby the hearth, but there is no hearth on the floor in the new type of houses.
provided by the government. Such changes force them to involuntarily change their health/healing practices. However, some people have made another room attached to their concrete house, with the floor and wall in mud and roof with grass; they keep the hearth in the extra room.

Entry of ‘modernity’ has indeed brought in changes in the life of Muthuvans in Edamalakudy, leading to significant social and personal impacts. However, these changes are happening with slow pace compared to other tribes in Idukki district itself. One reason could be that other tribes are not in any way geographically isolated as the Muthuvans are. Another important element that stands in the way of sudden social changes or the so-called ‘progress’ in Edamalakudy is the fact that all educated young people, even those who went outside the kudy and those who stayed in boarding and hostels return to the kudy after their education. This is in contrast to some drastic changes we observe in some traditional societies, where the younger generations do not want to follow the lifestyle or trade or profession of the elders and even want to move away from their traditional geographical habitat. In the case of Muthuvans, no case is observed so far of any member, educated or non-educated, abandoning their kudy, moving away and settling down somewhere else.

Anthony Giddens (1987) has characterized ‘modernity’ by capitalism, industrialism, surveillance and political power. For him, capitalism is an exploitative system of commodity production and circulation. Industrialism is distinguishable from capitalism in so far as it refers expressly to the transformation of nature and use of inanimate sources of power. By surveillance, Giddens means supervision of “subject populations in the political sphere”. Commenting on ‘modernization’ and its consequences, he says that the process has not only influenced traditional economy but has also added new dimensions to some of the sensitive areas of power concentration. Further, Giddens (1984) argues that social life and experience owe their structure to a structuration that is continuous and crossed by contradiction and conflict. In Edamalakudy one can see the influence external agencies have in the life of Muthuvans which takes control over their own traditional practices and puts people in a conflict situation.

In this context it is significant to elucidate the internally generated strategies and processes of change, the links between the ‘small’ worlds of local actors and the large-scale ‘global’ phenomena and global actors, and the critical role played by diverse and often conflicting forms of human actions and social consciousness in the making of development. The practice, values and relations in a community are historically contingent, socially enacted and culturally constructed ‘worlds’. The changes in the Muthuvan kudy including the influence of knowledge of biomedical system is interpreted and acted upon in unique ways by individual actors and institutions. One can see how Muthuvans, especially women localize the process of
change to create a unique and vernacular form of experience for themselves. In the process of adaptation and responding to the challenges posed the Muthuvans are often in conflicting interface between the dynamics of their practices, especially in the areas of sexual and reproductive health practices. The social medicine and biomedicine, both are different systems and both have role to play in an individual’s life. The exposure to and influence from the outside world changes the life of the Muthuvan people in Edamalakudy in various ways. Some components of this change enrich their quality of life and some other aspects shake up their traditional cultural practices and pose serious challenges of adaptation. Drastic changes are observed in the rituals of marriage, kondakettu, thalemuttu and urumalkettu. People in Edamalakudy tend to modify and adapt these rituals in ways that suits them and also incorporate certain components and symbols learned from the cultures outside. The entry of external agencies is a main factor of change in almost every community. But sometimes these agencies do not work as per the original vision of the planners and those who implement the vision at times divert the actual purpose of it. The discussion shed light on how the ‘modern’ institutions and agencies, governmental and non-governmental reach out to the Muthuvans in Edamalakudy and influence and even modify Muthuvans’ social, cultural, sexual and particularly the reproductive health outlook and practices. Obviously, whatever be the changes happening in sexual and reproductive health practices are due to interventions from the world outside. These interventions have its shortcomings which cannot be ignored but needs to be examined, analysed and addressed for the promotion of health of tribal women through safe reproductive health practices.

**External Influences on Social Customs and Practices**

The institution of marriage is a significant factor that construct the the identity of a tribe for the Muthuvans. 'Modernity' has influenced and to a great extent changed the customs of marriage among Muthuvans of Edamalakudy. Earlier, Muthuvans strictly observed their traditional customs and practices and any individuals or family or even leaders of the community invariably faced the punishment of the community for violating norms of the community. *Ooruvilakku* (excommunication) used to be the highest of all punishments, which was imposed in cases of marriage outside the Muthuvan and marriages among members of same clan (exogamy). In earlier days ooruvilakku was a big issue and matter of concern but now the community has begun to treat ooruvilakku casually. In many cases, they tend to accept the excommunicated back to the community after fixing some conditions to waive ooruvilakku. The interaction with outsiders and the reactions from inside the community have helped to initiate changes in the restrictions to make them quite milder in comparison to earlier days, when Muthuvans were very strict about marriage within their own clan. But, now they themselves find a spouse from outside their clan. Still, they attempt to hold on to their
'traditions' and identities. The new generation exposed to the world outside through real life experience and media make own choices within the firm bonds and customs of the community. The tribe identity relaxes itself and succumbs to the intrusion of 'modernity' to a great extent.

A comparison between Kannaki's and Thankathai's cases which is described in Chapter.VI shows a clear example of discrimination and double standards in imposing the traditional punishment prescribed by Muthuvan. In the case of Kannaki the separation due to 'pollution' through marriage outside the tribe was limited only to a few months, but for Thankathai it was life-long. One obvious reason for the waiver in the case of Kannaki is that she married a person belonging to chettiar community which is considered as higher caste. Another reason was that she herself has a superior position in the clan hierarchy within the Muthuvans. On the other hand, Thankathai married outside the tribe and that too a person from a lower caste, she herself belongs to a lower clan hierarchy in the Muthuvan community. The power that clan hierarchy assumes among Muthuvans today has traditional moorings as well as the sanction of the new value system ushered in by 'modernity'.

Muthuvans seem to be curious about the changes and are also interested to explore the outside world through the interstices emerging in front of them. When I reached Edamalakudy for the first time, a member from Ampalapadikudy told me that one woman from Shettukudy wanted to meet me, saying, ‘I want to meet her at any cost to know about the outside world, for that I am ready to sacrifice my one day’s work’. This shows their interest for knowing the outside world. Slowly such interests prompt them to opt for changes at various levels but usually within the existing frameworks of customs and practices of the kudy. The possible conflicts between the changes ushered in and the existing norms and custom in the kudy may create confusions and pose challenges to the process of adaptation. Hence, at times Muthuvans tend to modify the outside practices and try to fit them into their accustomed ways of thinking, seeing and acting. Such strategies of adaptation make the processes and products of change acceptable to a larger community and more convenient for those individuals who wish to embrace the processes and the products.

It would be pertinent to reflect if their adaptation process amount to empowerment. In the process of addressing the interface of 'tradition' and 'modernity', indigenous people like Muthuvan face a plethora of diverse experiences. In the context of a developmental view, most of these experiences are empowering. Women are supposedly getting exposure to outside world through awareness programmes via ASHA and also through ICDS programmes. Some women are taking initiative to send their children outside the kudy for preliminary/higher education. But, looking from the angle of the traditional wisdom of Muthuvans, one would really doubt if these attempts at adapting to 'modernity' and the
changes it has brought is instrumental in empowering the community as well as individuals.

Education is proving to be the most important element of empowerment for the Muthuvans, which serves not only those children who go to schools, but the entire family. Parents get more opportunity to interact with other people and get ample exposure to the world outside on the way to their children's educational institutions. Such exposures help them understand and appreciate the life outside the forest and also boost their confidence in taking initiative to interact with outsiders. But such empowering exercise through education does not occur with those whose education is confined to the boundaries of the kudy. Sivan shared in a focus group discussion, “now the children from the kudy are going to school and most of them are staying outside. Ten years before girls were not allowed to go to schools outside the kudy. Now girls are educated and a few are working as Anganwadi teachers”.

**Women in the Centrality of SRH Practices**

Coming closer to sexual and reproductive health, their 'tradition' insists on observing sexual abstinence during the time of menstruation. Abstinence is promoted through menstrual taboos practiced in the special setting of thinnaveedu. They have their own practices that help to maintain parity. The practice of frequent breast feeding, delays the process of ovulation during postpartum. That is a fine way of maintaining the birth interval. An interesting element of subversion leading to women’s empowerment is the way Muthuvan women re-write the man-made rules and practices connected to SRH through the use of Mala-D. Women take Mala-D in order to stop/delay menstruation and thus stay away from 'being shut in’ the thinnaveedu which also rise from their desire to stay together with their family or kudy.

Women continue to use Mala-D to stave off spending three days in thinnaveedu through which they can uninterruptedly continue their domestic chores. Men promote use of Mala D for they could maintain their comfort zone since women do not spare time for thinnaveedu. In a way, use of Mala D symbolises the rigidity of pollution and control over women among Muthuvans. The study argues that the comfort of their daily life is given importance than the consequences of objects used for comfort, to their health and future generations. The indifference and inaction of the government in this regard forces one to imagine an involuntary move on the part of government of implementing birth control among the Muthuvans indirectly. Government is more preoccupied with projecting and promoting the family planning programme and its successful implementation. Such accounts of realities of the tribal population prompt to question the relevance of the so called 'support systems/mechanisms’ meant to guide the traditional tribal society in their process of adaptation to transition. It involves the role of various Government departments, like `Tribal development’, ‘Health department’, ‘Forest department’ and other important institutions in the
public sphere, like the media and the market.

Women’s lives are culturally embedded in these stories in terms of strict observation of pollution norms and other customs related to SRH practices. At the same time, they are closely interwoven with to external factors and influences. A Muthuvan woman may not acknowledge or approve the strong patriarchal element present both in the family and in their society at large, but does not advocate a move away from the family in order to gain improvement or change in her status.

When it comes to Muthuvans of Edamalakudy, there is an ambiguity regarding woman’s agency. If one looks at their clan system and some other important aspects of their familial and social structures, a heavy-handed patriarchal hegemony is not directly observed among Muthuvans. However, their traditional cultural norms, customs and practices do appear as favouring male, putting women at certain disadvantageous positions. It becomes clear to any ardent observer of their lives that is a woman carries the weight of the family from rearing of children to earning the daily bread by taking care of the fields and cattle, if any. In addition to the usual challenges any woman from any particular social groups would face in the realm of child-bearing, a Muthuvan woman has to address various restrictions imposed on a female from the time of her childhood to attaining full womanhood and until the moment of death, all in the name of safeguarding purity.

But, there is something very beautiful in the tribal worldview that underscores the reciprocity of the male and female components in the greatest miracle of giving birth to a baby (they may elevate it to the level of a mystery). In focus group discussions the role of men in conception according to their belief was revealed when, someone brought up their concept that men are the real carriers of a baby’s life, which they pass on into a woman's body and it grows from there. Maniyamma supported this belief in the Focus group discussion, ‘a woman can get pregnant, but then the man carries the baby, which he eventually passes on to a woman's womb. If it is a conducive environment or say if the woman is healthy then the baby will grow there. No woman can produce a baby alone'. Others also supported Maniyamma, and Lekha added 'Sometimes women's body may not be healthy enough to receive the baby, but later if the woman becomes healthy, the baby will grow in her womb'. The concept of pregnancy is expressed here and there is a lot for the world outside to learn regarding gender relations, human reproductive practices and human and nature relations from the foundational beliefs of a indigenous community. It is important to note that these Muthuvan women never feel any kind of gender demarcation and patriarchy among them but an outsider can bring out elements of gender demarcation and patriarchy. They perceive it as a system rather than as oppression. They do not feel that the power is in the hands of men. However, they are scared and respect the rules and norms constructed by them.
Containing the Outside World

A closer look at the functioning of the government departments meant to assist the Muthuvan and improve their life would reveal that the government agencies could do better. If one asks Muthuvans about the support they receive from the Government, they may point out to certain services provided by Department of Tribal Development and the support for housing. If one asks again about the most useful service, they may not point out anything. But they particularly emphasise the economic support they get from Tribal Development Department towards their health emergencies and training received to the ASHA for handling labour emergencies. A readily available example is the travel allowance to any Muthuvans to go to hospital as an incentive to encourage going to hospital in due time. The Model Residential School set up by the department is another positive initiative of the department; it works as a catalyst in improving not only their children’s education, but also acts as a window to the outside world even to the parents.

The government made houses with concrete wall, concrete floor and tin sheet roof. They are proud of living in this permanent residence but at the same time they are missing their mud floor especially during moments of sickness. The government made thinnaveedu with concrete roof and floor. Muthuvan women plastered that floor with mud layer and made a hearth in the centre. They modified the ‘ready-made’ concrete houses according to their convenience. Government intervention in their life and traditional practices has severe consequences not only to their health but also to their age old ‘traditions’. It was seen in the previous chapters that elderly women strictly control the young women and force them to be bound by their ‘tradition’. They scold and even punish the ones who deviate from the traditional practices. At the same time the young women are taking another stand for their easy access to the modern world. They accept silently whatever things that make their work easy and which also increases agricultural productivity of their family. The elder people strongly oppose the use of Mala-D among young women, but on the other hand the elderly women are happy about more prolonged participation of young women in the agricultural fields by postponing menstruation through this oral contraceptive, Mala-D.

The State health department and other government schemes have played a key role in improving Muthuvans’ understanding on health in general as well as sexual and reproductive health practices. The trainings given to traditional birth attendants and the service of ASHA (Accredited Social Health Activist) in the tribal community have resulted in confidence building, enhancement in knowledge and efficiency as well as skill development among the health personnel in attending delivery cases and the treatment of general ailments. At the same time, Muthuvans are facing various issues and dilemmas related to the process of adaptation to modern system of health care.
Mala-D is considered absolutely suitable for overcoming their taboos connected to menstruation. The diverse use of contraceptive pill, Mala-D thus became an integral part of their life. In this context it has to be noted that though Muthuvan women having access to contraceptive pills is a sign of modernization as well as empowerment, on the flip side, one cannot ignore the adverse effect of arbitrary use of contraceptive pills for convenience sake on the reproductive health of these women. And thus the government project in the name of development may pose severe health complications among these women.

The introduction of modern health services, institutions and facilities in the tribal community may have its advantages, but also have its fall outs. Curiosity about the 'other' or 'modern' prompt many young Muthuvans to jump into abrupt mode of adaptation and this creates a couple of issues not only in the sphere of sexual and reproductive health but also in the entire gamut of health per se. The traditional reproductive and health culture is in a dilemma today. It is caught in between the choice of 'modernity' and 'tradition'.

Government programmes in Edamalakudy are supposedly intended to support and preserve the age old Muthuvan culture. But during different segments of time I spent in Edamalakudy for my field work I did not see any concrete schemes for preservation of the tribal culture being implemented there at the initiative of Government departments or agencies. On the contrary, a couple of programmes promoted by government in the name of tribal development which include, 'modern' methods of agriculture and health care appeared to pose threats to their heritage, 'traditions' and customs to be verge of extinction. The preoccupation of the government is always to bring Muthuvans smoothly into the so called mainstream culture (modern development) like it did with many other tribes that were not geographically isolated as the Muthuvans in Edamalakudy. The different government departments that intervene here the department of forest, health and tribal welfare have similar intentions. They generally implement the programmes originally designed for general populations. Standardization makes things easier for government agencies, by which they do not respect the uniqueness of each cultural groups/communities and deal with everyone as per their master design.

The Muthuvan kudy in Edamalakudy is embedded inside the long ranges of virgin, evergreen forests. Muthuvans have been living there for years, always maintaining their close attachment to nature. A major river and many streams flow through their kudy and many of their rituals are associated with the river and the streams. It is a reciprocal relationship that people maintain with nature. They regularly use forest resources for their housing, food, medicine, cooking and making handicap items for domestic or ornamental use. First time when I walked the pathway through the forest that led to Edamalakudy, I could see plastic carry bags scattered on the way which is a part of Eravikulam National park. After reaching the kudy too I saw many non-degradable articles, plastic bags and big polythene roof sheets
and tin sheets roof and so on. Their ignorance about the after effects of external objects like plastic, in the forest is not adequately addressed by the Department of Forest.

Another institution that has begun to play a major role in the life of Muthuvans, presenting numerous potentials of 'modernity' and its conveniences, is the market. Muthuvans come into contact with the lure of the market mainly through their occasional trips outside the kudy. Even though they do not have electricity connection in the kudy, they watch black and white television and use mobile phone with the support of solar energy. It is an evidence of the 'modern' market creeping into them. The use of consumer goods is limited to the materials needed for their bare minimal domestic infrastructure; they do not have access to such goods in the places nearby. The only consumer market that reaches inside the kudy will be during Pongal and Karthika festivals; such onetime fairs will provide them with more clothes for day-today use and cosmetics.

Movies and television channels are the major media windows that bring the world outside into the kudy. Once Poomari's mother in law, 72 years old, said ‘I saw a car’. Sunitha, a 14 year old girl was surprised to hear this and responded, ‘where did you see a car?’ The old woman replied, ‘in television’. Many old people understand the outside world through movies, especially Tamil movies, which are popular and easily available in the kudy as Video CDs.

A tribal community has a structure in its culture, the prevailing and changing distribution of attitudes, interests, identities and rituals. Muthuvans in Edamalakudy always have an intimate interaction with the nature. Soil and water are the vital sources for the performance of rituals. All their ceremonies and rituals related to birth, menarche, marriage and death are associated with water. It is noted that the health department often implements certain programmes in the tribal community that are originally formulated for the mainstream society and they do it without any modifications. The tribal world view is apparently different from the general population to a great extent in terms of its belief systems and health care practices. Implementation of the Government programmes without considering the uniqueness of the tribal culture will adversely affect their health systems which has been existing in this kudy for a long time.

**Conclusion**

There may be divergent and diverse opinions from the part of scholars as well as common people in the main stream regarding the process of adaptation of the traditional communities to 'modernity' and their integration into the main stream culture of population. Tracking the social (communitarian) and personal implications of the entry of 'modernity' into the lives of Muthuvans of Edamalakudy and people's adaptation strategies and various support systems
available to them, this chapter strives not to pass qualitative judgments about the past or present. As far as the entry of 'modernity' into Edamalakudy tribal hamlets is concerned it is too soon to arrive at any conclusion, whether the modern civilization and its amenities, facilities and services are positively empowering the tribal population, especially the women folk since this study is undertaken with a specific focus on the sexual and reproductive health of Muthuvan women in Edamalakudy. Only time will show us how well or bad this unique tribal population, geographically isolated till recent times, will fare in the process of addressing the challenges and conflicts unearthed at the interface of 'tradition' and 'modernity'.

Looking at the profound wealth of the tribal populations in Edamalakudy, their unique, earth-bound worldview, 'traditions', customs and practices especially in the sphere of sexual and reproductive health, one tend to find a lot of relation with what Ashis Nandy refers to “To that other self of the world of knowledge, ‘modernity’ is neither the end state of all cultures nor the final word in institutional creativity. Howsoever, formidable and permanent the edifice of the modern world may appear today, that other self recognises, one day there will have to be postmodern societies and postmodern consciousness and those societies and that consciousness may choose to build not so much upon 'modernity' as on the 'traditions' of the non-modern world” (Nandy 1987: 51). My observations regarding important facts and figures from the field and and reflections on the different experiences I got to share with the Muthuvans and others and the conversations I had with the research participants convinces me to a great extent that non-modern cultures like that of the Muthuvans in Edamalakudy have a lot to contribute to the world outside with all challenges that it attempts to address, especially in the area of sexual and reproductive health. Inversely, the non-modern populations like the Muthuvans and others could learn a lot from the modern, civilizations and technologies in their process of adapting to the ’present world’ and thus integrating into the larger society that they could no more ignore or shy away from.

The customary practices and norm of Muthuvan kudy are women centered. Such women centered norms corner women. The men establish the norms and they manage the affairs of the panchayam, the supreme decision making body of Muthuvans. The clan is very significant while decision making and people from the lower clan suffer out of it. I argue here that, like any other community outside, Muthuvans too have certain social structure and clan system which is predominately patriarchal that forces restrictions on women. Women are forced to abide by rules of the kudy and at the same time they need to fulfil their domestic roles, which they negotiate with their health.