

Honoring Cultural Sensibilities: Reworking Current Models of Public Health Education in Kerala, India

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Abstract

In July 2014, a three week immersive internship was completed, a primary purpose of which was to raise awareness and to provide education on alcohol and tobacco use for tribal adults and children of rural Kerala, India. To achieve this goal, alcohol and tobacco use awareness classes were conducted under the supervision of a group of health administrators and healthcare workers at eleven primary and secondary schools and at several free rural medical camps and medical clinics. Each of these sites provided numerous opportunities for interaction with the *Adivasi* or indigenous communities of the region, one of which was the Paniya tribe. Despite government-authorized anti-alcohol and tobacco abuse awareness campaigns in Kerala, there continues to be a dramatic rise of substance abuse. This increase in abuse raises the question as to why such programs are ineffective.

Based on an evaluation of the internship experience, along with research on the problems perceived while participating in the fieldwork, this paper maintains that the ineffectiveness of these programs derives from their individualistic emphasis, one which is incongruent with the collectivistic moral framework of the Paniya tribe. The individualistic tones of the current government-authorized public health campaigns target the agent (i.e. the smoker or the drinker). Contrastingly, the collectivistic values and concerns characteristic of and voiced by the Paniyas focus on the social effects of substance abuse. This distinction, in conjunction with the fieldwork and research, suggests that in order for substance abuse education to be effective in Kerala, it must be reworked in a manner which honors the virtues and values of the existing collectivistic culture, for instance by presenting the effects of substance abuse within the context of the family and society.

Keywords: Collectivism, Individualism, Alcoholism

1. Introduction

1.1 Literature

Alcohol consumption in India has been on the rise, with a disproportionately greater incidence observed in the poorest and most socially marginalized indigenous populations- the *Adivasi* or Scheduled Tribes (STs)⁵. As seen in other indigenous communities, a history of oppression and dire poverty has led ST individuals to have a resigned, passive, and often fatalistic outlook on their lives and health needs. Additionally, isolation from the larger society has led to a lack of opportunities for these groups to “voice their perspectives framed within their cultural worldviews”⁴.

The Paniya tribe (a formerly enslaved ST) in Kerala, India is a socially marginalized, landless group suffering from extreme poverty. Living in colonies (groups of hamlets in one small geographic region), Paniyas tend to be isolated from and rarely interact with their greater society. They earn their living through agriculture and by working as day-laborers. Low levels of education (57% of women and 46% of men have never attended school), inadequate housing conditions (50% of houses have no sanitation facilities), and a lack of hygienic practices have contributed to severe

health disparities and needs within this group⁴. Common health problems in the community include anemia, goiter, malnutrition, and tuberculosis². Additionally, national studies show that ST populations have a higher mortality rate than that of non-ST populations⁴.

Rates of alcohol consumption have been on the rise in India, more specifically in Kerala. According to the World Health Organization, India's per capita consumption of alcohol by individuals of 15 years or older doubled from 1.6 liters in 2003-2005 to 2.2 liters in 2010-2012⁸. Additionally, the 2010 per capita consumption of alcohol in Kerala was 8 liters, four times greater than the national average¹.

Alcoholism and tobacco use are significant public health concerns for this indigenous group. Paniyas themselves recognize the detrimental effects of alcohol on their families and community. In an earlier study, Paniya participants stated that "alcohol was ruining them"⁵. "When the participants were asked why some households are better off than others in the same colony, the main reason provided was that alcohol was consumed especially among the poorer households, trapping them further into poverty"⁵.

The average Paniya household spends 14.6% of expenditures on alcohol, tobacco, and pan, while the average non-Paniya household spends 2.5%⁵. Alcohol is known to contribute to a host of adverse health and social consequences, including diseases (e.g. HIV) and domestic violence⁵. Additionally, households with alcoholics tend to suffer from poverty due to a diversion of resources away from basic needs and towards the purchase of alcohol and/or the payment of health care costs correlated to alcohol use. Though still primarily a male activity, alcohol consumption has become increasingly prevalent within the Paniya community in recent years. What once was a practice limited to the male elders is now becoming a recreational activity for younger men, even within the family; it is now not uncommon for fathers and sons to drink together⁵.

Increased alcohol consumption in the tribal community can be attributed to various factors, including the ineffective enforcement of the national minimum drinking age, easy access to alcohol from local toddy shops, and the production of illicit liquor within the colonies⁵.

The continuing rise of substance abuse in Kerala and within the Paniya community, despite government-authorized anti-alcohol and tobacco abuse awareness campaigns, raises the question as to why such programs are ineffective. Historically, the government of Kerala has maintained a partial prohibition policy, under which "certain types of liquor were prohibited, or where distribution and consumption were prohibited on certain days of the week or month"⁶. Most recently, in October 2014, the Kerala High Court upheld a plan for complete prohibition on the sale and consumption of alcohol. The decision led to much controversy and strife amongst Keralites, ultimately resulting in the withdrawal of the ban.

1.2 Methodology

In July 2014, a three week internship was completed—the primary purpose of which was to raise awareness and to provide education on alcohol and tobacco use for tribal adults and children of rural Kerala, India. To achieve this goal, I worked with a group of health administrators and healthcare workers to conduct alcohol and tobacco awareness classes at eleven primary schools, volunteered at three free rural medical camps and two medical clinics, and interacted closely with various tribal communities.

One week was spent at the Amrita Kripa Charitable Hospital in Kalpetta, Wayanad. During this week, the patients who were waiting to consult with their doctor for a biweekly checkup were interviewed individually, in order to understand their perceptions of and experiences with alcoholism and tobacco use. The interview also incorporated an educative information session, in which the health and social effects of substance abuse were discussed. The patients were members of several tribal communities, primarily Paniyas and Kurichiyas. Additional interactions with the Paniya community occurred when accompanying the doctors and health administrators to three medical camps at Modakkara, Edakunni, and Meenangadi. At each of these three sites, the patients were interviewed and several tribal hamlets were visited.

In their interviews, Paniya adults and children reported that they were familiar with these public service announcements and advertisements, often quoting the catch-phrases used in each. However, they generally felt that these efforts did not have the intended effect. The overwhelming response was that the interviewees personally ignored the warnings or felt that others ignored them and that despite such efforts, the prevalence of alcohol consumption was still increasing dramatically within their communities with the onset of drinking moving to an earlier age. A few of the male interviewees stated that though they had tried to quit drinking and smoking, they were pressured back into old habits by neighbors and friends. The men described that drinking alcohol was considered a sign of masculinity; they were mocked and embarrassed when trying to quit. Several women also admitted to drinking, stating that it is now becoming a common practice within their communities.

Based on experiences from the field, current anti-alcohol and tobacco abuse campaigns in Kerala are characterized by an individualistic emphasis in that they focus on the effects of substance abuse on the agent. For example, a common public service announcement preceding all Malayalam motion pictures displays an individual squeezing a dark sponge, a metaphorical lung of a smoker, into a medium-sized glass beaker, demonstrating the volume of tar collected in an average smoker's lung in 1 year. Similarly, scenes in films displaying alcohol consumption are often subtitled with a message that alcohol consumption is injurious to one's health. Billboard ads on roadsides and advertisements on both television and the packaging of these substances all stress the effects of alcohol and tobacco use on the drinker and the smoker (i.e. by listing the side effects and health risks associated with these activities). Furthermore, the posters provided by the health administrators for use in the classrooms and interview rooms all stressed the effects of smoking and drinking on the smoker and drinker, respectively. The imagery in these posters often compared the alcoholic and the smoker to a skeleton, emphasizing the life-threatening consequences of using these substances.

It is important to note that the Paniyas were generally more concerned by the social consequences of alcoholism than they were by the physical effects. Even among the alcoholic men, the primary concern was the effect of substance use on financial stability, the education of their children, and family cohesion, rather than on their own health. Children and mothers often described the tense situations at home created by their drunk fathers and husbands; several children reported incidents of domestic violence and attributed the general unrest at home to an alcoholic family member.

The Paniyas' concerns are characterized by a collectivistic emphasis in that they focus on the impacts of alcoholism on the family and society, rather than on the agent alone. The Paniyas, similar to other indigenous peoples, live in accordance with collectivistic principles by considering others, both within the family and society, when making a decision⁷. Each colony is headed by an elder leader, the *moopan*, and major decisions are made with community consent. The elders of a colony are highly respected and both family and colony harmony are greatly valued.

2. Outcomes

An evaluation of my research and fieldwork supports the notion that the individualistic emphasis of current anti-substance abuse awareness efforts is not speaking to the collectivistic Paniya community. Though both the non-tribal individuals implementing the public health awareness efforts and Paniyas agree on the fact that substance abuse is detrimental, the moral frameworks of each group are incongruent. This disconnect between the collectivistic values implicit in the Paniyas' central concerns and the individualistic tone of the current methods addressing substance abuse may be a primary explanation of the perceived ineffectiveness. Thus, this study maintains that public health awareness and education in Kerala, specifically within the scheduled tribe communities, may be more effective if presented in a manner that honors the virtues and values of the given society's moral framework.

As such, it will be beneficial to rework public health awareness education to reflect the concerns of the Paniya community and allow these concerns to shape the methodology that is used. Since the Paniyas generally do not trust non-tribal individuals, a preliminary step will be to gain the trust of the colony by including them in each step of a public health program. Healthcare administrators will benefit from working closely with the *moopans* and reporting the results and findings of any major research study before communally deciding on the implementation of a program or policy⁴. Such efforts would lead the colony to understand that the healthcare workers administering the campaign genuinely care about the tribal community. It may also be effective to incorporate members of the colony into the group administering the awareness efforts. For example, Amrita Kripa Charitable Hospital trains tribal women as healthcare workers to work in the Clinic and Laboratory. As reported by the doctors and patients, this has been quite successful in that the patients feel comfortable and are more likely to open up when in an environment with members of their own community. Similarly, training tribal men and women to return to their communities and administer public health campaigns may prove to be successful by leading to a more empowering and sustainable program.

In addition to involving the tribal colony in these public health campaigns, the information dispersed to the community must be presented in a manner which respects the cultural framework of the indigenous group. Public service announcements, television advertisements, billboards, and pamphlets may be more effective if the messages focus on the effects of smoking and drinking on the family and society as opposed to the individual. Considering low literacy levels within the Paniya community, it may be more effective to present the information through images and advertisements on the television and radio, instead of through written mediums. Additionally, interacting closely with the elders of each colony and putting forth efforts to weaken and ultimately break the link between alcoholism and masculinity will be essential. If the highly respected tribal elders set an example of controlling or quitting their use of alcohol and tobacco, a significant change can be expected to follow in this collectivistic society.

It is important to note that an effective public health campaign combating substance abuse will need to address the issue with a multifaceted approach including efforts at the corporate and political level. Though a holistic approach involving various aspects such as the regulation of alcohol availability and enforcement of the legal drinking age is necessary, delineating the actualization of such efforts is beyond the scope of this study.

3. Conclusion

In closing, this research concludes that in order for public health education to be administered effectively, it must be presented in a manner that honors the cultural framework of a given society. When examining the Paniya tribe specifically, there is great evidence to support that the ineffectiveness of the current health campaigns addressing substance abuse is due to an incongruity of the individualistic and collectivistic moral frameworks. Reworking the present day models so that the same information is expressed in a manner that addresses the Paniyas' concerns will make for a more effective campaign.

The implications of this research are not solely limited to the scheduled tribes of India. Substance abuse is a concern of many indigenous groups in other countries. For example, the Native Americans have the "highest prevalence of substance abuse among all racial and ethnic groups" in the United States⁹. Research suggests that though several substance abuse prevention programs are implemented in these communities, the prevailing incidence of substance abuse may be due to a disconnect between the frameworks of the American Indian community and those of the prevention programs¹⁰. Presumably, these groups may also benefit from a similar program that speaks from within the moral framework that they embrace.

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