

Negotiating health post-globalisation: A case study of the Kanikkar community of Kottoor, in Kerala, India

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Indigenous peoples are “peoples ... regarded as indigenous, on account of their descent from the populations which inhabited the country, or a geographical region to which the country belongs, at the time of conquest or colonisation or the establishment of present state boundaries and who, irrespective of their legal status, retain some or all of their own social, economic, cultural and political institutions” (ILO, 1990). At least 370 million people worldwide considered indigenous, live in remote areas of the world. There are at least 5000 Indigenous peoples ranging from the forest peoples of the Amazon to the tribal peoples of India and from the Inuit of the Arctic to the Aborigines in Australia. Indigenous peoples do not necessarily claim to be the only people native to their countries, but in many cases indigenous peoples are indeed “aboriginal” or “native” to the lands they live in, being descendants of those peoples that inhabited a territory prior to colonization or formation of the present state. Indigenous peoples have their own distinct languages, cultures, and social and political institutions that are very different from those of mainstream society. While indigenous peoples face the same experience of discrimination and marginalization as other ethnic minorities, there are very important differences in terms of their rights and identity. This is compared and contrasted with Indian and Australian experiences through this paper.

There are numerous challenges posed to indigenous people. A common feature is the attempts by federal/ central authorities to suppress their cultures for the purpose of mainstreaming, by way of long-term assimilation policies, e.g. the Norwegian Sámi population. In India, Adivasi women refuse to deliver their babies in health centers because they “don’t think it necessary”; this the health providers perceive to be on account of ‘ignorance’. But then, a few and some social workers perceive this as women exercising their choice. Further, they simply refuse to go to a health facility where they are treated badly and their customs are disrespected. The present paper attempts to explore and document the unique challenges posed to the Kanikkar Tribe habiting the Forests of Southern Kerala, India. The study will be a case study dwelling deep into the experiences of the Kannikar as they negotiate with the fast catching pace of globalization as a moderator on their socio-demographic status, culture, and subsequently their health seeking behaviour. The paper is a clarion call for inclusion, aimed ultimately to give an alternate perception of “social inclusiveness” as both a concept and practice in generating a better understanding as to why the Kannikar are reconciled to submitting themselves to their “fate.”