



Analyzing The Impact Of Psychological, Social, And Economic Influences On Depression And Quality Of Life In Mannan Tribal Women In Idukki: Strategies For Enhancing Quality Of Life

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ABSTRACT

The Mannan community, classified as a scheduled tribe (ST) in Kerala, India, resides in the Idukki District and is recognized as Adivasi. The Mannan people are traditional forest-dwellers, sustaining their livelihood through the collection and utilization of resources from the dense forest, complemented by shifting agriculture practices. Luiz suggests that the term "Mannan" is a distorted amalgamation of "Mannu" (earth) and "Manushyan" (man), signifying their identity as sons of the soil. Several informants conveyed to the researcher that "Mannan" implies king, originating from the Tamil term "Mannavan," which translates to 'king.' The Mannans live in hamlets known as Kudi in Malayalam. Each hamlet consists of 30 to 120 households. Believed to be descendants of a Pandian King, their primary language is Tamil.

In the Mannan tribe, women are entrusted with diverse duties encompassing household management, childcare, and agricultural work. Notably, environmental care stands out as a pivotal responsibility held by women in the Mannan community. These women grapple with a multitude of challenges, often exhibiting introverted tendencies and coping with considerable adversity within their community. Consequently, they experience depression and a diminished quality of life, leading to their withdrawal from mainstream society. Women undergoing distress and depression commonly demonstrate diminished performance in their daily life such as affective expression, family roles, and problem-solving abilities. Mannan women are recognized for their frequent tobacco consumption, often engaging in chain smoking and extensively utilizing tobacco due to loneliness, family pressure, peer pressure, poverty which also leads to depression.

This study aims to analyse the impact of psychological influences, social influences and economic influences which leads the women of the Mannan tribe to depression and how they affect the well-being of Mannan tribal women. Ultimate goal of this study is to propose practical strategies and actionable insights that can contribute to their overall improvement of their quality of life.

Key words: Adivasi, Mannan tribal women, depression, quality of life

INTRODUCTION

The Indian family organization makes discrimination between the genders. It promotes a hierarchy of classification in which man-centered issues take dominance whereas women derive their personalities from their fathers', husbands', brothers', and sons. However, a woman plays a submissive role with a secondary status in social life. In spite of several economic, political, and social changes, women are still far behind.

This research endeavors to investigate the intricate interplay of psychological, social, and economic factors and their impact on depression and quality of life within the Mannan tribal women community in Idukki. The psychological aspect will delve into the mental health of these women, exploring the prevalence and contributing factors of depression. Social influences will be scrutinized to understand how interpersonal relationships, community dynamics, and cultural elements shape their experiences. Additionally, the economic dimension will be investigated to assess the financial challenges and opportunities that may contribute to the overall well-being of Mannan tribal women.

LIFE OF MANNAN TRIBAL WOMEN

At the age of 13, Mannan tribe girls undergo separation from their families and are sent to large tents referred to as "Satram" or "Inn." In these tents, elderly women take care of them, and they are expected to stay there until marriage. These tents feature a central fire that burns continuously, serving as the focal point for sleeping on mats.

The Mannans adhere to a practice of seclusion for women during menstruation. During these days, women are required to reside in a distinct hut known as "Vannakura" in their dialect. Throughout this period, the woman remains in this separate hut for seven days. Girls are married after they attained puberty and if they are above



14 years of age.

Prior to marriage, the bride resides with the groom's family for one year, assisting the future mother-in-law with all the household chores. Similarly, the groom spends a year with the bride's family, demonstrating his ability to engage in strenuous work. If both families approve of the relationship, the Mannan King officiates the marriage during the ceremony known as "Kalavoottu," attended by community dignitaries.

When a woman is about to become a mother, she is again sent to a separate hut for 21 days with her sister and mother. The constant separation of the Mannan women leads to loneliness and anxiety. Due to the limited social interaction, these women become mentally and physically introverted. Also compared to men, women of the Mannan tribe does all the hard works, which also makes them physically weak, which hinders their quality of life.

THE MANNAN TRIBE

In India, only two tribal groups have a king as their ruler: one in Tripura and the other among the Mannan tribes in the Idukki district of Kerala. The term "Mannan" is derived from the combination of 'Manna' (earth) and 'Manusian' (man), signifying 'the sons of the soil.' The Mannan tribes, constituting the third-largest tribal group in Idukki, uphold distinctive customs and rituals while maintaining their own cultural identities and practices, which are embraced by the broader society.

In the southern part of India, Kovilmala (Kozhimala) in the Kanchiyar Gramapanchayath, Idukki District, stands as a place where kingship persists. Raman Rajamannan, the current King of the Mannan Community, governs from his official residence in Kovilmala. This tribal dynasty is the sole Adivasi community with an existing kingship in South India, and Mannan tribes are also found in Mannankuddy of Kumily Panchayat.

The official symbols of the Mannan Community's king include a turban adorned with a Conch and lined with pearls, straw bracelets on his hand, Adihara dand (sceptre of authority), and a shoulder arm band.

Raman Rajamannan holds the title of the seventeenth King of the Mannan Community. The world became acquainted with this tribe during the reign of the fourteenth King, Nayan Rajamannan, who maintained strong ties with the outside world during his decade-long rule. The Tribal School established in Kanchiyar, initiated by his efforts, stands as a testament to his commitment to education. Thanks to his initiatives, the Mannan community has now embraced education. The current King, Raja Raman Rajamannan, is a graduate from MG University.

SAMPLE AND POPULATION

The researcher had taken purposive sampling method to select participants from the Mannan tribal women. The study focused on a sample of 120 women who are within the age group of 25 to 40 years old, married and have children, who are residing in the Adimali panchayat area of the Idukki district in kerala.

DATA COLLECTION TOOL AND SOURCES OF DATA

Primary data was collected through organized interview schedule and the technique used for data collection was conducted through survey method from the respondents directly. The researcher used Hamilton Rating scale for depression to find out the level of depression among the Mannan tribal women. Secondary data was collected through journals, previous research papers, textbooks and online resources.

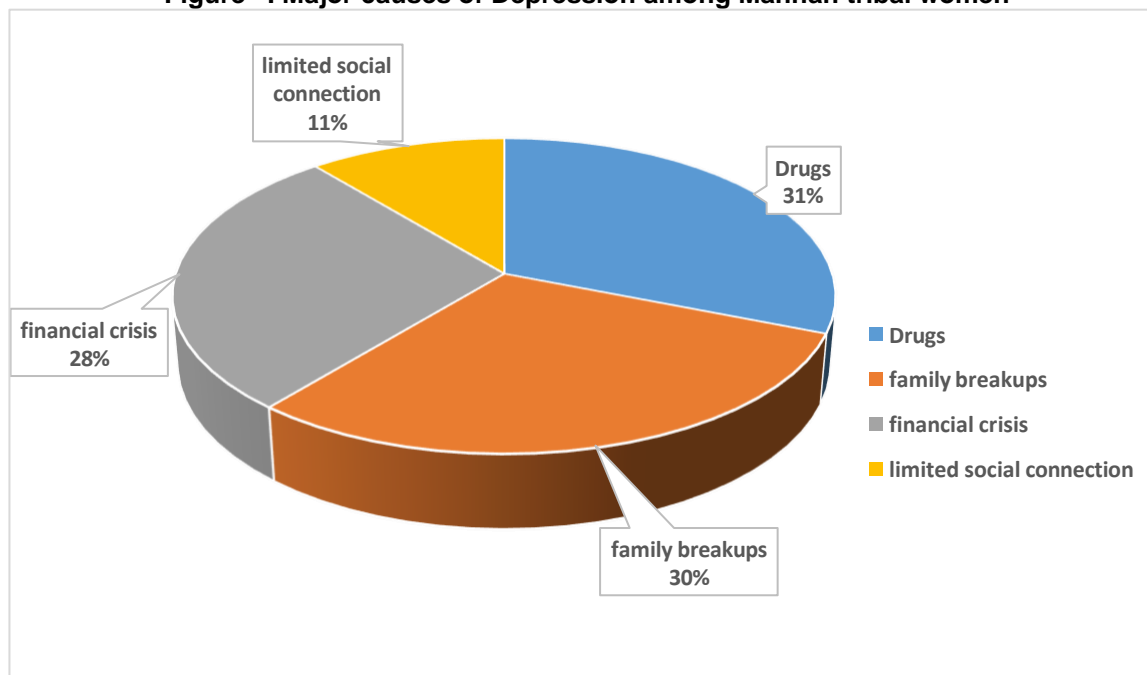
MAIN FINDINGS ON PREVALENCE OF DEPRESSION AMONG MANNAN TRIBAL WOMEN

Examining the mental health landscape reveals a complex interplay of factors that contribute to the prevalence of depression among these women.

Psychological stressors, deeply rooted in the socio-cultural fabric of the Mannan tribe, plays a pivotal role in shaping the mental well-being of these women. Traditional roles, community expectations, and the unique challenges faced by tribal communities is creating a ground for heightened vulnerability to depression.

The **social context** further compounds these challenges. Limited access to education and healthcare resources, coupled with economic disparities, creates an environment where these women mostly find themselves grappling with a lack of support systems and resources. This resulting in isolation and hopelessness which contributes to the escalation of depressive symptoms.

The **excessive usage of drugs** like tobacco among these women adds an additional layer of complexity to the mental health landscape. These women are often known to be chain smokers and frequent consumers of tobacco. It amplifies feelings of despair and exacerbate the challenges faced by Mannan tribal women, intensifying the risk of depression.

**Figure –I Major causes of Depression among Mannan tribal women**

The figure shows us that the frequent use of tobacco and smoking is one of the major cause of depression among the Mannan tribal women. Limited emotional connection within the family, which leads to broken families and extra marital affairs of husband also leading cause for depression among these women. Financial crisis is also one of the leading cause. Also there is a frequent separation of women in the community which leads to loneliness, helplessness and discouragement which leads women in to depression and suicidal tendencies among these women.

Postpartum depression, a prevalent concern affecting new mothers, is another dimension that adds to the vulnerability of Mannan tribal women. The emotional and hormonal changes accompanying childbirth, coupled with potential societal stigmas and loneliness contributes to the manifestation of depressive symptoms.

Physical health challenges, whether chronic or acute, significantly impact the overall well- being of Mannan tribal women. Chronic illnesses or persistent health challenges contribute to a sense of vulnerability, which leads to increased psychological distress. The inability to address physical health issues and limited access to healthcare creates a cycle of despair, further magnifying the risk of depressive symptoms.

The **limited access to education** within the Mannan tribal community exacerbates existing disparities and impedes the development of essential skills. Low literacy levels contributes to a sense of disempowerment, limiting opportunities for personal growth and economic independence. The inability to access information and resources intensify feelings of isolation, hindering effective communication and exacerbating the risk of depression.

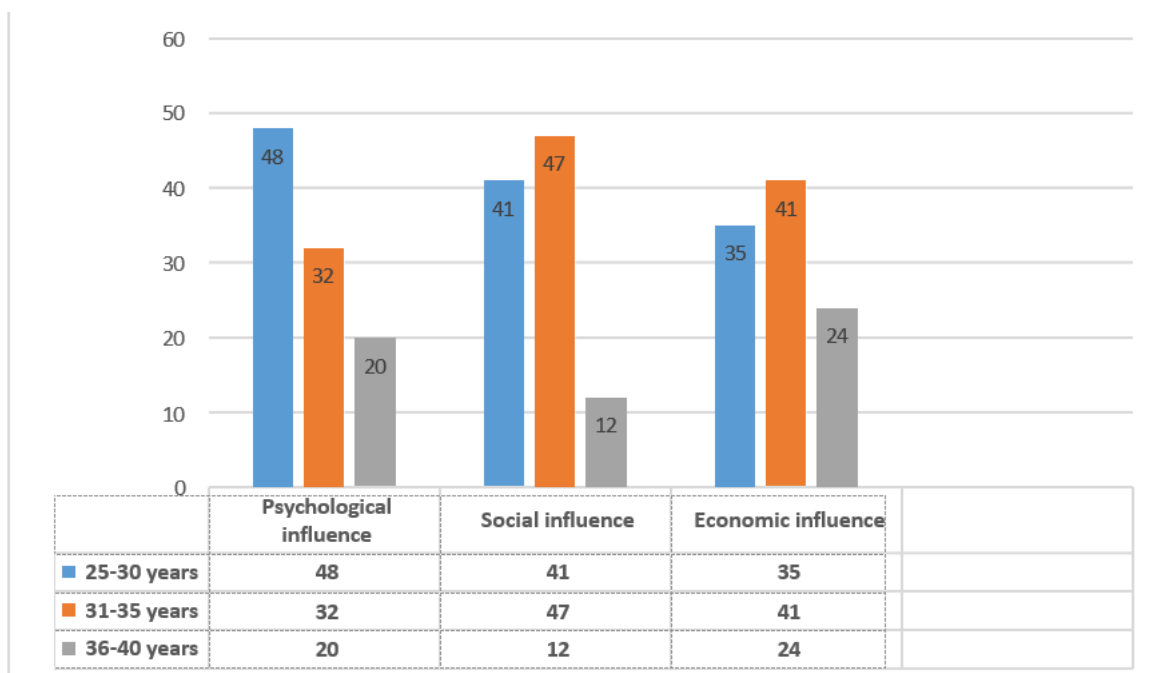


Figure- II Age group of Mannan tribal women impacts Psychological, Social and Economic influences on Quality of life

Figure shows that majority of 48% of younger women of 25 to 30 years of age are affected by psychological stressors of life which leads to depression and reduces their quality of life. The middle aged women of 31-35 years of age expects more social interaction and build social networks for their overall well-being. Also they are so much burdened due to their financial pressures and poverty, where they are eagerly waiting for economic empowerment, where there is very limited access in their community.

Frequently, there is **limited emotional connection** between Mannan spouses, prompting men to abandon their wives and engage in relationships with other women. Family break-ups can lead to feelings of isolation, loss, and instability, intensifying the emotional distress experienced by these women. The disintegration of families is a common occurrence among Mannan women, potentially giving rise to depressive emotions and contemplation of suicide.

Addressing the incidence of depression among Mannan tribal women requires a comprehensive approach. Culturally sensitive mental health interventions, community-based support systems, and initiatives aimed at improving education and economic opportunities can collectively contribute to alleviating the burden of depression within this community. By recognizing and understanding the multifaceted nature of these challenges, efforts can be directed towards creating a more resilient and supportive environment for Mannan tribal women, fostering better mental well-being.

Table – 1 Number and Percentages of levels of pre-test depression among Mannan tribal women before the intervention.

| Group | | Level of Depression | | | Total | | |
|--------------|-------|---------------------|---------------------|-----------------|--------|------|------|
| | | Low Depression | Moderate Depression | High Depression | | | |
| Experimental | Count | 14 | 34 | 12 | 60 | 1.39 | .497 |
| | % | 23.3% | 56.7% | 20.0% | 100.0% | | |
| Control | Count | 14 | 36 | 10 | 60 | | |
| | % | 23.3% | 60.0% | 16.7% | 100.0% | | |
| Total | Count | 28 | 70 | 22 | 120 | | |
| | % | 23.3% | 58.3% | 18.3% | 100.0% | | |



The levels of pre-test depression among Mannan tribal women before the intervention. The levels of depression are categorized as low depression, moderate depression, and high depression. The data is presented in counts and percentages for each group: experimental and control. For the experimental group: 23.3% have Low Depression, 56.7% have Moderate depression and 20.0% have high depression before the intervention.

For the control group: 23.3% have Low Depression, 60.0% have Moderate Depression and 16.7% have High Depression. The obtained chi-square value is 1.39, and the corresponding p-value is 0.497. Since the p-value (0.497) is greater than the commonly chosen significance level of 0.05, we fail to reject the null hypothesis. This suggests that there is no statistically significant association between the levels of pre-test depression and the experimental/control group before the intervention. In other words, before the intervention, there were no significant differences in the distribution of depression levels between the experimental and control groups among Mannan tribal women. Both groups had a similar proportion of women experiencing low, moderate, and high levels of depression. So, the intervention, the levels of depression among Mannan tribal women in both the experimental and control groups were relatively similar. This information can serve as a baseline for assessing the impact of the intervention on reducing depression levels among this population.

Table – II Data and results of test of significance of pre- test scores in Depression among the Mannan Tribal Women in Adimali Grama Panchayat of Idukki District Kerala in the Experimental and Control groups.

| | Group | N | Mean | Std. Deviation | t | P Value |
|----------|--------------|----|-------|----------------|------|---------|
| PRE-TEST | Experimental | 60 | 19.63 | 5.008 | .594 | .554 |
| | Control | 60 | 19.12 | 4.514 | | |

The critical ratio obtained is 0.594 which is not even significant at 0.05 level. This shows that there is no significant difference between the means of the pre- test scores of Mannan Tribal women in the experimental group and control group. Therefore, the two groups do not differ significantly in their Depression. So, it is inferred that before the experiment the two groups were more or less the of Depression among the Mannan Tribal Women in Adimali Grama Panchayat Of Idukki District Kerala.

Comparison of post- test scores in Depression among the Mannan Tribal Women in Adimali Grama Panchayat of Idukki District Kerala in the Experimental and Control groups.

The difference between the mean scores of the two groups were tested for significance by finding the critical ratio. The data and results of the test of significance are given in the table below.

Table-III Data and results of test of significance of Post-test scores in Depression in the Experimental and Control groups.

| Group | N | Mean | Std. Deviation | T | P value |
|--------------|----|-------|----------------|-------|---------|
| Experimental | 60 | 14.77 | 5.064 | 4.222 | .000 |
| Group | 60 | 18.35 | 4.194 | | |

The mean scores of the experimental group (14.77) are less than that of the control group (18.35). The critical ratio obtained is 4.22, which is highly significant even at 0.01 level. Since the mean of experimental group is greater than that of the control group, it is inferred that Mannan Tribal women in the experimental group is better than the control group in their Depression among the Mannan Tribal Women in Adimali Grama Panchayat of Idukki District Kerala.

Table –IV Summary of analysis of covariance of pre- test and post- test scores of effectiveness of Individual Counseling on the level of Depression among the Mannan Tribal Women in Adimali Grama Panchayat of Idukki District Kerala.

| Source | Type III sum of squares | df | Mean Square | F | Sig. |
|-----------------|-------------------------|-----|-------------|---------|------|
| Intercept | 6.245 | 1 | 6.245 | 2.046 | .155 |
| DEPRESSION | 2193.285 | 1 | 2193.285 | 718.610 | .000 |
| Group | 490.744 | 1 | 490.744 | 160.788 | .000 |
| Error | 357.098 | 117 | 3.052 | | |
| Total | 35837.0 | 120 | | | |
| Corrected Total | 2935.592 | 119 | | | |



a. R Squared = .878 (Adjusted R Squared = .876)

The obtained F ratio was tested for significance. Since the table value of F ratio for df 1/117 is 7.90 at 0.01 level the obtained F ratio is highly significant even at 0.01 level ($F = 160.788$; $p < 0.01$). It is clear from the significant F ratio that the two final means which depend upon the experimental and control variables differ significantly after they have been adjusted for initial difference on x. The adjusted means of post- test scores (x,y means) of Mannan tribes in the experimental and control groups were calculated. The difference between the adjusted y means was tested for significance.

Table – V Data for adjusted means of post- test scores in Depression in the Experimental and Control groups.

| Group | Mx | My | Adjusted means | Mean difference | Std. Error | t | P Value |
|--------------|-------|-------|----------------|-----------------|------------|-------|---------|
| Experimental | 19.63 | 14.77 | 14.533 | 4.05 | .319 | 12.69 | .000 |
| Control | 19.12 | 18.35 | 18.584 | | | | |

Adjusted y means for pre- test scores are tested for significance for df 1/117. The obtained t value is 12.69 and the table value for significant difference for df 117 is 2.58 at 0.01 level ($t = 12.69$; $p < 0.01$). The significant difference between the adjusted y means indicates that the Mannan Tribes of the experimental and control groups differ significantly in their depression in the post- test. So, the mean of the post- test scores of Experimental and control groups clearly show that the experimental group is less in the Depression. It may therefore be tentatively interpreted that the Depression of Mannan Tribal women taught through Intervention is better than those of Mannan for reducing Depression.

STRATEGIES FOR ENHANCING QUALITY OF LIFE AMONG MANNAN TRIBAL WOMEN

Implementing strategies to enhance the quality of life among Mannan tribal women involves a thoughtful and comprehensive approach. Recognizing the unique challenges, they face, tailored initiatives addresses various aspects of their well-being.

Community-Based Support Systems: Establishing community support networks can provide a sense of belonging and solidarity. These networks could involve mentorship programs, group activities, and forums where Mannan tribal women will be able to share experiences and support one another.

Culturally Sensitive Mental Health Programs: Developing mental health programs that consider the cultural context is crucial. Accessible counselling services, awareness campaigns, and workshops can help address the psychological challenges these women may face, including depression, which will enhance their quality of life.

Education and Skill Development: As the literacy rate is too low among mannann tribal women, empowering them through education and skill development programs can enhance their economic independence. Access to education and training opportunities equips them with the tools to navigate economic challenges and fosters a sense of self-reliance.

Healthcare Access Improvement: Many women suffer chronic or acute illnesses, sickness due to excessive use of drugs which leads to depression. Enhancing healthcare access is vital for addressing physical health challenges. Mobile clinics, community health centers, and awareness campaigns will improve healthcare outcomes and mitigate the impact of health issues contributing to depression.

Economic Empowerment Initiatives: Financial instability which leads to poverty as most of them are agriculturalist going through depression as they are not able to meet the needs of the family and children. Implementing initiatives that promote economic empowerment, such as vocational training and microfinance programs, will provide Mannan tribal women with the means to generate income and improve their financial stability.

Promotion of Emotional Bonding within Families: Community programs that encourage emotional bonding within families can contribute to the stability of relationships. Counselling and Workshops on communication skills, parenting, and family dynamics can strengthen familial ties, reducing the likelihood of family breakdowns.

Substance Abuse Prevention Programs: Addressing the issue of drug usage within the community requires targeted prevention programs. These initiatives should include awareness campaigns, rehabilitation services,



and community dialogues to combat substance abuse and its impact on mental health.

Maternal and Postpartum Support: Specialized support for maternal and postpartum care can contribute to the mental well-being of Mannan women. This should involve providing resources for prenatal and postnatal care, as well as addressing postpartum depression through counselling and support services.

By combining these strategies in a holistic manner, tailored to the cultural context of the Mannan tribal community, the quality of life for Mannan tribal women can be enhanced, which will promote resilience, empowerment, and overall well-being.

LIMITATIONS OF THE STUDY

- The study was only able to capture short-term or present effects of their life and mental health. Long-term impacts might not be evident within the study's timeframe.
- It's difficult to gather a sufficiently large and representative sample of Mannan tribal women for the study, which can limit the generalizability of the results.
- Data on quality of life and self-esteem were self-reported by the respondents. Mannan tribal women may not be comfortable or accurate in expressing their feelings and emotions, leading to potential response bias.

SCOPE OF THE STUDY

The scope of this study extends beyond the immediate well-being of Mannan tribal women. Due to this study and the initiative by the researcher passion for this Mannan tribal women, in the future other Researchers, NGOs, and mental health professionals can collaborate with Mannan tribal communities to implement and further study the Quality of life of Mannan tribal women and similar interventions to build their self-esteem and quality of life. Also, the knowledge and experience gained from this study for the future researchers can be applied to other indigenous and tribal communities facing similar challenges.

CONCLUSION

In this study, we sought to assess the impact of psychological, social, and economic influences on depression and quality of life in Mannan tribal women in Adimaly, Idukki and also to propose strategies for enhancing quality of life of these women. The findings reveal several key insights on their major causes of depression which is diminishing their quality of life and their overall well-being. The study has proposed strategies to improve their mental health, build economic life by creating opportunities for women to generate funds for themselves and their family and also through that they can build social networks and will gain exposure in the outside world by gaining confidence, which will improve the overall well-being of the Mannan tribal women, and have important implications for both the Mannan tribal community and the broader field of mental health interventions among indigenous populations.

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