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## PART II

# Kerala: A Development Model?

BY PRAMILA JAYAPAL

LUCKNOW, India

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This newsletter continues to look at different aspects of Kerala's development. Part I focused specifically on literacy and employment, while Part II explores issues concerning the status of women, health, and environment.

## Women

Are women really better off in Kerala, I ask? "Definitely," says Leela Gulati, a well-known professor at The Center for Development Studies in Trivandrum. She ticks off the areas—health, literacy and representation of women in service organizations—and takes me through a cohesive explanation of why she thinks this is the case. She is one of many who believe that the matrilineal system has created a higher status for women in Kerala. The matrilineal system was the system of the Nayar castes in Kerala, whereby property and family name were passed down through the female. Partly because girls were needed to carry on the lineage, female infanticide was not common in Kerala as it was in other parts of India. Women outnumber men in Kerala by about 600,000, a sex ratio that matches that of industrialized countries where males and females have equal access to food and health care.\*

The Nayars were not one caste, as many believe, but a cluster of 131 castes that comprised about half of Kerala's population. Although not the highest on the social ladder, Nayars were often landowners and therefore of high status in the community. Nayar customs regarding marriage and women were quite unique. Marriage was not an institution, but rather a convenience to produce children. The *talikettu kalyanam* rite, which is now a marriage rite (I was married with this ceremony), was originally only a pre-puberty rite. *Tali* means a tiny gold ornament shaped like the leaf of a banyan tree, *kettu* means to tie, and *kalyanam* (a word now used for marriage) means an auspicious event. Often, the rite took place without requir-

\* Studies have found that if males and females are given equal access to basic needs like food, water and health, the sex ratio will be approximately 1.05:1 since life expectancy of women is generally longer than that of men. According to the 1981 census, India's sex ratio is about 93:100 ("Women, Poverty and Productivity in India," EDI Seminar Paper, World Bank Publications, Washington, D.C., 1988). Some estimates have translated this into approximately 22.8 million "missing" Indian females, either aborted or later killed by neglect. [Studies by Ansley J. Coale of Princeton University; quoted in Kristof/WuDunn's book "China Wakes," pp. 229-232 and p. 472 (New York, 1994).]

*Pramila Jayapal is an Institute Fellow spending two years living amid and writing about societal issues in widely diverse regions of India.*



ing co-habitation. The woman would continue to stay in her family's house and the man in his house. She was not economically dependent on him, nor was he required to provide for either her or their children. It was the woman's uncle (mother's brother) who was responsible for providing for his niece and her children. Gulati believes that living in the family house and depending on one's own family, rather than being uprooted and moved to an in-law's household, provided women with a sense of continuity, security and independence.

The matrilineal system had several advantages. In many patrilineal societies, dowries were originally given as the girl's share of the family's riches since land was inherited by the boys. In matrilineal Kerala, dowries were not necessary since women were the automatic inheritors of property. Similarly, early marriage and widowhood were not issues, since marriage itself was not an institution. Polyandry was not uncommon in some areas, and illegitimacy was of no concern because a child's paternity was not important for lineage or inheritance. Some of the older generations in Kerala continue to identify individuals through the female line; for example, when my mother went to our family temple, the priest asked who her mother (not father) was. According to the traditional system, a person (man or woman) was always identified by the mother's house name (usually shortened to two initials), which precedes the first, or given, name.\*

In spite of this, some people question whether Nayar women truly had power. They contend that even though Nayar women ruled the house in name and in lineage, in practical matters, the *karanavan*, or the senior most male member of the *taravad* (the matrilineal joint family house of the Nayars) controlled the power of the house. He had the right to do or approve anything in the *taravad* (except selling the property) without consulting the woman. Still, it does appear that through the transfer of name and property, there was a context set for the importance of women in this society. Although Nayars accounted for only 50 percent of the population, Gulati believes that the ethos of the community spread to Christians and Moslems who lived in close proximity to Nayars.

Today, many traditional practices do not exist. Automatic transfer of property to women was abolished in the early 1900s, joint family houses are being torn down, and families generally take the father's name. Dowries are extremely prevalent, even encroaching into the Nayar community. As modern practices take over Kerala, the matrilineal system and the freedom accorded to women through this system are slowly disappearing.

It is certainly true that working women are more common in Kerala than in other states. As Gulati men-

tioned, there is a high representation of women in service organizations. Because education was always encouraged for girls, there are plenty of women who are as technically qualified as men. In addition, many women who are left alone because their husbands have migrated to the Gulf countries often need to take on paid employment outside the house. Having the freedom to go outside the house exposes women to the outside world and helps them to build a support network outside the home.

However, particularly in the villages, women often still lack the necessary self-confidence, leadership skills and support from the community to take over positions of responsibility. The Nirmalgram Rural Development Project outside Cochin has done an excellent job of creating economic opportunities for women and families in their project area. It has created two separate NGO businesses for women: The Nirmalgram Vanitha Dairy Central Society, and R.Y.D.E. (Rural Youth Development Enterprises) Garments, a shirt-making entity. NVDCS now has 3,000 members, and collects approximately 3,000 liters of milk from families in the project area, providing these families with economic stability and the women with assets—the cows—in their names.

Yet NVDCS and RYDE still have work to do as far as empowering women to take control of the choices they make, their organization, and the money they earn. Although the society is in the name of women, many women still feel that the power and decision-making are controlled by men. Women and men both display a tendency to revert to traditional power relationships, particularly when men are present. In village societies where both a woman President and a male Convener are given power to sign checks, people often go to the male. Women lack the confidence to speak up and know that they will be heard. Creating the economic opportunity is not enough; these women need to create a new space for themselves in society and in their family.

Father Joy, the Project Director, and the social workers on staff agree that this is one of the main objectives of the next phase of the project: to support women to feel that they alone can take on the leadership of their organizations, to be able to stand up and explain why they need to go out of the house, or to deal with the conflicts that may emerge in the household when women become involved in organizational leadership outside the house. After an energetic and creative brainstorming session, the staff developed a training program, which they will try to get funded, to address some of the essential issues that women face if they are to be truly "empowered" to lead a community—issues ranging from providing these women with a national perspective of the women's movement, to conflict resolution within the family and society, to building self-

\*For example, according to the traditional system, I am actually P.K. Pramila (short for Pudusery Kolaikal, my mother's house name) not Pramila Jayapal. According to this system, after marriage, I would remain P.K. Pramila.



*A woman dyes coir in big vats, Vimala Welfare Center, Cochin (Photo:M. Jayapal)*

confidence and leadership skills.

In towns and cities, employment opportunities for both men and women are decreasing. The flight of Kerala's cashew and coir factories to Tamil Nadu (mentioned in Part I) has particularly affected poor women, who comprise the majority of the workers in these factories. Not only are many of the factories leaving Kerala, but the factories that remain are finding it difficult to make ends meet. The market for coir products, which was once extremely profitable because of the popularity of coir products in Europe, has decreased substantially as the price of coir has increased. Vimala Welfare Center in Cochin, a private non-profit organization that provides employment in crafts to poor women, at one time employed 1,000 women to manufacture coir products such as baskets, bags, and place-mats; now they can employ only about 200 women, and the Center itself is struggling to generate enough revenue to keep itself alive.

To survive, many women take on hard labor, such as splitting granite with a hammer. All along the roadsides in Kerala, I would see these women, squatting on their haunches, their saris sometimes pulled over their heads to protect them from the hot, afternoon sun, their arms thin yet muscular, their skin dark and glistening with sweat. Old and young, these women live in the constant monotony of the sound of splitting rock, of the up-and-down motion of the arm as it raises and lowers the hammer. It is hard, unrewarding work.

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I am sitting in a small room with Chitra, the social worker at Athani, a women's home in Trivandrum. We are interrupted every so often by the girls and women

in the home who come to ask for their medicines, for permission to watch a Malayalam film on TV, or just to inform her that they are home from their work. Athani is a home for "problem" girls and women that was started by a well-known poetess and activist, Sugatha Kumari. Some of the women are recovering from mental illnesses but cannot go home because of the stigma attached to their condition; others continue to have serious social and psychological problems. Athani can take between 25-30 girls at a time, and will often keep them for up to three years. Chitra and her colleagues are not interested in providing band-aid solutions; they want to try to solve problems permanently. Part of their solution is to train the girls in providing home-nursing, in sewing or in house-cleaning. Athani then finds jobs for the girls, and takes responsibility for them. Chitra has seen many girls improve dramatically as they work, become more self-confident and try to get rid of some of the specters that have been haunting them for so long.

Many of the girls at Athani have been battered, abused, tortured or raped. Some are from middle- or upper-caste families. One girl is from a high Brahmin family. She had been raped, but had concealed this from her family. When she was married, she confided in her husband. Even though he was open to staying with her, his family refused to accept her and threw her out. Another girl was living with her aunt and uncle, and the uncle began a sexual relationship with her when she was just thirteen.

"Look at these girls here. How can we say life is better?" Chitra asks me in response to my query to her about whether life is better for women in Kerala. I wonder aloud whether these are the exceptions to the

rule; literacy must have provided some benefit to women in this state? She looks at me and repeats something that someone else in a village poignantly had said to me: "What good does literacy do for me when I am too scared to go and stand on a street corner by myself in the evening?"

I am surprised to hear it from Chitra: she is a strong, bold, lovely woman, about 39 years old and unmarried because she has yet to find the right partner. "Even you?" I ask. "Yes, even me," she says. "Let me tell you a funny story. I had gone to a conference about freedom and rights for women with several of my other women colleagues. We came back feeling so excited. Then, there we were at the train station, and none of us wanted to go home alone without a man in the rickshaw. We stopped, looked at each other, and laughed, somewhat sadly, about the irony of it all."

Chitra says that dowries and dowry deaths are common in Kerala now. According to her, in most dowry deaths, there is a woman who has been heavily involved in pushing the girl to her death. Often, it's the mother-in-law, or an aunt or some other woman in the family who has subscribed thoroughly to the dowry system, and believes she is entitled to receive something. "Of course, men have a big part in this, but women are perpetuating the system," she says. Dowries have also become extremely expensive—no longer are a few gold chains sufficient. Today, families ask for televisions, motorcycles and huge amounts of gold.

I wanted very much to meet "Teacher," as Sugatha Kumari is affectionately called by so many. Everywhere I went in Kerala, I heard about Teacher. She is an extremely well-known poet who has won several awards for her poems (all in Malayalam), and has become increasingly involved in challenging social disorder and injustice. She is one of the champions of the environmental movement in Kerala; she has worked with the weavers of Balamapuram; and she was responsible for changing the state of the mental hospitals (out of which was formed the organization Abhaya, the mother organization of Athani). I was lucky enough to be granted an interview.

Kumari had just returned from traveling all night from a remote area where a natural rock formation that has provided fresh, pure water to the nearby villagers is being destroyed by a mining company. She had been helping the villagers to plan their resistance, and had not slept all night. In spite of her tiredness, she looked 10 years younger than her actual 60 years. She was wearing a simple blue sari. Her long black hair, wet from a recent shower, was flecked with strands of gray. Her house was modest and sparsely decorated. As we talked, her face lost its tiredness, her eyes began to glow with intensity, and she switched from English to Malayalam. I put all my questions to her: why did she become involved in these social issues? What does she think about Kerala's development? She put her hands on the sides of her head, and closed her eyes. "So many

questions," she said. I laughed, a little nervously, and waited. Still looking off to the side, her eyes half-closed, she said, "Well, I'm a poet, you know, and I suppose that means I'm quite mad. That's why I got involved."

Kumari's father was also a poet and a former Congressman. She describes him as a freedom fighter, an often lonely crusader who tired of politics being about politics and not people. Many people had told me about him, a principled man who lived very simply, almost as a *sanyasi*. Kumari had written one or two poems about trees and forests as a young child, but her life changed when she read a piece in 1979 about the construction of a planned hydroelectric project in the middle of the country's oldest natural forest, the Silent Valley, home to several rare species of flora and fauna. The proposal to build a dam across the Kunthi river, which runs down the middle of the valley, and create a reservoir behind it in the valley to generate electricity, became one of the fiercest environmental disputes the country has ever known.

Kumari gathered together a group of her writer friends, and they (along with other groups) began what was to be a successful but difficult movement to preserve the Silent Valley and other natural areas from destruction. Kumari feels that people heard the voices of this group because they were speaking in a language of poetry and emotion that people could understand. Kumari herself wrote a poem, *Maram* (Tree), in the manner in which one prays to a temple deity, lavishing praise on all the individual parts of the tree, from its tender leaves to its sunken roots. The poem became so famous that over 10,000 copies were distributed around the state during the Silent Valley controversy.

Over the years, Kumari and her friends' fights have been fraught with court cases, publicity, demonstrations, meetings, and yes, losses, too. "We've won some battles," Kumari said, "but we've also lost so many. It's all right. We need soldiers to fight losing battles as well. There is no question in my mind that people are thinking about these issues now, which is very important."

"Now let me tell you about Abhaya and Athani," she said. One night, a young man visited her. He told her about the terrible conditions that existed in the mental hospitals, and begged her to do something. He told her that young girls from the Trivandrum Mental Hospital, which was located just next to a police station, were being taken out at night and provided to the policemen for their use. At that time, it was a state law that all mental hospitals were completely closed to the public. Nobody could go in, and girls were not supposed to come out. One can only imagine what the conditions were like inside a place that was never subject to public scrutiny. The girls, naturally, were powerless to protest their treatment or conditions. The young man begged Kumari to do something about the situation.

Kumari could not sleep that night thinking about the terrible state of these hospitals. The next day she requested special permission to visit one of the women's wards; she says the officials allowed her to go in because they knew she was a trouble-maker and would create "a huge fuss" if she was not given permission. "It was horrible," she said. There were rows of single cells, each one 5 ft. by 10 ft., occupied by 4 or 5 women. A small latrine pit was in one corner. Because the girls did everything in the cell, the floor was covered with excrement, urine, and rice. Most of the women, old and young, were completely naked, with matted hair and blank, wild eyes. Kumari remembers walking in and feeling sickened. She looked down and saw in the middle of the room, a body lying there. It looked like a dead person, so frail and thin, completely naked. It was an old woman, maybe about 70. The woman opened her eyes and looked at Kumari, and in Malayalam, said "The children are hungry." First softly, and then louder and louder, she repeated the cry. As she did, other women in the cell joined in, until the whole row of cells was filled with the plaintive cry of hunger from the women. Tears were streaming down Kumari's face as she put her hands over her ears to try and shut out the screaming. She ran out of the room to the administrators and doctors, crying in anger and sorrow over the conditions of these women, pleading with them to do something, to treat these women like human beings, telling them that they treated their animals better than this. They told her this was not her field and to stay out of it.

Kumari went home and again called together her activist friends. They debated at the beginning whether or not to get involved in this new area. But Kumari was insistent, "We've seen it now, we know about it, we cannot walk away." With that, they started Abhaya, which set out to clean up the mental hospitals. They organized people, students, doctors across Kerala. They filed court cases, met with political leaders, wrote letters to the Prime Minister. They joined forces with the Naxalites, the Gandhians, the environmentalists and anyone else who would come along. Kumari says she shamelessly used her contacts with journalists to get as much publicity as possible.

The outcome justified her tactics: Kumari was asked by the Health Minister to visit all the hospitals in the state, to recommend changes and to help implement those changes. One of the first changes to take place was that the hospitals became open to the public—this, in itself, brought rapid change for the better. The single cell system was done away with, and women were clothed and fed properly. It was during this time that Kumari saw the plight of the women who had nowhere to go once they left the hospital, and those who continued to have social and psychological problems. Out of this knowledge, she formed Athani. Now, Abhaya has built a new mental hospital, which will be in-

augurated by the Vice President of India shortly. It is a beautiful airy place with high ceilings on 8 acres of land. Many of the girls will work cultivating plants, vegetables and flowers. Next to the hospital is an old *taravad* (joint family house), which was donated to Abhaya by a Namboodiri Brahmin family. The family had been offered Rs. 2.5 million for this *taravad* by a French group, who wanted to reconstruct it in France. The family decided instead to give it to Abhaya for its use, and accepted only Rs. 101 as *dakshina*, or offering to the gods. Abhaya dismantled it, piece by piece, board by board, window by window, moved it in six lorry-loads to the new site, and reconstructed it just as it was. It is a beautiful example of the carved woodwork, natural simplicity and elegance of the Kerala *taravad*, which is sadly disappearing because of the cost to maintain large joint family structures in the age of nuclear families and city life.

I asked Kumari her opinion of the biggest problems facing women in Kerala; her reply was alcoholism, suicides and dowry deaths. "Did you know we have the distinction of being the state with the highest alcohol consumption and the highest number of suicides? I do not think we are taking the right road to development. We are imitating the rich countries in the wrong way." I left Kumari understanding that whether women are better off in Kerala than elsewhere is only relevant to the statisticians; to the men and women of Kerala, there is still so much to be done.

## Health

Like literacy rates, awareness of basic health and hygiene practices is high in Kerala. This may be because cleanliness is rooted in the very consciousness of the Malayalee people, or because it has been bred through the availability of water and of basic education, or some combination of the two. Whatever the reason, villages are spotlessly clean, cities have few beggars, and people wash their hands religiously before and after meals. *Jeera* water, or water boiled with cumin (a natural aid to digestion and a germ-killer), is served everywhere. Malnutrition, even with the poor, is not common. The effectiveness of the family planning campaign is evident in the change between family size of my generation and that of the previous generation. Many of the people my age come from families of 12, 13, or 14 people. However, they have limited themselves to only 2-3 children, and understand the idea of taking care of the children that they bear. Even the *adivasis*, or tribal people, have limited their families to 4 or 5 people. Most women deliver their babies in a nearby clinic or hospital, unlike the situation in North India where the majority of deliveries take place in the home. Mothers also generally ensure their babies receive the necessary immunizations.

The slimy underbelly of health in Kerala, however, is

\* Interestingly, the other state that reports a high suicide rate is West Bengal, another extremely literate state with a Communist orientation.



*The Nirmalgram Rural Development Project office, an ecologically friendly structure that maximizes use of solar energy and local building materials.*

mental and social health. Kerala's problems with alcohol and suicides are not usually mentioned in World Development Reports or taken into account in calculating the Human Development Index. Given the economic and labor situation of Keralites today, it is not surprising that depression, stagnation and apathy would lead to alcoholism and suicides. The figures, however, are stunning. Kerala accounts for 50 percent of all the suicides in India.\* Twenty-four out of every 100,000 people in Kerala commit suicide, and it is estimated that there is a suicide attempt made every 15 minutes. Particularly sad is that 50 percent of suicide attempts are made by people between the ages of 18 and 30. Sixty-nine percent of all suicide attempts are made by women, and at least 48 percent of suicidal women are spouses of alcoholics; both statistics indicate that life for women in Kerala is not a bed of roses, regardless of literacy or the matrilineal system.

Alcoholism in Kerala is rampant, with tens of thousands of small, mostly illegal arrack and toddy (local brews) shops everywhere. From 1984 to the present, sales of Indian-Made Foreign Liquor (as opposed to local liquor, which does not hold the same status as IMFL), have risen by 200 percent in Kerala, thoroughly outstripping the population growth of 17 percent in that same time. As with suicides, alcohol is a young people's problem—half of the alcoholics in the state are between the ages of 20 and 30. Kumari is actively involved with the small groups of women who are trying to fight alcoholism at the village level, but the road is a long, hard one. Newly-elected Chief Minister Antony has recently announced a hefty fine for illegal liquor

shops, but people are skeptical of how well these fines will be enforced. Recently, a group of tribals was beaten by the police for protesting the closure of an illegal arrack shop. The incident caused embarrassment for Antony, who responded by ordering an immediate inquiry into the case.

It was surprising to me initially that, in a state with health care as superior as it is in Kerala, the conditions Kumari described to me in the mental hospitals would still exist. However, even (some might say especially) in Kerala, government resources are tight. It is probably extremely tempting to cut corners and provide sub-standard services to a population that lives in an environment not subject to public scrutiny. As the state's unemployment goes up, private sector industry goes down, and resources are spread thinner and thinner. The government's ability to pay attention to issues like mental health, suicides and alcoholism will only get worse. The very lack of mention of such issues in Kerala's 5-year plan, an otherwise remarkably honest document, clearly shows that the government is not yet willing to focus attention on such touchy issues—issues that are also not being measured by the outside world. The 5-year plan does state generally that "there is no money for development...the quality of educational and health services has declined."

Perhaps in order to compensate for the decline in government health services and decreasing incomes, there has been a resurgence of interest and faith in traditional forms of medicine. As early as the late 1800s and early 1900s, several important works dealing with

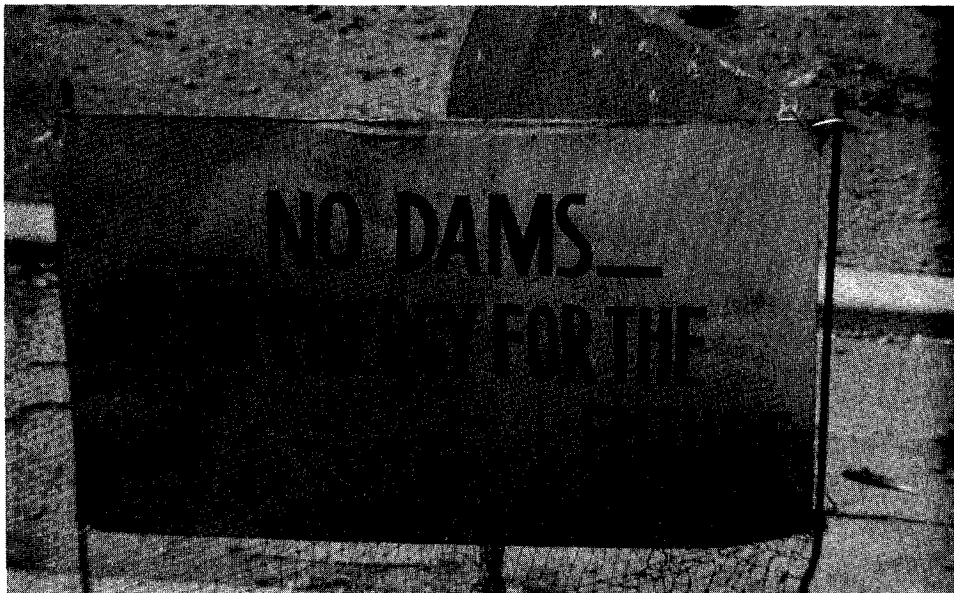
the Ayurvedic system of medical treatment were written in Kerala (including one authoritative work on toxicology written by a Maharaja of Cochin, Kerala Varma). Traditional medicine was popular then, especially since rare medicinal herbs and plants flourished in Kerala's fertile land. Many were supplied to all parts of India. When the state started promoting immunization and other modern medicines through allopathic primary health clinics, however, traditional medicine began to take a back seat. Several people I talked to recalled that they were treated in their youth with herbs grown and ground by their grandmothers; over the years, however, that knowledge slowly dissipated and people turned to allopathic medicine.

Across Kerala, traditional forms of medicine are being "revitalized" by the government and by NGOs. The government is establishing more schools for traditional medicine, and most of the rural development projects I visited had started some kind of nature cure center. At Nirmalgram Project, Father Joy and his staff have envisioned a one-of-its-kind nature cure center, with individual cottages for in-patient treatment, a full herbal garden, and out-patient treatment including yoga, massage, and other herbal remedies. Nirmalgram has organized village health groups in each village, and provides education and training through these groups. One of their aims is to teach villagers how to treat themselves for simple things with the herbs that are growing in their own back yards.

In their plan, Nirmalgram has also said that it wishes to start a health insurance scheme that would cover everyone in their project area. They have been seeking funding for these health activities but many donors today look only for economic schemes. In fact, this type of health insurance program may be more beneficial and sustainable in the long run than some income-generating schemes that have no market for the prod-

ucts that are produced. Jane, the nurse at the Nirmalgram out-patient center, says that 95 percent of people who come have tried other cures and are coming as a last resort. As people are cured by this treatment, however, they begin to trust in and rely on natural medicine. "It is so much more practical," Jane tells me. And, indeed it is. First, most villagers cannot afford most allopathic treatments. Second, clinics or hospitals may be miles away, whereas naturopathic or traditional medicine is often practiced in the villages. Finally, many allopathic doctors over treat with antibiotics, creating a resistance to the antibiotics, a big problem if such treatment is actually needed in the future.

Over 4,000 people have been treated over a 3-year period at the Nirmalgram Center. Most come for relief from arthritis, asthma and diabetes. Jane says that even weight reduction has become a popular aim of many people! She takes us through the gardens and points out many of the herbs. I am familiar with some, like *tulasi* (basil) which is used to cure asthma and other respiratory diseases. Others, like *mashitandu* (which is used for reducing blood pressure), I do not recognize or know the English name. The Center also says it has treated and cured one cancer case. According to Jane, the woman had a tumor in her breast; allopathic doctors at a cancer center said they could not do anything for her. They advised her to try and work on her spiritual peace of mind and make the most of her life. She went to the Nirmalgram center, and after three months of in-patient treatment, including massage, yoga and other herbal remedies, she went back to the hospital for another test. The doctors were amazed to find that her cancer had improved significantly. They told her to continue whatever treatment she was undergoing, so she spent another six months at Nirmalgram. When she returned to the hospital, they could no longer find any trace of the cancer. Jane is proud of this story, but she cautions that they do not know if it was actually



Protesting the dams  
(Fort Cochi, Kerala)



their treatment, or “just God’s will”. Still, she believes that their treatment is effective and gives relief to the needy.

Wide promotion of traditional forms of medicine is one way to maintain accessibility and affordability of medical care for Kerala’s villagers. The government’s revenue deficit has quadrupled in 10 years; since 40 percent of the state’s budget is spent on social services, it is inevitable that there will be massive cuts in social services spending as the state tries to control its deficit. Kerala’s challenge will be to maintain those aspects of health that are ingrained in people already, while continuing to address newly burgeoning social and health issues created by the strains of the current times.

## Environment

Kerala is covered with beautiful, thick, old natural forests. In the section entitled “Negative Aspects of Development” in the State’s 5-year plan, it cites as a severe problem the “encroachment of forest lands and destruction of green canopy, leading to droughts, floods, and degradation of the land.” It is unclear whether reference is being made to the tribal people who are constantly fighting with the state for land, or to the numerous hydro-electric projects that are proposed, often begun, rarely completed, and always embattled. I suspect the former, but feel the latter is an even bigger issue. On the River Periyar itself, one of the main tributaries running through Kerala, over 14 dams have been constructed. At the Idduki Dam, I saw how effectively the dam had dried up water on one side that sustained the livelihoods of so many people for so long. The government resettlement programs for these families are often disorganized, incomplete, or sometimes non-existent.

In his cogent and clear booklet entitled “Storm Over Silent Valley,” Darryl D’Monte explains simply the basic problem with dams. Kerala had, until recently, surplus power that it sold to neighboring states like Tamil Nadu and Karnataka. According to D’Monte, “the building of dams and extensive cutting down of trees on the Ghats has resulted in power shortages in Kerala since 1983.” D’Monte explains that without tree cover, the runoff of rain increases, and in the summer there is no gradual release of groundwater from the forest areas, rendering the power stations incapable of filling their reservoirs and generating electricity. In a complete reversal, Kerala is now forced to buy the majority of its electricity from other states.

Peruvanthanam, the environmental activist, takes me through another litany of problems that occur with the construction of dams and hydro-electric projects. Many of the projects are multi-billion dollar affairs, and are often not completed due to a shortage of funds or labor problems. The ones that are completed often create erosion of the hillsides, destruction of the pure water of rivers that previously were flushed once a year by the monsoons, and death of fish and other

river life because of pollution. Several landslides from a weakening of the land have killed thousands of people in the process. Finally, the electricity generated from these hydro-electric projects is sold to hotels and rich people. “The electricity goes over our heads, but not in our homes,” Peruvanthanam says wryly to me.

The environmental movement in Kerala is also closely linked with the resurgence of traditional medicine. Several groups like The Foundation for Revitalization of Local Health Traditions (FRLHT, based in Bangalore, but with several project sites in Kerala) are working to establish medicinal plant conservation areas, where rural people are encouraged to both look back and see how ailments were treated in the past, and to look forward and see what their environment will be like if the plants they pick are not replenished. FRLHT educates villagers about home-grown remedies, the value of the plants, and methods to replenish what is used from the forests. FRLHT estimates that approximately 7,000 medicinal plants are used in folk health traditions, but supplies are shrinking because of destruction of forests, global exploitation from middlemen distributors and a simultaneous lack of awareness on local people’s part of the value of these plants.

One day we took a bus up to a tribal area in the hills. We got off in what seemed to be the middle of nowhere, and tramped our way up the brushy hillside. The faint muddy path was slick from the recent rain, and the wild lemongrass growing all around us threw a tangy fresh scent into the air. The *adivasis* do use some of the land to cultivate ginger, pepper, cardamom and bitter gourd, but a substantial part of the land remains uncultivated. The lemongrass, a widely used herb in ayurveda, is allowed to just grow wild without being collected. The *adivasis* sell their crops to middlemen who pay little but make a lot in resale. Environmentalists hope to use areas such as this to teach the tribals how to cultivate more of the land, and even set up their own herbal garden to grow and then produce herbal compounds and pastes for medicinal purposes. This would provide a better source of income for the people, an affordable and accessible alternative to allopathic medicine, and a way to preserve the environment in the long-term.

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Kerala is, without question, a unique state as far as development is concerned. When most other states in India had not begun to understand the need for literacy, Kerala was educating her people. When most states had not yet understood the consequences of going without immunizations or primary health care, Kerala spent enormous amounts of money establishing small clinics all over the state. For rich and poor alike, labor unions, demonstrations and consumer education—people power—were a familiar weave in the tapestry of Kerala life.

It is still, in many respects, a place from which one can extract lessons. In comparing it with other states in

India or with the rest of the developing world, it is difficult not to immediately feel that Kerala is far better off than these other places. In Kerala, one does not get as tangible a sense of "underdevelopment", of poverty, of unhappiness. The streets are clean, beggars are few, people speak politely. Combine this with the accepted benchmarks of development, such as literacy, infant mortality and fertility rates, and one is pulled farther into the confusing irony of the Kerala model.

One cannot deny the tangible progress made in so many areas, but neither can one ignore the "negative aspects of development." It may be true that Kerala is much better than other places in India, but as I said before, it is irrelevant to the people who live there, and it should be irrelevant for those looking at Kerala's future. If Kerala continues as it is, the development model of the past will die in the coming decade.

Keralites, men and women from hill to coast, feel that much has to change in Kerala. The model seems old, the statistics dated. The harsh realities of diminishing incomes, unemployment and a decreasing standard of living are beginning to eat away at peoples' spirits, at their optimism, at their happiness. An ethos of apathy has overtaken many of the young people, an innate pessimism that jobs will not be available, that schooling does not in any way guarantee economic stability. Public services that were once the pride of the state, such as education and public health clinics, are falling into disrepair due to lack of income. While most of India struggles in the fight for literacy,

highly educated people in Kerala are committing suicide, turning to alcohol or migrating to greener pastures in the Middle East. Kerala does not need population control, and not just because the current fertility rate is only 1.8.

For donor agencies used to focusing on literacy, fertility and infant mortality, Kerala is not a priority. However, if we look instead at the not-so-tangible problems of frustration and depression (more acute because people understand the bleakness of Kerala's unemployment situation), or realize that women in Kerala, in spite of high literacy, are not empowered to make choices for themselves, it becomes clear that Kerala is facing a different, but equally destructive, development challenge. It is not a developing-country model that we are familiar with, but it is a model that could explode if left unattended. The World Health Organization recently stated that poverty is the major contributor to mental illness, stress, suicide and family disintegration, ills with which Kerala is all too familiar. The hope is that the state and its people will be able to find new, innovative ways to bring Kerala out of its poverty of employment and social health, to enable people to be educated and not just literate. It is particularly encouraging that the state government has readily admitted its shortcomings in its 5-year plan. Now, Keralites need to rally around the leadership of its own people, people like Sugatha Kumari, Father Joy and the weavers of Balamapuram, if Kerala is to progress into the next phase of development and again become a model for India and the world. □

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#### Notes:

1. 1991 India Census.
2. Fr. J. Puthenkalam, S.J., "Marriage and Family in Kerala," (New Delhi, 1977) pp. 5-12.
3. Ibid.
4. NRDP, NVDCS and RYDE information obtained during a 10-day stay with the project, interviews conducted with individuals in the project area, and project staff and director, June 1995.
5. Interview with Vimala Welfare Centre Project Director, Cochin, July 1995.
6. Statistics on alcoholism and suicides contained in this and the subsequent paragraph are from the following source: R. Krishnan, "Kerala: A Fall From Grace," *India Today*, November 15, 1994, pp. 146-7.
7. Kerala State Plan, 1992-1997.
8. A. Sreedhara Menon, "A Survey of Kerala History," (Madras, 1984).
9. Kerala State Plan, 1992-1997.
10. "New World Bank Initiative to Support the Very Poor in Developing Nations," *The Pioneer*, Lucknow, July 22, 1995, p. 16.