

A Tragedy Unfolding

Tribal Children Dying in Attappady
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Vol. 49, Issue No. 2, 11 Jan, 2014

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The continuing deaths of infants and children due to malnutrition in Attappady, the only tribal block in Kerala, reflects the state government's apathy towards addressing issues germane to the tribals residing in the region.

Introduction

Malnutrition deaths of infants/children are highly prevalent in India. The country accounts for 29 % (3.09 lakh) of all first-day deaths globally (Singh: 2013). The extent and severity of malnutrition deaths of infants/children, however, differs among various social groups and states. For instance, malnutrition deaths are highly prevalent among socially marginalised groups such as tribals, fisherfolk and dalits, and rampant in socio-economically backward states such as Bihar, Jharkhand, Madhya Pradesh, Rajasthan and Uttar Pradesh (Khera: 2008). But it is shocking to see in Kerala –a state with superb achievements in human development, people's planning, governance, and women's literacy– an alarming rate of malnutrition deaths of tribal infants/children. The UNICEF Report (2013) observed that a total of 39 deaths had been reported from Attappady tribal block in Palakkad district between April 2012 and May 2013. Major causes included asphyxia, *acute respiratory distress syndrome*, aspiration, apnoea, preterm and low birth weight, development growth delay, and intrauterine growth retardation (IUGR). C D Rozario (2013) noted that 36 children had died in the past 16 months (from January 2012 to April 2013) as compared to 25 and 32 starvation deaths in 1996 and 1999 respectively.[1] *The Times of India* (2013) came up with the more shocking estimate of “58 malnutrition deaths in the past 20 months” in Attappady tribal block. The Ekbal Committee Report (2013) said that in 2013 about 30 children died within a few hours/days of their birth. A team of experts from the National Institute of Nutrition (2013) visited Attappady tribal block for studying infants or children deaths and reported that the infant mortality rate (IMR) there was 66 as compared to 14.1 deaths per 1000 live births in the rest of the state.[2]

In light of these facts some pertinent questions need to be addressed. Why is the infant/ children mortality rate very high among the tribal groups in Kerala? Why is the government unable to stop this phenomenon even after implementing so many social security/welfare schemes and laws, including the

Forest Right Act, Restriction of Transfer of Land and Restoration of Alienated Land Act?

Incidence and Intensity of Health and Nutritional Problems in Attappady

Attappady tribal block, established in 1962, is located in Palakkad district of Kerala, east of the Silent Valley in the Western Ghats, one of the world's most famous biodiversity hotspots. In 1901, this region was mostly forested and inhabited exclusively by hills tribes. Forest coverage which was 82% in 1959, came down to 19.7 % in 1996. The share of tribal population came down to 40.9% in 2001 from 90% in 1951. The share of scheduled caste (SC) population among the total population was 4% while that of general category was 55%. According to 2001 figures, a total of 66,171 persons reside in Attappady, of which 27,121 persons are tribals (40.9). Out of 27,121 tribals, 20,883 persons (77%) belong to the Irula group (non-primitive), 3,487 persons (13%) belong to Muduga group (non-primitive) and 2,755 persons (10%) belong to Kurumba group (primitive). There are 189 tribal hamlets with a total of 8,585 tribal households. As per a study, 83% of the tribal population was poor in 1997 (Institute for Societal Advancement 2006). According to the Kerala Institute of Local Administration (KILA) (2008), there are 8,589 tribal households in Attappady block, of which 6,180 tribal households have ration cards; out of these 25.34% of households hold APL (Above Poverty Line) ration cards, and rest of them hold BPL (Below Poverty Line) ration cards. What is more shocking is that around 2,400 tribal households do not even have ration cards. The literacy rates of tribal males and females is 64% and 56% respectively (KILA 2008) while male and female literacy rates in the rest of Kerala stand at 96% and 92% respectively (Census 2011).

Kerala, a state with a robust performance in the health sector, received a jolt from a report of the Comptroller and Auditor General (CAG) of India, which stated that as per the World Health Organisation (WHO) growth standard the percentage of malnourished and severely malnourished children in Kerala as on March 2011 stood at 36.9% and 0.8% respectively (The Hindu: 2013). This is not surprising because the situation of malnutrition and related health problems is abysmal among socially vulnerable groups in the state of Kerala. For instance, the incidence and intensity of malnourishment and health problems are high among tribal groups, fisherfolk and the like in Kerala. C D Rozario (2013) has observed that among adivasi children of 12 months or less, 9.1% are severely underweight, 32.2% suffer from severe stunting and 7% suffer from severe wasting. At the same time, it was found that 54% of children from the fisherfolk community below the age of 6 were malnourished.[\[3\]](#)

The status of nutrition of tribal children is appalling in Attappady tribal block in the Palakkad district of Kerala. One of the first tribal blocks to be established in India, Attappady is one of the most backward blocks in Kerala. Tribal groups are suffering from extreme starvation and malnourishment even after 50 years of its formation. A study by Kerala Institute of Local Administration (KILA) (2008) reveals that 48% of the total tribal households are poor. Kerala has received another pertinent jolt from the CAG after a report prepared by the National Institute of Nutrition showed that the overall prevalence of underweight, stunting and wasting among the children attending a health camp at Tribal Specialty Hospital at Kottathara in Attappady tribal block was very high –78.6%, 77.8%, and 53% respectively. The overall prevalence of anaemia was 85% among women, with 56% having mild

anaemia, 28% moderate anaemia and 1% severe anaemia.

A recent survey conducted by Thampu, a non-governmental organisation (NGO) dealing with tribal rights, found that out of the 300 tribals affected by malnutrition 200 were children. K.Venugopal, the district medical officer, said that 412 cases of anaemia and 67 cases of malnutrition had been noticed by the health department (The Hindu: 2013). The Integrated Tribal Development Programme conducted a survey between 11 April 2013 and 19 April 2013 in Attappady, covering 7,565 households and a population of 23,599, and found that the number of tribal people with anaemia/malnutrition was 463/69, the number of children aged below five with anaemia/ malnutrition was 68/57 and lactating mothers with anaemia and malnutrition was 62/ 0 (The Hindu: 2013). The UNICEF Report (2013) observed that weight of the mothers at delivery ranged between 39 and 45 kgs. The Ekbal Committee (2013) said that most women had undergone abortion more than once and almost all children examined suffered from anaemia and malnutrition. Difference between the nutritional status of Kerala's general rural populace and that of Attappady could be as high as 50% (Suchitra: 2013). Considering these dismal statistics, Attappady can be called Kerala's "sub-Saharan Africa".[\[4\]](#)

Causes of Malnutrition Deaths

The death toll of infants due to malnutrition and related health problems has risen between January and December 2013 (The Hindu: 2013). The newspapers have come up with shocking estimates of infant deaths in Attappady. According to *The Hindu*, 52 infant deaths were reported from Attappady in the past 17 months (3 July 2013). *The Times of India* said that as many as 58 malnutrition deaths were reported in the tribal hamlets in the past 20 months (27 September 2013).

A survey of literature on malnutrition and related health problems in Attappady points towards several reasons for extreme poverty and malnutrition deaths in the region. The most pertinent among them are as follows[\[5\]](#): land alienation of the tribals; loss of traditional shifting cultivation; loss of traditional food items such as *ragi*, *chama*, *cholam*, *veraku*, *thina*, *thuvara*, honey, tubers, roots, medicinal vegetables, etc.; neglect of the tribal people and inaction by the departments of Tribal and Social Welfare and Health; failure of public distribution system; poor performance of Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS); contrary to the practices in other places, the anganwadis do not distribute eggs, milk, and bananas among tribal children; lack of essential drug supplies such as Mesoprestol and Magsulf for delivery and childbirth related medical emergencies; disempowerment of the adivasi communities; failure of Attappady Hill Area Development Society (AHADS), a Japanese funded project, which works towards ensuring a sustainable livelihood and ecology; and institutional delays and inefficiency in implementing the laws, schemes and projects meant for tribal groups in Attappady.

Conclusions

It is well understood that malnutrition and related health problems are some of the most important issues facing the country. Socially marginalised groups, women and children in particular, in many states are the worst victims of this problem. It is shocking to note that

Kerala - a state with the remarkable achievements in human, and social (health) indicators - has excluded the tribal groups from its so-called achievements[6]. It shows that development in human and social (health) sectors is as not inclusive as claimed by the state. For instance, more than 60 tribal infant/children died due to the combined impacts of loss of indigenous food items, poor public distribution system, unavailability of alternate nutritious food and the loss of employment opportunities, which led to widespread starvation along with high malnutrition and related health problems (Ekbal Committee: 2013) in the past 24 months in Attappady, the only tribal block in the state of Kerala.

In order to increase livelihood opportunities and ensure health of tribal groups in Attappady, the following suggestions may be useful. Right to common property resources or right to commons needs to be implemented keeping in mind that many indigenous/traditional communities have depended upon the common property resources for centuries or even millennia. This right should meet long-term livelihood and health security of the tribal groups in India. Right to health needs to be enacted. A Special Land Distribution Act for Attappady needs to be implemented since the tribal groups have lost more than 10,000 acres of land (The Hindu 2013, Ekbal Committee: 2013, Rozario: 2013). Deployment of a Central Development Force (CDF), a special police wing to capture or arrest those who are not implementing schemes/programmes meant for socially weaker sections should be considered seriously. A culturally sensitive approach to the implementation of MGNREGS should be looked into. This essentially means that the chief or *mooppan* of each tribal hamlet should be granted powers to plan, execute, monitor and evaluate the rural employment guarantee scheme in tribal areas/ belts. Formation of tribal sabhas or hamlet sabhas and tribal self-help groups should be encouraged. Engineering, medical and higher education institutions with special provisions for tribal students should be opened in the area. Investment in the transportation sector should be enhanced to improve the accessibility and connectivity of tribal groups. The quality and quantity of health services provided by both public and private sector in Attappady should be upgraded.[7]

Notes

[1] Attappady had experienced starvation deaths among tribal groups in the past, but its intensity was relatively low (Rozario 2013: 16).

[2] Recent estimate shows that Kerala's infant mortality rate is 12/ 1000 live births (The Hindu, 28 Dec. 2013: 9); Bakshi (2010).

[3] RIGHTS, in their submission, have referred to the above survey conducted by National Nutrition Monitoring Bureau (NNMB) on children from Adivasi communities up to the age of 12 months. Theeradesha Samrakshna Samithi has made a submission referring to its survey in Alappad Panchayat, a marine fisher Grama panchayath in Alappuzha district, which has 8

fishing villages and found that more than 50% of the children there are malnourished.

[4] See Manikandan (2013a).

[5] See for more details The UNICEF Report (2013), National Institute of Nutrition Report (2013), Dr. B. Ekbal Committee Report (2013), Rozario (2013), the newspapers such as The Hindu, The Times of India, Deepika and Deshabhimani.

[6] See for more details Soman and Rajasree (1994), Kerala Calling (2005), Kerala Human Development Report (2005), Shivakumar (2010), Bakshi (2010) Raman (2010), Vasanth (2013), Ittyipe (2013), and Ekbal (2013a,b).

[7] See for more details the UNICEF Report (2013) and Suchitra (2013)

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