# Change and Continuity In Healing Systems and Health seeking Behaviour of Kavaratti Island (Lakshadweep)

A dissertation submited to Jawaharlal Nehru University
in partial fulfillment for the award of the degree of

**Master of Philosophy**

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2007

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30th July 2007

**CERTFICATE**

This dissertation entitled "**Change and Continuity in Healing Systems and Health Seeking Behaviour of Kavaratti Island, Lakshadweep**" is submitted in partial fulfillment of the requirements for the award of the degree of **MASTER OF PHILOSOPHY** of this university. This dissertation has not been submitted for award of any degree of this university or any other university and is my original work.

Sunil Kumar N.C

We recommend that this dissertation may be placed before the examiners for evaluation.

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The People of Kavaratti Island

# ACKNOWLEDGEMENT

I wish to thank my Supervisor, Dr Sunita Reddy, for her valuable advice as well as her continuous support. I owe her many thanks for her support in conducting fieldwork by making sincere effort to get permission from Administration of Lakshadweep within short time; otherwise it would have been a difficult task for me.

I am also thankful to Prof. K.R. Nayar, Chair person, Centre of Social Medicine and Community Health, who suggested the topic to me and encouraged to do the study. I would like to acknowledge my gratitude to all the faculties of Centre of Social Medicine and Community Health. I would like to thank Durai, and Dinesh, the staffs of documentation centre who always helped me in the course of work.

I am thankful to Dr. Raja Babu, Director, Education Department, Kavaratti for sanctioning the permit to visit the Isands without delay. I acknowledge The Director of Medical and Health Services, Kavaratti for his support during my fieldwork. I extend my sincere gratitude towards Kunjhikannan (former Engineer, Public Works Department, Lakshadweep) who provided me a sketch about the island life before going to the field and arranged my accommodation in the island. Cheriyakoya (Engineer, PWD, Lakshadweep) had given me the permission to stay in Government building and supported me throughout my stay in the island.

Mentioning my gratefulness to the people of Kavaratti, is a difficult task. All of them were supportive to me throughout my research. I would like to name a few who were with me with their support throughout my stay in Kavaratti. Nazeer, (works in Agricultural Department and also the Youth Club Secretary), Anwar Nath and Nazeer (Health Department), Shahabudeen, Anwar, Nazeer (Science and technology) and Faruq deserved my sincere acknowledgement. I am thankful to Sali and Niyas who provided food for me during my stay in the island. I am thankful to the librarian, Central library Kavaratti for collecting all the available books and documents on Lakshadweep for me.

I take this opportunity to thank all my friends. I sincerely thank Mathew George for his valuable suggestions and unconditional support throughout my work. I owe a great deal to Uma, Abhilash.M, Jaffer and Nishant. I also thank Abilash Babu, Dawson, Sobin, Samkutty, Venkitesh and Vinayan for their support.

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## CHAPTER V

# Acronyms

| | |
|---|---|
| Amin | Village head man |
| Ayurveda | Indian traditional system of medicine |
| Namboothiris | highest group among Brahmins of Kerala |
| Calicut | A major town in Kerala |
| Cannanore | A major town in north Kerala where Colastre ruled |
| Chaver | A traditional suicidal army mainly consists of Nairs |
| Chirakkal | An ancient kindom in South India, the head quarters one of the branches of their kingdom |
| Cowle | A system of granting government lands on improving leases |
| Dweep | Island |
| Haj | Pilgrimage to Mecca |
| Isamavu | Magic |
| Illam | The house of Nambuthiri |
| Jenmi | Landlord |
| Jinn | A spirit being which occupies a position mid way between Humans and angels believed in by Muslims |
| Karanavar | The oldest male member in marumakkathayam family |
| Karyakar | The chief official in the island during the regime of arakkal Kingdom |

| | |
|---|---|
| Kolathiri | The ancient kingdom of Kolathunadu in North Malabar |
| Koya | The upper caste in the island |
| Malmi | The inter mediate caste-the sailors- of the island |
| Mappila | The Muslims of north kerala |
| Marumakkathayam | The matrilineal system of inheritance |
| Mas | Dried tuna |
| Mehr | A sum of money or other property the women get from her husband at the time of marriage (bride price) |
| Melacherry | The lower caste community in the island |
| Mukhtyasars | Attorneys or unqualified lawyers |
| Nair | Upper caste of Kerala |
| Odam | Small sailing vessel |
| Pandaram land | Government land |
| Pattom | Annual rent for coconut trees |
| Rajah | King |
| Tharavadu | A joint matrilineal family |
| Thavazhi | A branch of a joint family being the desecendents of the same mother |
| Tipu Sultan | The Muslim ruler of Mysore invaded Malabar |

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# Chapter I

# Introduction and methodology

## 1.1 Lakshadweep- An Introduction

Lakshadweep is a group of 36 small islands scattered in the Indian Ocean at a distance of around 220 to 440 kilometers from the mainland. There are ten inhabited islands and one Tourist Island among these 36 islands. It constitutes a population of 60,595 according to the 2001 census. Each of these inhabited islands is scattered in the Arabian Sea at a distance of 60 to 150 kilometers from the nearest island. The inter island distance make each of these islands, separate units, in terms of living conditions and culture. Most of these islands have Lagoons on the western side, which extend from 2 to 4 kilometres.

The Lakshadweep groups of islands were known as Lacccadive, Minicoy and Amindivi islands till 1973. The Laccadive group of islands consists of islands such as Agatti, Androth, Kavaratti and Kalpeni, inhabited islands which were under the purview of the district of Malabar (now Calicut) while the Amindivi group which consists of islands such as Amini, Chetlat, Kadamath, Kiltan and Bitra inhabited islands which were under the district of South Canara (now Mangalore) . Minicoy, the farthest island from the Indian mainland, was also a part of Laccadive group. The people in Minicoy are ethnically and culturally more related to Maldives. In 1956, the islands were given the status of Union territory. Initially, the headquarters were Calicut but in 1959, it shifted to Kavaratti.

The indigenous population of the island belongs to Muslim religion. According to the 2001 census, 95 percent of the inhabitants are Muslims. There are 3 principal caste-like groups among the Muslims in the island. The *Koyas* are the upper-castes; the *Mellacherrys* are the lower-castes and the *Malmis*, the intermediary-castes. Muslims are given a Scheduled Tribe status in the islands, and it is the only place where Muslims are considered as Scheduled Tribes in the country. Hence the island is an interesting case where religion, caste and tribal identities exist together. There

is no Scheduled Caste population in the island. The population of the island as per the 2001 population census is 60595 and the sex ratio is 947.

Each of these islands has a very small territory, which varies from 2 to 5 square kilometers. These islands lies hardly 2-4 meters above the sea level. The land is fragile and coconut is the main tree in the island. Breadfruit tree is another common tree in the island. Other than these two, there are very few plants in the island. Goats are the commonly seen animals, and cows are rarely sighted in the island. There are no poisonous snakes, dogs or other animals in the island.

"The entry to the island is restricted through the Act".[1] The non-natives have to take prior permission to visit these islands and the foreign tourists are permitted to stay only in specific islands. Only the persons who are born in Lakshadweep and whose parents are born in Lakshadweep can purchase land there.

The islanders speak *jasari* language, which is a version of Malayalam. *Jasari* language does not have an own script and thus it is written in Malayalam - the official language of the Union Territory. The islanders, especially island women, use Arabic Malayalam for writing i.e., writing Malayalam words in Arabic scripts. The place has shown considerable improvement in literacy rate over the period. The literacy rate in the island has risen from 15.13 percent in 1956 to 87.52 percent in the year 2001, with male literacy rate of 93.15 and female literacy rate of 81.56.

Being an island, which is separated from mainland at a large distance, in a strategically important location in the Indian Ocean, where the transportation and communication facilities are very scare make it an interesting area for research. The prevalence of matrilineal system and caste-like groups in a Muslim community, which follows customary laws and community-oriented life make it a unique place. Most of these islands have a very small population and the scarcity of potable drinking water, and absence of agricultural activities apart from coconut.

The policies of the Government related to Lakshadweep are different from other places in the country. The different interventions by State like the land reforms, the

[11] The Amindivi Islands ( Restriction of Entry and Residence) Regulation came into force in 1949. The non natives are not permitted to enter into the islands without prior permission.

introduction of modern legal system and welfare measures like co-operative societies, establishment of educational institutions were started during the post-independence period. The Government started to take on the role of employer in the island, and in fact Government jobs became the highest earning jobs. The establishment of health services, which is predominantly Allopathic medicine also begun in the post-independence period.

As far as health is concerned, after independence, the islands have shown steady growth in all indicators of health. In 1967 (report of Registrar of birth and death cited from Mannadiar 1977), the Infant mortality rate was 102.67 and maternal mortality rates were 8.04. According to 2001 census infant mortality rate is 33 and the maternal mortality rate is 0.18.

The health status of the island is better than in many other parts of the country. In many areas it is at par with Kerala, the state often referred for its achievements in health. The better health status of Kerala is often pointed out as the result of the large number of private health care facilities in the state, and the missionary activities in the field of health from the past. There are arguments like historically the state had better health status (Panicker & Soman 1984 ). Lakshadweep, on the other hand, does not have private Allopathic health care system; neither did they have a better health status in the past. There were neither any direct missionary activity in the island nor did the islands have an established tertiary health care system. The islands have no access to tertiary health care system even now, and in the case of critical situations, the patients have to be evacuated to the mainland through ambulance helicopter, which is not happening many times. The free provision of health care in the island, and the policies of Government like exempting the islands from Medical Termination of Pregnancy Act make Lakshadweep an interesting area for research related to health.

## 1.2 The Scope of the Study

The study attempts to explore the systems of healing and health seeking behaviour of people in the Kavaratti island within the context of the various social, political, economical and ecological changes happened in the island. How far the healing

systems and health seeking behaviour of the people are changed over the period how these changes are related to each other and to the overall social changes in the island is being examined in the study, and emphasis is also given to look at the continuity within the changes. For the above purpose, the change and continuity of the major social changes in the island is analysed and the healing systems in the island and health seeking behaviour of the people are examined in this study.

Very few empirical studies have been done on about Lakshadweep. As far as health is concerned, so far, no studies have been conducted. The increase in the health status of the population, in an island where the availability of tertiary care is limited and community and religion plays an important role in regulating the life of the people make the scope of the study.

## 1.3 Conceptualisation of the Study

The study attempts to explore the different systems of healing and health seeking behaviour of people of the Kavaratti island within the context of the various social, political, economical and ecological changes which happened in the island society during the post independence era. The studies focus on a people-centered approach.

The different system of medicine practiced in the island is considered as the healing system. In the context of Kavaratti, the Allopathic medicine, Ayurveda, Homeopathy and Indigenous medicine are the different systems of healing. The remedial measures taken by the individuals themselves are also included in the systems of healing. The healers are a different group of individuals who offer their own way of explaining, diagnosing and treating illness. It varies from the professionally-qualified Allopathic doctors to traditional medical practitioner.

The health seeking behaviour of the people is related to their concept of health and illness and the availability and accessibility of health care facilities. The preventive health behaviour and treatment seeking behaviour are included in the health seeking behaviour of the people. In this study, the preventive health practices of the people is limited to the hygiene, food habits, and health practices during pregnancy. The islanders often consider these practices as preventive measures against the

occurrence of disease and to keep them healthy. Treatment seeking behaviour in this study is explained in terms of peoples choice on different systems and sectors and the different socio- economic factors related to it.

The social change in this study is conceptulised as the structural changes that happened in the island society with the intervention of the state in the post-independence period and the effect of these on the lives of the people. The changes which happened in the systems of healing and health seeking behaviour of the people and how these changes are related to the overall social changes in the society forms the conceptualization of the study.

## 1.4 Objectives of the study

To understand the 'change and continuity in healing systems and health seeking behaviour of people in the island' forms the general objective of the study.

The specific objectives are:

i) To examine the social, political and ecological changes happened in the island society in the post- independence period.

ii) To explore the systems of healing in the Kavaratti island

iii) To study the health seeking behaviour of the people and the different factors influencing it.

The study is exploratory in nature. It is basically a qualitative research.

## 1.5 Study Area

Kavaratti island is the focal area of the study. The mainland people are restricted to visit the Lakshadweep Islands without prior permission from authorities. The official permission is sought from the Lakshadweep Administration at Kavaratti through its office at Kochi, Kerala. Being the head quarters, the visit to Kavaratti island was essential to get permission from the Directorate of Medical and Health Services. Because of the absence of easy travelling facilities, visiting another island and finding accommodation there, within the short period of fieldwork was a difficult task.

The other aspect, which contributed to the selection of study area, was the literature about caste hierarchy in the island. The island is one of the earliest occupant islands in the Lakshadweep, and the conflicts between the upper caste and lower caste existed in the island. Kavaratti is the most urbanized island in the Lakshadweep group of islands.

The selection of household was done based on the researcher's primary exploration of the island society. The upper-castes and lower caste mostly reside in the two sides of the island. The lower-caste, mostly occupied the north east side of the island in the earlier time. Even though this pattern has changed a bit over the period, but still, the geographical segregation in terms of caste exists in the island. Also, efforts have been made to collect data based on the class basis through the primary exploration of the researcher in the island society. Strict attention was given to avoid households where persons from other island or the mainland reside.

The houses were visited and information was collected based on the interview schedule. The stay in the island and building-up of rapport with the island people was the key thing in getting information about the healing practices and health seeking behaviour. The identification of prominent persons in the island was also done through this way. The field staff of the hospital was also helpful in identifying the samples and persons.

## 1.6 Tools of Data Collection

Primary and secondary methods were used for collecting data for the study.

## 1.7 Primary Data

### 1.7.1 Interview Schedule:

A schedule was administered to the households for collecting relevant data required for the study. The socio- economic conditions of the people and the age-sex distribution population were collected using interview schedule. Questions on treatment seeking behaviour of the people were also included in the schedule. Pilot study and pre test were done on 6 households (among families who live in mainland as part of jobs in Lakshadweep administration office, Kochi) to rectify the defects of the interview schedule.

### 1.7.2 Semi structured Interview:

The literature on health in the Lakshadweep island is very little. In order to understand health services in the island, a personal interview conducted with the Director of Medical and Health Services, Kavaratti. Interviews were also conducted with ANMs ( Auxiliary Nurse and Mid wives), Multi purpose health workers (male), health inspector, Lady health Visitor and hospital Nurses. The semi-structured interview schedule prepared is modified after the initial interviews.

### 1.7.3 Informal Discussions

Informal discussion form one of the major tools used in this research. The discussion held with various sections of people, at different points of time helped in understanding the dynamics of the society. This informal discussions contributed to the understanding of the treatment seeking behaviour of the people and the various changes which happened in the island society.

The discussion with elders in the island was helpful in understanding the healing practices and health seeking behaviour in the island in the past. With the younger generation, it paved the way for knowing the contemporary dynamics of the society and their perception of illness and treatment. The discussion with women facilitated understanding of their views on the changing island society. The elder women made the major contribution in explaining the healing practices (especially of home remedies, delivery practice and pre natal care) of the past.

The researcher stayed in the island during his fieldwork. This really made the informal discussion more fruitful as the elder men and women in the island were available in the evening at lagoon beaches for discussions while the young men were available in groups in the late evenings. The stay in the island made the interview with young women easier,as the researcher became familiar to the island people within two weeks of his stay.

The discussions with specialist doctors in the island, who came there for short-term visits too was informal as they refused formal interviews, the reason being that they are too new to the area to comment on anything.

### 1.7.4 In-depth Interview:

In-depth interviews were conducted with the Chairperson of Village( *dweep)* Panchayat, one higher secondary lady teacher, a member of Socio-Cultural Research Commission, the traditional healing family and the secretary of youth club in Kavaratti and one person (males) each from Androth and Kalpeni islands, who stay in Kavaratti island.

Interviews were also conducted with mainland people who worked in the island for long periods and are now settled in mainland Kerala. The interview with them was helpful in understanding the comparison in situation of the island of those times (when they served in island) with that of Kerala and the current period. The situation of the island from a mainlander's point of view and how the mainland people tried to modify the island culture according to their need was understood to some extent through these discussions.

### 1.7.5 Case Study:

Cases were selected based on in-interviews and informal discussions. The case studies helped to understand the linkages between different systems of medicine and the changes which happened in each system over the period. Among this, the case of *Dai* of the island was an important one.

### 1.7.6 Observation Method:

Observation is a method used throughout the fieldwork. To understand the ecological problems of the island, the day-to-day activities of the people in the island, the activities of the staff in the hospital and their functioning, the observation method was especially useful. Observation was an important method in understanding the island society.

### 1.7.7 Group Discussions:

Group discussions were conducted with young men in the island and older people. The group discussions with young men were mainly in the late night, and older men

in the evening; both in the lagoon beaches where people assemble regularly. The discussions with older women were conducted near the households in the afternoon.

## 1.8 Secondary Data

Literature review contributed to the main source of secondary data. The literature on Lakshadweep is very limited. All the major literature on the history of the island is reviewed. The history of the island is mainly based on Ellis (1924) work. The gazetteer of Lakshadweep by Mannadiar (1977) is another one that narrates in detail about the Lakshadweep. The work of Ittaman (1976) about Amini Island describes the people and their institutions. Most of the other literature on the island are written by the former administers or mainlanders who served in the Lakshadweep Administration. The work of W.Logan (1887), which is considered as an authentic work on the history of Malabar region of Kerala, (Laccadive islands were under the Malabar Collector) also provided details on the history and living conditions of Laccadive islands, but W.Logan is rarely referred in the literature so far.

The description about island society in the past periods was a big task because of the absence of any literature about it. The work of Vijayakumar (2006) on legal systems of Lakshadweep is one of the most authentic academic works done on the island in any aspect, was indeed helpful in understanding the island society in terms of its customary laws and impact of modern legal system on the island.

The writing of Ramunni (1999) who was the administrator in the island during the 1960's was helpful in understanding the process of land reforms in the island. There are very few books written by the islanders themselves about the island. These books are mostly about caste struggles in the island, and they were also helpful in understanding the island life especially from the view of islanders

The central library, Kavaratti, was extremely helpful in finding the literature about the island, especially the writings by the islanders, which are not available in the mainland. The documents from Medical and Health Department, Depatment of Planning and Statistics of Lakshadweep, Department of Social Justice and Empowerment, Department of Science and Technology, Department of Environment and the previous records of various departments kept in Central library

Kavaratti, also contributed to this study. The annual publication of The Lakshadweep administration was also used for the study.

## 1.9 Data Analysis

The quantitative data used in the study is mainly the one collected through interview schedules. The census data and the Out Patients register details are also used for the quantitative analysis.

The data collected through interview schedules are used mainly for the analysis of the treatment seeking behaviour of the people. The answers from the interview schedule is coded separately and later examined and inferences are made. The Census data and other quantitative data are mainly used to substantiate the qualitative data.

The qualitative data collected during the fieldwork was recorded and a field diary was maintained. Wherever necessary, efforts have been made to confirm the meaning of the words from the respondents themselves. The interpretation and analysis of these data were done to get the sufficient information.

## 1.10 Chapterisation

This study is divided into 6 chapters. The first chapter introduces the topic and the relevance of the study. It reviews the important literature in the study area. The literatures related to healing practices, health service utilization, and treatment seeking behaviour, traditional medical practices and the concept of health culture are reviewed. Attempts have been made to review the studies on the islands.

Chapter 2 deals with conceptualization, methodology and objectives of the study.

Chapter 3 describes the history and socio-political changes that happened in the

island over the period. The geographical significance of the island is mentioned in the first section followed by a brief description about different rulers of the island. The changes which happened in the society-the land reforms, legal measures and the welfare programmes by the Government are analysed here. The various changes in

the economy, ecology and political aspects of the island form the last part of the chapter. The chapter also introduces the Kavaratti island where the field study was conducted and analyses the dynamics of the society.

Chapter 4 deals with the healing practices in the island. The home remedies, the medicine from coconut trees, the faith healing and magical healing are discussed under traditional systems of medicine. In the professional sector, the health service system is discussed. The homeopathy and Ayurveda have also been looked under the professional sector. The indirect involvement of the private sector in the island follows it. In the last section of the chapter, the decline of traditional medical practices and the case study of *Dai* as an integration of traditional and modern medicine in the island are narrated.

The health seeking behaviour of the people is examined in Chapter 5. The perceptions of people about health and illness are explained. The relationship with various socio-economic factors and treatment seeking behaviour is analysed in the final section of the chapter.

The final chapter is the conclusion

### 1.11 Field Experiences

The official procedure of visiting the island was one of the major hindrances for the fieldwork in terms of time. Prior permission is needed to visit these islands (which include police verification) that is highly time consuming and involves lots of official procedure.

The traveling facility to the islands was another difficulty in doing field work. Kavaratti, the island where the fieldwork was done is about 220 kilometers away from Kochi, Kerala. It requires traveling of 18-20 hours in ship. The schedule of the ships are decided in the Lakshadweep Administration Office,Kochi in one month advance. The schedule is prepared by giving preference to each island in alternative journey of the ship, which mean hardly in once in a month, direct ship to one island is operated. Often these traveling to Particular Island will take 2-3 days. Even though there are four ships operating in paper, hardly two ships operate at a time.

Because of this relatively difficult schedule of the ships for the mainlander, the fieldwork was to be arranged in accordance with schedule of the ship. The initial idea of selecting another island had to be changed because of this limitation of traveling. During this short time of field work, getting permission from Directorate of Medical and Health Services, Kavaratti and then proceed to another island was not feasible. This difficulty in traveling was a limitation in the overall context of the short time available for the study.

The people were very co-operative through out the fieldwork. The support from officials were good and without red tapism. These aspects contribute to the fieldwork immensely.

## 1.12 Limitation of the Study

The study being a part of M.Phil has the problem of time constraint. Within the short period of field work, there were limitation for an in depth study on the island. This also contributed to the limitation of the study.

# Chapter II

# Review of literature

The coming section deals with the brief review of the relevant literature. The concept of health, health seeking behaviour, conceptualization frame work for the analysis of systems of medicine and the related studies are reviewed.

World Health Organisation defines health as a state of complete physical, mental and social well-being and not merely the absence of any disease or infirmity. Qadir I (1985) argues that this definition is ideal rather actual, since it assumes the notion of an absolute, i.e. the complete well-being of an individual rather than examine the relationship of the individual with his social environment. So health is not an absolute concept, rather it depends on the larger social, economic and cultural context. The concept of health varies from community to community. According to her, a comprehensive concept of health should have an inbuilt social dimension, reflecting the exploitation of one class by another, struggle against exploitation and their conscious and collective effort to rebuild the society. On the other hand the medical model of health is often defined health in terms of absence of disease and illness rather than well being. The scholars have criticized this individualistic nature of the medicine for its negligence towards the social context of the patients, and considering the patient as a separate entity. The need for considering health in the larger socio- cultural context was emphasized. Quadir, further explains about the historically developed concept of health from the magic- religious connotation in the pre-industrialized era to the welfare concept of western capitalist countries. She argues the welfare concept of health is individualistic and it emphasis on physical and biological aspect of individual and not concerned of the changes in social structure. This has been pointed out as the reason for the contradiction of Capitalistic health services The relationship between socio-economic inequality and health was brought out in Black report, analyzing the distribution of morbidity and mortality

based on Registrar General's data. Srivastava et.al (1991) argues that the poor in the section of people are the worst affected by epidemic and contagious diseases. Zurbigg (1984) narrated the case of rural woman and portrayed that how the poverty make people exposed to ill health. The improvements in living condition and decline in mortality explained by Mckeown (1977) through his study on the population of England and Wales.

Cladwell (1986) based on the evidence from Kerala, Costa Rica and Sri Lanka, explains that socio-cultural factors such as the autonomy of women, political awareness, equality of food distribution, and social policies to provide a minimum level of nutrition to the whole population, have in combination with strong governmental support through health and education, accessible health services, universal immunization, and widespread medical care lead to improved health.

## 2.1 Concept of health, illness and diseases

The concept of health, illness and disease were a matter of discussion among scholars for long time. It is explained by anthropologists like Marriot (1955) and Castairs (1966) that the lack of understanding of the culture of the people and perception about health and illness were the reason for the failure of western medicine to make its roots into the Indian village. These studies were criticized for its emic perspectives.

The notion about health and illness were different for Biomedicine and people. The treatment seeking behaviour of the people is affected by their perception of illness.

Helman (1995) has made distinctions on illness, disease and sickness. According to him, disease is a bio medical concept, refers to the abnormalities of body functions and organisms. This does not include the social or psychological or cultural meaning of the problem. Illness is rather the experience of the problem by the patient. It is the illness, not the bio medical concept disease, which makes the person to seek the treatment. Illness is influences by the social, economic and cultural context in which the person lives. Sickness refers to the overall influence of the society on illness and the individual suffering from ill health. Sick individuals have different social role

than the normal person in the society. The health seeking behaviour of the people is largely related to their notion about illness.

Blaxter(1990) in his study of health and lifestyles in UK shows that the concepts of health and illness is not a unitary concept, but has different dimensions. The study reports that for the common people, health can be defined negatively, as the absence of illness, functionally as the ability to cope with everyday activities. He also pointed out the age, gender difference in the concept of health. Health as a concept of being able to carry out self-care and other routine tasks is likely to increase in importance with age.

## 2.2 Health seeking behaviour

The concept of illness as pointed out by scholars like Klienman (1980),Susser (1974) and Helman(1995) are important in dealing with the concept of health seeking behavior.

Parson (1951) has explained the behaviour characteristics of the sick person in the society. He argued that the sick person is exempt from the normal social roles and social responsibilities. According to him, the exemption requires legitimatisation by the physician as the authority on what constitute sickness. The legitimatisation protects the society against malingering. Another aspect of the concept is that the sick person is not responsible for his condition and it is to be changed curative process is needed. He also points out that the sick person should try to get well. The sick person should seek technically competent help and cooperate with the physician.

Parson's concept of sick role provides a framework for explaining the illness related behaviour of the persons, but scholars have criticized it. Mechanic, D (1962) opined that age sex and the importance of social roles and learned responses to symptoms vary among individuals, but the concept of sick role not takes it into account. Another criticism about sick role is regarding the temporary exemption from normal role responsibilities, which is possible in the case of acute illness, while in the case of chronic illness getting back to normalcy is not possible in all cases.

The people's perception of illness is the one, which determines the treatment seeking behaviour of the people. Rodney (1970) has defined the disease as a state of altered functions of body, as a biological organism while the illness is a subjective phenomenon in which individuals perceive themselves not feeling well and therefore may tend to modify their normal behavior. Kasl and Cobb (1966) defined the health behaviour as *"an activity undertaken by a person believing himself to be healthy for the purpose of preventing disease or detecting it in an symptomatic stage"*. This concept involves the *preventive health behaviour* and *illness behaviour*. The preventive health behaviour involves the vaccination, periodic check up etc. Mechanic defined *illness behaviour "as the ways in which given symptoms are perceived, evaluated and acted (or not acted) upon different people. Treatment seeking behaviour* can be defined an extension of illness behaviour. The various socio-economic factors and the past experience, the natures of illness were pointed out as the factors, which influence the treatment seeking behavior of the people.

The concept health culture by Banerji (1984) is useful at this stage to further develop the concept of health seeking behavior and its relation to the culture of the society. As defined by Banerji *health culture is a sub cultural complex that gives cultural meanings of the health problems of the community, its perception of these problems and the means it adopts for dealing with them, both in terms of formations of various health institutions and the health behaviours of individuals or groups.* Therefore the health culture means the health behaviour of people in the context of the availability and accessibility of health institutions and their cultural meaning and cultural perception of several health problems existing in a given socio- economic conditions. *Because of its cultural connotation, health culture is subjected to change as a result of cultural innovations, cultural diffusions and purposive intervention from outside to bring about desirable change in the health culture.* The above framework of Banerji can be used to elaborate the concept of health seeking behaviour of the people into the context of overall culture of the society.

Foster (1982) argues that the change in the socio-economic condition of the people brings about a change in their socio-cultural patterns. This change ultimately results in the change of the health culture of the people.

Helman (1995) views the different ways of seeking help from others by the people at time of illness as 'health care pluralism". According to him, the larger, the complex societies the person lives, (provided that the individual can afford to pay) the more therapeutic options are available.

## 2.3 Systems of Medicine

Different scholars classified medicine based on different systems. Klienman (1980) has classified it into three different sectors. The popular, the folk sector and the professional sector. Each of these systems has different concepts about illness and treatment. The popular sector is the lay, non-professional, non-specialist domain of the society. In this the main arena of health care is family. The folk sector consists of certain individuals specializes in the form of healing that are either sacred of secular or a mixture of both. It is not a part of official medical system, and occupies an intermediate position between the popular and professional sectors. The professional sector comprises of legally sanctioned professional such as Biomedicine. According to Irwin Press (1980) the definition of the term "folk medicine" should be strictly limited to describing *systems or practices of medicine based upon paradigms, which differ from those of a dominant medical system of the same community or society.* As per the above definition Ayurvedic or homeopathy cannot be considered as folk medicine. The popular system of medicine is *all medical practices performed by other than officially sanctioned professionals of a medical system, and which do not directly contradict the paradigm of the system.*

Faberga (1972) has classified systems of medicine as ethno medical system and Bio medical system. The ethno medicine system is based on non-western notion of diseases. In ethno medical system disease is a cultural category. While in Bio medical system disease falls in bio medical category.

Shankar (2001) has described four broad categories in the relationship between traditional medicine and western medicine. 1. A monopolistic situation, in which only modern medical doctors have the right to practice medicine.2. A Tolerant situation, where the traditional medical practitioners, even though not recognized, are permitted to practice unofficially, 3. A parallel situation, in which both modern

and traditional medicine are separate component of national health system and 4. An integrated situation, where both medical systems are integrated in the level of medical education and practice.

Kleinman (1978) has studied the healing practices in Asia. They have pointed out that the traditional healing practices is not considered as a full time employment, rather it is a social service. The traditional healers will not demand fees, because of the fear that they will loose their ability. But the people themselves offer fee for them. Mostly healing powers are transferred from one generation to another, and the members learned to practice it through apprenticeship. They also explained about the importance of patient- healer communication. The healing activity includes the participation of whole members of the family and people use to share their problems in front of others.

In the third world countries traditional medicine was the main provider of service before the invasion of western medicine, which came to dominance during the period of colonialism. The different systems of medicine like Ayurveda and Unani that have written documents, other systems of indigenous medicines, and the faith healing were also practiced in the country. With the introduction of western medicine, the other systems of medicine declined.

## 2.4 Changes in the society, health practices and behaviour

The social changes and the changes in the health seeking behaviour of the people were discussed by Scholars like Baneriji (1989). He has described about the social transformation and health behaviour in rural India based on his study on 19 villages. He has made revisits to the 19 villages in 1987-88 on which field study was

Conducted during the period 1972-75. He has narrated the various social, economic and cultural changes that happened in the villages over the period. The health behaviour of the people also changed over the period and *'felt needs' among the people to get allopathic medical services to alleviate the suffering caused by the various health problems has now increased more rapidly.* There was also increase in the number of private medical service and the failure of government health services is pointed out as the reason for the market of private health care services.

Banerji argues that the there is close relation between the social, cultural and economic transformation in the rural villages and the health behaviour of the people, and therefore health behaviour can be considered as one of the indices of the degree of social transformation.

Sujatha (2001) in her study on the Thirukolakudi village in Tamilnadu explains about the "continuity and change' in the village in respect of medical practices. The introduction of western medicine has brought changes in the activities of villagers like they started to use soaps for bathing, begin to take allopathic medicines for minor illness but their basic concept about the disease has not changed. The introduction of western medicine has made the decline of traditional medicine in the village and promoted hospital deliveries.

Yadava (1973) has explained about the need to study social changes historically. According to him, any study of social change to be more useful, should address itself to the questions of why change occurs, its causes, and how it occurs, the mechanisms that carry it out, such causal explanations have to take the time dimension into account.

## 2.5 The Problems with Medicalisation

The changes and development of medicine has created medicalisation in the societies. The problems of medicalisation was discussed by scholars like Zola (1981) and Illich (1976). Zola argues on the increasing social control of medicine in the society. The medicalisation of the society in the label of health and *illness* are being put forward by him. Zola has pointed out four ways the medicine use to exercise its social control. 1. The expansion of what in life is deemed to relevant to good practise of medicine.2. Through the control over certain technical procedures 3. Through the retention of near absolute access to certain "taboo" areas- taboo areas refer to medicines almost exclusive license to examine and treat that most personal of individual possessions- the inner working of bodies and minds 4. Through the expansion of what in medicine is deemed relevant to the good practice of life. Zola put forward the consequences of medical control on the society, like every one begin to think something organically wrong with them and what can be done to feel better.

Illich has pointed out that industrial expansion causes irreparable damage to all sectors, while in the case of medicine it appears in the form of iatrogenesis. The structural iatrogenesis, he argues, will restrict the vital autonomy of people by undermining their competence in growing up, caring and aging when the medically sponsored behaviour and delusion controls the people. He considers *health as ability to cope up with the experience pain* and points out that the primary importance should be given to equity in access of health services at social costs.

Friedson (1970) has pointed out that the medical professions main interest is to serve the medical dominance of the profession than the patient's needs.

Howard Waitzkin (1983) argued that the major problem in medicine are also the problems of society, the health system is so intimately related to broader society and attempts to study one without other are misleading. Difficulties in heath and medical care emerge from social contradiction and rarely can be separated from it.

## 2.6 The importance of place

The research study was conducted in the Lakshadweep Island. The description about island was given in the beginning of the chapter. The significance of island society was in the discussion of many scholars who specialized on island studies.

Godfrey baldacchino (2003) has opines that islands were the cultural and economic hinterlands everywhere in the history; the sea remains their key economic resource. Small territory of the island promotes feelings of fellowships and sense of community living. Islands are not necessarily a group of people surrounded by sea, a people *who say* they are surrounded by sea or that they belong to a human group, which is so. Thus island administration is seen to act as a 'mainland' by the inhabitants of smaller, outlying islands, enhancing the latter's sense of island identity. While the political economic and cultural elite of an island within larger, mainly non-island state, may similarly resort to 'localism' as a strand of 'agonistic pluralism'.

The analysis of pattering of health by geographical location is pointed out in studies. Joshi et al. (2000) has described about the concept of place and community level

dynamics in promoting health. He argues that the physical environment such as climate, pollution, and local economy provision of services, transportation, schools and quality of the health services and social fabric like level of crime and community cohesion are important factors in deciding good health. But criticism has been raised against this argument that effect of living in a particular place cannot be separated from its overall social context.



# Chapter III

# History and Social Change in the Lakshadweep Islands

This chapter deals with the history and social changes that have happened in the island society over the period. The aim of this chapter is to describe historically, the overall social changes that have occurred since the time of inhabitation in the islands to recent times. Emphasis is given to the post-independence period, when the State intervention in the form of legislation and welfare measures were implemented in the island society. The entire Lakshadweep groups of islands have been taken as a single unit in this chapter, as the history and development of these islands is interwoven with each other. A description of continuity is the primary factor for analysing change rather than the time factor involved in the change.

The pre-independence period in the chapter portrays the living conditions of people in those periods and the approach of different rulers in the island.

## 3.1 The Geographical Location and its Significance

The Lakshadweep group of islands, the tiniest Union Territory of India, lies scattered in the Arabian Sea about 225 to 450 km from the Kerala Coast. It comprises 12 atolls, 3 reefs and 5 submerged banks with a total land area of 32 square Kms, Geographically, the islands lie between 8° - 12 °3' N latitude and 71°E-74°E longitude. The islands have a lagoon area of about 4200 square kilometers, and about 4 lakh square kilometers of economic zone, which is composed of fish, turtles and a huge variety of sea products. The islands are flat and hardly rise more than two meters above the sea level. They are vulnerable to storms and sea erosion. The islands consist of coral formations built up on the Laccadive-Chagos submarine ridge rising steeply from a depth of about 1500 m to 4000m off the west coast of India. It consists of 11 inhabited islands, 17 uninhabited islands, 4 newly formed islets, and 5 submerged reefs. The inhabited islands are, Agatti, Andrott, Amini, Bangaram, Bitra, Chetlat, Kadmat, Kavaratti, Kalpeni, Kiltan and Minicoy. Among this Bangaram is the tourist island while the others are inhabitated islands. Ships are

the only transporting facility available to the islanders. Agatti is the only island with an airport and travelling through air is not convenient for the islanders. During the monsoon season (from June to September) there is hardly any ship that operates between the mainland and the island, virtually cut off the islands from the mainland

### 3.1.1 Arakkal and Portuguese Period- Recognition of Geographical Significance

The islands have been ruled by different rulers at different time periods- the Arakkal kingdom, the Portuguese and the British- who had mostly an economic interest in ruling these islands. The geographic location of the island, which lies on the trade route of Arabia and India, was an important factor for the rulers to place their dominance in the islands.

The following section deals with the recognition of the islands under the different rulers in terms of geographic location. Detailed descriptions of the Portuguese, Arakkal and British ruling will be explained in the later sections of the chapter.

As mentioned earlier, the Lakshadweep group of islands lies in a strategically important location in the Indian Ocean since it is in the trade route between Arabia and Indian subcontinent. The Portuguese probably understood the geographical importance of the islands, as they controlled the area and charged tax for transporting goods. Soon after their invasion of the Indian Territory, they started to control the sea routes charging fees for transporting goods. This is obvious from the Logan's (1887) writings in the Malabar manual, where he states:

> The Portuguese permitted no native vessel on the coast without their passes (Permits) signed by the commandants either of Cochin or of Cannanore. Chenachery Kurupu, the then minister of the old Kolathiri had some years previously, sent a memorial to the King of Portugal praying for an order to the Portuguese Captain not to molest the Kolathiri's petty islands, the Laccadive group and to permit ten native vessels to go annually to Hormuz or Gujarat.( Logan as quoted in Mannadiar 1977:48)

The Arakkal Kingdom (Ali Rajah/Arakkal Beevi) started to rule the islands after the Portuguese left the place. The kingdom had a good navy under them. Jacob

Visscher (1862) calls him as 'king of sea' as recognition to his naval power and had the following words to say:

> The most powerful of all Moors, who may be regarded almost as an independent prince resides in Cannanore. He is entitled Ali Rajah, king of islands, being the lawful sovereign of all Laccadives which were ceded to him by Colastre *(kolathiri)*" ( Jacob, Visscher c.f Kurup 2006 :30)

### 3.1.2 Identification of Islands by British as a Strategic Location

The islands were under the control of British after they defeat the Arakkal kingdom. But initially, it was given to Arakkal for the payment of an annual tribute. The British took the islands under their complete control by the end of nineteenth century. Kurup(2006: 82) argues:

> By the late nineteenth century, the possession and control of the islands was a strategic necessity for the British, especially as hostilities begun between Persian and the English Empire. The English knew that in a war with Persia, the active theatre of operation would be Arabian Sea and the Laccadive islands lying far off from the western coast could be utilised as a convenient naval base with the help of country boats.

It was also the time when the global power relations had undergone a sea-change, Britain had to face powerful competitors like Germany and Britain had begun to look at these strategic islands more seriously. With the First World War, the importance that naval powers gained was significant. In the Lakshadweep Islands, during the First World War, a German cruiser *Emden* operated off the Laccadives for a short time from September to October 1914 and sunk several vessels on the trade routes which were north and south of Minicoy (Ellis, 1924).

The British realising the importance of the islands, included the island territory within the category of scheduled districts under the Scheduled District Act of 1889. The inspecting officer, R.H Ellis in his report ( Ellis 1924) pointed out the need to restrict the entry of the mainlanders to the islands as this would create shortage of jobs to the lower caste people. Most of the mainlanders who came during that period arrived to take on the job of coconut plucking, which was the traditional job of lower

castes in the island and therefore it threatened to create unemployment for them. The British, through The Government of India Act of 1939 declared the area as a 'backward tract' for the protection of the place.

Awati(1993) argues that the British were aware of the importance of Indian Ocean islands and most of the islands were under their control. The naval forces were important in Britain's supremacy over the other countries. Chopra (1993) has pointed out the importance given to the Naval bases in the islands by the British in order to secure their dominance over other countries:

> The lack of any base outside India and her island territories deprived the Indians of defence in depth, whereas Britain concentrated on securing every strategic island territory that would give them greater advantage. These island bases (Lakshadweep) in the hands of alien powers would have been a constant threat to them and the British, therefore, subjugated all the islands.

### 3.1.3 Formation of Union Territory – Importance of Strategic Location

Independent India's early leaders were aware of the strategic location of these islands. In 1949 itself, the restriction of entry to the islands and purchase of land by mainlanders was prohibited by the Restriction of entry through the Laccadives, Minicoy and Amindivi Islands Act. The islanders had cultural and trade affinity with Kerala and there was a possibility of including it in the State of Kerala at the time of State formation. Since the state formation in India was done mostly based on linguistic and cultural similarities, there was every chance of including the islands as a part of Kerala State. According to Ramunni (1989), the leaders who were aware of the strategic importance of the island prevented this from happening.

> Jawaharlal Nehru and Sardar Patel argued that such a small district would inevitably be neglected if it were implanted within the bureaucratic and political structure of a state, that these strategically important islands were to be protected and safe guarded was of prime importance to the country (Rammunni, c.f. Singh K.S(ed): 100)

The importance given to the island is reflected in the framing of the Constitution also. Separate provisions were given to the administrative system in Lakshadweep.The system of administration of Lakshadweep is different from that of other Union territories. Article 239(1) provides that *every union territory shall be*

*administered by the President acting, to such extent he thinks fit, through an administrator to be appointed by him with such designation as he may specify.*

Lakshadweep is administered by an Administrator and not by the Governor. As a scheduled area, Lakshadweep has special provisions in the Constitution. The President has legislative powers to make regulations for peace, progress, and good governance of this territory. This power overrules the legislative power of the Parliament. The President can repeal or amend any Act of Parliament applicable to it (Vijayakumar 2006).

Lakshadweep is a strategically important point as the islands fall in the Sea Lanes of Communication (SLC) stretching from the Malacca Straits to the Gulf of Aden (Choudhari 2004).

Minicoy, the farthest island from the Indian mainland is just about 100 kilo meters away from Maldives which signifies the importance of the island as a border area and Diego Garcia, the military base, jointly controlled by Britain and USA is located near the Lakhadweep group of islands. The Indian Coastal guard and Navy have their stations in the islands (Verma 2001).

### 3.2 Inhabitation in the Islands and Religious Conversion

The early occupants of the island are believed to be upper caste Hindus from the Northern part of Kerala, who later converted to Islam. The caste-like groups existing in the island are assumed to be a consequence of this early inhabitation of Hindus.

The early history of the Lakshadweep is unwritten and vague. The Historians are therefore divided in drawing conclusions about the ancient history of the island. It is assumed that the early inhabitants were from the Northern part of Kerala, and they migrated during the period of the legendary king, Cheraman Perumal. It is believed that during the last juncture of his ruling, the king, Cheraman Perumal left for Mecca to embrace Islam (Ellis 1924). According to William Logan, this took place around 825 A.D. The story relating to the early occupancy of the island is linked to the disappearance of Cheraman Perumal. In order to look for the king, the people went

out on an expedition to Mecca, and the vessel on which they were travelling was wrecked on the island. Despite this notion, several historians consider the story of Cheraman Perumal as a myth. Menon (1970) pointing towards the inadequacy of evidence argues "The Cheraman Perumal is not corroborated by any contemporary records or evidence". W.Logan (1887) though accepts Cheraman Perumal, but he sets the period of Cheraman Perumal to the 9th century A.D. However if that is the case then the story of Perumal going to meet Mohammed, the Prophet, could be a myth, as the latter had passed away two centuries earlier. Mannadiar (1977) in the Gazetteer of India opines against this belief:

> It is difficult to believe that these islands which lie in the trade route between Kerala Coast and Arabia should have been escaped the notice of the Indian and Arabian Navigators.

The history to which the island people ascribe is mostly based on the social institution, languages and culture of Hindus of North Kerala as it shows similarities with them. It is argued that the upper caste Hindu people brought the lower caste people along with them to do their works. The upper caste *Koyas* in the islands are supposed to be the upper caste Hindus from the mainland. R.H Ellis (1924) finds similarity in the name of the house *illam* attached to the house names of *Koyas* in the island. The name *illam* normally belongs to the *Nambuthiris* (upper caste Brahmins) of Kerala. But Gabriel (1996) disagrees with this view, pointing out that *illam* not only belongs to *Nambuthiris* but also to *Nayars* in Northern Kerala. According to him, it is quite impossible to believe that *Nambuthiris*, who were closely associated with the King and enjoyed a good reputation in the mainland, would go for such an adventurous journey to these remote islands. Moreover, *Nambuthiris* believed that crossing the sea was a crime according to their religious belief. The King Kolathiri might have sent people to these islands, as these islands were plentiful in coconuts, which was a product of rich value then. The earlier occupants in the islands might have belonged to the upper caste Hindus (*Nambuthiris or Nayars*). Ellis, who was an inspecting officer to the island, gives details that the earliest-occupied islands were Ameni, Kalpeni, Kavaratti and Agathi. These islands are called *tharavadu* islands. The fact that upper caste *Koyas* mainly occupy the *tharavadu islands* rather than other inhabited islands supports the above argument of Ellis.

The other major social institution that relates the history of these islands to that of Kerala is the *Marumakkathayam* (the matriliny) that exists in the island even today. This shows great similarities to the customs, which were prevalent, among the Hindus of Kerala. According to historian Menon (1970), the inhabitancy of these islands, while taking into account the matrilineal system, did not happen before the 11th century A.D. This he elaborates in the following words:

> None of the earliest travellers or geographers who visited Kerala has mentioned about the *Marumakkathayam* system till the 13th century A.D. The political and religious ascendancy of the *Nambuthiri* Brahmins during Chola- Chera war, their rise to economic dominance as *Janmis* of Kerala, the introduction of *Chaver* army to meet the threat of Chola invasion were some of the compelling circumstances which brought about the adoption of *Marumakkathayam* system by the people of Kerala in the 11th century A.D.

The *Marumakkathayam* system sheds light onto the conclusion that the early occupants in the island convincingly were from the Northern part of Kerala. Apart from the matrilineal system and the language similarity, the other aspect, which bears close resemblance with the Hindus of North Kerala, is the architecture of mosques and houses in the islands. The mosques in the islands have the same architecture and characteristic features as that of temples in Kerala, with a big pond in front of it which is a common feature of temples in Kerala (Ittaman 1976). The pieces indicating remains of Hindu gods, icons excavated from the island also strengthen this conclusion.

### 3.2.1 Conversion to Islam- The Story of Saint Ubaidullah

The religious conversion of the people in the island is one of the most important features of its history. Even though there is no factual evidence to prove the conversion, the most widely prevalent belief among people is around an Arab Saint named Ubaidullah. According to this belief, Saint Ubaidullah left Medina for Jidha and from there to the distant lands to spread Islam. The ship in which he travelled collapsed and he reached Amini. He was faced with severe opposition in Amini but succeeded in converting a lady from an upper caste family (*Pondempilly family*) and proceeded further to other islands and managed to convert the entire population.

Mannadiar(1977) narrates, "Saint Ubaidullah is universally known in the islands as *Munbe Mullaka* means the first Muslim religious priest. All Juma mosques in the islands of Amini, Kalpeni, Agatti and Kavaratti are believed to have been established by the Saint". Gabriel(1996), in his writings, disagrees with the Saint Ubaiduallah story. He argues that it is quite impossible to convert the entire population to another religion with mass conversion on a single day. Sir Robinson, (1914) who was an inspecting officer to the islands, writes that this conversion might have taken place in the 14th century under the influence of Arab traders. The entire islands in the Asiatic coasts have been put as an example for the influence of Arab trade on the spread of Islam. But several other scholars discard the Arab influence on conversion to Islam as the religion shows more similarities to that faction of Kerala, than that of Arabs in their school of thought. Agarwal (1994) explains that the difference between Muslims of Malabar and Lakshadweep is of matrilineal system and matrilocal residence, which may due to the greater physical proximity of island households.

## 3.3 Rulers of the island

### 3.3.1 The Portuguese Ruling in the Islands- Period of Brutality

The history of the island before the invasion of Portuguese is sketchy in nature, and as mentioned before, historians have diverse opinions about it. It is believed that the islands were independent of any rulers before the Portuguese invasion. The Kolathiri King who was engaged in trade with islands, never tried to rule the islands (Kurup, 2006).

The Portuguese arrived in the Indian Territory during the end of the 15th century. The attacks of Portuguese on these islands made the Kolathiri transfer the ownership to Ali Rajahs of Cannanore as a gift with an annual payment of 6000 *fanams* as a tribute. By the 16th century, coir became an important trade for Portuguese and they declared the island as property under their control. Kurup (2006).

The ruling of the Portuguese was a period of brutality in the island. They started to impose import duty on rice. The import duty of rice was huge, argues Logan (1887) "The amount is such that with that they could purchase coir from the island and meet

their establishment charges". The Portuguese exploited the island people and the islanders sought the help of the Kolathiri Kingdom. It is believed that the Portuguese ruling ended on 1543, as the Kolathiri King with the help of local people administered snake poison in the food of Portuguese soldiers. In retaliation, the Portuguese brutally killed many of the islanders.

> The Portuguese went in their corvettes and a number of inhabitants, captured more than four hundred men and women, plundered almost everything of value and burnt many houses and mosques. Before they descended upon Amini, they went to *shytlaksm* (a place in the Amini island) where they slew some of the people and captured some. The inhabitants of these islands were ignorant of using any weapons and a large number of them were incompetent to fight. (Zainuddin Sheik c.f Mannadiar 1977: 52 )

However after the attack, the Portuguese did not made any serious attempt to establish themselves in the islands. The wrath of the islanders upon the Portuguese is indicated from the usage of the word prevalent even now in the island language '*Pharangiyamom'*(son of Portuguese) meaning 'bastard'.

### 3.3.2 The Ruling of Arakkal Kingdom – Introduction of Coir Monopoly

After the Portuguese left the island, the power returned to the Kolathiri. It was during this time that the Arakkal family was beginning to establish itself in Kerala. The senior-most member, whether male or female was the head. The male head was known as the Arakkal Rajah and the female, head was known as the Arakkal Beevi. The Arakkal family became the Lord of the Cannanore Bazar and enjoyed trade monopoly with Malabar. The power of the Arakkal Rajah extended to the islands in the beginning of $18^{th}$ century.

During the Arakkal ruling, officials called *Karyakkar* were appointed to all islands (these were mainly persons from the mainland and sometimes from the influential families of the island) who were the representatives of the King and had the responsibility of maintaining law and order. The *Karanavar* of the island was the King's chief advisor. The Arakkal Rajahs in exchange of their products supplied rice to the people. The island products were taken at a rate below the market rates. This

was the starting point of coir monopoly in the islands. The monopoly was never profitable for the islanders. The island coir had great demand all over the world, as it was the most suitable one to tighten the wood planks of ships. The monopoly was to make ensure that the kingdom would have the control of island coir ( Ramunni 1999).

The ruling of the Arakkal kingdom was a period of exploitation through coir monopoly. The only service provision in the island was limited to the stocking of rice before the monsoon, so that the islander could survive when there was no contact with the mainland (Mannadiar 1977).

### 3.3.3 Amindivi Group of Islands Under the Control of Tipu Sultan

The Arakkal ruling, however, failed to meet the needs of the people. The discontent among the islanders towards Arakkal kingdom was on the rise.

> In 1783, four Amini boats sailing to Cannanore with island produce found the place blockaded by the English. One boat fell into the hands of the English, another returned to the island, but the remaining two, belongs to influential families in the island sailed on to Mangalore under the impression that the Cannanore family *(Arakkal kingdom)* was doomed, they disposed their coir to Tipu, who was himself at the time besieging in Mangalore (Ellis 1924 :11).

The islanders' trade with Tipu Sultan (who was ruling south Canara at that time, which is coincidentally one of the closest ports for Amini islanders) angered the Arakkal rulers and made the Arakkal Beevi take action against the offenders. The islanders approached Tipu and sought his help to fight back. However, by this time Arakkal Beevi had made a treaty with Tipu Sultan. She sent her *Karyakkar* and servants to the island, seized the property and persons and had emptied the houses. The islanders in anger routed the army, killed the *Karyakkar* and announced solidarity with Tipu. Since Tipu was on good terms with the Beevi, he first refused this offer, but later accepted it. By 1787, the Aminidivi group of islands came under the British rule. Tipu ruled these islands for 12 years; the capital was South Canara, Mangalore (Ittaman 1976).

### 3.3.4 British Rule in the Islands- An Era of Economic Exploitations

The English East India Company, while on its way to establish its powers in Kerala, tried to make a treaty with all the rulers of Malabar. It was also the threat from Tipu, which prompted the local rulers to reach the agreement. But the Arakkal Beevi was a little hesitant towards this because of her affinity with Tipu. Therefore the East India Company attacked her kingdom. The siege of fort pressed the Beevi for an unconditional surrender to the Company, which further led to the loss of the southern islands (Laccadive islands) along with other property in 1791. The Aminidivi group of islands again continued to be a part of Tipu's until the fall of Srirangapattana in 1799. The Laccadive groups of islands were given to Arakkal Beevi on the condition that she would have to pay an annual tribute to the company (Mannadiar 1977). The relationship between the Company and Arakkal Beevi continued to be the worst in terms of the tribute from the island. A terrible storm that happened in Kalpeni and Androth Island and took a toll of many lives.The British supplied rice and food items as relief measures. The annual loss of the Arakkal Beevi due to the storm was around Rs.13000 and in addition, an expenditure of Rs.7000 as famine relief was also included. The British also added an amount of Rs.9300 as freight charges to the Beevi's debt. Mannadiar (1977) describes it as the British's strategy of taking full authority over the island.

> The political ambition of the British for the sequestration of the islands was probably behind this action of saddling a small principality with a huge amount by way of famine relief (Mannadiar 1977:41).

The economic debt on the Beevi was increasing all the time and British were using tactical pressures to get the islands under their control. In 1852, the protection of trade monopoly was withdrawn and the islanders were permitted to sell their produce wherever they wanted. The idea behind this was to overcome the coir monopoly of Arakkal Beevi in the island, which was not economically profitable for the British. In 1854, the Court of directors instructed the Beevi to transfer the islands to the East India Company, as she could not pay her arrears. The British decided that the islands should be restored to the Beevi after the full amount of arrears was paid,

and returned them to Arakkal in 1861 but again took control in 1875 for arrears (Mannadiar 1977).

By 1900, the dialogue was started with the Arakkal Rajah to establish complete sovereignty over the island. The Arakkal family was reluctant to accept the terms. The British were adamant on taking the control of the island whether the Arakkal kingdom agreed to the terms or not. This is evident from the instruction of Collector of Malabar to the sub-Collector:

> Please make him understand that there is no question about his being eaten.
> He is only to be consulted as to the sauce with which he should be eaten.
> (Letter dt.18 August 1900 quoted in Kurup 2005:86)

This attitude of the British ultimately led the Arakkal family to concede full sovereignty of Laccadive and Minicoy islands to the British from 1st July 1905. With this, the entire group of Laccadive, Amini and Minicoy group of islands came under the British, where the Laccadive group remained under the Malabar district while the Amini group had its administration under the South Canara district (Ittaman 1976). This administrative system continued till the islands became a part of independent India.

## 3.4 Caste Structure in the Islands.

The following section deals with the caste structure in the island. The changes that have happened in the caste structure over the period are divided into the pre-independence period and post-independence periods.

### 3.4.1 Pre-Independence Period

Three major castes-like groups were prevalent in the island. The upper-caste group called the *Koyas* were the landowners; the middle-caste group called the *Malmi* were the Sailors and the lower-caste groups, *Mellacherrys*, were the toddy tappers. The *Koyas* enjoyed supremacy in the island affairs. They were entitled to own *odams* (small sailing vessels), which were the main source of transportation (Ittaman 1976). The lower-caste groups were tenants and they had to use the *odam* of the *Koyas* for

transporting their goods to the mainland and in return they would receive rice after the freight charges were deducted.

Ramunni (1999) explains that these freight charges could sometimes exceed the actual value of the produce of the tenants so much so that they would owe to the landowners for the rice and agree that the said amount owed could be cut from their coming years' income.

It was compulsory for the tenant to do the customary work in the landlord's house. Robinson, who was an inspecting officer to the island during 1846, has described the situation of the island during those periods:

> The principal inhabitants, varying in different islands from 10 to 20 individuals, own generally considerable numbers of trees, the greater part of which they prefer keeping in their own hands. Most of the inhabitants however have small independent properties in trees; for where no proprietary rights was acknowledged or claimed in the soil, each individual became an owner for the trouble of planting. The larger tree owners lent the trees to those who have none on service rents only, stipulating that the tenant carry on his masters dry cultivation, serve in his boat and though he has the enjoyment of the whole produce of the trees, and receive also the price of the coir produced on them, he is obliged to export all his coir on his Masters boat. ( Robinson (1846) quoted in Ellis (1924):9)

There were conflicts between the upper-caste people and the lower-caste people in the island. The reasons for the protest of the lower caste people were mainly for getting their minimal rights. Pookoya (1957) has portrayed the conflicts in the *tharavadu* islands between the upper-caste *Koya* and the lower-caste *Melacherrys,* as the *Mellacherrys* protested for their minimal rights of wearing shirts, sandals, singing songs in ceremonies and lately for owning their own vessels.

The British supported the *Mellacherrys* initially as the coir monopoly was vested with the *Koyas* and their trade was with Arakkal kingdom(Ramunni 1999). But once they got the sovereignty over the island they were more diplomatic in solving the issues. The various inspecting officers ruled in favour of *Mellacherrys* in some part but did not try to alleviate the discrimination, as they did not want to accumulate the wrath of the *Koyas* who were the locally influential people. They

began to lease out the *pandaram* land[2] to the *Koyas* first, but later found that the *Koyas* were not very interested in cultivating in those unfertile land, so they gave it to the *Mellacherrys* and thus succeeded in attaining more profits from the land (Gabriel 1996). In the case of basic human rights of *Mellacherrys,* the different inspecting officers' reports and Collectors orders were a sort of relief for them, especially in the case of wearing shirts, sandals and singing songs in ceremonies (Pookoya 1960).

### 3.4.2 Caste in Post-independence Period

In the post independence period, reformatory measures have been taken to alleviate the caste stratification in the island. The land reforms and abolition of tenancy were the major measures taken immediately after the islands were given the status of Union territory. The reformatory measures helped to reduce the existing inequality in the islands. The improvements in transportation facilities, establishment of co-operative societies and various welfare measures also facilitated the islanders, especially those belonging to lower castes, to climb the social order. But the caste stratification exists even todayin the islands even though not at the same levels. The dynamics of the society in Kavaratti will be discussed later in the chapter.

## 3.5 Social Changes in the Post Independence Period

Independence brought drastic changes in the life of islanders. The welfare measures followed after Independence, improved the living standards of the people. Since independence, Lakshadweep has shown a steady increase in all indicators of health (official reports of the Government). The improvements in living condition and decline in mortality was explicitly proven by Mckeown (1955), in his study on England and Wales. Similarly, improvements in the health status of Kerala were pointed out as the result of its land refoms. Both the Governments of Sri Lanka and Kerala, soon after the independence, introduced agrarian reforms that ended land holdings, thus alleviating poverty and promoting equity, and this has helped these states to achieve better health status (Bhutia and Kamran 2004).

[2] Un occupied waste land acquired by the Arakkal kingdom which was later converted to Government property by British

Lakshadweep islands were traditionally a matrilineal society, in which women enjoyed the property rights. There were *kudumbam, tharavadu* and *thavazhi*(the two larger groups of same joint family). *Tharavadu* is the small group, *kudumbam* consists of a number of *tharavadus* while *thavazhi* is the smallest group of *tharavadu,* where women from the larger *tharavadu* lives after they got married. In the island, the concept of property was related to coconut trees, not land. A particular person's property was calculated in terms of the number of coconut trees he possessed and the concept of personal property in the form of land did not exist in the island.

The coming section will discuss the various changes that happened in the island society during the post independence period.

### 3.5.1 The Change Concept of Property

As mentioned earlier, there was no concept of land in terms of plots that existed in the island. The numbers of coconut trees were calculated as land; hence one plot could belong to different persons. Different marks were made on the trees to distinguish it from others. Any person was permitted to plant a tree in the vacant place maintaining a particular distance from the other trees. The ownership over the plot (where the tree was standing) was limited to the death of the tree. If the new tree is not planted within the immediate days following, others were permitted to plant their trees in that place (Ramunni, 1996). As mentioned earlier, the Arakkal kingdom acquired the wastelands in the island and the British later converted it to Government property.

### 3.5.2 The Different Systems of Property in the Island

In Lakshadweep, two kinds of property system existed; one was the Friday property *(belliyazcha kazhcha)* and the other Monday property *(thingal kazhcha)*. Friday property is the one acquired through inheritance and Monday property is the self acquired one. The customary law was applicable to the Friday property. The system of *Marumakkathaym* (matrilineal inheritance) existed, in which the *karanavar* (the head of the family) was the one who looked after the properties. The property rights were transferred through female members of the family (Dube 1969). The members

of the family had the duty of working for the general interests of the *tharavadu* (joint family). The female members of the *tharavadu* stayed in the family itself and the married male members used to sleep in the wife's house in the night. Later, when the *tharavadu* became large, the female members started to live separately and were known as *thavazhis*. Separate properties for maintenances were allotted to the *thavazhis*, but they had no right to divide those properties.

This concept of land ownership and tenancy was in practice at the time of independence. The British tried to implement the land-ownership pattern in the island in the late 19$^{th}$ century, but because of the resistance of the people withdrew from it. The concept of landownership slowly came to the island in the early twentieth century. But the strong matrilineal system in the island prevented it (Vijayakumar 2006).

### 3.5.3 The Tenancy System in the Island Before Land Reforms

The caste-like stratification in the island has a definite association with the ownership of the land. The *Koyas*, the upper-caste people were the owners of the land, i.e. the coconut trees. The *koyas* were the *jenmis* (land owners) and the *Mellacherrys* were the *kudiyans* (tenants). There were **two types of landowners** (*jenmis*): those with tenants and those without tenants. This division among landowners had created complexities at the time of land reforms in that tenants' right over land was not applicable to those land owners who do not have tenants (Ramunni 1999).

#### 3.5.3.1 Types of Tenancy in The Island

Ramunni(1999) has explained three different types of tenancy existing in the island. The *nadappu* tenancy, the *pattom* tenancy and the house-site tenancy. These three types of tenancy systems were entirely different from each other.

In the *Nadappu* tenancy, the *kudiyan* was allotted a certain number of trees and he had to pay an annual rent for those trees. Apart from this the *kudiyan* was expected to do all the customary services to the *jenmi*. This was the kind of tenancy that was practiced in Kavaratti. The *Nadappu* tenancy was more of a feudal character, and it

was normally associated with boat-owning landlords. The customary services included working as sailors in the landowners' boats for one trip in a year to the mainland, working as crewmembers in the *jenmis'* boats, and all the seasonal jobs in the *jenmis* house, boat and boat house.

The second kind of tenancy was the *pattom* tenancy in which the tenants are not indebted to do customary services; rather it was a contract between the *jenmi* and the *kudiyan*. The landowner had the right to cancel the contract whenever he desired and therefore, unlike in the *nadappu* tenancy, there was no security for the tenants.

The third type of tenancy was the house-site tenancy in which the tenant can built a house in the plot allotted by the landowner.

### 3.5.4 Land Reforms in the Island

As mentioned earlier, the absolute concept of land property as existed in the mainland was not the same in the island.

Introducing land reform was a hectic job for the island administration, because of the complications related to this concept of land. Problems such as the tenant who worked under more than one landowner, the landowner who does not have any tenants, the fertility and age of the coconut tree etc., created problems for the administration. The disputes regarding these settlements are still going on in courts (Vijayakumar 2006).However in the opinion of Ramunni (1996) land reforms were implemented in the island without much conflict.

The impact of land reforms on the island society was tremendous. This helped the lower-caste people to acquire the land and escape from the exploitation of the landowners. The islanders gradually had begun to think about individual property. The communal living of the society changed into individual living. Islanders started to demark their plots and build boundary walls. The joint family system, which needs the members to coexist, started to decline. The status of the women, which was very high in the island, also began to fall with the decline of joint families.

Abullha, aged 65, said:

> Land reforms were good in many logics, as it abolished the tenancy system in the island, but at the same time, it changed our life to a more individualistic one. The islanders begin to think about their own property only after land reforms; we started protecting our land, making demarcation of the land etc., only after the introduction of land reforms.

Other elder members in the island, irrespective of their class and caste backgrounds also expressed the similar opinion.

### 3.5.5 Introduction of Modern Legal System – A Blow to Customary Law and Communal Living

Lakshadweep is a society where customary law was prevailing. Neither the British nor the other rulers had made any serious efforts to change their customary laws. The customary law received a set back with the introduction of the modern legal system of the mainland in the post-independence period( Vijayakumar 2006).

The Laccadive, Minicoy and Amindivi Islands (Civil Courts) Regulation, 1965 marled the introduction of modern legal system in the island. On the mainland and other societies in India, structural changes in the legal systems were introduced through gradual legislation. In Lakshadweep, all these mainland laws were extended suddenly on November 1$^{st}$ 1967. The western model mainland law encapsulated the island society (Vijayakumar 2006). By 1969, the legal system in the island became full-fledged with qualified persons from Kerala being appointed as judges (since both judicial systems –Kerala and the islands follow the same language, Malayalam). There were no qualified legal people in the island at that time.

With the full-fledged mainland legal system in place by 1969, the islanders were forced to bring lawyers from the mainland for arguing their cases, which were mainly property disputes, and the lawyers argued the cases in front of the mainland judges without having any idea of the islanders' tradition and their customary laws.

The customary law was limited to inheritance of Friday property. In customary law, the Friday property was the *tharavadu* property, which could not be separated or

sold without the consent of all the members. The Friday property was the right of all members in the family ascribed by birth. If the last member of the *tharavadu* expired, the property would go to the original *tharavadu* or existing *thavazhis*. This customary law in the case of the Friday property was really the backbone of the joint family.

In *Nallakoya v. Administrar, Laccadives* (1966), the Kerala High Court held that the custom of total prohibition against any alienation of Friday properties given on partition became void after the advent of the Constitution of India. The decision questioned the very existence of the *tharavadu* as a unit of society.

Even though after 12 years, another High court Judge upheld the customary law, the island society was changed from Friday property to Monday property according to the new legal system. The role of the *karanavar* and the joint family have undergone transition and the customary law became meaningless. So the ruling of the High Court in the *Nallakoya* case was one of the major reasons of disintegration of the joint family system in the islands. There were several judgements thereafter both in favour and against the customary law and Friday property. But the first judgment in the *Nallakoya* case changed the islands culture and society (Vijayakumar 2006).

A former member of the Lakshadweep socio-cultural research commission explained:

> The unpartitioned joint family does not exist any more in the island. There were lots of things contributed to its decline, in which legal system played the major role.

### 3.6 Expansion of Media- Exploring the Outer World

The increased exposure to the mass media has had its effect on the island society. The island society was virtually cut of from the mainland in the Colonial period. There was neither newspaper, nor any other means of communication facilities available in the past Das (1982). The lack of communication and transporting facilities in the islands was narrated by Dak (1969):

> The islanders came to know about the independence of India only after the first ship came from the mainland after almost a month. There was no colour paper available in the island to put the tricolour national flag. The islanders came to know about the assassination of Mahatma Gandhi only after a month.

There are no newspapers available in the island even now but the islanders have access to Satellite channels and telecommunication facilities in the contemporary period.

After independence, the communication facilities have improved in the island. But even then, access to media was limited to the All India Radio. Till date, there are no newspapers Dailies available in the island households. Only one copy of the newspaper is kept in the Government-owned library, which comes to island in ships from the mainland, mostly in a three weeks' time gap.

In the late 1990s, satellite channels became popular in the island and the islanders in general began to identify with the outer world. The Malayalam movies shown in these channels (which are mostly male dominated) too had their effect on the island society. (There were no cinema halls in the islands, and till recently there were no video shops too). The television news made the people aware of the political changes happening in the island.

In the opinion of Faruq (37, M) the most important factor in the change of the island society is media. He explained:

> The influence of satellite channels, I will say, is the most crucial factor in changing the island society in the contemporary period. The effect of these channels is tremendous. Many of us were not exposed to any other places in the country. It made the people to situate themselves in the world. As an entertainer, these channels are making the youth to change their life style in accordance with the changes in other parts of the country, even though not in the same frequency.

## 3.7 The Influence of Migration and Integration with Mainland People

Since the shifting of the Headquarters to Kavaratti (in 1959), the migration from the mainland to the island has increased. Before that, the migration was very less and limited to a few barbers and carpenters. But during the 1960s, most of the persons who migrated were educated males who came for Government jobs.

The growth of population over the decades is shown in the table below.

**Table No. 3.1: Decadal Growth of Population**

| Year | Population | Male | Female | Sex Ratio | Decadal Variation |
|---|---|---|---|---|---|
| 1901 | 13882 | 6728 | 7154 | 1063 | |
| 1911 | 14555 | 7325 | 7230 | 987 | +4.85 |
| 1921 | 13637 | 6327 | 6910 | 1027 | -6.31 |
| 1931 | 16040 | 8045 | 7995 | 994 | +17.62 |
| 1941 | 18355 | 9096 | 9259 | 1018 | +14.43 |
| 1951 | 21035 | 10295 | 10740 | 1043 | +14.60 |
| 1961 | 24108 | 11935 | 12173 | 1020 | +14.61 |
| 1971 | 31810 | 16078 | 15732 | 978 | +31.95 |
| 1981 | 40249 | 20377 | 19872 | 975 | +26.53 |
| 1991 | 51707 | 26618 | 25089 | 943 | +28.47 |
| 2001 | 60595 | 31118 | 29477 | 947 | +17.19 |

The decadal growth in population shows a great increase in the 1961-71 period. This is mainly due to the influx of mainland workers to the island, as the island

administration shifted to Kavaratti and a lot of Government programmes started in the islands in the mid 1960s.

The 1971 census shows a decline in the sex ratio. The migrant population were mainly males from the mainland and this might be the reason for the decline in sex ratio. On analysis of the 1971 census, it can be found that the percentage of males among non-Scheduled Tribe population in the island is 81.6 percent more than the females among them (All the indigenous people in the Lakshadweep are Scheduled Tribes), While in the 1961 census, it is 89 percent. This substantiates the inward migration of males to the islands during the period 1951-71.

The above fact is substantiated by the analysis of the sex ratio of the Scheduled Tribes population ( the indigenous people) in the island given in the table below.

**Table No. 3.2: Scheduled Tribe population over the period**

| Year | Male | Female | Total | Sex Ratio | Percentage of ST to the total population |
|---|---|---|---|---|---|
| 1961 | 11466 | 11925 | 23391 | 1040 | 97.02 |
| 1971 | 14614 | 14926 | 29540 | 1021 | 92.86 |
| 1981 | 18865 | 18895 | 37760 | 1002 | 93.81 |
| 1991 | 24160 | 24003 | 48463 | 994 | 93.14 |
| 2001 | 28611 | 28710 | 57321 | 1003 | 94.59 |

The overall sex ratio was 978 according to 1971 census. But the sex ratio of the Scheduled Tribes was 1021. This explains the inward migration to the islands, and as explained above, most of the migrants were males.

The percentage of Scheduled Tribe to the overall population was 97.02 percent as per the 1961 census but it reduced to 92.86 percent in the 1971 census. Also the decadal population growth of STs in the island is +26.28, compared to the overall

growth of +31.95 in 1961-71, which reasserts the fact about migration to the island during that period.

Kavaratti was the island where the most number of migration took place. The overall growth of population in the island was 56.29 percent in 1971 census, but the growth of the Scheduled Tribe population was just 31.31 percent and the percentage of Scheduled Tribes to the total population has decreased from 98.27 percent to 82.56 percent during the period. .

The migration has its effect on the changes happened in the island society. As stated above most of these migrants were males, and majority of them were from Kerala. The matrilineal society in Kerala had almost vanished during those periods. The males of the island found it shameful to live in the wife's house. The effect of migration on matrilineal system was evident from the discussion with Attakkoya aged 65 who worked in Government office:

> Most of the islanders first contact with outsiders came during the 1960's. The mainlanders who came here were highly educated and well off. The interaction with those people had its influence in changing this society. We had respect for them. Many of us try to imitate those people. Most of those people were Hindus, not Muslims. So the interaction with those people is done a lot in keeping this place secular even now. They were educated, so many like me found the importance of educating our children. They alleviate the islanders' fear of going to the mainland. As far as matriliny is concerned, I think, we were always felt inferior to tell them we are living in wife's house and we do not have any property. We felt inferior, because, they had all these rights.

### 3.8 Female Autonomy

The Lakshadweep island society was matrilineal in nature. Women have the right to properties and men's rights were limited. On the male member's death, the property reverts to the original *tharavad* and not to his wife and children, while in the case of women, it goes to children. The older women in the *tharavadu* enjoyed a special position of respect and authority and had an important role in decision making ( Dube 1989).

In *marumakkathayam* (matriliny) neither women nor men leave the home or common property in their lifetime. After marriage, the husband goes to the wife's house only at the night and spends his time at his natal home during the daytime. This domestic space gave the women autonomy and better status (Dube 1978). Women moved freely and participated in economic activities, which were not done inside of the room ( Dube 1969 ).

The status of women was high in the society in the matrilineal system; she had her own property, which could not be dissolved, without her consent. Divorce was not an unusual issue in the island and remarriages were common. It was the duty of the *tharavadu* to look after the children of the divorced. Divorce was performed before the *Khazi* and the woman was accompanied by her *karanavar* ( Ittaman 1976).

With the changes in the overall life of the people, the rate of divorce has also changed. The courts rulings like that of the Shah Banu case (1985) also played its parts in reducing the rate of divorce.[3] These rulings made the husband pay annual maintainace to the wife, whereas in the island context, the husband had no duty of meeting the expenses of his wife and children which was taken care of by the *karanvar* (Vijayakumar 2006).

In the Lakshadweep Island, there was no system of dowry associated with marriage; instead *Mahr* (an amount which the husband pays to wife according to his economic status) is given to the bride. Also, the husband had to pay customary contributions to the wife and children during the time of pregnancy of the wife and on other special occasions. Unlike in most other Muslim societies, women have the right to go to the mosque in Lakshadweep islands. In Kavaratti, there are separate mosques for women. The practice of purdha is absent. The status and autonomy of the women in the island is gradually declining. Many factors contributed to this decline.

According to one higher secondary school lady teacher, the change in economic activities and work participation are considered as the major reasons for the decline in the autonomy of women. She argued:

[3] Sha Bhanu case restored the Muslim women's right to get maintenance, and the Muslim Women (protection of Rights and Divorce) Act passed in 1986

We need the matriliny to continue, but because of many reasons including religious, people are now slowly changing from matriliny. This can be in one way be viewed as the increasing patriarchy in islands. There was no system of *purdha* in the islands till recently, but nowadays some husbands are forcing wives to wear it, at least when they go to the mainland. I regard these as the decreasing status of women in the island. Now this island (Kavaratti) is slowly becoming an urban kind of one with more and more people especially men preferring Government jobs where women become housewives and her economic security is diminishing. If they do not go for job after education, I think it would be patriarchal society very soon.

The comparison of 1971 census data to the 2001 census too shows the decline in the economic activities of women in the island. As mentioned earlier, coir, the biggest economic produce of the islands was made by island women in groups. These kinds of household industries in which women engaged in the earlier times have begun to steadily decline in the modern period.

**Table No. 3.3: Work Participation Rate in Lakshadweep**

| Census Year | Total work participation in House hold industry | | | Females per thousand males **(house-hold workers)** | Females Per thousand males **(total workers)** | Female per thousand males **(non workers)** |
|---|---|---|---|---|---|---|
| | Male | Female | Total | | | |
| 1961 | 4065 | 6185 | 10305 | 1501 | 1021 | 981 |
| 2001 | 99 | 56 | 155 | 565 | 163 | 1528 |

Source: census 1961 and 2001

The ratio of female to male workers was 1021 in the 1961 census is reduced 163 in the 2001 census. In 1971, the female/ male ratio in the case of non-workers was 981 per thousand males but in 2001 it increased to 1528. This change in the economic activity may have its impact on the status of women. The coir which was the most valuable economic produce in the island lost its importance in the modern period,

and it was women who were engaged in coir twisting in the island. The occupational pattern of the islanders will be discussed separately later in this chapter.

The decrease in the work participation in the island has another dimension also. With the state intervention, Government jobs have become the premier earning job in the island, and unlike the household industries, it requires educational qualification, in many cases technical or higher education. The absence of higher education institutions in the island make the people send their children to the mainland, a privilege which in most cases, is denied to female children.

**Table No. 3.4: Students Enrolment 2003-04**

| Students enrolment | Male | Female | Females/1000 Males |
|---|---|---|---|
| Up to $10^{th}$ standard | 7684 | 6624 | 862 |
| $11^{th}$ to $12^{th}$ standard | 565 | 503 | 893 |
| Higher education in mainland | 1225 | 323 | 264 |

Source: Lakshadweep-key indicators 2005, Department of statistics and planning

It is obvious from the above table that the female children who go to the mainland for higher education is comparatively very less than male children. This may one of the chief reasons why the females of the island are not getting government jobs, especially in higher positions in Government departments.

### 3.9 New Thoughts of Religion and Matrilineal System

The different schools of thought in religion are growing up in the island. Many of the traditions are considered as un-Islamic in the island society now. The Sunnis and Mujahids are the two major religious groups among Muslims in the island now. Each group believes that they are the true followers of Islam.

A man aged 55, who is involved in social activities in the island explained about the different schools of thoughts among religion in the island:

> Like the mainland, here also different sections of thoughts are getting rooted into the religion. These two groups are different in their thoughts and each believes they are real followers. Each group has started separate mosques in the island. The Mujahidin movement which makes its root in the island force the Sunni's to be more religious and discard anything that their leaders called un-Islamic and matriliny falls in it. Sunnis believe Islam never permits to eat food that belongs to another one. So the wife's property belongs to her brothers and their children and not to them and they have right over their own property.

The division among people in the name of religion existed in the island in the earlier periods itself. There were different sections among people (Gabriel 1998). Interestingly, the people (male youths) who belong to mujahidins also favoured the nuclear family system, even though they have different opinion about women's freedom to attend mosques. The difference in female autonomy related to traditional marriage and kinship system in the north India and south India are discussed by Dyson and Moore (1983).

### 3.10 Welfare Measures in the Post Independence Period

As mentioned previously, the islanders were in absolute poverty during the colonial period. They were separated from the mainland for at least half of the year. Almost everything had to be brought from the mainland. The exchange of coir and coconut for rice was a big loss to the islanders. The coir monopoly system made them sell their produce at half the rate of market price and they had to pay export duty and import duty on exchange at Cannanore.

Francis Buchanan writes in 1801:

> The inhabitants are all *Moplays* (Muslims) and are very poor. They subsist chiefly on coconut and fish and employ their leisure time, of which they gave a great deal in making coir from the husks of their coconut (Buchanan c.f. Logan 1887 ).

Independence marked a remarkable change in the islands. The Government has given Scheduled Tribe status to the people of the islands. A commission was appointed under Krishnaswamy, an ICS officer to study and report about the living conditions of the Lakshadweep islands. Under the commission's report, the State has taken actions to improve the living conditions of the islanders. Based on Krishnaswamy's report, which states about the poverty in the island and the need for state intervention, the Government has implemented welfare programmes in the islands.

The following section describes the major welfare programmes by the State in the post-independence period. The establishment of co-operative societies, implementations of Labour Laws, provision of drinking water supply and other welfare measures are discussed.

### 3.10.1 Co-operative societies in the island

The islanders, especially the lower-class groups were exploited not only by the rulers but also by the upper class people of the island and the middlemen from the mainland in the case of coir monopoly and exchange of goods. This exploitation was one of the main reasons for the high rate of poverty in the island during the pre-independence period (Ramunni 1999). In 1962, co-operative societies were established in the islands which helped the islanders to sell their product in the island itself and purchase rice from the societies. There was also provision to give rice for credit. The co-operative societies were functioning well in the island till the policy of Government changed in the public distribution system.

### 3.10.2 Labour Laws and Unions

The 1960s made a remarkable change in the islands economy. Government offices had started functioning in the island and job opportunities were created. At first, most of the higher jobs were given to the people from the mainland, especially from Kerala, but the later period showed a remarkable improvement in the educational level of islanders and Government jobs became the most important resource of income in the island. The construction works in the islands by the Government led to an influx of mainland workers to the islands and later the local people also

became part of it. In 1972, the Laccadive Departmental Labour Union was established and this was the first organized form of labour in the island. In the year 1973, the major labour laws were implemented in the Lakshadweep islands. It gave a security in income to the islanders.

The regular ship service to the mainland was started in the year 1959 and had a great influence on island life. The ship service made it possible for the islanders to be in contact with the mainlanders more easily than before.

### 3.10.3 Provision of Drinking Water Supply

Step wells were used for the collection of drinking water. The drinking water supply for the islands was implemented in the year 1955 through the provision of ten filtered borewells. But the wells collapsed soon as it was not suitable for the fragile land of the place. By the year 1958, a water supply programme was in full swing, through which concrete rings and cements were supplied to people, free of cost for construction of wells, under the public health scheme was in full swing. The scheme was implemented with people's participation and the contribution of people was labour. This scheme was later modified by replacing concrete rings with locally-available materials, as the provision of concrete rings became an impossible affair. The Government started giving six bags of cement and fifty rupees as subsidy. The fragile nature of the soil created the problem of drinking water, a serious aspect in the island, which is yet to be sorted out in most of the islands. In Kavaratti, a desalination plant was started recently to deal the issue of drinking water supply.

## 3.11 Ecology in the Changing Scenario

Lakshadweep is a group of islands separated from each other and the mainland by the Arabian Sea. These islands are situated hardly 2-4 meters above the sea level and any disturbance in the sea is bound to have its effects on the life of the people living there. In the past, the natural calamities have taken a big toll on the life in these islands (Mannadiar 1977).

The life of the island people, to a large extent was closely related to the sea and land in the earlier period. The economic activities of the islanders were the coconut tree

cultivation and fishing. It was absolutely 'people belong to land than land belongs to people in the island'. The Sea was the major element that regulated the island life. The island's folk songs and myths are also related to the Sea (Muthukoya 2004).

Lagoon is another entity that correlated with the island life. The low tide and up tide are the two important factors that envelop the life of island women as they came out in groups to the lagoons during those periods to collect cowries and catch the lagoon fishes. It was the economic importance of cowries which made the people to collect them in large numbers in the past. The houses were constructed using the stones and sand from the lagoons. There were no major activities that could harm the environment in the ancient periods. According to Satheekumaran Nair, "even the entertainments were related to the lagoons and beaches. Children used to swim in the evening while youths used to play jawalin throw using their country-made jawalins" (Nair 2006).

Island people were experts in predicting the changes in the sea and navigation. They had their own system of finding direction in the sea. The life of the island community was in tandem with nature. Being a very small place, any subtle environment change would affect the island society.

### 3.11.1 Development and Ecology

The modern period, especially after independence, witnessed definite changes in the island ecology. Without caring for the fragile nature of the land, man-made constructions have boomed up in the island.

The agriculture in the island is mainly of coconut trees and the density of the coconut trees is 600/ha compared to the desirable density of 200/ha.[4] In the modern period, for the improvement in the yield of coconuts, chemical fertilizers are used to improve productivity, which has had a serious effect on the land. The growth in construction of buildings led to the destruction of trees, which may lead to soil

[4] Union territory of Lakshadweep, environmental impact assessment of the tenth five year plan 2002-2007, Department of science and technology, April 2002

erosion in the island; along with this, projects have been implemented to cut the senile trees.[5]

The impact of modernization of fishing industry is another key issue that causes ecological disturbances. The mechanized fishing boats add to the pollution of the lagoons.[6]

The oil ships that travel through the island cause immense damage to the species. 'An American oil tanker 'Transhuron' ran aground in the Laccadives Sea on Kiltan Atoll, {approx} 300 km from the mainland. It was carrying {approx} 18,500 tonnes of furnace oil from Bahrain to the Philippines. Nearly 3,000 tonnes of oil leaked from the tanker into the sea creating oil pollution in a wide area. The fauna and flora of Kiltan Atoll was adversely affected, and soon after the accident, mortality of animal life in the polluted zone was widespread' (Qasim and Sivadas 1974). Incidents like these continue in the modern period.

The islands were electrified using diesel generators and the spill-over from oil containers too damage the lagoon species. The increased construction of buildings in the island has caused damage to the lagoons in the way of collecting sand and stones in the past, and in the modern period, the dumping of construction wastes is sending out alarming signals to the island ecology.

The drinking water issue is a major problem in all the islands and the quantity of potable groundwater is very scarce. With the increase in constructions, which is not in accordance with the landscape, the level of contamination of the groundwater became high. The use of septic tanks in toilets, which are not in accordance with the soil, make the water contamination more serious and cause water-borne diseases. There is no mechanism in the island to dispose of human waste. As most of the islanders use wells for domestic use and the density of population is very high, there could be epidemics due to this water contamination.

[5] ibid
[6] ibid

The waste disposal facilities in the island are not in accordance with the environment and with the usage of plastic bags becoming very common, the damage has become more staggering.

One young man who is the president of a Youth club explained:

> Here construction work is going on every day. The materials are brought from mainland in plastic bags. Even for building a small house, the number of plastic bags (like small rubbles, sands, cements ...everything is brought in small plastic bags) brought to the island is very high, and it is causing too much problem in the island now, which will be severe in the future.

The polythene carry bags along with the plastic bags in which the construction materials come from mainland have serious effects on the island's environment. The plastic carry bags are separately collected in the island and burned in the northern part of the island. This causes serious damage to the environment.

The construction of buildings and roads are causing great impact on the island where per capita availability of land is only 0.05 Ha.[7] The modernization of water supply in the island through desalination plants and power generation through diesel generators are the two modern technologies, which have affected the island ecology seriously. The effluent discharge from the desalination plant with high temperature to the lagoons and seas have adverse effects on the growth of corals such as whitening of corals, damage of species etc.[8] The diesel generators are the main cause of air and noise pollution in the island especially to the nearby areas( since the islands are very small). Studies carried out by the National Environmental Engineering Research Institute (NEERI), Nagpur in 1996 points out to the adverse effects of air and noise pollution in the islands.

In the modern period, the development activities have had serious impacts on the ecology of the islands. The island society's day-to-day life is regulated by the sea, and it is more than a means of income for them. The collection of cowries, the catching of fishes from lagoons are not just an economic activity or entertainment

[7] ibid
[8] ibid

for them; rather it's a part of the island society's life. The authorities have banned collection of cowries, corals and sand from lagoons. But at the same time, the navy ships that come to the island, the artificial dredging etc are creating serious damages to the lagoons. Srivastava et.al. (1993) has explained that the attempts to build boat jetties and to deepen the navigational channels at the lagoon entrance necessitated considerable damage to coral reefs. Soil erosion is common in the islands and the mangroves, corals have been damaged and are replaced by the rubbles for protection. The island's ecological balance is at the verge of serious damage.

## 3.12 Economy of the Island

The economy of the island was based on coir, coconut and fishing in the earlier days. The Government became the biggest employer and the traditional economic activities have lost their significance. Lakshadweep is a non-industrial area and around 7 percent of the total population is working directly under the Government which is the highest in India (Jerome 2006).

### 3.12.1 Changes in occupational pattern

The various programmes implemented by the Government have changed the economic activities of the islanders. There is almost no private industrial activities other than private initiatives in small businesses like provision stores and textiles shops.

During the Tenth five year plan, the per capita outlay was the highest in Lakshadweep at Rs. 72,118 as against the national average of Rs.14830. Further the per capita total government expenditure (revenue + capital) is highest in Lakshadweep at Rs. 45,944 against the national average of Rs.6, 771 in 2002-2003 (Jerome 2006).

### 3.12.2 Mechanization of Boats

The fisheries department established in the year 1959 was an important feature that happened in the island after independence. The Department introduced mechanized fishing in the island and started supplying modern equipment at subsidy rates. "At

the end of third five year plan, the number of mechanized boat increased to 43". Minicoy islanders were experts in catching tuna fish using the pole and line which is a very effective method. The fisheries department started to expand on this method to other islands by establishing a training centre in Agatti. This change in the fishing sector also made changes in the overall economy of the island.

### 3.12.3 Changes in Coconut Cultivation and Coir Twisting

The island economy in the past was mainly based on coconut and coir. Both of them have lost their significance over the period. The land reforms changed the land-owning pattern of the society and in terms of coconut cultivation; the big landowners were replaced by a large numbers of small landowners. The market of coconut also diminished in the modern period.

The quality and market of Lakshadweep coir was mentioned earlier. The advancement in ship technology reduced the demand for coir. In domestic usages, it was replaced by plastic coir, to some extent, even in the island society. There are no coir-twisting units functioning in the island now. The ponds which were the place for soaking the coir are no more in existence in the island due to the increased population and construction. The lagoons are now protected.

That the islanders are not interested in building up their economy through industries and exports is the main criticism put forward by the people like Jerome(2006). The economic sea zone of the island, which is abundant in fishes has not been utilized properly by the administration and the people and the island economy is sustained by the subsidy of the Government which is not sustainable for long periods. These criticisms about the island economy are mainly based on the comparison with the main land, and not in consideration with the island society, which is on the way to gradual transformation. The islanders are moving forward towards a consumer society, but still the glimpses of its past culture, where the livelihood and non-

investment that mattered the most, still exist. The islanders are still reluctant to take loans from the Banks and the credit deposit ratio is very low (Jerome 2006). The reason is not only the islanders lack of enthusiasm to build up their economy through industrial establishments, but also the fact that the island society is an "interest free" area in terms of credit. The islanders rarely accept interest for the

credit. This is another characteristic of the unique nature of the society which is rooted in religious belief.

### 3.13 Changes in Post Independence Political System

The democratic election in the island was limited to the election for Member of Parliament. The period of administrators have been mostly for short duration and because of the remoteness of the place, the persons appointed were also not very keen to serve in the place. A former staff of the administration pointed out:

> The place is remote and there are no facilities for good education to children, entertainment and transportation, so the administrators were not interested to serve here for long time. Within the short period they never understand what is the requirement of these islands, instead they want to spend the money allotted to these islands. Based on my experience I can say that the overall system of centralization is doing harm to the islands. The Administrators never get time to study things, even if they desire so. They have to follow the bureaucrats who have been here for long time. Those in Delhi are interested to see only the beauty of the place. They spend more time in tourist island Bangaram than the inhabited islands.

Within the last fifty years, there have been 25 administrators in the island. Some of them served for four years, but most had less than two years of service in the island (Offcial reports of Lakshadweep Administration).

The island politics till recently was more or less limited to the competitions between two individuals than that of political parties. In the history of the islands also, there had hardly been any political struggles, rather most changes in the island were thrust upon by the rulers. The lack of access to the outer world might be the reason for this. The close affinity with Kerala, a politically-sensitive state, had little influence on the island politics till recently. The other dynamic of the island politics is that most of the *Mellacherrys* were always a part of the Congress and the *koyas* affiliated themselves with the Janata Dal. This was the overall picture of the island politics.

There is an absence of democratic institution and the lack of participation of the islanders in the processes continued till 1988. There were *karanavans* committee and *mukthassors* committee, both formed in 1965 with an aim to ensure people's participation but both of this fail to ensure people participation and had very little

role in island administration. The advisory committee and advisory council started in the year 1956 are also of same category. These committees could provide participation of 'window dressing type only'.

In 1988, Lakshadweep (Administration) Regulation Act and Lakshadweep Island Council Regulation Act were promulgated to form *island councils* in the islands and *pradesh* councils at the Union Territory level. Even though *island* councils were given responsibilities like sanitation, construction of public latrines etc. and given powers to levy taxes like building tax, all of these powers rested on paper only because of the reluctance of the bureaucrats to transfer power.

The Lakshadweep Panchayat Regulation 1994 has been promulgated in pursuance of the Constitution. This was one of the major steps in democratic decentralization in the islands. Institutions like *dweep panchayats*(village panchayats), District panchayats were established as part of the 73rd Amendment to the Constitution. The *Gramsabha* formed as part of the Act in the island consists of persons registered in the electoral rolls relating to an island comprising the area of the *dweep panchayat.*

**Table No. 3.5: The present set up of island decentralisation**

| **Particulars** | ***Dweep* Panchayat** | **District Panchayat** |
|---|---|---|
| Number | 10 | 1 |
| Member | 79 | 33 |
| Scheduled Tribes (directly) | 79 | 22 |
| Women | 30 | 8 |
| Women chair person | 4 | - |

In Lakshadweep, the *dweep panchayats*, the local body, are functioning without any power of finance. The role of panchayat is limited to sanitation work and finding out beneficiaries for some welfare projects. The *dweep panchayat* has no say in the planning or implementation of any development project in the island. The peoples representatives are not happy with the implementation of development programmes

thrust upon them (State Development report, Planning Commission 2004). This is explicit from the opinion of the Chairperson of the *dweep panchayat*:

> The office has a big building and I am sitting in an air-conditioned room. But we have nothing to do here. There is neither power nor money. We are watching all these development works happening here, and many of them are illogical. But *dweep panchayat* has no power to say anything here. As far as health is concerned major decisions are taken by the bureaucrats in administration. We have no idea about from where the medicines come from, at what rates they are purchasing etc. Above all, it is not as per the requirements of people. What is the need of so many modern machines, when there is no specialist is available on long-term basis?

The islanders desire for more power was visible during the weeklong seminar of the ship workers in December 2006. Most of the speakers and public who turned up against centralized ruling of the island demanded more power to the people. People expressed the same opinion in the group discussion conducted during the field study. The non-people centred approach of the administration was the cause of the violence that happened in the Kavaratti Island during September 2006. The reason was the administration's decision to close a road, which was going in front of the Administrators Bungalow as it caused disturbance to the guests, on the other hand, it was the easier route for the people living behind the Bungalow. The island people are becoming aware of their rights and protesting against the illogical developments.

The advancement in education with more and more island youth going to the mainland Kerala has its significant influence in the island's political scenario in the recent period. The politics of the island is changing with people becoming more aware of the international political economy aspects also. An island youth who is the secretary of a youth club said:

> The people were discussing about the cut in ration subsidies and other reductions as MP's limitations. But right now I know that the changes in the Indian state in the neo-liberal periods. But it is still very difficult to convince the elders here.

In the recent periods, the trade unions in the islands have also started organizing people. This has also contributed to the change in the political approach of the people from individual worships to ideological level competition.

### 3.14 Introduction to Kavaratti Island

Kavaratti lies in the Arabian Sea at a distance of around 300 kilometers from the mainland. It is the capital of the Union Territory of Lakshadweep since 1959. Almost all the administrative offices are located in the island. The name Kavaratti came from *Kavara kathi*, which means a slaughter knife, as the shape of the island resembles such a knife. It lies from north to south. A lagoon protects the island in the Northern side and the Arabian Sea lies in the Southern side. The northern side of the island is occupied by people and the Southern side has mostly been utilized by the Government for office buildings. The Coastguard and Navy headquarters are also situated in the southern side.

**Table No. 3.6: Basis statistical data on Kavaratti**

| | |
|---|---|
| Population as per 2001 census | 10,675 |
| Sex ratio | 946 |
| Infant mortality rate | 22.9 (2003-04) |
| Maternal mortality rate | Nil (2005-06) |
| Density of population | 2786/square kilometer |
| Doctor population ratio (Allopathic) | 2994 (2003-04) |
| Per capita health expenditure (in Rs.) | 340 (2003-04) |
| Community health workers per 10,000 population | 5 (2003-04) |

Source: Official Reports of Department of Statistics and Planning and Census 2001

The area of the island is 4.22 square kilometers and the population is 10,675 according to the 2001 census. Only Chandigarh, Delhi and Mizoram have a higher population density than the Lakshadweep islands.

Kavaratti is the most urbanized island in the Lakshadweep group of islands (Department of Statistics and Planning, Lakshadweep). Kavaratti has a large number

of migrated populations both from the mainland and other islands. Since it is the administrative headquarters of Lakshadweep, people from other islands frequently visit the island. The overall changes in the social, political, economic and ecological aspects of the island society have effected changes in the healing practices. This chapter deals with the healing practices in the island, with an emphasis on the changes that took place during the past two decades. The area of the study is limited to the Kavaratti Island.

### 3.14.1 Dynamics of the society

Kavaratti is one of the early-occupied islands in the group and is known as *tharavadu* island. As mentioned earlier, there are three major castes-like groups in the island. The *Koyas*, the upper caste people and the *Melacherrys*, the lower-caste groups are large in numbers. The *Malmis,* the intermediate group, are comparatively less in numbers in the island. Stratification in class and caste exists in the island. The upper- caste group, *Koyas*, occupy major positions in jobs and are the better-off in the society. Among the *Melacherrys* only a few could climb the social order. It can be seen that people belonging to the same caste often form groups. The prevalence of caste discrimination is obvious from this interview with a high school teacher (40, M), in the island. The high school teacher reported:

> The incident that happened in the upper primary school, where a child belonging to *Koya* called another child 'you are *Mellacherry*, we wont include you in our group" is one of the incidents that shows the prevalence of caste discrimination in the island. The thoughts about caste group in the mind of children would have been from their family or neighbours.

Even though there is no visible caste discrimination (like in the past) in the island, there is an underlying discontent between the caste groups. Marriages across caste groups are a rare occurrence in the island.

*Koyas* still enjoy a better status in the society. Most of them have the benefit of better jobs. This forms a kind of dissatisfaction among the other castes especially *mellacherrys.* A *mellacherry* old man who was repairing his fishing boat at the time of the interview, under the hot sun in the noon said in anguish about the position enjoyed by the *Koyas* in the society:

*Koyas* believe that they were born to rule. They won't work under sunlight nor they do any hard work. In this island you do not need to ask people which caste you belong to. The people, who do manual work in the daytime, under sun, will be *Melacherrys*. *Koyas* had properties from the past. They educated their children in the mainland since they were rich and therefore enjoy the government jobs now. We had no money and therefore couldn't send our children outside. Now how can we get jobs here? It is unequal competition going on now and *Koyas* win the job and enjoy better status. The same has happened with earnings through fishing also. Majority of the fishing boat were belonging to *Koyas*. So they could earn money. Here the boat owner will get half the amount of catching. Very few *Melacherrys* have boats, and someone like me is using this old boat after a lot of repairing.

The islanders main earning has changed to Government jobs and most of the islanders are interested only in Government jobs. People are not interested to work anywhere else (Even if they get a Government job in the mainland). The seasonal nature of fishing and economic non-profitability of coconut cultivation may also contribute to the aspiration for Government jobs, which provides secure income and reputation.

Fishing has changed from its traditional approach, and new business logic is taking place in the island. The rich persons in the islands own boats and employ people. The earning is divided equally between owner and the workers. A boat owner may have more than one boat. The cost of a fishing boat (none of them have freezing facilities) is huge for the ordinary worker, and he finds it difficult to own one. The study conducted by CARESS in Agatti island points out the *Koya*'s interest in fishing boats and fishing in the modern period.[9]

It is seen that most of the higher posts and technical jobs in Government are held by the *Koyas*, as these jobs requires technical qualifications or higher education. Since the island lacks a technical education sector, the students have to go to the mainland for education. Even though subsidized, it still costs money. So only the well-off in

[9] Socio-economic assessement & monitoring of coral reefs of Agatti island- UT of lakshadweep, Project completion report, funded by IOC/UNESCO, CARESS Report No.3,2002

the island could send their children for mainland education. This ultimately resulted in the Government job sector, where a good numbers of posts require technical qualification. The *Melacherrys* are mostly employed in the lower grades only, which do not require any higher or technical qualification. A lower-grade employee of Lakshadweep Sahitya Kala Academy pointed out:

> We got the jobs because of the earlier reluctance of the *Koyas* to accept the lower level jobs, but now they also trying for this job. Almost all the technical jobs are taken by *Koyas*.

The hierarchy in society has created wrath among the youth, especially in the situation where the islanders are keen on getting Government jobs. The stratification took a new turn as the *Melacherrys* have now almost left their traditional job of coconut plucking and unfermented toddy tapping. The explanation given by a young *mellacherry* man whose father was doing the job in the past is,

> We are not born to serve the *Koyas*. If *Koyas* want to pluck coconuts, they can do themselves. The Sea belongs to everyone. Nobody can prevent us from fishing.

The discontent of the lower castes in terms of possession of lands, owning *odams* etc. gave way to the lack of jobs and control of wealth in the modern days. The basis of the dissatisfaction lies in the history where the lower-caste people were deprived of their basic rights. The reluctance on the part of youth to do their traditional job is rooted in their past life where the *Koyas* were the land owners and *Melacherrys* were the tenants. For them, traditional works is not mere labour but is a symbol of *Koyas* dominance over them.

Bernad Cohn (1968) study on *Chamars* shows their struggle against the land-owing *Thakurs,* which led the *Chamars* to give up their traditional job to improve their status in society.

### 3.14.2 Divisions between Islanders

The other dynamics of the island society is the division that is arising in the island in terms of the large influx of the migrated population from the other islands especially

from Androth and Kalpeni islands. These islanders were traditionally better in education and they occupy a good number of jobs in Government sector. Since almost all the office head-quarters are located in Kavaratti, there are a large number of people from these islands. Unlike mainland people, these islanders can purchase land in Kavaratti, and therefore most of them begin to settle down there. The dissatisfaction among Kavaratti islanders has increased with the settling down of these people.

An apparently annoyed youth in the Kavaratti Island speaks out:

> The land resource in the island is very scarce. Already lot of space has been occupied by Government. Now the other islanders begin to grab our jobs and land, where will our next generation go? They will have to leave this island, surely.

The migration of other islanders and their occupancy in jobs has definitely created discontent among the native youths. The relationship between them is not smooth and largely these outsiders interact among themselves only.

Muthukoya, a well-known writer and artist from the Lakshadweep islands elucidated the change that has happened in the island society:

> In the past islanders welcomed if some one from other islands came there. It was almost like a festival here.

The social stratification in the island was in the form of visible caste discrimination during the past. In the modern period, the discrimination has reduced in terms of basic rights but the hierarchical social order in terms of caste and class exists in the island. The root of this discrimination can be economic. In the past, the struggle was for livelihoods, while in the modern time, the discontent is because of inequality in living standards and availability of jobs.

The deprived caste groups in the society could improve their living conditions significantly after land reforms and the welfare programmes by the State, but in another way this has not helped to reduce the inequality in the society. The two of the major economic sources of income of the islanders, Government jobs and fishing, in the contemporary period, ultimately rests with those who had wealth in the past.

# Chapter IV

# Healing Systems in the Kavaratti Island

This chapter provides details on the healing systems in the Kavaratti Island with emphasis on the changes that have happened over time. Chiefly, Allopathic medicine, Homeopathy, Ayurveda and traditional medical practices exist in the island. Western medicine was established in the island during the British period and turned out to be the primary provider with the establishment of Health Services in the islands (Mannadiar 1977). The private sector has a very minimal role in the provision of health service in the island.

The sector-wise division of the health system put forward by Klienman (1980) as explained in Chapter 1 is applied for the system-wise analysis of healing practices. The traditional medicine in the island consists of the Ayurvedic version of indigenous medicine, home remedies, medicines from locally-available plants (in which medicines from coconut products have been mentioned independently), faith healing, magical healing and the services of the *Dai*. The professional sector is mainly the Government health services, which is predominantly allopathic medicine, the Ayurvedic dispensary and private Homeo clinics. Attempts have also been made to describe the private healthcare system in the island.

**Systems of healing in the island**

In the coming section, the health care in the island is illustrated at two levels; systemwise analysis and sectorwise analysis. Kleinman's classification is utilized for system wise analysis. The private and public sectorwise analysis in the island context is of less significance as the presence of private health care is negligible in the island. The Allopathic medical practice does not visibly exist in the island. The private sector in the island consists of mainly the Homeopathic clinic, traditional medicine and indirect involvement of private hospital from the mainland.

**The traditional medicine in the island**

Ajit K Dalal and Shubha Roy (2005) have suggested many common features among traditional medical practices reviewing the existing studies. The important features are:

1. The traditional medical practices are not a full-time occupation, but considered as a social service. No fee is demanded and it is believed that demanding a fee will make them lose their power.

2. One cannot acquire healing powers through formal training. It is normally passed on from one generation to another and learnt through practice, or in some other occasion passed on from *guru* to pupil.

3. The importance of healer-patient communication.

4. These healing practices involve the participation of the whole family and the target is not the patient but his or her family.

According to Irwin Press (1980), the definition of the term "folk medicine" should be strictly limited to describing *systems or practices of medicine based upon paradigms, which differ from those of a dominant medical system of the same community or society.* As per the above definition, Ayurveda or Homeopathy cannot be considered as folk medicine. The popular system of medicine is *all medical practices performed by other than officially-sanctioned professionals of a medical system, and which do not directly contradict the paradigm of the system.*

The traditional medical knowledge and practices are mostly based on the indigenous knowledge and oral tradition and verbally transferred from one generation to another. There are formalized traditional medicines in the country like *Ayurveda*, which has written documents. The traditional medicine was totally ignored in the colonial period and even in the early post-colonial period in the country, and emphasis was given to spreading Western medicine through the establishment of health services.

The traditional medicine in the island is a combination of Ayurvedic medicine and tribal medicine of Kerala and indigenous medicine. The *nadi chikitsa* (the nerve-based diagnosis and treatment) is practiced in the tribal areas of Kerala. The medicinal plants used in the islands show resemblance with that of *Ayurveda.* Also the lagoon plants, the shells, the corals are exclusively indigenous medicines and have medicinal values.

## 4.1 Popular Sector

### 4.1.1 Home Remedies

The home remedies could not be confined to traditional medicine; in fact, in the modern period the islanders use many analgesics of Allopathic medicine as home remedies. They have the habit of keeping medicine tablets at home and taking it without consultation especially for illnesses like fever and body aches. The traditional home remedies are different from it in the sense that most of those are prepared by the people themselves by the acquired knowledge from the past generations. The different traditional home remedies that prevailed in the island are described below. The extent of these practises are waning in the recent time.

*Kilirppudi* is the homemade remedy for diarrhoea in children. It is prepared from arrowroot after making into a powder and mixing it in water or milk and is administered to children in the case of diarrhoea. In the past, arrowroot was available in plenty in the island. People in the island are of the opinion that arrow root is good for the health of babies and can be given even if the child is not ill. *Kava,* a mixture of dried ginger, pepper and jaggery mixture was used for the treatment of cough and sneezing. The people believe that this mixture is good for lungs, and that cough and sneezing are caused because of the infection to the lungs. Medicinal plants like *irahambu* (a kind of *thulasi*) is put into boiled water and is used for the treatment of cough and it is made into a paste and applied on the forehead in the case of a headache. *Venal pacha,* a commonly seen plant in the island is also used as a home remedy.

The fishermen in the island believe that the pain occurred when they go to the sea is because of the threat of *bhua.*( *bhua* is used for describing a super human thing which can cause diseases) When the *bhua* touches the fisherman, it causes severe

pain. Fishermen, to eliminate the pain, throw their own urine in the place where the *bhua,* they believed might have touched their body.

Most of the traditional home remedies used by the islanders were of locally available materials. The arrowroot was abundant in the past, the people explained. It is considered good for children's health. The *kava* is a useful medicine for cough and sneezing, and its ability to cure is agreed upon by most of the elders in the island.

### 4.1.2 Coconut Tree –A Complete Plant in the Island

The coconut tree has been the most abundant and important plant in the island. It had economic value in the island. The concept of land and the tenancy systems were also associated with the coconut trees. Almost every part of the tree was used for consumption in one way or another.

There were medicines made from various products of the coconut tree. Coconut products were used as home remedies and by the indigenous practitioners in the island, depending on the expertise needed for its preparation as medicine. The commonly used medicines of the coconut tree vary from the flower to the dried coconut.

Skin diseases were prevalent in the island from the past. During the British period iodine was introduced for treatment (Ellis1924). The islanders had their medicines, which were widely in use till the health services established completely in the island. *Ketti neyy,* the indigenous medicine is prepared by keeping damaged *copra* (dried coconut) in sunlight for long time and then extracting the oil from it. This oil is applied over the body. The islanders believe that it is useful for the treatment of skin diseases. Since it is prepared from damaged *copra,* the oil is not exactly coconut oil. The islanders believe that keeping it in sunlight for long time, adds to the medicinal value since the oil extracted from it would be purer than the ordinary oil. On the other hand, economically, the damaged *copra* is of no use for the islanders and therefore it is cost-effective.

The shells of very young tender coconuts are used as medicine for healing wounds. The tender coconut shells are ground well and then applied to wounds, and the

medicine is known as *Manju*. The very young tender coconuts that fall down naturally from trees are used for this purpose.

*Aada*, the cover of the flower of coconut tree and *thayyathali,* a special kind of coconut tree, in which the skin of tender coconut has sweetness, were also used as medicine for common diseases like skin diseases and diarrhoea in the earlier days. The tender coconut water is given to the people affected with diarrhoea from the earlier time itself. It is also administered to people affected with diseases like chickenpox.

The *thengil pookula* (coconut buds) was used for making medicine, which was given to pregnant ladies to improve their health. The indigenous practitioners rather than the people mostly did this. Tender coconuts were also used to prepare medicine for eye diseases. The coconut cream mixed with a locally available plant was used for the treatment of skin diseases. Coconut oil mixed with camphor was used for the treatment of scabies across the islands.

The medicinal value of the coconut tree in the island is such that the past generations were aware of the medicinal value of the skins of the palms of coconut leaves in healing wounds and abrasions. The powder made of fried coconut shells were used for cleaning tooth till two decades ago.

### 4.1.3 Medicinal Value of Locally Available Plants in the Island

The common medicinal plants used by the traditional medical practitioners were *kakani (abrus precatorius*) seeds, which were used for the treatment of sore throat, cough and inflammation to eyelids. The *kuppamani (Acalypha indica)* plant and its leaves have medicinal value in curing the skin diseases, intestinal worms and respiratory diseases. The *AdadoDai (adhatoda vasica)* was used for the treatment of asthma, *vayampu (acorus calamus)* is mixed with honey is given for improving the memory power of children ,*mullánjakka (annona squamosa)* for hair care, *nirbrahmi (bacopa monnieri)* for improving memory of children, *shemmuli (barlea prionitis)* for toothache, *punna (calophyllum inophylum)* oil from the seed is used to treat skin diseases, its plant juice was used for healing the wounds and *nelli (phyllanthus emblica )*for treating jaundice. *Mulakkal*, a limestone seen in lagoons and *Shedi*, a

small tree in the sea was also used by the practitioners for treatment. *Phuli* (Tamarind) paste was applied over the body to get rid of the pain from dangerous fish's bites in the sea. The juice of a local plant *kendelbela* was used for the treatment of white patches in the eyes.

## 4.2 Folk Sector

### 4.2.1 *Kombu bayikkal* (The Horn Treatment)- A Treatment for Migraine

The *Kombu bayikkal* (the horn treatment) was the famous treatment in the island rendered by the *Buhari* family belonging to the upper-caste *Koyas*. *Adiyattummepura Shafan Kakka* (the name of the healer) was renowned for this treatment in the island. It is mainly used for the treatment of migraine. A small insertion is made on the back side of the head and the horn of the cow along with some medicine is kept in the wound for sometime. The treatment was useful and many people from the mainland and other islands used to come for the treatment.

The traditional medical practice in the island was mainly based on the concept of the blood and nervous system. The head is considered as the most important part in the body. The importance of *phinguli* (an area inside the back side of the head) is considered as an important part in the body. The word *Phinguli* is explained in the island language dictionary *(Jasari Bhasha Nigandu)* as medulla oblongata. The food habits too considered as a cause for diseases and diets are prescribed as the part of treatment

The female head of the traditional medicine practicing family explained about the treatment:

> The concept of this treatment is changing the impure blood to pure blood. The *kombu* (horn), when putting into the head after small insertion, cleans the impure blood and therefore, the problem cured. Head and nervous system are believed, to be the controlling systems of body and therefore the treatment should always focus on them. The earlier *karanavars* were doing treatment through the diagnosis of nervous system as it controls the body system. If the blood is coming out from the nose, treatment should be made in the head as the root cause of the disease lies there. *Phinguli* (the medulla oblongata) is another important part of the body. The healer should know

about these before doing practices. There was treatment for the serious wounds, which needs surgery now. The treatments were so effective that the flesh will again come in the wounded part and the person becomes alright within a week.

The traditional medical practice in the family was started around five generations ago. It is believed that the *karanavar* of the family went to the mainland and learnt the treatment from there. The knowledge was transferred from generation to generation mainly through male members. The female members never used to practice it, even though they are aware of the treatment. 'Purity' (during menstrual period, women were considered to their lose purity) is the factor that doesn't allow women to practice medicine. The female head hold of the family said that all the details on treatment is written in a book called '*kithab*' but if it is read by somebody other than the practicing member of the family, it is believed that the ability to practice it will be lost. According to the present male member of the family, who is currently employed in the mainland, the language used in the book is an old version of *Malayalam* which might have been written three or four generations ago. According to a former college teacher in Lakshadweep, who wrote on the islands, the traditional practice of *kombu vayikkal* treatment shows similarities with the tribal medicinal practices of Kerala than to *Ayurveda.*

The concepts of hot and cold, pure and impure blood were been discussed in the study of traditional medical practices among Tamil rural villagers (Sujatha 2004).

### 4.2.2 Faith Healing - The Continuity and Change

Religion has great influence in island society and the activities of the people are by and large controlled by it. The islander's concept of disease was associated with evil spirits, mainly the *ifrid* spirit and *kernam spirit* and *Tichethan* spirit. The islanders believed that these spirits can cause diseases and only magical healers or priests can alleviate these evil spirits.

The faith healers of the island are mainly the religious priests associated with the mosques. They do prayers for healing and give holy water to the patients for healing diseases. The holy water from the famous *Ujjra* mosque in Kavaratti is also

consumed by people across groups. Apart from this, *urukkum noolum* (Talisman-A metal piece tied in magical cord) was also offered to the patients. People believe that the *Khudurath oil* (divine power of the oil taken from the tombs of the Saints) can cure diseases. The religious beliefs are mostly associated with epidemic. The outbreak of epidemic is always viewed as God's punishment against the sins of people. In the past, the epidemics were common in the islands and took large number of lives. Prayers were made to control the outbreak of epidemics. *Marikkappal* was one of the religious practices associated with the epidemic, in which a model of small sailing vessel is made and all the seeds of the island's plants and the cereals available there were collected in small amount and after *mantras* by religious leaders, are put into this small sailing vessel; it is then pushed into the sea. It is believed, that with that small boat, the disease would disappear into the sea.

Magical healing was prevalent in the island society from the past itself. It had a great influence among people. Winter Botham, an Inspecting officer to the island in 1878 reports about an incident in which a woman who brought a magic betel leaf from the mainland for treatment of fits was being accused by her neighbour as he believed she is trying to destroy his family ( W.Botham c.f Mannadiar 1977).

The Sufi movement followers in the Islands during the 1970s practiced the sunlight treatment for eye diseases that were prevalent in the island. Many followed the treatment by lying down on the beach looking at the sun. "It ultimately led to the loss of eye sight to many people". (Gabriel 1996) The decline of the Sufi movement in the island led to the end of such treatment.

*Kankhett pani* (the Black magic) was also practiced in the island. In the case of chronic diseases, the people were of the belief that it occurred because of their enemy and with the help of black magicians, tried to destroy them. It is known in the island as *asamavu* and to get over from it, the people again approach the magical power of another magician. The magical healers would do things like inscribing *mantras* on coconuts and then throwing them into the sea. It is believed that this kind of black magic could cure diseases.

The island health service does not include tertiary care. So the islanders have to go to the mainland for treatment, which is expensive and includes travelling through the

rough sea. Also, it requires the family members to go along with the patients to look after them. In the case of mental illness, the process of taking the patient to the mainland is more difficult, and there is no service available in the island. All these reasons ultimately lead them to approach these magical healers for treatment.

Even though faith healing is still continuing in the island without any decline, in the contemporary period, people are not going only for faith healing. It often co-exists with other forms of healing practices. The people independently make judgments about the choice of therapy based on their practical consideration, such as cost-effectiveness and proximity and it has its roots in the historical lack of access to state provision of health services (Sharma 1993).

The changes in the society have their influence on these practices, but religious beliefs are working as a binding force for faith healing in the island. At the same time, the practice of magical healing is declining in the island.

A 68-year old man who went for Hajj explained about the importance of religion in the island,

> The island society has changed a lot in the last few decades. But the religious belief has not changed much. Here everyone wishes to go for Hajj in their lifetime. The influence of religion is what is leading our society in this peaceful way, I believe. So whatever technological changes happen, our faith in God will continue. This is the logic behind the faith healing. English medicine is also a kind of belief, so I think there is nothing wrong with faith healing. At the same time, the people are less interested in magical cure now.

### 4.2.3 The Delivery Practices in the Island

There is a belief in the island that the women in Kavaratti will not experience labour pain. The faith is associated with Saint Ubaidulla, who is supposed to have converted the islanders to Islam. On witnessing, a lady crying during delivery, he blessed the island women, that in future they would be free from labour pain. The magical plate of Saint Ubaidullah is kept in the Ujjra mosque in Kavaratti ( Gabriel 1996). This belief is strong among islanders and the ladies very rarely express pain

at the time of delivery. This is often pointed out as one of the major reasons for the large numbers of home deliveries that were happening in the island till a decade ago. This is narrated by a female health worker in the island :

> The women in Kavaratti do not experience labour pain. I have never seen any women expressing pain at the time of delivery. They started to come to the hospital for deliveries only in the recent period, even this hospital had the same facilities that time.

In the islands, deliveries mostly took place in the home till recent times. The health centres were not equipped to conduct deliveries. *Dais* were the persons who conducted deliveries, and were being assisted by the elder female members of the family and neighborhoods.

The deliveries were taking place in the *kayyala* ( a raised platform inside the room). A coir cot is tied above the *kayyala,* which helps the pregnant woman to get up from the bed. Sometimes, an *urukku* (talisman) is tied in the rope to save the woman from any evil spirit and thus alleviates the fear of the woman. When the labour pain starts, the pregnant women lie on the coir cot with their head resting on a pillow and facing the Mecca. The *Dai* applies gingely oil on the stomach of the women until childbirth. The women in the neighborhoods would sing *nerchappattu* (prayer songs) (Ellis 1924).

An elder woman explained about the delivery practices in the past:

> At that time, delivery was like a journey between life and death. There was threat to mother and child. The prayers, we believe, will save us. It helps to alleviate the fear of expectant mother that she never feels away from her near ones. Also, it gives relief from pain. The massage with oil make delivery more easier, again it's a support for the pregnant lady in such a condition.

Rest was instructed for the mother for at least forty days; many times it extends to three months. Breast milk is given to the child as immediately as possible to the child, and most time it extends to two years, or the next pregnancy.

Of late, that is in the earlier decades of independence, doctors from health centers used to visit the home in the case of complicated deliveries (Ramesh 2007). In the

last decade, there have been a change from home based deliveries to institutional deliveries.

**Table No. 4.1: RCH Data on type Deliveries**

| Institutional deliveries | | | Home deliveries |
|---|---|---|---|
| Institutional deliveries | Government sector | Private sector | |
| 79.9 | 73 | 6.9 | 19.8 |

Source: RCH district level survey 1998

According to an RCH District level Survey 1998, 97.1 percent of the deliveries are attended to either by the Doctor or Nurse or a Trained birth attendant. The doctors and nurses conduct 83.8 percent of the deliveries. So, based on this survey, it can be stated that roughly around 16 percent of the deliveries are conducted without doctors or nurses. This is the changing trend in the delivery practice that has occurred in the island. As mentioned earlier, the strong religious belief among people led to the co-existence of the *Dai* and modern delivery practices. In the contemporary period, a good number of deliveries are taking place in the hospital, but in the presence of the *Dai*. The expertise of the *Dai* and faith in the religion are the two factors that make the people and hospital authorities to seek the help of a *Dai* in conducting hospital deliveries. The details of *Dai* will be described later in the chapter.

## 4.3 Professional Sector

The prevalence of communicable diseases in the island:

Communicable diseases were prevalent in the island from ancient times. The collector of Canara district, W.Robinson reported that " many of them are effected with blindness, and worst description of leprosy and other gangrenous diseases prevalent throughout this group and to be attributed possibly to the limited scope for seeking change of blood in their marriages, as well as to the unwholesomeness of their provisions, principally salt fish"(Ellis 1924: 18).

In 1954-55, the Government of Madras deputed a team carry out a Filariasis survey. In 1958, another Filariasis survey was conducted by the Filariasis Research Center, Ernakulam, Kerala. In January 1959 and April 1960, surveys on the 'status of tuberculin allergy' were conducted. A General and Rapid Health Survey was conducted in Laccadive, Minicoy and Aminidivi islands in the year 1961, is the first general health survey in the islands.

In the 1961 survey, it was found that the average incidence per thousand of population is 24.41 for Leprosy in the islands. In the case of Filariasis, the endemic proportions were very high. Ameni, Kavaratti and Mincoy did not have any Filaria cases. The survey also demonstrated the incidence of Tuberculosis in the island which was mainly based on the physical examination of the persons. The common nutritional disorders as per the survey was Vitamin B and Vitamin C disorders and there was an absence of deficiency diseases due to Vitamin A or Vitamin D, and the reason pointed out is the adequate consumption of food items by the people. The investigators have pointed out that ' most dispensaries in the island is seen overstocked with shark liver oil and Adamin capsules, whereas Vitamins B and C are not in adequate quantity, and in fact the reverse should be done'. Around 8.21 percent of the population is has Anaemia, out of which 86.88 percent are women and children.

Leprosy was one of the commonest diseases in the Minicoy Island, and leper colonies were established in the island. The leper was brought to the *Khasi* of the island and in case of the contagious diseases, the patient was sent to the colony situated in Northern part of the island. There were separate huts for males and females and separate mosques. Also, they were separate boats for fishing. In 1912, the colony was taken over by the Government. There was no treatment given for the patients except very few food items and clothing supplied by the inspecting officer during his visits. 'Sheets, blankets, sweets and similar gifts were sometimes received from the Red Cross Society' (Mannadiar 1977). When the medical officer was appointed in the island in 1926, the colony was put under him. A German missionary who functioned in Calicut took care of the patients brought to the mainland.

Filariasis was another major communicable disease that was prevalent in the island. Filariasis in all forms was present, but no efforts were made to treat the patient. Smallpox came to the island through the islanders' trade with mainland, and it took a heavy toll of life every 2-3 years. Efforts were made in the late 18th century itself to vaccinate the people. But because of the impotency of the vaccine (as it took days to reach each island) and the fact that the vaccinator was attached to the inspection team, the efforts made had little effect. The most serious outbreak was in Androth in the year 1902 which reduced the population by 10 per cent, and in 1904 caused 331 deaths in Minicoy. The 1951, the outbreak at Kadamat island claimed lives of half the population.

The eye diseases, which made many persons to lose their sight, were also common in all islands. Apart from this Tuberculosis, Nutritional disorders, Malaria and other diseases were also prevalent.

### 4.3.1 Establishment of Western Medicine in the Island- The pre-Independence Period

After independence, a number of welfare programme were implemented in the islands thus causing a radical change in the life of the people. Before this, the islands were totally neglected in the service sector. Neither the King nor the British were very keen in providing facilities to the islanders. The British neglected this area because it was economically less profitable for them (Ramunni 1996).

Vaccination is through which Western medicine made entry to the island. . " The services that were evolved in the British India were primarily to look after the British army and civilian populations"(Qadir 1985). In the case of the island, the vaccinator attached to the inspecting officer used to give medicines like quinine and chlorodyne and eye wash to the islanders. 'The islanders tried to avoid vaccinations' (Ittaman 1976). The first allopathic hospital was established in the year 1874 under the charge of a hospital assistant, and in 1875, a midwife was attached to the hospital. The hospital assistant used to visit the Aminidivi group of islands occasionally and at the outbreak of any epidemics.

In the Laccadive group of islands, a hospital assistant used to visit the island along with the inspecting officer for the purpose of vaccination. The first dispensary in Laccadive group was started in the year 1936 in Minicoy under the charge of hospital Assistant. But because of the objection from the islanders, it was then transferred to Androth Island in 1900. The dispensary again was not a success and closed down in the year 1905. Then onwards, the efforts to popularize Western medicine came to a standstill and it was decided to leave essential medicines to the *Amin* of the island at the cost of the island's funds, for sale to the islanders at low prices. But this too was a failure, as only in Androth island, there was anything sold. The drugs were therefore taken back and small quantities of four common medicines were given to the *Amins*. (Santoin, Castor oil, Sulphur ointment and idoform). Meanwhile, the hospital assistant accompanied by the Inspecting officer continued vaccination in the island in each year and in those years where there is no inspection he was deputed for that purpose. Slowly people accepted vaccination, as the death due to epidemic came down after vaccination (Mannadiar 1977).

From 1905 to 1925, there was little effort to popularize Western medicine in the island except vaccination. The British were keen on popularizing Western medicine in the island, however at the same time they were a little reluctant to spent government funds for that as the islanders rejected it more than once. In 1920, the inspecting officer R.H Ellis reported, " the old antipathies have greatly broken down, and that proper medical aid would be welcomed on the island" (Ellis 1924). He recommended that Agatti Island should be placed under the Sub-Assistant Surgeon at Amini and a separate Sub-Assistant Surgeon would be required at Kavaratti, Androth and Kalpeni with headquarters at Androth and Kalpeni and another at Minicoy.

A sub-assistant Surgeon was appointed in Androth in the year 1925 and in Minicoy in 1926. The sub-assistant surgeon in Androth had his jurisdiction over Kalpeni and Kavaratti islands and later Agatti was also included in it. But the touring doctor had his limitation in travelling. He had to stay in each island for at least 10 days in a year. In 1936, a dispensary was opened in Kavaratti with a resident medical officer and a compounder. The doctor used to stay for four months in the year at Agatti. By

the time of independence, the British had established five dispensaries in the islands- one each in Kavaratti, Androth, Kalpeni, Minicoy and Amini.

The British effort to popularize Western medicine in the island achieved success through the vaccination programmes. In British India "cantonment areas and hill stations were maintained to keep up a level of sanitary living for British while minimal activities were provided for the general population as far as public health concerned." ( Ramasubann c.f Quadir 1985). In the island during the British period, nothing was done by the rulers to change the social structure and remove the inequalities. Meanwhile, immediate steps were taken to establish health centres in the islands.

### 4.3.2 Development of Health Services- Post independence period

In 1956, after the formation of Union Territory, medical organization has came under the control of the Administrator of the islands, Before that this was controlled by the medical officers of South Canara and Malabar. In 1962, a fulltime senior medical officer was sanctioned in the island. Before this a senior medical officer of Calicut was in charge. He was given an Honorarium of Rs.50 for this and he used to visit the island once in a year. The fulltime medical officer post sanctioned in the year 1962 remained unfilled and in 1972, a post of director of medical and health services was sanctioned and filled. The Director is the head of the medical and health services in the island( Mannadiar 1977).

The Health centers were established in the islands in the 1960s. The Government dispensary Kavaratti established in the year 1936 was converted to a hospital in the year 1964. Today this is a 50 bedded hospital and is the only tertiary care hospital in the islands. The hospital in Kavaratti is the referral centre for the island health centres, but the inter-island distance makes the other islanders travel to the mainland instead of Kavaratti. There is lack of specialist care in the Kavaratti hospital. In 1964, the dispensary at Minicoy was converted to a 20-bedded hospital. In the year 1961,the dispensary at Androth and Amini were converted to primary health centers with 10 beds. The seasonal dispensary of Kalpeni Island was converted to a permanent one in 1949 and became a primary health centre in the year 1963.

Similarly Primary Health centers were established in Agatti in the year 1963, Kadamat in 1962, Kiltan in 1964 and Chetlat in 1962. So before the mid1960s almost all the inhabited islands had primary health centers and two hospitals in Minicoy and Kavaratti. Bitra, the smallest island among the Lakshadweep group of islands, has a first aid centre since the year 1973 ( Repotrs of Medical and Health Department)

The Administrator of the Lakshdweep Island is the ultimate authority in taking decision in all matters related to the Island administration. All the hospitals, Community health centres and Primary Health Centres are under the direct control of the Director of health services. He is supposed to report to the Administrator through the Secretary of Health.

The diagrammatic representation of the Organisational hierarchy of the Medical and Health services of the Lakshadweep Islands is as follow:

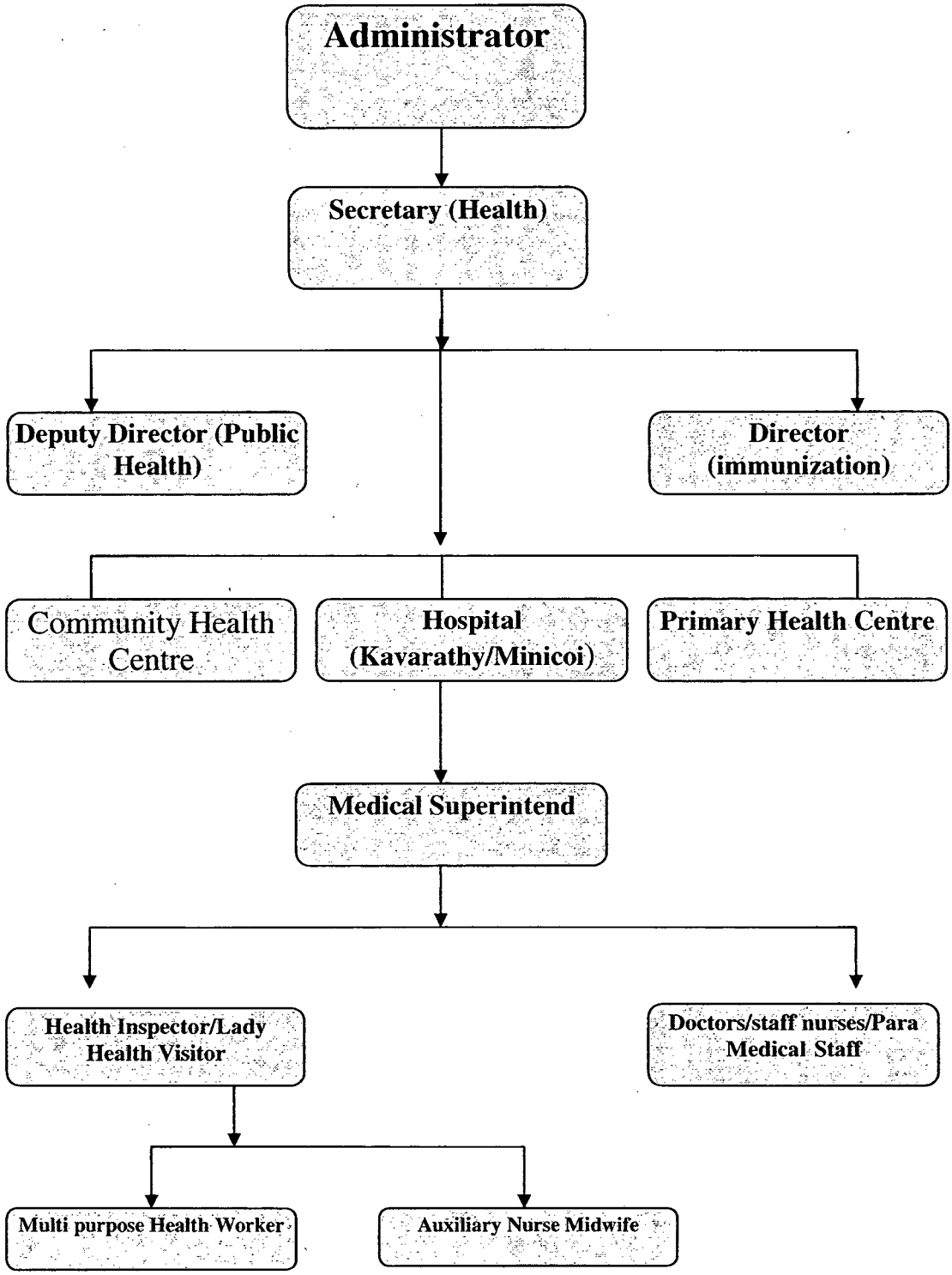
Administrator
Secretary (Health)
Deputy Director (Public Health)
Director (immunization)
Community Health Centre
Hospital (Kavarathy/Minicoi)
Primary Health Centre
Medical Superintend
Health Inspector/Lady Health Visitor
Doctors/staff nurses/Para Medical Staff
Multi purpose Health Worker
Auxiliary Nurse Midwife

**Table No. 4.2: Hospitals, Community Health Centres and Primary Health Centres in the island**

| Hospitals | Communityhealth center | Primary health centre |
|---|---|---|
| Kavaratti | Androtт | Kiltan |
| Minicoy | Amini | Agatti |
| | Kalpeni | Kadamat |
| | | Chetlaat |

Source: Department of Statistics and Planning Lakshadweep.

Apart from this, one first aid centre is functioning in Bitra. There are altogether 14 sub centres functioning in the islands. One Homeo and two Ayurvedic dispensaries are also functioning in the islands.

The provision of service in the island is absolutely free of cost. These institutions have altogether 200 in-patient beds. There are 12 sanctioned posts of specialists in the Department, and all of them are vacant. Recently, specialists from the mainland were arranged on a three-month contract basis. There is a helicopter ambulance service for evacuating patients in critical condition to the mainland, but it is not enough to meet the needs of the people. The Indira Gandhi hospital, Kavaratti is the most-equipped hospital in these islands. Tele-medicine facility has started recently in the Kavaratti hospital.

The Indira Gandhi hospital at Kavaratti, compared to its counterparts in the country is well equipped with instruments and medicines. It is situated in the mid-part of the island and being a very small place, the accessibility and availability of services is not a serious problem for the islanders. Four medical doctors are working in the hospital out of which the senior one is assigned the duty of Medical superintendent. Three specialists on contract basis for 3 months are also working there. Staff nurses, X-ray technicians, lab technicians and other paramedical staff have also been posted in the hospital. As per official records, there is no post lying vacant in the hospital in the case of paramedical staff, currently. Quadir (1985) pointed out on the in appropriate technological growth in the Indian health services to keep it in par with the international standards in curative health care. Also the well-equipped hospitals

are mostly based in urban areas. The same aspects is working in the establishment of Indira Gandhi Hospital Kavaratti also

### 4.3.3 Provision of Health Services

There are 5 ANMs and 2 MPHWs in the island. The Health Inspector and Lady Health Supervisor are attached to the Directorate of Medical and Health Service, which are situated near to the hospital building. The HI and LHV along with supervising the field staff also have to prepare the consolidated report of all the other CHCs and PHCs in terms of field data. One health inspector and an ANM are deputed to the *dweep panchayat* they are responsible for doing birth and death registration and sanitary measures. There are 2 sub centres in the island, but both of them are not functional. Since the Hospital is accessible to all people, the ANMs sit in the hospital itself.

The timing of the hospital is from 9 a.m to 1 p.m and from 3.30pm to 5.00pm. The hospital is functioning well and the staff are present at the work time. The hospital has almost all the essential medicines in the store. An office of Medical and Health Department functions in Kochi from where the medicine purchased from the mainland is stored and transported to the island.

In case of an outbreak of any communicable disease (diseases which are not common), the medicine has to be brought from the mainland, and this takes time. The doctor of the hospital clarified the complexity thus:

> There was an outbreak of fever similar to Chikunguniya in Kalpeni and Androth island during November 2006, and we had to purchase medicine from mainland. In fact the medicine was not available in Kerala also. So it took lot of time to bring medicine to the island, by the time the disease has spread to the entire population of the island. Unlike mainland, people cannot leave the place as the geography of the islands doesn't permit them to do so. So the communicable disease if not prevented early, will spread to the entire community.

The provision of primary health care in the island in terms of accessibility and availability are of good quality. The small geography of the island, the culture of

island society, and the attitude of the health practioners, which build upon, the island society's unique culture contributes to it. The provision of service is rated by the people in terms of medicine and not in terms of the relationship with the health staff.

As far as the coverage of national health programmes is concerned, it is total in the islands. This achievement is more due to the smallness of the island, than to the service of the health workers. According to the RCH District level Survey 1998 1998, the percentage of households visited by the ANM in Lakshadweep is a mere 42.1 percent and it denotes the less work done by the field staff in the island where the total area and population to be covered is very less (there are 5 staff for 10000 population, so each of them have to cover a population of 2000 only in a very small area ). But the coverage of immunization and other vaccination are very high in the island and over 98 percent of the household she visited were satisfied by her visit. Similar results have been identified in this research also. The unique nature of the place and its culture may be the contributing factors for it. The field staff of the health department is mostly from the island itself and therefore they are aware of the field situations. The people in general, consider them as Islanders than Government servants, and it makes the difference in approaching them for service. The staff is more concerned about the promotion in jobs as the major problem they have in the profession and none of them expressed any difficulties associated with the fieldwork.

The service provision of Lakshadweep Island in terms of staff is comparatively better to other parts of the country. The doctor – patient ratio, the number of ANMs and MPHWs and the provision of service through PHC is relatively better in the island.

The doctor-population ratio in the island is 1:1894 and the bed population ratio is 1:303 which is better when compared even to states like Kerala (census 2001). On the other hand, the ratio of specialist to the population is very high, in fact there is only one dental surgeon for the entire island population and no other specialists are available. Sri Lanka which has a better health status, does not have a single magnetic resonance scanner in the public sector, epitomizing a deliberate focus on primary and secondary care, on the other hand many other south Asian countries that have a

low health status have sophisticated tertiary health care. In the case of Lakshadweep group of islands, except Kavaratti, all the other islands, the emphasis is given to primary and secondary health care only.

### 4.3.4 The Ayurvedic dispensary

There are two Ayurvedic dispensaries functioning in the Islands, one each in Kavaratti and Anthroth. The Ayurvedic dispensary started functioning in the island, in 1976, is attached to the directorate of health services. The lone doctor in the clinic is from the state of Uttar Pradesh. The patients coming to the dispensary belong to higher age groups. The treatment facility in the island dispensary is limited to administering medicines brought from the mainland. There are not many staffs to support the doctor and no facilities for inpatient care. A pharmacist, and an attendant are also working in the dispensary. The doctor reports directly to the Director of Medical and Health services.

### 4.3.5 Homeopathy

In the Kavaratti island, one private Homeo clinic is functioning. The absence of any homeo dispensary in the government sector may be the reason for the private clinic. The people approach the Homeo medicine particularly in the case of illness to children. Homeo medicine is considered effective for children and the choice of the kind of treatment is made by the people. The plurality of medical choice exhibited by the islanders as seen in other parts of the world.

## 4.4 The Private Sector in Medical Care in the Island

In Lakshadweep group of islands, no private medical service exists in the context of Western medicine. The provision of health service is free in the islands and because of the smallness of the place, there is no problem of physical accessibility. The reason for the lack of private health care may be due to the accessibility and availability of health services in the islands and the lack of market for the medicines, because of the small population scattered in these ten inhabited islands.

Another key factor that contributes to the lack of private medical care in the island is the private practice of the government doctors who practice without taking fees. The patients who visit the doctor at his home need not pay fees there and will get medicine free of cost from the hospital. The doctor in the island health service clarified the free practice and its relationship with overall culture of the society:

> The island society is different from the mainland. Here, the life is more community-oriented. We are living together in a very small place and the interdependence was very high in the past, even though it is decreasing now, still it exits. We cannot accept fees for private consultation even if we desire so, because of our special kind of life in this society. But within few years, I think this island will be like the mainland. The consumerism is growing up here. Right now, the private practice in the island is absolutely a service and in the island, nobody will accept money for serving another.

The factors pointed out by the Zurbeigg (1984) like the accessibility of the health services, the timing of its functioning are not very relevant in the island society's context. Accessibility is easy in the island and those who cannot avail it in the day time have the option of consulting doctor at his residence.

The islanders, when they go to the mainland for treatment, rarely visit the Government hospitals; rather they prefer private clinics where the islanders have been consulting for decades. The difference in the choice may be due to the different atmosphere in the mainland Government hospitals and the lack of availability of service there. The rules and regulations in the hospitals and the inaccessibility to doctors and hospitals staff are also alien to the islanders. The socio- economic factor is also important as only the well-off in the island goes to the mainland for treatment. Sami Ahmed(1972) like the behaviour of the staff, and cleanliness of the hospital premises are the factors which makes the islanders less inclined to the mainland Government hospitals,

In the mainland, especially in Calicut and Kochi of Kerala state, there are some private hospitals, which are almost exclusively for the Lakshadweep islanders. The NSSO 52ND ROUND data shows that even the number of pregnant ladies having

antenatal checkup in private hospital is nil, the delivery and post natal care are take place in private hospitals, obviously in mainland.[10]

Even though there is no vicious presence of private medical care in the island, the private sector hospitals in Kerala are building up its base in the island through different methods. The islanders are moving out of traditional ' traditional islander's hospitals' to more speciality hospitals in Kerala. The islander's integration with the mainland people is the most fitting reason for the change. The administration of the islands, too, is contributing to this scenario by making partnerships with the super speciality hospitals in Kerala. The tele-medicine service of the Kavaratti hospital is supported by the Amrita institute of Medical Sciences, a super speciality hospital in Kochi and recently the Administration has invited proposals from private hospitals for the provision of specialist doctors on contract basis[11]. This approach may reach success in providing specialist services to the island as the private institutions would be looking increasingly at medical facilities in the island society as they are potential consumers, even though providing specialists service in the island will not be an immediately profitable business. The island health service is on the verge of outsourcing the health services to private speciality hospitals.

## 4.5 The Decline of Traditional Medical Practice in the Island

Klienman (1978) points out that in folk sector, the health practices survive because of its popular appeal, even though it doesn't have an institutional set up.

The traditional medical practice in the island is declining. There are many reason for the decline of the traditional medical practice, of which the changes in the society is one of the major reasons.

The traditional medicine practising family summarizes the reason for the decline:

> Earlier we used to cultivate medicinal plants in the island but with the increase in population there is hardly any space available in the island. Government now occupies the southern areas that were abundance of plants in the early days. Also there was a time when the animal husbandry department started giving

[10] NSSO 52nd round MCH
[11] Advertisment on the official web site of Lakshadweep administration

goats to the islanders in subsidized rates. The islanders had no habit of tying the goats. Ultimately it had eaten up all the medicinal plants in the island. So if we need to practice it we have to plant it in our homes or bring it from mainland. It is a costly affair. We never demand money from patients, that's not a part of our medical practice. All these things made practicing it, a very difficult thing. The changes in the life styles of people are another important factor. Now every one goes for immediate relief, and allopathic medicine, they believe it can cure illness faster.

### 4.5.1 The Vanishing Plants in the Island

The availability of medicinal plants also becomes difficult in the modern days. The land area of the island is very small and the government occupy almost one third of the total land space available in the island. As mentioned earlier, it was community living in the island. Even the domestic animals (only goats are the common one) belonged to everyone. Every person had the right to milk them even though someone owns it. People neither used to tie it in their households nor had the habit of feeding them. It would move around the island. So ultimately, it has eaten up almost all the plants available in the island. Also there were treatments with plants from lagoons and corals. These are on the verge of damage now and the corals are protected species. So both these treatments came to a standstill. So ultimately all these led to the burden of practicing these medicines.

### 4.5.2 The Increasing Costs and Changing Traditions

The cost of treatment turns out to be high. The medicinal plants have to be brought from mainland and even in the mainland it is not available easily. The practise of medicine is shifted to more market oriented in the mainland. In the modern days, most of the medicines are available in packed forms. In the island, traditional medical practise is still not market oriented, rather based on old methods.

There was treatment mixing gold particles in breast milk in the earlier time, which was mainly administered to pregnant women and children. But the availability of breast milk is difficult now and the gold is becoming very costly. The islanders had a concept of *phalkudi bandham* in which the other island women who have breast

milk, feed the baby when the mother fell ill and thus a relationship is built between the two babies which was regarded same as that of blood relationship. But in modern days, the island women are less interested to give breast milk to other children. The *phadhyam* (the dietary habits) is a part of the traditional medicine, which many of the new generation finds difficult to adhere.

The traditional medical practioners were never been known to get economic benefits in service. Even the earlier anthropologists like Marriot (1954) and Castairs (1957) who were sceptical about the Indian village culture opined the same. The commoditization of medicine was never been a part of the traditional medicine.

### 4.5.3 The Importance Given to the Allopathic Medicine by the Rulers

The establishment and development of Allopathic medicine, which in the case of island is free of cost, ultimately led to the decline of the traditional medical practices. The traditional medicines in the island have never been recognized by the state. Even the Indian system of medicine came to the island - an *Ayurveda* dispensary- only during the late 1970s. The Ayurvedic dispensary in the current context of the practice in the island is more similar to the western medicine in its approach of treatment and authority, than to the traditional medicine. Unlike the healer who belongs to the community and knows the culture of the people, the modern *Ayurveda* dispensary has the authority of a graduate doctor from main land (North India), and packed medicine prepared from the mainland.

## 4.6 A Case Study of *Dai*- Integration of Traditional and Modern Medicines

The *Dai* is an integral part of the third world health system. The services of the *Dai* have been viewed in different perspectives by different researchers. Rogers and. Solomon in their work, portraY the *Dai* as illiterate and incapable to conduct deliveries, and emphasised on the need to use the *Dai* as a promoter of family planning ( Everett M. Rogersa and Douglas S. Solomon)

In Lakshadweep islands, during the British period itself, efforts were made to integrate the *Dai* as part of Western medical care. Ellis (1924) has described:

> Although there has been a mid wife attached to dispensary (at Amini island) since 1875, with short breaks, the people remain very ignorant and prejudiced, and avail themselves of her services but seldom. The methods of their own mid wives are crude and beyond belief and infantile mortality is in consequence very high.

In the Lakshadweep group of islands, the tertiary health care system is not available in almost all the islands. Kavaratti is the only island where the tertiary care is provided but the lack of specialists was a problem till recent period. The deliveries were conducted by the *Dais*. With the expansion of health services too, the practice of home delivery continued in the island, but with the overall change in the island society, there are changes happening in delivery practices also.

**Kunjithatha- the *Dai* of the Island**

Kunjithatha (she has been called by the islanders, and is now not familiar with her original name, Amina) is around 80 years old and belongs to an upper caste *Koya* family. Her own house seems to be not at all well constructed, and her service as *Dai* made her earn very little money. She is accepted across social groups. Kunjithatha is available at any time in the day in any weather, without vehicle. She started doing the service at the age of twenty, first by helping the women at home and then going along with the *Dais* of that time. She believes that this profession is a gift by God. She has neither been trained by anyone, nor has she ever visited the mainland. She acquired the expertise through her experience in the island.

The islanders have faith on *Dai*. In recent times, with more and more people going to hospitals for deliveries, they invite *Dai* to the hospital. Even the hospital authorities request the *Dai* to come to the hospital in the case of complications.

The female nurse of the hospital expressed her view:

> She is very experienced in taking deliveries. We hardly got any experience. We have finished our studies long before and they is very little in-service programmes available in the island. Most of these training programmes are conducted in the mainland and are less useful. Also there is no specialist available in the island till five months back. Now the specialists are from mainland, and they are unaware of the island culture, which is rooted in the

religious beliefs. *Dai* is the most trusted person in the island. So we used to ask her to come for conducting delivery, if we feel there is complication.

The belief among people regarding Saint Ubaidullah is discussed earlier. The people believe in *Dai*'s ability to conduct safe deliveries. It is also important that the people are not denying the expertise of Doctors and are not reluctant to seek the help of specialists.

Kunjithatha explained about her job,

> I started doing this during my 20s as I used to help elders who were taking delivery at that period. Later I accepted it as a job and there were other *Dais* around that time, now I am the senior in the island. This profession is a gift by god. God decides birth and death. We can do very little things to prevent it. Faith is important than anything in the world. The food habits during pregnancy are to be followed by people who are having good faith in God. I never demand money from anyone because I regard this as my duty in the world decided by the God. It is more than a job for me. I regard it as service. Many people come to me for asking magical things especially when the pregnant women or baby is sick. Diseases like *kalapp and karanam koodal* (a kind of skin disease) are the commonly occurring diseases in them. That can be cured by our own medicine. But I am incapable of giving it and never do it. I often give them *urukk and nool* (small piece of metal tied in cord and after *mantras*) which is harmless and found effective for reducing the fear of baby and mother. It's all the experience and God's blessing that makes me to do this profession successfully. Offerings called *thandm kettal* are given to mosque during pregnancy according to the social and economic status of the family. This offering is believed to be protect the woman during delivery.

The *Dai* acquired her reputation in the island because of her expertise than anything else. The confidence *Dai* built up in the past through provision of safe care is the major reason. *Dai* visualize her job as a service. The relationship with *Dai* is continuing after delivery and she provides postnatal care also. The religious belief also play a key role in pregnancy and delivery practices of the island.

### 4.6.1 The *Dai* and Modern Health Service- the Authority and Illiterate

Home deliveries were common in the island till recent times. With the changes in the approach of Government and with the introduction of RCH programme, steps were taken to promote the hospital based deliveries and training programmes to *Dais* of the villages. The same initiatives were introduced in the island also. With the introduction of the RCH programme, the *Dai* has been given training in conducting deliveries and supplied with equipments. Since the islanders still stick with home deliveries, the authorities directed the *Dai* to report the birth to the Health inspector of the Medical and Health Directorate. The *Dai* talked about the difficulties in associating with health department:

> Now I am being directed and working under the health department. They are giving me very small amount of Rs.400. I was invited by the hospital authorities in the case of complication even if the people not invite me. In that case its free service.. The difficult thing being a part of the health services is the birth registration. Nowadays its my duty to report birth to the health inspector. I don't know to read and write. So I usually seek the help of some young children to fill up the form. There were certain incidence in which some person came to the health inspector seeking birth certificate claiming that birth happened in the island and I took the delivery, in fact it was wrong. The birth happened in the mainland and they forgot to get certificate and therefore came for fake certificate. After that my clarification became a necessity for issuing birth certificate. But writing the form and going to hospital only for that is becoming a problem for me. At least they could have filled the form themselves after my information.

The relationship between the *Dai* and the health service authorities are of unequal power relations. The male health workers, and ANMs are the responsible persons for collecting data regarding birth from the field. In island, the birth and death registration authority is the *Dweep panchayat*- the village panchayat. One health inspector is redeployed from the Medical and health service department for the same and he is the issuing authority of certificate. The birth that took place in the hospital is directly reported to him by the health staff and the home deliveries are reported by the *Dai*. In fact, neither the islanders nor the *Dai* is aware of the responsibilities of

the health staff. Since a good number of the deliveries in the Kavaratti hospital belong to neighbouring islands, the issue of certificate is also completed in the immediate days. As far as the birth registration is concerned, the *Dai* and not the staff who are assigned for that do the hardest job.

Geer (1984) has pointed out that the most important reason for the reluctance of women in accepting hospital for delivery is fear. The limited exposures to the outside environment make them afraid of the hospital based delivery. According to him, Instead of being aided by familiar figures whom she trusts, who have nothing else to do for the time being but assist her, she is competing for the attention of professionals, who will not give her their undivided attention unless she earns it by turning into a medical emergency.

In the case of Kavaratti island, the hospital based delivery is less fearful in nature, since the hospital is not an alienated place for the people.The *Dai*'s presence in the hospital is in fact makes the hospital based delivery an extension to the home deliveries practised there. An island society which was totally consisting of home deliveries in the past, is changing into hospital deliveries without much hesitance. Within that changes, the practice of inviting *Dai* is continuing.

# Chapter V

# Health Seeking Behaviour of the people

The preceding chapter dealt with the healing practices in the changing socio-political scenario of the island. This chapter seeks to describes the health seeking behaviour of people. The focus of the chapter is on the changes that happened in the health seeking behaviour of people in the island. The conception of Health seeking behaviour of the people is influenced by various socio-economic factors like income, age, gender etc. This chapter is based on the field study conducted in the Kavaratti Island based on the survey on 60 households and therefore the finding of the chapter may not be applicable to the entire island.

In the first section of this chapter the socio- economic factors- the income, age and sex wise data- of the study population is examined. The next section deals with people's perception on health, disease and illness. The third section deals with the preventive health practices followed by treatment seeking behaviour of the people. The preventive health practices in the chapter is limited to hygiene behaviour, food habits and practices during pregnancy. These are included in the preventive health behaviour as the notions of the islanders are preventive regarding the above practices. The various factors that influence the treatment seeking behaviour of the people are analysed in the last section of the chapter.

The islanders were not willing to reveal their caste identity to the researcher during field survey, rather they identifies themselves with religion. The knowledge about caste dynamics of the society came through in depth interview. So the quantitative data on caste is not provided in the chapter.

## 5.1 Socio- Economic Profile of the People

### 5.1.1 The class wise data of the study population

The following section deals with the class structure of the society. The study population is divided into three based on the monthly income. Attempts have been

made to cross check the income by the researcher, but due to the irregular jobs of the islanders like fishing, the *Dai*ly does not follow a regular trend, therefore the amount given by the respondents in the household is taken in general. The categories of income is also decided based on respondents answer.

As mentioned in the chapter 3, the occupational pattern of the people have changed in the recent time, with more people getting employed in the Government sector. The distribution of people based on monthly house hold income reasserts the change in the occupation.

**Table No. 5.1: Monthly income and expenditure**

| House Hold Income (per month) | Income From regular Sources | Income From Irregular Sources | Both | Total |
|---|---|---|---|---|
| Low income (<2000) | 1 (6.67) | 14 (93.33) | 0 | 15 (100) |
| Middle income (2000-4000) | 5 (26.32) | 14 (73.62) | 0 | 19 (100) |
| Higher income (4000 above) | 11 (42.31) | 10 (38.46) | 5 (19.23) | 26 (100) |
| **Total** | 17 (28.33) | 38 (63.33) | 5 (8.33) | 60 (100) |

Source: Field survey conducted in November/December 2006

The regular income source in the island is mainly the Government jobs (22 households). The irregular income sources are fishing (27 households), provisional stores (2 house holds) and the casual labours in construction works (7 households) and temporary jobs in port offices like unloading etc. The people who own fishing boats also consider themselves in the irregular category. The detailed data on source of income is given in the table 5.2.

From the table it can be seen that in the low income category 93.33 percent belongs to the irregular income group, while in the case of middle-income group and high-income group it is 73.62 percent and 38.42 percent respectively. On the other hand,

only 6.67 percent of the low-income group are from regular income group. In the middle and high-income category, it is 26.32 percent and 42.31 percent respectively. (42.31 percent of the higher income category is from regular income sources and another 19.23 percent who have both regular and irregular income make the total in this group to 61.54 percent, which explains the earning from Government jobs in the island in comparison with other occupations).

In total, it can be seen that out of total 60 households, 22 have regular monthly income i.e. **36.66 percent** (17 households with regular income only, while 5 having both regular and irregular income). Out of this 22 households, 16 households fall in the high-income group (11 households in the regular income category and all the 5 households who have both regular and irregular income falls in the higher income group), amounting to a total of 72.72 percent, which is very high.

Out of the total households **63.33 percent** (38 out of 60) have income from only irregular sources. In the irregular income category only 26 percent (10 out of 38) fall into the high-income group. These are the persons who own fishing boats. In the irregular income category, out of the 38 households 27 are having income from fishing (71 percent). So fishing is the source of livelihood for 45 percent of total households (27 out of 60,excluding the 2 households which have both Government job and fishing boats), which include the owners of fishing boats.

On further analysis, it substantiates the declining female economic independency in the island during the contemporary period. Government jobs and fishing together constitutes the major economic earning of the households in general. The representation of women in fishing is almost nil in the island (where women are involved only in dried tuna preparation which is very less and carried out as a household activity) while the Government jobs too are male dominated.

From the analysis of the above high income group, it can be seen that majority of the people who have Government jobs belongs to the upper class and the owners of boats too fall into the same category. On the other hand, the irregular income earners mostly comprise of the casual workers/ labourers and fisherman belong to the lower class. The survey was conducted during the month of November/ December, which

are considered to be comparatively good earning period for fisherman. The income would be less during monsoon period. The table also shows the relationship between ownership of boats and high income and provides explanation of the increasing interest among upper caste to own fishing boats, which was described in chapter 3, and the discontent by the lower caste people about it. The dynamics of ownership of boats and the contract of giving half the earning to the owner of the boat has been mentioned in the previous chapter, which may be the factor for the lesser earning to the worker and high income for the boat owner.

The income data of the island supports the analysis of the dynamics of the island society, described in the chapter 3. The new conflicts among people are mostly based on Government jobs and the income data supports the high earning from it compared to other jobs in the island. As explained earlier, the majority of the Government jobs are occupied by the upper caste in the society and therefore they occupy the upper class position in society also. So the island society provides another example of the Indian society where class and caste goes hand in hand.

## 5.2 The Source of Income and Expenditure

The income and expenditure are calculated on monthly basis. The income and expenditure of 60 households are given in the table below. The purpose is to analyse the major source of income and expenditure. The details given by people are taken for the study. The annual expenditure on health and education is taken together and then converted to monthly basis, as the monthly expenditure on health and education is not significant in the island context since many of the islanders spend money on health when they go to mainland, which happens once or twice in a month. The income and expenditure of the people are mentioned in the table below.

**Table No. 5.2: The major source of income and expenditure of the households**

| **Monthly income from different sources** | | **Monthly Expenditure** | |
|---|---|---|---|
| Source of income | Amount (Rs.) (Percent) | Items | Amount (Rs.) (Percent) |
| Government jobs | 228000 (60) | Food | 164769(55) |
| Fishing | 76000 (15) | Traveling | 34821 (12) |
| Dried tuna sale | 9000 (2) | Clothes | 16420 (5) |
| Provisional store | 16500 (4) | Consumer | 20510 (7) |
| Sale of coir | 1850 (0) | Entertainment | 5620 (2) |
| Sale of Copra/coconut | 2200 (1) | Tobacco | 14800 (5) |
| Construction work | 38000 (10) | Education | 10400 (3) |
| Animal husbandry | 2100 (1) | Health | 8600 (3) |
| Others | 29000 (8) | Others | 24620 (8) |
| Total | 382650 (100) | Total | 300560 (100) |

Source: field survey conducted in November/ December 2006

From the above table, it can be concluded that the major income of the islanders are from Government related jobs, which substantiates the table No.5.1 (the high income group and regular income category). While the coconut, coir, and cowrie, which were the islanders' major source of income in the past has very negligible contribution to the island economy. This reasserts the fact that economic independence of women is decreasing which has been pointed out as one of the reason for the declining female autonomy in the island.

In the previous section, fishing has been found as the source of income for 45 percent of households. But on analyzing with this table, it has been found that

income through fishing is merely 25.09 percent of the total income. In that income, 10 persons own fishing boats, so the income for a fisherman (who is not the owner of boat) is very less. The reason of less earning from fishing may be that in island there are no freezing facilities or export based industries exits. Only very less amount of dried tuna is exported. Unlike the mainland, there is no other market existing in the island where the fish can be sold if there is plenty of catch on a single day. The only place where the fish can be sold is the island . The seasonal nature of fishing and non-surety of catching could also be the reason for this low income from fishing.

The findings of a study by Abraham (1987) also reveal similar results. In his study, it is found that the earning from fishing is just 7.3 percent of the total income. It is also explained that majority of the households in Kavaratti has at least one person in the Government Departments. The above study can also be viewed in the context of existing conflicts between youths in the Kavaratti and other islands in terms of the latters employment in Government sector. The former generation in Kavaratti might have had more employment in Kavaratti compared to the present one, and this to a certain extend developed a discontent among youth.

**Expenditure**

The major expenditure of the islanders is for food items. Since almost all the essential food items are brought from mainland Kerala (which itself is importing and state in terms of most food items), the cost is very high in the island. It is observed that almost all the items costs minimum 20 percent more than mainland Kerala, where in the case of fruits and vegetables, its sometimes costs double the amount because of the added value for damage and wastage during the transportation. The Human Development Report of Planning Commission (2001) shows that the per capita consumption expenditure of Lakshadweep island is Rs.967 compared to the all India per capita consumption expenditure of Rs.591. The increasing consumerism may also a factor in the high rate in the consumption of the islanders, especially the changing food habits that will be discussed later in the chapter.

It is important to note that the expenditure on health and education are very less in the island and most of these expenditures are not direct expenditure on them, but being reported by the respondents as traveling and staying expenses in mainland. In the case of lower class people, the expenditure on health and education is very minimal, the reason could be that they are not going to mainland for education and healthcare (unless in serious cases, and this will be discussed in the coming sections). The expenditure on the health in the island is significant in the contemporary context of the country, where 'out of pocket expenditures' are very high.

The study by Gupata and Purinimata ( 2001) on the health seeking behaviour in urban Delhi too reveals the indirect expenses on Government hospital. But this is not similar in the case of islanders going to the hospital within the island, while it comes true during the visit to mainland hospitals by the islanders.

Gumber and Berman (1995) from the analysis of NSSO 52nd round survey, explained the reason for less expenditure on health. It explains that the average cost of treatment in private hospital including hospitalization is 350 per cent higher than the public sector in urban areas and 150 per cent higher in rural areas of India. The absence of private health care in the island may be one of the main reasons for the less expenditure

### 1.3 The Age-wise Distribution of the Households

The following section deals with age and sex wise analysis of the study population. The study population is divided into different age groups.

**Table No. 5.3**

**The Age-wise distribution of the households**

| Age Group | Male | Female | Total |
|---|---|---|---|
| Below 5 | 16 | 13 | 29 (9.8) |
| 5-15 | 21 | 24 | 45 (15.20) |
| 15-25 | 35 | 32 | 67 (22.64) |
| 25-35 | 29 | 30 | 59 (19.93) |
| 35-45 | 25 | 19 | 44 (14.86) |
| 45-55 | 13 | 16 | 29 (9.80) |
| 55-65 | 9 | 10 | 19 (6.42) |
| 65+ | 1 | 3 | 4 (1.35) |
| **TOTAL** | 149 | 147 | 296 (100) |

Source: survey conducted in November/December2006

The data shows that the percentage of males (50.34 percent) is slightly higher than that of females in the island (49.64 percent). A large group of population is below the age of 30 years, and only very less people above the age of 60 are in the survey group. The life expectancy of the island is 65 and it may be the reason for less number of people in the upper age group in the island.

There is a very little difference in sex ratio among the people. Since this data is collected from islanders only, the migrated single persons are not included. The influence of migration in overall sex ratio has been discussed in the preceding chapter.

## 5.4 Perception of health

The islander's perception of health was related to the ability to do work in the earlier times. Almost all the islanders were working during those period. Women were involved in the household activities like making of coir products while men were engaged fishing and other jobs. The absolute poverty in the island forced people to

engage in work even during leisure times (Logan 1884). An elder lady in the island explained about the nature of work and the notion of illness of those times:

> The islanders were working all the time. They were involving in hard works, and even the children were involving in fishing. Unlike now, there were no mechanized boats, so the fishing was a very hard job. When we were not able to work, we feel we were ill.

With the overall changes in society, there were changes in the perception of health of the people. The changes in the perception of health is obvious from the words of Abdullha Koya an engineer in Public Work Department,

> Since I am sitting in the office during daytime, the doctor said, there is chance for the accumulation of fats in the body that may cause heart diseases. It is also seen in the T.V shows. So as a precaution every evening I used to walk for an hour at least.

In the island society during the contemporary period, the upper class people mostly define health as the absence of illness, more than their ability to do work. People are doing exercises to keep themselves healthy. The upper class people are mostly engaged in Government jobs, so the nature of job involves less hard work. The higher educated younger generation also considered health as the absence of illness. But for the lower class in the society, especially for those who are involved in hard work, health is the ability to do work. It is seen that the nature of work has its relationship with the concept of health in the island, and the nature of work is highly related to the class structure of the society.

The increasing awareness about diseases largely through the Allopathic medicine could be one of the important factor attributed to the change in perception of health among people. The influence of mass media too play an important role as many of the islanders opined that they started to think about keeping healthy body through the television programmes in which doctors explains about different diseases and the precautions to be taken against it.

## 5.5 Perception of illness

Helman's(1995) classification of diseases, illness and sickness described in the literature review is used for the concept of illness. In the island, it can be seen that the people identify communicable and chronic diseases, as a punishment of God. But in the case of non-transmitted diseases and acute illnesses the tendency is to attribute the cause to their ways of life or dietary habits.

The islanders' notion about evil spirits were discussed in the last chapter. Even though the notion about the illness is related to God and evil spirits, it does not bar the people to adopt the preventive measures in terms with biomedicine and seek medical treatment.

In the case of mosquito borne disease (for example, the chikungunya kind of mosquito spread disease- the island was under threat of this disease during fieldwork), most of the island people were of the opinion that it is done by God to rectify the defect of some of the island people, who are doing things against the God's wishes like consuming alcohol which is against Islamic belief. At the same time, the islanders were explaining how the breeding of mosquitoes is a key factor in the spread of diseases. Almost all the islanders participated in the in the one week long 'clean island campaign' organized by *panchayat* in order to prevent mosquito breeding.

The notion about the causation of disease in the island society has not changed much, except among few educated youths, especially those who have studied in the mainland Kerala. Those young people tend to identify disease mostly in bio medical terms like the infection of bacteria or viruses. But by and large, the notion about the occurrence of the disease among islanders remains same as in the past, but at the same time, the remedial measures taken by them has changed over the period from faith healing to plurality of health care in which faith healing also forms an integral part.

## 5.6 Concept of hygiene

The islanders were in a state of poverty in the past. The thoughts about hygiene were different from the contemporary period. The important thing was survival than anything else. Aatta koya, aged 70 explained on the concept of hygiene during the olden days and the changes happened over the period:

> The younger generations in the island take bath twice a day, which they believed good for health and hygiene. Earlier single bath a day was more than enough for us. Also the dress we wear was a dhothi, and in special occasion a shirt too. The modern generations use at least a pair of dress everyday. Earlier we used to take bath in pond, but because of the notion of unhygienic, now bathroom is the place. Similarly washing cloths too. It all consumes lots of water compared to the earlier ponds. There was no concern of using soaps for bath, and even tooth paste. In our place the concept of toothpaste came very late, instead we were using powder of fried coconut shells. There were not much toilets in the island those periods.

Since the island were isolated and in abject poverty, most of the concept of hygiene prevalent in the mainland might not reached the island. The notion of hygiene in terms of bathing and washing was more related to the availability of water, which was very scarce in the island.

In the contemporary period people's concern of health and hygiene has changed. It can be observed in the island as people wear clean clothes, especially those who are working in the offices. The ponds which were the main source for drinking water and washing clothes, are not used for that purposes anymore, rather bath rooms are constructed in each houses, and toilets with septic tanks are installed with the subsidy of Government. The toothpastes and bath soaps are available in the island aplenty, and only the older generation uses the powder from fried coconut shell to clean their teeth. The plastic tongue cleaner is replacing the stick of coconut leaves, which were used for cleaning the tongue in the island during the past.

These changes according to Atta koya, is because of the changes in occupation and by the education of the people,

> The islander's view of health has changed . Islanders are educated now. Lot of people are now working in the offices under the fan. So they are concerned of hygine and life style diseases.

The growing interaction with the mainland is one of the major reasons for the change in the concept of hygiene in the island. The mainland state Kerala is known for its consumerist culture, and this in a way is reflected in their hygiene practices also, and the island society which has changed over the period in economic activities and thereby inculcating the urbanized way of life. The role of education has also played a key role in promoting hygiene habits among people. The school curriculum and health education are giving stress on it.

In the past, diseases like Filariasis affected the island. The ponds, which were used for the soaking of coconut skin (for the production of coir) was the breeding place of the mosquitoes. The skin diseases were also highly prevalent in the island. The young generatio opined that the improvement in the sanitation and hygiene had a role in the prevention of these diseases (In fact, the decline in the production of coir too contributed to the disappearance of the diseases as the ponds which were used for the soaking of coconut skins for manufacturing of coir, was the breeding place of mosquitoes causing Filariasis). These experiences related to the disappearance of diseases might have also contributed to the change in their hygiene and sanitation behaviours. The local bodies took up the sanitation measures in the contemporary time.

## 5.7 Health practices during pregnancy

The health practices during pregnancy in the past were described in the previous chapter. The deliveries were mostly at home and the natal care was done either by the *Dai* or the elder person in the family. There was no practice of consulting hospital and taking medicine in those times.

In the modern period however women in the island consult doctors for regular checkups during pregnancy. The women are visiting the doctor because they believe it is necessary to do so during pregnancy to prevent further complications.

A young woman in the island explained about the purpose of visiting doctor during pregnancy:

> Doing check up in the pregnancy period is essential. It helps to understand if there is any abnormality or not. It helps to avoid complications in future. Here almost all the pregnant women go to hospital for check up. Normally the (blood) pressure is being noted by the doctors and advice is given for mild exercises like going for evening walk and we often do it.

The island women went to the hospital for check ups during pregnancy to understand whether there is any abnormality or complication. It can be seen that the health practice during pregnancy is now decided by the doctor's advices also. In the past it was either *Dai or* the elder women who use to advise pregnant women.

The pregnant women used to visit the hospital during antenatal clinic[12] days without any compulsion or motivation by the ANMs (the percentage of ante natal visits and time spend by ANMs were detailed in the last chapter). The immunization coverage, including TT injection is high in the island. The NSSO Survey (1996) shows that the number of time the pregnant women visiting the doctor is one of the highest among the country ( average of 11.7). In the state of Kerala, where the female literacy is high and the accessibility factor to health facility (both public and private) is better among the country, the average number of visit is 7.2 only.

The changing practices in the pregnancy shows the growing concern about health among island people. The check ups during pregnancy is narrated as to find out the abnormality and the complication, which may appear in the later period of pregnancy and it also discloses the growing concern of the people about the occurrence of diseases. Also, it shows the influence of biomedicine among the islanders and the changes in the island society towards the process of 'Medicalisation'.

## 5.8 Food and Health

In the island people had no option for variety of food and therefore the notion of healthy and unhealthy food never existed in the island. The food, which is old, is considered as cause of disease. The notion of poisonous food in the island was

[12] Antenatal clinics are conducted in Kavaratti in every Saturday, where the check-up of pregnant women were conducted by the doctors

always associated with the products from sea, which was the only item in variety available in the island. The islanders consider 'white coloured tuna fish ( the fish with white coloured flesh) is not as good as 'black tuna fish'. Many of the species available from the lagoons are considered as poisonous (Even though the mainlanders use to eat it).

### 5.8.1 Food habits

In the contemporary period, with improvement in the purchasing power of a group of people in the island and along with improvements in transportation facilities, the food habits of people have changed in general particularly in upper class . In the recent period, a wide variety of food items started coming to the island markets.

### 5.8.2 Changes in Food habits during Pregnancy and Childbirth

The island women had strict food diets during their pregnancy period. After four months they used to avoid food containing fat and protein. The island women used to take *thenga choru and uluva* (rice boiled in coconut milk mixed with menthesis). The reason they gave is that 'in pregnancy period, women used to gain weight and eating fatty and protein foods make them more bulky and delivery will be difficult. *Uluva* is good for digestion and it prevents the accumulation of fats in the body. The taste of *uluva* makes it little bit tough to eat especially for pregnant women, that is why it is mixed it *thengachoru.* But the habits of not taking protein and fats have almost disappeared from the society. Many people point out the influence of medical advice as the reason for the change. Now pregnant women are encouraged to take fruits and vegetables. Almost all the pregnant women have the habit of taking Iron and Folic Acid tablets from hospital. *Thengachoru and Uluva* still remain in the food habits of many pregnant women

Milk, which is not available in the island (and the people didn't have the habit of using milk products), is being replaced by milk powder. Now the tea shops in the island are preparing tea and coffee using milk powder and the people also developing the habit of using milk powder at home as alternative to milk. The female health worker in the island justified the usage of milk powder:

> Milk is important for health, especially for babies and pregnant women. Milk powder contains all the essential vitamins of milk. We advice the people, to give milk powder and commercial weaning food to children, as a supplementary food.

Commercial baby food has almost replaced the traditional supplementary foods (The traditional supplementary foods have already been mentioned in the previous chapter) for children. The non-availability of materials to prepare traditional supplementary foods in the island and the growing consumer culture could be the reason for shift in the food habits of people. The growing up of Allopathic medicine in the island too have a strong role in it, as the staff in hospital are favouring commercial weaning foods, without explaining the problems associated with it. The NSSO Survey has shown that the usage of commercial supplementary food items in the island is 100 percent, which means it has replaced the traditional supplementary foods almost completely.

The islanders are now using vegetables in their food items. The availability and cost are the main reason for the less consumption of vegetables in the contemporary period. The fruit items too are becoming a part of the islander's menu especially for the pregnant women and sick.

### 5.8.3 Dietary Habits in the Modern Period

In recent times, food consumption of the islanders has changed to packed food and other such items. The difficulty in bringing vegetables and such items, is not applicable to packed foods, which can be kept for long time in shops. The food habits of the islanders are changing, but still the fish, rice and coconut are occupyies the top priorities. Occasionally, they consume meat also. An island man, aged 50 has explained about the changes in food habits with regard to the increasing awareness of the nutritional value of food:

> The islanders' food habits are changing, surely. But still fish and rice occupies our top priority. We prefer only tuna fish that too from break fast. Our fishermen are specialized in tuna fish catching. Without tuna fish, we wont get satisfaction in food. All the other food items are supplementary for us. It is very costly too; at the same time the tuna fish is too costly in the

holy month of Ramzan when only few from the island go for fishing. But people are ready to purchase fish at high prices, but not vegetables. Many a times I felt that we are consuming vegetables for its nutritional values than anything else. '

The education too has its role in the changing food habits of people. The importance of vegetables is an important part of academic curriculum in schools. The health education imparted through Health Department and *Anganwadis* too emphasizes the need of including vegetables and fruits in food items. The growing interaction with mainland towns may be another important reason for the change in the food habits of people, especially in favour of packed food items.

## 5.9 Treatment seeking behaviour

The health seeking behaviour of the people is determined by the various factors pointed out by the scholars like Suchman (1963). Treatment seeking behaviour is one of the aspects of health seeking behaviour, which involves use of different healing system. In this section, the attempt is made to analyse the treatment seeking behaviour of the population and how it is influenced by various socio-economic factors.

Kasl and Cobb defined the health behaviour as *"an activity undertaken by a person believing himself to be healthy for the purpose of preventing disease or detecting it in an symptomatic stage"*. This concept involves the *preventive health behaviour* and *illness behaviour.* The preventive health behaviour involves vaccination, periodic check up etc. Mechanic defined *illness behaviour "as the ways in which given symptoms are perceived, evaluated and acted (or not acted) upon different people.* Treatment seeking behaviour can be defined an extension of illness behaviour.

In the island the allopathic medicine is dominating irrespective of the economic class to which the people belongs. The reasons could be accessibility, availability, affordability and the lack of well-established alternative systems of medicine The Island, which was cut away from the mainland in the past, had its limitation in providing other systems of medicine.

Cheriyakoya, aged 52, explained about the reason for the absence of wide provision of traditional medicine in the island as:

> In the past the life was miserable in the island and there was no security to life. The life expectancy was very low and poverty was high. So the island society's primary concern might be their livelihood rather than developing medicines.

Both the British and the Government have never been in conflict with the island culture, especially with the religious belief of the islanders. This coexistence with the island culture has never made an antipathy among the islanders towards Western medicine, like in many other parts of the country. The lack of coercive methods of family planning and inclusion of *Dai* in delivery practises were made a favourable attitude towards the western medicine in the island. The role of Auxilliary Nurse and Midwife has never been identified with family planning rather with the immunization.

### 5.9.1 Factors influencing the Treatment Seeking Behavior

#### 5.9.1.1 Income and treatment seeking behaviour

The relationship with income and treatment seeking behaviour is quite obvious in the island society. The system wise analysis of income and treatment seeking behaviour in the island is of less importance considering the absence of well-established alternative systems of medicine. Even the Ayurveda and Homeopathy are not well organized in the island society; i.e. not according to the expectation of the upper class in the island. In their opinion the allopathic system lacks specialists care, and other systems of medicine are not 'up to the mark'.

In the following section an attempt is made to analyse the relationship between income and treatment seeking behaviour of the people. A sector wise analysis is done. The 'mainland' in the tables means the treatment from the mainland hospitals, which is private (The islanders never go to the Government hospitals in the mainland) while the island hospital in Allopathy and Ayurveda are in the Public sector.

**Income and choice of treatment**

The following table gives the choice of system and treatment seeking behaviour of the people. The income groups are taken as the same as table No.5.1

**Table No. 5.4: Household income and Choice of System**

| Income groups | Total households | Allopathic | Ayurveda and homeopathy | Indigenous |
|---|---|---|---|---|
| Low | 15 | 11 (73.33) | 3 (20) | 1 (6.67) |
| Middle | 19 | 13 (68.42) | 5 (26.32) | 1 (5.26) |
| High | 26 | 17 (65.38) | 9 (34.62) | 0 (0) |
| **Total** | 60 | 41 (68.33) | 17 (28.33) | 2 (3.33) |

Source: Field survey conducted in November/December 2006

The above table shows the relationship between household income and treatment seeking behaviour of the population. The attempt is to analyse the table on the basis of private and public sector along with systems of treatment. The homeopathy and Ayurvedic are taken together as alternative systems of medicine for the purpose of making the sector wise analysis more convenient. The sector wise treatment-seeking behaviour is shown is table No. 5.5

**Table No. 5.5: Income and private health care (Allopathic medicine) in the mainland**

| Income | Allopathic | | |
|---|---|---|---|
| | Island(Govt.) | Mainland(Pvt.) | Total |
| Low | 10 (93.33) | 1 (6.67) | 11 (100) |
| Middle | 9 (89.95) | 4 (21.05) | 13 (100) |
| Higher | 4 (34.62) | 13 (65.38) | 17 (100) |
| **Total** | 23 | 18 | 41 |

Source: Field survey conducted in November/December 2006

From the table it can be found that the lower economic groups are more inclined towards allopathic system (11 out of 15 i.e.73.33 percent). The middle and upper groups inclination is 68 percent and 65 percent respectively. At the same time Table No.4.5 explains that those who are seeking treatment from the mainland hospital, is high among the higher income group (65.38 percent) and very less among low-income groups (6.67 percent). It is the class, which is influencing the treatment seeking behaviour of the people. Only the upper class can access the private health care in the mainland and cost of traveling could be one reason for the less preference among the lower class people. Only two households explained traditional medicine as the choice of treatment, in the case of chronic disease.

**Table No. 5.6: Income and private health care (alternative systems) in the mainland**

| Income | Alternative systems | | |
|---|---|---|---|
| | Island (Govt.) | Mainland(Private) | Total |
| Low | 3 (100) | 0(0) | 3 |
| Middle | 2(40) | 3 (60) | 5 |
| Higher | 1(11) | 8 (89) | 9 |
| **Total** | 6 | 11 | 17 |

Source: Field survey conducted in November/December 2006

The sector wise analysis of treatment by alternative systems also follows the same trend. Among lower class 20 percent of the respondents seek alternative systems for treatment, while it is 26 percent for middle groups and 35 percent for higher income groups. Interestingly among the upper class *89% of the respondents (8 out of 9), who are seeking alterative system, go to private sector in the mainland.* The reason for going to mainland was pointed out by them as the lack of facilities in the island for alternative systems. While in the case of lower income group those who go to private hospital in mainland is nil, and among middle income group the percentage who seeks health care in the mainland is 60 percent.

### 5.9.1.2 Age and treatment seeking behaviour of the population

Age and sex are two important factors, which determine the treatment seeking behaviour of the population. The differences in age and sex have its effect on choosing the system of medicine. In an island society, where the integration with mainland was minimal in the past, it had its own cultural understanding about disease and treatment seeking behaviour. The elderly people's perception about health and illness is different from that of the younger generation who has an exposure to the outside world anf formal education, therefore the treatment seeking behaviour also is different.

In the case of island, the elderly were seen less attracted towards medical treatment for illness, especially towards allopathic medicine. The 'doctor shopping' scenario in the island give another dimension among the well off youths in the island to consult doctors in the mainland for 'routine checkups' when they go to the mainland during school vacations.

### 5.9.1.3 Choice of system for treatment – Age factor

The following table provides the age wise distribution of population and its relationship to the treatment seeking behaviour. Since there is a little gender difference in the choice of treatment therefore it is not included in the table and the analysis is limited to age only.

**Table No: 5.7: Age and Choice of System**

| Age Group | Allopathic | Ayurveda | Homeopathy | Indigenous | Total |
|---|---|---|---|---|---|
| 0-4 | 13 (45) | 3 (10) | 11 (38) | 2 (7) | 29 (100) |
| 05-15 | 26 (58) | 5 (11) | 13 (28) | 1 (2) | 45 (100) |
| 15-25 | 62 (93) | 2 (3) | 3 (4) | 0 (0) | 67 (100) |
| 25-35 | 45 (76) | 5 (8) | 9 (15) | 0 (0) | 59 (100) |
| 35-45 | 31 (70) | 13 (30) | 0 (0) | 0 (0) | 44 (100) |
| 45-55 | 13 (45) | 11 (38) | 0 (0) | 5 (17) | 29 (100) |
| 55-65 | 5 (26) | 8 (42) | 0 (0) | 6 (32) | 19 (100) |
| 65+ | 1 (25) | 2 (50) | 0 (0) | 1 (25) | 4 (100) |
| **Total** | 196 (66) | 49 (17) | 36 (12) | 15 (5) | 296 (100) |

Source: survey conducted during fieldwork. November- December 2006

The table explains that the allopathic medicine is the most preferred treatment in the island (66 percent) while Ayurveda is preferred by 17 percent across all age groups. Homeopathic medicine is preferred by 12 percent of the population while the preference for indigenous system is just 5 percent of the population. Faith healing is accepted across age and sex group along with other systems of treatment and is therefore not included in the table.

The elderly people prefer other forms of medicine like Ayurveda and traditional medicine while the young generation prefers Allopathic medicines. The reason given by the elderly is that their familiarity with other forms of medicine since childhood and the unsuitability of Allopathic medicine as its intake make them little bit lethargic and uncomfortable.

The choice of homeopathic medicine is limited to the young children and those people who are in the age group of 25-35. This may be due to the fact that people generally prefer homeopathy for infants and children, and the mothers may also consult the doctor while taking their child to homeopathic clinics.

Another important aspect is related to the provision of medicine in the island. Both Ayurveda and Allopathy are provided free of cost, whereas the other forms of medicine are privately practiced. The accessibility and availability are the other

factors. The absence of well established alternative forms of medicine in the island could be the other reason for the high dependency on Western medicine.

In the island, faith healing always goes with all system of treatment. 'The health care pluralim' is found less related to the age group of the people because of the less options available in the island. The class of the people, which is more significant in the plurality of treatment in the island, since more options for treatment, is available in the mainland, which is expensive. The upper class has resources to seek treatment from the mainland.

The age factor in treatment seeking behaviour is substantiated through the details in the OP register, which is described below. The following table includes the new out patients only, as the hospital do not have the procedure of writing the name and age of those persons who comes for subsequent visits ( in those cases they will write out patient ticket number which is allotted to the new patients while giving new out patient tickets).

**Table No. 5.8: The details of out patient register-the age and sex data**

| Age group | Male | Female | Total |
|---|---|---|---|
| Below 14 | 113 (49.13) | 117 (50.87) | 230 (18.11) |
| 14-20 | 143 (52.00) | 132 (48.00) | 275 (21.65) |
| 20-30 | 128 (47.94) | 139 (52.06) | 267 (21.02) |
| 30-40 | 109 (48.44) | 116 (51.56) | 225 (17.72) |
| 40-50 | 84 (53.85) | 72 (46.16) | 156 (12.28) |
| 50-60 | 62 (71.26) | 25 (28.74) | 87 (6.85) |
| 60 and above | 18 (60.00) | 12 (40.00) | 30 (2.36) |
| **Total** | 657 (51.73) | 613 (48.27) | 1270 (100) |

Source: Out Patients Register of Kavaratti hospital for the month of November 2006

The table shows that majority of the patients are below 40 years of age ( 60.78 percent) while there is a very less percentage of patient above the age of 50 (9.21 percent). The less percentage of the elderly people compared to the young generation in the overall population of the island could be a reason, but the major reason is the adherence of youths towards the western medicine than that of the elder people.

The finding of the table substantiates the table No: 5.7, which explains the relationship between age and choice of system for the treatment.

The reason for visiting the hospital by the youth in most of the cases are not related to the illness and treatment. The young females, especially in the age group between 14 and 30 explained, "it is one of the way for an outing ". Many of them never take the full course of medicine. The interest of young males in the island to visit the hospital too many times not related to treatment. A boy who is studying in the $10^{th}$ standard in the island school told,

> I came to the hospital with stomachache. In fact I am not feeling that much problem. I feel bored with class. This is the only way to skip classes here. If we go out in the class time, people will ask why you are roaming around in the class time. But when it is hospital matter, there will not be any problem.

As mentioned in the first chapter, with the changes in the economic activity, many of the island women are now not involved in any occupations in the contemporary period. Once their routine jobs are over, they feel bored in staying at home and hospital is one of the places they can meet people and talk with them.

#### 5.9.1.4 Education

Education is an important factor in the treatment seeking behaviour of the people. In the island, there is hardly any difference between the educational status of males and females. The female literacy is high in the island society. Only in the case of higher education, female are less than males.

Allopathic medicine is the most preferred system in the island irrespective of educational qualification. The difference between the two group is that those who less educated people (primary level educated) prefers to have traditional medicine as their alternative choice while the medium level (high school and intermediate level) and higher educated (graduates and post graduates) prefers other alternative systems like Ayurveda and Homeopathy along with Allopathic treatment. The higher educated people studied in the mainland Kerala, might also have affected their treatment seeking behaviour. The age factor is important in the analysis of educational factor, as almost all the lower-educated people are of higher age groups.

The importance of Allopathic medicine is mainly because of the free provision and accessibility factors as described earlier. The lower educated people use the traditional medicine mainly for the minor illnesses and diseases which they explained as 'Diseases existed here from the past itself', which has medicine in their traditional practices. Many of these traditional medicines are in fact belongs to home remedies.

Education especially female education is one factor which determines the health seeking behaviour of population. The immunization coverage in the island is all most total; the Antenatal check ups are comparatively high, and the TT vaccination is also among the top in the island.[13] These factors also shows the factor of education in treatment seeking behaviour of the people.

The geographical proximity of the island makes the awareness programmes much easier for the authorities. The island society's culture is the key reason for it. The NSSO survey shows that the islanders' awareness about immunization is almost total.[14]

#### 5.9.1.5 Religion

Religion is one of the most important institutions in the island society. The islanders are reluctant to do things, which are not approved by the religious beliefs. The religious belief in the island society doesn't permit family planning. Elsewhere in

[13] RCH District level Survey 1998 1996
[14] NSSO 52nd round.

the country, the field workers are known for the promotion of family planning methods, while the island health services give less importance to this. The Government has not promoted family planning in the island vigorously. The advertisement of family planning in the island is limited to the front wall of out patient room. The Government of India has exempted Lakshadweep islands from the implementation of Medical Termination of Pregnancy Act.[15]

A female field worker in the hospital told,

> Now the doctors from north India are working here for the last few months. They are promoting family planning and have done MTP occasionally. It is against the island culture. We never promote family planning in the island, which I used to do when I was working in the mainland before I joined here. Here nobody accepts promoting family planning methods. Nowadays some people are doing permanent sterilization when they go to mainland, but they never reveals it, even to their family members.

The current use of any family planning methods in the island is 19.7 percent only.[16] This explains the attitude of the islanders towards family planning, which is more related to religious belief. The educational status of the islanders are very high and the awareness about the immunization also substantiate that it is not the lack of awareness, but the religious factor which could be the reason.

The Government has approached the islands with caution in terms of religion, which may be one of the reasons for the wide acceptability of allopathic medicine in the island without any suspicion. The case of Family planning is an apt example of it. The wide spread popularity of faith healing and *Dai*'s presence in the hospital delivery can be identified with religion than anything else.

#### 5.9.1.6 Availability and Accessibility

The provision of health services by the government is free of cost in the island. The availability of service is free including the laboratory tests, and the hospital is functioning properly. The small geography of the place permits the islanders to

[15] MTP Act 1976
[16] RCH District level survey 1998

access the service without much difficulty. Government doctors can be consulted at home without fees. In the case of Ayurveda, there is only one consulting doctor, and many of therapies like oil massaging are not available in the island. The traditional medical system has the problem of availability and affordability in the island. The Homeopathic medicine has similar problems in terms of affordability, as it is privately practiced in the island. The Government supported provisions in the practice of Allopathic system has helped it to maintain control over the other system in the island and deciding the treatment seeking behaviour of the people. Since the Allopathic system is the largest and established one, people tend to identify with it than any other system in terms of treatment, as the availability and accessibility is much higher in Allopathic system.

#### 5.9.1.7 Past Experience

The treatment seeking behaviour of the people is influenced by their past experience with the systems of treatment. In the Lakshadweep islands Allopathic medicine came with vaccination against smallpox, which was successful. The General and Rapid Health Survey (1961) shows that Communicable diseases like Leprosy, Filariasis and Tuberculosis were prevalent at the time of independence. The different measures by Government like sanitary measures and welfare programmes; along with the establishment of Allopathic medicine were able control the disease. The people in general believes that the control and elimination of those communicable diseases was happened only after the Allopathic hospital came up in the island. This was one of the important factors, which determined the treatment seeking behaviour of the people thereafter.

The hospital here has never been alien to the people. There is no restriction to entry, and never been an authoritarian approach from staff in terms of interacting with patients. The community living of the island society is reflecting in the hospital too. There are hardly any antipathies towards hospital staff. The people are ready to write their name on OP tickets and OP register if the concerned staff is not around. The hospital staff too is not harsh towards the patients. The strict timing, the 'red tapism' are not been a part of the island society's official aspects till date. There is a cordial

relationship existing between the hospital staff and the people in terms of their inclusion into hospital setup.

Ramesh (2007), who worked in the Kiltan island as a doctor in the late 1960's narrated the relationship between doctors and people at that time. According to him, there were no facilities for the doctors or staff. The islanders were willing to help them. Since there were no medical facilities in the islands at those times, the provision through primary health center was really a blessing for the islanders. Thus, the provision of organized health facilites came to these islands through the establishment of Allopathic health system, and it had its effect on the treatment seeking behaviour of the people. Also, like mentioned earlier, the factors which created antipathies towards Health services in other parts of the country like family planning, was not in the island.

A senior female hospital nurse who belongs to the mainland and is serving in the hospital explained,

> The atmosphere in the hospital is different from that of mainland. Here people consider it as a thing that belongs to them. There is a freedom for them to move around in the hospital, clarify their doubts. Almost everyone knows each other in the island and it creates a difference. The islanders can meet any of these staff at any time, as all of us are living in this small place. I can say, based on my experience in the mainland, that the hierarchy among officials too is comparatively less here. Most of the dissatisfactions of the patients are related to the lack of availability of medicine.

As mentioned earlier, since biomedicine enjoys supremacy in the island, the Allopathic hospital is the focal point of health care in the island. The people are analyzing health care in terms of facilities in the hospital. Any advancement, like the telemedicine, installing modern instruments are considered as improvement in facilities. Most of the islanders consider the introduction of specialists from contract basis on the island as an achievement.

An elder member, who is actively involved in political activities in the island has described about his past experience and how it has made up the treatment seeking behaviour of the people,

> Most of us are considering hospital as a part of our society. Unlike mainland, there is no comparison between private and public hospital happening here. Whatever service is available, people are tuned for that. Historically, we were denied of medical treatment. In my childhood, a dispensary was functioning here, which had fewer facilities. The alternative forms of medicine too were on the verge of decline. So when a hospital came up, it was huge relief for us. The diseases came down; medicine becomes free, so now people are approaching hospital for even minor illness. The attitude of the hospital staff was also positive, as anywhere in the island official system. All in all, the people had little bitter experiences in the hospital. A key factor to add is that, neither the people nor the staff want to destroy the rhythm of this hospital, as both do not want to go anywhere else for treatment or job.

#### 5.9.1.8 The Doctor Factor

The treatment seeking behaviour of the people is highly related to the doctor's relationship with patients. The cultural interpretation of disease, and its meaning to people is different from that of the doctors whose idea of disease is largely based on the bio medical knowledge they have from the curriculum. The western medical practitioners in the country had the limitation of understanding the people's perspective of the illness. Banerji(1989) has pointed out about the lack of understanding of the Western medical practitioners in the country and the advantage of the traditional medicine over the western medicine. The hegemony of the medicine is discussed by scholars like Illich (1976). Earlier anthropologist like Marriot and Casters were also mentioned the importance of the doctor patient relationship in the Indian villages to promote the western medicine.

In the island, the medical practise is dominated by the allopathic medicine and the doctors are getting trained from the mainland. The earlier doctors were from the mainland and unaware of the island customs. The mainland doctors were not much

interested to stay in the remote islands for long time and were disappointed with the availability of technologies. They were desperately wanted to go back to their own places. They view the island society's life as an alienated one. But with the islanders themselves came as the medical officers the approach has changed. With lady doctors entering the health services, women also begun to approach the health services. As explained by *Dai* that the cesarean in the island started only after the island lady doctor commenced service there.

The relationship with doctors improved very much, with the islanders themselves becoming the practitioners, as they could understand the cultural meaning of the people's health problems much better. Even though the understanding of people and medical doctors are different about diseases and illness and doctor's explanation in terms of biomedicine provides less explanation to the patient, the hierarchy between doctor and patient as individuals is less in the island society with the islander's themselves came as doctors. The culture of the very small island society could be the reason for it.

The religiously regulated island society is reluctant to programmes like family planning and the island health staffs are giving less importance to propagate the same. Because of the proximity with the people, the island doctors are prescribing medicine according to the needs of the patient and most of the medicines are available in the hospital. This leads to the over dependence on allopathic medicine among the people.

#### 5.9.1.9 Nature of illness

The nature of illness too is changing in the island society. According to the 1961 general health survey in the island, the communicable diseases were the most prevalent ones. But in the contemporary period, it is almost eliminated and new chronic diseases and vector borne diseases appeared. Also the upper class in the island is concerned of life style diseases. All these diseases can easily relate to the Allopathic medicine than other systems as the peoples concern about these diseases is developing through the Allopathic system (for example the life style diseases).

These changes have contributed to the change in the treatment seeking behaviour of the people.

The study by Shankar Deepa (2001) has shown similar trends in Kerala, where the allopathic system is preferred overall, but the children's diseases are treated by homeopathic than Ayurveda, while for elderly Ayurveda is being preferred over homeopathic. Socio- economic status have little effect on the treatment seeking behaviour, rather the nature of illness is more important and similar results have been seen in Shankar Deepa study.

In the case of island society, the elders prefer Ayrveda over homeopathic and many people opined about the advantage of homeopathy in treatment of children's disease. At the same time, the economic aspect plays an important role in the island society. The homeopathic medicine is in practiced privately, while Ayurveda and Allopathic are in public sector. This different in economic burden was evident from the world of Sainu, an young mother who belong to poor family,

> Homeopathic medicine is the most suited one for children. Even I used to go to homeopathic clinic in the case of minor illness to children. At the same time, we have to pay money there. Suppose if my child had Asthma like my neighbour's child, I don't think I can seek Homeopathic treatment. Because in that case we need prolonged treatment and I need to pay money every time I go there.

So the economic aspects has a important role in deciding the systems of treatment in the island context along with nature of illness because of a well established alternative systems of care in the public sector island, other than allopathic system.

# Chapter VI

# Summary and Conclusion

The study was conducted in Kavaratti Island and the major objective of the study was to understand the change and continuity in healing systems and health seeking behaviour of the inhabitants of the island. For this purpose the major social changes in the island were analysed and the healing practices of the island and health seeking behaviour of the people were also examined.

The history of the island is an obscure one. The islands were ruled by different Kings from the mainland, the Portuguese, Tipu Sultan and the British. The rulers mostly had economic interest in the islands and to fulfil that, the rulers economically exploited the islanders by implementing coir monopoly, introduction of import duty on rice, etc. The main products of the island, coconut and coir were purchased at low rates by them and as a result, the islanders were in abject poverty at that time.

The indigenous people in the island are Muslims. The belief (without corroboratory evidence) about the identity formation of the people is related to the early inhabitation to the island by the Hindus of North Malabar of Kerala and their subsequent conversion to Islam. The roots of the existence of castes-like groups (the upper-caste K*oyas,* the lower-caste *Mellacherrys* and the middle-caste *Malmis)* among islanders' is explained by many historians as being a result of the early migration of Hindus from North Malabar of Kerala. Lower-caste people were exploited by the-upper castes and therefore the poor in the island suffered the most during those periods. They were denied of basic rights like wearing sandals, shirts, etc. The possession of *odams* (Small sailing vessels) were the exclusive right of upper-castes, and it had great influence in maintaining the hierarchy of the society. It was the mean of transporting goods to the mainland and the lower-castes as the tenants had the customary duty to take these goods to the mainland. The lower-caste people had to pay freight charges to the upper castes for carrying their produce to mainland in their boats and many times these freight charges were more than the actual value of their produce. In the past there were conflicts between castes as the

lower castes demanded minimal rights and started to own *odams,* which were destroyed by upper castes.

The islander's concept of property in terms of land was unique. The land in terms of plot as a personal property was an alien notion for them. Rather, coconut trees were counted as land property. Marks were made on the coconut trees to distinguish them from others. This means a single plot of land could belong to many persons.

The tenancy system was prevailing in the island and the lower-caste group was the tenants and upper-castes were the landlords. The tenancy system was related to coconut trees. Three types of tenancy system were prevailing in the islands, in which *nadappu* tenancy was common in Kavaratti islands. The tenants had been allotted with a number of coconut trees and he had to pay an annual rent for these trees. Apart from this lower tenant had to do customary duties in the house of landlords and accompany the landlord when they traveled to the mainland.

The island society followed matrilineal system where the right to property resided with females. The property rights were transferred to the male members of the family. There were two kind of property. The 'Friday property' was the one that was acquired through inheritance while 'Monday property' was self-acquired. The 'Friday property could not be sold without the consent of all the members, and therefore the customary law in relation to this property was the backbone of the joint family which was prevalent in the island. The *karanavar* was the head of joint family while the female head of the joint family had special respect and authority. Women in their lifetime, never leave the family, when married, the husband stayed in the wife's house at night and in the daytime he spent his time at his natal home. There was no system of dowry associated with marriage in the island, instead bride price existed. There was no system of purdha in the island and women had the right to attend the mosque.

The major economic activities of the people were coir manufacturing, coconut cultivation and fishing. Coir and coconuts were the most valuable produce in the islands. The island coir was renowned for tightening the wood planks of ships, and therefore it had great demand. Mostly women were engaged in coir twisting.

The islands were totally separated from the mainland in the past. There were no communication facilities or transportation facilities. During the monsoon, the islands were cut-off from the mainland and people subsisted mainly on fish and coconut. There was absolute poverty in the island and the lower-caste people were the suffered the most.

Independence marked a sea-change in the island society. Since it became the part of Indian State, many of reformatory measures and welfare programmes are implemented in the islands. These measures have changed the cultural landscape of island society, which was earlier totally separated from mainland and had their own traditional laws and family system. Most of the interventions of State came soon after the island became Union territory.

Land reforms were the one major reformatory measure adopted in the island in the post-independence period. The land reforms and abolition of tenancy enabled the lower caste people to escape from the exploitation of upper caste and they were eventually able to own some land. On the other hand, the community living of the people transformed to that of individual-oriented life, as people begun to demarcate their plots and own individual properties.

The introduction of modern legal system had its influence on the island society, which was regulated by customary laws. The Court ruling in favour of individual property rights nullifying the Friday property system in the island had serious effect on the island society which led to the decline of joint family system. The rulings in favour of annual maintenance for Muslim women in the case of divorce too went against the autonomy of the women of the island,since women had the right to property and divorce was not a serious issue .The remarriage of divorced women was permitted in the island. The Court rulings were passed without taking into account the cultural aspects of the island society and it resulted in imperative changes in the longstanding traditions and customs of the society.

The shifting of the headquarters to Kavaratti has made the influx of mainlanders especially from Kerala to the island as Government servants. The migration of the mainlanders has changed the gender composition of the island as most of the persons

who migrated were men from Kerala. These mainlanders were educated and islanders had respect for them. This migration has helped the islanders familiarize with the mainland. At the same time, it has contributed to the change in the island society as the island men began to identify themselves with mainlanders. By that time, the matrilineal system in Kerala had almost disappeared, and the island men felt inferior to the mainlanders in following the matrilineal system and matrilocal residence. The migrants who were mostly males, has influenced gender composition of the islands. This is evident from the fact that the indigenous population's sex ratio is still continuing without much change while there is a decline in the sex ratio of women in the overall population.

In the later period, the influence of satellite channels too contributed to the changes in the island society in a way that the islanders began to identify themselves with other parts of the world, about which they were unaware in the past. This influence of media is evident in the life styles of the youths.

The new thoughts of religion in the place through the development of various groups based on different schools of thought has association with the growth of patriarchy as the male folk in the island believe that the matrilineal system is not the part of Islamic religion. The men in the island insist on the female to wear purdha when they go to mainland, which is mainly described as the result of new thoughts of religion and the decline of female autonomy.

One of the most important factors of the change in the island society is due to the changes in the economic activities. With the State becoming the biggest provider of jobs and of late, the coir losing its economic value, the economic independence of women started declining. Since the Government jobs require higher educational qualification and islanders' reluctance to send their girls to the mainland, most of the Government jobs went to the males. This change in occupational pattern in the island largely contributed to the change in female autonomy and the joint family system.

The changes in the economic activity also had its effect on the caste- class relationship of the society. The upper-caste people, who had the property in the past,

were able to send their children to mainland and could get the Government jobs, whereas the lower-caste people were denied of it. Since the Government jobs contributed to the major income in the island, upper caste in the society were able to reaffirm their class position in the island. Similarly the subsidies for mechanization of boats too went to the well-off in the society and thus two major source of income in the island society during the contemporary period went to the hands of those who were wealthy in the past. The discontent among the lower-castes in the place is mostly related to the high representation of upper-caste in Government employment, and on analyzing the income of the people, it can be found that the Government jobs are the most secure and earning jobs in the islands, and therefore the roots of discontent lies in economic aspects.

Another important feature that contributed to the changes in the society was the development activities carried out by the Administration, which had adverse effects on island ecology. The construction of too many building without considering the fragile nature of land, the increasing usage of plastic carry bags and the dredging for boat jetties had its impact on the island environment. Island is a place where the day-to-day life of men is related to environment. These small islands, which hardly lie 2-4 meters above sea level, are under the threat of the global climate changes like global warming.

The island society has never been democratically ruled. An Administrator, appointed by the President of India, has replaced the earlier colonial ruling in the post-independence period. The democratic representation was limited to the election of Member of Parliament. The lack of peoples' participation in decision-making was pointed out as the reason for the failure of many of the development programmes. The decentralization through Panchayati Rāj is implemented in the island, but till date they neither have funds nor any power. But still, the implementation of Panchayati Raj is probably a step towards the participation of people in the administration of the island. In the recent period, people are asking for more power in decision-making and participation in implementation in programmes.

The Government has implemented many welfare programmes and provided subsidies in the island. The entry to island is restricted and purchase of land is not

allowed for persons other than those who born in Lakshadweep and whose both parents belong to Lakshadweep. The Government has restricted tourists to many of these islands. The Family Planning Programme is not vigorous in the island and Medical Termination of Pregnancy Act is not implemented. The geographical significance of the island may be the reason for these special provisions by the Government and its cautious effort not to harm the island culture.

Before the establishment of Allopathic medicine in the island, traditional medical practices were the main healing practice, which existed in the island. Faith healing was also widely prevalent along with magical healing. Allopathic medicine was introduced to the island during the British period and established itself firmly during the post- independence period. The provision of Health service is absolutely free in the island. There is no tertiary health care facility in the island, the only tertiary hospital is at Kavaratti and the inter-island distance maked it difficult for the other islanders access the hospital. The hospital at Kavaratti had no specialist doctors till recently. Currently specialist doctors from mainland are working in the Kavaratti hospital on short-term contract basis of three months. An Ayurvedic dispensary also functions in the Government sector. The place has got a homeopathy clinic in the private sector.

The popular sector of health care in the island consists mostly of medicine from locally available plants. The products of coconut tree were also been utilized widely for medicinal purposes. The faith healing, which was done by the religious priest of mosques, and consists of divine items from mosques, had popularity in the island and it is still continuing.

The traditional medical practices were mostly a version of Ayurveda, and *kombu beyikkal* (treatment for migraine). The traditional medical practices were prevalent in the island till the establishment of Government Health Services in the post-independence period and after that, it declined over the period. The development activities in the island have destroyed the medicinal plants in the island and therefore the home remedies, which prevailed in the island, disappeared. This also affected the traditional medical practices as the medicinal plants brought from mainland made the treatment costly. Also, the preference given to Allopathic medicine worked as

one of the prominent factors for the decline of traditional medical practices in the context that the traditional healing system was never recognized by the State and no support was given to it. The change in the occupational pattern of people, which changed the notion of health and illness too, worked in favour of Allopathic medicine.

In the island most of the deliveries were conducted at home in the past, but in the recent time, it was shifted to hospital. It was the *Dai* who conducted the deliveries. The practice of inviting *Dai* is still continuing in the island with peripheral changes. Nowadays, the *Dai* is invited to the hospital by the relatives of the pregnant women and in some cases, even by the hospital authorities. The hospital, which did not have specialist doctors till recently, was dependent upon the expertise of *Dai* in the case of complicated deliveries. The relationship between island health authorities and *Dai* is of unequal power relations. The duty of reporting birth to the health authorities is thrust upon the illiterate *Dai*.

The health seeking behaviour of the people has changed over the period. The notion of the people about health and illness has relationship with the nature of their work and this resulted in favour of Allopathic medicine. The people who do hard manual work tend to identify the health and illness in terms of their ability to work, while those who are doing office work are identifying health as absence of illness and are more conscious about the life-style diseases. This nature of work in the island has a class dimension too as most of the Government employees in the island, as mentioned earlier, belongs to the upper class while the manual workers are the lower class.

The foods habits, the hygiene behaviour and delivery practices in the island also changed over the period. The island society is becoming more consumerist and 'packed food' and 'commercial weaning foods' are replacing their traditional food items. The notion about hygiene and delivery practices are related to their preventive health behaviour, and people are developing the habits of visiting doctors for 'check ups' to identify any abnormalities could arise in the future.

The notion about the causation of disease has little effect on the treatment seeking behaviour of the people. The island people identify the occurrence of communicable diseases in terms of God's displeasure or evil spirits, but they go for treatments in different systems of medicine and in many cases, 'health care pluralism' is exhibited. The 'health care pluralism' has a class relation in the island. Due to the absence of any other well-established systems of medicine, the lower classes in the island are forced to stick to Allopathic medicine. While the upper classes go to the mainland for treatment which is in the private sector and involves cost in travelling. The faith healing often co-exists with other systems of health care.

The different socio-economic factors have their influence on deciding the systems for treatment. The concept of health and illness among higher age groups and lower age groups are different. Education is another important factors in deciding the treatment seeking behaviour of the people. Most of the aged people (who are the less educated in the island) tend to identify disease in terms of the inability of the body, while the educated youths understand disease in terms of biomedicine. The class stratification in the society is also a prominent factor in deciding the sectors of health care- the upper class visits the private hospitals in the mainland in the case of chronic illness and sometimes for routine check ups while the percentage of lower-class go to mainland private health services is very minimum.

The Government doctors in the context of island society, which is still holding its community living aspects, also contribute to the treatment seeking behaviour as the people have the opportunity to avail the services of doctor round the clock without any hesitation. This community living aspect of the society is reflected in the hospital too. The presence of familiar island people as hospital staff, absence of big queues, cordial relationships with staff and lack of official formalities situate the hospital within the overall cultural context of the society which helped the people to identify hospital as one which belongs to them. The mainland Government hospitals are not familiar to islanders while the private hospitals in the mainland where the people from island have been consulting are familiar to them for years (the islanders go to only specific hospitals in Kochi and Calicut which are known to be for Lakshadweep people). This difference between Government hospital in the

mainland and island make the islanders to visit private hospitals than Government hospitals when they go for treatment there.

The past experience of the people, as many of them identify the hospital with disappearance of communicable diseases also holds good for Allopathic medicine in the island. The accessibility and availability of health care services, which in the island context is mainly Allopathic is also a key factor in deciding the treatment seeking behaviour of the population.

**Based on the study, the following conclusions can be drawn:**

The various welfare measures like establishment of co-operative society and thus avoiding middlemen and upper class exploitation, the subsidies in food items, drinking water supply, etc. by the Government were helpful in improving the living condition of the islanders in general and lower-classes in particular, during the post-independence period.

The healing systems and health seeking behaviour in the island have changed over the period. The changes in the occupation of the people and the provision of Allopathic medicine in the Island with support of the State might be an important factor in the decline of traditional medical practices. Of late the changes in the treatment seeking behaviour of the people, which favoured Allopathic medicine, might have also contributed to this. At the same time, the establishment of free Allopathic medicine might have changed the treatment seeking behaviour of the people towards it. So the change in the healing systems might have influenced the change in health seeking behaviour of the people. In that way these changes are inter related to each other and to the overall changes in the society.

The Allopathic medicine is the most preferred system of medicine in the island across groups. The accessibility and availability of health services are the main reasons for it. The absence of well-established alternative care system is also a factor. The other systems of medicine, apart from Ayurveda, are private practise by the individuals. The Ayurvedic dispensary is not well-equipped to meet the needs of the people.

The policies of the Government in the Lakshadweep island is an important factor in the social changes. The provision of subsidies by Government is high in the

Lakshadweep in comparison to the other parts of the county. Most of changes like subsidy reductions are implemented in the Lakshadweep islands. As far as health is concerned, the Government never tried to harm the culture of the people. The family planning programmes were never implemented coercively in the island; rather the

importance given by the Health Department is minimal in comparison with other programmes like immunization. The Medical Termination of Pregnancy Act is not applicable to Lakshadweep. This may have contributed to the acceptance of Allopathic health services in the island without any antipathies. The reason for giving special consideration to Lakshadweep may be due to the geo strategic location of these islands in the Indian Ocean.

**Continuity within Changes**

Within the changes in healing practices and health seeking behaviour, those health practices and behaviours that have religious belief's outer covering are continuing in the island. The case of *Dai* is an example for it. Within the larger changes in the society, the practice of *Dai* is continuing in the island, with minimal changes. The home-based deliveries are changed to institutional deliveries; at the same time, the practice of *Dai* conducting deliveries continues. Even though the expertise of *Dai* is a factor the important reason might be the religious beliefs associated with it. Faith healing is continuing in the island. The change in the faith healing is that, in the contemporary days people are practising it as a 'plurality of health care system' than going with faith healing alone. Faith healing is often done along with other healing practices.

The people's perception of causation of disease in terms of 'spirits and God's punishment' is continuing among the majority of the islanders but the change is that people are willing to take Allopathic, Ayurveda or other systems.

The various aspects mentioned above have changed the community-oriented life of island society. But the glimpse of fellowship is continuing in the island. The practice of Government doctors without taking fees and the attitude of hospital staff are exhibiting it.

The Caste stratification exists in the island, even if not in the same form as it was before. The land reforms made improvements in the living condition of lower castes.

But since the Government jobs became the highest earning one in the island and it requires higher educational qualification, mostly it is the upper-castes who grab the jobs, and thus they could retain their class position even after the land reforms.

So, inequality is still exists in the island.

**Suggestions for further study**

The development related ecological changes are of a serious concern, since Kavaratti is an island separated from the mainland and hardly raise a couple of metres above the sea level. The development measures had an adverse impact on the island ecology. The overall changes in climatic conditions would also affect the islands than more than many other places because they are low lying. There is scope for further researches on the impact of development on the island environment and health.

The island society is going in a way of medicalisation with the younger generation going to consult Allopathic doctors and taking antibiotics even for minor illness. The unnecessary consultation of the doctors too is a major issue. There is scope for further studies on the adverse effect of medicalisation in the island society

It would be interesting to find the health services in other islands which are still smaller and isolated and do not have even secondary/ primary health services.

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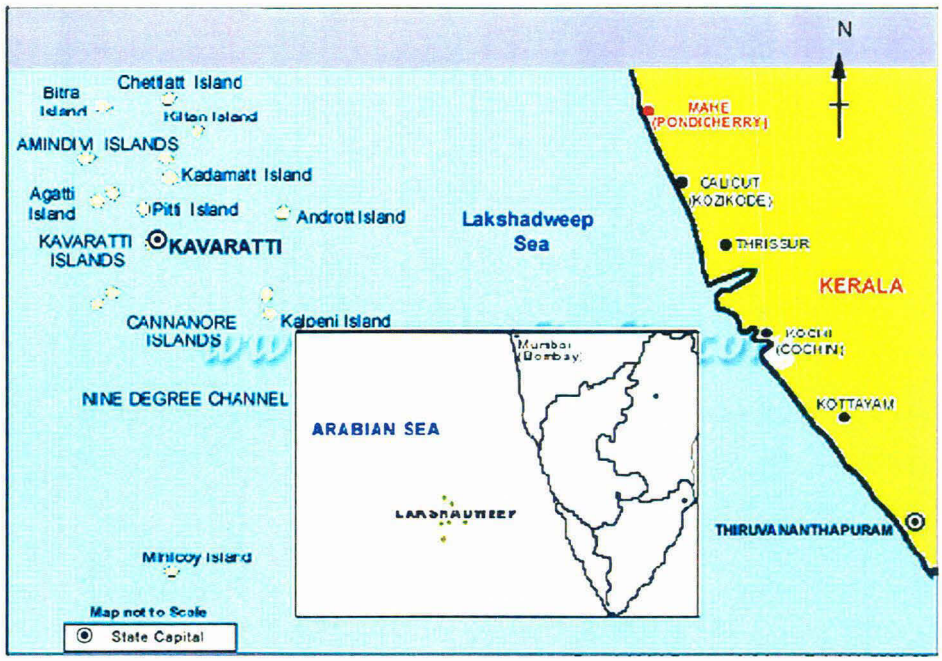

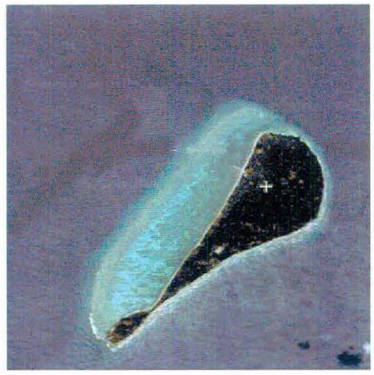

# AREAL MAP OF
# KAVARATTI ISLAND