

# GENDER EQUITY IN KERALA: AN ANALYSIS OF CONSTITUTIONAL PROVISIONS AND CIVIL SOCIETY MOVEMENT

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Received: January 12, 2019

Accepted: February 22, 2019

**ABSTRACT:** *This paper explores how far the constitutional provisions and civil society movements created a space for women empowerment and thereby gender justice in a state like Kerala which is otherwise known as progressive society, rich in social capital and so on. To be specific, the study examines how far civil society movements have internalized the notion of gender equity and have incorporated it into their practice and also focuses on political party participation of women in Kannur district for the analysis. This paper argues that though Kerala society is known for rich social capital, active civil society movements, better gender development index etc, it is still dominated by patriarchal mind set even in the case of progressive political parties and those political parties who could initiate reservations of women in local self governing institutions.*

**Key Words:** *Gender equality, Constitutional provisions, Civil society movement, Political participation.*

## I. INTRODUCTION

The state of Kerala is well known for its social and human development indicators largely favouring women; an exception to all other states in India. In spite of this fact, women are not a significant part of the decision making process in the state. Governance continues to be male dominated especially in the state renowned and influenced by its matrilineal groups. Kerala is rich in social capital because of favouring sex ratio, high literacy rates for men and women, high life expectancy, highest student enrollment ratio, highest voting percentage high associational life, politically vibrant etc. Regarding HDI and GDI Kerala's position is almost equal to that of a developed country. In spite of all these facts the role of women in a decision making is insignificant. We find a wide range of socio- religious associations, educational bodies, development organizations environmental groups etc. Only few women are members of these associations and most of them are for name sake. In this context, the study would like to address the role of women in two dominant political parties in Kannur District. The present study tries to explore how far the constitutional provisions and civil society movements created a space for women empowerment and thereby gender justice in a state like Kerala. It also examines how far civil society movements have internalized the notion of gender equity and have incorporated it into their practice. For realizing the objectives the researcher analyzes the existing literature on multiple dimensions of gender equity in Kerala from a critical social science perspective. I would be focusing on political party participation of women in Kannur district for my analysis. The present study used primary data which was collected from two dominant parties in Kannur district to understand how far they have internalised the notion of gender equity.

## II. CONCEPT OF GENDER EQUITY

In the gender literature, we often come across two concepts: 'gender equality' and 'gender equity'. They are sometimes used interchangeably, but they do not quite refer to the same thing. The concept gender equality is since long established as the preferred wording for equal rights, life prospects, opportunities and power for women and men, girls and boys. "Gender equality requires equal enjoyment by women and men of socially-valued goods, opportunities, resources and rewards." When there is gender inequality, it is women that are more likely to be disadvantaged and marginalized; but we should not ignore the negative impact that gender inequality can have on men as well. Gender equity puts the focus on fairness and justice regarding benefits and needs for women and men, girls and boys. Equity is used for example within the education, health and humanitarian sectors referring to the equal distribution of resources based on the needs of different groups of people. "Gender equity is the process of being fair to women and men" Women and men should not only be given equal access to resources and equal opportunities, but they should also be given the means of benefiting from this equality. This is where the concept of 'gender equity' comes into play. Gender equity implies fairness in the way women and men are treated. The different life experiences and needs of men and women are taken into consideration and compensation is made for women's historical and social disadvantages. The lower status of women in society often constitutes a

# PERFORMANCE OF MGNREGA PROGRAMME IN KERALA WITH SPECIAL REFERENCE TO KANNUR DISTRICT

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**Abstract:** With an objective to alleviate rural poverty and unemployment several employment generation programmes were introduced by the Government of India. These programmes offered wage employment on public works to needy rural households. MGNREA (Mahatma Gandhi national rural employment act) is one of the finest programme which creates employment opportunities to the rural population especially women. The present paper intends to understand the performance of MGNREGA in Kerala, with special reference to Kannur district by analyzing the employment status. The study finds that, if productive works undertaken regularly under this programme, so that it would help to reduce poverty in the area and it can increase the living standard of the poor especially those of the women. The programs give special emphasis to women which will empower them and will increase their living standards with a great satisfaction of freedom.

**Keywords:** MGNREGA, Employment Guarantee, Household Participation, Women Empowerment.

## INTRODUCTION

The National Rural Employment Guarantee Programme is an outcome of the National Rural Employment Guarantee Act (NREGA) which got the assent of the President of India on September 5, 2005. The act provided for the enhancement of livelihood security of the Indian rural households by providing at least 100 days of guaranteed wage employment in every financial year to every household whose adult members volunteer to do the unskilled manual work. The NREGA was implemented in three phases in the whole country. The programme was launched on February 2, 2006 from Anantpur in Andhra Pradesh, initially covering 200 most backward districts of India and is expected to increase the purchasing power, reduce distress migration and to create useful assets in rural areas. The programme intends to eliminate the gender wage differentials in the rural labour markets as it ensures equal wages for the male and female workers. It also intends to provide worksite facilities such as childcare, drinking water and makes provision for social auditing of the works done. Through NREGA, there has also been an attempt for the largest financial inclusion of the poor by linking them with the banks or post offices and paying them the wages directly in these accounts. It is found that these programmes have significant impacts on output across different sectors of the economy, on income generation and distribution of different household classes in urban and rural areas, on employment across different sectors of the economy, and even on government revenue generation (Sharma et al, 2016). Mahatma Gandhi Rural Employment Guarantee Act (MGNREGA) has been providing 100d days employment to the rural poor since coming into force in 2006. However, the progress of the implementation of this flagship scheme of the government has been ridden with several bottlenecks that prevented it from giving the desired results.

In Kerala MGNREGA has been implemented in three phases. The first phase of the programme was initiated in February 2006 in the rural areas of two districts- Palakkad and Wayanad. The programme was extended to Kasargod and Idukki by February 2007 in second phase and to the remaining districts. By January 2009 in third phase, in conformity with the act, the state government has issued guidelines for implementation of the scheme. This programme came to be known as a Kerala state rural employment guarantee scheme.

# DYNAMICS OF NETWORKING: A CASE STUDY OF PRINTING INDUSTRY IN KERALA

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**Abstract:** This paper is an attempt to understand the dynamics of printing industry in Kerala through the conceptual framework of networking. In particular the study explores the inter linkages between technology, marketing and networking. Networks offsets some of the disadvantages of small scale production vis-à-vis large scale production, while at the same time enhancing benefits such as innovation and flexibility. The choice of the framework of networking to explore the organization of printing industry in Kerala is influenced by the fact that the central aspect of the recent changes in Kerala's printing industry is the movement of firms from being isolated, independent centers of production to becoming a part of interdependent, networked communities.

**Keywords:** Networking, Printing Industry, Technology, Marketing.

## I. INTRODUCTION

The economic restructuring of the 1980s induced important reorganizing strategies in industrial firms. Some analysts particularly Piore and Sabel, argues that the economic crisis of the 1970s resulted in the exhaustion of the mass production system, constituting a second industrial divide in the history of capitalism. For others such as Harrison and Storper the diffusion of new organizational forms was the response to the crisis of profitability in the process of capital accumulation. In spite of the diversity in the approaches, there is coincidence in four fundamental points of analysis

1. From the mid 1970s onwards there occurred a major divide in the organization of production and markets in the global economy
2. Organizational changes interacted with the diffusion of information technology but by and large the two were independent. Organizational changes preceded the diffusion of information technologies in industrial firms.
3. The organizational changes were triggered by the need to cope with the uncertainty by the fast pace of change in the economic, institutional and technological environment of the firm by enhancing flexibility in the production management and marketing.
4. Many organizational changes were aimed at redefining labor processes and employment practices, introducing a model of lean production.

A wealth of industrial case studies has amazed over the past decades documenting the appearance of new ways of organizing production systems, labour market and labour capital relation. Recent evidence suggests that vertical integration, mass production and stable oligopolistic market structures – the hall marks of fordist industries are not the necessary culminations of sectoral development as was often assumed in the early post war years. Post fordism stresses a break with all that is fordism. Post fordist theory argues that at the heart of the new era of post fordism, are new forms of the capital- labour relations. These forms are able to overcome the problems for capital like trade union resistance which have arisen within the fordist labour process. The core argument of post fordist theory is the idea of flexibility in production, design, inter-firm relations, labour market and labour processes. Broadly expressed, we can define a flexible economy as one in which individuals, organizations and institutions efficiently adjust their goals and resource allocations in the light of changing constraints and opportunities.

A major new trend of organizational evolution that has been identified is the transition from mass production to flexible production. When demand became unpredictable in quantity and quality, when market were diversified worldwide and thereby difficult to control and when the pace of technological change made obsolete single purpose production equipment, the mass production system was found to be too rigid and too costly for the characteristics of the new economy. A tentative answer to overcome such rigidity was the flexible production system. This strategy is based on flexible multi use equipment, skilled workers and the creation through politics of an industrial community that restricts the forms of competition to those favouring innovation. Flexible specialized industries have three defining characteristics.

1. They produce a range of products for highly differentiated markets and also constantly alter these goods in response to changing tastes and in order to expand markets.
2. Individual firms use flexible and widely applicable technologies- general purpose machine rather than large dedicated machine system.
3. Flexibly specialized industries balance competition and co-operation among firms through networking.

## LEGISLATIVE PRIORITIES AND PEOPLE'S HEALTH: EXPERIENCES FROM KERALA IN THE NEOLIBERAL ERA

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### Abstract

*The present article examines the priorities and preferences of public health discussed in Kerala Legislative Assembly in the last two and a half decades. Vertical and horizontal expansion of health paraphernalia's including institutional structure, diagnostic technology and digitalization of the sector itself are derivatives of the uncritical acceptance of the notion that development in terms of apparatuses like infrastructure will lead to the creation of a healthy society. Discursive construction of these preferences and priorities conditions room for the state to withdraw from social welfare, and created a condition for privatizing and economizing health sector by legitimizing and employing the market language of 'rationality' and 'efficiency'.*

**Keywords:** Legislative priorities, Kerala, Neoliberal policies, Health paraphernalia, Telemedicine.

**Acknowledgement:** This study is derived from my PhD thesis (unpublished) titled "Political Economy of Health: Policies, Priorities and Agents in Kerala", submitted to the Jawaharlal Nehru University, New Delhi, 2010. I extend my sincere gratitude to Professor K. R. Nayar and Dr S. Raju for their constant academic support and incessant encouragement to get it published.

### Introduction

A cursory review of the discourses produced on health in Kerala from different sites would reveal that two values ruled the game. They are 'modernization' and 'development'. It guided the policy makers of the colonial period and still appears while discussion concerning health emerges in Kerala



## PARADOX IN STRATEGIES AND PRACTICES: DECENTRALIZATION AND HEALTH SECTOR IN KERALA

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### **Abstract**

*The present research examines the impact of the policy of decentralisation on health sector in Kerala during last twodecades. Health being a state responsibility constitutionally, the policy of decentralisation was proposed in the health sector expecting more accessibility to health care institutions and better provisioning of quality health care delivery at affordable rates. However, a critical examination of health policies and practices of the last twodecades suggests that the decentralisation had led to local level resource mobilisation for health sector, which I would argue, is a shifting of burden and a contradiction to the stated vision of decentralization. I have also argued that the new policies actually reduced the state and local self-governing institutions (LSGI) into mere implementing agencies of the centrally designed policies and programs.*

**Keywords:** Decentralisation, National Rural Health Mission, Health sector, Kerala, LSGI

### **Introduction**

One of the objectives of the decentralised development plans that had implemented in India was to improve efficiency as well as equity in the health sector through devolution of power to Local Self-Government Institutions (LSGI). The effective implementation of decentralisation anticipated better health outcomes and its equal distribution irrespective of caste, class, gender or regional differences.<sup>1</sup> The decentralisation in India was implemented in different degrees depending upon the willingness of each state to devolve powers, resources and so on to the local self-governing bodies. The state of Kerala, however,

# POPULAR DISCOURSES AND LIFESTYLE DISEASES: THE INVENTION OF HEALTH IN THE HEALTH-MAGAZINES OF MALAYALAM

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## Abstract

*The present study is an attempt to examine the popular discourses on lifestyle diseases in Kerala. The study is based on the writings and discussion appeared in some of the popular health magazines in Malayalam the language of natives of Kerala. Popular discussions identify the root cause for the disease as the dispositions of the affected individual himself; his/her body constitution and lifestyle are his/her own choice. That is, it separates the society (whether it is industrialized or 'developed like' Kerala) from being a constituent in conditioning the human being the way he/she is. In this process, the ideological interpellation of the capitalist society has been relieved from being the critical element in constituting a particular kind of lifestyle and thereby the sickness-prone human being.*

**Keywords:** Public health, Popular discourse, Kerala, Life-style disease, Subjectivity

## Introduction

The knowledge of health produced by the popular health magazines is becoming part of the modern society's concern with self-development and the construction of a culture more dependent on lifestyle choices than social structural needs.<sup>1</sup> In these health magazines, health is an object for marketing all kinds of new products and not a subject laboring to create well-being among human beings. Their representations are highly influential in shaping the preferences of people, in expressing their interests, and in objectifying their concerns. In a sense, these discourses constitute a new subjectivity where health is not conceived as a condition of ensuring the well-being of the people. Instead, it is a way to create adherence to technologies, personal/body care/aesthetization, and other aspects of conspicuous consumption.

In contemporary Kerala, educated lower middle class and middle class are increasingly fond of health magazines and accept the discourses such magazines create as ideal/scientific index for shopping for the 'health-care products.' These magazines present themselves as the 'total world' that potentially covers/solves problems of all (irrespective of age, gender) and of all kinds



## The Cute, The Bold and the Beautiful: Popular Discourse and Medicalization of Everyday Experience

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### Abstract

This study examines how the discourses on health that appears on popular health magazines published in the regional language of Malayalam effectuate the ways in which individuals govern their own body. The study specifically problematizes how these discourses construct ideal bodies of a 'child', 'men' and 'women'. Whether its men, woman or child, it is risk which was effectively communicated through these discourses. To reduce the potential risk of getting sick in the future, the popular magazines prescribe dietary practices, fitness programs, diagnostic techniques, medicines or Yoga. They also brought in the everyday life experiences of children that were never matters of medical science before, like how to bathe, how to brush, when to smile, when to stand on their own, when to study and how to study, to the domain of medical consultation. I have also argued that the health magazine is increasingly becoming a site for marketing not just biomedical equipment and its paraphernalia but also an array of products like artificially concentrated food, toiletries, cosmetics, fitness-objects and so on. Though these products are outcomes of politically designed market centered research, it is presented as a result of scientific research and essential for the advancement for the wellbeing of people. Moreover, these magazines help in marketing 'risk' and selling healthy lifestyles far more effectively than the health educators.

**Keywords:** Discourse, public health, risk, Kerala, personal care, body

### Introduction

The present study attempts to address the question how the discourses on health that appears on popular health magazines, published in the regional language of Malayalam, effectuate the ways in which individuals govern their own body. The study specifically problematizes how these discourses construct ideal bodies of a 'child', 'men' and 'women'. Whether its men, woman or child, it is risk which was effectively communicated through these discourses. To reduce the potential risk of getting sick in the future, these popular magazines prescribe dietary practices, fitness programs, diagnostic techniques, medicines or Yoga. They also brought in the everyday life experiences of children that were never matters of medical science before, like how to bathe, how to brush, when to smile, when to stand on their own, when to study and how to study, to the domain of medical consultation. I have focused on the stories published in two widely circulated health magazines in Malayalam, *Arogyamasika* and *Arogyam*. A close reading of such stories forces to argue that the health magazines are increasingly becoming a site for marketing not just biomedical equipment and its paraphernalia but