

## Waiting for the seasons to change: why do farmers' suicides persist?

by CHARITHA GOWDA and SYED SHAHID ABBAS

In recent months, the news media, from *The New York Times* to *The Hindu*, have published articles highlighting the alarming rate at which farmers in India are taking their lives amidst devastating economic, environmental and social conditions. In spite of the recent spurt in media coverage of farmers' suicides, a superficial glance at the situation in these countries can illustrate how the structural determinants underlying this disturbing phenomenon simply could not have been created overnight. Instead, as Mumbai-based development journalist P. Sainath writes, "farmers' suicides are an extreme symptom of a much deeper rural distress... [and the] result of a decade-long onslaught on the livelihoods of millions."

Any hope for reversing this despairing trend will require multi-faceted interventions that address the underlying structural determinants. The ecological framework offers us a lens through which we can begin to understand some of the structural factors altering the socioeconomic and political climate so negatively that farmers find no solace in their physical landscapes.

Commercialization of agriculture swept through India in the 1960s with the Green Revolution in Punjab, transforming what was a subsistence livelihood for most Indians into an entrepreneurial venture. The World Bank offered credit schemes that subsidized the imports of fertilizer, seeds and farm machinery. Several projects, including the Terai Seed Corporation in 1969, followed by National Seed Project loans, led to the replacement of indigenous food crops with imported seed varieties. Additional loans enabled

multinational seed corporations to penetrate a previously inaccessible agrarian market. While these projects did enhance agricultural productivity – transitioning India from a food grain importer to exporter – it also solidified the agriculture market's dependence on external inputs, thereby concentrating productivity in the hands of elite, large-scale farming communities.

The result, almost 40 years later, is that the 58 percent of Indians who still subsist on an agrarian lifestyle have been unable to keep pace with such industrialization. The Indian government continues to implement agricultural projects that demand increased mechanization, larger farm sizes, continuous cropping, reliance on external imports of fertilizer, artificial pesticides and seeds, and biotechnology, all of which carry profound economic consequences.

A report by the Tata Institute of Social Sciences (TISS) was submitted to the State High Court last year. It was probing the high suicide rates among farmers of the Vidarbha region of Maharashtra and highlighted a combination of corporate globalization, uneducated agricultural policies and landholding patterns as some of the factors contributing to increased suicide rates. As reported by *The Hindu*, TISS investigators found suicides cut across caste lines and were more prevalent among small and medium sized land holdings. More than 70 percent of these farmers grew cotton as their primary cash crop.

More recently, the State government of Maharashtra admitted to over 1,200 farmer suicides in the first ten months of 2006. The

results of a survey conducted by the State Government point out that more than 70 percent of the 1.7 million households in the Vidarbha region are 'in distress due to crop failure or losses'. It was in such a context that the government promoted the use of expensive and relatively untested Bt Cotton (genetically modified) seeds over other varieties. Fearing poor returns, nationalized banks were said to have shut down their credits to farmers forcing many to turn to private moneylenders who charged the farmers with as much as 60 percent interest per annum, according to government figures. Their problems were multiplied by poor monsoons and the low prices fixed for the cotton crops.

Adding additional layers of complexity to rural life has been the lack of social mobility that persists in much of India. Any marriage or illness in the family is among the most important contributor to farmers' impoverishment. In response, the government came up with an innovative and popular scheme of sponsoring mass marriages to save people unnecessary expenses. The government also started providing immediate relief to the family of deceased farmers. However, many families have been deprived of the compensation due to the narrow/strict criteria laid down for qualifying for the scheme. It has also started working on revitalizing the credit system for farmers and regulating the businesses of the private moneylenders.

Faced with little hope for economic security in this generation and little promise of a better life for the next generation, it may not be all too shocking that farmers' have found nothing to live for. However, unless changes are made on a more systemic level and agricultural policies are framed in a more sensitive fashion, any relief which comes will only be temporary.

## At the crossroads of academics and activism...

by VINAY



Photo courtesy of Syed Shahid Abbas

This is a personal reflection of my work as a technical resource person for a community based organization, which undertook a study of access of water for people living in the slums in Bangalore.

The study involved collection and testing of water samples from 18 slums in Bangalore. Water sampling was done according to WHO guidelines for water collection and testing was done at State Public Water testing laboratory in Bangalore.

The results indicated that all 18 site samples of water were unfit for domestic use, let alone for drinking. Sixteen samples had hardness levels over three times the maximum tolerable hardness for domestic use and above maximum tolerable limits

of nitrates, ferrous salts and fluoride. Two samples even had signs of fecal contamination of water!

What would follow the publication of this study in the normal course of events is anybody's guess! It would be reported and there would be a recommendation to the Public Water supply authorities to shut down the water supply. However, nobody would bother to think about what would be the plight of the slum people without their 'precious water' supply for the next few months or possibly years (the normal period for any new water supply to be established in marginalized communities in India).

A visit to the slums would further highlight the sad plight of those living there amidst the new-

found prosperity in Bangalore. Ten people living in a small hut in the most unhygienic conditions, with minimal or no government provision of water, electricity and other basic necessities of life. This when 'planned colonies' just 100 meters away have palatial houses with all the luxuries of life. It is almost like the slum people are the 'forgotten people' of Bharath. This exemplifies the present situation of life in India, the huge disparity between people of 'India' and people of 'Bharath'.

This would barely raise eyebrows. For the people living in slums are but 'illegal' residents in the eyes of the law and authorities. They are 'illegal immigrants' in their own country. They cannot have any say in the life they want to live. They are reduced to be mute spectators of their own life. They live in constant fear, for they can be evicted at any time. They have nothing to blame but their ill fate for having been born into a poor family in a time when it is most difficult for them to survive and lead a life with even a trace of human dignity.

In such a situation what struck me was the extent of my role as a Public Health professional. Am I confined to being an "academic researcher" who only reports on public health problems? Or should I also take the responsibility to act against what I believe are injustices and violations of human rights and public health standards?

This brings out a larger issue in the practice of public health. What is the role of a researcher and where does it end? What are the obligations to the community with which he/she engages in research?

Country  
in Focus:

# BANGLADESH

In BANGLADESH,

**\$14**

is spent on each  
person's health  
per year,  
compared to

**\$27**

spent in INDIA  
and

**\$5,711**

spent in the  
UNITED STATES

Maternal Mortality  
Ratio is

**8th**

highest in the world

**1 in 5**

Bangladeshi children  
under age of 5  
die of  
DROWNING  
accidents

Bangladesh, at  
**147 million,**

is only  
**1/100th**  
the land size  
of Russia,  
which has **144**  
million people

Bangladesh is pro-  
jected to become  
one of the top  
**10**  
countries to suffer  
from a DIABETES  
EPIDEMIC

## Childhood disability in Bangladesh: *looking beyond the 'frosted window'*

by PALLAB MAULIK

Researchers have for decades been studying the determinants influencing the mortality and morbidity of children in Bangladesh. These efforts have resulted in significant reductions in infant mortality rates in the country. However, minimal research has been done in the area of childhood disability, preventing the development of strategies to assess and address its impact on burden of disease. Knowledge about some of the more common neurocognitive, hearing and speech, vision and motor disabilities is severely lacking. When confronted with the dearth of research on childhood disability, one feels a 'frosted window' exists where almost nothing is evident or known.

Existing literature on childhood disability in Bangladesh is sparse, as evidenced by this brief epidemiological perspective. Using a community-based study design, Stein *et al*<sup>1</sup> found mild and severe intellectual disability rates of 16.2 and 138 per 1000 people, respectively. Some of the most common antecedent factors of childhood disability include antenatal and perinatal causes like maternal infections, birth trauma, congenital causes and consanguinity of marriage. Randomized controlled trials done across rural and urban settings found that interventions that provided specific parenting skills training to mothers with affected children did better compared to those not receiving such training.

The Bangladesh Protibandhi Foundation has been instrumental in setting up training programs for parents of children with disabilities<sup>2</sup>. The Foundation focuses on developing mother-child programs, with clinics throughout Bangladesh. One factor identified by parents in limiting access to such services is the distance of the centers from their homes, especially for those living in rural areas. Other reasons were cost of travel, household work pressures and absence of permission to leave home. The results also pointed out that boys were likely to receive more care than girls. Other randomized controlled trials<sup>3</sup> studied the effect of zinc supplements on mental development of infants but failed to find any significant association. In addition, a large community-based study focused on identification of tools to detect hearing impairment<sup>4</sup>.

Even though limited work has been done on childhood disability in Bangladesh, the initial studies available hold promise for better assessment of the situation. Overall, there is a need for conducting more research in the area of childhood disability in Bangladesh. Very little is also known about the quality of available services or governmental policies. Now is the time to look beyond the 'frosted window' and fully explore the issue of childhood disability in Bangladesh.

### (Endnotes)

<sup>1</sup> Stein, Z., et al (1986). Serious mental retardation in developing countries: an epidemiologic approach. *Annals New York Academy of Science* 477: 8-21.

<sup>2</sup> McConachie, H., et al (2000). A randomized controlled trial of alternative modes of service provision to young children with cerebral palsy in Bangladesh. *Journal of Paediatrics* 137: 69-776.

<sup>3</sup> Hamadani, J. D. et al (2002). Zinc supplementation during pregnancy and effects on mental development and behaviour of infants: A follow-up study. *Lancet* 360: 290-294.

<sup>4</sup> Berg, A.L., et al (2006). Screening methods for childhood hearing impairment in rural Bangladesh. *International Journal of Pediatric Otorhinolaryngology* 70: 107-114.

### Bangladesh: A snapshot

Capital (and largest city): Dhaka

Official Language: Bengali

Main Religions: Islam, Hinduism,

Buddhism, Christianity

GDP (2005 estimate):

Total - US\$305.9 billion Per capita - \$2100

Currency: Taka (BDT)



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[www.jhsph.edu/assembly/saahmi/nov2006.pdf](http://www.jhsph.edu/assembly/saahmi/nov2006.pdf)

## Grameen Bank: Lending Money, Minting Hope

by RAJASHREE PANICKER and  
PRAMIT RASTOGI

Grameen Bank is built on the concept that the poor should be given priority in obtaining loans. It believes in the potential of a poor villager to take charge of his/her life. Grameen Bank started in 1976 when Professor Muhammad Yunus, head of the Rural Economics Program at the University of Chittagong, launched an action research project to examine the possibility of designing a credit delivery system to provide banking services targeted at the rural poor. With the sponsorship of the country's central bank and support of the nationalized commercial banks, the project was extended to the entire country.

Today, Grameen Bank is owned by the rural poor, whom it serves. Borrowers of the Bank own 94 percent of its shares, while the remaining six percent is owned by the government. Funds for the Grameen Bank are increasingly obtained on commercial terms from the central bank, other financial institutions, the money market, and from bilateral and multilateral aid

organizations. Small loans sufficient to finance the micro-enterprises are undertaken by borrowers to support activities like rice-husking, machine-repairing, purchase of rickshaws, buying of milk cows, goats, cloth, pottery, etc. Loans are given for activities that generate income rather than those intended for consumption, with a flat rate of 11 percent and 20 percent declining rate. The repayment rate on loans is currently over 90 percent and is due to group pressure, self-interest and the motivation of borrowers. The group is observed for a month to see if the members conform to the Bank's rules. Only if the first two borrowers begin to repay the amount over a period of six weeks, do the other members of the group become eligible themselves for a loan. Thus, there is substantial group pressure to keep individual records clear and the collective responsibility of the group serves as the collateral on the loan. The success of this approach shows that a number of objections to lending to the poor can be overcome if careful supervision and management are provided.

Source: <http://www.grameen-info.org>