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# How land restoration could address malnutrition among India's Indigenous families

Published: October 7, 2025 6.25pm CEST

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## **DOI**

<https://doi.org/10.64628/AB.6hfrj66hh>

<https://theconversation.com/how-land-restoration-could-address-malnutrition-among-indias-indigenous-families-263297>

When asked how she was doing during her second pregnancy, Neethu, 24, told us she felt worried and cautious. “The doctor said the baby is in a sensitive state,” said Neethu who is from the Irula community in Attappadi in Kerala, India, which lies in the [biodiversity hotspot](#) of the Western Ghats mountain range.

Neethu’s first child did not survive beyond a few weeks after birth. Between 2012 and 2021 there were [136 officially reported infant deaths](#) in Attappadi (the actual number is expected to be much higher), where Adivasis (Indigenous people) make up an estimated 43% of the population. This is considered high in a state which has the lowest infant death rates in the country.

Although these deaths had a variety of causes, malnutrition is a well documented problem among Indigenous people in this region. And malnutrition more generally is known to contribute to infant mortality by affecting the health of pregnant or breastfeeding mothers and their children.

The Adivasi families we have spoken to in Attapadi firmly believe that these are avoidable deaths. And our research into long-term changes in Attapadi's landscape confirmed that the loss of land owned by Adivasis has eroded traditional sources of nutrition.

The state government has responded to the issue of infant mortality and malnutrition through an extension of health and agriculture projects. The "tribal multispecialty hospital" in Kottathara in Attapadi, a specialised medical care facility launched in 2007, is a striking symbol of these efforts.

To ensure everyone has access to nutritious food, special provisions are made for the Adivasis. Field-level community health workers regularly visit pregnant and breastfeeding women. Representatives from the local government and volunteers work hard to ensure Adivasi women deliver their newborns in hospitals.



A statue welcoming patients to the Government Tribal Speciality Hospital highlights a 2018 award for the best *taluk* (district) hospital. It ends with a striking message: 'Mother who is ready to feed her child at any time...a good mother'. Sudeesh R.C., CC BY-NC-ND

However, the Adivasi residents of Attappadi are not convinced that this is going to resolve the matter. Maariyamma, an elderly Irula woman is a part of the local women's collective that was formed in the mid 1990s for ecological regeneration and against alcohol trade in Attappadi. She firmly believes that these infant deaths have been caused by the historical curtailment of traditional millet farming, ecological destruction and the more recent land alienation.

Attappadi was exploited for timber since the early 19th century under colonial rule. Although the lands were claimed by an upper-caste, feudal landlord family, it stayed away in the plains, giving the Adivasis significant control over the land and forests.

The Irula, Muduga and Kurumba communities had farmed diverse varieties of millet in a shifting mode whereby patches of forests were slashed and burnt for farming and left fallow until they regenerated. The elderly respondents we spoke to pointed out that on the eastern slopes of the Attappadi hills, where rains are scarce, Adivasi families farmed enough millet in a season to last for the whole year.

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Maariyamma fondly remembered old times: “There were hundreds of green leafy vegetable varieties in those days that kept us strong” she said, before breaking into an upbeat song that listed the names of villages and the greens they were known for.

The phase out of millet farming began in the mid-19th century, when the colonial forest department became anxious about conservation, resulting in increased checks on shifting cultivation. In postcolonial times, the widespread distribution of state-subsidised rice slowly started to change food habits. Meanwhile, millet cultivation received no financial state support.

millet growing green in field, close up

Millet growing at Attappadi In Kerala, India. Krishnakumar. C/Shutterstock

This issue was compounded by two other developments: land alienation and ecological degradation. The arrival of settlers has resulted in many Adivasi communities losing lands. Several oorus (hamlets) lost over 3,000 acres over a span of three generations. This broke down their traditional governance system that managed food sovereignty, consisting of a mooppan (chief), mannukkaaran (soil manager), vandaari (treasurer) and kurunthala (rituals manager).

## **Reparation and regeneration**

Several Adivasi households are now caught up in court cases over land ownership. In the late 2000s, a new wind energy farm sparked a land alienation controversy. A [recent tourism boom](#) in Attappadi exacerbates land encroachment by settlers and businessmen, backed by forged land documents.

As Maaran mooppan says, while the link might not be obvious, loss of land and infant deaths are closely connected. Adivasis now depend on cheap rice from fair price shops that have no nutritional value. His words resonate with the demands for food sovereignty being made by Indigenous people in several parts of the world. A [2023 study](#) by the Indian Council of Medical Research pointed at the poor health of the Adivasis in Attappadi, but relegated land alienation (the loss of ownership and access to ancestral lands) as a passing concern in its conclusions.

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The colonial and postcolonial intrusions by the state and settlers in Attappadi also resulted in deforestation and desertification. The state response in recent times was to initiate the Attappadi Hills Area Development Society, an organisation that divided Attappadi into watersheds and encouraged reforestation to raise the groundwater levels that were earlier depleted.

Although Adivasis nominally participated in this programme, it lacked a vision to ensure the restoration of Adivasis' food and land sovereignty, producing short-term gains in access to water that were reversed when funding stopped in 2012.

A few recent attempts by the state government, such as the [Millet Village initiative](#) to revive millet farming, highlight the pitfalls of welfare interventions that do not address the land question. Though some Adivasi households participated in these initiatives, our respondents insist that the seeds are not native and that the products are aimed at urban consumers for whom millets are marketed as superfoods.

Neethu's generation, several of whom we talked to and stayed with, display a complete aversion to millet-based meals and affinity towards processed foods, a habit developed in boarding schools where Adivasi children are taught in yet another state-sponsored model of engaging with the Adivasis.

This challenges the idea that Indigenous health can only be improved with increased medical care and highlights how the ecological destruction and loss of land and food sovereignty has affected the health of today's population.

Ecological reparations involve directly addressing the historical relationship between colonialism and Indigenous health. Our research shows that a sustainable future requires listening to Indigenous peoples' demands for food sovereignty as the key to improving health resilience.

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