

Poverty and livelihood problems among the scheduled tribes in Kerala-A Study on Attappady

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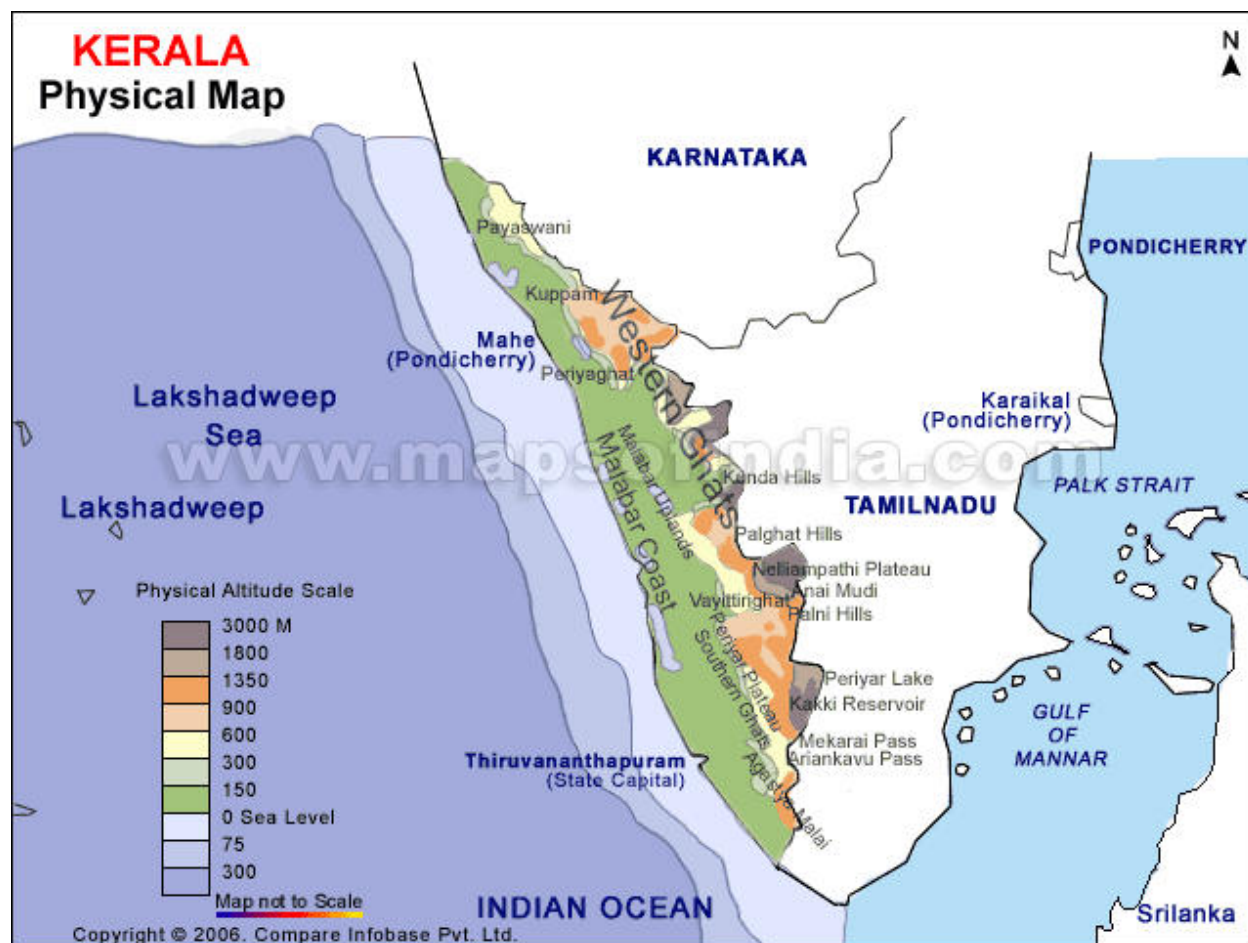
Abstract

The word 'tribe' is generally used for a socially cohesive unit, associated with a territory, the member of which regards them as politically autonomous. Often a tribe possesses a distinct dialect and distinct cultural traits. Tribe can be defined as a "collection of families bearing a common name, speaking a common dialect, occupying or professing to occupy a common territory and is not usually endogamous though originally it might have been so". According to R.N. Mukherjee, a tribe is that human group, whose members have common interest, territory, language, social law and economic occupation. Scheduled Tribes in India are generally considered to be 'Adivasis,' meaning indigenous people or original inhabitants of the country. The tribes have been confined to low status and are often physically and socially isolated instead of being absorbed in the mainstream Hindu population. Psychologically, the Scheduled Tribes often experience passive indifference that may take the form of exclusion from educational opportunities, social participation, and access to their own land. All tribal communities are not alike. They are the products of different historical and social conditions. They belong to different racial stocks and religious backgrounds and speak different dialects. Discrimination against women, occupational differentiation, and emphasis on status and hierarchical social ordering that characterize the predominant mainstream culture are generally absent among the tribal groups. Although Scheduled Tribes are a minority, they constitute about 8.2 % of the total population in India, or 85 million people in absolute number. The tribal population is an integral part of India's social fabric and has the second largest concentration after that of the African continent.

Introduction

Kerala is one of the 28 States of the Indian Union, which is the largest Democratic Republic in the world. This is the southernmost state which is on the shores of the Arabian Sea. It has an area of 38,863 sq. kms (1.18% of Indian land mass) with 30 million people, and it is divided into 14 districts. The language of Kerala is Malayalam, which had originated from Sanskrit and Tamil. Malayalam, another name of the state, which is also the name of the language, is probably derived from mala (hill) and alam (dale) corresponding to the undulating physical feature of Kerala, the land of hills and valleys. "Malabar" is a partially arabicized form of the same word. The northern area of Kerala is still known as Malabar. The 14 Districts of Kerala are grouped in to three regions on the basis of certain cultural, historical and geographical similarities. Malabar Region (North Kerala), Kochi Region (Central Kerala) and Travancore (South Kerala) are the regions.

Kerala-Land Scapes



Attappady –A brief Picture

Attappady is a tribal development block located on the eastern sloping plateau in the Western Ghats, in Mannarkad taluk of Palakkad district of Kerala and covers an area of about 745 sq. kms. It is a part of the Nilgiri Biosphere Reserve, which covers parts of the three states of Kerala, Tamil Nadu and Karnataka. The population of Attappady consists of adivasis and non-adivasis; the three adivasi communities being the Kurumbas who are essentially forest communities and have been categorised as a 'primitive tribe', the Mudugas, and the Irulas. There are 187 hamlets known as 'oorus' in Attappady, which are habituated by both the adivasis and the non-adivasis. The non-adivasi population, referred to locally as 'vandavasis', consist of migrants from Tamil Nadu, residing mainly in the eastern low-lying region of Attappady, and migrants from the rest of Kerala, who live mainly in the western regions.

The key figures in the adivasi communities for each *ooru* include the 'Moopan' who is the chief of the *ooru*, and his wife the 'Moopati'; the 'Kurutala' who takes care of relations between the *oorus*, taking a leadership in resolving inter-*ooru* conflicts, if any; the 'Bhandari' who is responsible for ensuring food security in the hamlet, particularly in making sure that nobody in the hamlet goes hungry, and the 'Mannukaran' who is responsible for conducting agricultural operations on time, as well as for the distribution of agricultural land within the hamlet. Various studies have documented the traditional agricultural practices of the adivasis, which was in the form of community agriculture, in which the labour and produce were shared. They also have their own family lands.

The Attappady Block is divided into the three Gram Panchayats - Agali, Sholayur and Pudur. From various studies it is learnt that initially the formal structure of governance in the area was established through the formation of the Attappady Panchayat in 1962, which was trifurcated into the Agali, Sholayur and Pudur

panchayats in 1968.

Table. 1
Gram Panchayat-wise oorus is as follows:

Sl. No.	Gram Panchayat	Irula Oorus	Muduga Oorus	Kurumba Oorus	Total
1	Agali	53	18	0	71
2	Pudur	43	5	19	67
3	Sholayur	44	1	0	45
4	Total	140	24	19	183

Presently the situation is such that due to various factors, including government takeover of the forest lands, wild life protection initiatives, settler inflow, establishment of governmental bureaucracy, familiarity with the settler practice of commercial agriculture, deforestation, soil erosion, displacement demanded by the 'development' and so on, the traditional practices have gradually

Shri Prasad made these observations in regard to the unfortunate children who had died:

- Except one, all children who have died are premature deliveries born between the 6th and 8th months.
- Except for one child who is 2.5 years old, all are stillborn or died within days of delivery.
- The weight of these children is between 550gm to 1.4kgs, except for two children who weighed more, in the range of about 2.5 kgs
- 90% of mothers are anemic while 2 suffer from sickle cell anemia
- Infant Mortality Rate (IMR) in Attappady is four times higher than the State average of 12.

Table 2
Extent of land alienated from adivasis was published in the government report of 1982.

Tribe	No. of houses	No. of families	Population	Cultivated area (in acres)	Area alienated (in acres)
Kurumbas	203	216	938	3304	26.00
Mudugas	388	417	1691	1266.25	1083.78
Irulas	3152	3310	14958	11580.89	8996.41
Total	3743	3943	17587	16151.14	10106.19

The migration into Attappady has also meant that the adivasis have been alienated from their lands. The process of land alienation was not a one-time affair, but continues to take place even today through land transactions (both legal and illegal). Leasing and mortgaging have emerged as the two ways in which possession continues to be transferred out of the adivasis' hands. For instance, it is very common for adivasis to approach non- adivasis for a loan in the event of a financial crisis. While doing so, they pledge a part of their land. In most cases however, they are unable to repay the borrowed amount, which accumulates interest over time, and this finally ends up in the transfer of ownership in order to repay the amount. In other cases, non- adivasis cultivate adivasi lands on a nominal lease for a short period of time to start with. In many of the reported cases, the non- adivasis retain the land even after the stipulated period of time. There are also umpteen instances of blatant

grabbing of land, and dispossession of the adivasis using physical force. Hence, land alienation continues to be a serious social problem in the area.

Table.3
Poverty among SCs and STs – Rural & Urban India (%)

Years	SC		ST		Others		Total	
	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban
1983-84	58.1	56.5	63.8	54.2	37.0	39.1	45.6	42.2
1993-94	48.1	49.9	52.2	42.4	31.3	30.6	37.1	33.7
1999-2000	36.2	38.6	45.9	34.8	21.6	20.6	27.1	23.7
2004-05 Revised Estimates (Dandekar Method)	52.7	40.0	61.9	35.0	26.2	15.8	41.8	25.7

Sources: GOI, Planning Commission

The intensity of the Tribal problems in Attappady

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity – WHO. The yardstick of how developed a society is generally based on the health and education of people. A fact revealed in the national family health survey is that one out of two new-born children in India is born low-weight/ is malnourished. Malnutrition among the children in our country is worse than that of some African countries. As far as children are concerned, the right to nutrition is their primary and natural right. The CAG report of 2012 says that 29% children below the age of 3 years are malnourished in Kerala. We need to approach the issue of child deaths in Kerala keeping in mind this disturbing statistic.

Today the situation in Attappadi is bleak. The government machinery seems perplexed and unable to meet the basic needs of a population of 30,460. It therefore is pertinent and imperative to ask why Kerala has failed in the welfare of the tribals! A simple temporary relief measure of medicines and food will do little to help the people of Attappadi escape their grim conditions caused by disease and hunger.

Attappadi had gained public attention because of the deaths of infants due to malnutrition/hunger in 2013; once again, it again falls under a dark shadow, owing to the deaths of children that continued in 2014 as well. Data upto 31st December 2014 reveals the death of 22 children (13 as per government statistics) and the death of 37 infants during pregnancy. In 2013, 47 deaths of infants were reported from Attappadi and schemes amounting to Rs. 400 crore were announced by the Union as well as the State Government. Moreover, the three-tier panchayat set apart Rs.1.26 crore to eradicate malnutrition. But the present reality is that one third out of these remains mere announcements on paper. Records available with the State Legislature reveal that only 36% of the TSP had been utilized by the Agali Block Panchayat in the last year.

As per survey of 2011, the Adivasis population of Kerala is 4, 26,208. The population of Attappadi, an important tribal inhabitant area, in 2011 was 30460 (44%). The Adivasis sections like Irula, Muduka and Kurumba also live in Attappadi. Of these, Kurumbas belong to ancient Adivasis section. There are about 10,000 families in 192 oorus of the Western Ghat mountain ranges. The area of Attappadi, the first Adivasis block of Kerala, is around 745 sqkm. The Adivasis population remained excluded from the social and economic development growth story of Kerala. There are no dearths of laws that are meant to protect the tribal people, but on ground reports from Adivasis areas reveal that those who are supposed to implement these laws instead constantly violate them. The continued death of infants in Attappady is an unfortunate testimony to this. The panchsheel principles of Nehru were the basis of the policy approach post independence for the existence,

survival and development of Adivasis who got secluded from the mainstream for historical and cultural reasons. When we examine the balance sheet of the last six decades, it can be observed that the real situation is a far cry away from those great principles.

Generations ago, Adivasis were the only natives of Attappadi. They farmed and consumed diverse foods which included 69 different navadhanyas, 60 types of leafy vegetables like keera, paali, munne, chakkara, tav, forest fruits like julee, jaleel and pali and honey from the like of small, large and kola honey bees and the rich fish property of Bhavani and Shiruvani rivers. The older generation certifies earlier they never faced disease or the death of infants.

Historical documents prove that immigration in Attappadi started after the 1940. When the Attappadi Tribal Development Block came into existence in 1962, 90.32% of the population consisted of Adivasis (as per 1951 census). But when the Tribal Block came into existence, various kinds of infrastructure facilities were provided in this area but none of these facilities benefited Adivasis, and resulted in large scale immigration to the area. Most of the immigration to Attappadi was between 1960's and 1980s. Immigrants were from various parts of Kerala as well as from the states of Tamil Nadu and Karnataka. As a result of it, Adivasis lost their land and many of the forest laws before and after independence took away the Adivasis right to land.

Acuteness of the Socio- economic problems faced by the tribals

1. Poverty and Illiteracy

Poverty and Ignorance continue to keep them poor and less dignified. Education can bring changes and development gradually for the next generation. There are primary schools in several tribal settlements, mostly far away for most of the villages. Moreover, quality education which is available to the majority is not available to the poor tribals. Tribal children can be encouraged to send to towns and cities for better education and higher studies. Distribution of old clothes and some ration is not the solution. Most of the tribal people live for a day and do not plan much for future. Education will bring in change in their world view and give them hopes for a better tomorrow. There are a number of unwed mothers among the poor tribals in Wayanad, especially from the Adiya and Paniya tribe. Assistance to education can change the plight of the poor young girls to find a living think about a family.

2. Ownership of land and Occupation

Most of the tribes were originally food gatherers and all of them made a living from the forest. Tribals are placed in colonies where they are forced to live. Tribals normally do not destroy forest or its resources. Cutting a tree trunk for building a hut has become an offence. Tribals should be protected with the right to labour and resources of the forest. Assistance should be given to develop better infra structure in their settlements. Harassments from government servants especially of the forest department need to be solved state wide. Tribals should have complete ownership of a piece of land they stay.

3. Health and Hygiene

Many tribal people die of malnutrition, ignorance and superstitious beliefs. Accessibility to proper health facilities is very rare. In Wayanad, there are many affected by cancer and most of them, abandoned by their dear ones. The Adiya and Paniya tribe in Wayanad are very poor and victims of these kinds of sicknesses. Though there are primary health centers, its services are very limited and not easily reachable. Advanced checkups and treatments are not available and affordable to the majority of the tribal people. Health education and proper sanitary amenities are far from them. Regular medical clinics or camps, special assistance to diagnose and advance treatments in cities can make their life better.

A Tragedy Unfolding: Tribal Children Dying

The continuing deaths of infants and children due to malnutrition in Attappady, the only tribal block in Kerala, reflects the state government's apathy towards addressing issues germane to the tribals residing in the region. Malnutrition deaths of infants/children are highly prevalent in India. The country accounts for 29 % (3.09 lakh) of all first-day deaths globally (Singh: 2013). The extent and severity of malnutrition deaths of

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

Incidence and Intensity of Health and Nutritional Problems in Attappady

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

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

The status of nutrition of tribal children is appalling in Attappady tribal block in the Palakkad district of Kerala. One of the first tribal blocks to be established in India, Attappady is one of the most backward blocks in Kerala. Tribal groups are suffering from extreme starvation and malnourishment even after 50 years of its formation. A study by Kerala Institute of Local Administration (KILA) (2008) reveals that 48% of the total tribal households are poor.

A recent survey conducted by Thampu, a non-governmental organisation (NGO) dealing with tribal rights, found that out of the 300 tribals affected by malnutrition 200 were children. K.Venugopal, the district medical officer, said that 412 cases of anaemia and 67 cases of malnutrition had been noticed by the health department (The Hindu: 2013). The Integrated Tribal Development Programme conducted a survey between 11 April 2013 and 19 April 2013 in Attappady, covering 7,565 households and a population of 23,599, and found that the number of tribal people with anaemia/malnutrition was 463/69, the number of children aged below five with anaemia/ malnutrition was 68/57 and lactating mothers with anaemia and malnutrition was 62/ 0 (The Hindu: 2013). The UNICEF Report (2013) observed that weight of the mothers at delivery ranged between 39 and 45 kgs. The Ekbal Committee (2013) said that most women had undergone abortion more than once and almost all

children examined suffered from anaemia and malnutrition. Difference between the nutritional status of Kerala's general rural populace and that of Attappady could be as high as 50% (Suchitra: 2013). Considering these dismal statistics, Attappady can be called Kerala's "sub-Saharan Africa".

Causes of Malnutrition Deaths

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

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

Conclusion

It is well understood that the socio-economic problems faced by the tribal communities is very high. They are deprived from the all sects of development, lack of education, stagnation in all aspects of their growth, malnutrition and related health problems are some of the most important issues facing the country. Socially marginalised groups, women and children in particular, in many states are the worst victims of this problem. It is shocking to note that Kerala – a state with the remarkable achievements in human, and social (health) indicators – has excluded the tribal groups from its so-called achievements. It shows that development in human and social (health) sectors are as not inclusive as claimed by the state. For instance, more than 60 tribal infant/children died due to the combined impacts of loss of indigenous food items, poor public distribution system, unavailability of alternate nutritious food and the loss of employment opportunities, which led to widespread starvation along with high malnutrition and related health problems in the past 24 months in Attappady, the only tribal block in the state of Kerala.

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

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