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## TEA PLANTATION LABOUR AND FACADES OF HEALTHCARE IN MUNNAR

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### Abstract:

Appropriation of the native people as labourers is an integral feature of colonial enterprises. It often tended to ignore the basic human needs of the subjugated. Colonial rulers started several plantations across India and Munnar tea estate is one among them. Large areas in the high ranges were deforested and migrant labourers were brought with their families. The adverse climatic conditions in an alien land made life in the hills miserable for the labourers, especially for women and children. They were accommodated in congested coolie lanes, which were shared by other families. Contagious diseases were prevalent among them and many succumbed to death. This compelled the planters to take some measures against the health hazards. As the plantations were a separate entity in itself, intervention from government authorities was minimum. Yet the plight of the labourers compelled the authority to enact some laws for the well-being of the workers. In addition to these, some steps were taken by the planter community itself to enhance the health condition of the labourers. This paper dwells on the question whether there was any deliberate negligence on the part of colonial authorities or it was a natural result of the peculiar conditions inherent in the plantations?

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### 1.0 Introduction:

Industrial capitalism and subsequent colonial endeavors by the British set off the emergence of industries like plantations, mines, mills etc in India. All these enterprises during the nineteenth century and early part of twentieth century marked colonial India's position in the world consumer market. This generated a distinct labour scenario, especially in the plantations, which demanded large tracts of land and massive labour so far alien to the Indian condition. The peculiar conditions necessitated the mobilization of workforce across the country to be employed in these industries. This naturally led to the negligence of some essential needs of the workforce and denial of their basic rights. One of the major issues in the plantation system was related to health care.

Bagchi (2002) argues that "Colonialism in the sense of exploitation and rule over the people of one country by the ruling class of another produces a distinct gap between the forces of production and relations of production in the dependent country" (p.91). Controlled by the British planters, this was evident in many constituents of tea plantation labour, such as health, education etc. An attempt is made here to probe into the nuances of health care system in Munnar tea plantations,

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which was formerly a part of the Travancore royal kingdom which later came under colonial administration. This paper dwells on the question whether there was any deliberate negligence on the part of colonial authorities or it was a natural result of the peculiar conditions inherent in the plantations? A historical methodology is followed and archival materials, Govt. reports and laws, descriptive notes and secondary books were mainly depended on for the study.

## **2.0 The Beginning of Plantations in Munnar and its General Features:**

The growing demands for tea in the global market attracted British planter community and they started large plantations in hill regions of India, mainly Assam, Bengal and Madras. Munnar, geographically located in the Western Ghat region of Kerala, was the major seat of tea plantation industry in the erstwhile Travancore. The history of the tea plantations goes back to the land lease between Punjar king (a subject of the Travancore royal kingdom) and John Daniel Munroe on July 11 1877 (Sreedharamenon, 2014). Munroe (2018), in his sketches of high ranges, gives an idea about the way of approach to tea cultivation and physiography of the place. "Coffee has been tried on upper ranges, but the site selected was too high (nearly 6000 feet) and failed; but I have no doubt that it would succeed well at a somewhat lower elevation; and tea and cinchona would grow in some of the forests. There are large forests to the extent of many square miles available for these purposes, and there being the great inducement of a good climate, it will doubtless not be many years before these fine hills get occupied. Labour would prove a difficulty, but not such a one as might not be overcome".

The large areas of cultivable land most suited for plantations were sparsely populated in the beginning. Hence, during the formative years, plantations faced the problem of acute labour shortage (Bhowmik, 1980). Coercion, low wages and immigrant labour were initially the three important or rather, inseparable, components of the plantation system (Bhowmik, 1980). The method of recruitment in the Duars, Madras, and Ceylon have certain resemblance, in that in each case the theory is that the recruiter, whether the sirdar, maistry or kangany, obtains his gang from villages with which he has a personal connection, and the relationship continues on the garden, the labour force being controlled by their gang man who is peculiarly interested in exacting work from them, and in seeing that their interests are looked after (Arbuthnott, 1904). All means of oppression, harassment and persecution were adopted against those who sought to initiate any kind of solidarity among the workers (Raman, 2010). Another main feature of the system was the production based on family labour and the administrators ensured that regular supply of labour was made.

Historically, plantation agriculture was an instrument of modernization in that it served to open up previously underdeveloped regions, created social overhead capital and monetized primitive economies (Tharian & Tharakan, 1986). Development of plantations involved clearing of virgin lands and construction of physical infrastructure such as roads and bridges along with other infrastructure for human development like housing, schools and hospitals (Joseph & Viswanathan, 2016). This was true in the case of the capital economy in Munnar tea plantations, but on the other hand it also intruded into the life of hill tribes in the area and the physical constructions mostly benefitted the planter community.

## **3.0 Labour conditions and well-being:**

The issues in the healthcare system in plantations could be understood from explorations in different strata of the system. Primarily, the role of geography and the nature of tea plantation itself. Secondly, the basic facilities provided to them have to be studied. Thirdly, the epidemics

and other disease prevailed among them. The last issue concerns the birthrate, reproductive health and mortality rate of the labourers.

The history of every working class is tied up with the history of its location (Joshi, 2013). More than any other group of working classes, plantations labour is closely linked to its geographical location. What is important with the plantation geography was, mostly they were located in the hilly regions which were generally inaccessible. The extreme climatic conditions in Munnar was challenging to the workers as well as for the planters. An extract from Emily Glichrisht's (1933) description of the places in Travancore we will get a picture of the situation; "when the monsoon has broken, rain, cold and mist are too abundant to be enjoyable. When it rains, it rains; not a mild downpour of a few inches a day, but torrents of rain pounding down in a fashion seldom known elsewhere" (p. 127). The climate in these elevated areas was rather different and the housing, working and living conditions were far from ideal. Diseases took their toll as medical care at this time was extremely poor (Baak, 1992).

To supply housing accommodation to workers and their dependants was a general policy of the plantations and they were housed in the coolie lines, which is very close to one another without a proper outlet for conservancy and ventilation thus subjecting them to insanitation and epidemics (Das, 1931). The labour investigation committee (1944) appointed by the government observed that, "there is not even a single instance in south Indian tea gardens where both the kitchen and the living room are allotted to the same family. The general practice on the other hand is to house one family, consisting of husband, wife, and children, into kitchen and to accommodate two such families in the living room. Cases have also come to notice where a portion of the front verandah has been enclosed with a view to accommodating another family".

Samitha Sen argued that capitalist preference for women workforce were in three ways, one of them is women have been valued, as in the tea plantations for their reproductive functions to stabilize the labour force and ensure that it is self-reproducing. As women being the major workforce, the dual burden of work and reproduction in the patriarchal Indian society, the health of women workers in plantations has always needed special attention. Likewise children's case also should be taken into consideration because they were largely employed in plantations during colonial times for the extra economic income added to the families.

The statistics of Travancore gives an idea about the birth and death rates in the state; the death rate due to various causes during the year 1927-28 was highest in the state in the plantation areas. In Devicolam where the tea plantations located, the death rate was 32.16 whereas the state average was only 9.99. But the rate of birth was 44.52 against the state average of 21.66. This continued in the years followed. In 1933-34 the birth rate was 27.01 against the state average of 20.59.

D V Rege's (1950) report gives a clearer picture. The Kannan Devan hills produce company in Travancore which employed around 40,000 workers. The general mortality rate has fallen from 20.70 in 1924 to 8.26 in 1943 per 1000 population. The infant mortality rate also showed a decrease from 26% in 1921 to 8.7% in 1943. The given *Table 1* is comparative birth and death rates in the south Indian plantations based on Rege's report.

**Table 1: Comparative birth and death rates in the south Indian plantations**

District	Total population	1942				1943			
		Births	Rates	Deaths	Rates	Births	Rates	Death	Rates
South Travancore	7689	228	29.6	54	7.0	238	30.9	77	10.0
Central Travancore	27,578	973	35.3	486	17.6	911	33.0	796	28.8
Munnar	47,711	301	48.2	311	6.5	1918	40.8	261	5.5
Anamalai	21,804	496	22.8	298	13.7	572	26.2	346	15.9
Nilgiris	11,961	391	32.7	206	17.2	327	27.4	183	15.3
Wyanad	18475	707	38.3	470	25.4	629	34.0	495	26.7
Malabar	454					15	33.0	9	19.8
Coorg	5,585	132	23.6	99	17.7	154	27.3	136	24.3
Total	141,257	5228	37.0	1924	13.6	4794	33.9	2303	16.2

Rege's also hold that the Kannan Devan Hills Plantations have a remarkably efficient system of medical aid for its workers.

#### 4.0 Endeavors for Better Health:

Typical of a capitalist production system, the role of the Government was supportive rather than interventionist, providing the conditions which were necessary for the economy to flourish (Kumar, 1988). A number of commissions were appointed and a series of laws and acts were enacted at various stages. These labour commission reports give an idea about the labour conditions prevailed there, though it has limitations. Most of the acts and laws remained in the paper till the plantation act of 1951.

As the death toll increased, planters were forced to take protective measures against contagions. Another reason was the fate of some plantations which suffered from lack workers who had either succumbed to disease or fled the place due to fear (Muthiah, 1993). The fight against malaria in plantation was backed by the practical knowledge of Rose institute in London as well as the joint effort of planters by the middle of 1920's, plantations started group medical practices which was headed by a branch of the Ross institute at Meppady. Later another laboratory was started at Anamalai also. Dr. Mishap, who worked at the Anamalai institute, found out the peculiarities of the particular type of mosquitoes and required defensive measures were taken in Munnar plantation also (Griffiths, 1967).

As mosquito flourished in marshes, the wife of the then general manager of Finlay covertly brought a few seeds of eucalyptus grandis with the intention of drying up the water-logged areas. The trees grow wild drying up the marshes, besides this spathodia, which with the name of malaria trees were also planted. The trees on the sides of the streams were pruned regularly to enable sunlight reach the water below. In addition to all these oil was used to destroy the larvae of mosquito. Due to all these measures malaria could be brought under control within two years (Nalappat, 2019).

Plague, small pox and cholera were commonplace among the people those days. Plague check posts were established at Top station and Chinnar, to test the labourers coming back after visits to their native places (Nalappat, 2019). Vaccination was given to all of them and quarantine was advised to the needy. There are some records available indicating the facilities of vaccination in the high ranges. Today every estate has hospitals and Munnar has a general hospital too. But this was not the case in the beginning. Managers and assistant managers were acted as the medical people; they were given a kit of essential medicines and a book with instructions (Babu, 2017). A government record confirms the presence of nine dispensaries under Kannan Devan hill

plantations in 1909, Munnar, Sothapara, Ellapatti, Perriavurrai, Periakanal, Nulathanni, Kanniamallay, Sevenmally and Mankulam.

The royal commission of labour outlined the measures to be implemented in the plantations were (a) the provision of drinking water (b) the provision of conservancy, sanitation and drainage (c) the provision for health facilities (d) the prescribing of minimum standards of new housing accommodation. Also found that it is undesirable to work children below 10 years in the plantations recommended the legal prohibition of the employment either directly or with their parents of children on plantations before the age of 10 years.

The plantation labour act (1951) was a major breakthrough in the legislations concerning the welfare of workers in tea plantation. This law is mentioned here because the previous measures taken for the same purpose were not effective enough in enhancing the conditions. It also underlines the fact that not much advancements was made in the area during colonial times. The very fact that such an act had to be made in 1951 is enough proof to show how inadequate the previous legislations had been. The major suggestions were

- Drinking water: In every plantation effective arrangements shall be made by the employer to provide and maintain at convenient places in the plantation a sufficient supply of wholesale drinking water for all workers.
- Conservancy: (1) There shall be provided separately for males and females in every plantation a sufficient number of latrines and urinals of prescribed type so situated as to be convenient and accessible to workers employed therein. (2) All latrines and urinals provided under sub-section shall be maintained in a clean and sanitary condition.
- Medical facilities: (1) in every plantation there shall be provided and maintained so as to be readily available such medical facilities for the workers as may be prescribed by the State Government.
- If in any plantation medical facilities are not provided and maintained as required by sub-section (1) the chief inspector may cause to be provided and maintained therein such medical facilities, and recover the cost thereof from the defaulting employer.  
(2) For the purposes of such recovery the chief inspector may certify the costs to be recovered to the collector, who may recover the amount as an arrear of land-revenue.

## 5.0 Conclusion:

A distinctive feature of the plantation system in tropical Asia was the great authority exercised by the planters within the system, and the enclosed aspect of the plantations. As a result of this, workers were forced to stay within their boundaries even when the conditions were adverse. There was least interference from government as the plantations remained a separate entity in itself. Even the laws during the early stages were more or less favouring the planter community. Like the Criminal Breach of Contract Act of 1865 which compelled the labourers to remain in plantations to fulfill their contractual obligations even in adverse and inhospitable conditions (Thomas, 2005-06). Bhowmik (1981) observes that as the workers were denied opportunity to come in contact with the outer world, he could not be aware of the changes and the nature of work offered no scope for improvement. He elaborates further that a change in either of these two factors could lead to change in the system.

Several attempts were made to alter this condition by legislations but the successes of such attempts were doubtful. This is explained in the report of the plantation enquiry commission 1956; In several meetings with the managers of tea estates and the representatives of producers

association one of the points constantly urged was that if the various provisions of the model rules framed under it by the government of India were to be implemented in full, it would cast a heavy financial burden on the industry. They were of the same view regarding group hospitals and latrines for the workers.

Despite this, it cannot be said that there was utter negligence on the part of authorities in the case of Munnar plantations. There were some attempts on the part of those in power to control contagious diseases, though it had some colonial motives behind it. Health care system was not very deplorable, as there were some medical facilities provided by the tea companies as well as some support from the government. In comparison with other plantations, mortality rate was much low in Munnar and birth rate too was satisfactory.

In short, the problems inherent in the plantation system together with some shortcomings on the part of the planters jointly resulted in the plight of the workers. Nevertheless compared with other plantations across the country it can be said that the workers held a better position in Munnar.

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