

# COVID-19 and Multiple Inequalities

## The Case of a Coastal Community in Kerala

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Despite the overall achievements, Kerala's handling of its first case of community transmission in the coastal village of Poonthura came under severe criticism. In this article, the potential pathways to the resistance raised by the fisherfolk in Poonthura are explored, thereby placing their responses as historically and politically embedded ones.

The authors would like to express their gratitude and appreciation to Rakkhal Gaitonde, Sree Chitra Tirunal Institute for Medical Sciences and Technology, without whom this article would not have taken shape. His willingness to share his time and valuable suggestions in improving the article is greatly appreciated. The authors would also like to thank the Coastal Students' Cultural Forum, a student group from the fishing community in Thiruvananthapuram, for their valuable contributions. The experiences that they shared with the authors greatly enriched their understanding of the coastal community and resulted in the conceptualisation of this article.

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Kerala has long been a favourite among development economists and scholars for the important lessons it holds. It has improved its position in the Human Development Index rankings, achieved a high female education status, and implemented decentralised planning and governance consistently over the years (Jeffrey 2016). As expected, it has also received praise for its overall health system preparedness—not only for its response to the COVID-19 pandemic but also for its recent efforts at early detection and containment of other zoonotic disease outbreaks. Its timely actions against the spread of COVID-19 and its decentralised planning and governance of control measures have also been highlighted in several papers (Isaac and Sadanadan 2020; Jalan and Sen 2020; Pinarayi 2020).

On 17 July 2020, the Kerala chief minister announced that there was community transmission of COVID-19 in Poonthura, a coastal fishing village under the administration of the Thiruvananthapuram Municipal Corporation.<sup>1</sup> This was the first area in the country where community transmission was officially acknowledged by the government. While the government must be applauded for its openness to acknowledge community transmission in a context where states were under pressure to downplay the gravity of COVID-19, the way community transmission was handled in Poonthura raises questions about the apparently equitable governance and effective response of the state's health system. In this article, we examine the events through an inclusivity lens. We consider the specific history and characteristics of the community to understand how socially and culturally insensitive COVID-19 containment strategies might have amplified

pre-existing vulnerabilities, resulting in the Poonthura conflict.

### Structural Exclusion

The COVID-19 pandemic and its impacts are not randomly distributed. Patterns from several countries show that the poor and marginalised bear a disproportionate share of the consequences of the pandemic and its control measures. A combination of pre-existing vulnerabilities and containment strategies that are not adapted or sensitive to individual and community contexts have amplified impacts and risks among poor and marginalised communities globally (Van Damme et al 2020).

In addition, the crisis seems to have aggravated polarisation and othering where poor and underprivileged communities are viewed as the locus of infection. This furthers victimisation, even though the seeds of the pandemic were sown in multiple countries by international air travel, a modality available almost exclusively to economically better-off people. The stigma and discrimination faced by marginalised communities during this period, along with the higher risk of disease exposure and economic precarity, indicate the multilevel dynamics that set in motion the social, political, and economic processes that resulted in the unequal impact of COVID-19 on the poor. While the forces that drive unequal economic impact and the high disease exposure of the poor are perhaps similar across several communities in the world, there are crucial differences in how the crisis is experienced by individual marginalised communities.

In this context, understanding the diverse ways by which the COVID-19 pandemic is unfolding across the world, and affecting marginalised sections, in particular, constitute important ecological evidence to protect the poor from its devastating impact. In line with global evidence, reports from different parts of India suggest that the overwhelming attention to testing, healthcare, containment, and contact tracing, though well justified, also takes away the scarce policy and public attention accorded to the socio-economic determinants of disease vulnerability among marginalised communities. These

include housing, livelihoods, food security, and access to information, the latter further colluding with biomedical determinants and reducing the ability of these individuals and communities to follow and adhere to health advice that could protect them and control the spread (Chetterje 2020; Prasad et al 2020). Hence, COVID-19-related vulnerabilities in marginalised communities cannot be seen as a matter of coincidence or place but as rooted within social and historical processes. Response strategies that do not integrate this contextual understanding could indeed jeopardise the most important values underlying our health systems and upheld by the Indian national health policy—advancing fairness and social justice (MOHFW 2017).

### The Intersection of Inequalities

Like most coastal communities in Kerala, Poonthura is densely populated and has overcrowded neighbourhoods. With more than one family living under a single roof, houses are crammed, and families have limited access to basic amenities. Due to the lack of access to piped water supply, people collect drinking water from a common tap in the neighbourhood. Erosion and episodic wave run-up continue to eat away at the coast on one side, while the looming metropolis of the state capital moves inward on the other. Over the years, the intertidal area has decreased, forcing fisherfolk to depend on the nearby Vizhinjam fishing harbour for fishing and related livelihood practices. This further worsens the situation; even when local authorities permitted fishing, the people of Poonthura could not resume their occupations during the lockdown (P K Rosi Foundation 2020).

Multiple exclusionary structures intersect in the neighbourhood—caste, gender, religion, economic position, occupation, and geographical location. Therefore, living in the neighbourhood means living at the crossroads, in a maze of unequal identities and their effects. These might have also modulated people's exposure to COVID-19 and influenced control measures. The majority of the people in the district belong to the Mukkuva Latin Catholic denomination, which comes

under the Other Backward Classes category according to the Indian Constitution's affirmative action policies. The people of this community bore the brunt of the 2017 Ockhi cyclone—35 people were killed or never found, several houses were damaged, and numerous trees uprooted. Many families lost their sole breadwinners, and those who survived suffered severe trauma and could not return to fishing for years (FAO and ICSF 2019).

### Dissent as the Last Resort

The following is an account of the events that occurred in Poonthura between 1 July 2020 and 17 July 2020, until the declaration of community transmission by the state government, presented from the perspectives of the residents of the local coastal community. One of the authors hails from the community and has first-hand experience of the events; the other authors interacted with members of the community through several virtual meetings and telephonic interviews.

On 1 July, when a wholesale fish dealer from a fish market in Thiruvananthapuram city tested positive for COVID-19, many from Poonthura were identified as primary contacts. Their family members automatically became secondary contacts. As per the protocol, from 6 July, they were summoned for a massive COVID-19 testing programme organised at a local health centre. Subsequently, those who tested positive for COVID-19 were transferred to a facility about 30 kilometres away, allegedly without providing prior information or acquiring consent, triggering uncertainty and anger among the patients and their family members. The facility had been non-functional for a long time and had only recently been converted into a COVID-19 first-line treatment centre (CFLTC) with bare minimum facilities. There were limited amenities and few attendants to provide information and medical support. Pregnant and lactating women were denied essential services like milk and hot water. Despite these conditions, the facility was the only one catering to this community, which resulted in overcrowding. For instance, up to 30 patients in a single ward shared a poorly maintained common toilet (P K Rosi Foundation 2020).

These conditions caused outrage and a video clip from the facility uploaded to the internet quickly went viral, further fanning the community's anger towards the government. Furthermore, many patients admitted into the CFLTC developed only mild or no symptoms, raising suspicions about the status of their illness. Subsequently, when the media started questioning the accuracy of the antigen test, the coastal community also started suspecting the intentions of the government. Those who tried to access other health services for routine check-ups were not given access to them because they were from Poonthura, which was known to have community transmission (P K Rosi Foundation 2020).

On 8 July, commandos were deployed to the village where people were already battling the triple lockdown enforced by the Thiruvananthapuram Municipal Corporation and a fishing ban imposed by the fisheries department of Kerala. Shops in the village were not allowed to open and offer essential services, including provision of newspapers, water, and milk. Interestingly, shops in the nearby Puthenpally and Manikkavilakom wards—which also had a spike in cases at the time and most of whose residents belonged to non-fishing communities—were allowed to open.

In Poonthura, however, physical distancing and other COVID-19 control measures were enforced strictly. Caught between the anxiety of contracting the virus, strict and degrading policing, hunger, and uncertainty surrounding livelihoods due to the fishing ban, community members attempted to defend themselves. They broke the curfew and purchased provisions from a nearby ward, resulting in further conflicts with the police. The insults and discriminatory behaviour of public servants on the one hand and the vicious media portrayal of the

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residents as superspreaders on the other, pushed the community to a tipping point far beyond their fear of the virus itself. Amid this mounting anger, the arrival of health workers made things even worse. Defying social distancing norms and the mask mandate, crowds swarmed around the police and health workers' vehicles to express their anger and demanded the release of the patients forcefully admitted in the hospital (P K Rosi Foundation 2020). The following week, the COVID-19 virus spread throughout the coastal regions of Thiruvananthapuram.

### Caste and Gender

The popular characterisation of Kerala as a progressive society often obfuscates deep-rooted casteist and patriarchal social structures that frequently manifest as subtle and nuanced condescension and insults thrust upon individuals and communities on the lower rungs of social hierarchy (Devika 2010). This is further reflected in, and even amplified through, existing public services wherein oppressed sections are severely under-represented, further consolidating these disparities in everyday practices and within state policies. Despite its apparent progressiveness, Kerala's society still retains assumptions of inferiority and stereotypical notions regarding the dialects and vocations of those from lower social orders. This can be discerned from the perceptions and attitudes of non-coastal people towards coastal communities who, along with their cultures, are still considered "lowly" or "impure."

These deep-rooted social constructs have important implications for the purportedly biomedical features of the COVID-19 pandemic, both in shaping health workers' responses to such communities and in governing interactions within and across neighbourhoods. For instance, it could manifest as a caste-based stereotype that attributes health-related negative behaviours to entire communities or groups of individuals/neighbourhoods. Although the transmission started at a wholesale fish market in the city and more people tested positive in adjoining areas, the media narrative framed the Poonthura community as the super-spreader or epicentre of COVID-19. This

portrayal confused and insulted the residents (P K Rosi Foundation 2020).

The condescending attitude towards coastal communities is also evident in the language used—for instance, in the use of the term *chantha pennu* (woman who sells fish in the market). Since coastal women belonging to traditional fishing communities also engage in selling their hard-earned catch in open markets, they breach patriarchal norms of women as bound, "pliant" housewives. Getting a good price for their fish requires them to be vocal and assertive while bargaining. However, autonomy and agency are seen as undesirable qualities in a woman. Thus, the term *chantha pennu* is considered derogatory.

Another common stereotype attributed to fisherfolk is that they are seen as rude and unrefined. Such stereotypes became evident in the way the wider community responded to the media coverage of the confrontations between health workers and the local community. The news reports instigated the wider community to run hate-filled campaigns against the fisherfolk on various social media platforms. Online posts and media coverage featured name-calling and broad-brush stereotyping that branded the Poonthura community as illiterate and irrational. Venal politicians deemed them Christian criminals, mentally ill, and traitors who were intentionally spreading disease and sabotaging the efforts of health officials. Some even wanted to have the members of the community shot at sight (*Malayali Vartha* 2020).

It is important to note here that during the 2018 floods, when Kerala was in distress, the timely intervention of fisherfolk in rescuing several non-coastal communities was applauded. The fisherfolk deployed their boats to save many people from their marooned houses. Assertions such as "if it was not for them, we would have drowned," appeared in the press (Chacko 2018). However, this camaraderie was short-lived. The abusive words directed at the community during COVID-19 demonstrate the superficiality of the reverence shown to them and an inability to rise beyond deeper stereotypes associated with the coastal community. Drawing from Krieger (2011), we

argue that these stereotypes did not originate *de novo* due to specific behaviours manifested by Poonthura residents but drew from pre-existing prejudices and stereotypes. In the context of the COVID-19 pandemic, the fear and uncertainty of infection compounded the prejudice and stereotypes against coastal communities and perpetuated scapegoating and othering.

### Public Services and Trust Deficit

These previously conditioned responses became institutionalised and amplified when health workers and public servants endorsed them, aggravating the historical trust deficit between the community and the state. Close geographical proximity to several government agencies, including the coast guard, navy, and air force, only adds to their consternation because they do not experience the apparent benefits of this proximity through timely rescue of fisherfolk during disasters. For instance, the community attributed deaths in the Ockhi cyclone to a lack of active and timely intervention. The community's mistrust of the meteorological department was cemented by their failure to avert the disaster by providing timely alerts of the approaching cyclone. Although many promises have been made over the years, the government has not paid much attention to the issue of beach erosion and related livelihood difficulties. Such historical neglect during crises, thus, shaped the community's attitude towards the government's COVID-19 control efforts.

The events around the current COVID-19 crisis in Poonthura shed light on these dimensions of community mistrust and suspicion towards government interventions, and the disorganised approaches that the state has adopted towards these communities. The history of violent conflict and police firing in the area added to their woes. In 1992, coastal Thiruvananthapuram witnessed communal riots, and the subsequent police firing resulted in the deaths of five people (Punathil 2019). Given their history, during the recent COVID-19 control efforts, the deployment of commandos to patrol streets gave rise to feelings of terror and insult in the community. The arbitrary deployment of forces on 8 July and the use of

commandos to control and quarantine the area point to the very stereotypes that the wider community holds and how they are reflected in state interventions. The use of commandos for disease containment does not have precedence anywhere else in the state, including the northern districts where similar panic had erupted earlier due to the spread of COVID-19.

Repeated instances of conflict and rebellion within the state call for an examination of these events through the lens of communal resilience and agency born out of oppression and exclusion that have accumulated over the years. Many of these instances illustrate the community's struggle for autonomy and control in their own lives, often resulting in more conflict. The sudden announcement of a triple lockdown, without giving residents enough time to purchase even basic supplies, was bound to lead to conflict, especially in communities that cannot cope with a rapidly enforced lockdown. Their anger, frustration, and subsequent confrontations with the police and health workers need to be viewed in this context. If not for these efforts by the community to resist the imposition of pandemic control measures, the subsequent conflict resolution discussions, relaxations by the district administration permitting shops to open, and the institution of a quarantine centre closer to the community might not have happened.

### Lessons from Poonthura

The COVID-19 control measures in Kerala have been implemented through a well-established network of decentralised planning and local governance. However, Kerala's pandemic response targeting one of the most marginalised groups in the state continues to reflect the Poonthura community's "outlier" status (Kurien 1995). There are important lessons to be learnt from this experience, particularly regarding the implementation of decentralised planning in vulnerable communities during public health emergencies. Pre-existing socio-economic and cultural vulnerabilities, a history of state neglect of the community during disasters, and negative stereotypes about coastal communities among state actors have shaped the inequitable

power relationship and trust deficit between the Poonthura coastal community and the state. This suggests that despite the existence of a declared state policy of decentralised planning, poor and marginalised communities could be left out if key stakeholders do not acknowledge their social and cultural vulnerabilities.

The imposition of a strict lockdown in a place like Poonthura, with its high population density and inadequate water and sanitation facilities, without addressing these conditions can only be viewed as further oppression. The approach to contain COVID-19 in Dharavi, Mumbai, with a comparable population density and neighbourhood characteristics, greatly benefited from decentralised planning measures adopted from Kerala's model containment strategy (Golechha 2020). However, Kerala, one of the earliest and more established implementers of decentralised planning and local governance in the country, appears to have failed to effectively apply a similar approach among one of its most vulnerable populations. As proposed by Prasad et al (2020), an overarching principle of equity is an important consideration in disease control measures and treatment.

The Poonthura incident reminds us not to problematise conflicts between and within communities without acknowledging their unique realities and histories. If Poonthura is seen as an isolated incident, devoid of its wider social and historical context, then we will not learn anything. Just as individuals who are addicted to substances are often in denial about the same—cities, neighbourhoods, and societies that do not explicitly acknowledge deep divisions and fractures will not address them, allowing crises to feed off these divisions. Indeed, given their location on the edge of both the climate change and COVID-19 crises, coastal communities will benefit from research focusing on the historical pathways and mechanisms of disadvantage. Such work will help in addressing deep-rooted causes of inequalities.

### NOTE

- 1 The area administered by a municipal corporation is known as a municipal area. Each municipal area is divided into territorial constituencies known as wards. A municipal corporation

is made up of a wards committee. Each ward has one seat in the wards committee.

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