

We-ness and Welfare: A Longitudinal Analysis of Social Development in Kerala, India

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Summary. — This paper challenges the conventional wisdom that ethnic diversity negatively influences public goods provision through a longitudinal study of the Indian state of Kerala, which has attained exceptional levels of social development despite high fragmentation along religious and caste lines. This paper argues that it is not objective diversity but a subjective sense of “we-ness,” which is the key determinant of the level of public goods provision and social development. A historical analysis of Kerala illustrates how a cohesive subnational community generates progressive social policy as well as societal monitoring of schools and clinics, which together give rise to relatively high levels of education and health outcomes.

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Key words — ethnicity, subnationalism, public goods provision, social development, South Asia, Kerala

1. INTRODUCTION

The received wisdom from an influential and extensive body of research is that ethnic diversity negatively influences public goods provision (Alesina, Baqir, & Easterly, 1999; Miguel & Gugerty, 2005; Banerjee & Somanathan, 2007, p. 289).¹ In recent years, these studies have been exhaustively critiqued for their decision to measure ethnic diversity via the Ethnolinguistic fractionalization index on the grounds that it violates key constructivist findings about the fluid, multidimensional, and socio-politically manufactured nature of ethnicity (Chandra & Wilkinson, 2008; Laitin & Posner, 2001). Independent of the specific shortcomings of the ELF index, however, this body of work is plagued by the deeper problem of content validity—a mismatch between the content of the concept and the indicator used to measure it (Adcock & Collier, 2001, p. 538). A close reading shows that the underlying theoretical construct in these studies is not in fact ethnic diversity but ethnic divisions. The two broad sets of mechanisms by which ethnicity is hypothesized to dampen public goods provision—by generating conflicting preferences (Alesina *et al.*, 1999) and/or impeding collective action (Miguel & Gugerty, 2005)—are both driven not by heterogeneity but by polarization. This literature tends to assume that ethnic fragmentation, a demographic measure, necessarily implies ethnic polarization, a political concept.

This is brought out strikingly in Alesina, Baqir, and Easterly’s introduction to their influential piece, where they claim that “This paper argues that certain public goods...supplied by US cities are inversely related to ethnic fragmentation in those cities. In cities where ethnic groups are polarized...the share of spending that goes to public goods is low” (1999, p. 1243, emphasis added). Similarly, in their seminal work on Africa’s growth tragedy, Easterly and Levine ask “Do higher levels of ethnic diversity encourage poor policies, poor education, political instability, inadequate infrastructure, and other factors associated with slow growth?” In response they cite “an assortment of political economy models” which “suggest that polarized societies will...have difficulty agreeing on public goods like infrastructure, education, and good policies.” They favorably note that “Alesina [1994, p. 38] recently argued that ‘society’s polarization and degree of social conflict’

are key factors underlying policy decisions” (1997, pp. 1205–1206, emphasis added).

This article simultaneously challenges and builds on this scholarship. It questions the economic tendency to read off the politics of identity from population counts but develops the insight that societal polarization is likely to lead to low levels of public goods provision. I argue that it is not so much objective diversity but the extent to which people share a subjective sense of belonging, which has no necessary relation to objective diversity, that is the key determinant of public goods provision.

I hypothesize that a shared identity can generate a politics of the common good. Laboratory as well as field experiments in social psychology have consistently and robustly demonstrated that once people feel part of a group, their affect towards that group and its members becomes more positive (Transue, 2007, p. 9). A closer identification with a group reduces the perceived distance between members such that they are less likely to make a distinction between their own and others’ welfare and more likely to view each other as having common goals (Brewer, 1979; Tajfel & Turner, 1986). Philosophers, specially from the “liberal nationalist” school, argue that a “we-feeling” generates a web of mutual obligations, which makes people more willing to work toward common ends (Miller, 1995; Tamir, 1993). Members of a cohesive political community are, therefore, more likely to support the provision of public goods. Public support for social welfare especially on the part of elites, serves as a powerful impetus for governments to prioritize the social sector. A strong affinity with the political community also encourages citizens to be more politically conscious and active. In a cohesive political

* I would like to thank Atul Kohli, Evan Lieberman, Deborah Yashar, Patrick Heller, Ashutosh Varshney, and Steven Wilkinson for their helpful comments on an earlier draft of this paper. I would also like to acknowledge the financial support from the American Institute of Indian Studies and the Princeton Institute of International and Regional Studies and logistical support at the Center for Development Studies (CDS), Trivandrum and the Center for Policy Research (CPR), New Delhi. My greatest debt of gratitude, is to James Thanickan, whose insights were the inspiration for this paper. Final revision accepted: November 12, 2009.

community, people are consequently more likely to avail of and monitor the social services provided by the state. In this way, a cohesive political community fosters both a more progressive social policy and a greater popular involvement with the public goods provided, which combine to give rise to higher levels of social development.

In this article I develop and test this argument through a historical analysis of social development, conceptualized in terms of education and health, in the Indian province of Kerala.² Kerala, which has a population of 32 million, equal to that of Canada, has attained levels of education and health far ahead of the Indian national average and equivalent to those in upper-middle income countries such as Argentina and Serbia. What is especially striking about Kerala's exemplary social gains is that they have occurred in a context of high ethnic heterogeneity and low levels of economic development. Kerala has the highest score of all Indian states on the ELF index for religion, widely recognized to be the most divisive ethnic cleavage in the country (Varshney, 2002; Wilkinson, 2008, p. 284). Conventional wisdom has it that the richer the political unit, the higher its levels of social development. This insight about the positive relationship between economic and social development has its theoretical roots in modernization theory and has been empirically supported through various cross-national studies. Kerala's *per capita* GDP, however, was significantly lower than the Indian average and at about the same level as that of sub-Saharan African nations during the 1950s–80s when the state witnessed its most important improvements in education and health indicators (Heller, 1996, p. 1055).

This article undertakes a longitudinal comparison of education and health policies and outcomes in Kerala from the mid-19th century to the present period with the aim of specifying how the growth of a cohesive subnational political community generated high levels of social development in the state.³ Such an analysis also allows for an assessment of the validity of prominent rival explanations that have been put forward to explain this phenomenon. The ability of qualitative research to provide a distinct source of leverage for causal inference is well established (Achen, 2005; Brady, Collier, & Seawright, 2004, p. 8; Ragin, 2004). A number of studies also make the case that contrary to conventional wisdom, conducting careful, historical analysis of a single unit is a more powerful strategy for both causal inference and adjudicating between alternative explanations than the addition of units (Lieberman, 2001).

The historical analysis of social development in Kerala in the next section is structured loosely around an institutional origins strategy (Lieberman, 2001). I compare three time periods corresponding to the absence, emergence, and strengthening of subnationalism, which in turn led to low, increasing, and high levels of education and health provision and development. In the first sub-section, I show that until the 1890s, in the absence of any sense of a shared identity, the princely government paid minimal attention to the social sector and the state was consequently characterized by high rates of illiteracy and mortality. In the second sub-section, which focuses on the period from the late 19th century to the end of colonial rule, I show that the emergence of subnationalism triggered popular demands for collective welfare, which led the princely state to prioritize the social sector. A progressive social policy was introduced and an improvement in education and health outcomes occurred only after and as a consequence of the emergence of a cohesive subnational community. In the third sub-section I show how in the post-independence period, from the 1950s onward, a cohesive subnationalism generated consistently high state expenditures on education and health as well

as active societal monitoring of schools and clinics, which together led to sharp increases in social development. After establishing the causal impact of the varying degrees of subnationalism on social development in Kerala, in the next section, I assess the applicability of three of the most prominent alternative explanations for the phenomenon. I conclude with the policy and scholarly implications of this study.

2. SUBNATIONALISM AND SOCIAL DEVELOPMENT IN KERALA

This section delineates the causal impact of the degree of cohesion of the subnational political community, or subnationalism, on the level of social development in Kerala through an analysis of three time periods—until the 1890s, from the 1890s to the 1950s, and from the 1950s onward. The modern state of Kerala was formed in 1956 by uniting the two princely states of Travancore and Cochin, which were ruled by native kings, who were under the suzerainty of the British and the northern district of Malabar, which was a part of Madras Presidency that was ruled directly by the British. The discussion of the colonial period in the first two sub-sections focuses on the largest and the most populous of these three units, the princely state of Travancore, but also includes references to the broadly similar trajectory of socio-political developments in the adjoining, relatively tiny princely state of Cochin.

(a) *Upto the 1890s: absence of subnationalism fosters low social development*

The regions that came to constitute Kerala have historically been characterized by a set of shared symbols, such as a common language, culture, myths, and values (Cohn, 1967, p. 22). Until the late 19th century, however, these shared symbols remained latent. The socio-economic and political life of the region was structured around the identities of caste and religion.

By almost all accounts, the caste system in Kerala was the most orthodox and oppressive of all Indian states. A tiny minority of Brahmins were separated from the rest of the *Sudra* population by rigid and ruthless rules of pollution based not only on touch, like in the rest of India, but also on proximity. There were strictly enforced injunctions on the use of public facilities, such as roads, wells, temples by lower castes, and elaborate specifications of the physical distance allowed between Brahmins and various 'Sudra' castes. The social reformer Swami Vivekananda famously termed Kerala "a mad-house of caste" (Desai, 2005, p. 463; Franke & Chasin, 1989, p. 75). Not only was there clearly no sense of a common identity between various Hindu castes but members of different religions also did not share a conception of larger Malayali political community.

In the absence of a common identification, there was little support for collective welfare and virtually no demands for the provision of social services. Consequently, until the 1860s, the state took "little interest...in the education or health of the people" and "spent practically nothing on the social services," directing its expenditure instead to the ideal categories laid down in the ancient Hindu books on polity—religious functions, the upkeep of the palace, army, and civil administration⁴ (Singh, 1944, p. 9).

The limited social services available to the people were on account of indigenous schools, which were mostly open only to higher caste students, private physicians who practiced the traditional *ayurvedic* form of medicine, as well as the activ-

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