

COMMENTARY

"Is disease a crime?": Exploring the possibilities of health humanities in Bhasi's *Aswamedham*

A.Y. ELDHOSE, SHANTY A.Y.

Abstract

This commentary analyses playwright Thoppil Bhasi's efforts to challenge the social stigma surrounding leprosy, focusing on the Nooranad leprosy sanatorium in Kerala during the second half of the 20th century. Bhasi's influential play "Aswamedham" (1962), is recognised as a pioneering work in literature in Kerala. Its impact on the discourse surrounding health, illness, and societal attitudes towards individuals affected by leprosy is examined through the lens of health humanities. "Aswamedham" embodied a powerful social critique, challenging the prevailing necropolitics and reshaping the public perception of people suffering from leprosy. The transformative power of popular theatre and film in confronting social stigma, promoting inclusivity, and fostering compassion in health-related issues is highlighted here. In this era, the Covid-19 pandemic led to harsh stigmatisation at both individual and societal levels. This commentary contributes to the growing domain of health humanities studies, underscoring the significance of popular theatre and cinema in confronting social exclusion and discrimination against those afflicted by disease and transforming public perceptions regarding health conditions.

Keywords: Health humanities, Kerala theatre, stigma, theatre, necropolitics

Introduction

"Is disease a crime?" Dr Shankaranarayanan Unnithan, health superintendent of a leprosy sanatorium, asked Thoppil Bhasi, popular dramatist and political activist. This was in the 1960s when the Kerala state government had discussions on implementing a "Leprosy Bill", which would make it legal to punish a leprosy patient with six months' imprisonment, if they were found moving around in public [1]. Unnithan, an empathetic healthcare activist, explained how inhumane this bill would be. Convinced, Bhasi, a communist and activist author, presented the issue before the Communist Party Parliamentary meeting, after which the government decided to withdraw the bill [1]. Still, the question, "Is disease a crime?" reverberated in Bhasi's mind and resulted in his play, *Aswamedham*.

In the South Indian state of Kerala, where Malayalam is the mother tongue, Thoppil Bhasi's *Aswamedham* was the first popular drama that focused on healthcare and the social stigma of contagious disease. According to the plot of *Aswamedham* — published and first staged in 1962 by the Kerala People's Arts Club (KPAC) — Sarojam, the daughter of Kesava Swamy, falls in love with Mohan, and their parents

agree to their marriage, after initial hurdles. Then, Sarojam is diagnosed with leprosy and their marriage is called off. She is admitted to the Nooranad Leprosy Sanatorium, where a kind-hearted doctor, Thomas, treats her. Due to active medical care and support, Sarojam is cured in six months, and discharged from the sanatorium. When she returns home, her family are busy with the marriage of her younger sister, Sarala. Things get complicated as no one in the family is ready to believe that she has been cured. The family members ask Sarojam to leave the house. Later, Sarojam approaches her lover Mohan, hoping that he will accept her. But he too refuses to believe that she is cured. Society's attitude towards leprosy patients radically impacts Sarojam. She returns to the sanatorium and dedicates her life to the service of leprosy patients.

The immediate context in which the play was written reveals the stigma and fear that a contagious disease — in this case, leprosy — creates in society. In the final decades of the nineteenth century in colonial southern India, individuals afflicted with leprosy were compelled to shoulder three distinct burdens alongside the ailment itself, as described by Buckingham: the "stigmas of vagrancy, poverty, and criminality" [2]. For instance, the immediate societal response to leprosy involved banishing those affected from the security of their homes, resulting in leprosy-afflicted vagrants becoming objects of fear for others. Poverty equally affected both victims of the disease and their families. As the early 20th century arrived, Kerala confronted deep-seated poverty caused by colonial exploitation and the catastrophic 1924 floods. Lastly, the weight of being branded as "sinful" or "criminal" persisted as a profoundly demeaning aspect woven into the disease's depiction in Kerala's cultural milieu through the twentieth century. This article examines, through a health humanities lens, Thoppil Bhasi's endeavours to challenge the societal stigma associated with the disease, using the example of the Nooranad leprosy sanatorium.

The background of *Aswamedham*

While in hiding as a wanted person for his role in the Sooranad agrarian revolt, Bhasi met Comrade K Karthikeyan and they became close friends. Later, Karthikeyan was infected with leprosy. After being acquitted by the court, Bhasi went to the Nooranad leprosy sanatorium to meet his friend, along with several of the 1500 leprosy patients. This was a terrific experience for Bhasi. He was traumatised by the condition of the patients. At that time, the local communities

around the leprosy sanatorium, who had very little scientific knowledge of the disease, attacked the inmates brutally and even threw stones at them. This prompted Bhasi to interact more with Dr Shankaranarayanan Unnithan, Health Superintendent of the sanatorium, to understand the nuances of the disease. This interaction gave him the confidence to become a regular visitor to the sanatorium. He wrote in the Preface to the play:

I visited the place regularly. I participated in the literary forum of the sanatorium, explored their library, gained insights into the inmates' cooperative society, and engaged in their agrarian activities. I observed pictures drawn by the inmates, using their deformed hands. I couldn't help but shed tears [1].

With a wealth of experience spanning two decades in theatre, Bhasi made the deliberate choice to employ theatre as a means of engaging with the local community. Possessing an innate understanding of audience preferences, he crafted plays that seamlessly wove together music, songs, and familial sentiments, showcasing his unique style [3]. The first-hand information that Bhasi acquired from the sanatorium provided the basis for the text of the play *Aswamedham*. The play was actually written as a melodrama, with popular generic elements of the age, like songs, love story, family values etc. But the core aim of the play was to generate social empathy for leprosy patients. In a Preface to the first publication of *Aswamedham*, Bhasi pointed out a quote from Nehru's speech that influenced him to make it a motto for the play.

Science is continuously expanding, but its influence should extend beyond the realm of scientific discourse and penetrate the minds of the general public. This implies that the scientific awareness possessed by scientists should transform into a cultural phenomenon accessible to all. It necessitates a reconstruction of ordinary people's mindset, enabling them to embrace scientific knowledge [1].

By writing and staging *Aswamedham*, Bhasi aimed to bring about a significant shift in public consciousness away from the stigma associated with leprosy. The play's purpose was to reconstruct societal perceptions and attitudes surrounding this condition, to foster understanding and empathy among the audience.

Health humanities

The need to reduce the distance between patients and physicians and make medical practice more humane and empathetic gave birth to the idea of medical humanities. But a semantic shift from medical humanities to health humanities occurred from the beginning of the 21st century. This shift widened the scope of medical humanities from the doctor-patient relationship to the whole gamut of interrelationships within the medical field, to include "non-physician healthcare professionals, patients, caregivers, and global populations impacted by public health and medical interventions" [4]. *Aswamedham* serves as an exemplar of how

a health humanities theoretical approach towards art and literature unfolds across two dimensions: the first celebrates the brave and empathetic efforts of doctors and medical professionals to relieve people in pain and agony; the second focuses on a re-reading of the patients' suffering, to dispel wrong information concerning disease, and also problematise how movies and literary works stigmatise specific illnesses and patients as "immoral" and "sinful".

Significantly, health humanities is not a movement initiated by literary and cultural theorists but by medical professionals themselves. Their primary aim was to create compassionate medical professionals, and to establish medical humanities courses as part of medical education towards that goal. The term health humanities initially appeared in a paper presented by Paul Crawford at the Economic and Social Research Council Business Seminar presented in the United Kingdom, in 2007 [5]. This paper presentation later resulted in the launching of the International Health Humanities Conference at Nottingham University, UK, in the same year [6]. There followed a series of workshops on Health Humanities. Finally, it became an academic discipline by the second decade of the 21st century, and several undergraduate and postgraduate programmes in the field were initiated in many countries. A study by health humanist scholars identified 57 baccalaureate Health Humanities programmes instituted in the United States alone by the year 2020 [7].

The compassionate doctor in *Aswamedham*

From a philosophical standpoint, one should regard the doctor's profession as a divine calling, as famously articulated by William Osler: "The practice of medicine is an art, not a trade; a calling, not a business; a calling in which your heart will be exercised equally with your head" [8]. In the context of health humanities, the doctor-patient relationship holds great significance, as exemplified in *Aswamedham*. It explores the inherent power dynamics within this relationship and challenges traditional hierarchical models of care. The play emphasises the importance of collaboration, shared decision-making, and recognising patients as active participants in their healthcare journey. By empowering patients and fostering trust, this approach aims to enhance the overall quality of care. While speaking of the presence of healing doctors in drama and films, James Welsh commented that "...the mystery of a doctor-patient relationship, [is] the mystery of motivation for the patient who, [is] under extreme stress" [9]. The conversation between Dr Thomas and Sarojam, the protagonist affected by leprosy, exemplifies the mysterious motivation that drives patients under extreme stress. It delves into the depths of the doctor-patient relationship, revealing the profound impact it can have on individuals who have lost hope. Let's examine the scene where Sarojam informs her family about her illness, which vividly portrays the profound mental stress she is grappling with. Sarojam says: "Move. Move away. I am a leprosy patient. This is a

highly contagious disease. I cannot touch anyone." Turning to her sister who is attempting to console her, she says "Dear sister, this is the reality. No one should try to console me. I don't want to see anyone" [1]. After her recovery, Sarojam demonstrates her sincerity by bringing a beggar named Govindan, who is also affected by the illness, to the sanatorium. At that time, she proclaims to the doctor with contentment: "I find joy and fulfillment in being a leprosy patient, if only for a while" [1]. This exemplifies the transformative impact that a healthcare professional can have on a patient who was once completely devoid of hope.

In her essay "On Being Ill," which holds considerable significance for scholars in the field of health humanities, Virginia Woolf emphasised that illness itself serves as a transformative experience for the individual.

Considering how common illness is, how tremendous the spiritual change that it brings, how astonishing, when the lights of health go down, the undiscovered countries that are then disclosed, what wastes and deserts of the soul a slight attack of influenza brings to view [10].

On another occasion in *Aswamedham*, Dr Thomas comments: "It is futile if a scientist's scientific awareness remains confined to their brain. The path to instil this awareness in the hearts of ordinary people begins with the heart itself. The connection between hearts surpasses that of the brain conversing with the brain" [1].

The progression occurring within health humanist literature involves creating empathy in the character's mind and subsequently in that of the reader or audience. In the context of theatre and visual media, a form of "mirroring" is linked to the performance between the actor and the audience. In other words, there is, as Hedberg Olenina demonstrated, the kinesthetic empathy in Sergei Eisenstein's theories, recognised as an imitative instinct eliciting muscular sensations in the spectators, leading to an emotional release [11]. Within the realm of drama, a medium steeped in intersubjectivity, the elicitation of emotional outbursts through kinesthetic movements is pronounced. This is particularly evident in the plays of Thoppil Bhasi, where audience engagement is substantial. Bhasi's expertise lies in enhancing the popularity of his plays through the integration of melodious songs, emotionally charged dialogues, and enigmatic performances, thereby significantly heightening the potential for invoking this kinesthetic emotional sensation. Darren Zook discussed the widespread appeal of songs in Bhasi's plays, stating that: "it is not too much of a stretch to suggest that the popularity of the Communists, which allowed them to capture state power in the elections of 1957, stemmed largely from the popularity of Bhasi's play and its songs" [12]. In a similar vein, ONV Kurup, the lyricist behind many of Bhasi's plays, expressed the viewpoint that: "Songs in the plays of KPAC¹ made the audience to sing and dance with actors" [3]. Devarajan Master, the music director for Bhasi's plays, infused local/folk rhythms into the songs. Nissim

Mannathukkaren provided insights into the composition of the songs, stating that: "The immense popularity of the songs in the plays [of Bhasi] is attributed to their grounding in folk culture demonstrating the significance of form" [13].

Lucy Fischer, in her work *Emotion Pictures: Movies and Feelings*, talks about the capacity of the visual and performing media for "transmitting the emotional charge from performers to audience by locking the two in unison motion, thereby evoking the spectator's empathy" [14]. Fischer's notion of empathy extends beyond mere understanding; it encapsulates a dynamic process where viewers forge a deep emotional connection with characters and their experiences. This engagement transcends passive observation, inviting the audience to inhabit the characters' emotional landscapes and share in their joys, sorrows, and complexities. *Aswamedham* emerges as a play abundant in melancholy, characterised by emotional fluctuations experienced by the people affected by leprosy, the healthcare workers, and the distressed public. Bhasi's meticulous engagement, prior to penning the script, with all these strata affected by the disease, has enabled the seamless transmission of these myriad emotions to the audience. This conscious involvement equips the audience with diverse perspectives on the affliction and the resulting suffering, fostering a deep wellspring of empathy within them. During the staging of *Aswamedham*, the audience experienced this empathy which corroborates the observation of Vallikunnu Mohandas, author of a comprehensive historical analysis of KPAC's productions, that: "Through the play *Aswamedham*, Bhasi created an empathetic audience" [15].

Necropolitics of leaving the diseased to death

Aswamedham presents a counter-discourse challenging the unstructured necropolitics of society towards leprosy patients. It offers a powerful critique of prevailing attitudes and policies, shedding light on the need for a more compassionate and inclusive approach to those affected by leprosy. According to Achille Mbembe, "the ultimate expression of sovereignty resides, to a large degree, in the power and the capacity to dictate who may live and who must die" [16]. Necropolitics can be understood as a mechanism that employs social and political power to exert control over an individual's freedom to live. It creates oppressive "deathworlds" for those who are deemed unfit to meet societal norms. In the late 19th and early 20th centuries, Kerala experienced the implementation of necropolitics specifically targeting individuals affected by leprosy, and their families. The oppressive system subjected them to marginalisation and discriminatory practices, denying them their basic right to live with dignity.

Here, necropolitics functions primarily as an ideological tool, where the deaths of certain individuals are considered insignificant to the broader population. This perspective holds particular relevance when examining the challenges

faced by leprosy patients in the Nooranad leprosy sanatorium. Despite being a relief and treatment centre backed by state support, the deep-rooted stigma surrounding the disease, which has endured for over a century, continues to impact the local community's perceptions and attitudes. Buckingham provides insightful information on people's profound fear, stigmatisation, and apprehensions concerning leprosy. There are instances of entire families being set on fire if anyone within the family is diagnosed with leprosy [2]. Patients were often regarded as bearers of a "curse" and labeled as "sinners". In an interaction between Sarojam and the elderly Govindan, abandoned due to leprosy, he cries out, "I am a sinner, my family despises my presence." The cry of this old man resonates with the sentiments not only of the common people but also with the victims of the disease. Mbembe builds upon Foucault's concept of biopower and examines how specific individuals are subjected to a state of "becoming subject" for death. By analysing the mechanisms of power and control, Mbembe highlights the ways in which certain individuals are marginalised and rendered vulnerable, leading to their inevitable exclusion and demise. This exploration sheds light on the complex dynamics between power, society, and the conditions that shape the lives of those deemed "disposable". Buckingham remarks

Since the publication of Foucault's Madness and Civilization (1961) and Discipline and Punish (1975), leprosy, poverty, criminality and insanity have tended to be understood less as discrete conditions and more as characteristics which unite those living 'in the margins of the community' and mark them out for exclusion [2].

As noted by Buckingham, leprosy assumed a social signifier that contributed to the exclusion of a particular group from mainstream society [2]. The implementation of segregation and enforced hygiene measures were presented as strategies aimed at averting the spread of this contagious disease.

In a pivotal scene within the play, a lengthy dialogue unfolds between Dr Thomas and Mathravadi, a deceptive 'oracle' figure. With calculated intent, Mathravadi skilfully instils fear in the minds of the people, perpetuating the stigmatisation of leprosy. He manipulates an elderly leprosy patient, now reduced to a life of begging, convincing him that his condition is a divine curse brought upon him for straying from religious devotion in favour of a scientific mindset. Mathravadi compels the leprosy patient to believe that his only hope for a cure lies in begging. Here, Mathravadi embodies unscientific notions within society that subject individuals to isolation, fear, and eventual demise. This scenario can be seen as a prime illustration of Baudrillard's concept of simulation, wherein individuals are compelled to believe fabricated narratives [17]. It highlights the subsequent consequences wherein people, convinced of the authenticity of the false story, begin engaging in misguided actions, which can lead to profound social repercussions. Dr Thomas responds to this superstitious belief by remarking, "There is medicine for leprosy, but a remedy for blind beliefs is yet to be discovered" [1].

Tony Sandset points out that, "the necropolitics of global health inequality is driven not by a perpetual state of emergency, but by a state of chronic acceptance that some have poorer health than others" [18]. The state of chronic acceptance constitutes the central argument of this paper. It can be rephrased as selective acceptance or conditional acceptance. The mindset of entire communities celebrates a healthy body. Specific rituals are practised for a healthy body. On the flip side, this can result in a fearful stigmatisation of the sick, amounting to "normalised violence" [19]. This may even make it "normal" to kill or abandon the person suffering from a disease. Mbembe questions this act by asking "What place is given to life, death, and the human body (in particular the wounded or slain body)? How are they inscribed in the order of power?" [16]. In the play, the character of the fraudulent oracle symbolises a society deeply entrenched in erroneous beliefs. He continually emphasises the 'curse' as a supposed cause of leprosy. Through his dialogue, the character illustrates how society stigmatises leprosy patients and their families, conveying the message that they are "unfit" to coexist in a world of the supposedly blessed.

When examining the history of leprosy, one can discern a profound presence of colonial and imperialist elements deeply embedded within it. In her book, *The Body of the Conquistador: Food, Race, and the Colonial Experience in Spanish America, 1492-1700*, historian Rebecca Earle discusses the impact of leprosy on the Spanish colonisation of the Americas. She writes, "The fear of leprosy was one of the driving forces behind Spanish attempts to control and discipline the indigenous population. Leprosy was seen as a disease of the Other, a mark of difference that set the colonizers apart from the colonized" [20]. Mbembe argues that colonialism and imperialism have been characterised by a fundamental disregard for the lives of certain groups of people, which he refers to as "subaltern" or "subhuman". He writes, "The colony was a space in which the power of death was deployed as a sovereign form of power. The colony was thus the space of bare life" [16]. Bhasi was deeply troubled by the act of "othering" that occurred when addressing leprosy patients. Leprosy patients became "others" even to their closest loved ones. In this context, the love relationship between Sarojam and Mohan becomes an intriguing subject for analysis. Despite the initial enthusiasm Mohan has for their relationship, even in the face of parental disagreements stemming from caste differences, he begins to subtly "other" her once she is diagnosed with the disease.

A cultural and political comprehension of leprosy holds significant importance. Typically, critics and scholars highlight the inhumane treatment of leprosy patients by society. However, scholars like Mbembe go further, viewing epidemics like leprosy as tools employed by oppressors to subjugate the impoverished, marginalised, and subaltern populations. Colonial governments exploit such diseases to exert their authority without resorting to conventional

weaponry, instead using fear of epidemics to instil fear and terror within society. Bhasi's portrayal of the compassionate doctor in *Aswamedham* represents an effort to challenge and counter the historical narrative of violence.

Bhasi's choice of the concept of *Ashvamedha* for his title holds significant meaning in the context of necropolitics. "*Ashvamedha*" is a Sanskrit term that translates to "horse sacrifice," an ancient Vedic religious rite in India conducted by kings to assert their supremacy. Detailed descriptions of this ceremony can be found in various Vedic texts, particularly the *Shatapatha Brahmana* [21]. During the ritual, a king would select a prized stallion and let it roam free for a year under royal protection. "If the horse entered a foreign country, its ruler had either to fight or to submit. If the horse was not captured during the year, it was victoriously brought back to the capital accompanied by the rulers of the lands it entered, and then sacrificed at a great public ceremony, which was accompanied by much feasting and celebration" [21]. Bhasi draws a parallel between the fate of the horse and that of leprosy patients. Just as neighboring countries might contest the king's supremacy by attempting to kill the horse, society often ostracises or neglects leprosy patients, leading to their suffering or even death. Conversely, if the horse returns successfully, the king celebrates with its sacrifice, mirroring how society may sometimes isolate or harm leprosy patients regardless of the disease's outcome.

Just as the title carries symbolic weight, the selection of the leprosy colony as the setting is equally significant. The Nooranad Leprosy Sanatorium in South India, was treated, during the 1950s and 60s, as an isolated and stigmatised space. It is precisely this context that compelled playwright Thoppil Bhasi to visit, spend time, and stage performances there, deliberately engaging with patients to challenge the notion of the sanatorium as a site of abandonment and fear. This intervention aligns with anthropologist Susan Craddock's insights in *City of Plagues: Disease, Poverty, and Deviance in San Francisco*, where she examines how leprosy colonies historically functioned not only as spaces of isolation but also as instruments of disciplinary control. As Craddock notes, "The leprosy colony was not just a place of isolation; it was also a site of power. Those who controlled the colony exercised a kind of disciplinary power over the bodies and lives of those within it" [22]. Bhasi's fearless engagement with the sanatorium thus resists the spatial logic of exclusion and reclaims the leprosy colony as a site of solidarity and theatrical resistance.

In conclusion, the analysis of Thoppil Bhasi's play and his activism serve as a compelling illustration of the intricate interplay of disease, politics, and power. Throughout history, from the colonial era to the present, disease has been manipulated as a tool for societal control and exclusion, leading to violence and discrimination against those afflicted by it. It is imperative to comprehend this historical context to formulate effective strategies for combating the persisting stigma associated with leprosy and advancing the rights and

dignity of its victims. This study underscores the significance of a compassionate doctor-patient relationship, which lies at the heart of humane healthcare. Such a relationship possesses the structural potential to deconstruct prevailing stigmatisation of the afflicted. This deconstruction is particularly pertinent in the current era marked by the recent Covid 19 pandemic, emphasising the enduring importance of empathy and understanding in the face of disease-related social challenges.

'Note: Kerala People's Arts Club (KPAC) is a left-wing theatre group which coordinated staging plays in Kerala from 1950s onwards. Bhasi stage most of his earlier plays with KPAC.

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References

- Thoppil B. *Aswamedham*. 4th ed. Kottayam: DC Books; 2010. [Malayalam].
- Buckingham J. *Leprosy in Colonial South India: Medicine and Confinement*. New York: Palgrave, 2002.
- Kurup O N V. *Thoppil Bhasi: Onattukara Manninte Uppu* [Thoppil Bhasi: The Salt of Onattukara's Soil]. Trivandrum: Prabhat; 2012. [Malayalam]
- DeTora LM, Hilger SM. Introduction. In: Detora LM, Hilger SM, editors. *Bodies in Transition in the Health Humanities: Representations of Corporeality*. Abingdon: Routledge, 2019. pp. i-iv.
- Crawford P. Introduction: Global Health Humanities and the Rise of Creative Public Health. In: Crawford P, Brown B, Charise A, editors. *The Routledge Companion to Health Humanities*. London: Routledge. 2020. p. 1-7.
- Crawford P, Brown B, Charise A, editors. *The Routledge Companion to Health Humanities*. London: Routledge. 2020.
- Berry SL, Lamb EG, Jones, J. *Health Humanities Baccalaureate Programs in the United States*. Center for Literature and Medicine. Hiram College. 2016 [Cited 2024 Jun 24]: Available from: https://case.edu/medicine/bioethics/sites/default/files/2022-07/2022%20Baccalaureate%20HH%20Report%20FINAL_0.pdf
- Osler W. *The master-word in medicine: A study in rhetoric*. Springfield: C. C. Thomas Publishers. 1972.
- Welsh JM. Dream Doctors as Healers in Drama and Film: A Paradigm, an Antecedent, and an Imitation. *Lit Med*. 1987; 6: 117-127. <https://doi.org/10.1353/lm.2011.0015>
- Woolf V. On Being Ill. *The Criterion*. 1926 Jan.
- Hedberg OA. *Psychomotor Aesthetics: Movement and Affect in Modern Literature and Film*. New York: Oxford University Press; 2020.
- Zook CD. The Farcical Mosaic: The Changing Masks of Political Theatre in Contemporary India. *Asian Theatre Journal*. 2001 [cited 2024 Mar 8]; 18 (2): 174-199. <https://muse.jhu.edu/article/3224>
- Mannathukkaren N. *Communism, Subaltern Studies and Postcolonial Theory: The Left in South India*. Oxon: Routledge; 2022.
- Fischer L. *Emotion Pictures: Movies and Feelings*. London: Routledge; 2022.

15. Vallikavu M. *KPAC yude Charithram* [History of KPAC]. Kottayam: SPCS; 2002. [Malayalam]
16. Mbembé J.-A, Meintjes L. Necropolitics. *Public Culture*. 2003[cited 2024 Mar 8]; 15 (1): 11-40. Available from: <https://muse.jhu.edu/article/39984>
17. Baudrillard J. From The Precession of Simulacra. In: Leitch Vincent, editors. *The Norton Anthology of Theory and Criticism*. New York: Norton & Company; 2001. p. 1512-60.
18. Sandset T. The necropolitics of COVID-19: Race, class and slow death in an ongoing pandemic. *Glob Public Health*. 2021; 16 (8): 1411-1423. <https://doi.org/10.1080/17441692.2021.1906927>
19. Bourgois P. The power of violence in war and peace: Post-Cold War lessons from El Salvador. *Ethnography*. 2001; 2 (1): 5-3.
20. Earle R. *The Body of the Conquistador: Food, Race, and the Colonial Experience in Spanish America*. London: Cambridge University Press; 2014.
21. Ashvamedha. Britannica. [cited 2024 Mar 8]. Available from: <https://www.britannica.com/topic/ashvamedha>
22. Craddock S. *City of Plagues: Disease, Poverty, and Deviance in San Francisco*. University of Minnesota Press; 2004.

COMMENTARY

Tobacco-related health harms among Indigenous communities in India: Commercial determinants of health perspective

UPENDRA BHOJANI

Abstract

Tobacco use has remained high among Indigenous communities in India over time, compared to other social groups. In this commentary, I use the lens of "commercial determinants of health" to understand commercial drivers of tobacco-related health harms among Indigenous communities, at three levels: the products, industry activities, and structural factors. At the level of products, we need to recognise diverse products and patterns of tobacco use, while differentiating the traditional use of tobacco from commercial tobacco use. Certain industry activities including "sachetisation" of tobacco products, occupational hazards in the bidi sector, and tobacco industry influence on public policy impacting Indigenous community health are examined. Macro-economic factors, not always specific to Indigenous groups/areas, also create the broader environment in which commercial forces operate. Tobacco control efforts need to consider the unique contexts of Indigenous communities, regulate the tobacco industry, and promote policies that provide safer livelihood alternatives alongside supply reduction measures.

Keywords: *Indigenous communities, Adivasis, tobacco, commercial determinants of health, bidis*

Introduction

Tobacco use took firm root in India only at the beginning of the 17th century, a little over 400 years ago [1]. However, its use spread rapidly, making it part of the economic and sociocultural milieu of Indian society, including that of Indigenous communities. The 2018 report of the expert committee on tribal health, set up by the Government of India, identified "controlling the use of addictive substances and providing de-addiction and mental health care" as one of the ten special challenges faced in enhancing the health of Indigenous communities [2]. The report, based on the National Family Health Survey (Round 3) data, reported that tobacco use among men belonging to the Scheduled Tribes

was higher (71.7%) than among men from other social groups (56.3%) [2].

I do not come from an Indigenous community but have been researching and addressing tobacco control for nearly two decades, with recent work in the related area of commercial determinants of health. In the last few years, I started engaging with scholars working with Indigenous communities and participated in a few initiatives that specifically explore and/or address substance use among Indigenous communities. It is in this context of limited familiarity with Indigenous communities and my interest in tobacco and social inequities, that I develop this commentary to look at tobacco and Indigenous communities through the lens of commercial determinants of health.

Tobacco as a commercial driver of the health of Indigenous communities

While I recognise the importance of sociocultural and historical factors in understanding tobacco use among Indigenous communities, I want to limit the focus of this commentary to the commercial and economic dimensions of how tobacco use became an essential part of the life of Indigenous communities in India, through the useful lens of "commercial determinants of health". Here, I go by the framing of commercial determinants of health by Kickbusch et al as "strategies and approaches used by the private sector to promote products and choices that are detrimental to health" [3]. I further use Melissa Mialon's three-level view of how commercial determinants operate [4], as (i) the products or services, whose consumption harms health; (ii) the various activities of businesses to expand their markets, run their business, or initiate corporate political activities to build their image and soft power; and (iii) the macro-level factors or structures (eg, mode of economic production, legal frameworks) that are beyond the business framework but shape how businesses behave.