CHAPTER -V

HEALTH AND ECONOMIC EMPOWERMENT

Discussion on empowerment is far from complete without a detailing the health and economic aspects. Prior to establishing modern medicinal practices and hospitals, all medical emergencies were handled by practitioners of country medicine with varying and unreliable degrees of credibility. And pregnancy was one of the above-referred medical emergencies. So, once again, women were on the receiving end of the under-developed health sector of Kerala. It was common for women to conceive more than five times. There was high risk on the lives of mother and child during childbirth due to complications that arose from inadequacies in healthcare and post-natal care. Mother and child mortality was so high and prevalent. It was reduced with the arrival of foreign missionaries who brought with them modern medicine and healthcare standards.

Regarding the economic status of women, they were dependent on their male relatives. The women were widely accepted as second class citizens who were subordinate to men. Eldest men in all families made important decisions on all matters that concerned women in the family, including education and marriage. The South Kerala Diocese did yeomen service for the health and economic empowerment of women.

HEALTH EMPOWERMENT

The Medical Mission of the Church plays a pivotal role in the evangelistic activities. The inadequate medical facilities to maintain health and hygiene and to prevent the spread of contagious diseases, the L.M.S missionaries adopted timely
measures to save people from annihilation\(^1\). Therefore, they started dispensaries to provide health services to people. The aim of the Medical Mission was to provide all patients, rich or poor, high or low caste to receive the best treatment. This chapter deals with the historical background of Medical Mission and the contribution of South Kerala Diocese in Medical field.

### 5.1. Historic Look at Medical Mission

Medical ministry is an integral part of the vision and mission of the Church. The foundation of medical ministry is found in the fact that healing ministry was one of the main components of the ministry of Jesus and he was always willing to heal the sick. However, as far as the medical work of the diocese is concerned, the motive from the very beginning was evangelization. Even though the aim of medical mission was to heal the sick, the physical aspect of the mission of the Church changed and it was connected with the spiritual needs of the people in the South Kerala. Circumstances forced the missionaries to start medical work in Travancore. One of the lady missionaries in Travancore says that: “Visits to Hindu houses and village work amongst the poor very soon convinced me of the duty of doing something for sick and suffering”\(^2\). She saw her little scholars struck down with fever and some other diseases, lying in dark unventilated rooms, attended only by illiterate native doctors, who forbade food and drink and to overcome the disease by making them starve\(^3\). Due to this unscientific way of treatment, many of them died. However, as far as the medical work of the L.M.S. was concerned, the motive from beginning was evangelization.

\(^1\) Somervell, T.H., ‘*Knife and Life In India*’, London, 1955, p.16.
\(^2\) Augusta M. Blandford, “*The land of the Conch Shell*”, London, p.76.
\(^3\) Ibid., pp.77-78.
Dr. Archibald Ramsay started a medical work in South Travancore in 1838 by opening a dispensary in Neyyoor. He connected medical work to evangelization. His method of evangelization was teaching and preaching to those who came to him for medical treatment. Evangelization through the medical work was much more revived by the arrival of another missionary, Dr. John Lowe, in 1861. He sought the service of native Christians for his evangelistic purposes through medical work. His method was to train the local Christians in order to treat the patients of minor cases. The local assistants were called ‘Medical Evangelists’.

Dr. John Lowe opened a branch dispensary in each Mission District of L.M.S. Field in Travancore. In 1868, he opened three branch dispensaries in three important localities of the mission Agasteesvaram in the Kottaram District, Santhapuram in the Nagercoil District and Attoor in the Neyyoor District. Following them, eight branch dispensaries were opened in 1891 in various parts of the Travancore Mission. Work in the Central Hospital of Neyyoor and its fifteen branches increased by leaps and bounds. South Travancore Medical Mission extended over 114 miles from Cape Comorin in the South to Kottarakarai in the North. Most of the branch hospitals were established in the 19th century. A large number of medical works was done at the outstation of the dispensaries and hospitals.

5. Ibid., pp. 44-61.
8. In 1925, it was estimated that 1,20,059 patients were treated and 188 major and 5,309 minor operations were performed. The number of in-patient also increased twenty percent. Obviously it was found that thousands of people every year came to realize the value of treatment by scientific method.

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These branch hospitals and dispensaries greatly added to the influence of the Medical Mission.\textsuperscript{12}

5.1.1. Tituvillai

Tituvillai is situated five miles north of Nagercoil and is very near to the foothills\textsuperscript{13} in Nanjinad near the eastern side of the Western Ghats. Most of the people of Tituvillai were agricultural coolies. To the benefit of this poor working class, Dr. T.S. Thompson opened a dispensary at Tituvillai in 1879.\textsuperscript{14} People in large number came to the dispensary to get medicines for their ailments. Very soon it was converted into a hospital following the erection of a ward for the accommodation of six in-patients.\textsuperscript{15} It is interesting to know that the work of the branch was carried on for the high caste people in an old “Chattram” or inn. The pillars of the building are still found with figures of local deities, but the healing ministry of the L.M.S. was carried on in the building.\textsuperscript{16}

In the beginning of the twentieth century, Travancore was passing through a period of great transition in every field. In the field of medical service, a number of government hospitals opened. A lot of private medical practitioners also set up their own dispensaries in many towns. Therefore, some of the branch hospitals of the South Travancore Medical Mission in the Tamil area had to be closed down. Mission Hospital at Tituvillai had to meet with the same fate.\textsuperscript{17}

\begin{thebibliography}{99}
\bibitem{12} Report of the L.M.S., 1906, p. 120.
\bibitem{13} Annual Report of the South Travancore Medical Mission, 1884, p. 1.
\bibitem{14} Annual Report of the South Travancore Medical Mission Hospital and Dispensaries, 1880, pp.15-16.
\bibitem{15} Report of the Ten Years work in connection with the South Travancore Medical Mission 1901-1910, p. 21.
\bibitem{16} Ibid., p. 16.
\bibitem{17} Ibid., p.16.
\end{thebibliography}
5.1.2. Kulasekaram

Kulasekaram is fifteen miles from Neyyoor in the South Travancore.18 This place was notorious for malaria fever. In addition to this, the construction of the Pechipparai dam made the dispensary an indispensable one in this place.19 Hundreds of coolies worked in the construction work badly needed medical help at times of accidents and affliction of malaria fever and other diseases.20 People who live in an area distant hospitals was very remote. Taking all these into consideration, Dr. Thompson opened a dispensary at Kulasekaram in 1880.21 The dispensary was originally started in an old salt store. It was dark and gloomy and could not be kept clean. However, for want of space for immediate occupation, it was divided into four or five compartments.22 Very soon the mission constructed new buildings with the financial assistance from the public23 and few supplied timber.24 At first, the number of patients who came to this dispensary was not so encouraging and so the dispensary was closed and later it was re-opened in February 1901. It was developed during the time of Mr. Manuel, the Medical Evangelist.25

5.1.3. Agasteesvaram

Agasteesvaram hospital is situated from three miles west of Cape Comorin. The hospital needed Dressers, to treat the patients. The missionaries gave training to the natives as Dressers. They treated 2,534 patients during the period of 1880.

20. Ibid., p. 5.
23. Ibid., p. 11.
scheme of the people to construct a building was not so encouraging as they had the
difficulty to get their own Church support. A suitable place for keeping patients under
treatment and those who came from a distance and desirous to stay was very much
felt. This work yielded most encouraging results and people came from
Santhapuram. in 1880, sixty-one were in-patients, 461 visited at their home and
2,340 came to the dispensary for medicine. Many serious Palmyra accidents,
fractures, dislocations and obstetric cases were successfully treated. This dispensary
was closed because it was handed over for a nominal payment to the local church to
be run with a compounder trained by the Medical Mission.

5.1.4. Kottaram

Kottaram is two miles away from the West of Cape-Comorin. Dr. John Lowe
started a dispensary at Kottaram and a small church. It could serve as a preaching cum
healing center. Hundreds of pilgrims to Kanyakumari got treatment here. When the
patients increased in large number, a separate dispensary building was constructed
with the help and co-operation of both the Hindus and Christians. Following the
establishment of a government dispensary at Kottaram, the mission dispensary was
closed in 1830.

5.1.5. Santhapuram

Dr. T. S. Thomson opened a branch dispensary at Santhapuram in 1876 with
four beds for emergency or special cases. The Dispensary served chiefly the Christian

29. Martin Daniel Dhas, op.cit., p. 28.
31. Martin Daniel Dhas, op.cit., p. 122.
32. Martin Daniel Dhas, op.cit., p. 122.
community in the vicinity and also the Hindu population. But by the end of 1927, Santhapuram branch hospital collapsed in a storm. This Hospital was rebuilt at the end of 1928.

5.1.6. Nellikakuzhi

Nellikakuzhi is situated about seven miles away on the south of Neyyattinkara. It was inhabited by a large number of Christians, Hindus and Muslims. To its vicinity, there was no government or private hospital for the people. In such a place, Dr.Fells opened the branch dispensary at Nellikakuzhi. Once in a month, the Mission doctor visited the branches and supplied medicines. P. Joseph was put in charge of the work at Nellikakuzhi since its commencement. He constructed the new hospital building. Soon, he was transferred and M.D. Solomon succeeded in the Nellikakuzhi hospital. The construction of the hospital building consisted of a central room for consultation, compounding and surgical work and with large wards on either side for male and female patients. In the front, there was a verandah and a spacious porch.

5.1.7. Nagercoil

Nagercoil was a central place where the Mission had a branch hospital. It was put under the charge of Henry, senior Medical Evangelist. Majority of the people of Nagercoil are Christians. The dispensary consisted of a hall of moderate proportions.

in which all branches of the work had to be carried on.\textsuperscript{39}When the medical work of L.M.S. started at Neyyoor and it got to progress with branch hospitals and dispensaries among the lepers, grew as a separate wing of the Medical Mission. The treatment of leprosy in Nagercoil became a lasting contribution to the society and the patients who had no hope in the past.

\textbf{5.1.8. Mission Hospital, Marthandam}

The L.M.S Missionaries opened a hospital at Marthandam in a small building at Thoduvetti on 5 August 1883\textsuperscript{40} to extend medical facilities to the local people. Dr.P.Vethamanickam, a trained medical evangelist, became the caretaker of the hospital. As the building was very small, it was shifted to a new building at Marthandam in 1892\textsuperscript{41}. It was the first hospital in Vilavancode Taluk providing western medicine. With the arrival of Dr.G. M. Moses in 1944, the Marthandam hospital recorded a rapid growth. During his tenure, a maternity cum women's ward with 22 beds was constructed and then a pay ward with four beds was added. Under him, the hospital blossomed into a first-rate hospital. After his retirement on 31 December 1960, the Medical Mission appointed Dr. J.C. Edwards who treated all kinds of patients. Expert doctors were invited from Neyyoor hospital to treat complicated cases.

In June 1967, Dr. D.Biswas took charge of the hospital and during his time the quarters for the Medical Officer was constructed\textsuperscript{42}. After his resignation in 1970, Dr.Jeyachandra Edward took the responsibility of the hospital. During his tenure, the old operation theatre was remodelled and the hospital was equipped with modern

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\textsuperscript{39} Annual Report of the Medical Mission South Travancore, 1899, p. 9.
\textsuperscript{40} L.M.S. \textit{Chronicle}, CSI Kanyakumari Diocese, 1895, p.336.
\textsuperscript{41} Emily Gilchrist, \textit{Thanks Giving Day Celebration Souvenir}, Travancore, 1939, p.187.
\textsuperscript{42} Annual Report of Medical Board, Nagercoil, 1967, p.20.
\end{flushright}
The Nursing Department was also started. In order to start his private medical practice, Dr. Jeyachandra Edward too resigned. The Medical Board posted Dr. Beulah Justin as a Medical Officer in charge of the hospital from 1974. Dr. Beulah strengthened the Department of Gynecology. A Pediatrician from Neyyoor hospital treated the children below five years on every Wednesday and the people around the area utilized this opportunity. Moreover, a new labour room with modern facilities was constructed in 1975. The old female ward was converted into a special maternity ward. As the women patients for delivery increased, a new special ward with four rooms was constructed in 1976. Besides, the Tamilnadu Government recognized the hospital for implementing the Family Planning Programme in 1976. A magnificent block consisting of eighteen special rooms named 'Dr. Moses Memorial Block' was dedicated on 23 June 1982.

The foundation stone for the Centenary Outpatient Block at Marthandam was laid in 1984 and was dedicated on 11 November 1996. Besides, the hospital rendered service to the people of the neighboring villages of Marthandam. Funded by Christian Medical Association of India (C.M.A.I), primary health care was provided for a total population of 12000 in the villages in Mullankuzhi and Kunnathoor. The staff of the Marthandam hospital visited each center, two days in a week. The nursing assistants who had attended the C.M.A.I special Seminars were appointed as Field Supervisors. Since the C.M.A.I stopped the financial assistance, the Medical Mission put end to this project. To improve the surgical side of the Medical Mission, a new operation room was constructed with the financial assistance of the C.S.I

44. Family planning, Reg. No. 139/FP/111/76, 26 December 1976.
46. Minutes of the Medical Board, Nagercoil, July 1989, p.119.
Council for Healing Ministry and was dedicated on 22 August 1991. The Medical Board appointed a doctor of surgery in 1992, which helped in the Surgery and Obstetrics and Gynecology Department. Moreover the appointment of a pediatrician in the hospital increased the flow of patients. In addition, a four-bedded post-operative ward was constructed and dedicated on July 1993. The labour room was also modernized in 1996.

To accommodate all the departments, including the investigation and paramedical department in a single building for the easy access of the patients, Dr. G.W. Milledge Block was constructed in April 2000. Out-Patient Department, Medical Record Room, Pharmacy and X-ray were housed on the ground floor of the Block and the first floor consisted of 26 pay rooms. Though most of the doctors who served in the hospital left the Medical Mission and started private medical practice at Marthandam, the growth of the hospital was not affected much, due to the dedicated service of Dr. Beulah Justin who served as a Medical officer for 29 years till her retirement on May 2003. After her retirement, Dr. Satheesh Premananth, a surgeon was appointed as the Medical Officer-in-charge and this enabled the hospital to compete with other hospitals at Marthandam. Until today, this hospital has remained as the custodian of the economically weaker sections by rendering medical service.

5.2. Medical Mission of South Kerala Diocese

The Medical work under the Medical Board of the South Kerala Diocese is another kind of contribution to the society. Medical work in the diocese was carried out in two ways, namely, through the established hospitals and a mobile unit. By 1959 there were hospitals at different places, such as Kalayapuram, Kundara, Nedungolam,

47. Minutes of the Medical Board, Nagercoil, 1996, p.31.
Attingal, Kazhakoottam, Nellikkakuzhi, and Karakkonam. A School of Nursing and a Drug House at Kundara are administered by the diocese. In 1910 an Eye Ward was opened at Neyyoor and in the same year itself, a hospital was started at Kundara. It was with the same concern for the poor; an operation theater was started in Kundara hospital. Many local Christians were trained as nurses and compounders or pharmacists. By 1949, a Nurses Training Course was started in Kundara hospital. It helped many young people to find employment and their service was benefited by the society. Since 1963, the Nursing School at Kundara, exclusively a Christian training center was opened to different religious people.

South Kerala Medical Mission was a part of South Travancore Medical Mission and Neyyoor was its headquarters. After the division of the South Travancore diocese into Kanyakumari and South Kerala Dioceses, hospitals at Kundara and Karakkonam are the major hospitals in South Kerala Diocese. A primary center is located at Maranadu near Kundara. Relatively smaller hospitals are located at Attingal, Kazhakuttom, Kalayapuram, Nellikkakuzhi, Perayam and Uriyakkode. Hospital under the direct control of Kollam Christ Church works independently. Primary health centers at Kottukkonam, Vellarada, Arayyur and Manali are administered by Karakkonam Hospital.

5.2.1. Mission Hospital, Karakkonam

Dr. Arthur Fells, L.M.S missionary started a Mission Hospital at Karakkonam near Parassala in 1893. Dr. Simeon Fletcher served as first Medical Evangelist. As per the bifurcation of the South Travancore Diocese, it came under the Kanyakumari

50. Sundaram, J.J., 'Karakkonam Hospital', 125th Anniversary Souvenir of Neyyoor Hospital, p. 103.
51. Martin Daniel Dhas, N., op. cit., p. 126.
Diocese. Dr. Sundaram was in charge of it and he served till December 1967. Since the buildings and equipments were in bad condition, there was no possibility of developing it into a full-fledged modern hospital. So it was handed over to Dr. Charles on rental basis for three years. Dr. Charles too, due to his illness did not pay the amount according to the contract and hence he was relieved of the contract from 24 October 1973. On 25 May 1974, it came under the charge of Dr. James Leslie. Since the South Kerala Diocese was interested in building up the hospital, the Medical Board of Kanyakumari Diocese resolved to hand over the hospital to South Kerala Diocese. Accordingly, the hospital came under its control of the South Kerala Diocese on September 1975.

5.2.2. Dr. Somervell Memorial CSI Medical College, Karakkonam

Dr. Somervell Memorial C.S.I. Medical College belongs to the South Kerala Medical Mission. This is the only Christian Medical College for fifty million people of the twenty two Dioceses of the Church of South India spread all over the five southern states and Sri Lanka. Dr. Somervell Memorial CSI Medical College was established in 2002, attached Dr. Somervell Memorial Mission Hospital situated in Kunnathukal village at Karakkonam, Neyyattinkara in the southern border of the Trivandrum District of the State of Kerala. The Medical College is a self-financing, minority institution, affiliated to the Kerala University of Health Sciences, Thrissur.

The multi-speciality Hospital at Karakkonam, has grown out of a very small

54. Minutes of the Properties Board, Nagercoil, 29 December 1975, p.106.
56. Prospectus, Dr. Somerwell Memorial CSI Medical College, Karakkonam, 2017, p. 3.
57. Ibid., p. 5.
dispensary established in 1894 as a community medical sub center of the famous Neyyoor Hospital founded by Dr. Arthur Fells, a missionary doctor of Neyyoor sent by the London Missionary Society. The dispensary was 45 kilometers away from Neyyoor and the doctors rendered medical help to the poor, illiterate, ignorant and ignored villagers afflicted by epidemics like malaria, cholera and smallpox. The first building built for the dispensary is still kept in the hospital compound.\footnote{Ibid., p. 5.}

Dr. T.H. Somervell came to India for an Everest expedition and later took over the Neyyoor Medical Mission in 1922. The Hospital and the Medical College are named after him. Passing through ups and downs, the hospital grew rapidly from 1986. It has developed from a six bedded dispensary into a 650 bedded multi-speciality hospital by a team of doctors who truly strived very hard. The hospital has a network of community based activities, carried on through its Rural Primary Health Centers. Free cataract detection and surgery, cancer screening and awareness camps, implementation of State and National Health Programmes, are some of the community based activities.

The Government of Kerala permitted the private sector to start self-financing professional Colleges in 2001. One of the prerequisites for sanctioning a Medical College was the availability of a hospital with at least three hundred beds. The Somervell Memorial Mission Hospital, Karakkonam satisfied this requirement. Medical Mission of the South Kerala diocese, the Government of Kerala granted Essentiality Certificate and University of Kerala after due inspection and issued the Consent of Affiliation and permitted the Diocese to apply to the Medical Council of India.
Medical Council of India after inspection issued the Letter of Intent on 20 June 2002. The land and infrastructure required as per the norms of the Medical Council of India were made ready within a short period of six months. The Letter of Permission was issued by Ministry of Health and Family Welfare, New Delhi, on 13 November 2002 and the Letter of Permanent Recognition on 17 March 2009. MS and MD courses in eleven subjects with twenty one students started from the year 2012-13. Letter of Permission for enhancement of MBBS seats from 100 to 150 and continuation of Recognition for 100 seats was issued by the Government of India, Ministry of Health and Family Welfare as per letter No: U–12012/36/2016- ME -1 dated 20 August 2016.59

Medical Mission of South Kerala Diocese has nine hospitals and six sub-centers at present. They are: B B Hospital at Kundara, CSI Hospital at Kalayapuram, CSI Hospital at Attingal, CSI Hospital at Kazhakuttam, CSI Hospital at Perayam, CSI Hospital at Nellikkakkuzhi, CSI Hospital at Uriyakkode, CSI Hospital at Arayoor and CSI Hospital at Karakkonam. Along with these, there are also substations of these hospitals. These substations are in the places of Karakkonam, Kottukkonam, Manali, Vellarada, Maranadu and Kundara. Community Based Medicine (CBM), an organization from Germany, has sanctioned financial assistance to establish Department of Ophthalmology. Also, activities are progressing to establish a multipurpose training school and hostel with the help of CSI Healing Ministry. Construction of Nursing Quarters is also progressing with aid from Albany Medical Mission. Dr. Milledge, Dr. J L Bhanu, Dr. Click Parick, Dr. D A Bhanu and Dr. Samson Nesayya had served as Director of Medical Mission. Sri. C. Swamidas, Sri. B

59. Ibid., p. 6.
Chellan, Sri. S J Ebanezer and Dr. Stanley Johns had served as Secretary. Sri. Timothy David, Sri. Thomas, Sri. Edison A. Sarasom, Sri. S.T Ebanezer and Sri. Selvanos were the Treasurers. Current office bearers are including Dr. S G Churchin Ben as Director, Sri. P. Thankaraj as Secretary and Sri. S. Stanley as Treasurer.

For the last 15 years, CSI Synod Medical Mission is known as “Church’s Curing Service Council.” Today, there is no “Synod Medical Board”. This change is based on the idea that mission hospitals must be part of healthcare related activities of the diocese and other regional dioceses. Today, a healthcare form a part of church’s activity as a whole. As per Gospel of Matthew, Jesus Christ traveled from town to town and healing all sorts of diseases. Jesus used saliva, mud, water and oil for His healing service. As in old days, oil is used in modern times too. Does Jesus heal only in the absence of medicine, doctor or nurses? Today, Jesus heals many without medicine or doctor. Miraculous healing through modern medicine shall not be looked upon as man’s achievement alone. Healing happening on an operation table is a God’s miracle indeed. We are living in an era where this fact is widely accepted.

Mission hospitals, started by foreign missionaries visited India for Gospel station. Six hundred of these hospitals were there in India in 1947 and now the number was reduced to three hundred\(^60\). Churches are trying hard to make these units functional and to stop closing down any further. When healthcare sector developed into a mega industry, the exemplary mode of functioning of mission hospitals is to be followed without fail. South Kerala Diocese hospitals claim a rich missionary heritage. This missionary vision is behind all the hospitals started by the Church at Nellikkakuzhi, Uriyakkode and Kollam. Mission hospitals treated people from all

\(^{60}\) Mateer, S., *op. cit.*, 1883, p. 200.
religions and castes. Men and women with elite missionary vision and submission gained everyone’s trust. Amidst tough financial crisis, the medical mission started “palliative care” wing to care for the dying patients. Many supported this venture financially. Teams at Karakkonam and Thiruvananthapuram have already started their palliative care wings and treated the cancer patients.

**ECONOMIC EMPOWERMENT**

The economic status of women in Kerala in the 18th century was varied from caste to caste and religion to religion. One of the means to determine the economic security is the earning of wages for one’s own living. But this wage earning right was denied to women in the upper class society, because they were not allowed to work outside the house. Among the slave and lower classes men and women worked together for their master throughout the year. But the wages was not equal and it was extremely lower for women. Though the wages of these poor slave women were very low compared to men, they were given more economic security by their owners. In some taluks, women slaves fetched higher prices in order to breed slaves. Female slaves were valued at double price on account to produce the children half of them went to the seller and half to the purchaser. Slave women had to labour for her daily support. When she had no work, she was unable to eat and earn money for her livelihood. The hardships of these women in and outside home are mentioned in the following ways “The Indian women are not only the first to rise, but the last to return to rest, taking supper after the men have done and doing the kitchen work. Besides domestic duties in the house and marketing, the poorer women work for a living, as

actively, often as the men." Before the 19th century, women who belonged to the lower sections were only unskilled laborers. They worked mainly in the fields. Education was a taboo to them, marriage was obligatory and they were married at a very early age.

The second means of economic independence is the right to own or inherit property. As the low castes and the slaves were not permitted to own land, the women of these castes could not enjoy economic independence. Among the upper class, Brahmin women had no right to inherit property. But the Nair women enjoyed the right to own property and the right of inheritance. They followed the ‘marumakkathayam’ system of inheritance. The ‘tarawad’, a corporate unit was managed by the senior male member on the mother’s side. This system gave the women and her children economic security. However, there was a general belief among the people that economic independence of women would lead to the spread of immorality among them and disruption of domestic life.

The economic condition of women also influenced the educational condition of women in Kerala. Women constitute 70 percent of the world's poor population or almost 900 million of the 1.3 billion people who live in an absolute poverty. Two-thirds of the world's illiterate populations of 876 million people are women. Though they produce 50 percent of the food produces, they receive only 10 percent of the income. Women's average earnings are consistently lower than those of men. But in the unorganized sector, 94 percent of economically active women earning are even lower.

5.3. Women Entrepreneurs

The advent of Christianity changed the complexion of the society. Majority of the people of the Diocese are engaged in agriculture. Rice, banana, tapioca, vegetables, coconut and rubber are the main crops cultivated by the people. Most of the men go to work, women do the household work and the patriarchal system exists among the people. The majority of the people are still economically backward. Due to education, the economic condition of the Christians improved. The new generation gives more importance to education and so they worked in government and private service. Women's entrepreneurship shows the women's position in society and about the role of entrepreneurship in the same society.

Women entrepreneurs faced many obstacles. Women may experience obstacles with respect to holding property and entering contracts and marketing their products. Increased participation of women in the labour force is a prerequisite for improving the position of women in society and self-employed women. Particularly the entry of rural women in microenterprises will be encouraged and aggravated. Rural women can do wonders by their effectual and competent involvement in entrepreneurial activities. The rural women are having basic indigenous knowledge, skill, potential and resources to establish and manage the enterprise. Therefore, training should be given regarding accessibility to loans, various funding agencies, procedure regarding certificate, awareness on government welfare programmes, motivation, technical skill and support from family, government and other organization. Moreover, formation and strengthening of rural women entrepreneurs’ network must be encouraged.
Women entrepreneur networks are major sources of knowledge about women's entrepreneurship and they are recognized as a valuable tool for its development and promotion. This network helps to give lectures, printed material imparting first-hand technical knowledge in production, processing, procurement, management and marketing among the other women. This will motivate other rural women to engage in micro-entrepreneurship and these strengthen their capacities besides, adding the family income and national productivity. Thus women are empowered through entrepreneurship. Micro-entrepreneurship is strengthening the women empowerment and removes the gender inequality.  

5.4. South Travancore Diocesan Trust Association (STDTA)

Many schemes were implemented and proclamations materialized by the Church of South India in favour of the poor and the oppressed. The CSI Dioceses are autonomous in their internal administration and the CSI Synod has no specific control over their financial matters. The Diocese manages their funds and the CSI properties falling within the geographical areas of the Diocese according to the rules framed by the Synod from time to time. In South Kerala, the Diocesan properties are under the control of STDTA (South Travancore Diocesan Trust Association). The finance Committee looks after the financial affairs of the Diocese. All money and securities belonging to the Diocesan Council shall be deposited with the Travancore Diocese Trust Associations (TDTA). It is under the management of the Diocesan Standing Committee which utilize the fund for the support of the work in the Diocese.

67. Chandy, P. I., ‘Church of South India Synod finance’ 30th Anniversary Souvenir, Church of South India, September 1977.
and it shall be operated by the Treasurer of the Travancore Diocesan Trust Association under the direction of the Diocesan Standing Committee.

The funds of the Diocesan institutions are managed by the Managers of the institutions concerned, subject to the regulations of the Diocesan Standing Committee. The income of the Diocese is derived from various sources such as contribution from institutions, property and building revenue, interests of bank deposits and other investments. As per the law, every Pastorate should contribute 20% of their income to the Diocese. This amount is utilized to provide grants to economically backward Pastorates which cannot provide salary to the Pastors or workers from own sources.

5.5. Socio-Development Board

The objectives and aims of the Socio-Development Board and Women’s Fellowship are to create awareness among the people about the need of social change and people’s participation in the development, give leadership to the youth, improve the health condition of the people, increase the standard of living of the members of the Diocese by starting cottage industries and vocational training obtain bank loan, help the unemployed for self-employment and to improve cultural activities.68 The Human Resource Development Board observed that,’ Development is a process that is essentially concerned with liberating man from the injustices that have created the imbalance between the rich and the poor and in the economic and technological, cultural and political’.

5.6. Schemes of Women’s Fellowship

For women empowerment, South Kerala Diocese Women’s Fellowship started various programmes to provide livelihood to women. The Women’s Fellowship

provides courses like beautician, cooking, catering, artificial flower making, tailoring helping women to earn their livelihood and dignity in society. Martha Maria center at LMS compound Trivandrum, Mary wine-wafer pickle making center, LMS compound Trivandrum, Dorcos center at LMS compound Trivandrum, Tabita center at LMS compound Trivandrum provide jobs to women. The SKD Women’s Fellowship administration frequently conducted Seminars and Conferences and discussed the subjects such as people’s participation in development, Biblical concept of development, community organization, community development and socio economic political analyses. As a result of this discussion many women came forward to help the community\textsuperscript{69}. They were given leadership training with the co-operation of the government and women empowerment organizations.Church of South India SKD implemented another programme known as IHDP (Institute of Human Development Programme). Tailoring and embroidery units were opened in economically backward areas. The churches are functioned as centres. Trained instructors were appointed for providing training facilities to the poor women. Many sewing machines were given to these units and they provided self-employment facilities to many women.

5.7. Industrial Enterprises

The Industrial work under the Industrial Board of the South Kerala Diocese is a small-scale programmeto make changes in the structure of the Christian community in Kerala, especially in South Kerala. At present, the Diocese has a few number of industries such as Embroidery, Tailoring, Garment making, Bamboo works, Wine and wafer. Missionaries who started many small-scale industries in South Travancore were the pioneers.Martha Mault the wife of Rev.Charles Mault introduced lace-making for

her students and for local women. Moreover with help of her husband Mrs. Martha Mault established twenty six Village Schools for Girls both among the Christian women and non-Christian women of the District and empowered the females. To give financial independence to the girls, she taught lace making technique to the poor girls at appropriate time in the school with the help of the equipments and the special thread needed for lace making from her motherland England for lace making. She selected poor and slave girls and taught them lace making and equipped them to make money by making lace. It helped the slave girls to save money for their future. Hundreds of slave girls liberated themselves by making enough money through lace making. Moreover when the girls started to earn money through their lace making skill, the family and society started to respect those girls.

Mrs. Ann Martha Cox of Britain started Lace and embroidery work in Neyyoor in 1850. According to Rev. Mead’s report, the Neyyoor village contained twenty five families in 1830. They were either weavers or cultivators of palmyra trees. Industries were restarted after 1950 under the leadership of the Travancore Christians. Christian working women were mainly responsible for the propagation of Christianity. Since 1960, the Diocese started many small-scale industries such as weaving industry, Bamboo industry, book binding industry and printing press, besides the existing embroidery industry to uplift the poor and the depressed people in the Diocese. The industries and the training center at Parassala are mainly concerned with the social and economic welfare of the Christian community. Their average income was increased and it raised their standard of living. Various projects of the church were run with the financial assistance of the industries.

5.7.1. Lace Industry

Lace is an open work fabric, made of many varieties of fine thread and generally an article for decorating dresses. The Lace industry was introduced by Mrs. Mault in her boarding school to teach the work to the poor girls of the mission at Nagercoil in 1821\textsuperscript{72}. It was aimed only to help the poor girls and women\textsuperscript{73}. Gradually, new patterns were introduced and some of the most important patterns woven are large hand dresses, gold lace lappet, silver pin cushion cover, white lace coiffure, black collars and cuffs and black lace lappet\textsuperscript{74}. Lace industry was functioned in the areas of Nagercoil, Neyyoor, Marthandam, Parassala, Trivandrum and Quilon under the supervision of the wives of the missionaries\textsuperscript{75}. From the lace industry many poor women get employment. In 1860, the lace industry was so developed, because it gave employment to nearly 850 women\textsuperscript{76}.

The early missionaries did a yeomen service for the economic empowerment of women through lace industry. Today the Nagercoil lace industry is managed by the Kanyakumari Diocese of the Church of South India. Mrs. Parker started lace industry in Trivandrum\textsuperscript{77}. The L.M.S. missionaries of Mrs. Mault, Mrs. Mead, Mrs. Dennison, Mrs. Thomson, Mrs. Lewis, Mrs. Duthie, Miss Annie Lee Duthi, Mrs. Beatrice Duthie, Mrs. Foster, Mrs. Blanchard, Mrs. Parker, Mrs. Marsden, Miss. Hayes, Miss. McIlroy and many other missionary women gave their time and talents to develop this industry\textsuperscript{78}.

\textsuperscript{72} C.S.I. 35\textsuperscript{th} Thanks giving festival celebration Souvenir, September 30, October 1 and 2, Kanyakumari Diocese, Nagercoil, 1994.
\textsuperscript{73} Mackenzie, G.T., “Christianity in Travancore”, 1901, p. 53.
\textsuperscript{74} NagamAiya, “The Travancore State Manuel”, Vol. III, Trivandrum, p. 289.
\textsuperscript{75} Mackenzie, G.T., \textit{op. cit.}, 1901, p. 53.
\textsuperscript{77} Desopakeri, (Tamil), March, 1956, p. 13.
\textsuperscript{78} Joy Gnandason, \textit{op. cit.}, p. 143.
Lace and embroidery making was carried on as cottage industries throughout Agasteeswaram taluk under the supervision of the missionary organizations. The lace industry employed many women and it was properly organized by Miss. Cox.\textsuperscript{79}.

Asaripallam St. Michael’s Technical School institution is one of the branches of the Mulagumoodu Technical School\textsuperscript{80}. A higher standard of Venetian pattern of lace work was taught in this school\textsuperscript{81}. There are fifty people were working in the Industry, out of them forty were part time workers and ten were full time workers.

Mrs. Lewis introduced lace making at Santhapuram\textsuperscript{82} to uplift the poor people. During the early days, ninety five women were trained to do lace work and they got job later. The cloth and cotton threads were supplied from the industry. The surrender of the completed lace to the industry is called “ThayyalVeettu”. There are above 1000 Christian women were making lace in the Thengamputhoor and Parakkai Centre. They were supervised by Mrs. Allen, the LMS Missionary.\textsuperscript{83} Thamaraikulam and Terur Center is a cottage industry. The lace making and embroidery work done here and five hundred women worked with great enthusiasm\textsuperscript{84}.

Eraniel centre is the largest centre of lace making under Mrs. Allen. It is famous as a weaving center, particularly for cloths of very fine texture called “Neryathus.”\textsuperscript{85} Vilavan code center was under the control of Mrs. Hacker, the missionary of the London Missionary Society. Large number of persons engaged in lace and

\textsuperscript{80} Velu Pillai, T.K., op. cit., p. 552.
\textsuperscript{81} Letter from the Director of Public Instruction to the Chief Secretary of Government, Bundle No:100, File No: 1615, Travancore.
\textsuperscript{82} Rev. Samuel Zachariah, The London Missionary Society in South Travancore, Nagercoil, 1897, p.213.
\textsuperscript{83} Barker, S.G., op.cit., P.201.
\textsuperscript{84} Ibid., p202.
\textsuperscript{85} Nagam Aiya, V., op.cit., p.289.
embroidery works and got income.\textsuperscript{86} After the division of Travancore Diocese, these centers were included in Kanyakumari Diocese and the South Kerala has few lace embroidery and tailoring industries.

The industries helped in fostering self-support among the poor girls and women\textsuperscript{87}. Through the vocational training the people were liberated from ignorance and to provide them with the knowledge of earning a livelihood\textsuperscript{88}. It created a spirit of self-respect among the workers.\textsuperscript{89} The women workers often came together regularly and enjoyed the fruits of co-operation and unity. They maintained good fellowship among all workers who represented different faith and background\textsuperscript{90}. Thus it became a place of love and affection.

5.7.2. Embroidery Industry

Mrs. Ann Martha Cox of Britain started lace and embroidery work in Neyyoor in 1815 with her husband F. Baylis taught the young girls sewing and embroidery work on linen and cambric.\textsuperscript{91} The industry makes embroidered goods of all kinds including cross-stitch, shadow work, filled embroidery and cut work. To motivate the economic empowerment of women, they participated in the women’s exhibition held at Trivandrum in 1946. A silver medal was awarded to L.M.S. Neyyoor for needle work and embroidery work. The Missionaries provided free boarding and free clothing\textsuperscript{92}.

\textsuperscript{86} Barker, S.G., \textit{op.cit.}, p.431.
\textsuperscript{87} Yesudhas, R.N., \textit{op.cit.}, p.66.
\textsuperscript{88} Joy Gnanadason, \textit{op.cit.}, p. 76.
\textsuperscript{89} Christudhas, \textit{op.cit.}, p.3.
\textsuperscript{90} Price list, C.S.I. Embroidery Industry, 1966.
\textsuperscript{91} John A. Jacob, \textit{op.cit.}, p. 18.
\textsuperscript{92} Rev. Samuel Zachariah, \textit{The London Missionary Society in South Travancore}, Nagercoil, 1897, p.128.
The Belgium nuns started a Mulagumoodu Infant Jesus Technical school for women and girls. Mulagumoodu is a place between Trivandrum and Nagercoil. This school makes the finer varieties of net laces and it produces Limerick and Carrickmacross laces. To assure the material well-being of many of the families, the convent established a technical school where the young girls learned crochet work, lace making and embroidery and thus earn for themselves a means of an honorable subsistence. They were paid according to the work they had completed. When the girls leave the institution for marriage, they received their total wages, a box containing clothing and all necessary materials to make lace and embroidery for themselves. The money was utilized for their dowry. Even today, it is an important home occupation of the ladies in leisure time. Many women’s organizations have sprung up in almost all village and towns.

The missionaries trained the women in the habits of order, cleanliness and habits especially by working embroidery on linen and cambric. Social devotion played a prominent part in the work. The girls received practice in house-hold affairs and in domestic works. Besides learning politeness, the girls were qualified to manage their family affairs in future. The embroidery and lace making helped the poor people to lead a peaceful family life.

At present, the lace and embroidery industries give employment to several hundreds of women of the Diocese. The industry has made a great contribution to the growth of the community and the church. The vocational training changed the social, cultural, economic and religious life of the people. On the material side, their earnings

enhanced the meager or irregular income of many families, made education possible for the children, help young women to serve for their marriages and obtain good husbands and for the support of widows and their children. Education and economic empowerment gave the slaves a position of equality with high classes. Owing to the enthusiastic efforts of many Bishops and the societies, boards and Women’s Fellowship lead to the economic empowerment of women of the CSI South Kerala Diocese.