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Research Article

Caste-Based Social Exclusion and Health Deprivation in India

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ABSTRACT

This paper aimed to understand the linkage between caste-based social exclusion and health deprivation in the country. In Indian context, caste is one of the major reason for exclusion of certain groups form mainstreams, specially scheduled castes (SCs) and scheduled tribes (STs), due to exclusion, health deprivation is caused on SCs and STs; in that, we are making efforts to elaborate the concept and meaning of caste-based exclusion and its consequences on health of excluded groups, with various health indicators of children and women of excluded caste groups. In that infant mortality, child mortality, immunisation coverage and child anaemia are health indicators of children and maternal mortality, Antenatal Care (ANC) status, safe delivery and anaemia status of women have been considered as women's health indicators; for this analysis, data have been taken from National Family Health Survey-3. Cross-tabulation has been done to understand the association between socially excluded groups and health indicators and results revel that tribal women's are at higher risk in terms of anaemia, less antenatal care and very less safe deliveries, as compared with other caste groups; SCs and STs are far behind in all aspect of health and health care; socially excluded caste group's children are not had full immunisations, which means they are going to be facing many problems in future. For overcoming this exclusion, health policy should emphasis on including the excluded groups in the programme plans, sensitisation of health-care providers, etc.

Keywords: Social exclusion, Health deprivation, maternal mortality, passive exclusion, Safe delivery

INTRODUCTION

Definition of social exclusion '*Social exclusion is the denial of equal opportunities imposed by certain groups of society up on others, which leads to inability of an individual to participate in the basic political, economic and social functioning of the Society*.'

Amartya Sen draws attention to various meanings of dimension of concept of social exclusion, he differentiated between the situation where some people are being kept out and where some people are being included in deeply unfavourable terms and described the two situations as 'unfavourable exclusion' and 'unfavourable inclusion'; the 'unfavourable inclusion' with unequal treatment may carry the same adverse effect as 'unfavourable exclusion,' he also made distinction of 'active and passive exclusion' for the causal analysis and policy response (Sen, 2000).

Throughout the world, people who are vulnerable and socially disadvantaged have less access to health resources, they get sicker and die earlier than people in more privileged social positions. Health equity gaps are growing today, despite unprecedented global wealth and technological progress (WHO, 2003).

In Indian context, caste-based deprivation is highly prominent as the Indian caste system classifies the population into four groups called Brahman, Kshatriya, Vaishya and

Shudras. Caste is therefore fixed at birth and is the vehicle for complex and diverse exclusionary processes (Popay *et al*., 2008). In this context, Marathi term Dalits means Untouchables, broken people were made popular by the leaders of the anti-caste movement in the post independence, Dalits are composed mostly of the servant caste, the Untouchables. The Indian Constitution identified the untouchables as a 'Scheduled Caste (SC)' on the basis of their socio-economic and cultural vulnerability, but the situation remained pathetic as millions of Dalits and Tribals are still subjected to social, economic, cultural and political exclusionary process in India.

SC people are socially and physically separated, they must live outside the village and not having entry into main village in rural part of the country and in prescribed areas in urban cities, they are denied from basic human rights, not allowed to own the property, Dalits also do the dirtiest menial jobs like cleaning toilets and in some part of the country, this pathetic physical condition of the scheduled caste (SC) peoples makes them more vulnerable and susceptible to infection of diseases and denial of basic rights to keep them away from availing health care, the entire process makes them more deprived in terms of health. Poverty force the Dalits to work in the risky environment, which leads risk for life and health, particularly they may not be able to avail health services for that injuries.

Lack of social protection compounded by financial barriers can lead to exclusion from health care and economic failure, trapping families in a cycle of poverty and ill health, which effects are for long time (Wagstaff, 2001). Thorat (2007) stress some valuable points in his discussion that socio-economic plan of SCs shows the adverse consequence of past and present economic exclusion, this is reflected in high degree of inequality between them and other section with respect to ownership, assets, wages, earnings, education, health and others indicators of human development.

Study conducted by Mohindra *et al*. (2006) in Kerala found that higher prevalence of poor health outcomes are observed among the SCs, scheduled tribes (STs) and other backward class (OBC) women than in the upper caste women. Poor health is also related with lower level of education, less landholding and assets, they also depicted that caste and socio-economic positions are inter-related source of inequality that can lead to poor health of lower caste women.

In India, an important determinant of social exclusion is caste. The Government classification defines four categories of caste, SCs, STs, OBCs and others. SCs are lowest level in the hierarchy, constitute around 16% of Indian population, a large percentage of them lives in rural part of the country and are landless labours. STs constitutes around 8% of total population and OBCs and other caste together constitute 76% of total population (Register General of India, 2001).

Even though STs are accorded special status under the fifth/sixth schedules of Indian Constitution, their status of the whole, especially their health, still remains isolated, tribal communities are highly disease prone and also they do not have required access to basic health-care facilities, they are most exploited, neglected and highly vulnerable to diseases with high degree of malnutrition, morbidities and mortality (Balgir, 2004a).

Preventable diseases also high among the tribal population like tuberculosis, malaria, gastroenteritis, filariasis, measles, tetanus, whooping cough, skin diseases, etc. And some diseases of genetic origin reported to be occurring among the tribal population like sickle cell, anaemia and alpha, etc. (Balgir, 2004b).

Multiple studies have found that tribal children face the greatest incidence of malnutrition in India, particularly in states of Jharkhand, Bihar, Madhya Pradesh, Chattisgarh, Oddisha and West Bengal, these are tribal-dominated status.

Social Exclusion: A Theoretical Framework in the Context of Health

Different kind of exclusion, deprivation and discrimination are mostly considered as course of behaviour; social scientists, social activists and health activist have realised that social exclusion is framework for understanding deprivation, marginalisation and segregation from health and health care, in this we arguing on framework of social exclusion in the context of health with special groups of SCs, STs and OBCs who are having more worsening health indicators.

1. Social exclusion is the process in which certain group of communities are denied access to health care, due to their geographical remoteness, lack of awareness for health and mostly negligence from providers.

2. Social exclusion is related with deprivation of certain communities, depending upon their marginalisation and lack of knowledge, in terms of health and health care.
3. Social exclusion in terms of health in Indian context is deeply rooted in the caste system, since years SCs (Dalits), STs (Adivasis) and OBC population are excluded from main streams, dalits means untouchables are kept aside village and tribes are geographically away from mainstream.
4. Social exclusion denies the health rights and integration of good health and well being, due to social exclusions the situation becomes more worsen for the excluded groups in terms of their health.
5. Excluded communities in Indian context:

SCs (Dalits): SC groups are one of the most vulnerable and marginalised groups in the country, they are denied by the basic human right and health rights in the country, these communities are known as untouchables, even touching these people also considered evil.

STs (Adivasis): STs are indigenous people of the country, they are mostly living in forests, remote areas of the country, and tribes are more excluded from mainstream in term of health and health care.

OBCs: OBC communities are also compounded with poverty and lack of awareness about the health and health care in the country.

India is the most known for its caste-rotated exclusion of certain communities, discriminated, isolated and deprived some groups on the bases of caste and ethnicity, historically the caste system regulated and force to live under worse environmental conditions (Thorat and Louis, 2003).

Drives of Health Exclusion in Indian Context

- Caste-based vulnerabilities related to life course, upper caste communities are dominating on all position of health sector, SCs and STs are ignored in health setting.
- Geographical remoteness of Indian tribal communities lack awareness about health and health-care services available for them.
- Physical inability to work or to be productive as a result of disability, injury or illness.
- Limited human capabilities like inadequate level of education, skills and income prevent individuals from accessing adequate and sustainable health.
- Inadequate legal norms and rights, including property rights, legislation to remove gender inequalities in accessing assets and labour markets.
- The inability of public policies and institutions to promote equitable and inclusive access to productive assets, resources and opportunities including access to land, denial of health rights from other caste communities.
- Failure to establish systems and measures to institutionalises inclusiveness and equitable access to public health services.
- Informal norms and practices such as discrimination against individuals on the basis of their social and personal characteristics, such as gender, race, ethnicity and sexuality.
- Restrictions on mobility of excluded groups into mainstream of the society, made them more deprived in health care.

Objectives of the Study

1. To understand the linkage between social exclusion and health deprivation of excluded groups.
2. To assess the differences in health indicators among the various social groups.

Methodology and Data Source

For understanding the linkage between socially excluded groups and health deprivation or health outcomes of particular groups, we examined the health indicators of women and children, for ascertaining the relationship of child indicators, which are considered to be developmental indicators in health, are infant mortality, child mortality, child anaemia status and immunisation coverage. As far as women's health indicators are concerned, we examined the antenatal care taken by women, anaemia status of women, safe delivery, health-seeking behaviour, etc. For better understanding of caste-based exclusion, we are compared with the above indicators with other caste groups.

For this analysis, data have been derived from National Family Health Survey (NFHS)-3 that is a large-scale survey, which equivalent to Demographic Health Survey,

and also the NFHS has collected data on above all aspects of child and maternal health, the NFHS provides the child mortality and other indicators of health on social groups only, there is no other source of data that can provide the caste-wise child mortality.

RESULTS AND DISCUSSIONS

Child Health Deprivation

The early childhood mortality is the best indicator to understand the child health situation in any country, the **Table 1** clearly shows that 46% of SC neonatal mortality, 39% for STs as compared with other caste groups that means STs and SCs child are at greater risk of neonatal mortality; as for as infant and under five-year age mortality are concerned the disparity among SCs and STs not much but compared with other caste groups, it is high, this means socially excluded group children are at greater risk dying before completing their childhood (Baru *et al.* 2010).

Getting full immunisation is right of every child, fully immunised children will protect themselves from dangerous diseases, in spite of having government focus on child vaccination and rigorous efforts from health systems, socially excluded communities SC and ST children are far behind as compared with other caste groups, as far as Diphtheria-Pertussis-Tetanus (DPT) vaccination is concerned ST group children are more vulnerable, 11% of ST children are living without any vaccination, this means child health deprivation starts from here, makes them more susceptible for infection and diseases **(Table 2)**.

Social exclusion affect the excluded groups in various ways, **Table 3** shows the differences among SCs,

Table 1: Early Childhood Mortality by Social Groups in Percentage

Percentage early childhood mortality rates by social groups					
Caste groups	**Neonatal mortality**	**Post neonatal mortality**	**Infant mortality**	**Child mortality**	**Under five mortality**
Scheduled caste	46.13	20.1	66.4	23.2	88.1
Scheduled tribe	39.9	22.3	62.1	35.8	95.7
Other backward class	38.3	18.3	56.6	17.3	72.8
Other	34.5	14.5	48.9	10.8	59.2
India	**39**	**18**	**57**	**18.4**	**74.3**

Source: National Family Health Survey-3

Table 2: Child Vaccination by Social Groups in Percentage

Child vaccinations by social groups											
Social groups	**BCG**	**DPT**			**Polio**				**Measles**	**All basic vaccinations**	**No vaccination**
		1	**2**	**3**	**0**	**1**	**2**	**3**			
Scheduled caste	75.4	74.2	64.6	51.9	46.8	92.2	88.6	76.3	56.7	39.7	5.4
Scheduled tribe	71.7	65.9	53.2	40.9	30.9	86.8	79.6	64.6	46.1	31.3	11.5
Other backward class	76.4	74.1	63.9	52.6	46.2	94.4	90.3	81.4	55.4	40.7	3.9
Other	84.1	82.6	75.8	65.4	57.6	94	89.7	79.6	68.8	53.8	4.3
India	**78.1**	**76**	**66.7**	**55.3**	**48.4**	**93.1**	**88.8**	**78.2**	**58.8**	**43.5**	**5.1**

Source: National Family Health Survey-3
Abbreviation: BCG, Bacillus Calmette–Guérin.

STs and OBCs and other caste groups about anaemia among the children, there are considerable differences between caste groups, the anaemia among the SCs and STs is more prominent than other caste groups, 76% and 72% of children are anaemia among STs and SCs, respectively, this large differences among caste groups clearly depicts the situation and reality of social exclusion. Due to geographical remoteness, lack of awareness about nutrition and compounded poverty is contributing for severe and moderate anaemia among the socially excluded groups.

Women's Health Deprivation

Women are excluded within excluded groups; women are multiple deprived in term of health, first they are socially excluded and second they are excluded as women, this multiple deprivations of women in society makes their health situation more pathetic, as far as maternal health is concerned they are at greater risk of dying during giving birth to baby.

Table 4 showing prevalence of anaemia among the various caste groups, mild, moderate, severe or any anaemia among the SCs and STs is more as compared to their counterparts of other caste groups, 68% of tribal women's are having any anaemia, that is, 51% for the other socially better off groups, higher prevalence of anaemia among the women leads higher chances of infection of diseases, reproductive burden on women increased, anaemia among the pregnant women is most common among the tribal population, which is one of the cause for complicated pregnancies and higher mortality among the socially excluded groups.

Table 3: Prevalence of Anaemia in the Children by Social Groups in Percentage

Prevalence of anaemia in children by social groups				
Social groups	**Anaemia status**			**Any anaemia**
	Mild	**Moderate**	**Severe**	
Scheduled caste	24.9	43.7	3.6	72.2
Scheduled tribe	26.3	47.2	3.3	76.8
Other backward class	26.7	40.5	3	70.3
Other	26.9	34.8	2.1	63.8
India	**26.3**	**40.2**	**2.9**	**69.5**

Source: National Family Health Survey-3

Table 4: Prevalence of Anaemia in Women by Social Groups in Percentage

Prevalence of anaemia in women by social groups				
Social groups	**Anaemia status**			**Any anaemia**
	Mild	**Moderate**	**Severe**	
Scheduled caste	39.3	16.8	2.2	58.3
Scheduled tribe	44.8	21.3	2.4	68.5
Other backward class	38.2	14.5	1.7	54.4
Other	37	12.9	1.4	51.3
India	**38.6**	**15**	**1.8**	**55.3**

Source: National Family Health Survey-3

Table 5 showing the antenatal care received from various providers, the huge differences in antenatal care received from providers among different social groups, only 32% of ST pregnant women received doctors care and 42% of SC, but other caste groups received 63% of care from doctors that means SCs and STs women are not seeking health care, 25% and 29% of SC and ST women not received any antenatal care, respectively. This under utilisation of maternal health services attributed due to social exclusion, negligence by part of health providers, and some time lack of awareness among the excluded population.

The poor utilisation of ANC care and lack of birth preparedness and lack of knowledge about pregnancy complications, puts women at higher risk of maternal mortalities and morbidities.

Due to under utilisation of ANC services leads to lack of awareness about pregnancy complications and importance of institutional delivery, many women have lost their life during giving birth to another new soul in the world, **Table 6** shows the differences between different caste groups and safe delivery practice in the country, the table depicts that 32% of SC women and only 18% of

Table 5: Antenatal Care Providers during the Pregnancy by Social Groups in Percentage

Antenatal care providers during pregnancy by social groups in percentage							
Social groups	**Doctor**	**ANM/nurse/ midwife/LHV**	**Other health personal**	**Dai/TBA**	**Anganwadi/ ICDS worker**	**other**	**No one**
Scheduled Caste	42	28.1	0.7	1.5	1.8	0.1	25.9
Scheduled Tribe	32.8	28.3	1	2.3	5.9	0.2	29.4
Other backward class	48.4	23.1	0.8	0.7	1.3	0.1	25.5
Other	63.6	17.7	1.6	1.1	0.7	0.1	15.2
India	**50**	**23**	**1**	**1.2**	**1.6**	**0.1**	**22.8**

Source: National Family Health Survey-3
Abbreviations, ANM, Auxiliary nurse midwife; LHV, Lady health visitor; TBA, Traditional birth attendant, ICDS, Integrated community development service

Table 6: Safe Delivery in Social Groups in Percentage

Place of delivery and percentage delivered in health facility in social groups							
Social groups	**Health facility/institution**			**Home**			**Percentage delivered in health facility**
	Public sector	**NGO/Trust**	**Private sector**	**Own home**	**Parent's home**	**Other home**	
Scheduled caste	19.4	0.2	13.4	56.8	9.6	0.4	32.9
Scheduled tribe	11.6	0.3	5.8	70.9	10.5	0.5	17.7
Other backward class	16.1	0.5	21.1	51.8	9.6	0.5	37.7
Other	21.8	0.6	28.7	40.5	7.9	0.4	51
India	**18**	**0.4**	**20.2**	**51.3**	**9.2**	**0.5**	**38.7**

Source: National Family Health Survey-3

Table 7: Persons Provided Assistance during the Delivery to Social Groups in Percentage

	Persons provided assistance during delivery						
Social groups	**Doctor**	**ANM/nurse/ midwife/LHV**	**Other health personal**	**Dai/TBA**	**Friends/ relatives**	**No one**	**Percentage delivered by skilled provider**
Scheduled caste	29.4	10.4	0.9	37.7	20.7	0.1	40.6
Scheduled tribe	17.1	7	1.2	50.2	23	1.3	25.4
Other backward class	33.8	11.7	1.1	37.1	15.5	0.1	46.7
other	47.4	9.3	1.1	30.4	11.3	0.5	57.8
India	**35.2**	**10.3**	**1.1**	**36.5**	**16.2**	**0.5**	**46.6**

Source: National Family Health Survey-3
Abbreviation ANM, Auxiliary nurse midwife; LHV, Lady health visitor; TBA, Traditional birth attendant

ST women given birth in any institution, this means large proportion of tribal women 8% percent delivering at home, it means not a safe delivery, which can take mother or child life, 51% of other caste group women are having institutional deliveries.

The situation of safe delivery itself speaks about how women are double excluded from society, even though they are part of the same society.

Table 7 showing information about the personal attended or assisted during delivery, the caste differentials are significant in this relation, STs only received only 25% of help from trained person during the delivery, socially excluded groups are always behind as compared to other caste group people.

CONCLUSION

This study empirically provided enough evidence of existence of social exclusion in our society, and it is the cause for health deprivation of excluded caste groups in the country, excluded caste group women are again excluded within excluded, this double exclusion of Dalit and tribal women contributed for ill health, high maternal mortality, high infant mortality, less ante-natal care and institutional deliveries, health-seeking behaviour of this groups very less because the process of exclusion continues from many years even after the independence.

Social exclusion is the part of denial of human rights and health deprivation is denial of health rights of socially excluded groups, until unless we address this excluded group problems and health, we are not able to achieve Millennium Developmental goals.

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