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Health Status of Dalits in India

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Abstract
In India the women, children, Scheduled Caste and Scheduled Tribes persons with disabilities, migrants and aged are regardedas marginalized or vulnerable groups. These people are socially, economically, politically and legally ignored and excludedin Indian society. Marginalization sometimes also called social exclusion refers to the regulation to the fringes of society due to lack of access to rights, resources and opportunities. In India there are multiple socio- economic disadvantages that members of particular groups experience which limits their access to health and healthcare. Some of the prominentfactors on basis of which individuals belonging to marginalized groups are discriminated in Indiai,e,structural factors as age, disability, mobility and stigma that acts as barriers to health and healthcare. Sometimes each group faces multiple barriers due to their multiple identities. Besides this there are certain groups in Indian society that are subject to discriminatory treatment and feel marginalized. They are needed special attention to avoid exploitation. It can be said that the health status of these marginalized groups in India are very poor as compared to other sections of population.Among the Scheduled Caste and Scheduled Tribes, the most vulnerable are women, children, aged those living with some diseases and illness and disabilities. These groups face severe forms of discrimination that denies them access to treatment and prevents them from achieving a better health status.Individuals and communities deprived of economic power and independence are bound to have limited or no access at all to healthcare services. Although as citizens of India, the Dalits became eligible for a number of rights, including economic rights, as guaranteed in the Indian Constitution, they continue to constitute the majority among those with poor health indicators. Hence, in this context the present paper brings in light the health status of Dalits in India and in process of comparing their health status with that of other groups.

Key words: Dalits, Health, Indicators, Nutrition,Vaccination.[1]

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I. INTRODUCTION:

Health is an essential inputs for Development of human resources and quality of life and in turn the social and economic development of nation. A positive health status is defined as a state of complete physical, mental and social well- being and not only the absence of diseases or infirmity. Health is a regardless priority for sustained development interventions both at the individual community and national levels. Improved health is apart of overall socio-economic development and is regarded as an index of social development. Though **"Health is Wealth"**a popular proverb in almost every family world over, one seldom pays attention to the fact that it is the wealth that often determines health of most people without wealth, access to health care remains merely an illusion. Individual and communities deprived of economic power and independence are bound to have less or no access to healthcare services. Caste in modern India is no longer just a social phenomenon but an indivisible part of the political process. Many studies consistently reported that the Scheduled Tribes and scheduled Castes population had worse health as compared to other sections of the population.The poor health of this disadvantaged group is evident in the higher levels of morbidity and under nutrition, higher rates of morbidity and early onset of death. They also have relatively lower utilisation of both preventive and curative services and receive poor quality of services when they do access services. Dalit's and Adivasi status based health inequalities are found even after adjusting for education and income. These inequalities in health may be of disadvantages experienced by members of these population groups because of their historical social exclusion or isolation and their marginalisation, secondary the health inequalities among Scheduled Caste and scheduled Tribes may be due to limited access or constraints in education, occupation and income levels. Thirdly mainly because of differences in the way the institutions such as health, education and social welfare system behave towards them. Inequalities in health status is the most grave and in admissible of all inequalities as it has direct impact on an individual's right to life. Although as citizens of India, the Dalit's became eligible for a number

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of rights, including economic rights, as guaranteed in the Indian constitution they continue to constitute the majority among those with poor health indicators.The earlier studies reveals that individuals' poorer health status, including higher morbidity, lower life expectancy and higher rates of infant mortality is linked to race, ethnicity and caste and in certain cases, nationality. The studies also reveals that any kind of discrimination rooted in social, including caste or racial origin affects people health in at least three distinct ways:

(a) Health status
(b) Access to health care and
(c) Inequality of health services

In India the women, children, Scheduled Caste and Scheduled Tribes persons with disabilities, migrants and aged are regarded as marginalized or vulnerable groups. These people are socially, economically, politically and legally ignored and excluded in Indian society. Marginalization sometimes also called social exclusion refers to the regulation to the fringes of society due to lack of access to rights, resources and opportunities. In India there are multiple socio- economic disadvantages that members of particular groups experience which limits their access to health and healthcare. Some of the prominent factors on basis of which individuals belonging to marginalized groups are discriminated in India i,e, structural factors as age, disability, mobility and stigma that acts as barriers to health and healthcare. Sometimes each group faces multiple barriers due to their multiple identities. Besides this there are certain groups in Indian society that are subject to discriminatory treatment and feel marginalized. They are needed special attention to avoid exploitation. It can be said that the health status of these marginalized groups in India are very poor as compared to other sections of population. Among the Scheduled Caste and Scheduled Tribes, the most vulnerable are women, children, aged those living with some diseases and illness and disabilities. These groups face severe forms of discrimination that denies them access to treatment and prevents them from achieving a better health status. Individuals and communities deprived of economic power and independence are bound to have limited or no access at all to healthcare services. Although as citizens of India, the Dalits became eligible for a number of rights, including economic rights, as guaranteed in the Indian Constitution, they continue to constitute the majority among those with poor health indicators. Hence, in this context the present paper brings in light the health status of Dalits in India and in process of comparing their health status with that of other groups.

To understand the physical health status of Dalit's vis-a vis the people of India in general, appropriate data is not available. There are however three major sources of data pertaining to the health status of people in general and of the Scheduled castes in particular. They include The National Family Health Survey (NFHS), The Reproductive and Child Health Project Survey (RCH), the National Sample Survey (NSS) on a few indicators. Although the available data is inadequate they are still useful enough to understand the general trend in the magnitude of the health problems faced by different castes and communities on the three selected indicators or objectives. Such objectives of the present study are the following:-

- Nutritional status
- Prevalence of infant and child mortality and
- Access to health care services

NUTRITIONAL STATUS:

Nutritional status is the physiological state of an individual, which results from the relationship between nutrient intake and requirements and from the body's ability to digest, absorb and use these nutrients. Nutritional status of an individual is generally dependent on two factors, external factors such as food safety, cultural, social and economic factors whereas internal factors which include age, sex, nutrition, behaviour , physical activity and diseases of the person. Nutritional status of children is one of the major predictors of child survival. Approximately 3.1 million children die from under nutrition each year (UNICEF, 2018). Hunger and under nutrition contributes to more than half of global child deaths as under nutrition can make children more vulnerable to illness and exacerbate disease. As per table 1 it is a matter of concern that the proportion of underweight children in India was high constituting 46.7 percent during 2005-06 (NFHS3). Although reduced to 35.2 percent during 2015-16(NFHS4). Regarding other category there was remarkable decline noticed among Scheduled caste and Scheduled Tribes and other backward class children. The proportion of underweight children among Scheduled Castes in India reveals that underweight children among scheduled Caste was 52.9 percent during 2005-06 reduced drastically to 39.1 percent during 2015-16. Although 19 percent decline was seen among the Scheduled caste communities. Moreover, the proportion of underweight children among scheduled Tribes in India the data from the table reveals that the underweight children among Scheduled Tribes in India were 56.4 percent during 2005-06 through NFHS3 survey which declined to 45.3 percent during 2015-16(NFHS4). On the whole, the proportion of children suffering from the three types of under nourishment weight for age, height for age and weight for height was relatively higher among Scheduled Castes and Scheduled Tribes as compared to that of the children of the other category. The proportion of under nutrition

with regard to all the three indicators in both the years was even higher among Scheduled Tribe children in India.

Table: 1: Percentage of Three-Year-old children classified as Undernourished on Three Anthropometric Indices of Nutritional status, India, 2005-06 and 2015-16.

Social Groups	Weight-for- age		Height- for- age		Weight-for-height	
	NFHS-3 (2005-06) % below – 2SD	NFHS-4 (2015-16) % below – 2SD	NFHS-3 (2005-06) % below – 2SD	NFHS-4 (2015-16) % below – 2SD	NFHS-3 (2005-06) % below – 2SD	NFHS-4 (2015-16) % below – 2SD
SCs	52.9	39.1	44.5	42.8	20.9	21.2
STs	56.4	45.3	44.4	43.8	26.3	27.4
OBCs	47.6	35.5	39.8	38.7	19.7	20.5
Other	37.7	28.8	31.8	31.2	16.7	19.0
India	46.7	35.2	38.9	38.8	19.7	19.9

Source: National Family Health Survey (NFHS-3), 2005-06, IIPS and ORC Macro, 2000, p 269. For National Family Health Survey (NFHS-4), 2015–16 percentages are calculated.

IRON- DEFICIENCY ANAEMIA:

Anaemia is another important indicator reflective of human health status world over. Although there is an overall increase in the percentage of women across communities suffering from one or another type of anaemia, the increase is relatively higher among the women belonging to Scheduled Caste, Scheduled Tribes and Other Backward Classes communities compared to women of other communities. As evident from Table 2 the women belonging to Scheduled Tribes suffer the most followed by the Scheduled Caste and OBCs. The percentage ever married women with iron deficiency or any anaemia in India was 56.2 percent during 2005-06(NFHS3) reduced to 49.8 percent during 2015-16(NFHS4). The data reveals that the cases of any anaemia among Scheduled Castes was 58.9 percent during 2005-06(NFHS3) reduced to 55.9 percent during 2015-16 (NFHS4). Whereas, among Scheduled Tribes the cases of anaemia was 69.3 percent in 2005-06(NFHS3) declined to 59.9 during 2015-16(NFHS4). The similar decrease was found among OBCs category. While the National average for those suffering from moderate form of anaemia was 15.6 percent during 2005-06(NFHS3) found nearly similar 15.6 percent during 2015-16 (NFHS4). The moderate form of anaemia was higher in case of Scheduled Tribes 22.2 percent during 2005-06 sharply declined to 14.9 percent during 2015-16. Over the National average for those suffering from severe form of anaemia was 1.8 percent in 2005-06 reduced to 1.0 percent by 2015-16. Consequently the cases of severity of anaemia was found among SCs and STs was 2.3 percent consecutively during 2005-16 reduced to 1.2 percent among SCs and 1.3 percent among STs by the end of 2015-16. Overall by comparing the survey of NFHS3 and NFHS4 it is observed that the overall health status of SCs and STs are slowly entering into the mainstream with the implementation of various health schemes by the Central government of India along with the collaboration withthe State governments.

Table-2:
Percentage of Ever-Married Women with Iron Deficiency Anemia, India, 2005-06 and 2015-16.

Social Groups	Any Anaemia		Mild Anaemia		Moderate Anaemia		Severe Anaemia	
	NFHS-3(2005-06)	NFHS-4(2015-16)	NFHS-3(2005-06)	NFHS-4(2015-16)	NFHS-3(2005-06)	NFHS-4(2015-16)	NFHS-3(2005-06)	NFHS-4(2015-16)
SCs	58.9	55.9	39.8	40.8	16.9	13.9	2.3	1.2
STs	69.3	59.9	44.7	43.7	22.2	14.9	2.3	1.3
OBCs	55.2	52.2	38.5	38.9	15.0	12.2	1.7	1.1
Other	51.9	49.8	37.2	38.3	13.3	10.6	1.5	0.7
India	56.2	55.0	38.9	38.4	15.5	15.6	1.8	1.0

Source: National Family Health Survey (NFHS-3), 2005-06, IIPS and ORC Macro, 2000; pp 366; the data presented for NFHS-4 (2015–16) was calculated from the main sources of NFHS data

CHILDREN ACCESS TO VACCINATION:

Table 3 reveals that although there is an increasing trends in vaccination with regard to the percentage of Scheduled Caste children who received all vaccinations, the percentage is less than the overall national average and in case of Scheduled Tribes children vaccinated for DPT in India was 55.1 percent during 1998-99 increased to 67.1 percent during 2015-16. Whereas the vaccinated children among Scheduled Caste was 52.7 percent in 1998-99 increased to 79.3 percent during 2015-16. Whereas, among Scheduled Tribes the percentage of children vaccinated for DPT was 37.5 percent in 1998-99 extremely increased to 73.5 percent by 2015-16. The National average percentage of children vaccinated in India for polio was 62.8 during 1998-99 increased to 78.2 percent in 2005-06 but gradually decreased to 62.3 percent during 2015-16. The vaccination of polio provided for Scheduled caste children in India was 61.3 percent in 1998-99 increased to 76.3 percent in 2005-06 but gradually decreased by 2 percent constituting 74.2 percent during 2015-16. Whereas, the vaccination for polio provided for Scheduled Tribe children was 49 percent during 1998-99, steeply increased to 64.6 percent during 2005-06 and further raised to 66.3 percent during 2015-16. Form the data it is clearly observed that the percentage of persons provided with vaccination cards in India was 33.7 percent in 1998-99 aroused to 37.5 in 2005-06 and intensified to 52.8 percentage during 2015-16. While, the data reflecting to the other communities among Scheduled Caste the percentage of vaccination cards provided were 31.3 percent in 1998-99 increased to 34.8 percent in 2005-06 further increased drastically to 65 percent during 2015-16. While, among Scheduled Tribes category the persons provide with vaccination cards was 24.5 percent during 1998-99 increased to 27.4 percent by 2005-06 and further increased to 56.2 percent during 2015-16. It is interesting to show the hike in percentage of SCs and STsin regard of DPT and polio vaccination in India but the marginalised group are still in the disadvantage conditions in India with regard to health status.

Table-3:
Children's Vaccination among Different Castes and Communities
(12-23 months; figures in percentages)

Caste and Community	Years	Percentage of Children Vaccinated											Persons with Vaccination Card %
		BCG	Polio 0	DPT			Polio			Measles	All	None	
				1	2	3	1	2	3				
India	**1998-99**	71.6	13.1	71.4	65.0	55.1	83.6	78.2	62.8	50.7	42.0	14.4	33.7
	2005-06	78.1	48.4	76.0	66.7	55.3	93.1	88.8	78.2	58.8	43.5	5.1	37.5
	2015-16	84.2	67.1	83.7	77.9	67.1	86.3	80.2	62.3	71.6	24.7	11.2	52.8
Scheduled Castes	**1998-99**	69.6	11.7	68.4	62.9	52.7	82.6	77.8	61.3	47.6	40.2	15.1	31.3
	2005-06	75.4	46.8	74.2	64.6	51.9	92.2	88.6	76.3	56.7	39.7	5.4	34.8
	2015-16	92.5	79.5	90.2	86.7	79.3	91.5	86.9	74.2	81.5	43.8	5.4	65.0
Scheduled tribes	**1998-99**	60.0	4.5	57.0	48.6	37.5	73.9	66.9	49.0	34.3	26.4	24.2	24.5
	2005-06	71.7	30.9	65.9	53.2	40.9	86.8	79.8	64.6	46.1	31.3	11.5	27.4
	2015-16	88.7	74.5	86.4	82.0	73.5	87.7	82.1	66.3	77.4	38.4	9.2	56.2
Other Backward Classes	**1998-99**	71.6	18.7	72.4	66.0	56.7	86.6	81.3	65.6	50.7	43.0	11.6	33.4
	2005-06	76.4	46.2	74.1	63.9	52.6	94.4	90.3	81.4	55.4	40.7	3.9	34.5
	2015-16	92.3	79.7	89.9	86.0	78.2	91.1	86.2	73.4	81.1	43.9	5.5	62.9
Other	**1998-99**	76.1	11.6	76.4	69.9	60.4	84.6	79.4	65.6	57.1	46.8	13.3	38.1
	2005-06	84.4	57.6	82.6	75.8	65.4	94.0	89.7	79.6	68.8	53.8	4.3	46.0

	2015-16	92.2	79.7	89.7	86.0	80.5	91.0	86.7	73.9	82.8	42.9	6.1	65.6

(1) Vaccination against tuberculosis (BCG); diphtheria, whooping cough (pertussis), and tetanus (DPT); poliomyelitis (polio); and measles; polio vaccine at the time of birth (polio 0); polio vaccine given about six weeks after birth (polio 1). (2) In the NFHS-2 (1998–99) there was no category called Other Backward Class (OBC), therefore there is no data in the table for this category. This category for 1998–99. This category was introduced only for the NFHS-2. Source: Compiled from National Family Health Survey, 1998–99 (NFHS-2), (2000) ; and NFHS-3, (2005–06), and NHFS-4, (2015-16), IIPS and ORC Macro

IMR, CMR AND UFMR:

Infant and child mortality rates reflect a country's level of socio-economic development and quality of life and are used for monitoring and evaluating population and health care programmes and policies. Table 4 pertaining to evident the neonatal, post –neonatal, infant child mortality and under – five mortality rates in India with the data pertaining from NFHS survey. Yet it is a matter of serious concern that in India the neo-natal mortality rate was 48 in 1998-99 and 39 during 2005-06 and further decreased to 30 by 2015-16. The worst case in regard of Scheduled Caste was 53 in 1998-99, 46 in 2005-06 and decreased to 33 by 2015-16. Whereas, the neo-natal mortality among scheduled Tribes was 53 in 1998-99, 40 in 2005-06, and gradually decreased to 31 by 2015-16. Regarding infant mortality rate the overall national average was 73 in 1998-99 declined to 57 in 2005-06 and further decreased to 41 by 2015-16. Among Scheduled Caste also reflects a similar concern with the infant mortality being 83 in 1998-99, decelerated to 66 in 2005-06 and further decreased to 45 by 2015-16. The worst infant mortality rate was found among Scheduled Tribes in India it was 84 in 1998-99 declined to 62 in 2005-06 and further declined to 44 by 2015-16. From the NFHS reports the child mortality rates shows that in overall India the child mortality rate was 31 in 1998-99 decreased to 18 in 2005-06 andsharply decelerated to 9 by 2015-16. Whereas, the child mortality rate among SCs was 40 in 1998-99 reduced to 23 by 2005-06 and further decreased to 11 by 2015-16. Child mortality rate among STs in India indicates that it was 46 in 1998-99 reduced to 36 by 2005-06 and gradually decreased to 13 by 2015-16. Under five mortality rate in India as whole reflects that it was 101 in 1998-99 reduced to 74 by 2005-06 and further decelerated to 50 by 2015-16. Still the worse is high degree of under-five mortality rate among the SCs 119 in 1998-99 reduced to 88 by 2005-06 and further decreased to 60 by 2015-16. Further worst case has been found among STs in India 127 in 1998-99 reduced to 96 in 2005-05 and further decreased to 57 by 2015-16. Although government of India implementing various health schemes for dalitsand strugglinghard for them to bring them into the mainstream.

Table-4:
Infant Child Mortality among Different Castes and Communities as Reported by NFHS-2, NFHS-3, and NFHS-4

Social Groups	**Neonatal Mortality**			**Post Neonatal Mortality**			**Infant Mortality**			**Child Mortality**			**Under 5 Mortality**		
	1998-99	**2005-06**	**2015-16**	**1998-99**	**2005-06**	**2015-16**	**1998-99**	**2005-06**	**2015-16**	**1998-99**	**2005-06**	**2015-16**	**1998-99**	**2005-06**	**2015-16**
India	48	39	30	25	18	11	73	57	41	31	18	9	101	74	50
SCs	53	46	33	30	20	12	83	66	45	40	23	11	119	88	60
STs	53	40	31	31	22	13	84	62	44	46	36	13	127	96	57
OBCs	51	38	31	25	18	12	76	55	42	29	17	9	103	73	51
Other	41	35	23	21	15	9	62	49	32	22	11	7	83	59	39
Rural	52	43	33	28	20	12	80	62	46	35	21	11	112	82	56
SCs	56	50	37	32	21	13	88	71	50	43	26	12	127	95	61
STs	55	41	33	32	23	14	87	64	47	49	38	15	131	100	61
OBCs	55	42	33	28	19	13	82	61	46	33	19	10	112	79	56
Other	45	38	28	24	18	11	69	56	38	25	13	7	93	68	45

The figures with fractions have been made into round figures to make meaning out of them. (1) Estimates for NFHS-2 and NFHS-3 are for the 10 years preceding the survey; and (2) NFHS-4 estimates are for the five years preceding the survey. Source: Table prepared based on data provided in the National report of National Family Health Surveys (NFHS). NFHS-2, 1998–99 (2000: p 187) and NFHS-3, 2005-06 (2007: p 181-182), IIPS and ORC Macro, 2000. NFHS-4, 2015–16 (2017: p 191–193), IIPS, Mumbai and Macro International, the US.

ACCESS TO HEALTH CARE SERVICES:-

Majority of Indians still depend on government hospitals for their health care needs since they cannot afford private healthcare facility. But knowing well the fact that government hospitals are in general not adequately equipped with the latest medical appliances, technologies and medicines, and the fact that they are always crowded, most Indians prefer going to private hospitals and most of those who cannot afford costly treatment do go to private hospital for better medical care. Government of India in 2013, Launched National Health Mission (NHM) which works towards achieving universal access to equitable services for everyone in the country. So the kind of hospitals government or private that the pregnant women, belonging to different social categories choose for delivery reflects their social and economic status and their faith in the various healthcare services providers in particular. The percentage of women in India who delivered in their own home with hardly any medical assistance was 53.2 percent in 1998-99 although declined over years to 17.9 percent by 2015-16. The percentage among SC women who delivered in their own home was 60.1 percent in 1998-99 decreased to 57.1 percent by 2005-06 and due to ample of medical facilities and awareness among SCs the percentage of home deliveries reduced to 18.5 percent by 2015-16. The plight of STs is even graver with still as high as with the percentage of pregnant ST women who delivered at their own home being as high as 70.4 in 1998-99, was 70.8 in 2005-06 decreased to 27.9 percent by 2015-16. The table also indicates that an increasing percentage of SC and ST women delivering at the government hospitals over years. The SC women delivering at public hospital was 16 percent in 1998-99 increased to 60 percent by 2015-16. And that ST women delivering at public hospital was 10.7 percent in 1998-99 increased to 55.9 percent by 2015-16. The increasing number of dalit women approaching public hospital reflects that increasing awareness among them about the need to go to hospitals for delivery instead of having it in their own home. The marginal and gradual increase in the number of SC and ST women going to private hospitals reiterates the fact that people in general are losing faith in the quality of healthcare services provided by the government hospitals.

Table-5:
Percentage of Distribution of Births by Place of Delivery for Different Social Groups from NFHS-2, NFHS-3 and NFHS-4.

Social Groups	Years	Delivery Place (%)						Don't Know/Missing	Total
		Public Hospital	NGO/Trust	Private Hospital	Own Home	Parent Home	Other		
India	1998-99	16.2	0.7	16.7	53.2	12.2	1.0	-	100
	2005-06	17.8	0.4	19.5	52.0	9.5	0.1	0.1	100
	2015-16	52.1	0.5	26.3	17.9	2.7	0.2	0.3	100
SCs	1998-99	16.0	0.5	10.3	60.1	12.0	1.1	-	100
	2005-06	19.0	0.2	13.3	57.1	9.6	0.2	0.1	100
	2015-16	59.9	0.4	18.1	18.5	2.6	0.2	0.3	100
STs	1998-99	10.7	0.7	5.7	70.4	11.4	1.1	-	100
	2005-06	11.6	0.3	5.8	70.8	10.9	0.1	0.2	100
	2015-16	55.9	0.4	11.6	27.9	3.6	0.2	0.4	100
OBCs	1998-99	16.3	0.8	19.0	49.8	13.0	1.1	-	100
	2005-06	16.0	0.4	20.5	52.4	9.9	0.2	0.1	100
	2015-16	50.4	0.5	28.9	17.1	2.6	0.2	0.3	100

Other	**1998-99**	17.9	0.9	21.3	47.1	11.9	0.9	- the	100
	2005-06	21.6	0.5	27.6	41.4	8.2	0.1	0.1	100
	2015-16	46.1	0.7	36.1	14.1	2.6	0.2	0.3	100

(1) Table includes only the two most recent births during the three years preceding the survey of 1998–99. The figures with fractions have been made into round figures to make meaning out of it. (2) The symbol "–" denotes "data not available." Source: National Family Health Survey (NFHS-2), 1998–99, (2000) p 295; (NFHS-3), 2005-06, (2007); IIPS and Macro. For National Family Health Survey (NFHS-4), 2055–16, (2017; p 228) percentages are calculated.

IV. CONCLUSION:

General health policies need to be accompanied with group specific measures to address the specific problems of discriminated social groups such general policies may include:

- Improvement in access of poor to income through assets and earnings
- Improvement in education level
- Improvement in access to sanitation facilities and drinking water
- Improvement in access to public health services

Additionally dalits should also be provided with safeguards against discrimination in health services. More specifically these results show the need to adopt measures so as to promote equal and non-discriminatory access to healthcare services for women from socially excluded groups.

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