



Comparing Health Outcomes Across Scheduled Tribes and Castes in India

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Summary. — The Scheduled Tribes and Castes (STs and SCs) are the two most disadvantaged social groups in India. Previous studies have usually grouped the STs and SCs together as one disadvantaged group and have compared their educational and occupational mobility with the higher castes. We instead seek to compare health outcomes of the STs with not only the upper castes but also especially the SCs. We find that STs consistently perform poorly even relative to the SCs in terms of knowledge and usage of modern contraceptives, antenatal and postnatal healthcare, incidence of anemia and child immunization. However, female infant mortality is significantly higher among SCs than among STs, with no significant difference in male infant mortality between these groups. We find that ST women enjoy high social status and thus are unlikely to face impediments in accessing healthcare due to social norms that restrict women's autonomy. Oaxaca–Blinder decomposition methodology reveals that the health disparity between the STs and SCs for some key outcomes cannot be fully explained by differences in attributes between them. Suggestive evidence indicates that the health disparity can be likely attributed to the potentially greater marginalization that STs face even relative to SCs when accessing healthcare. This indicates the necessity to study STs in isolation from SCs so that policy can be designed to specifically target and mitigate health inequalities prevalent even among the most disadvantaged social groups.

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1. INTRODUCTION

The Scheduled Tribes (STs) and the Scheduled Castes (SCs) have been the two most disadvantaged social groups in India. The SCs occupy the lowest status in the hereditary and hierarchical caste system of India and have been subjected to oppression and untouchability by the upper castes.^{1,2} On the other hand, historically the STs have remained largely isolated from the larger Hindu society; often living in remote, hilly and forested areas.³ Significant debates exist among anthropologists and sociologists regarding whether STs can be described as indigenous people of India,⁴ although it is generally agreed upon that they differ from the SCs. *Mitra (2008)* mentions that the STs can trace their origin to four distinct racial groups: the Negritos, the Proto-Australoids, the Mongoloids, and the Caucasoids. The tribes are said to have inhabited India before the arrival of the Aryans who found tribal culture primitive, thereby forcing the tribes to move to isolated forested and mountainous areas. The tribes have remained historically isolated and have socio-cultural values different from the mainstream Hindu society. Recognizing the socio-economic deprivation that these social groups faced on account of untouchability and isolation, certain provisions were made in the Indian Constitution to aid their development. These provisions largely have focused on affirmative action/protective discrimination for both the SCs and STs. Accordingly, a certain proportion of seats in parliament/state legislatures, higher educational institutes, and jobs in the public sector are reserved for individuals belonging to the SC/ST social groups.

The difference in socio-cultural norms between the STs and the mainstream Hindu society, which includes the SCs have been studied in the literatures of anthropology and sociology. Gender relations among the STs are found to be egalitarian relative to the mainstream Hindu society. Socio-cultural

values often shape the demographic behavior of social groups. Specifically, both fertility and mortality levels were historically found to be lower among the STs relative to the SCs, contrary to popular belief that these outcomes are likely to be higher among the STs on account of them being “less modernized”. Higher age at marriage for women among the STs, higher labor market participation of ST women, increased birth spacing, prolonged period of breastfeeding, introduction of supplementary food to infants are certain practices prevalent among the STs that contributed to lower fertility and improved chances of survival among ST children relative to the SCs. Female-to-male ratios also appear to be more balanced among the STs than among the SCs, indicating that ST females likely face lesser discrimination in accessing nutrition and healthcare even relative to their SC counterparts. These findings have been reported in the studies of *Maharatna (2000, 2005, 2011)* and *Mitra (2008)*. However, the decline in the fertility and mortality rates are found to be slower among the STs than among the SCs. Low outreach of family planning programmes and other health services in ST dominated areas due to potentially low political priority accorded to the STs could explain this phenomenon (*Maharatna, 2000*).⁵

It has been documented that the STs have faced greater marginalization in the Indian society, even relative to the SCs. *Guha (2007)* mentions the Dhebar Commission Report (1960–61) which identified the continuation of colonial forest

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laws aimed at suppressing tribal rights over forests, even after independence, a leading cause of the loss of control of tribals over forested lands. Further, the Commission also mentioned that development projects such as power and steel plants during the *Second Five Year Plan* (1956–61) of the Indian government had resulted in large-scale displacement of tribals from their land. Other forest laws of independent India that aimed at forest conservation, thereby restricting access to forests, had adversely affected tribes whose traditional livelihood depends on forest use (see [Baviskar, 1994](#)). Displacement and the consequent plight of the tribals due to building of power plants, dams, mining, and industries have been widely documented ([Baviskar, 1995, 1997](#); [Ekka, 2000](#); [Ekka & Asif, 2000](#); [Maharatna & Chikte, 2004](#); [Sundar, 2009](#)). On the other hand the SCs have historically been an integral part of the mainstream Hindu society. Although historically denied access, SCs have been exposed to information, technology, employment opportunities as they have lived in close proximity to the dominant Hindu communities ([Xaxa, 2001](#)). Further, [Banerjee and Somanathan \(2007\)](#) note that the STs have remained disadvantaged in the Indian society in contrast to the SCs, who have been found to perform well in terms of access to public goods. They note that greater political mobilization among the SCs resulted in greater assertiveness of this group in national politics, aiding their development. However, such political mobilization among the STs and emergence of ST leaders have not been observed which could be one of the potential causes of their continued underdevelopment and divergence from the development experience of the SCs ([Xaxa, 2001](#); [Banerjee & Somanathan, 2007](#)).

The existing literature in economics has largely studied the SCs and STs as one single disadvantaged group and have compared how SC/STs together have fared relative to non-SC/STs.⁶ This has potentially arisen from the situation that material deprivation among these groups have been almost similar well up to the 1970s ([Maharatna, 2011](#)). Further, these groups have been subjected to similar affirmative action policies since independence. However, poverty reduction has been found to be remarkably slower among the STs relative to the SCs, with the former continuing to face deprivation in education and health even relative to the SCs over time ([Maharatna, 2005, 2011](#)). But an analysis that groups SCs and STs together can potentially mask important differences among them in terms of their socio-cultural norms, political assertiveness, and eventual development experience. For instance, improvement in the well-being of SC/STs could be driven by SCs alone. [Sarkar, Mishra, Dayal, and Nathan \(2006\)](#) find that the Human Development Index (HDI) for STs is around 30% lower than all-India average and is comparable to those for countries in sub-Saharan Africa. Further, [Borooah, Sabharwal, Diwakar, Mishra, and Naik \(2015\)](#) compute HDI using five indicators that include education, life expectancy, income, living conditions, and social networks and find that the HDI for the STs is lower not only relative to the upper castes, but the SCs as well. This provides motivation to study STs and SCs separately. In this paper, we compare the STs with not only the non-SC/STs that includes the upper castes but also specifically the SCs in terms of women's contraceptive knowledge and use, pre and postnatal healthcare, awareness about diseases like HIV/AIDS, incidence of anemia, children's mortality, and immunization status. Therefore, our analysis aims to understand not only how health-related indicators compare between SC/STs and non-SC/STs, but also to understand whether potential improvement in health among SC/STs is on account of SCs or STs. We find that STs perform poorly

not only relative to the upper castes but also relative to SCs in nearly all the aforementioned health outcomes with the exception of infant mortality, particularly among female children. We, then, investigate the plausible mechanisms that can explain this health gap. We consider education, exposure to the media, access to basic household amenities (like drinking water, electricity, and flush toilet) and women's social status as potential factors that can influence health-seeking behavior along with the availability of public health infrastructure and medical personnel in explaining these health differences. We find that ST women enjoy greater autonomy than SC women in general, confirming the findings in the existing literature of anthropology. Hence, the conjecture that poor social status of women can contribute to the poor state of women's and children's health is unlikely to hold for the STs. Further, using Oaxaca–Blinder decomposition technique we find that the health disparity between the STs and SCs for some key outcomes cannot be explained by differences in the attributes alone between these two groups. In particular, suggestive evidence indicates that the health disparity between the SCs and STs can likely be on account of greater disadvantage STs face in accessing healthcare relative to SCs as STs are less likely to find that medical staff spent sufficient time with them and the health facility was clean. In other words, the greater disadvantage faced by the STs in receiving healthcare could plausibly be associated with greater marginalization that STs face even relative to the SCs.

The existing literature has largely focused on education and labor market outcomes of various social groups. However, the health situation of the STs vis-à-vis the SCs as well as the upper castes have remained relatively understudied. Qualitative studies on the health differences between STs and SCs are predominantly found in the literatures of sociology, anthropology, and medicine. For example, [Das, Kapoor, and Nikitin \(2010\)](#) study the prevalence of child mortality among the STs relative to the non-ST population. [Ramaiah \(2015\)](#) provides a descriptive analysis of the nutritional status of and access to healthcare for SCs and STs. [Maharatna \(2011\)](#) compares the crude death and infant mortality rate between the STs and SCs among other outcomes such as per capita consumption, landownership, and literacy. [Singh, Suraj, and Das \(2014\)](#) investigate the nutritional status of women belonging to the Bhaina Tribe of Central India. [Das and Bose \(2015\)](#) analyze nutritional status for tribes in terms of the prevalence of chronic energy deficiency and low body mass index. On the other hand, [Borooah et al. \(2015\)](#) have examined the differences between social groups—upper castes, other backward classes, SCs, STs, and Muslims in terms of key indicators which also include health outcomes such as stunting among children, age at death, perceptions about one's health among adults, receiving pre and postnatal care. Their study finds the aforementioned health outcomes are affected by the social group that the individuals belong to, even after controlling for other factors that could likely influence these health outcomes. These studies indicate the need for analyzing STs in isolation from the SCs as well as focusing on health, which is a key public good. In this regard this study attempts to make a contribution to the existing literature by comparing STs with not only the upper castes, but also with their closest historically deprived counterpart, the SCs; exploring health which has remained largely understudied and exploring whether the health-related gap between the STs and SCs remained unexplained even after controlling for factors that could potentially influence health. From the perspective of policy makers, this study could aid in designing policy that

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