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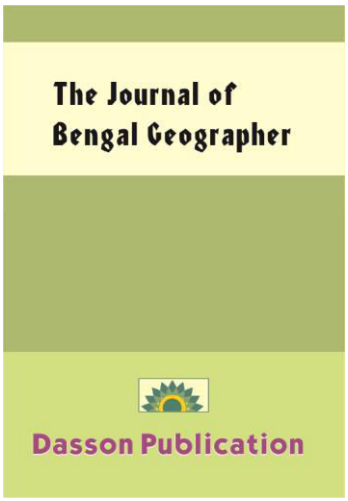

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Social exclusion and health deprivation of Dalits and Tribes in Karnataka India

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Abstract
This paper examines the linkages between caste and social exclusion in health domain. In country like India, people from certain groups have been excluded from the mainstream society just because of their caste and social identity. The scheduled castes and tribes are been excluded from the health services and subject to the deprivation. Here researchers made an effort to explain the notion of social exclusion and how it has nexus with health indicators of SCs and STs. Study has compiled data from National Family and Health Survey (NFHS-III) of 2005-06. Three major indicators of reproductive and child health have been considered to analyze the phenomena. As an outcome of cross-tabulation and analysis, it was found that there is a strong association between social identity and health care service utilization. SCs/STs are lagging behind as compare to other social groups. Women and children from these groups denied to health care services that made them more vulnerable to the health.

Keywords: *1.Identity, 2.Deprivation, 3.Utilization, 4.Indicators, 5.Reproductive.*

Introduction

The society had given a bunch of rights to the individuals to explore their potentials and to lead the life meaningfully. The process of enjoying the rights granted naturally is an essential base for the individual to become a full-member of the society. Those rights and affiliation are enabling the individual to access the power, status, wealth, income and services. Without the access, individual cannot able to become a full member of any society. There are prominent social realities which aren't allowing the individuals to access to power and services. It may be because of caste, class, religion, income and gender. Denial to the rights and equal opportunities on the ground of caste and other parameter is known as social exclusion (1). Amartya Sen (2000) pointed out very particularly on the concept of social exclusion. He described two situations as 'unfavorable exclusion' and 'unfavorable inclusion' (2). Across the world several people from vulnerable and social disadvantaged groups have been denied to health services. Evidences say, the gap of health service utilization between privileged and underprivileged group is much (3). In India Scheduled caste (SC) and scheduled Tribes are socially disadvantaged and most excluded communities and have been deliberately denied access to the basic needs of human life.

Concept of Social Exclusion

Rene (1974) used the term social exclusion to denote the differently-abled groups of people who were neglected by the socio-economic development in France. Afterwards, it has become popular framework to address the new socio-economic problem as a result of economic crisis in western

countries (De Haan, 2000). Social exclusion concept provides the understanding of the cause and nature of deprivation, marginalization and discrimination in the social science tradition rather than the economic sense (Smith, 2000). Along with, this concept is examining the multidimensional aspects of deprivation in life such as economic, political, cultural and social life. Silver (1994) emphasized that social exclusion is a "context-base" concept influenced by "ideological and theoretical baggage depending on conceptualization of social integration in different context".

In India, caste is considered as a proxy of social status and poverty, in which scheduled caste and tribes have been considered as most disadvantaged social groups and are living in crucial social conditions. The human development indicators of these groups are at bottom level. When it comes to health status, they have been denied access to the health services. The health status and utilization patterns of such groups give an indication of their social exclusion as well as an idea of the linkages between poverty and health. This paper indicated the linkages between the social identity and health utilization in Karnataka.

Method and materials

This study is purely on the basis of secondary data source. In order to understand the nexus between social identity and health deprivation, research has used various health indicators as parameters. In this study child deprivation and women deprivation were used as indicators for the analysis and discussion. Part from these the data of the vulnerable social group has been compared with the non-vulnerable group which give us a better understanding of service accessibility and utilization. For this analysis, data have been extracted from the Census Report of India, National Family Health Survey (NFHS)-3 and NSSO reports. These reports give extensive data on the utilization of Maternal and child health services by various social groups in India.

Result and discussion

Over a period India has gained an impressive progress in the childhood mortality. Still it is socio-demographic depend and high among the socially vulnerable groups. The data (Table 1) shows that Scheduled caste and tribes are in greater risk of neonatal mortality as compared to other backward classes in Karnataka. A higher number of tribal and Dalit children have died in the first month of their life and before attaining their first birthday. Infant mortality considered as one of the indicator. Reports says Infant mortality rate of Dalit children is high as 88 per 1000 as compared to other social group. High rate of mortality and low infant survival rate shows that the Dalit and tribal children's are most vulnerable than other social groups (Sadana, 2009). They have been subject to the victims of diseases such as pneumonia, fever and diarrhea.

Table 1: Early childhood Mortality by Social Groups

Social Groups	Neonatal Mortality	Post-neonatal Mortality	Infant Mortality	Child Mortality	Under five Mortality
Scheduled Caste	44.8	12.4	57.2	8.7	65.4
Scheduled Tribe	36.0	9.9	45.8	33.6	77.9
OBC	37.3	15.7	53.0	11.4	63.8
Others	29.0	15.5	43..5	17.7	60.4
Karnataka	**37.9**	**15.1**	**53.0**	**13.9**	**66.2**
India	**39**	**18**	**57**	**18.4**	**74.3**

Source: NFHS-III, 2005-06

In legal framework, getting full vaccination and free from preventable disease is right of the every child in the world. State and parents are needed to take a proper action to meet the right of the child. Vaccination of children against to the six preventable is a core component of child health care as well as of human development issue in India. The national immunization programme was gained currency as a part of National Health Policy and extended by the Government of India in 1978 with intention of reducing morbidity, mortality and disabilities among children's. The Universal Immunization Programme (UPI) was introduced in 1985-86 with the objective to cover at least 85 per cent of all infants against the 6 vaccine-preventable diseases by 1990 (Sadana, 2009). According to the NFHS-III findings, children's from Dalits and Tribes have been not vaccinated fully as compared to the other backward castes. 7.7 percent of SCs and 10.1 percent of tribal children's have been surviving without any vaccination which cause to health vulnerability.

Table 2: Child vaccination by social groups

Social Groups	BCG	DPT			Polio				Measles	All vaccin-ations	No vaccin-ations
		1	2	3	0	1	2	3			
Scheduled Caste	87.8	90.1	88.9	80.1	79.0	91.1	84.4	68.6	75.2	56.0	7.7
Scheduled Tribe	76.2	72.6	66.1	52.7	69.3	89.9	86.6	73.3	59.6	39.7	10.1
OBC	87.8	85.2	77.3	69.0	71.0	91.8	88.0	72.6	70.2	49.8	6.3
Others	91.0	91.0	91.0	89.2	82.1	32.7	91.0	82.3	78.8	75.4	7.3
Karnataka	**87.8**	**86.7**	**81.5**	**74.0**	**75.1**	**91.8**	**87.9**	**73.8**	**72.0**	**55.0**	**6.9**
India	**78.1**	**76**	**66.7**	**55.3**	**48.4**	**93.1**	**88.8**	**78.2**	**58.8**	**43.5**	**5.1**

Source: NFHS-III, 2005-06

Antenatal care is the routine health control of presumed healthy pregnant women without symptoms, in order to diagnose diseases or complicating obstetric conditions without symptoms, and to provide information about lifestyle, pregnancy and delivery. Proper health care for pregnant and unborn child is very crucial aspect. During this period pregnant have to cultivate the healthy behaviors and parenting skills. The Socio-economic and cultural context and beliefs of the community is greatly effects on pregnancy either positively or negatively. In India caste play vital role in utilization of antenatal care. Data (Table.3) shows that there is a remarkable disparity in antenatal health care utilization between SC/STs and Non-SCTs. The health deprivation is high among the ST women as they are residing at isolated hill station that likely to be disconnected by the health care services health professionals. The relative derivation of the SCs and the STs was evident in almost all the states (Baraik & Kulakarni, 2006).

Table 3: Antenatal Care providers during the pregnancy

Social Groups	Doctor	ANM	Health Personnel	Dai/ TBA	ICDC Worker	Other	No one
Scheduled Caste	71.6	13.1	0.4	0.0	0.4	0.4	14.1
Scheduled Tribe	59.6	18.5	0.0	2.5	1.6	0.0	17.9
OBC	82.1	7.9	0.4	0.6	0.3	0.3	7.9
Others	85.7	7.3	0.4	0.0	0.4	0.4	5.6
Karnataka	**79.1**	**9.6**	**0.4**	**0.5**	**0.4**	**0.3**	**9.4**
India	**50**	**23**	**1**	**1.2**	**1.6**	**0.1**	**22.8**

Source: NFHS-III, 2005-06

The table 4 explains the health care services obtained by SCs and tribes during delivery and post-delivery period. Among the factors relating to care at birth which affects the chances of survival of the new born, place of delivery and the type of assistance provided assume utmost importance. About 45 percent of the births occurring to SC women and 58 per cent of births occurring to tribal women takes place at home while women from other social groups corresponding above 70 percent. Pathetically, 60 percent of dalit women and 47 percent of tribal women have received health professional's assistance for delivery at home. On the other hand, 80 per cent of women from other social group have been assisted by the trained health professionals. Likewise the postnatal checkups and health visit within two day of birth is greater among the women of other social groups as compared to dalit and tribal women.

Table 4: Delivery and Postnatal care

Social Groups	Delivered in hospital	Assisted by personnel	Postnatal check-up	Within two days of birth
Scheduled Caste	54.1	60.6	58.7	49.1
Scheduled Tribe	41.5	47.1	59.3	47.4
OBC	68.2	73.1	70.5	62.6
Others	79.2	81.3	63.9	58.3
Karnataka	**64.7**	**69.7**	**66.9**	**58.5**
India				

Source: NFHS-III, 2005-06

Anaemia is a neglected and most prevalent deficiency among the Indian children and women. Iron deficiency is recognized as one of the most potent forms of malnutrition in the world. Anaemia has detrimental effects on the health of women and children leading to both, maternal and prenatal mortality (Baraik & Kulakarni, 2006). Anaemia also results in an increased risk of premature delivery and low birth weight. "Anaemia among young children is a matter of serious concern because it can result in impaired cognitive performance, behavioral and motor development, coordination, language development, as well as, increased morbidity from infectious diseases" (IIPS & ORC Macro, 2000).

Table 5: Anemia among the children's and Women

Social Groups	Children				Women			
	Mild	Moderate	Severe	Any anemia	Mild	Moderate	Severe	Any anemia
Scheduled Caste	28.9	44.0	2.1	75.0	33.5	16.4	2.4	52.3
Scheduled Tribe	40.5	34.9	5.2	80.6	36.7	16.5	3.6	56.8
OBC	28.3	37.5	3.3	69.2	34.7	14.7	1.7	51.0
Others	23.5	38.4	2.6	64.4	34.2	13.7	2.0	49.4
Karnataka	**28.6**	**38.6**	**3.2**	**70.4**	**34.4**	**15.1**	**2.0**	**51.5**
India	**26.3**	**40.2**	**2.9**	**69.5**	**38.6**	**15**	**1.8**	**55.3**

Source: NFHS-III, 2005-06

In India more than half of women suffering with anaemia, including 39 per cent of mild, 15 percent of moderate and 2 percent of severe anaemia. It was estimated that about 20 percent of maternal deaths takes in India just because of anaeima (NFHS III, 2015). The SCs and STs Women and children's have

found higher level of moderate and severe anaemia in India. 75 percent of SCs women and 80 percent of STs Women have been suffering with any form of anaemia where as about 60 percent of non-SCs/STs women are with any form of aneamia. It shows that the gap between both groups is very huge. The situation is slightly different among the children. The gap between SCc/STs and Non-SCs/STs is narrow but should be notable to address the issue.

Conclusion

This study empirically indicated that SCs and STs are socially depressed groups and have been excluded from the mainstream society which is the prime reason to the health deprivation. Even after six decades of independence they have not been a part of service delivery circle of the democratic state. Women and children from these groups were excluded from the larger society as well as from their own groups. Multiplication of the social exclusion doesn't respect the individual rights to take decision on their own health and accessibility to the health service. Most of the studies identified the nexus between reproductive health and the autonomy of women in households. Children who die before they complete their first birthday are far more likely to be from SCs and STs. The reason for higher infant/children mortality levels in these two social groups is lack of access to "skilled birth attendants and quality obstetric care. Social exclusion and health deprivation is denial of human rights and anti-constitutional. Unless we failed to address the issue of these at policy level we cannot achieve the millennium development goals as well as good indicator at human development also not be met.

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