

**DALITS' PHYSICAL AND MENTAL HEALTH
Status, Root causes and Challenges**

By

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Introduction

The preamble of the World Health Organization succinctly underscores the enjoyment of the highest standard of health as a fundamental right of every human being. According to Article 25 of the Universal Declarations of Human Rights, every one has the right to a standard of living, adequate for the health of himself, including food, clothing, housing, medical care and necessary services. Though “*health is wealth*”, a popular saying 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. Individuals and communities deprived of economic power and independence are bound to have less or no access to health care services. It is, therefore, obvious that unless one is economically empowered, his access particularly to modern health care services is bound to be limited. This conclusion however raises another obvious question i.e., whether one’s social or caste background determines his economic status, and consequently his access to better health care services as well. Answering these questions becomes more crucial not only to understand the health status of any community or caste but also to identify the various factors responsible for the same. The present paper is an attempt to unravel the health status of one of the India’s most exploited communities, the Dalits. Before discussing the health status of Dalits and the various factors responsible for the same, it is necessary to understand first 1) whether or not one’s access to wealth and health care services is linked to his racial or low caste social origin, and 2) who the Dalits are vis-à-vis the rest of Indians and what is their socio-historical root?

1) Social or racial origin denies access to health care services:

Studies reveal that individuals’ poorer health status, including higher morbidity, lower life expectancy and higher rates of infant mortality is linked to his race, ethnicity and caste, and in certain cases nationality. Studies also reveal that any kind of discrimination rooted in social, including caste, or racial origin affects people's health in at least three distinct ways: a) health status, b) access to health care, and c) in quality of health services. For instance, racism and discrimination directly impede equal access to health services by excluding groups from health care systems, by limiting their access by law, or by discouraging their participation. Immigrants and refugees who are members of racial, ethnic or national minorities are especially subjected to discrimination. For example:

- In the United Kingdom, Caribbean men are less likely to be registered with a general practitioner than white men.
- In Yugoslavia, on average 13% of Roma people in Belgrade are not registered in the regular health care system.

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- In the United States, African Americans, Hispanics, Asian Americans and Native Americans are more likely than whites to lack access to all health including those needed for prevention. Non-white patients seeking admission to nursing homes experience longer delays before placement than White patients.
- In South Africa, the legacy of apartheid policies, which openly discriminated against the black majority in terms of resource allocation, public health data collection, professional training, and service availability, continues to severely limit health services for its black citizens.¹

These observations aptly suggest that one's access to health care services is linked to his/her social or racial origin. It is now appropriate to look at whether ones' low caste background has a role in determining his/her access to health care services.

2) The Dalits in India:

India houses about 1.1 billion people (2006 census), comprising approximately one-sixth of the world's population. The people of India represent more than two thousand diverse social, ethnic and linguistic groups; every major religion of the world has representation in it. Religion, caste and language are the major determinants of social and political organization in India today. More than 70 percent of India's population lives in its 550 000 villages and the rest in its 200 towns and cities². According to Indian Census 2001, of the total Indian population, majority of the Indians (82%) belonged to Hinduism, 12.20 percent belonged to Islam which is the second largest Muslim population of the world. While the Christians accounted for 2.3 percent, the Sikhs for 1.94 percent, the Buddhists for 0.77 percent, the Jains accounted for 0.41 percent, the Zoroastrians accounted for 0.01 percent and Others or Not stated for 0.76 percent of the total Indian population.

Though the Dalits are the victims of caste system which is the basic structure of Hinduism, they constitute a significant proportion of almost all these religions of India as some of them renounced Hinduism and embraced some of these religions, particularly Islam, Sikhism, Christianity and Buddhism, as a means to end the caste based discriminations, untouchability and atrocities that they were subjected to as Hindu Untouchables or lower castes.

The Dalits are known by more than one nomenclature with diverse meanings for each. They are known as *avarnas* (people without *varna* or those falling outside the pale of *varna* system), whom the upper castes have labeled as *panchamas* (fifth *varna*) or *Ati-shudras* (below or after Shudras in the caste ladder) and Chandala.³ They are identified

¹ <http://www.phrusa.org/research/domestic/race/race&health.html> (as on December 17, 2006)

² http://en.wikipedia.org/wiki/Demographics_of_India (as on November 22, 2006)

³ According to the Brahmanic theory, the Chandalas are the descendants of children born out of the unholy alliance between the Shudra males and Brahmin females; however, most Dalits argue that they are *avarnas* or people outside or without the Hindu *varna* system and thus nothing to do with the caste system. The latter also argues that they were nefariously labeled as *panchamas* (people of fifth *varna*) by the

with different names in different parts of India. They are called Chuhras in Punjab, Dumras in Rajasthan, Mehtar in Bihar, Bhuimalia in West Bengal, *Bhangis* and *Chamars* in Maharashtra and Gujarat, Pakhis in Andhra Pradesh and Thotis (also Sakiliars) in Tamil Nadu. They are also called as *Mehtar*, *Halalkhors*, *Lalbegi* and *Valmiki etc.* They were Broken Men and Protestant Hindus to B.R. Ambedkar, and Harijans to Mahatma Gandhi. They are those treated in most parts of India as untouchables, whom the Constitution of India has recognized as the Scheduled castes.

The literal meaning of the term or nomenclature '*Dalit*' does not imply any notion of caste inferiority or untouchability, but aptly depicts their oppressed and powerless state and thus majority of those who have become conscious of their oppressed state and realized the need to unite and resist oppression associate themselves with this term comfortably as a means to unite all the divided and broken fellow Dalits including those who are yet to realize their oppressed state. However, the Dalits' search for more secular, liberative, unstigmatizing identity is still part of their on going struggle.

Though the term *Dalit* includes also those who have not yet been recognized as Scheduled Castes (SCs) by the Constitution of India such as the Dalit Christians and Dalit Muslims, most of the data available on these communities pertains to only those Dalits recognized as SCs i.e., the Dalits in Hinduism, Sikhism and Buddhism. As per the Census of India 2001, the total Scheduled Caste (SC) population accounted for as high as 166,635,700 persons constituting 16.2 percent of total Indian population. Among the SCs, 79.8 percent live in rural areas and 20.2 percent in urban areas. The sex ratio among the SCs (number of females per 1000 males) is 936 which is slightly higher than the national average of 933.

The SC population is not uniformly spread across different states of India. Of the total SC population of India, about 21 percent live in Uttar Pradesh, about 11 percent in West Bengal, 7.8 percent in Bihar, 7.4 percent in Andhra Pradesh and 7.1 in Tamil Nadu. This indicates that majority (57) of the SC population live in these five States. With 28.9 percent of its population being SCs, the state of Punjab stands first among states with high percentage of SC population. Punjab is followed by Himachal Pradesh with 24.7 percent, and West Bengal with 23 percent. Andhra Pradesh, Karnatak and Pondichery maintain the national average of 16.2 percent SC population. Lowest concentration of SC population is seen in North-eastern Tribal States such as Mizoram (272 persons only), followed by Meghalaya (0.5 percent) and Arunachal Pradesh (0.6 percent)⁴.

Dalits' Economic Status:

Despite about 60 years of ameliorative measures by the government of India, most of them continue to be poor and landless due to lack of political will on the part of authorities implementing various protective and development programmes. With regard to providing land to the landless, the following observation may be noted:

interpreters of Hindu scriptures and roped into the caste system and subjected all forms of tyranny, humiliations and exploitations.

⁴ <http://www.nacdor.org/TEXT%20FILES/Dalit.htm> (as on November 24, 2006)

“Till date 272 legislations regarding Land Reforms have been enacted. But except in Kerala and West Bengal, Land Reforms were successful in no other States..... As against the estimated 30 million hectares of available surplus land, only 75 lakh acres have been declared surplus so far. Out of this, it has taken the government 50 years to take possession of a mere 6.4 lakh acres and redistribute 5.2 lakh acres of it. And, still about 10 lakh acres remain in ineligible hands. ...Since 1961, despite a host of land reforms, a great many Dalits lost even the little land they had and had no choice but to join the rank of landless agricultural labourers. In 1961, 38 percent of Dalits were cultivators, but to day only 25 percent Dalits are cultivators. Today over 86 per cent of Dalits/Scheduled Caste households are landless or near landless and 63 percent are wage-labour households” (quoted in Ramaiah, A. 2004)

Similar is the situation in their representation in government jobs which is considered as one of the means not only to improve their economic status but also to make them participate in the affairs of the nation. For instance, as per the Sixth Report of the National Commission for SCs and STs, 1999-2000 and 2000-2001, the representation of SCs in Central Services was just 11.29 percent in Group A services, 12.68 in B services and 15.72 in C services. Their representation in Public Sector Undertaking is similarly low with just 10.35 percent in Group A services, 14.88 percent in B services and 18.93 percent in C services. There is not much difference in their representation in Public Sector Banks and Other financial Institutions and in Insurance sector, although a marginal improvement is seen. Their percent representation in Public Sector Banks and Other Financial Institutions in Group A, B and C services was 12.51, 14.88 and 24.46 respectively. And in the Insurance Sector too, their percentage representation was very low with just 13.67 percent, 12.40 percent and 17.24 percent in Group A, B and C services respectively. The under representation of Dalits in government jobs continue to be a reality though there is 15 percent reservation in government jobs and about 60 years of implementation of such policies. It is therefore necessary also to understand whether there is scriptural sanction to such unequal economic status between Dalits and non-Dalits.

Dalits in Caste system:

Though there are differences of opinion with regard to the origin of the caste system, the justification for its perpetuation and the location of Dalits in the caste structure, there is no second opinion that the Dalits have been the victims of the caste system. The caste system declares them as untouchables and prevents them from acquiring wealth and knowledge/education which are important means to achieve status and power of various kinds that are necessary to alter their untouchable identity. Since they are deprived of both the wealth and the means to generate wealth i.e. education, their purchasing power becomes very limited. Since their purchasing power is limited, their access to healthy living and health care services also becomes limited.

Dalits deprived of wealth and economic independence:

When wealth decides health, knowing what decides wealth becomes crucial. Therefore, before briefing Dalits' deprived economic status as on today, it is imperative to know what the religion they identify with preach of what their economic status should be. Such an understanding becomes fundamental necessity in view of the fact that majority of the Dalits, including those converted to other religions such as Islam and Christianity, are under the influence of Hinduism as evident from the fact that most of them still prefer/forced to marry within their own caste, it is necessary to look at what the Hindu Code of conducts, the Manusmriti, which seems to be operating with all its rigour even today, preach regarding the Dalits' right to own wealth and economic independence. Manu, the author of Manusmriti, declares:

1. No collection of wealth must be made by a Shudra⁵ even though he may be able to do it; for a Shudra who has acquired wealth gives pain to Brahmins.
2. They (the Brahmins) must allot to him (Shudra - Backward caste) out of their own family property a suitable maintenance, after considering his ability, his industry, and the number of those whom he is bound to support.

While condemning the Dalits to be untouchables and depriving them of all options of earning their livelihood through dignified means and economic independence and prosperity, the same Hindu code of conducts, not only placed the Brahmins at the apex of the caste ladder and thereby ensured them high social status but also exempted them from many conditions that the lower caste people have to adhere to and ensured them various opportunities for their economic prosperity. For instance Manu declares:

“The Gods are invisible deities, the Brahmins are visible deities. The Brahmins sustain the world.

...A Brahmin is entitled to whatever exists in the Earth. In fact, the whole world is his property, and others live on his charity” (Ghurye, G.S. 1969: 90).

“The property of Brahmins was exempt from the royal claim” (Ibid. 47).

“If a Brahmin, who followed his lawful occupation, found a treasure, he had not to hand it over to the king.

...The Brahmin was exempt from corporal punishment. The estate of heirless persons of Kshatriya, Vaishya and Shudra went to the King, who had to distribute it among learned Brahmins, while the estate of an heiress Brahmin belonged directly to them” (Ibid. 58).

There are also provisions in the Hindu Code of conducts which prevented them from earning their livelihood through decent and dignified means. For instance, Manu declares:

⁵ Shudra is the fourth major caste/varna above the Scheduled Castes (Dalits) in the caste ladder which constitutes the so-called upper caste Brahmins at the apex of the caste ladder followed by the Kshatriyas and Vaishyas with descending order of ascribed power and status attached to each caste.

1. The remnants of their food must be given to him, as well as their old clothes, the refuse of their grain, and their old household furniture.
2. ... the dwellings of the Chandalas and the Shvapakas (Dalits) shall be outside the village; they must be made Apapatras and their wealth (shall be) dogs and donkeys.
3. Their dress (shall be) the garments of the dead, (they shall eat) their food from broken dishes, black iron (shall be) their ornaments and they must always wander from place to place.

The fact that the scriptures emphasized that the Dalits should eat only left-out food, use only broken dishes, wear old cloths, use old and broken furniture, dwell outside or at the periphery of the villages, their houses should be made up on tin sheets and they should not accumulate wealth and their wealth should be only dogs and donkeys, and should always wander from place to place gave no scope for the Dalits to lead a healthy, happy and dignified life. Moreover, such provisions of the Hindu code of conducts did not remain merely as holy utterances, but strictly put into practice by the rulers of all times. Influenced by such preaching were not merely the common illiterate people, but the highly educated modern leaders as well. For instance, Mahatma Gandhi, a staunch believer of Hinduism and yet known for his secular credentials, fondly known as the father of nation (India), strongly advocated caste based occupations. He was of the view that:

“... one born a scavenger (Dalit) must earn his livelihood by being a scavenger, and then do whatever he likes. For a scavenger is as worthy of his hire as a lawyer or your president. That according to me is Hinduism (Gandhi, M. K. 1937).

Any one engaged in such inhuman work is bound to become the most unwanted, stigmatized and eventually untouchables. Such individuals are also bound to suffer from number of health problems. The imposition of such undemocratic laws for centuries has had an ever lasting negative impact in the minds of Indian society in general and of the Dalits in particular. Though scavenging is the most stigmatizing, humiliating and hazardous work, it is also claimed to be one of the means of attaining *moksha* (salvation) as Gandhi argued. This is perhaps one of the most important reasons why the practice of manual scavenging is still rampant in States like Gujarat, the birth place of Gandhi, and why most of the scavengers are Hindu Bhangis/Dalits. At this juncture it becomes appropriate to understand the health status of Dalits in general and the manual scavengers in particular.

Dalit Health Status:

Before understanding the health status of the socially discriminated communities like the Dalits, it is necessary to understand first the meaning of the term “health”. "According to World Health Organization (WHO):

“health is defined as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO 1994). We also consider health as a basic and dynamic force in our daily lives, influenced by our circumstances, beliefs, culture and social, economic and physical environments.”⁶

Health has been defined also in the following words:

“Health is a unity and harmony within the mind, body and spirit which is unique to each person, and *is as defined by that person*. The level of wellness or health is, in part, determined by the ability to deal with and defend against stress. Health is on a continuum with movements between a state of optimum well-being and illness which is defined as degrees of disharmony. It is determined by physiological, psychological, socio-cultural, spiritual, and developmental stage variables.”⁷

It is clear from the above definitions that health does not simply mean mere absence of disease, but a *state of complete physical, mental and social well-being*. In the light of the above understanding, the present paper brings to light 1) the physical and 2) mental and social health or well-being of the Dalits/SCs.

PHYSICAL HEALTH:

To understand the entire physical health status of the Dalits vis-à-vis people in general, appropriate data is not available. The Census of India does collect some vital data on fertility and mortality indicators, but the data do not give the breakup for the Marginalised categories like the SCs and Scheduled Tribes (STs). There are however three major sources of data pertaining to the health status of people in general and of Dalits (SCs) in particular. They include: 1) National Family Health Survey (NFHS)⁸, 2) the Reproductive and Child Health Project Survey (RCH), 3) National Sample survey (NSS) on few indicators. But these sources, as stated earlier, do not provide data reflective of all health issues pertaining to the entire Dalit community which consists of not only those who have been recognized as SCs but also those yet to be recognized so. Moreover, the data from these three different sources are not comparable ones as they

⁶ www.swc-cfc.gc.ca/pubs/pubspr/0662334035/200303_0662334035_3_e.html (as on 15.12.2006)

⁷ www.ptc.edu/department_nursing/Philosophy.htm (as on 15.12.2006)

⁸ National Family Health Survey (NFHS). India’s first National Family Health Survey (NFHS-1) was conducted in 1992–93. The second survey (NFHS-2) was conducted in 1998–99. Though NFHS-3 is over, the data required for the present paper is not yet made public. The data used here is therefore drawn primarily from the NFHS-2. The NFHS-2 sample covered more than 99 percent of India’s population living in all 26 states. It did not cover the union territories. NFHS-2 was a household survey with an overall target sample size of approximately 90,000 ever-married women in the age group 15–49.

cover different time periods. But they are useful to understand the general trend in the magnitude of the health problems faced by different castes and communities on selected indicators. Since the focus of this paper is on the health status of Dalits/SCs, only those health indicators that show a significant difference between the SCs and other communities, have been taken in to consideration, examined and presented here.

In view of the limited data availability, the physical health status of SCs and others is understood here only in terms of the extent of: a) prevalence of infant and child mortality among different castes and communities in India and b) their nutritional status. Keeping these indicators in mind, we shall examine the kind of illness/disease or deficiency the SCs (Dalits) suffer from and the prevailing mortality rate (death rate) among them. At the end, it is also necessary to see the availability and accessibility of health care services for their cause. For the purpose of objectively responding to these questions, the limited available data on health status of SCs (Dalits) is compared with that of other social groups such as *Scheduled Tribes (STs)*, *Other Backward Class*, *Other etc.*

Access to food and health:

It goes without saying that when most of the Dalits, as noted before, being landless labourers and depending entirely on the mercy of the members of the upper castes, their access to food is bound to be limited. And they therefore continue to carry a disproportionate burden of poverty and live in perpetual food insecurity, leading to undernourishment and high level of morbidity and eventually deaths. There is not much distance between starvation and death. To deal with the problem of starvation and ensure at least one meal a day to every one, the government of India run two major schemes viz., a) Targeted Public Distribution system (TPDS) introduced in June 1997, and b) Antyodaya Anna Yojana (AAY) introduced in December 2000. The TPDS is targeted at families below the poverty line (BPL) to help them have access to essential food items such as wheat, rice etc., at a heavily subsidized rates. The quantity of food-grains earmarked to meet BPL requirement (including Antyodaya families) is 18.52 million tonnes per annum (at the rate of 25 kg per family per month) benefiting an estimated 65.2 million poor families, while for the population above poverty line(APL) a quantity of 10.33 million tonnes of food grains per annum is earmarked for distribution under TPDS. The AAY scheme contemplates identification of 10 million poorest families out of the total BPL population of 65.2 million, and providing them with 25 kg of food grains per family per month at a low price of Rs. 2 per kg for wheat and Rs 3 per kg for rice. The estimated annual allocation of food grains for Antyodaya families would be 30 lakh tonnes, involving a subsidy of Rs 2,315 crores. However, these schemes do not seem to have achieved the desired results.

A recent study in five states - Rajasthan, Uttar Pradesh, Bihar, Andhra Pradesh and Tamil Nadu - by Sukhdeo Thorat and Joel Lee on “Caste discrimination and food security programmes” came to the following conclusions:

“In terms of Dalits’ community access to the PDS (Public Distributive System), four forms of discriminatory practices that compromise Dalit access are reported –

discrimination in quantity, discrimination in price, caste-based favouritism by the PDS dealer, and practices of “untouchability” by the PDS dealer.

The caste discrimination against the Dalits is confined not only to the PDS, but also to the government’s Midday Meals scheme (MMS). The following conclusions are worth noting:

Looking first at the aggregate data, in which all forms of caste-based exclusion and discrimination are considered together, 52 per cent of respondent villages from Rajasthan, 24 per cent from Andhra Pradesh, and 36 per cent from Tamil Nadu (giving a three-state average of 37 per cent) report that there is a problem of caste discrimination in the MMS in their village.

Considering the percentage of villages in which the MMS is held in a locality non-threatening to dalits (i.e., a dalit colony as opposed to a dominant caste locality) as an indicator, we note that Rajasthan and Tamil Nadu have very low percentages: 12 per cent and 19 per cent respectively. Most mid-day meals in these states are held in dominant caste localities. Thus, the vast majority of dalit children must enter an area of heightened vulnerability, tension and threat in order to avail themselves of the mid-day meal. A pattern of incidents documented in the study shows that when dominant caste communities feel the need to reassert their hegemony, they often clamp down on dalit movement in dominant caste localities, including the movement of dalit children. Therefore, where the mid-day meal is served in dominant caste localities, an access for dalit children is held hostage to the fluctuating state of caste relations in the village or region.

Regarding the performance of these schemes, a recent study (2005) by the Planning Commission, Government of India concludes as follows:

“about 58 per cent of the subsidized food grains issued from the Central Pool do not reach the BPL families because of identification errors, nontransparent operation and unethical practices in the implementation of TPDS. The cost of handling of food grains by public agencies is also very high. According to the study, for one rupee worth of income transfer to the poor, the GoI (government of India) spends Rs.3.65, indicating that one rupee of budgetary consumer subsidy is worth only 27 paise to the poor” (Government of India, 2005).

Harsh Mander quotes from the Food Insecurity Atlas of Urban India (2004) published by the M.S. Swaminathan Research Foundation and the World Food Programme, as follows:

“The number of adults who live and die under conditions of starvation is relatively unknown. The Planning Commission estimates that 8% of Indians do not get two adequate meals a day and in some pockets severe under-nutrition takes a toll. One estimate says that more than 200 million people go hungry and about 50 million are on the brink of starvation”.

Given the fact that most of the landless belong to Dalits, most of those who die of starvation are bound to be Dalits. Based on the findings of the study of Thorat and others, Harsh Mander comes to a conclusion that the Dalits face barriers to have access to food

even if they have the economic means owing to the prevailing caste prejudice against them in the society and argues that caste continues to be a determinant of hunger and thus causes under nourishment, which are obviously the root causes for many types of vitamin deficiencies and eventually leading to diseases of one type or the other.

Nutritional Status among Children:

It is evident from Table-1 that the “Children belonging to scheduled castes, scheduled tribes, and other backward classes have higher levels of under nutrition compared to the national average according to all three measures viz., i) weight -for-age, ii) height-for-age and iii) weight-for-height. Children from scheduled tribes have the poorest nutritional status, and high prevalence of wasting in this group (21.2 percent) is of particular concern” (see NFHS-2, 2000:269-70). It may further be noted that the level of under nutrition for the country as whole is 18 percent, but for the STs is relatively higher (26%).

Table-1
**Percentage of 3 year old children classified as undernourished
On three anthropometric indices of nutritional status, India, 1998-99**

Castes/ Communities	Wight-for-age		Height-for-age		Weight-for-height	
	% below -3 SD	% below -2 SD	% below -3 SD	% below -2 SD	% below -3 SD	% below -2 SD
SCs	21.2	53.5	27.5	51.7	3.0	16.0
STs	26.0	55.9	27.6	52.8	4.4	21.8
OBCs	18.3	47.3	23.1	44.8	3.4	16.6
Other	13.8	41.1	19.4	40.7	1.8	12.8
India	18.0	47.0	23.0	45.5	2.8	15.5

Source: National Family Health Survey (NFHS-2), 1998-99, IIPS & ORC Macro, 2000; p. 269.

Iron-deficiency Anemia:

As per the data of the National Family Health Survey-2 presented in Table-2, for India as a whole about 52 percent of the ever married women suffer from iron deficiency anemia. This includes 35 percent of those suffering from “mild anemia”, about 15 percent suffering from moderate form of anemia and the remaining about 2 percent suffering from severe form of anemia. But of the four major communities, indicated in the table, the percentage of those suffering from anemia of one type or another was as high as 56 percent among the SCs/Dalits (4 percent more than the national average), but it is about 65 percent in the case of STs (about 13 % more than the national average) and thus to be considered as a matter of serious concern. While the national average of those suffering from severe form of anemia is only 1.9 percent, the percentage is slightly higher (2.3) in the case of the SCs and STs, and in the case of the “Other” it is only 1.5 percent.

Table-2
**Percentage of Ever-Married Women
 With Iron-Deficiency Anemia, India, 1998-99**

Social groups	Women with			
	Any Anemia	Mild Anemia	Moderate Anemia	Severe Anemia
SCs	56.0	37.2	16.5	2.3
STs	64.9	41.2	21.4	2.3
OBCs	50.7	34.3	14.5	2.0
Others	47.6	33.3	12.9	1.5
India	51.8	35.0	14.8	1.9

Source: National Family Health Survey (NFHS-2), 1998-99, IIPS & ORC Macro, 2000; p. 249-50.

Another study on “Traditional food consumption and nutritional status of Dalit mothers in rural Andhra Pradesh, South India” by Macdonald Campus of McGill University, Canada confirm that the chronic energy-deficient (CED) and vitamin A malnutrition among Dalit women are predominant problems in this area. The study suggested that an increased consumption of local traditional Dalit food (particularly sorghum, pulses, vegetables and animal source food) should be incorporated as an important component of intervention strategies to improve nutritional status among the Dalit mothers (Schmid MA, et. al., 2006: 1277-83).

Table-3 gives a detailed account of children of 12 to 23 months old belonging different social categories who received vaccinations of vital importance such as BCG, polio and measles. For the country as a whole the percentage of those who received every due vaccination before the NFHS-1 and NFHS-2 were 35.4 and 42 respectively. But for the SCs in India as a whole, it was only about 27 percent before NFHS-1, although before the NFHS-2 the percentage increased considerably to as high as 40.2, which is just about 2 percent less than the national average. However, among the STs those who had received vaccination was very much less than the national average both before NFHS-1 (24.8%) and NFHS-2 (26.4%). While the national average for the number of those who had received Polio-0 (Polio given to the infant at the time of birth) was 4.6 percent as per NFHS-1 and 13.1 percent as per NFHS-2. In the case of SCs the percentage is slightly lesser than the national average i.e., 3.5 percent and 11.7 percent during NFHS-1 and 2 respectively. The gap between the national average and in the case of STs is much wider. Similarly, the number of children in the said age group of 12 to 23 months who had received *Measles* vaccination before NFHS-1 and 2 were 42.2 percent and 50.7 percent respectively for the country as a whole, but for the SCs the percentage is relatively lesser i.e., 33.9 percent and 47.6 percent during the said periods. The STs stand far behind others even here since the percentage concerned was just 32.7 and 34.3 during the reference periods.

Table-3
**Percentage children of 12 – 23 months old among different castes and communities
 who received vaccination any time before 1992-93 and 1998-99 surveys in India
 as per the vaccination card or information of the mothers.**

Caste & Communities	Years	Percentage of Children Vaccinated											Vaccinated Children %
		BCG	Polio 0	DPT			Polio			Measles	All	None	
				1	2	3	1	2	3				
India	1992-93	62.2	4.6	66.3	59.2	51.7	67.0	61.2	53.4	42.2	35.4	30.0	30.6
	1998-99	71.6	13.1	71.4	65.0	55.1	83.6	78.2	62.8	50.7	42.0	44.4	33.7
Scheduled Castes	1992-93	52.9	3.5	58.7	51.4	43.3	60.2	53.0	44.4	33.9	26.8	36.9	25.3
	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
Scheduled Tribes	1992-93	50.2	2.7	52.9	45.4	36.5	54.7	47.6	37.6	32.7	24.8	41.8	21.2
	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
Other Backward Class	1992-93	-	-	-	-	--	-	-	-	-	-	-	-
	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
Other	1992-93	65.2	5.0	69.2	62.2	55.0	69.6	64.2	56.8	44.7	38.2	27.4	32.7
	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

Source: Compiled from National Family Health Survey, 1992-93 (NFHS-1), (1995), p. 250; & NFHS-2, 1998-99 (2000), p. 207, IIPS & ORC Macro.

Note: 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-1 (1992-93) there was no category called Other Backward Class (OBC), therefore there is no data in the table for this category. This category for 1992-93. This category was introduced only for the NFHS-2.

IMR, CMR and UFMR among Dalits and Others:

It has been observed time and again that the Dalits are often unable to receive proper medical care due to insufficient finances, caste discrimination, or lack of knowledge about proper health and hygiene. The Dalits have little access to medical care, their children receive no vaccinations, and preventable infectious diseases like Tuberculosis, Malaria and Hepatitis spread rapidly.⁹ “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 healthy programmes and policies.”¹⁰ The attempt here is to understand the differences between the SCs and others in terms of the number of deaths particularly the infant, child and under-5 mortality rates¹¹ amongst them.

As seen in Table-4, for India as a whole the infant mortality rate (IMR) was 86, the child mortality rate (CMR) was 36, and the under-5 mortality rate (UFMR) was 119 only, whereas for the SCs it accounted for as high as high as 107, 47 and 149 respectively for the year 1992-93. The IMR, CMR and UFMR among the SCs were much higher compared to that of the STs, OBCs and Other category as well during this period. What is more alarming is that of those 107 who died before their first birth day (IMR), about 63 died within 28 days of their birth (neonatal mortality rate) and the remaining 44 died after the completion of first month but before the first birthday (postneonatal mortality rate). These figures were much higher compared to the national average of 53 and 34 respectively. Though the CMR was slightly lesser among the SCs (47) compared to the STs (49), it was much higher compared to the national average of 36. The UFMR was also found to be higher among the SCs (149) compared to the STs (135) and the national average (119) during the same period. However, a sharp decline is noticed for the year 1998-99 on all these indicators. For instance, between 1992-93 and 1998-99, the IMR declined from 107 to 83 for the SCs, from 91 to 84 for the STs and from 82 to 62 for the other category. Such decline is evident also for other types of mortality indicators. What is worth noting is that though during 1998-99 the health condition of the SCs seems to have improved compared to that of the STs with its declined IMR, CMR and UFM being 83, 40 and 119 respectively, compared to the OBCs, the Other category and the national average, the reported mortality rates among them is still higher.

⁹ <http://www.dalitnetwork.org> (as on November 25, 2006).

¹⁰ NFHS-2 (2000), India: National Family Health survey, 1998-99, International Institute for Population sciences, Mumbai and ORC Macro, Maryland, USA.

¹¹ a) Infant mortality rate (IMR) refers to number of children per 1000 who die before their first birthday, i.e. within one year of their birth; IMR is further classified into Neo-natal mortality rate and Post-neonatal mortality rate. Neo-natal mortality rate refers to number of children per 1000 who die within 28 days of their birth; Postneonatal mortality rate refers to number children per 1000 who die after the completion of first month but before the first birthday; b) Child mortality rate refers to number of children per 1000 who die during first and second birthday; c) Under-5 mortality rate refers to number of children per 1000 who die before their fifth birthday.

Table-4

**Infant and Child mortality among different castes and communities
as reported by NFHG-1 (1992-93) & NFHS-2 (1998-99)**

Caste & Communities	Years	Neonatal Mortality	Post Neonatal Mortality	Infant Mortality	Child Mortality	Under 5 Mortality
All India	1992-93	53	34	86	36	119
	1998-99	48	25	73	31	101
SCs	1992-93	63	44	107	47	149
	1998-99	53	30	83	40	119
STs	1992-93	55	36	91	49	135
	1998-99	53	31	84	46	127
OBCs	1992-93	-	-	-	-	-
	1998-99	51	25	76	29	103
Other	1992-93	51	32	82	32	112
	1998-99	41	21	62	22	83
Rural India	1992-93	58	37	94	40	131
	1998-99	52	28	80	35	112
SCs	1992-93	67	46	113	50	157
	1998-99	56	32	88	43	127
STs	1992-93	56	38	94	52	141
	1998-99	55	32	87	49	131
OBCs	1992-93	-	-	-	-	-
	1998-99	55	28	82	33	112
Other	1992-93	56	35	91	37	124
	1998-99	45	24	69	26	93

Note: The figures with fractions have been made into round figures to make meaning out of it.

Source: Table prepared based on data provided in the National Family Health Survey-1 (NFHS-1), 1992-93 (1995: 214 -15) & NFHS-2, 1998-99 (2000: 187), IIPS & ORC Macro, 2000.

The relatively higher level of mortality rates among the SCs is more evident in the case of rural India during the two specified time periods. For instance, the IMR for the rural India were 94 and 80 during 1992-93 and 1998-99 respectively, for the STs 94 and 87, for OBCs 82 (for 1998-99), and for the Other category 91 and 69 during the said periods. But for the SCs the figures accounted for as high as 113 and 88 for the same periods. More or less a similar trend is noticed even in the case of CMR. The CMR among the SCs were 50 and 43 for the said periods which are much higher than the national average of 40 and 35 during the same periods. Similarly, the UFMR for the rural India was 261 during 1992-93 and 226 during 1998-99 only, but for the SCs it was as high as 320 and 258 for the respective periods.

Access to Health Care Services:

The place or type of hospitals that the pregnant women belonging to different social categories choose for delivery purpose is considered as one of the indicators of their social and economic status in general and their access to health care services in particular. It is evident from Table-5 that among the SCs most of the deliveries (72.1%) has taken place either in their own home (60%) or in their parents' home (12%) where delivery is attended not by a doctor, not even by a nurse, but mostly by illiterate women with hardly any knowledge of medicine to be administered and care to be taken before and after the delivery. However, about 16 percent of them had access to public hospitals which are supposed to assure every one seeking health care support at least the minimum health facilities which include, of all, routine, preventive, promotive, curative and emergency care services. But the reality is that there have been number of incidents where the Dalit women were denied access to public hospitals and as a result there were a few incidents of deaths of mother or/and child. And only for about 10 percent of the pregnant SC women, the place of delivery was private hospitals where all necessary facilities are usually available, but for a higher price.

Table-5

Percentage distribution of births by place of delivery for different social groups

Social Groups	Years	Delivery Place %						Don't know/ Missing	Total
		Public Hospital	NGO/ Trust	Private Hospital	Own Home	Parent Home	Other		
India	1992-93	14.6	-	10.9	16.6	11.9	0.5	0.5	100
	1998-99	16.2	0,7	16.7	53.2	12.2	1.0	-	100
SCs	1992-93	10.9	-	5.1	71.5	11.2	0.6	0.8	100
	1998-99	16.0	0.5	10.3	60.1	12.0	1.1	-	100
STs	1992-93	6.7	-	2.4	77.9	11.7	0.6	0.8	100
	1998-99	10.7	0.7	5.7	70.4	11.4	1.1	-	100
OBCs	1992-93	-	-	-	-	-	-	-	-
	1998-99	16.3	0.8	19.0	49.8	13.0	1.1	-	100
Other	1992-93	16.3	-	12.9	57.8	12.1	0.5	0.4	100
	1998-99	17.9	0.9	21.3	47.1	11.9	0.9	-	100

Source: National Family Health Survey (NFHS-1), 1992-93, (1995) p. 238; & (NFHS-2), 1998-99, IIPS & ORC Macro, 2000; p. 295.

Note: 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”.

Access to antenatal care:

Maternal health is often considered as one of the important indicators of nation's development. Maternal health received greater attention after the safe motherhood initiative was launched at an international conference held in Nairobi in 1987, and maternal mortality estimates are used to highlight the plight of pregnant women particularly in developing countries like India. Poor women are more vulnerable not only to maternal morbidity but also to maternal mortality. To minimize these, antenatal care becomes the most essential steps.

The data given in Table-6 vividly portrays that access to, and benefits from, the public health system have been very uneven between the better-endowed and the more vulnerable and socially disadvantaged sections of society like the SCs and STs of India. As seen in the table, on an average in India about 37 percent pregnant women did not go for any antenatal check up prior to the NFHS-1 and 34 percent prior to NFHS-2. This in itself is indicative of the risk that Indian pregnant women are subject to. But the percentage is relatively higher among the SCs i.e., 42.2 percent and 38.2 percent respectively during the said periods and even much higher among the STs.

Table-6
**Percentage distribution of births during the three years
 Preceding the survey by sources of antenatal check-up, 1992-93 & 1998-99**

Castes/ Commu- -nities	Years	Antenatal check-up at home by health workers	Antenatal check-up outside home by			No antenatal check up	Missing	Total
			Doctors	Other health Profes- sionals	Traditional birth attendant & Other			
India	1992-93	12.8	39.8	-	0.3	36.8	0.9	100
	1998-99	5.6	48.6	10.9	0.2	34.0	0.6	100
SCs	1992-93	14.0	29.4	-	0.2	42.2	1.4	100
	1998-99	5.9	41.7	13.3	0.2	38.2	0.6	100
STs	1992-93	18.5	21.0	-	0.2	32.3	0.9	100
	1998-99	10.0	34.7	11.5	0.3	43.1	0.4	100
OBCs	1992-93	-	-	-	-	-	-	-
	1998-99	5.9	48.9	9.6	0.2	34.8	0.6	100
Other	1992-93	11.9	44.0	-	0.3	34.0	0.8	100
	1998-99	4.0	56.5	10.6	0.2	27.9	0.7	100

Source: Table prepared based on data provided in the NFHS-1, 1992-93: 229) & NFHS-2, 1998-99: 283, IIPS & ORC Macro, 2000.

Note: The symbol – denotes “data not available”.

Reiterating the findings of NFHS-2, a recent study on “Maternal morbidity in rural Andhra Pradesh” by G. Rama Padma¹² (2004) maintains that “the untrained ‘Dais’ also act as catalysts to morbidity levels, especially during intrapartum period. ...and concludes that the main determinants of ‘serious’ maternal morbidities in rural areas are: ‘utilization of antenatal care’, ‘place of delivery’, ‘presence of a lady doctor in the village’, ‘type of health centre’, ‘woman’s work status’, ‘type of family’, ‘possession of agricultural land by the household’, and ‘presence of toilet in the premises of household. Though the study points out that “governmental initiation of supplying protein-rich food to pregnant and lactating mothers through ICDS programme has significantly lowered the ‘life threatening’ morbidity levels probably by lessening the levels of anemia”, the study of Thorat and others points out that caste barriers limit the scope of such measures reaching out to the socially excluded communities like the SCs and STs and making the desired positive impact.

Sickle Cell Anemia:

Besides the common illnesses that affect all castes and communities, there are some illnesses that are peculiar to some castes and communities. The Sickle Cell Anemia is one of those kinds that are common among the most marginalized and vulnerable castes and communities like the Dalits and Adivasis (Tribes). Sickle cell anemia is an inherited disorder that produces abnormal hemoglobin causing what is known as *sickle cell anemia* (SCA). The SCA is characterized by a low number of red blood cells (anemia), infection, and periodic episodes of pain, usually beginning in early childhood. A serious complication of sickle cell anemia is high blood pressure in the blood vessels and pulmonary hypertension. Though the extent of prevalence of SCA is not known accurately, some clinical studies conducted in hospitals revealed that the prevalence of SCA is more common in central and southern parts of India and it is highly prevalent in certain tribal and ethnic groups in India (Gupta and others, 1981: 5). An epidemiological study conducted in rural hospitals of Central India shows that the prevalence of the SCD was high in the some ethnic groups of population. It was found the incidence of SCD was maximum among the Mahar community (70%) followed by Kunbi (8 %) and Teli (6%) (Kamble, M. Chaturvedi , P. 2000: 391-96). According to a hospital based study of 325 patients, the incidence of SCD was found to be most common among the people of Mahar caste (38.9%) (see Patel, A. and Athawale, A.M. 2004: 789-93). A more recent study revealed that the prevalence of SCA was maximum in Matang (15.8%) followed by Pardhan (10.6%) and Gowari (5.8%). The prevalence of SCA among the Bouddha, Kunbi and Teli was found to be 4.6%, 2.7% and 2.6% respectively (Deshmukh and others, 2006).

Dalits engaged in manual scavenging:

The discussion so far is based on data collected by NFHS and a few individual studies. These data however do not seem to be reflective of the deplorable health condition of Dalits identified

¹² <http://www.cess.ac.in/cesshome/wp%5Cwp-63.pdf> (as on December 15, 2006)

with the most deplorable works like sweeping and manual scavenging. The health condition of such Dalits is bound to be more deplorable and thus to be treated as a matter of serious concern. Thus special focus on the condition of Dalits engaged in manual scavenging becomes crucial.

Imposition of inhuman tasks like manual scavenging on the most ignorant and gullible caste/community, the Dalits, in the name of God or Hindu Dharma or in the name of expressing one's love for the country and thereby preventing them from all venues of economic prosperity and intellectual excellence adversely affected their future. It is now necessary to know what do the manual scavengers do and what is their plight today, particularly their health status?

The manual scavengers are those who manually clean and carry other human beings' excreta defecated in open field and in private and public dry latrines in urban and rural areas. They are those who dive into drainage man-holes and clean the gutter and remove blockage if any. They are those who sweep and clean streets and lift and dispose dead animals/carcasses belonging to individuals and groups and also the unclaimed ones. They are also those who are called to lift and dispose the human dead bodies, including those lying in decomposed condition with unbearable site and stink and in unapproachable locations. Manual scavenging is the most demeaning, defiling, unhygienic and hazardous work that one can ever think of.

The question now arises as to who are these scavengers, in other words, what is their social background? Are they all Hindus, and if so, do they belong to both the so-called upper castes and lower castes or only the lower castes? Do they also belong to any other religions? The fact is that a large majority of them belongs to the lowest caste of Hinduism. A large majority of them, no doubt, belonged to a social category known as *avarnas* (people without *varna* or those falling outside the pale of *varna* system), whom the upper castes have labeled as *panchamas* (fifth *varna*) or *Ati-shudras* and treat them as untouchables, whom the Constitution of India has recognized as part of the Scheduled castes. They are identified with different names in different parts of India. They are called Chuhras in Punjab, Dumras in Rajasthan, Mehtar in Bihar, Bhumalia in West Bengal, *Bhangis* and *Chamars* in Maharashtra and Gujarat, Pakhis in Andhra Pradesh and Thotis (also Sakiliars) in Tamil Nadu. They are also called as *Mehtar*, *Halalkhors*, *Lalbegi* and *Valmiki* etc.

Manual scavengers in Maharashtra and Gujarat:

Let us look at a few recent studies to look at the health and economic status of such special category of people i.e., the scavengers. The Tata Institute of Social Sciences, Mumbai carried out two major studies – one in the State of Maharashtra (2005) and the other in the State of Gujarat (2006) - to take stock of the prevalence of the practice of manual scavenging. These studies provide some useful data on the social background of persons involved in manual scavenging. The Maharashtra study identified 4182 scavengers from the 2753 households that it studied. Of the 2753 households, as high as 88.3 percent (2430) households belonged to Hinduism and only 7.8 (216) belonged to Islam, followed by 3.5 percent Buddhist and 0.4 percent Christian households. The study further indicates that though all those scavengers identified themselves as Hindus, they do not represent any of the four broad caste categories of Brahmins, Kshatriyas, Vaishyas and Shudras. A large majority of them (87.7%) belonged to the lowest castes of

Hinduism. The Backward or Shudra category represents only 1.8 percent, the general category 9.6 percent and scheduled Tribes 0.9 percent (see Beck and Darokar, 2005: 22).

The Gujarat study, despite the Gujarat government's frequent claim, particularly in 1993, that Gujarat is a "scavenger-free" State, identified as many as 4333 scavengers from 2456 households in the State within a short span of three months (from February to April 2006). Of these 2456 identified households of manual scavengers, 99.7 percent (2442) households belonged to Hinduism, and only 0.2 percent (5 households) belonged to Islam and only one belonged to Christianity and Buddhism each. Among those identified themselves as Hindus, 99.1 percent (2434) belonged to SCs, 0.2 percent (6) Backward castes, 0.2 percent (5) General category and 0.4 percent (11) Scheduled Tribes (Darokar and Beck, 2006: 29-33).

This study also reveal that among the 2456 scavenger households studied, 31.3 percent (768) was illiterate and those educated only up to 1-4th standard who are often no different from illiterates due to kind of schools they have access to, was 20.7 percent (together 52%). On the whole, more than 50 percent the scavengers studied were illiterates. Among those educated, none was found to have studied up to post-graduation, and those studied up to graduation was just 0.3 percent. Those studied up to 12th and 10th standards accounted for 2.1 percent and 5.7 percent respectively. Most of those (40%) reported as "educated" fell in the category of 5th -9th standard (Ibid, 56).

The next obvious question would be, "why only the lower caste people are seen in such occupation?" Is it because of poverty? If poverty is the cause and scavenging is the only means left for all to overcome poverty, then everyone who is poor irrespective of their religious and caste background would have been encouraged to take up such occupation. But the above data indicate that not all poor, but only the Bhangis/Dalits/Scheduled Castes and that too a few castes among the Scheduled Castes are encouraged, rather forced into such works.

Health of Dalit Scavengers:

The effect of scavenging work adversely affects not only the social but also the physical and mental health status of those engaged in scavenging. As per the Maharashtra study (2005), of the 2753 interviewed, about 24 percent (657) were found to be suffering from diseases of one type or the other. The common diseases that they reported to have suffered include a) Skin disorders, b) Communicable diseases, c) Respiratory disorders, d) Parasitic disorders, e) Diminishing vision, f) Diminishing hearing, g) Both diminishing vision and hearing, and h) Any other. While most of them reported to be suffering from skin disorder, respiratory diseases, communicable disorder, and diminishing vision (see Beck and Darokar, 2005: 47).

As per the Gujarat study (2006), of the 2456 scavengers interviewed, 22.5 percent (552) agreed that they suffered from diseases of one type or the other of those mentioned above. Most of them (251) were found to be suffering from respiratory diseases such as breathlessness and consistent cough, particularly amongst the toilet cleaners, manhole workers and septic tank cleaners (Darokar and Beck, 2006: 99-100). However, these 552 cases alone can not be said to be indicating the magnitude of the health problem that they were suffering from, as there might have been number of cases where the respondents would not have realized their health problem

despite suffering from some diseases or the other and thus would not have reported to the researcher.

Table 7
Identified Gujarat Scavengers' Age group and Marital Status

Age group	Unmarried	Married	Widow	Widower	Deserted	Total
15-30 yrs	191(23.9)	587 (73.4)	14 (01.8)	5 (0.6)	3 (0.4)	800 (100)
31-45 yrs	64 (4.9)	1105 (85.4)	103 (08.0)	21 (1.6)	1 (0.1)	1294 (100)
46-55 yrs	17 (5.4)	232 (73.7)	54 (17.1)	10 (3.2)	2 (0.6)	315 (100)
56-65 yrs	3 (6.7)	31 (68.9)	11 (24.4)	0	0	45 (100)
66 + yrs	1 (50.0)	0	0	1 (50.0)	0	2 (100)
Total	276 (11.2)	1955 (79.6)	182 (7.4)	37 (1.5)	6 (0.3)	2456 (100)

Source: Darokar and Beck (2006), Study on Practice of Manual Scavenging in the State of Gujarat, Tata Institute of Social Sciences, Mumbai, p.50.

The magnitude of illness suffered by the identified scavengers would be much more than what is being reported is evident from the fact (see Table 7) that the number of respondents (scavengers) found in the age group of group of 31-45 years was as high as 52.7 percent (1294 respondents), but those in the age group of 46-55 years was just 12.8 percent (315). The fact that the scavengers die at an early age is further evident from the fact that of the 1294 respondents found in the age group of 31-45 years of age, 8 percent (103) were found to be widows and 1.6 percent (21) widower. And of the 315 identified scavengers in the age group of 46-55 years, 17.1 percent (54) were widows and 3.2 percent (10) widower. These also indicate that that the men die earlier than the women. These data vividly portray the fact that most of those involved in scavenging die very early, particularly after crossing the age of 45 years (Ibid, 50).

Safety measures for the scavengers:

Despite involving them in the most hazardous job of manual scavenging, the scavengers are not provided with necessary safety items/equipments. The mandated safety items to be provided to them include 1) three pairs of sarees, blouses and petticoats for women, and three pairs of pants and half-sleeved shirts and a cap or head gear etc; 2) Pair of slipper, 3) masks, 4) hand gloves and 5) adequate quantity of soaps for bathing and washing their cloths, 6) brooms, 7) a pair of ankle-high rubber shoe and for a sweepers, a pair of slipper every year; 8) on cold season, they are provided with one pair of woolen clothes as sweaters or jackets on every alternate year; 9) rain coat and caps are provided to the scavengers in every rainy and winter season. Every scavenger employed in formal sectors such as municipal corporations, and village panchayats is entitled for all these safety items.

Though it is mandatory for all government offices to provide the scavengers with all these safety items, in the Gujarat study it was found that of the 2456 identified scavengers only 9.1 percent

(223) affirmed that they received at least some of these items. As high as 91 percent were found to have received no such items to protect them selves from the possible diseases and physical injuries while performing their job (Darokar and Beck, 2006: 93). The necessity of these safety items is evident from the fact that among those who reported to have received such articles, as high as about 85 percent (189) was found to have been using them regularly while they are at work (Ibid. 96). The Maharashtra study had come out with similar findings. Regarding the use of mask, this study had noted that a vast majority of those worked as toilet cleaners and open-defection cleaners did not use as the mask as it hindered free breathing and spitting at times of need. This brings to light the poor design and quality of the masks provided to them (Beck and Darokar, 2005: 43).

Such undemocratic preaching of scriptures which was considered holy and sacrosanct got deeply engrained in the psyche of not only the Brahmins and other so-called upper castes but also of the Dalits. As a result both the so-called upper castes and the lower castes have internalized their respective higher and lower social position. This has also placed all those placed above the Dalits in the caste ladder in the most advantageous and the Dalits in the most disadvantageous position with regard to enhancing their opportunities for acquiring wealth and status. This has had serious bearing on their respective economic status, and thus on their access to health care services.

Concern for the scavengers:

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MENTAL HEALTH:

The discussion so far has centered around the issue of the physical health condition of Dalits vis-à-vis others. To look at the issue of health in line with the definition of the WHO which defines health not only as a state of complete physical well being and absence of disease or infirmity but also as a mental and social well-being, it becomes necessary also to focus on the mental health of the Dalit community vis-à-vis others. What is mental health?

Mental Health is described as an appropriate balance between the individual, their social group, and the larger environment. These three components combine to promote psychological and social harmony, a sense of well being, self-actualization, and environmental mastery.¹³ This frequently used definition emphasizes, of all: i) balance between the individual, their social group and the larger environment, and ii) promoting psychological and social harmony. While the former is a means and the later is the desired end. This indicates that unless individuals and their social groups interact comfortably, psychological and social harmony can not be achieved. The absence of such interaction is, no doubt, bound to cause tension and anxiety in their minds and ultimately mental illness or ill-health. Though interaction both at the individual and group/collective levels i.e., at the caste or community level seems important for a health society, do the citizens of India interact with one another with due respect and comfort cutting across their social, particularly their caste, differences? The answer seems to a big “No”. There is, no doubt, that there is deep and intense interaction among Indians, but it is within each caste, not between or across castes. Why do most Indians not feel comfortable interacting with members of other castes? Are they afraid? If so, why are they afraid and what are they afraid of? Does it mean that every member of every caste suffers from a kind of mental illness which makes him/her behave in a manner which is not expected of a normal person? The answer seems to a big “Yes”.

A person belonging to a Brahmin caste develops a phobia at the very site of a Dalits. He therefore avoids facing Dalits on their way. He prefers stepping out of his home only after making sure that no Dalit would come in his vicinity. And if he happens to see a Dalit soon after setting out of his home, he prefers going back home and starting his journey afresh after bathing. The Dalit, on the hand, feels guilty and also develops a fear that he, for having come in the way or vicinity of the Brahmin, would be cursed by the Brahmin; the curse, he feels, would endanger the lives and properties of his own and also of his relatives.

A closer look at the ways in which the so-called members of the upper castes, for instance a Brahmin, behave with the so-called members of the lower castes, for instance a Dalit, behave in different situations, is suggestive of the fact that they suffer from a kind of mental illness, which may be called “caste-delusion”. In the field of Psychiatry, Delusion is understood to be a false opinion or belief a person has developed over a thing or a phenomenon which cannot be shaken by reason. The caste-delusion which is indeed the consequence of the caste system has seriously impaired the mind-set of both the upper castes and the lower castes. As a result, both have lost their capacity to look at each other as normal human beings; both have lost their capacity to recognize and respect each other on the basis of their merit i.e., what they have achieved with what ever they had. The different symptoms or behavioural problems manifesting

¹³ www.fountainhouse.org/moxie/resources/resources_glossary/index.shtml -

the presence of the mental illness i.e., the caste-delusion among the upper castes and the lower castes can be better understood from Table-8.

The symptoms listed in the table aptly suggest the kind of illness the upper castes, particularly the Brahmins, and the lower castes, particularly the Dalits, suffer from for being members of those castes. Most of these problems are common even today in rural areas. The ever prevailing incidence of numerous types of caste discriminations and atrocities against the members of Dalits are standing witness to it (refer Table-9). What is root cause of most of the listed problems that affect both the caste groups?

The root cause is the caste system. What does the caste system do to them to behave so? The caste system as it is practiced today and as it has been in practice for centuries, more specifically since the post-Vedic period, confers caste status to every child born in a Hindu family. All those who are born in a Hindu society automatically get a caste status: some as upper castes, some as lower castes and some as untouchables only on the basis of the caste background of their respective parents. In this way, one infant, for having born to Dalit parents, becomes an untouchable, while another, for having born to Brahmin parents, becomes equal to God since the Brahmins are considered equal to God. Caste status is ascribed rather inherited from parents. Following the birth of the child, a process begins of making the child believe that he/she is an untouchable or upper caste by observing certain rituals and imposing certain restrictions in social, economic and cultural spheres both within and outside the family contexts. And it is in this way indoctrination of inferiority or superiority complex in the minds of every child germinates, and the same is nurtured and nourished both by the family and the society at large which also act as the guardians of caste system and also as the caste based discriminations including untouchability. Not only the children but also any one from Dalit background violating such restrictions is severely punished by their own parents/people as they would otherwise be punished more severely by the upper castes in the village.

Similarly, the upper caste or the Brahmin children are also subjected to such restrictions and treatment by their parents and their own caste people although no Dalit would oppose the Brahmin children playing with their children. As a result no child is allowed to grow in a healthy and free atmosphere. Since every child is told right from his early childhood days as inferior or superior, intelligent or stupid just on the basis of his/her parents' caste, no child really gets an opportunity to know his/her areas of interest and potential - skill and capability - to pursue that interest. The result is that the children of lower castes who represent a significant proportion of India's children who are supposed to be the future pillars of India are made to believe that they are worthless and fit for nothing. What a loss of human resource? On the other hand the children of upper castes, particularly of the Brahmins, who constitute an insignificant proportion of India's population are made to believe that they are the purest and the most intelligent children and thus they alone have to pursue priesthood and get into education and professional education and that they should not pursue any other profession. What a loss of human resources?

Table-8
**Some of the symptoms of caste-delusion
Among Upper Castes/Brahmins and Lower castes/Dalits**

Sl. No.	<i>Symptoms among the Upper castes/Brahmins (UC/B)</i>	<i>Symptoms among the Lower castes/Dalits (LC/D)</i>
1	Afraid of interacting with Dalits	Aspire to interact with the UC/B
2	Afraid of even facing the Dalits especially in the early morning	Facing a Brahmin especially in the early morning is considered a blessing
3	Afraid of sharing the food of Dalits	Aspire to share the food of UC/B
4	Afraid of sharing food with Dalits	Aspire to share food with UC/B
5	Afraid of residing next to a Dalit household	Aspire to reside next to a UC/B household
6	Afraid of sitting next to a Dalit	Aspire to sit next to a UC/B
7	Afraid of touching even the shadow of Dalits	Some consider even touching the shadow of UC/B is blessing
8	Afraid of learning from and working under a Dalit	Aspire to learn from and work under a UC/B
9	Afraid of teaching or sharing knowledge to a Dalit	Teaching to or sharing knowledge with the UC/B is prestigious
10	Afraid of inviting Dalits for any auspicious occasion.	Aspire to invite UC/B both for auspicious and inauspicious occasions. Presence of UC/B is considered blessing and prestigious
11	Afraid of attending even the auspicious occasions of Dalits; if they do, they do not eat food cooked over there	Aspire to attend both auspicious and inauspicious occasions of UC/B; prefer to eat food cooked over there
12	Can't bear Dalits owning property/wealth	No such problem
13	Can't bear Dalits wearing clean/good cloths, gold ornaments, foot-wears, towel on their shoulder	No such problem
14	Can't bear Dalit children going to school	No such problem
15	Can't bear Dalit children being intelligent and scoring good marks in schools and colleges	No such problem
16	Can't bear Dalits taking marriage procession, riding a by-cycle	No such problem
17	Can't bear Dalits learning and excelling in classical music and dance and other such performing arts	No such problem
18	Afraid of having marital alliance with Dalits	Aspire to have marital alliance with them

The persistence of such a system for centuries of has had a serious impact in the minds of members all castes and the net result is that both the upper castes and the lower castes have internalized their respective superior and inferior positions. The Brahmins – be it rural or urban areas – continue to perform their traditional duties as Brahmins and do not allow any other community to become priests in temples. Irrespective of their credentials and qualifications, the ‘Brahmins’ feel that they are the upper castes and thus have the right to treat all other castes in the caste ladder as low castes. So feel the members of the Kshatriya caste (the caste below the Brahmins in caste ladder) over the Vaishyas below them, the Vaishyas over the Shudras below them and the Shudras over the Dalits/SCs below them. Members of all castes therefore treated the Dalits as untouchables. In other words, the Dalits felt inferior to the Shudras above them, the Shudras to the Vaishyas above them, the Vaishyas to the Kshatriyas above them and the Kshatriyas to the Brahmins above them.

However, such a notion of inferiority or superiority of individuals of one caste over the individuals of another is not based on any objective or empirical reality. The members of the upper caste had nothing tangible to qualify their claim as upper castes, and similarly the members of the lower castes had nothing tangible to prove their given lower caste status. Yet, both the upper and lower castes continued to believe in their given low or high caste status as true and unshakable. This unshakable belief that the caste system created in the minds of members of every caste which is not based on objective reality is considered to be a mental illness in the field of psychology *called-delusion*¹⁴ which in the present context may be called as *cast-delusion*.

Those suffering from such psychological problems draw *arbitrary inferences* and automatically draw conclusion regardless of reality. A person suffering from such illness may argue: “I don’t need to look at the weather. I know it’s raining because I want to go for a walk” (Avery, B. 1999: 54).

They suffer from *selective abstraction* as they focus on a single component of the prevailing environment and ignore other aspects. A whole personal universe is thus derived from a single star. They may argue, “It’s raining so everything will go wrong today” (Ibid: 54).

An upper caste person suffering from caste-delusion often comes to a conclusion whenever he happens to see a Dalits in front of him while going out of his home or office that his day would not be successful or good and prefers coming back home and starting his day afresh. Though the upper caste person makes his day by going back home and starting his day afresh, such an act causes a serious damage in the personality of the Dalits. It either makes him angry towards the upper caste person or directs his anger towards himself for having born to a low caste parents. And for a person who thinks that there is nothing wrong with his low-caste birth or himself being regarded as low caste person or untouchable, such an act merely reinforces his opinion about himself as untouchable; such person would never be able to realize his/her worth or would continue to live with low self-esteem. This would be a biggest damage a society can ever cause

¹⁴ Delusion is a false opinion or belief which cannot be shaken by reason; if persisted, regarded as an insane delusion

to its own citizen. How do then Dalits manage their stigmatized identity in their day-to-day social interaction with others?

Ambedkar observed that to avoid exposing themselves to the wrath and prejudices of the caste Hindus, the Untouchables give themselves different names which may be likened to the process of undergoing protective discolouration. He has stated that the Chamars of north India call themselves as Ravidas or Jatavas, the Doms as Shilpakars, the Chakkiliyars as Arundhatiyars, the Mahars as Chokhamela or Somavamshi and the Bhangis as Balmikis. But this discolouration often fails to give them the expected protection. The Hindus do not stop questioning until they find the caste or sub-caste of the Untouchables. And once it is known that he attempted to conceal his untouchable identity, he becomes the victim of greater danger than his original voluntary disclosure would have done (Ambedkar, 1989: 419-20). Therefore, Ambedkar tried to change their untouchable identity by enthusing them to identify as the *Protestant Hindus* and *Non-conformist Hindus* instead of being the Untouchables under the Hindu religious fold (see Khan, 1980:2-4). Also, through the religious conversion he attempted to give them a new identity as Buddhists. Many others converted to other non-caste religions such as Christianity, Islam and Sikhism. Has conversion booted their self esteem? Could the converts get rid off their untouchable identity? It has certainly boosted their self-esteem, but did not eliminate their untouchable identity. They are now identified with new identities: as Dalit Muslims, as Dalit Sikhs, as neo-Buddhists, as Dalit Christians. The commensality and inter-marriages between the converts and the rest in each religion are still very much discouraged.

Though both the upper caste and the lower caste people suffer from caste-delusion, the victims of this deadly mental illness are predominantly the Dalits, since they are the ones who have been labeled as untouchables. The psychological effect of such imposed low caste stigmatized identity in the personality of Dalits is very deep. The very idea that one is regarded as an Untouchable by the accident of birth in an untouchable caste is psychologically disturbing. In the process of social interaction, most people behave in such a way as to be inconsistent with the image they seek to alter and hopefully consistent with the one aspired for by them (Berreman, 1979). In the process of social interaction, the lower caste people in general and the Dalits in particular tend to hide their ascribed untouchable identity and project only their achieved identity which is secular and unstigmatizing.

The Scheduled Castes have tried on their own both individually and collectively to achieve identity or identities of their choice through various channels. The status of an individual depends on the location of his/her caste in the caste hierarchy. A study on the behavioural pattern of the students from different caste background in Maharashtra has revealed that while majority of those belonging to Maratha and Brahmin castes feel proud of their caste background, those belonging to the Scheduled Castes do not feel so (Paranjpe, 1970: 73). But in another study on the government employees belonging to different Scheduled Castes, it has been found that while some employees identified themselves to visitors at the level of their caste (as Scheduled Caste) as they were proud of their achievement, a large majority identified themselves at the level of contra- identification as they were shy of their low caste status (Ram, 1988). However, these were the responses of those in an urban setting. The situation may be quite different in villages particularly where out of the two interacting caste groups one is rated highest among the low castes (Scheduled Castes) and the other is one of the dominant clean castes. This is also

interesting when members of such Scheduled Caste may feel that they are not only different from but also superior to the rest of the Scheduled Castes. Hence, they may not prefer to identify themselves with those Scheduled Castes who are the most oppressed, degraded and despised. They may be as caste conscious as the upper caste Hindus. Moffatt maintains that the Untouchables are not more egalitarian than the higher castes. He concludes that the South Indian Untouchables replicate a system that makes them fundamentally inferior, and they believe and participate willingly in what might be called their own oppression (1979: 292-93). Yet, such people may openly project their caste identity and give impression that they are neither afraid nor ashamed of revealing their caste identity (Deliege, 1997:77).

Some of the consequences of the birth ascribed low social status are: low self-esteem, confusion of self identity, self hate, perception of the world as a hostile place, hypertension and neurotism (see Paranjpe, 1970:11-12). On the other side, the upper caste, for instance, the Brahmins, seriously believes that he is equivalent to God, and expects others to seek his blessings. He thinks, he alone has the right to perform rituals in temples and can not tolerate a Dalit coming even nearer to a temple. He considers even the shadow of Dalits as polluting and therefore often tries to keep himself away from the Dalits. To him, even a child (Dalit child) becomes an untouchable and refuses to let his child to play with the Dalit child: a common practice in rural Tamil Nadu. Even an illiterate Brahmin thinks that he is a scholar and expects others to address him as *Pandit* (scholar) and swami (God). Such notions are prevalent even today not only among the Brahmins but also among the Shudras or Backward Castes. Such caste delusion (mental illness) is prevalent even among the Dalits. For instance, the people belonging to Pallar caste of Ramanathapuram district, Tamil Nadu think that they are superior to the Parayar caste and treat the latter as untouchables. And in Thanjavur district, the people belonging to the Parayar caste treat the Pallars as untouchables. Both these castes treat the Arunthathiyars (Chakkiliyars) as untouchables. These examples aptly portray the fact that the caste delusion has selectively impaired or corrupted the human being's ability to relate himself with others as fellow human beings; In rural India, and to some extent even in urban India, even today, individuals are so much conscious of their caste status and fight in all possible ways to maintain their superior position in the caste ladder.

In the case of rural areas, the Dalits live in separate settlement called Dalit Bastis or Dalit wada or *chery* (slums) located adjacent to the main village where the upper caste people live, and there is hardly any interaction between the main village and the Dalit wada. The Dalits are not allowed to walk with foot-wears in the main village; there is separate cremation/burial ground for them; separate glasses for them in the tea stalls located in the main village. While having tea, they are expected to stand, but others have been provided with to sit. Even for small, ignorable fault, the Dalits are tormented by the upper castes. The Dalits indeed perpetually live in tension and fear over possible dire consequences from the upper castes.

The situation in urban areas is not much different. When the Dalit children who are reared with such inferiority complex go to schools and colleges located in urban areas, their imbibed inferior notions are further reinforced by the discriminatory attitude of the fellow upper caste students and some times of the teachers who carry with them the imbibed superiority complex and caste prejudice against Dalits despite their secular education and position they hold as teachers and professionals. What is then the remedy?

Healing Caste-Delusion of lower castes/Dalits:

In any effort of resolving a problem, one looks at first the causes, and deals with them effectively. And one looks for symptoms only to identify the causes; not the other way round. Therefore, what is important to note here is that of the two sets of problem-symptoms faced by the two caste groups, those faced by the upper castes are the causes and those faced by the lower castes are the effects. It therefore goes without saying that once the problems faced by the upper castes are addressed, those faced by the lower ones would automatically vanish.

Caste-delusion, which has corrupted the ability of majority of the upper castes and lower castes and of those advocating and opposing caste system to relate themselves with fellow human beings on the basis individuals' merits - attributes and achievements, rather than going by the arbitrary values, status and stigma imposed discriminatorily on castes and communities as directed by religious dogmas, has not been realised yet as major mental health issue. Till date it has been viewed merely as a social problem.

For a large majority of Dalits both in rural and in urban areas, both for the educated and uneducated, managing their stigmatized identity is a perpetual mental struggle: some always hide their identity, some always project their identity overtly, some times more than what is required, and some do both according to the situation. Dealing with their stigmatized identity is a major mental health problem particularly for those Dalit boys and girls pursuing their education in affluent educational institutions. Their question is whether to reveal or hide their Dalit identity. Though the Dalits suffer from this problem, the root cause for the same is often the non-Dalits/upper castes. When the upper castes students overtly or covertly project their upper caste identity proudly in their day-to-day social interaction, the Dalits automatically get the message that they do not belong to that category, the upper caste category, but to the stigmatized or lower caste category. In the 15 years of my teaching at the Tata Institute of Social Sciences, Mumbai, a number of students (both boys and girls) have come to me expressing their difficulties in revealing their Dalit/low caste identity. My answer to all as follows:

“Look here. No individual can ever have a choice over the caste or community that he/she would like to be born. It is just an accident. Hiding your social identity is a biggest disgrace to your parents who nourished, nurtured and brought you to this level. Any one considering you as low caste person or as untouchable and try to look you down upon must be a person who lost his ability to think rationally and logically, and he must be person who does not believe in merit. He needs proper counselling. He should be helped to realise that his birth in an upper caste family was not due to his merit and hard work, not even his choice but merely an accident of birth. Anyone claiming higher status without really qualifying for the same need not be given such respect and status”

We may now turn to how the psychiatrists look at individuals who fails to look at phenomenon on logical and rational grounds. What is the kind of therapy they advocate?

“Cognitive therapy aims to help the patient become aware of the maladaptive or disordered thought processes that are leading to their self-destructive behaviour and depression. Together, the patient and therapist examine the cognitions to see if they stand up to logical scrutiny” (Avery, B. 1999: 58).

The number of attempts made by many social and religious reformers to help the upper castes see if they could stand up to logical scrutiny and see if they could relate themselves with the

fellow Indians as human beings recognizing individuals' merits and special attributes rather than being guided by religious dogmas and accordingly labeling every member of entire community either as superior or inferior caste/community are very much in line with the above definition of cognitive therapy. Buddha as early as 6th century BC tried to help both the upper caste and lower caste people with his unique teachings. He spoke against hierarchical society and particularly against the Brahmin supremacy in the caste structure. Although Mahatma Gandhi (1920) did not consider caste system to be harmful, he called for a change of heart among the upper caste Hindus as an act of expiation and reparation for their centuries of oppression against the Dalits (see Ramaiah, A. 1990). He preached that being a scavenger is as worthy as being a priest in a temple. But interestingly he expected only his *Harijans* (Dalits) to be the scavengers.

Babasaheb Dr. B.R. Ambedkar, The Chief Architect of Indian Constitution and a nationalist, tried to change the enslaved minds of Dalits through his inspiring words and deeds. The following utterances of Ambedkar are worth noting:

"Noble is your aim and sublime and glorious is your mission. Blessed are those who are awakened to their duty to those among whom they are born. Glory to those who devote their time, talents and their all to the amelioration of slavery. Glory to those who would reap their struggle for the liberation of the enslaved in spite of heavy odds, carping humiliation, storms and dangers till the downtrodden secure their Human Rights."

"I also take refuge in the words of the Buddha to be your own guide. Take refuge in your own reason. Do not listen to the advice of others. Do not succumb to others. Be truthful and take refuge in the truth. Never surrender to anything. If you keep in mind this message of Lord Buddha at this juncture, I am sure, your decision will not be wrong."

"My final words of advice to you are educate, agitate and organize; have faith in yourself. With justice on our side I do not see how we can lose our battle. The battle to me is a matter of joy. The battle is in the fullest sense spiritual. There is nothing material or social in it. For ours is a battle not for wealth or for power. It is battle for freedom. It is the battle of reclamation of human personality."

Such inspiring, liberative and rational writings and speeches of Ambedkar and such others have, no doubt, worked like a medicine and healed those Dalits who were made to suffer from caste-delusion which made them believe whatever the dogmas attributed of them and whatever the upper caste members made them to believe of themselves. Contrary to what others said about them, the Dalits, particularly those who read and listened to such writings and speeches, have realized their worth and potential, and thus no more believe themselves to be untouchables, no matter, how much the others would try. Such healing messages and process initiated by Dalit leaders and intellectuals like Ambedkar have helped the Dalits not only to realize that they are born very much like any other human beings and have ultimately come out of the problem of caste-delusion that they had to suffer for centuries but also to get mobilized across the states of India and to assert their self-respect and dignity.

The caste system worked as long as the so-called Dalits believed that they were the lower castes and thus deserved to be dictated by the upper castes who also believed that are the upper castes irrespective of whether or not they had the required qualifications and moral and ethical credentials for such claim. But the moment assertion for self-respect and dignity became a reality

even among some Dalits, it created conflict between the upper castes and the lower castes. Though the Dalits' struggle for status is often invisible and silent in nature, it has the potential of erupting into violent forms as they have increasingly begun to realize the worth of their votes and the scope of mustering the support of more influential fellow Dalits including Dalit political leaders by overt projection of their Dalit identity as an emancipatory identity and strategy. Whenever and wherever such assertions of Dalits emerged, those above them in the caste ladder did not take it lightly so as to keep their caste supremacy intact. In many cases such assertions of Dalits ended in violence and brutal killings of Dalits. As unattended illness often lead to death, unattended conflicts between the so-called lower castes/Dalits and the upper castes lead to the killings of the most vulnerable and powerless, the Dalits.

Table-9 delineates the nature and magnitude of crimes committed against the Dalits during 2001 to 2005. Though the data indicate a declining trend in the total number of crimes committed against the SCs/Dalits i.e. from 26252 in 2003 to 26127 in 2005, in most of the crime heads an increasing trend is vivid. Except for crimes such as "hurt", cases registered under the Protection of Civil Rights Act, 1955 (PCR Act), the crimes reported under the category "Others", all other types of crimes have showed an increasing trend. Of all, the incidence of crimes reported under the Scheduled Castes and Scheduled Tribes (Prevention of Atrocities) Act, 1989 (SC/ST (PoA) Act) are found to be very high.

Table-9

Comparative Incidence of Crimes against Scheduled Castes, 2001 – 2005

Sl. No.	Crime heads	2003	2004	2005	% variation 2003/2005
1	Murder	581	654	669	+ 88
2	Rape	1089	1157	1172	+ 83
3	Kidnapping & Abduction	232	253	258	+ 26
4	Decoity	24	26	26	+ 02
5	Robbery	70	72	80	+ 10
6	Arson	204	211	210	+ 06
7	Hurt	3969	3824	3847	- 122
8	PCR Act	634	364	291	- 343
9	SC/ST (PoA) Act	8048	8891	8497	+ 449
10	Others	11401	11435	11077	- 324
Total		26252	26887	26127	- 125

Source: Crime in India -2005, National Crime Records Bureau, Government of India;
Visit <http://ncrb.nic.in/crime2005/cii-2005/CHAP7.pdf> (as on 22. 12. 2006)

The number of cases registered under this act was as high as 8048 in 2003 and it increased to 8891 (843 more cases) in 2004. Though the number of reported cases came down to 8497 in 2005, there is an increase of 449 cases compared to the cases reported in 2003. It is important to note that the number of cases of murder was 581 in 2003 and it increased to 654 in

2004 and 669 in 2005. The increase in the number of SCs/Dalits murdered by non-Dalits during 2003 to 2005 was 88. Similarly, the number of Scheduled Caste women raped also increased from 1089 in 2003 to 1157 in 2004 to 1172 in 2005.

Healing Caste-Delusion of Upper Castes:

The increasing incidents of rape and murder of Dalits as evident from Table-9 indicate that though the Dalits are gradually coming out of the caste-delusion and have begun to reclaim their self-respect and dignity, the upper castes are unable to do owing to the fact that there has not been much effort either by the upper caste leadership or by the clergy or by the upper caste people themselves to accept liberative thinking rather being guided by the dogmas with regard to the kind of relationship they have to have with the members of the so-called lower castes. There have been a few attempts in the past to educate the Brahmins and other upper castes to behave well and to learn to treat others with respect. While Gandhi, as noted earlier, expected a change of heart on the part of the upper caste to recognize the worth of the Dalits and their contribution to the society, Swami Vivekanand reinterpreted Hinduism emphasizing the fact that the four major castes of Hinduism are basically four human qualities inherent in every human being and they are not based on birth as it is generally understood. Vivekanand once argued:

“My disciples are all Brahmanas!..The son of a Brahmana is not necessarily always a Brahmana; though there is every possibility of his being one, he may not become so. Did you not hear that the nephew of Aghore Chakravarty of Baghbazar became a sweeper, and actually used to do all the menial services of his adopted caste? Was he not the son of a Brahmana?” (Vivekanand, 1988: 27-28).

Such education by social reformers like Swamy Vivekanand and leaders like Gandhi has, no doubt, had some impact in the minds of the upper castes, but the impact is not significant enough to bring in necessary change in the mind set of the upper castes as a whole, and thus the low social image imposed on the Dalits, the practice of untouchability and caste discrimination and the caste based atrocities continue even today despite number of penal provisions prohibiting them all. One of most important reasons for the special laws which are meant to protect the interests of Dalits being ineffective is that the law implementing agencies are not free from caste prejudice (Ramaiah, A. 2007).

With regard to treating the caste-delusion that the upper castes suffer from, new methods have also been suggested in the recent past. Chandra Bhan Prasad (2006) establishes that the non-Dalits suffer from a mental illness which he calls as “Dalit-phobia”. Taking into consideration, the three forms of neuroscience treatment for the phobia or anxiety disorders viz., behavioural therapy, exposure therapy, and drugs, Prasad suggests “Dalit therapy” to treat the non-Dalits suffering from Dalit-phobia. The Dalit therapy is aimed at exposing and socializing the non-Dalits with Dalits in diverse contexts and helping them realize that their anxiety or phobia is not based objective reality. Noting that the non-Dalits hate Dalits not by design but by default as they suffer from Dalit phobia which is genetically in-built and easily transferable from generation to generation, Prasad suggests that “till gene therapy reaches an advanced stage and its antidote is identified, Dalit therapy can be adopted” (Ibid.: 199).

Therefore all those suffering from caste-delusion, both the upper castes and the lower castes, have to be helped to over-come their caste-delusion, so that they become better citizens of India. Since most of the Dalits have come a long way overthrowing the caste-delusion that they were suffering from for centuries owing to immense efforts of intellectuals like Ambedkar, the focus should now be on the non-Dalits suffering from caste-delusion or Dalit-phobia.

Conclusion:

Economically India may be growing faster than many other countries of the world. It may be growing faster in other fields as well. But as long as over 250 million of its population, the Dalits, live in object poverty and do not have access even to adequate health care facilities, it is no development. As long as majority Indians suffer from caste delusion and the Dalits are forced to identify themselves as 'untouchables', which causes immense tension and anxiety in them damaging their mental health, it is no development. Still a large proportion of Dalits depend on traditional healers, not because they do not understand the value of modern medicines, but mainly because they do not have adequate purchasing power. In all possible health indicators, as seen above, they are found to be lacking behind. The relatively low level of nutrition and high incidence of infant and maternal mortality rate among the Dalits aptly indicate their poor health status and urgent need of responding to their health needs. In view of the fact that majority of the Dalits in rural areas depend on the Primary Health Centers (PHCs) for their health needs, the PHCs are to be adequately staffed and equipped with necessary medical facilities including quality medicines in sufficient quantity. The high incidents of rape and murder of Dalit women, caste discrimination and practice of untouchability indicate the ever lasting influence of caste prejudice and the poor mental health of dominant caste groups in India. The plight of Dalits therefore necessitates the urgent need of a policy that would help educate the members of the upper castes to come out of their caste prejudice which is responsible not only for the number of crimes committed against the Dalits but also for the killings of number of Dalits. As long as caste prejudice continues to be a reality in Indian society, the Dalits would continue to suffer from both physical and mental illness. Since both the so-called lower castes/Dalits and the so-called upper castes suffer from caste delusion, annihilation of caste would, no doubt, be a better treatment for both. Unless this problem is addressed urgently, Indians would continue to fight among themselves on caste basis and fraternity among Indians would ever remain a distant dream.

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