Dalit Women’s Rights: Caste, Gender and Citizenship in India

Nidhi Sadana Sabharwal

Nidhi Sadana Sabharwal’s paper highlights the specific challenges facing Dalit women in India. The analysis focuses on the variation in women’s issues and the uneven gains in human development indices across social groups. Sabharwal argues that mainstream feminist discourse and evaluation in India focuses on gender discrimination and issues of economic, educational and political empowerment; ignoring the complex realities of caste and untouchability-based discrimination, resulting in denial of economic, social, cultural and political rights of Dalit women. This paper presents evidence from empirical studies and evaluations in India that highlight the denial of women’s rights due to caste and untouchability-based discrimination. It proposes a combination of common and group-specific strategies to uphold women’s human and citizenship rights and to evaluate programs and policies intending to protect and enhance such rights.
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I: Introduction:

In the recent years literature related to gender and feminist discourse in India has brought a considerable insight on the problems of women in India. Literature along with several civil society movements has influenced the government policy for economic and educational empowerment of the women and their representation in local governance (Kamla Bhasin, 2009). On the other side we can also clearly see multiple voices emerging on gender issues particularly since the early 1990s and the writings on the Indian feminist discourse are marked with multiple strands. These multiple voices are closely linked to the uneven gains of progress recorded by various groups. “Women” in India is not a homogenous category; it is marked with differences not only in attainment but also poor performance particularly in the case of women belonging to Scheduled Caste, Scheduled Tribe and Muslims. The visible variation in human development and causes thereof among the women of different social belonging has induced increased demand for group specific gender policies.

The Indian society is stratified into various social groups called castes in which the social and economic rights of each individual caste are predetermined by birth. The assignment (or division) of these rights among castes is unequal and hierarchal. The unequal and hierarchal (graded) access to economic and social rights implies that every caste, except those at the top of the caste hierarchy suffers from unequal divisions of rights. The untouchables or schedule castes (SC) or Dalits who are placed at the bottom of caste hierarchy suffered most: they are excluded from access to property rights and social rights except labour or service to the castes above them. The disadvantages of low caste untouchables are so severe that they are also physically and socially segregated from the rest of the Hindu society through the institution of untouchability. This adds an additional dimension to the physical, social and economic exclusion of this social group. It is this multiple exclusion of the low castes untouchables which has a severe consequence on their poverty and deprivation.

The Indian government has tried to address the problem of caste and untouchability. As a result the Indian Constitution carries certain safeguards for persons of certain castes listed in Article 341, in the Fundamental Rights of citizens and in the Directive Principles of State Policy. Subsequently, laws have been passed, aiming at removing discriminatory practices against the

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Scheduled Castes, and also for their social and economic empowerment. Anti-discriminatory measures for the Dalits include the enactment of the Untouchability Offence Act, 1955 (renamed as the Protection of Civil Rights Act in 1976), and the Scheduled Castes and Scheduled Tribes Prevention of Atrocities Act (POA), 1989, which aims to prevent crimes stemming from discrimination and hatred towards Dalits. Notwithstanding the principle of equality of all citizens, the government reserves to itself the right to pass legislation designed to give special relief to the ‘weaker sections’ of the society. These include the scheduled castes and scheduled tribes, and also women and children. National Commissions have been set up for scheduled castes and scheduled tribes and also for women. There are also various economic schemes announced from time to time creating employment or granting welfare payments or other benefits to the ‘weaker sections’. While the practice of ‘untouchability’ has been banned since Independence, in practice many of the associated behaviours, norms and values persist. This means that Dalits still often live in separate locations with poorer services, face discrimination when accessing services, are barred from many occupations, receive lower pay, and face discrimination in the market place. All the provisions listed above apply to Dalit women as they belong to both the categories recognized as disadvantaged, namely SC’s and women. We will see in the following pages that the different specific kinds of violence, humiliation, violation, exploitation and control which Dalit women are subjected to cannot be adequately understood as ‘double subjugation’ or rather triple, since most Dalit women also belong to an economically deprived class and hence cannot be removed merely by applying the above kinds of laws.

The main objective of this paper is to study Dalit women specifically as citizens and examine their nature of access to rights normally considered to be the rights of citizenship. Dalit women’s problem encompasses not only gender deprivation and economic deprivation but also discrimination associated with religion, caste and untouchability thus resulting in the denial of economic, social, cultural and political rights. The understanding on the problem of dalit women is developed through a comprehensive review of the current theoretical and empirical literature related to gender discourse in general and of Dalit women in particular. With the help of empirical data collected through primary investigations, the paper attempts to capture the nature of access to employment and access and utilization of public health services by Dalit women and examines these in the background of theoretical discussion.

This paper is broadly divided into three section; the first section of the paper deals with the review of literature on the gender issues in general (including feminist discourses) and those dealing with Dalit women in particular. The second section tries to capture economic and social situation of Dalit women with the help of current data and some studies (which are limited in number). The objective which this section covers are (a) to study the disparities in the access between the SC and higher caste women; (b) locate the general factors that hinder or facilitates access of all women (including Dalit women) in rural area; (c) identify group-specific constraints

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faced by SC women associated with the caste background. The analysis of human poverty, caste and gender inequalities is based on National Sample Survey, Census of India, Crimes in India, National Family Health Survey-3. The third section deals with an empirical study highlighting the access of Dalit women in employment and to India’s social protection programme (*Janani Suraksha Yojana*) in rural area in seven poorest states namely Bihar, Orissa, West Bengal, Chhattisgarh, Jharkhand, Uttar Pradesh and Madhya Pradesh.

**SECTION-I**

**II: Theoretical Discourse on Gender Issues**

This section outlines some of the important theoretical interventions from the western feminists, and its implications on the understanding of gender in India. We shall first summarize the insights that we received from the theoretical discourse with respect to the question of women’s rights in general and Dalit women in particular. These insights are based on global feminist debate on women’s rights influenced by gender and patriarchy including the writings of African-American and non-western feminists challenging many of the theoretical formulations that reflected white middle-class women’s consciousness and experience while ignoring the differences among women belonging to different social, cultural and ethnic communities. This section will discuss the Indian feminist discourse and the perspectives of dalit women.

On Gender and Patriarchy: The traditional belief of attributing different characteristics, roles and status to women and men in society to biological (i.e. sexual) differences between them and treating them natural and therefore not changeable was considered to be baseless and unsound. Similarly, the notion of sexual differences being the natural cause of the subordination of women was all together rejected. The definition of “gender” as a conceptual and analytical category helped to overcome many wrong notions about the women issue. “Gender” is now considered as a social construct (and not a biological category) defining man’s and woman’s position and the way societies distinguish men and women and assign them social roles. The distinction between sex and gender was introduced to deal with the general tendency to attribute women's subordination to their anatomy (Kamala Bhasin; 2009). All this is now widely accepted in various types of development discourses. UN Document on Millennium Development Goals, for example, defines gender as follows:

a) It is a conceptualization of the roles and responsibilities of women and men as a function of culture, religion, tradition, social norms and economic necessity;

b) It is viewed differently over time and in different ways from place to place. It is not biologically determined or constant;

c) It explains differences between the status, conditions, access to and control over resources, and development needs of men and women.

Further, the contribution of the feminist discourse is with respect to conceptualisation of “patriarchy” and its role in gender inequalities and the subordination of women. Gender relations are unequal because of the existence of patriarchy. The subordination that women experience on
a regular basis takes various forms of discrimination, disregard, insult, control, exploitation, oppression, violence within the family, at the place of work, and in society. Patriarchy is an ideology or a belief system according to which men are considered to be superior.

The notion of patriarchy described, brought a lot more clarity and insight on gender relations through which women suffered inferior position in family and society. The insights about gender and patriarchy set out above are now widely accepted after about fifty years of theoretical debate initiated by feminists the world over, what is often referred to as the ‘second and third waves of feminist movements’. Second-wave feminism owed a lot to the political movements of the 1960’s and 1970’s, even as it engaged with and critiqued their ideologies. Thus, feminist theory has incorporated, modified, opposed and complexly negotiated with Marxism, Freudian psychoanalysis, anti-colonial and anti-imperialist ideologies and analyses.

We must mention here the emergence of an important feminist slogan of the 1970’s: ‘The personal is political’, asserting women’s right to raise issues of inequality, subjugation and division of labour within the household and the family. This is perhaps the first example of questioning by feminists on the division between public and private in modern liberal society, in which the public is the sphere for political contention. Since then, much more complex and nuanced theoretical interventions on this theme have emerged in feminist scholarship, some of which is touched in below on ‘Citizenship and Rights of Women’.

**Citizenship and rights of women:** Citizenship in its modern form can be viewed from T.H. Marshall’s (1950) definition of citizenship basically comprising three kinds of rights: civil, political and social. This definition is important as it is the widely accepted liberal conception of citizenship which is universal in nature. Feminists have questioned the public-private divide on which the modern liberal notion of citizenship is based. They have asserted women’s right to function on equal terms with men in the public sphere. At the same time, they have asserted the right to equal treatment and freedom from violence and harassment in the private sphere. They point out that ‘public’ citizenship such is not a sufficient condition for equal citizenship of women, because it does not take into account the private sphere where patriarchal relations still suppress equal female participation in personal matters. The struggle of women for the vote can thus be seen as one of asserting women’s right to take part in public life and to aspire for political office. The other kind of struggle involves asserting the right to equality in the private sphere, expressed through the slogan ‘the personal is political’, which challenges patriarchal relations of power in the household and family.

The mainstream discourse on citizenship fails to draw a distinction in Citizenship as a Status and Practice. These are two different things. Status is where the citizen enjoys the rights necessary such social, civil and political. Citizenship being just as Status reduces women as passive citizens. While citizenship as Practice is where there is a full realization of the citizen status. In

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3 For details, please see Sabharwal Sadana Nidhi, Sonalkar Wandana et al, 2010, Report on Dalit Women Rights and Citizenship in India, IDRC-IIDS
order to achieve this, attempts have to be made to solve structural constraints which exclude women from realizing the full potential of citizenship. The forms of such constraints are avoiding them in decision making process, restricting participation as a member of the community and so forth. By promoting gender equality the problem of ‘malestream’ and false universalism between men and women can be solved.

II: Feminist Discourse and Perspective with Respect to Social/Cultural Groups

The mainstream feminist discourse came under criticism particularly from the African-American and non-western scholars for ignoring the racial aspect of the gender issue and also from those who give attention to economic and social oppression of women. The mainstream gender discourse which brings focus on the neglected aspect of gender dimensions also ignored the fact that women is also not homogeneous category and that there are differences within the women. The writing from Black feminists and similar researchers have focused on distinct problem of the women from discriminated groups which is similar to that of the rest of the women at some level but also different in other respect due to aspects of race, color, social origin, ethnicity, nationality and indigenous. They have underlined how the category' woman' has, in fact, been representative of dominant groups of women in the same way that the liberal notion of citizenship has been representative of dominant groups of men.

The project of engendering citizenship has to be conceived of as part of a wider project of differentiating citizenship which accepts the Universalist nature of citizenship, acknowledge difference and promote rights of the excluded. Citizenship theory to be inclusionary and universalist has to acknowledge the differences among women belonging to different social, cultural and ethnic communities. Scholars of non-western regions, have extended this narrative, by noting that demands for female enfranchisement were themselves deeply racialised; that suffragists in Europe and in North America often ignored the rights of female slaves, or African-American women, and that they often used their superior position in relation to these women to assert for themselves a public role.

Whereas ‘second-wave’ feminists were working for solidarity among women and tended to treat ‘women’ as a unitary category subjected to universal forms of patriarchal oppression, the ‘third wave’ of feminism beginning somewhere in the 1980’s places much more emphasis on the differences among women belonging to different social, cultural and ethnic communities. In the North American context, black feminists challenged many of the theoretical formulations that reflected white middle-class women’s consciousness and experience. For example quoting from Sylvia Walby’s summary: “The labour market experience of women of colour is different from that of white women because of racist structures which disadvantage such women in paid work. This means that there are significant differences between women on the basis of ethnicity, which need to be taken into account”. Thus, ethnic and racial issues need to be examined in the context of gender and the specific histories of colonialism and slavery.
Similar parallels may be made about the intersection of gender and caste in the labour market in India. The labour market experiences of dalit women are different from that of the upper caste women because of the traditional notion of the caste system of purity and pollution. Dalit women are hardly ever employed as cooks in upper-caste homes. They will be hired to do the work of cleaning, washing clothes, and sometimes looking after the sick. They are treated by other castes coming into relation with them as untouchable, unapproachable (and at times even un-seeable). It is this notion of untouchability which leads to physical isolation and restriction in employment opportunities. Such differential experiences have been elaborated further in the subsequent sections.

**Feminist Discourse in India**

We now take a brief look at the major issues raised by the Indian women’s movement from the 1970’s onwards, and how it dealt with issues of gender and caste. The period of about twenty years after India became independent, has been described by Vina Mazumdar- one of the earliest scholars of women’s studies in India, as a period of lull for women’s movements. Women organizations did enter into welfare work on the basis of facilities and grants provided by the government, but little research was done on the status of women.

A crucial issue around which these women’s groups agitated during the 1980’s was that of violence against women. The issue of violence against women - rape, murder and other forms of violence, was taken up initially with campaigns like that related to the Mathura police – station gang rape case. The demands of the movement resulted in some changes in the law, such as that on “custodial” rape, dowry-related deaths (Sections 3204B and 498A of the Indian Penal Code), and most recently, domestic violence. Special police cells were set up in selected towns to deal with violence against women. However, most of the cases brought before these cells relate to domestic violence, not the kind of public violence that Dalit women so frequently undergo. The gang-rape of Bhanwari Devi, a lower-caste woman employed in a government scheme for ‘empowerment’ of women, when she tried to stop a child marriage within a powerful landowning family in a village in Rajasthan was taken up by an NGO called Vishakha as a case of sexual harassment of a woman carrying out her assigned work duties. This led the Supreme Court to issue a ruling on sexual harassment at the workplace, with a directive to set up cells for the prevention of sexual harassment of working women at their places of employment.

One source of support that has been available for women’s organisations aiming to change laws is from International forums and conventions under the aegis of U.N., like the Convention for the Elimination of All Forms of Discrimination Against Women (CEDAW). Measures like the Supreme Court directives on sexual harassment at the workplace and the Domestic Violence Act of 2005 have drawn from CEDAW even while they have tried to be sensitive to the specificities of the Indian situation. Similarly, the 73rd and 74th amendments to the Indian Constitution, which reserve one-third of seats for women in local elected bodies, grew out of international concerns about the decentralisation of governance, while the Beijing International Women’s
Conference in 1995 spurred the demand for reservations for women in national and state legislative bodies. Further in 2005, the Hindu Succession Act was amended to bring all agricultural land on par with other property and makes Hindu women's inheritance rights in land legally equal to men's.

Indian feminist discourse has been uncomfortable, until quite recently, with acknowledging caste or religious differences in its own activism, partly because this fractures the kind of political unity that feminists seek to create around the category of ‘woman,’ and their social experiences. When they have recognized caste differences, feminists have recognized caste as an aspect of class, as for instance in the efforts to organize rural women workers, many of whom might be Dalits, or when they take up issues of poverty, where Dalits and lower-castes are over-represented.

**Dalit Women Discourse**

In the early 1990s, Dalit women began to question the mainstream women movement because of their failure to recognize the distinctive character of the problem of dalit women. Although the discourse on dalit women shares a common view on some aspects of the ‘problem of women’, there are visible differences on a number of other aspects. Dalit women discourse recognise the problem of gender exploitation by their men and therefore the Dalit women’s movement addresses the issue of patriarchy which denies women from asserting their choices and participation in decision-making in both the community and the family. However, writers on the problems of Dalit women argued that low caste women, particularly the untouchables experience gender discrimination, economic deprivation (emanating from two strands on women in India), they also experience discrimination related to prescribe customary provisions in the institution of caste and untouchability.

Their problem comprises triple deprivation - gender - poverty - caste. It is argued that, while the mainstream feminist discourses focus on the gender discrimination and the issue of economic, educational and political empowerment. They invariably ignore the issues of caste and untouchability based discrimination of low caste women which cause high degree of poverty and deprivation, from which the other women do not suffer. It is this “exclusion –induced deprivation” which differentiates Dalit women problem from rest of the women. Low caste women faced denial of equal rights in the past, which continued in the present in some spheres, if not all and manifest in various forms.

The Dalit women’s movement recognized that caste-based discrimination deprives them of choices and opportunities to escape from poverty and denies them a voice to claim their rights. The forum pressed for anti-discrimination and affirmative action policies in the sphere of sources of livelihood such as land and business; in employment in the form of non-discriminatory terms of engagement (wages, number of days etc.); good working conditions. Further, non-discriminatory
access to social needs such as education and nutrition; to public health care, to food security and nutrition enhancing government programs form part of their main agenda.

SECTION-II

III: Human Poverty, Gender and Caste based Discrimination

a. Evidence from Official/Government Sources

In the theoretical section, it has been argued that women who belong to discriminated groups suffer from multiple deprivations. Dalit (SC) women are perhaps the most economically and socially deprived among the women of the Indian society. In order to gain insights into the economic and social status of Dalit women, we delve more closely and encapsulate the economic and social situation of Dalit women in India. The analyses of human poverty, caste and gender discrimination is based on National Sample Survey, Census of India, Crimes in India, National Family Health Survey-3 and two primary evaluation studies conducted by the author at the Indian Institute of Dalit Studies.

(i). Economic condition: Disaggregate analysis provide some insight in to the nature of gender disparities across social groups. According to the 2001 census, scheduled-caste (SC), scheduled-tribes (ST), other backward classes and Muslims account close to about three-fourths of India’s population. Half of them are women. Most scheduled-caste women lack access to income earning assets and depend mainly on wage labour. In early 2000, only 21 percent of SC women were cultivators as compared to 45 percent of non-sc/st women indicating that access to agricultural land is not equal within the category of women. As a result, about 49 percent of SC women were cultivators as compared to 45 percent of non-sc/st women indicating that access to agricultural land is not equal within the category of women. As a result, about 49 percent of SC women workers worked as agricultural wage labour in rural areas as compared to 17 percent for non-sc/st. Further, a large number of SC women are engaged in so-called unclean and polluting occupations, such as scavenging. Further, we found from the official data sets that there were inequalities in the real wage rates between SC women and men and non-SC/ST women in the agricultural and non-agricultural occupations in rural as well as urban areas.

(ii). Level of Literacy: Literacy rates also point to differences. In 2001, 41 percent of SC women in rural areas were literate as compared to 58 percent for non-SC/ST women. Limited education reduces employability and consequently, unemployment rates are higher. Unemployment based on current daily status in 2004-05 was 12.36 percent for SC, compared with 9 percent for non-SC/ST women.

(iii). Health Status: This combination of high incidence of wage labour, low educational attainment and high unemployment results in a high degree of deprivation and poverty among SC women. According to the 2005-06 National Family and Health Survey, 47 percent of SC mothers had institutional delivery (assisted by a trained medical practitioner) compared to 40 percent of non-SC/ST women, about 58.3 percent of SC women suffered from anemia compared to 51.3 percent of non-sc/st women. Malnutrition of the mother impacts the health outcomes of
children. About 21 percent of SC children under the age of four suffered from malnutrition compared to 13.8 percent of other’s children respectively. Nearly 72 percent of children from SC suffer from anemia, compared to 63.8 percent of others. High levels of malnutrition among the SC result in higher morbidity and mortality. In 2005-06, the infant mortality rates for SC were 66.4 which are much higher than the 49 for non-sc/st categories of women.

(iv). Political participation: Political participation is generally recognized as a representative instrument towards achieving positive policy outcomes for each group. In 2009, only 10.3 percent of the seats in both houses of parliament were held by women and only 10 percent were in ministerial positions placing India in 100th and 93rd positions globally, respectively, on these indicators4. Democracy, by definition, must account for all its constituents; with women making up roughly half the country’s population, it seems absurd that they do not comprise anywhere near a similar composition in the national parliament in India. Indian data on the trends in participation at the national level of governance show that participation of women in general and Dalit women in particular remains dismally low in India. Data on Lok Sabha from 1971-2004 reveals the dominance of SC men in the politics as compared to SC women. The 14th Lok Sabha had a total of 75 MP’s from SC social group, of which 65 were men and 10 were women. There is slight improvement in the percentage share of the women parliamentarians from SC background although they continue to be underrepresented. They are under-represented when compared to SC men and non-SC/ST women. The 15th Lok Sabha general election was held in the year 2009 for the 543 electoral constituencies. A total of 8070 candidates were contested out of which 7514 were Men and 556 Women from different social groups. Within the 556 contested women only 57 got elected. A total of 12 women belonging to scheduled caste, 5 from schedule tribe and other 40 were from general groups. This data clearly highlights the lower participation and also representation of women and in particular Dalit Women at the higher level (Nidhi Sabharwal and David Lal, 2011).

It is seen from the above section that SC women lack at different avenues of daily life in comparison to other women. Data on workforce in the rural areas are predominantly engaged in the farm sector as agricultural labourers while the non-SC/ST women work as cultivators. SC women workers as agricultural labourers are unorganised, more vulnerable with limited social security as compared to women from non-SC/ST social groups. In the urban areas, the majority of SC women workforce was employed in the category of ‘other workers’ who are engaged in factory, plantation, trade, etc and have negligible access to capital. Lower literacy rates further exacerbate the vulnerability of Dalit women. From our analysis from the official data sets, it is seen that, indeed, Dalit women suffer from higher level of poverty and hunger. This is particularly true of safe motherhood, childhood survival, and nutritional status. A lower proportion of mothers give birth safely assisted by trained medical officers as compared to others, over two- fifth of SC women suffer from chronic energy deficiency as seen from BMI. The results from our analysis clearly show that SCs remain relatively more deprived even in

4 http://www.weforum.org/pdf/gendergap/IGGR09.pdf
utilization of basic health services. Low education reduces employability and result in high unemployment rate. With respect to political participation, the data on the Lok Sabha from 1971-2004 reveals the dominance of SC men and non-SC women in the politics as compared to SC women. Thus, the official data indicates that the SC women differ from rest of the women in so far as their performance with regard to human development indicators is lower compared to rest of the women.

SECTION-III

IV: Empirical Evidence from Primary Studies

This section highlights instances of discrimination which have been faced by Dalit women in two areas, wage employment and access to public health services through two primary studies. Both health and employment are crucial areas for Dalit women as they lack in these two. Despite multiple schemes and programmes framed for the marginalized communities, Dalit women are deprived from accessing or granted access in a discriminatory manner. The studies below will throw some light on it.

(i). Evidence of caste-based discrimination in Wage Employment in rural areas

Women from the vulnerable groups face barriers and difficulties while seeking employment in the labour market due to their group identity. There are very few studies which have been conducted to analyze the nature and forms of caste-based discrimination which Dalit women face in wage employment. A Micro level study (2005) of three villages across Haryana, Gujarat and Orissa undertaken by Indian Institute of Dalit Studies, observed significant inter-social group differences in female employment. Higher caste females managed to get much higher employment in non-farm sector compared to female from SC groups. For instance, the yearly employment for this group varies from a minimum of 148 days for SC as compared to a very high level of 290 days for high caste women. In the non-farm sector as well, there were differences in the level of employment between SC and high caste female. The study found that, although all females suffered from lower level of participation in non-farm employment, females from different groups do not suffer in same degree; low caste female suffered more from lack of employment in non-farm sector.

Women from the vulnerable groups face barriers and difficulties while seeking employment in the labour market due to their group identity. Evidence from pilot studies indicates that Dalit women face discrimination and exclusion from participation in certain categories of job. Due to their association with their occupation (manual scavenging) Dalit woman face discrimination in social relation and also in employment. Woman belonging to sweeper community is hardly employed for cooking and other household job because of the notion of purity and pollution of occupations, perceived to be unclean occupations.5

Panel 1: Caste-based Discrimination in Wage Labour – Farm

<table>
<thead>
<tr>
<th>Sphere of Exclusion</th>
<th>Nature &amp; Form of Discrimination (Identifier)</th>
<th>Consequences of Discrimination</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Hiring: Employment</td>
<td>Complete denial in hiring, exclusion of low caste from certain types of jobs, selective inclusion with unequal hiring terms and conditions with respect to hours of works and other terms, hiring for work which is outside the house, denied work inside the house, Compulsive and forced work governed by traditional caste related obligations involving loss of freedom,</td>
<td>Less employment days, loss of freedom leading to bondage, attachment of family and child labor, income loss, high poverty</td>
</tr>
<tr>
<td>2. Wages</td>
<td>Complete denial (wages not paid), Unfair inclusion: unequal treatment reflected in lower wages (lower than market wages), irregular interval of payment</td>
<td>Low wages, inequality in wages, income loss, high poverty</td>
</tr>
<tr>
<td>3. Work Conditions (Employer-Labour/Between labourers)</td>
<td>Discriminatory or differential behaviour towards scheduled caste in work place</td>
<td>Loss of dignity, human rights and high poverty</td>
</tr>
</tbody>
</table>

Source: Compiled by the author from various studies undertaken by IIDS

Panel 1 indicates sphere where Dalit women face discrimination such as in hiring, in wages and in work relations. Scheduled caste women reported discrimination in hiring due to their caste background which is reflected in denial in employment. Further, discrimination in payment of wages was not as severe as in case of denial of certain tasks or being prone to harassment. Discrimination through exclusion in certain types of work that women do, however, was reported to be quiet prominent and wide spread. Denial of work inside the house of high caste was more widespread. The scheduled-caste women also face exclusion in work related to fetching of drinking water in high caste households.

These are the forms of discriminations which are not faced by high caste female and therefore they are likely to enjoy higher employment in household work. Thus, scheduled caste women besides facing exclusion due to the preferential treatment from non-SC/ST’s, their exclusion also occurs due to the continuing belief of higher castes in the notions of pollution. The Untouchability in Rural India study (2006) based on the information from about 550 villages in eleven states reported as well that SC women were rarely employed for cooking, cleaning of

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food grains and other eatables in Bihar, for instance. The same study also provided evidence on discrimination in the market place in the form of receiving lower price for their goods as sellers and as consumers, paying higher cost for their purchases.

(ii). **Evidence of caste-based discrimination in access to Public Health Services in rural areas**

India has multiple social protection programme universal and also particular in nature. This subsection provides evidence from an evaluation of India’s social protection programme (*Janani Suraksha Yojana*) which aims to reduce maternal and child mortality through promoting institutional deliveries. The United Nations Millennium Summit adopted the Millennium Development Goals (MDGs) as a response to the world’s main development challenges. One of the MDGs (Number 5) aims at reducing Maternal Mortality Ratio (MMR) by three quarters between 1990 and 2015. The MMR, defined as number of maternal deaths per 100,000 live births, has declined from 398 in 1997-98 to 301 in 2001-03 in India, as per the estimates provided by Sample Registration System. The latest estimates, however, show only a modest further decline, to 254 in 2004-06. The Government of India aims to bring the MMR to below 100 by year 2012.

With a view to accelerate the reduction in maternal mortality, Government of India initiated a scheme called Janani Suraksha Yojana (JSY) in 2005 under its National Rural Health Mission (NRHM). The scheme aims at reducing maternal and new born mortality rate by promoting institutional delivery for which financial incentives are provided to mothers who deliver in a health facility. It is 100 percent centrally sponsored scheme which integrates cash assistance with antenatal care during pregnancy period, institutional care during delivery and post-delivery/natal care. This is provided by field level health workers through a system of coordinated care and health centres.

**Scale of Cash Assistance for Institutional Delivery:** The cash assistance in the scheme varies in states according to the level of institutional deliveries. The states which have low institutional deliveries (Low Performing State, Rs 1400 plus transport charges (decided by the state but not less than Rs. 250) is provided to all pregnant women delivering in the Govt. health centre or accredited private institutions. ASHA gets transactional costs of Rs.600 for each institutional delivery. In urban areas the cash assistance is Rs. 1000 plus transport charges (decided by the state but not less than Rs 250) and ASHA gets transactional costs of Rs.200. In the states where the institutional deliveries is higher than the national average, cash assistance provided in rural areas is Rs 700 and in urban areas Rs 600. Pregnant women from below poverty line households and from SC and ST social groups are eligible for cash assistance.

**About Janani Suraksha Yojna (JSY) and Key Actors:** Accredited Social Health Activists (ASHA) and other link health worker play an important role in the implementation of JSY. ASHA or a health link worker is associated to each of these functional health centres and have the following responsibilities such as identifying pregnant woman as a beneficiary of the scheme and report or facilitate registration for ANC; assist the pregnant woman to obtain necessary
certifications wherever necessary; provide and / or help the women in receiving at least three ANC checkups including TT injections, IFA tablets; identifying a functional Government health centre or an accredited private health institution for referral and delivery; counsel for institutional delivery; escort the beneficiary women to the pre-determined health center and stay with her till the woman is discharged; arranging immunization of the newborn till the age of 14 weeks; information about the birth or death of the child or mother to the ANM/MO; post natal visit within 7 days of delivery to track mother’s health after delivery and facilitate in obtaining care, wherever necessary; counsel for initiation of breastfeeding to the newborn within one-hour of delivery and its continuance till 3-6 months and promote family planning.

This study was conducted in 7 states with varying geographical location with different social-religious groups’ composition. It aimed to understand, firstly, reasons for the disparities, secondly, to identify the ways and measures to address this disparity. The sample size for the JSY scheme was 963 respondents/ households. Among them, 69 percent were Scheduled Caste (SC) and 31 percent were from Higher Caste (HC), which includes both OBC and Upper Caste. (The respondents for the JSY scheme include currently pregnant women, lactating mothers and mothers who gave birth in the last five years). The study follows a mixed-method approach to undertake the research and have designed both quantitative and qualitative survey tools. These tools include household questionnaire, group discussions and case histories.

**Major Findings:**

The following are some major highlights of the primary study on the social protection scheme of JSY. Obstetric care from a trained provider during delivery is recognized as critical for the reduction of maternal and neonatal mortality. Births delivered at home are more likely than births delivered in a health facility to be assisted by a health professional. On an average this survey found that, 86.7 percent mothers had institutional deliveries (SC- 84 percent and Higher Caste - 91 percent) and 13.28 percent mothers had a home delivery (SC-16 percent and Higher Caste-7 percent). This data indicates that among SC women institutional delivery is lower than that of the higher caste. In most cases the Nurse/ANM delivered the child. Close to 32 percent mothers reported that they did not face any difficulties during their delivery while the rest reported difficulties. Among the major problem faced by those who reported difficulties: in 28 percent cases they were asked to purchase medicines from outside and in 21 percent cases on average mothers did not get proper medicines during delivery. Some other problems faced were rude behavior (5 percent), ignorance (4 percent), did not attend despite the need (3 percent), did not examine (4 percent), did not get a bed (4 percent), did not get a separate bed (1 percent).

The difficulties faced during the implementation of the other aspects of the programme was the following: among those who faced difficulty in registering for the social protection programme (JSY), among the SC, 24 percent said they had difficulty in registering for JSY, while a lower proportion among higher caste reported difficulty (17 percent). While related to health service providers, among SCs, 11 percent had to request the service provider several times for registration
services; while among higher caste 10 percent households faced similar problems. In case of 9 percent SC households and 7 percent of higher caste households, the service provider had asked for facilitation remuneration. The service provider avoided on the basis of caste/religion was reported by 5 percent SC households, while only 1 percent higher caste households reported the same difficulty. Among the SC households, the health link workers (Auxiliary Nurse Mid-Wife {ANM}/ASHA) visited about 70 percent of the households. Among the higher caste households, the ANM/ASHA visited about 80 percent of them. The disparity between the SC and high caste households visited by the link health worker indicates that there is discrimination in the access to the health services for the SCs. The SC respondents in the focus group discussions stated that:

*ASHA worker is from the higher caste so she rarely visits the SC Basti. We have to especially call her for registration (SC women FGD, FGD NO. 11221, Village No. 6, Jabalpur, Madhya Pradesh, India, 2012).*

**Out of Pocket Expenses:** Around 92 percent of the mothers spent up to Rs. 5000 on giving birth in a public health facility. This expenditure pattern was same across the social groups. The transport and delivery costs incurred by the household at the time of delivery which they were supposed to get it reimbursed within 24 hours, only 18 percent households reported to have received the same within 24 hours. Among the HC households around 21 percent and among SC households around 17 percent only reported to have received the amount within 24 hours. Though most mothers received the sanctioned amount of money, but there was a slight delay in disbursement of cash mostly due to administrative delays. Mothers did not usually receive the money within 24 hours of delivery but had to wait for a week to almost a month to receive the amount. A higher percentage of mothers from the SC group had to wait longer - among SC households, around 17 percent reported to have received the amount within 24 hours and among HC households this figure was 21 percent.

**Key Constraints:**
The scheme *Janani Suraksha Yojna (JSY)* has some common problems faced by the women in general and including Dalit Women. The general problems were firstly, lack of awareness. Some women were not availing services because of lack of awareness due to no meetings or advice provided by ASHA/AWW. Secondly, lack of proper medical facilities, transportation system at the time of emergency, lack of medical supplies during institutional delivery and poor health care system hamper the access and utilization of the JSY scheme/ANC/PNC and institutional delivery process.

Some particular problems faced by mothers from SC community are firstly, less access and less utilization of the services. Secondly, the forms of untouchability which were reported were: ANMs avoiding to give IFA tablet in hand to avoid physical touch and therefore drop it from the distance on the hand with undignified and humiliating manner, AWWs avoiding holding the newborn child for weighing and asking mothers to do it, ANMs avoiding holding the hand of the child for immunization and therefore causing pain and inflammation, asking someone from the SC community to give polio drops to the children to avoid touch of the SC children. Nurses do not touch the dalit newborn babies. After the delivery of the child, dalit mothers themselves have
to bathe the newborn baby. Dalit women are given bed in the hospital but the behavior is not good.

Both the primary studies have reflected the discriminatory access of Dalit women in wage employment and social protection scheme (access to health facilities). The study of wage employment highlights the discriminatory and process of denial in hiring, unequal wages and bad working conditions. The caste-based discrimination in employment was found to be in the form of gender preference in hiring, denial of work in some type of work and in some places and work relations. On the other side, Dalit women witness both general and particular constrains in the social security scheme such as lack of awareness, facilities and discriminatory treatment from doctors, nurses and health workers. We gave an overview of the gender and caste-based discrimination which Dalit women faced in economic and social sphere.

**Conclusion**

In the backdrop of theoretical discussion, the review of the economic and social situation of the Dalit women indeed has provided us an idea not only about their economic and social situation but also indicate the distinctiveness of their problems. This evidence indicates that there are similarities and differences in the problems faced by women belonging to SC and rest of the women. Like all women these women also suffer subordination resulting from patriarchy within the family, at places of work, and in society. Like their poor counterparts in other female groups, they also suffer from lack of access to income earning assets, education and resultant high poverty. However, the SC women differ from rest of the women in so far as their performance with regard to human development indicators is lower compared to other women. This heightened deprivation can be attributed to social exclusion.

Thus excluded women are not ‘just like’ or ‘similar’ to the rest of the women. They are also disadvantaged by who they are. They suffer from social exclusion which deprives them of choices and opportunities to escape from poverty and denies them a voice to claim their rights. The women from discriminated groups suffer from triple deprivation – gender, poverty and social exclusion. Therefore the problem requires a dual solution – first, the policies against gender discrimination and poverty for all women and second, complimentary policy measure against social exclusion and discrimination for women who belong to excluded groups. While we have developed policies against gender discrimination and to further the economic, educational and political empowerment of women, the remedies against social exclusion of low caste, tribal and Muslim women in multiple spheres, such as exchanges in various markets and in supply of services through non-market agencies in health services are severely lacking. This would indeed demand group-specific gender policies, in addition to the general policy of women’s empowerment, to address the voices of women from excluded groups. Policies will become truly inclusive when these are designed and implemented to reduce disadvantages and promote non-discriminatory access for all women including women experiencing social exclusion and discrimination.
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