



Social Exclusion, Caste and Health Status of Women and Children in Jammu & Kashmir, India

Dr. Om Raj Katoch¹, Ashraf Nawaz²

¹Assistant Professor, Department of Economics,
Govt. Degree College Ramban, PO Chanderkot, Ramban, Jammu & Kashmir, INDIA.

²Assistant Professor, Department of Economics,
Govt. Degree College Sarh Bagga, Mahore, Jammu & Kashmir, INDIA.

Abstract: The purpose of the present paper was to investigate the linkages between certain selected socially excluded groups (SCs, STs & OBCs) and their health status in Jammu & Kashmir. In the context of India as well as Jammu & Kashmir, the existence of caste system and gender bias is one of the major reasons of social exclusion. Due to exclusion from mainstream groups, the health status of these socially excluded groups is badly affected in one or the other way. We have selected certain health indicators such as health status of women during pregnancy, nutritional status of women and children and other general indicators of child health which directly or indirectly reflect the health status of women and children. Analysis has been done to understand the association between socially excluded groups and their health status in Jammu & Kashmir. The results indicated that huge health disparities in the health status of the women and children belonging to SCs, STs and OBCs do exist when compared to others. It was further observed that the health status of women and children in Jammu & Kashmir is better than all India level.

Keywords: social exclusion, caste, health status, determinants of health, gender bias, nutritional status

I. Introduction

People's lifestyle and the circumstances in which they live and work strongly influences their health status throughout the life (Wilkson, R & Marmot, M, 2003). The social status is one of the major socioeconomic status variables for determining the health status of an individual (Adler, N.E, 1995, Pincus T. & Callahan L.F, 1995). The socially excluded groups and women contributed for ill health, high maternal mortality, high infant mortality, less antenatal care and institutional deliveries because the system of exclusion continues from many years (Saito M, Kondo N, Kondo K, Ojima T & Hirai H, 2012).

Many economists attributed that social exclusion impacts the health of an individual badly. For example, people who grow up in low income households are more likely to end up with uneducated and unemployment leading to ill-health status. The processes that lead to social exclusion within a society can have detrimental health outcomes for individuals and populations (Galabuzi, 2012; Raphael, 2009; Shaw, Dorling & Davey Smith, 2006).

II. Social Exclusion

Social exclusion is a form of discrimination which occurs when people are wholly or partially excluded from participating in the economic, social and political life of their community, based on their belonging to a certain social class, category or group. In India, social exclusion occurs on the basis of identities including caste, ethnicity, religion, gender and disability (Poorest Areas Civil Society, 2018). In other words, it means an exclusion from the prevailing social system and its rights and privileges, typically as a result of poverty or the fact of belonging to a minority social group. It is that phenomenon which can happen to anyone at any time. But some people are at higher risk compared to others. The risk factors include - low income, gender, being from lower social caste (SCs, STs, OBCs etc.) mental health problem, age and disability (Social Exclusion Unit London, 2001).

Social exclusion is the denial of equal opportunities imposed by certain groups on others resulting in the inability of an individual to participate in the basic political, economic and social functioning of the society. It results into failure of certain groups to access and entitlement not only to economic rights, but also to civil and political rights (Thorat Sukhadeo, 2007). Gender is one of the main social determinants of health. Social exclusion of women in terms of low socioeconomic status, gender discrimination and reproductive role expose them to ill-health problems in India (Kowsala & Manharan, 2017).

III. Vicious Cycle of Social Exclusion

Wilkson, R & Marmot, M (2003) in a study "Social Determinants of Health: The Solid Facts" found that social exclusion which results from racism, discrimination, stigmatization, hostility and unemployment prevent people

from participating in education or training and gaining access to services thereby putting harmful effects on health status. The study further revealed that the greater the lengths of time that people live in exclusion, the more likely they suffer from a range of health problems.

People belong to socially excluded groups are less likely to attend school (Klasen, S. 2001) and had higher mortality rates (Robert, W. Aldridge et al, 2018). A vicious cycle occurs for children trapped in socially excluded groups. It begins in childhood, harming development, education and affects the quality of employment badly leading to lower income levels in the later stage of life (Atkinson, A.B & Hills, J, 1998). All these tend to restrict their access to quality health care, having bad consequences on the status of their health. Therefore, a minor intangible reason to exclude a group can grow into a life changing negative impact on the health of the individuals (figure 1.1).

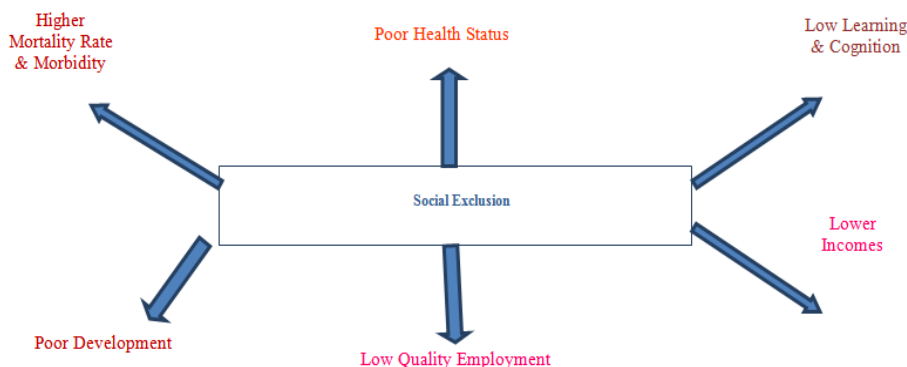


Figure 1.1 Vicious Cycle of Social Exclusion & Health Status.

Good health helps in reducing levels of educational failure, poverty, insecurity and unemployment and improving housing standards. A society that enables all citizens to play full and useful role in the social, economic and cultural life of their society will be healthier than those where people face insecurity, exclusion and deprivation (Wilkson, R & Marmot, M, 2003).

IV. Objective of the Study

1. To investigate the linkages between caste-based social exclusion and health status of women and children in Jammu & Kashmir.
2. To compare the indicators of health status of Jammu & Kashmir to that of India.

V. Methods and Material

This study is based on data from India's 2015-16, National Family Health Survey (NFHS-4). To find the association between socially excluded groups i.e., SCs, STs and OBCs and their health status, we examined certain selected health indicators like childhood mortality rates, nutritional status, prevalence of anaemia, health status of women during pregnancy and financial assistance for women etc. and compared them with other group to reach the conclusions.

VI. Results and Discussion

A. Social Exclusion and Child Health Status

The childhood mortality rates remain a useful and easily available indicator of the health of any population. Any changes in childhood mortality rates reflect a clear change in the health status of the population. Data in Table 1.1 revealed that in terms of childhood mortality rates (neonatal mortality, post neonatal mortality, infant mortality and under five mortality) the socially excluded groups (SCs, STs and OBCs) are at higher risk as compared to others. It is also observed that in terms of childhood mortalities, the picture of Jammu & Kashmir is better than at national level.

Social caste is also believed to be an important determinant of child nutrition on the one hand and on the other hand health status of the child depends upon the nutritional status he is possessing. Data in Table 1.2 shows that the children belong to socially excluded groups are at higher risk of undernourishment in terms of HAZ, HWZ and WAZ than the children of other group. Anaemia is also very much prevalent among the children of these socially excluded groups as compared to children of other group.

The findings of the study are in line with the study conducted by Biswas et al. (2011), where it was found that young children from SCs, STs and OBCs are likely to be deviated more from the references mean than the children from general group. Another study from India also support the finding that children who do not belong to any disadvantaged groups (SCs, STs & OBCs) had better nutritional status as compared to children of advantaged group i.e., children from higher social group (Ahmed E et al. 2011).

Table 1.1 Early childhood mortality rates by social groups

Social Groups	Neonatal Mortality	Post Neonatal Mortality	Infant Mortality Rate	Child Mortality Rate	Under Five Mortality Rate
Scheduled Caste (SCs)	20.7	10.4	31.1	8.0	38.9
Scheduled Tribe (STs)	16.5	7.1	23.5	4.3	27.8
Other Backward Class (OBCs)	23.1	9.0	32.1	5.8	37.7
Others	16.2	6.5	22.6	5.2	27.8
Jammu & Kashmir	23.2	9.3	32.4	5.4	37.6
India	29.5	11.3	40.7	9.4	49.7

Source: National Family Health Survey-4 (2015-16).

Table 1.2 Nutritional status of children by social groups in Jammu & Kashmir

Social Groups	Nutritional Status of Children			Prevalence of Anaemia in Children		
	HAZ ¹ ($< -2SD$)	HWZ ² ($< -2SD$)	WAZ ³ ($< -2SD$)	Mild (10.0-10.9 g/dl ⁴)	Moderate (7.0-9.9 g/dl)	Severe (< 7.0 g/dl)
Scheduled Caste (SCs)	37.8	10.1	21.9	22.8	23.9	0.5
Scheduled Tribe (STs)	32.3	17.5	26.3	21.4	26.1	1.9
Other Backward Class (OBCs)	20.4	14.1	17.0	18.4	21.6	0.0
Others	25.0	11.3	14.0	20.8	20.0	1.1
Jammu & Kashmir	27.3	12.1	16.6	21.0	21.2	1.1
India	38.4	21.0	35.7	27.8	29.1	1.5

Source: National Family Health Survey-4 (2015-16).

¹Height for Age, ²Height for Weight, ³Weight for Age, ⁴grams per deciliter

B. Social Exclusion and Health Status of Women in Jammu & Kashmir

It was reported in many studies that teen mothers face significant levels of stress that can lead to bad health status of the individuals. The presence of teenage pregnancy (women between 15-19 years with first child) among women of SCs, STs and OBCs were 1.6 percent, 1.4 percent and 1.6 percent respectively which is very much higher when compared to other group (0.6 percent). Other indicators which reflect the health status of the women are antenatal care and place of delivery. Data in Table 1.3 shows that near about in all the socially excluded groups of women a good proportion is still receiving antenatal care in a traditional way at home. Data also revealed that the women belong to STs group are at higher disadvantaged as compared to the women of SCs, OBCs and other group. Still 25.9 percent of the births by STs women are taking place at home which is cause of concern for the determination of health status of these women and their children. These findings are consistent to that of the study conducted in Nigeria, where it was found that infants delivered at residential homes compared to hospitals had two – to – three fold odds of being severely undernourished (Adegun, Ajayi & Alebiou, 2013).

ORS is an important home therapy which is a simple and cost effective treatment given at home to a child with diarrhea. Knowing about ORS packets enable the mothers to maintain a good state of health of their children. The data in Table 1.5 revealed that the women belong to SCs and STs are less known to ORS packets as compared to the women of OBCs and other group. The data further shows that the presence of iodized salt was also found less among the SCs and STs households when compared to other and OBCs households.

Health insurance now-a-days become an important element of health status. Having health insurance enables the individuals to receive adequate and timely medical care with no burden on them and their family. It can be seen from Table 1.5 that very less proportion of women are covered under any health insurance scheme in Jammu & Kashmir as compared to India level.

Table 1.3 Health status of women during pregnancy in Jammu & Kashmir

Social Groups	Teenage Pregnancy (women 15-19 pregnant with first child)	Pregnancies that were registered	Utilization of any ICDS Services during Pregnancy	Women received antenatal care from a skilled provider	Institutional delivery of birth (delivered in health facility)
Scheduled Caste (SCs)	1.6	86.7	37.5	89.4	83.9
Scheduled Tribe (STs)	1.4	84.3	23.8	85.3	74.1
Other Backward Class (OBCs)	1.6	90.8	28.5	91.8	88.3
Others	0.6	91.2	25.6	91.4	88.0
Jammu & Kashmir	0.8	89.2	26.6	90.4	--
India	2.7	85.3	--	79.3	78.9

Source: National Family Health Survey-4 (2015-16).

--Not Available

Table 1.4 Nutritional status of women by social groups in Jammu & Kashmir

Social Groups	Nutritional Status of Women		Prevalence of Anemia in Women		
	BMI <18.5	BMI <17.0	Mild (10.0-11.9 g/dl*)	Moderate (7.0-9.9 g/dl)	Severe (<7.0 g/dl)
Scheduled Caste (SCs)	18.3	8.5	27.5	7.8	0.5
Scheduled Tribe (STs)	21.0	7.1	27.6	9.7	0.6
Other Backward Class (OBCs)	13.6	5.1	30.2	10.3	0.6
Others	10.3	3.3	29.2	11.0	0.8
Jammu & Kashmir	12.1	4.2	28.9	10.6	0.7
India					

Source: National Family Health Survey-4 (2015-16).

*grams per deciliter

Table 1.5 Women's basic knowledge for ORS, presence of iodized salt and financial assistance

Social Groups	Knowledge of ORS (women who knows about ORS packets)		Presence of Iodized Salt in Households	Women Covered by any Health Insurance Scheme	Financial assistance received by women under JSY
	All women	Women who gave birth in the past five years			
Scheduled Caste (SCs)	86.0	90.0	93.0	2.2	51.5
Scheduled Tribe (STs)	79.2	81.6	87.1	0.5	53.9
Other Backward Class (OBCs)	92.8	93.8	96.1	1.5	48.4
Others	90.5	91.9	96.7	1.0	54.7
Jammu & Kashmir	89.1	90.4	95.5	1.1	54.0
India	83.7	86.1	93.1	20.4	--

Source: National Family Health Survey-4 (2015-16).

VII. Conclusion and Policy Recommendations

Social exclusion discriminates people wholly or partially from participating in social, economic and political affairs of the nation. It denies them from the right of equal opportunities. From the above discussion and detailed analysis of the data it is concluded that a wide range of disparities exist in the various indicators of the health status of women and children belonging to socially excluded groups like SCs, STs and OBCs when compared to other mainstream group. Women and children belonging to these marginalized groups are having high mortality rates, poor nutritional standards more dependence on government run schemes like ICDS which indicate their poor socio-economic conditions as well. It also follows from the instant study that in the state of Jammu and Kashmir the health status of women and children as indicated by many selected health indicators is better as compared to its averages at national level. But in case of coverage under any type of health insurance Jammu and Kashmir lags far behind in comparison to national level.

From the findings of the present study, it was observed that there is a relationship between socially excluded groups and their health status i.e., the health status of children and women belong to socially excluded groups is low as compared to other group. Therefore, there is need to address this problem on priority basis. To achieve this, the present study recommends that:

1. A great thrust must be given on increasing the proportion of institutional delivery, reducing childhood mortality rates and on the implementation of schemes related to financial support to pregnant women particularly among socially excluded groups of the society. Besides this. Strict implementation of marriage laws must be laid to avoid teen pregnancy among the women.
2. Health and Nutrition education should be provided to the community member particularly targeting the lactating and expecting mothers of SCs, STs and OBCs, so as to improve their hygiene levels and help them to adopt better dietary patterns.
3. School and community-based feeding programmes, such as Mid Day Meal Scheme and ICDS should be strengthened effectively, so that it can play an important role in improving the nutritional status of the children

References

- [1]. Adegun, J. A., Ajayi, O. B., & Alebiou, E. O. (2013). Differences in the Nutritional Status of young Children from Public and Private owned Primary Schools in Ekiti State, Nigeria. *European Scientific Journal*, 9(7), 32-37.
- [2]. Adler, N. E. (1995). Socioeconomic status and health: Do we know what explains the association? *Advances*, 11(3), 6-9.
- [3]. Atkinson, A.B & Hills, J (1998). *Exclusion, Employment and Opportunity*. Centre for Analysis of Social Exclusion; London School of Economics.

- [4]. Biswas, S., Bose, K., & Koziel, S. (2011). Effect of Social Factors on Nutritional Status among Rural Bengalee Preschool Children from Eastern India. *International Journal of Human Sciences*, 8(1), 289-300
- [5]. Klasen, S. (2001). *Social Exclusion, Children, and Education: Conceptual and Measurement*. University of Munich; pp-1-24.
- [6]. Kowsalya R, Manoharan S (2017). Health Status of the Indian Women - A Brief Report. *MOJ Proteomics Bioinform* 5(3); PP-1-4.
- [7]. Pincus, T., & Callahan, L. F. (1995). "What explains the association between socioeconomic status and health: Primarily access to medical care or mind-body variables": Reply. *Advances*, 11(3), 29-39.
- [8]. Poorest Areas Civil Society (2018). http://www.pacsindia.org/about_pacs/what-is-social-exclusion.
- [9]. Robert, W. Aldridge et. al. (2018). Morbidity and mortality in homeless individuals, prisoners, sex workers, and individuals with substance use disorders in high-income countries: a systematic review and meta-analysis.
- [10]. Saito M, Kondo N, Kondo K, Ojima T, & Hirai H (2012). Gender differences on the impacts of social exclusion on mortality among older Japanese: AGES cohort study. *Soc Sci Med*. 75(5): pp-940-9455.
- [11]. Social Exclusion Unit, London (2001). *Preventing Social Exclusion: Report by the Social Exclusion Unit, London*; Cabinet Office London.
- [12]. Wilkson, R & Marmot, M (2003). *Social Determinants of Health: The Solid Facts*. International Centre for Health and Society; WHO.