

**SOCIAL AND ECONOMIC  
CHANGE MONOGRAPHS**

**59**

**The Caste-Embeddedness  
of Rural Public  
Health Services  
A Study of Karnataka**

**Sobin George**



**INSTITUTE FOR SOCIAL AND  
ECONOMIC CHANGE**

**Bangalore  
2018**

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## SOCIAL AND ECONOMIC CHANGE MONOGRAPH SERIES

**Number 59**  
**ISBN 81-7791-158-9**

**May 2018**

**Series Editor:**  
**Sunil Nautiyal**

**Associate Editor:**  
**E Vishnuvardhan Reddy**

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The Institute for Social and Economic Change  
Bangalore

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Publication of this Monograph has been made possible through the generous support of Sir Ratan Tata Deferred Endowment Fund.



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## Foreword

This monograph examines caste relations in rural Karnataka from the viewpoint of Dalits, and specifically examines the existence of caste-based discrimination in public services and its impact on participation of Dalits seeking benefits from provision of public services in general and public health services in particular.

The mobility of Dalits and changes in caste relations are discussed in the first part of the monograph. The second part throws light on how caste relations affect access to public health services. There have been changes in caste relations in rural Karnataka, however also with continuities of hierarchies in social, economic and interpersonal relationships. Four patterns of economic mobility for Dalits are highlighted: the first is associated with the decline of marginal and small farmers over time due to subdivision and fragmentation of holdings along with increase in endowments of irrigated land; the second is the emergence of Dalit entrepreneurship in non-agricultural sector along with the shift away from agriculture-related works; the third is the move towards casual labour in non-agriculture sectors and the fourth is emergence of a salaried and articulate Dalit middle class.

This study also focuses on the continuities and reconfiguration of caste relations. For instance, even though direct economic dependency on landed castes has declined for some Dalits, with the transition to non-agriculture occupations, such avenues are also controlled by dominant castes, creating new obligations and dependencies for Dalits, who have been traditionally loyal to upper castes. Those in public employment and those who migrated to urban areas also confronted caste at workplace and place of residence. While the caste relations got reproduced in official interactions for public servants, Dalits who migrated to urban areas were in lower level jobs in informal sector and caste-based cleaning occupations in the cities. Availability of non-agriculture employment and public works helped Dalits to come out of long-term contractual employment relationships with dominant castes. The uncertainties of such jobs forced some of them back to their landlords. Thus, caste practices have shown a decline in public places, and continue in private spheres.

The second part of the monograph examines the active and subtle role of caste-based discrimination in rural public health service system. The author argues that the patients belonging to Dalit castes experienced varying forms of medical negligence from service providers as compared to non-Dalits.

The consequences of medical negligence were enormous for the poor Dalits in the studied villages. This led to discontinuation of treatment and subsequent worsening of disease conditions, which also led to temporary and permanent disabilities and even deaths; approaching other hospitals in the public sector; approaching quacks, RMPs and faith healers and approaching private hospitals, that eventually pushed them into debt traps.

The study suggests that health service systems should be sensitive to the issue of caste-based discrimination. National Health Mission being a flagship programme on health must focus on the inclusion of marginalized persons / families. This should be reflected in resource allocation as localities where marginalized groups reside, have severe shortage of health facilities, personnel and resources. Sensitization is a crucial and vital aspect and here the civil society needs to play the leading role. As prejudices based on caste continue, there should be adequate legal safeguards to check both active and subtle forms of discrimination in health services.

*June 2018*  
*Bangalore*

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