HEALTH FOR DALIT COMMUNITIES

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This section is to be included in a booklet on 'Defending the Right to Health for Various Sections of the Indian people!' In case you have any suggestions, please contact Mr. Premdas, Community Health Cell (premdas@sochara.org)

HEALTH FOR DALIT COMMUNITIES

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I. WHO ARE DALITS?

Etymologically 'Dalit' word stands for the broken, the oppressed, the crushed, the ground down, the helpless, the poor and low, a term employed by rights activists to refer to 'untouchables'. Mahatma Jotirao Phule and Dr. B. R. Ambedkar used this word to describe the 'atishudras' in the traditional Hindu social hierarchy. Dalit does not refer to a caste but suggests a 'state of being' in oppression, social disability and who now cherish a hope of emergence. In the socio- political situation of caste-ridden country, the Dalit community stands for the one whose fundamental/human rights are severely violated. More than one-sixth of India's population (about 160 million) is Dalits, located at the bottom of the caste system and face what is known as India's "hidden apartheid".
In an era where New Economic Policy is adversely affecting the social and economic interests of all weaker sections, depressed and disadvantaged sections, the nomenclature 'Dalit' can be applied in a very broad sense to all broken people and disadvantaged people. Traditionally oppressed Dalits, adivasis who are displaced due to development projects in their resource rich habitats, the other backward communities who all form a social majority "bahujans" can also be called Dalits.

II. HOW DOES CASTE SYSTEM MARGINALISE DALITS?

Societies are stratified on caste, class, elite, professional and occupational categories which correspond to their social position determined by status, wealth and power. The caste system of India has been described as the world's most elaborate and politically most documented system of stratification with its inherited inequality and the visible and violent practice of discrimination. The worst positioned in the Indian caste system are Dalits and adivasis. It segregated Dalits from the rest to such an extent that they were denied basic human rights.

This social structure of stratification has the following characteristics:

Inherent inequality
Differential access to goods, services and opportunity
People evaluate one another in terms of structural positions they occupy

The caste system is linked to the natural resources, livelihood resources and in the Indian context it is intertwined with land economy and land based power relationships like feudalism.

Feudalism and caste:

Caste relations were linked to caste feudalism and class structure. The feudalism in the context of caste created artisans and service workers and also created hierarchy among them. The priests and others at the top and scaling through goldsmiths, barbers down to weavers, washer men, leather

workers at the bottom. The bottom level of artisan and service workers were seen as untouchable due to the polluting nature of their particular work such as handling leather, removing dead cattle from village grounds, roles in death and funeral ceremonies etc. The untouchable castes, which were performing the most essential tasks of removing the most polluting elements of the entire society, were considered most polluting elements of the entire society, most/absolute impurity vis-à-vis the Brahmans' absolute purity.

In both the *Ryotwari* (peasant cultivator) and *Zamindari* (landlord) system, the untouchable service castes were also used as untouchable field servants (farm labourers). They were bound to the families of cultivators in a semi-slave manner.

Caste and economics

Assigning different jobs to different castes resulted not only in division of labour but also the 'division of labourers'. The effects of the birth-based occupational distribution on different castes were entirely opposite in nature. While for the upper castes it was a divine privilege enjoying the monopoly of education, industry, trade, commerce etc. on the one hand, it spelt disaster for the lower castes on the other. This was because they were assigned the tasks involving only low paid/unpaid menial labour which was also considered impure, dirty and hence got stigmatized. In the absence of freedom of occupation, low earnings, implicit restriction on needs, and stigma on menial labour destroyed the economy of lower castes. As a result, being dependent on the upper castes for existence they remained socially outcaste, economically dependent, politically powerless and culturally subjugated.

III. WHAT ARE THE SOCIO-POLITICAL FACTORS DETERMINING HEALTH OF DALIT COMMUNITIES?

World Health Organisation defines health as 'physical, mental, psychological and spiritual well being and not only the absence of disease'. This 'well-being'/health is socially determined by various factors such as access to resources, livelihood and freedom from discrimination.

Inequality – Discrimination – Denial to Resources (including health) - Social exclusion and structural oppression/violence

Inequality (pre-determined low social position and status)
↓
Discrimination
↓
Denial to Resources:

Physical
Intellectual
Emotional/cultural
Economic
Natural: Land, water, rivers, forests etc.

↓
Violence: (Physical, psychological, emotional, cultural and structural)

- **Access to Resources, Entitlements and Health:** Nearly 80% of Dalits live in villages and are still dependent on the others for their livelihood with meager purchasing power, chronic inadequacy of housing and without adequate resources and entitlements. The landholding scenario is an indicator to the entitlements of Dalits. In 1985-86 the percentage of marginal farmers among the Scheduled Castes was as high as 71 as against

58 for the population as a whole. Nearly 13% are completely landless. **(Source: NSS Round 37, 1982, Table on landholdings and Govt. of India, 1990b)**

With the abandonment of land reforms in most states, even the prospect of land reform undoing the historical discrimination faced by Dalits in access to land has been denied.

The socio-economic profile of Scheduled Castes (All India)

S. No.	Indicator	Status
1	Population (1981)	10.48 cores
2	Urbanization	16.00%
3	Literacy	21.38%
4	Agricultural Laborers	48.22%
5	Cultivators	28.17%
6	Average Status of Cultivators	Marginal
7	Industrial Employment	4.00%
8	Percentage of people BPL	50.00%
9	Bonded Laborers	66.00%

Source: Govt. of India, 1990. Report of the Study Group Appointed During the VII FYP to look into the progress of the SCs and STs. New Delhi: Ministry of Social Welfare (B.L.Mungekar, 291)

- **Discrimination:** Discrimination based on caste affects Dalit people's health in many distinct ways such as health status, access to health care, and quality of health service. Discrimination also takes the pernicious forms of social exclusion, physical and social segregation of Dalit groups and individuals, and of the continuing and criminal practice of untouchability. Discrimination in access to employment (in terms of exclusion from employment in specific tasks, the rates of wages paid, and un-free work relationships, including bondage); lack of ownership of the means of production (including, most importantly, land); discrimination in access to price and non-price markets; and lack of access to public services results in denial to health and well-being.

  Because of their social positioning discrimination has taken the form of physical, psychological, emotional and cultural violence which has become part of the system legitimized by religious and social traditions. E.g. not having access to public places like temples, hotels etc. is a psychological violence. Physical segregation of settlements in villages is more often than not is forced living in the most unhygienic, water logged and low lying areas of the village. Besides, denial of access to land, good housing, conducive atmosphere is a systemic violence that is meted out to the Dalits and a basic denial of health and human rights.

  Discrimination practiced against Dalit health personnel (doctors, nurses, ANMs, Anganwadi worker etc.) by the medical fraternity is also a matter of grave concern. The recent anti-reservation protest all over the country by the organized upper caste medicos is an indication of this deeper malaise. Medical education and medical fraternity needs to understand this unscientific and irrational approach and attitude towards Dalits.

  Belief in untouchability and the subsequent practice of discrimination are justified based on the Caste ideology which in turn is based on the acceptance of purity and pollution, hereditary transmission of qualities, and sanctions and legitimization given by religious traditions

- **Social Exclusion:** Caste embodies symbolic devaluation and social exclusion. Discrimination which is the consequence of social exclusion with respect to resources,

livelihood and public health facilities have had profound consequences. Defining certain sections as belonging to the lowest and despised category or not belonging to the social system at all, various forms of injustice are legitimised, including physical harm, sexual violence and economic abuse equivalent to slavery, brutality such as torching and axing Dalits to death, public humiliations like parading men and women naked, forcing them to drink urine and eat feces, etc.

Social systems in India continue to foster spatial segregation of population, with the untouchables confined to the margins of settlements. Access to the commons and community resources/goods (like drinking water/wells, etc.) and to basic services is often denied. With the structural imperative in the new economic polity to reduce public spending, these groups are finding themselves further excluded. This has direct effects on the life expectancy and health of these marginalised caste groups. They are more likely to suffer from malnutrition resulting in high mortality, morbidity and anemia.

- **Lack of Access to Education:** As access to education is very limited and the quality of education they get even if they go to school is very low. The drop out rate among Dalits and especially girls is very high. Hence what little health knowledge that our educational system provides is not available. They are victimized for their social status and develop inferiority complexes and this affects their confidence in accessing special education.

- **Lack of Access to Health Care:** The access to and utilization of health care and related services is governed by the social status within the society. Caste based discrimination directly impedes equal access to health services by way of exclusion. The attitude of the health personnel, the untouchability practiced even by the health staff denies them access to adequate facilities and timely medical care. Ample evidence is available to show that anganwadi/ICDS workers, ANMs do not visit the houses nor touch the pregnant women or children. As the process of dismantling of the public health and promotion of privatization of health care facilities is going on in an unchecked manner as part of the neo-liberal economic policy, it is highly unlikely that Dalits can afford any care with the rising cost of the medical care.

- **Government's Apathy and Inaction:** The discrimination and denial of health care is hardly recognized as problems deserving attention. By and large, governments do not even collect, identity or track information on health disparities. In the Census, NSS or NHFS the disaggregated data on the morbidity, malnutrition, IMR, MMR and other vital human development indices is not available for Dalits.

- **Atrocities and Violence:** Discrimination against Dalit communities, sanctioned by societal dominant forces and legitimized by the cultural and religious practices take different forms of atrocities ranging from verbal abuses, physical assault, parading naked and forced consumption of urine or excreta, social boycott of the Dalit communities to physical attacks on individuals and communities, grievous injury, torching and lynching to death of individuals and entire Dalit settlements, molestation and rape of women, etc. The worst atrocities against Dalits are in various forms such as murder, grievous bodily harm, arson and rape (Kamble, 1992). Although registered cases represent only a fraction of the actual atrocities committed against Dalits, it is noteworthy that between 1994 and 1996, a total of 98,349 cases were registered with the police nationwide as crimes and atrocities against scheduled castes. Of these, 38,483 were registered under the Atrocities Act, 1,660 were for murder, 2,814 for rape, and 13,671 for hurt. (National Crime Record Bureau). In other words, ***these data show that about 134 crimes against Dalits were reported every day, and that, on average, three Dalit women are raped and six Dalit women disabled every day. These figures however are a gross underestimation because a large number of cases of sexual assault do not get registered.*** At the same time, recent reports indicate

that only 1 per cent of cases under the Scheduled Caste and Scheduled Tribes (Prevention of Atrocities) Act end in convictions. Even the killers in the shocking case of the lynching of five Dalits in Duleena in Jhajjar, Haryana, have not been punished. Five Dalits were burnt alive in Kambalapalli (Kolar dist; Karnataka) but justice has not been done to them. Increased social discrimination has been accompanied by new levels of reported violence: in 2000 alone, 25,455 cases, including 3,497 cases of grievous injury and 1,083 cases of rape, were reported.

In states like Bihar the organized atrocities of upper caste Ranvir Sena on Dalits is familiar news. In one of the largest of such massacres, on the night of December 1, 1997, the Ranvir Sena shot dead sixteen children, twenty seven women, and eighteen men in the village of Laxmanpur-Bathe, Jehanabad district in Bihar. Five teenage girls were raped and mutilated before being shot in the chest.

IV. WHAT IS THE CONDITION OF THE HEALTH STATUS OF DALITS?

Despite the fact that the Dalits are `entrusted' with the responsibility of cleaning the filth of society, very little concern has been shown regarding their health. Not many studies have examined the socio-psychological dimension of stigmatization of Dalits and its impact on health.

- **Poorer health status:** Poorer health status, including higher morbidity, lower life expectancy and higher rates of infant mortality based on caste and also sub-caste. The discrimination and denial of health care is hardly recognized as problem deserving attention and governments do not even collect data disaggregated by caste to identify or to track information on health disparities. In India, the under five mortality among the Dalit children was 95 per 1000 live births, an excess of almost 25% over the national average. In Nepal too, life expectancy of the Dalits is 42 years compared to the national average of 58 years.

  The reasons for dramatic health disparities are varied and complex. But caste discrimination against Dalits which is visible in social, political, economic and cultural forms is a major contributing factor to subject millions of people to poverty, unemployment, lack of proper housing and sanitation, greater exposure to unhygienic environment, inadequate nutrition and low quality education. These are all determinants of health status.

  A perusal of differentials in health status among socio-economic groups reflects upon the fact that Dalits have higher levels of mortality and malnutrition among their children compared to non-Dalits (Table 1).

Table 1- Mortality and Malnutrition among Children

Indicator	Infant mortality / 1000	Under 5 Morality/ 1000	% Children underweight
India	70	94.9	47
Scheduled castes	83	119.3	53.5
Scheduled Tribes	84.2	126.6	55.9
Other Disadvantaged	76	103.1	47.3
Others	61.8	82.6	41.1

Source: National Health Policy 2001, Delhi Science Forum Saket; New Delhi- 17

Also evident from Table 2 is the fact that among children aged between 12 and 35 months, who received at least one vitamin A dose, 27% Dalit (scheduled caste) children were reported as against 34.8% non-Dalits. Among children aged less than 3 years, more Dalit than non-Dalit children suffered from acute respiratory infection and diarrhoea. (NFHS- 2, 1999).

Table 2- Morbidity among Children

Groups	Vitamin A dose received	Acute respiratory Infection	Diarrhea with blood
Scheduled Castes	27.1	19.6	2.9
Scheduled Tribes	26.0	22.4	3.7
Other Backward Castes	26.8	19.1	2.6
Others	34.8	18.7	2.1

Source- Tables 6.14 and 6.16, National Health and Family Survey 2, 1998-9

Seasonal epidemics causing higher mortality among Dalit scavengers are diseases like dysentery, malaria and tuberculosis. The residential quality of these people is highly conducive to sickness and disease. **The focus of five year plans has been to control communicable diseases but the other determinants of their health such as public health and access to health care services and access to the determining resources like land, water, housing, education, wages and employment, equal opportunity, freedom from violence and harassment are important issues that need consideration at the policy and action level without which health will remain a mirage for Dalits.**

- **Low Quality of Health Care:** In a public health system which is already facing paucity of funds, inadequate supply of medicines etc. Dalits have to endure disparity in health interventions. The practice of irrational diagnostics and treatment, corruption and only being considered potential population for family planning programme Dalit communities receive low quality health care. In addition to the lack of access to health care due to various socio-political and economic reasons, the general bias in the mind o health personnel and the atmosphere of the health system both contribute to the low quality of health care that is offered to Dalits.

- **Struggle for survival and health:** Dalits are forced to a situation to do hard labour for bare and minimal subsistence. Including the marginal farmers among Dalits almost 70% of them are daily wage or agricultural labourers. Agriculture based wage work being a seasonal employment in agricultural fields with no work in most part of the year, they have less access to good food/nutritious food. In the agricultural sector the minimum wage is as per the Minimum Wage Act is not in practice. In many parts of the country the daily wages in season are Rs.30/- and lean season it is 15-20 rupees per day!). Constant increase in prices of essential commodities such as food grains and cereals while the wage revision or implementation of the Minimum Wages Act not happening has left Dalits very vulnerable to food insecurity, malnutrition and morbidity. This results in wholesale migration to urban areas to work where the occupational hazards just compound their health due to water and air pollution and unhygienic settlements. In the event of disease, very often they come too late to be treated and hence either the treatment is not possible or affordable. Many a time the health problems get complicated and huge debt is incurred as the public health institutions are malfunctioning and timely health care is not available to them.

Dalits among Dalits: Plight of other Vulnerable Groups

The impact of caste discrimination and related intolerance has more severe implications on other groups within Dalit communities. People living with HIV/AIDS, mental illness, disability are subjected to severe forms of discrimination that denies them access to treatment and prevents them from obtaining jobs and participating in the life of the community in general and even Dalit community in general. The aged among Dalits do not have access to food, water, nutrition and medical care. From the estimated 40 million child labourers in India, 15 million are bonded labourers and majority of them are Dalits who work in slave-like conditions in order to pay off debt.

- ***Dalit Women:***

The situation of Dalit women is of greater concern due to her multiple identities. Dalit woman belongs to the oppressed caste and is a lower class person working as domestic worker, daily wage laborer, agricultural laborer who also has to fulfill her role as a woman (wife, mother, sister etc.). The burden of triple oppression by caste, class and gender is the legacy of a Dalit woman.

Women's movements have hardly addressed the issue of the gender related oppression of Dalit women and most of these are homogenized as violence against women. Even within Dalit movements the issue of patriarchy, gender based violence, domestic violence, the issues of deserted women and widows are hardly addressed. The intensity of the oppressive situations that confront Dalit women is much severe and harsh than compared to their counterparts in the upper castes. High drop out rate and high illiteracy exists in Dalit women. The child marriage, child labour, devadasi system, exploitation of women and trafficking which result in prostitution , etc. are the endless problems that a large number of Dalit women have to face.

Rape is used as a political tool to subjugate the community and as a medium for retaliation. In a caste-conflict situation Dalit women are raped and subjected to heinous crimes and torture. In Vanenur village of Bellary district in Karnataka, a Dalit woman was paraded nude and was physically abused as the cause for a Dalit boy eloping with an upper caste girl. Targeting of Dalit women to make political statements in any conflict situations or in the issues of upper caste honor is a not an infrequent scene in the rural areas of the country.

Gender discrimination has an enormous multiplying effect on discrimination in health. They are subjected to sexual violence, denied of education and work opportunities, and discrimination in social and civic life all of which lead to impaired health status. Women, children, widows/single women, aged, physically-mentally challenged among Dalit women have to face the severest brunt of the system and denial of health care.

Health and Occupation Interlinkages- the Scavenging Community:

The most significant factor in determining the health situation of any community depends on its socio-economic conditions. The essence of caste is characterized by the presence of hereditary groups in a hierarchy with Brahmins at top and Dalits at the bottom, and the bottom being forced to do unclean occupations (Srivastava, 1997). According to government statistics, an estimated one million Dalits are manual scavengers who clear feces from public and private latrines and dispose of dead animals (Human Rights Watch, 1999). The members of scavenging community engaged in what is known as 'special occupations' are more vulnerable to stress and diseases. The work conditions comprise of stench and foul smell, carrying the night soil on their heads, lowering themselves into manholes which emanate gases that not only have bad odours but are injurious to health too. Carrying night soil and cleaning toilets/ latrines every day is not a healthy

job. It carries certain infectious diseases such tuberculosis, malaria and skin disease through exposure to filthy working conditions.

There are rules and legal provisions to stop manual carrying and cleaning of night soil. Parliament, in the Budget session of 1993, passed the "Employment of Manual Scavengers and Construction of Dry Latrines (Prohibition) Act, 1993" to abolish scavenging and put a ban on the construction of dry latrines and engage in or employ for or permit to be engaged in or employed for any other person for manually carrying human excreta. It lacks time limitation, though several states have followed the purpose of the bill as in Andhra Pradesh, Goa, Karnataka, Maharashtra, Tripura, West Bengal, Bihar & Delhi (Srivastava, 1997). Health is fundamental to national progress and more so for the people who are engaged in cleaning others' filth at the risk of their health.

There are hardly any studies on Dalits and especially, scavengers, which describe the distribution and size of disease problems among them. Most Dalits engaged in `special occupations' explore alternatives to cope with their working conditions and fall easy prey to the consumption of tobacco, paan and consumption of alcohol. The use of alcohol in heavy doses becomes a necessary part of their working conditions and thus for livelihood. Labelled as `special occupations', they remain a complicated socio-economic problem and trapped in this web of poverty Dalits again fall prey to unhygienic coping practices which again adversely affects them. Paradoxically the dominant Indian society harbours in mind this unhygienic attitude against Dalits and their occupations and continues to look down upon Dalits which is a major hurdle for the liberation of Dalits. What Dalits essentially need is a "radical change of mental outlook" by Indian society (Chaplin, 1997).

V. HOW DOES NEW ECONOMIC POLICY AFFECT THE HEALTH OF DALITS?

Dalits are among the sections of society that have been worst affected by neo-liberal reform. The collapse of urban and rural employment, and the curtailment of expenditures on and privatisation of health, educational and other aspects of social infrastructure have especially grave implications for Dalits. The dismantling of welfare state adversely affects the social, economic and political interests of Dalits. Expenditure cutbacks have further limited the scope of affirmative action through various government programmes. As a result of privatisation, there has been a decline in the availability of regular salaried jobs to Dalits and increasing share of Dalit workers has been forced to work as casual labourers.

Including the Adivasis who are displaced due to developmental projects in their resource rich habitats and other subsistent artisan communities, the Dalits form the social majority. The only support that Dalits had was from the state in terms of positive support from state reservations in education, occupation and elections. While the former two gave them opportunity to dignified life, the latter created structural opportunity for participation in democracy and decision making. However, with the shrinking public sector the levels of employment have decreased.

Majority of Dalits are in the agricultural sector are landless labourers and a few of them are marginal farmers. However, due to the NEP agriculture itself is in crisis with over one and a half lakh farmers (mostly small farmers) committing suicide in the last 8 years. Besides that as the farmers engage mechanized harvesting the Dalits are losing jobs. The agricultural sector in which 75% Dalits were employed is in crisis and that creates more unemployed Dalits. While integrating into the global economy, caste-based institutions continue to determine economic advantage through religiously sanctioned segregation and ordering of occupations.

While job opportunities are less in the production sector, the service sector it is highly computerized, anglicized and technocratised. In the given situation of high illiteracy where Dalits are now beginning to go to the local medium schools the reach of service sector to majority

of them is a distant dream. Some of the important issues among many others mentioned above faced by Dalits having a direct linkage to their well being/health are

- Denial of Access to land;
- Increasing food insecurity;
- Corruption and malfunctioning of Public Distribution System;
- Lack of job guarantee/opportunity;
- Dwindling public health system and denial of health care to Dalits;
- Withdrawal of State from social security sector.
- Commercialization of medical care and inaffordability of Dalits to access it;
- High chemical input agriculture has had the toll on the health situation of Dalit agricultural labourers;
- Less access to healthy and nutritious food and continuing malnutrition;
- Continuing low paid wage labour and the continuation of forced scavenging work;

India has one of the lowest investments in public health in the world. Worse still, during the nineties, the percentage of Gross Domestic Product declined from 1.3% in 1990 to 0.9 % in 1999. Public Health has been neglected since the liberalization of the Indian economy. One must illustrate the issue of Dalits in the context of the new economic policy based on the spirit known as 'privatisation' of all public sectors.

VI. WHAT ARE THE RESPONSES OF DIFFERENT SECTIONS TO THE HEALTH OF DALIT COMMUNITIES?

Dalit communities is a culturally and socially a rich group with thousands of years of tradition and traditional knowledge. The Dalit community is the first in the history who experimented and had the knowledge of tanning and processing leather. Being farm slaves/farm workers a vast amount of knowledge with regard to agriculture was in the community. Being a community which has survived onslaughts from people, nature (droughts/famine) the community has strong coping mechanisms and survival skills. Many places we find them having knowledge of traditional medicines, crafts, plants, animals etc. Even while being denied access to any resource in the villages such as education, safe living conditions, water, public spaces etc. the community has survived and thrived. However we find along with other artisan communities the Dalit community is subjected to the attack of LPG.

- **What Dalits have done for themselves?:**

  Dalit communities have organized themselves all over the country into strong people's organizations to struggle for their rights. This collective bargaining has been always with the state. They have also organized themselves into various cultural groups through which the cultural richness of the Dalit communities has been expressed. Some of the groups that have addressed these concerns among Dalits are
  Dalit Sangharsh Samiti (DSS), Human Rights Forum for Dalit Liberation (HRFDL), National Campaign for Dalit Human Rights (NCDHR), Madiga Dandora (A cultural organization of Dalits), Madiga Reservation Horata Samiti (MRHS) which demands the internal reservation among Dalits, Human Rights Watch, and scores of other Dalit and pro-Dalit organisations.

- **What others are doing for them?**

  Many social action groups, citizens groups, human rights groups, peoples movements, such a PUCL, NAPM, PUDR and others have taken up the issues of discrimination of Dalits, violence against Dalit women, etc.

- **What government is doing for them?**

Government has chalked out number of welfare schemes for the development of Scheduled Caste communities. The SC/ST Commission has taken proactive role at the national level and state levels to implement these schemes. However, the usual malaise of corruption has again taken the toll of these schemes in their effective implementation and reaching to the deserving sections.

VII. WHAT NEEDS TO BE DONE TO ENSURE HEALTH FOR THE DALIT COMMUNITIES?

While speaking of Health for Dalit communities, nothing short of considering health as a basic human right will be enough to make health accessible to Dalit communities. Dalit communities are those whose all rights are violated, even the right to live as dignified human beings. All the violations are linked to the violation of health right.

Different sections and political groups have placed the agenda of Dalits in their scheme of debates, discussions and action. However, besides the usual demands that are already placed before the various constitutional bodies such as land reforms, assertive action for employing Dalits in the private sector (including health), access to private educational institutions, the state machinery assuring the access to safe drinking water (from rivers, wells, water tanks etc.), housing, freedom from intimidating and coercive atmosphere of the dominant classes and castes etc. the following are specified:

ICMR/ICSSR has suggested the following among many to make possible health for all possible:

- Integrated overall human development
- Improvement in nutrition, environment and health education
- ***The provision of adequate health care services for all and especially the poor and underprivileged:*** the aim of the programmes should be reduce poverty and inequality and also to improve the status of the poor and deprived social groups
- Government should provide disaggregated data for Dalits and Dalit women in the indicators of IMR, MMR, malnutrition, hunger deaths, anemia etc. as it does for education. Then only we shall be able to really the assess the gravity of the situation of Dalits.
- Bring the existing movements for Dalit human rights, campaigns for different issues on Dalit issues, campaigns against atrocities into the larger canvas of health (human dignity as the basic component of well being).
- All kinds of practices of untouchability and discrimination like barring entry into hotels/temples/public spaces etc., manual scavenging, night soil carrying, atrocities and manifest violence in terms of physical torture, rape, molestation etc. should be taken up as the denial of health care and violation of health rights.
- Manifest efforts should be made for the representation of Dalit movements, Dalit social action groups or collective working for Dalit rights into the canvass of People's health movement.
- While recording access to denial to health care and all the unconstitutional practices, discrimination shown to Dalits in the health systems, the oppression meted out to them by the dominant classes in societies, anti-Dalit policies etc should be condemned and suitable protection measures should be enforced.
- Universal access to health care to all Dalits for all their health problems in the state institutions should be pressed for.
- Ensure access to water, housing facility, freedom from all kinds of atrocities, etc.
- Most of the time Dalits are considered impure because they eat beef. Beef is a very nutritious food and a large section of the world population eats beef and many a time beef is the only meat that is available for Dalits. All attempts towards Brahminisation of Dalits by imposing

upper caste food culture on Dalits should be stopped and the food culture of Dalits communities needs to be respected.

- Concerted efforts are done by the right wing forces in the country to brain wash Dalits and to engage them in communal conflicts as front soldiers. For the health of Dalit communities, the conscientisation on the ploy of the Hindutva right wing ideology towards saffronisation and homogenization of cultures, and its implication on Dalit communities which will invariably result in deviation of the youth energy from struggling for the rights of Dalit communities is very essential.
- Appropriate implementation of the Employment of Manual Scavengers and Construction of Dry Latrines (Prohibition) Act, 1993 and proper rehabilitation of the scavengers is to be demanded.
- Strict implementation of Atrocities Act and Civil Rights Protection Act and to deal strictly with the social boycotts and other atrocious acts done on Dalits.

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