

Uptake of Health Services by People from the Dalit Community

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Abstract

Studies and reports on uptake of health services in Nepal and other low-income countries often focus on limitations due to physical factors, such as travel distance to health facility, or lack of medical facilities or electricity at the health care centre or focus on resources, such as lack of service providers, or lack of appropriately trained staff.

In this editorial article, we highlight the importance of discrimination as a reason for people not seeking available health care. Discrimination is particularly a barrier to service usage among the most deprived people in society, such as the *Dalit* community in Nepal and South Asia more generally. We discuss the caste-based discrimination in Nepal and its effects on health outcomes of those groups who experience such discrimination.

Introduction

Discrimination and racism are deeply rooted in socio-cultural, political and economic perspectives affecting individuals' access to health services and their utilization.¹ Discrimination leads to imbalanced access to quality health services, education, food, income, housing and politics. This is not a problem unique to Nepal; in the USA (United States of America), 'The Black Lives Matter' campaign illustrates the need to address deep-rooted, structural and hidden racism and discrimination.²

The two terms health and equity are interconnected. *'The Spirit Level: Why More Equal Societies Almost Always Do Better'*, identifies that discrimination is exclusively unhealthy. Across the globe, higher rates of discrimination are linked with poor health outcomes such as lower life expectancy, lower

birth weight, higher infant mortality rate and higher level of depression rates.³

Discrimination leads to a significant reduction of health status. Discrimination includes various factors such as education, work, income, poor housing, and other social and environmental determinants.⁴

The key objective of healthcare is to support individuals in accomplishing the best attainable health outcome while maintaining quality of life and allowing individuals to take their equitable position in community.⁵ Even though equality is fundamental principle, i.e. a Human Rights Obligation, inequalities in health care sector are still extensive and take many forms. In accessing health facilities, disparity based on an individual's *age, gender, ethnicity and economic status* remains a huge barrier blocking individuals to achieve the highest achievable standard of health. This has thus, resulted in poor health standard and prevents the efforts to achieve healthy lives for all.⁶

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As mentioned above, sources of discrimination can be related to various social determinants, but the purpose of this paper is to focus particularly on health discrimination due to caste-based disparities. The paper examines the ongoing caste discrimination in Nepal and its effects on health outcomes of discriminated groups. In the current review, the consequences of caste disparities in the health sector will be assessed.

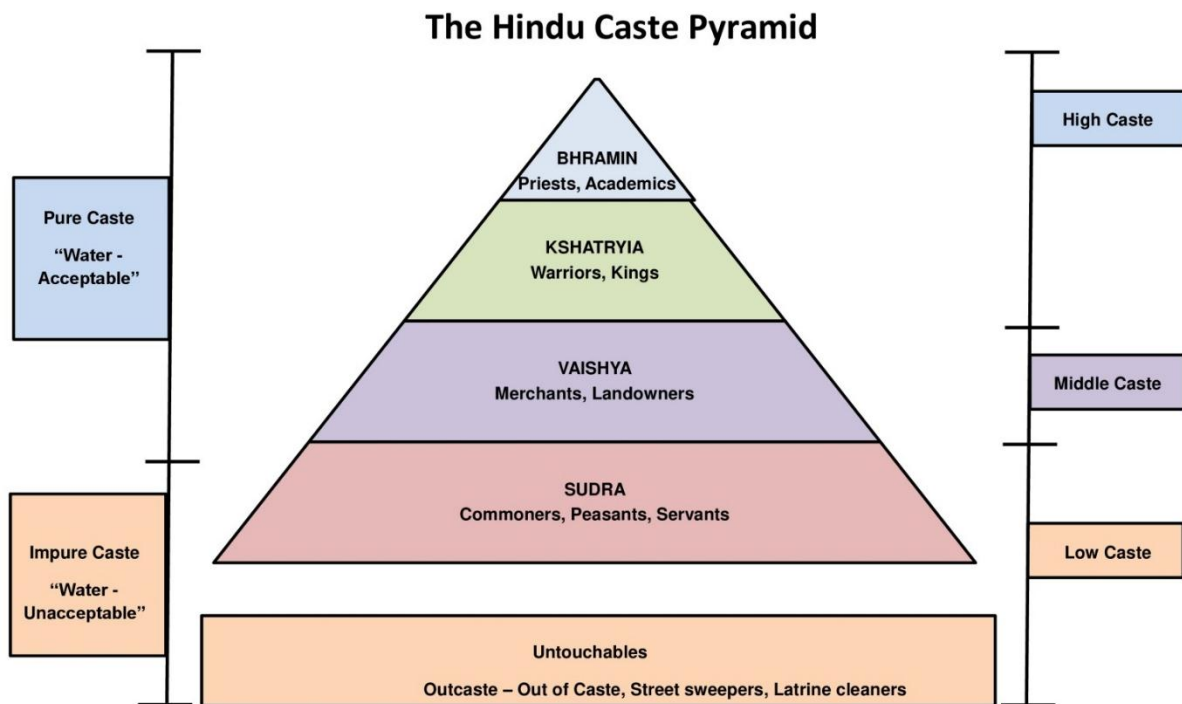
The Caste System and Discrimination

The caste system, one of the oldest ongoing social hierarchies in Nepal as well as in India, is almost over 3000 years old. In Hindu society, caste or ‘Varna’ system is its core foundation where each individual and group interact with each other in prescribed ways. In the Hindu caste system, there are four division of caste namely: ‘Brahmins’, priests; ‘Kshetriyas’,

warriors; ‘Vaishyas’, merchants and ‘Sudras’ (untouchables) servants.⁷

Caste-based discrimination is a highly sensitive and politicized issue in Asia, especially in Hindu countries. Despite constitutional rights and regulations to safeguard minority groups, their primary rights have been continuously invaded.

“*Dalit*” is one of the highly discriminated outcaste minority group. These groups remains at the very bottom of caste hierarchy and are also referred as *water polluting, untouchable, doom, pariganit, tallo jat*.⁸ The word ‘*Dalit*’ is widely recognized term around the world. *Dalit* movement leaders have also emphasized the importance of accepting the term ‘*Dalit*’. The concept behind this is to represent the condition characterized by caste-based discrimination.⁷



(Adopted: <https://detchter.com/9-myths-about-hinduism-that-most-people-in-the-west-still-believe>)

Whilst a diverse group, the *Dalit* community is easily distinguishable through their name, origin, education, profession, father's profession, outfit and language. *Dalits* are segregated from the members of upper castes forbidden from touching upper caste members and their belongings. They are also prohibited to enter and/or use public properties, shops, hotels, restaurants and temples. They are even made to use separate utensils in public restaurants.⁹ Discriminatory practices in schools and educational institutes are common. In any festivals and weddings social interactions of *Dalits* are very limited. They are only likely to perform ritual purposes such as washing, drum beating, skinning of dead animals and removing

human excrement.¹⁰ These professions directly effect on individuals' health due to direct exposure to disease.

Across South Asia, there are similar practices of discrimination. However, in some countries, regions and states where caste effects are high, the situation of *Dalits* are different for historical and political reasons.¹¹ *Dalit* groups are often still living in rural areas of countries in isolated habitations and are restricted to enter in upper caste areas. The study by Action Aid in Nepal on discrimination based on caste, identified 205 forms of caste discrimination in their eight sample sites. These 205 practices of discriminations (in Table 1) are related to different fields as follows.¹²

Table 1: Forms of caste discrimination in Nepal (n= 205)

Practices of Discrimination
Related to denial including: 14 to services, 10 to entry related, 10 to kinship and other relationships, 14 to participation and 6 related to access to public resources
Related to discriminatory and forced labour
Related to authority
Linked to attitudinal untouchability
Vicious behaviour
Social boycott
Related to various areas including: 11 to educational institutions, 18 to occupation, 14 government policy and program, 10 to political rights, 7 to NGO and government offices, 13 donors and development programs, 8 to cultural and other religious activities

Restrictions and exclusions on *Dalit* do not end here, it involves food, whether dining together or serving food cooked by a *Dalit*, ownership of land, prohibition on accessing certain kind of jobs and other different segregation practices resulting exclusion from society and economy. Due to barriers on accessing better jobs, the majority of *Dalits* belongs to the poorest communities who also suffer from food deficiency. They fall into the bottom level of development statistics.¹³ Most people in Nepal have access to basic health services, but they

end up paying for many drugs, travel to health centres and using private facilities. Therefore, this impacts on *Dalits'* ability to pay for health services.

Despite decades of the old system for "schedule castes" and "schedule tribes" in education, health, profession, political grounds to secure *Dalit* rights; it does not habitually lead to equal opportunity, access to healthcare and labour market. Therefore, only a very minimal percentage of the professional work force

consists of individuals from *Dalit* communities.¹⁴

There is a gender aspect to caste discrimination. Gender discrimination exists in societies especially in *Dalit* communities and has been ignored from a long time. However, the focus on gender discrimination is growing.¹⁵ In many countries, women receive lower priority, less support and health care compared to males. One of the highly vulnerable groups among *Dalit* is *Dalit* women, also known as ‘*Dalits* among *Dalit*’. In Nepal, women are the ones who perform a lot of day-to-day activities. *Dalit* women have to face discrimination in their daily life while fetching water, buying groceries, visiting temples and taking their children to school. Their position in the community makes them vulnerable to verbal and physical exploitation, slavery and forced labour, kidnapping, human trafficking, naked parading, rape, pulling out hair and nails and other sexual violence.¹⁶ Evidence of extensive violence, exploitation and indecent, inhumane behaviour has been identified in many studies on *Dalit* women which has direct effect in their physical and mental health.¹⁷

This double discrimination in Nepal has also affected the education sector resulting in low literacy rates of *Dalit* women; literacy rates are 33.8% in *Dalit* women and 54% in all Nepali women. It also has a great impact on life expectancy, national female average is 59 years compared to *Dalit* women’s’ 50.8 years.¹⁸ In Nepal, *Dalit* women have low levels of empowerment as highlighted in inclusion index of World Bank/ DFID. Education and health go hand to hand and can create better opportunity for sound health as educated people are more likely to understand their health needs,

communicate with health providers and follow instruction.¹⁹

The Way Forward

Many researchers have identified wide-spread caste-based discrimination in the health sector; therefore, precise and disaggregated data on of *Dalit* men, women and children are in high demand. The Government of Nepal and other social planners have given distinctive attention in shortening the gap in education, health and income differences based on social status.

This issue is being addressed at an international level, for example: United Nations’ Sustainable Development Goals (SDGs). The adoption of these goals would help to improve the lives of many in society, especially *Dalits*. It would not be possible to achieve its goal 3 ensuring Healthy Lives and Promote Well-Being for All At All Ages without dealing with caste-based discrimination in health care. The gender aspects of caste-based discrimination would be another barrier in achieving another goal 5 achieving gender equality and empower all women and girls.²⁰ It will also endanger its primary goal of no poverty and hunger. Nepal is a signatory country of SDG declaration, ranking third in South Asia SDGs performance index.²¹ As such, Nepal should focus more in converting its SDGs into reality to maintain as well as to improve its position of performance index.

Nepal has been changing rapidly, since the fall of the monarchy and becoming a new republic in 2008. Its revolutionary changes are a sign of new beginning for *Dalit* community. The present constitution facilitates new opportunities and possibilities for safeguarding *Dalits*’ rights, including reserving seats for backward castes in education, parliament, public sector and civil services. As a result, some practices of

discrimination seems to have diminished, specially in younger age groups of Nepal.⁷

This paper has identified the need of inclusive and innovative ways of identifying barriers of health supply aspects in delivering adequate, fair and non-discriminatory health service. Another way can be recruiting health professionals from the *Dalit* community in significant positions to reduce caste differences and control the shortfall in health infrastructure to inhibit unavoidable exclusions.

There are some comprehensive health policies in place in Nepal, for example: The National Health Policy 1991; the Second Long-Term Health Policy (1997-2017).²² However, the gap still remains. Therefore, to empower *Dalits* in Nepal, both government and private agencies should work together in developing and improvising policies to improve the health, education, economic and social status of people from *Dalit* community and cutting out barriers that deprive *Dalits* in utilizing these facilities. Motivating *Dalits* to take social improvement opportunities and allowing them to participate in labour market and other income generating activities.

Conflict of Interest: The authors declare that they have no competing interests.

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