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The report’s main objective is to track development outcomes for three select groups—Scheduled Tribes (STs), Scheduled Castes (SCs) and women—that have traditionally faced exclusion in India. It asks the question: how did these groups fare over a period of rapid growth in India, primarily in the nineties. Were they able to break through the historically grounded inequalities that have kept entire generations among them trapped or did traps trump opportunities? It focuses on exclusion along three spheres—services, markets and voice and agency. Within these too, the attempt is to highlight a few select issues that offer new insights. The report draws both on national data (National Sample Surveys (NSS) and National Family Health Surveys (NFHS)) as well as qualitative work for its evidence, relying more on the latter to probe heterogeneity within states and groups and incipient processes that result in exclusion. Although intended more as a diagnostic, some of the empirical findings contained in the report lend themselves to policy conclusions.

Structural inequalities by caste, tribe and gender are present and visible. The report finds significant improvement in some development indicators for all the three groups. For instance, there has been an impressive expansion in education of SC men since 1983. Poverty among STs has declined significantly with a higher proportion of the ST population moving out of poverty (19.5 percent) than the general category (17.8 percent) between 1983 and 2004–05. Women’s health indicators have improved and fertility rates in some Indian states resemble those recorded by more developed countries. Moreover, the terms of engagement between these groups and the state too have changed as a result of their having gained access to new economic opportunities and voice, either through solidarity movements, affirmative action or more recently, militant assertion. Yet, relative disadvantages remain strong. Caste remains a potent indicator of labor market outcomes. Tribal children continue to die far in excess of children from the general category (despite both facing the same incidence of disease). And sex ratios in many states in India continue to be extremely low.

Scheduled Tribes are being left behind. The report shows that there is a real danger of the Scheduled Tribes being locked out of sharing in India’s prosperity. Despite improvements, STs experience levels of poverty (43.8 percent in 2004–05) seen in the population 20 years earlier (45.6 percent in 1983—see figure 1). This is because while poverty has declined among them, it has done so at a slower rate than for the rest of the population. This has also meant an increasing concentration of STs in the poorest deciles of the population, as also a worrying increase in tribal poverty in states like Orissa where three-fourths of tribal households fall below the poverty line.

Figure 1: STs lag 20 years behind in terms of poverty

This brief is based on a chapter in the forthcoming volume, Poverty and Social Exclusion in India. It is not a formal publication of the World Bank. It is circulated to encourage thought and discussion, and its use and citation should take this into account. Maitreyi Bordia Das is Lead Specialist in the Social Development Department of the Sustainable Development Network in Washington DC. Soumya Kapoor Mehta is an independent consultant in New Delhi.
High child mortality is the starkest marker of tribal deprivation. Under-five mortality of children remains a stark marker of tribal deprivation in India, with nearly 96 tribal children dying for every 1000 births, compared with an under-five mortality of 74 per 1000 births for the average Indian child. Moreover, the number of ST children dying is far more than their share in the under five rural population. Most analysis of under-five mortality suggests that poverty of tribal households explains why a disproportionate number of their children die. However, disaggregating child mortality by age, this report finds that even after controlling for wealth, ST children face a higher likelihood of dying between the ages of one and five. Interestingly, the gap in mortality appears only after the age of one. The initial parity in mortality outcomes is perhaps related to the traditional practices of birth spacing, feeding and weaning that tribals follow. It is as the tribal child grows up that factors such as access to treatment become more important. Institutional factors such as high absenteeism among health service providers, poor health surveillance in tribal areas and weak monitoring further affect outcomes and it is here that the chasm between the tribals and the rest widens. Of course, underlying such proximate and institutional reasons is a sub-text of alienation of tribals from their traditional lands, livelihoods and food systems and the little voice they exercise, if any, over their own development.

Over time there has been a transformation in the situation of the Scheduled Castes, also known by their self-preferred appellation i.e. Dalits. Some of the most visible changes are seen in the political arena with Dalit parties winning state elections and Dalits asserting themselves in local panchayats. Also, market changes, migration and the emergence of new economic opportunities, together, have led to the creation of a new class of Dalits who are small entrepreneurs, who move to work in towns, and no longer see themselves as part of the traditional caste order (Jodhka 2008). Caste therefore seems far from the immutable frame that Weber (1958) suggested it to be.

While level of educational attainment among Dalit men has substantially improved, belief systems continue to affect performance. Even today issues like upper caste parents not allowing Dalit students to sit with their own children or to eat together are common in some parts of the country (Nambissan, 2010). Also the children’s own internalized beliefs shaped by a history of prejudicial treatment, result in Dalit children continuing to perform poorly in schools if their caste is made salient (Hoff and Pandey, 2004).

Despite changes over time, Dalit men are more likely to be casual laborers than any other group, both in rural and in urban areas. Over the last twenty years or so from 1983, while the proportion of Dalit men in casual labor has declined slightly from 44.6 percent to 41.7 percent, and that in non-farm self-employment has increased slightly from 11 percent to 15.6 percent, these changes are very small. Dalit men remain restricted mostly to menial, low paying and often socially stigmatized occupations, while upper caste groups are concentrated in preferred occupations. Even within reserved public sector jobs, Dalits are vastly over-represented in the least skilled occupational categories at the lowest employment level.

Wage differentials between Dalits and others in salaried work are a testimony to their continued disadvantage in the labor market. Oaxaca-Blinder decompositions of wage differentials indicate that nearly 60 percent of the wage gap between SC and general caste salaried workers surveyed for the NSS 2004–05 is due to unobserved factors or cannot be explained by human capital endowments. Using the NSS data, Das and Dutta (2008) in a background paper for this report find that Dalit men usually end up being typecast or slotted into low end/low status jobs. It is this difference in access to occupations—what they call “glass walls” where occupationally “slotted” castes cannot leave their traditional jobs—that accounts for Dalit men earning much less. While education definitely helps increase chances of entry into salaried employment, the multiplied effects of caste and education indicate that SC men suffer a disadvantage in regular salaried jobs once they have post-primary education. This indicates, perhaps, an increasing supply of educated SC men over time which has resulted in rationing of reserved, salaried jobs among them. Even in private hiring, there is evidence of subtle stereotyping. In interviews with both SC and non SC graduates, Deshpande and Newman (2007) find that prospective hiring managers in the private sector almost universally ask questions about family backgrounds during employment interviews.

Although Dalit self-employment is on the rise, it is mostly stuck in the realm of low end informal enterprises. The majority of self-employment is located in urban areas and here, Dalit men, at the national level, even with education, are less likely to
be self-employed. Even among self-employed Dalit men, nearly two in every five engage in manual trade which is more than the proportion for any other group. One reason could be the fear of social pressure and/or ostracism which prevents SC men from leaving their traditional occupations and taking up self employment. On the other hand, those who do venture into nonfarm activities find that significant barriers exist in accessing networks, particularly social networks that would enable them access to the markets and inputs like credit and raw material. Only 12 percent of SC households had access to 2–3 contacts in the formal sector in 2005 compared with 26 percent of upper caste households (India Human Development Survey, 2005).

**Overall, Indian women today are doing better than their mothers’ generation did, but disadvantages remain.** Once they get past the initial survival disadvantage (see figure 2), Indian women today are healthier, more educated and visible both in public spaces and the urban labor market. But on some indicators, female disadvantage remains. Poor access to reproductive health care means that too many women die unnecessarily in child birth. To illustrate, overall, almost 60 percent of all women and 80 percent of ST women give birth at home and only a little over half of all women who gave birth in the three years before the NFHS 2005 had had three or more antenatal visits. Cultural mores such as early marriage and early childbirth increase mortality risks even further (nearly one-fourth of Indian women in the age group of 20–24 years have their first child by the time they are 18). Also, while child sex ratios in some states have started to decline, whether the “incipient turnaround” can be sustained is yet to be seen.

**Is domestic violence the ‘significant omitted’ variable?** Over one-third of Indian women report ever having experienced spousal violence, and about one-fourth had experienced violence in the year before NFHS 2005. But does domestic violence affect women’s outcomes? After controlling for a number of household and individual characteristics (including ability to go to the health center and whether distance is a problem), the report finds a significant association between domestic violence and the health of women and their children. Women who had had children in the three years prior to NFHS 2005 and had any experience of spousal violence in their life, had 18 percent lower odds of receiving any antenatal care, 13 percent lower odds of being given iron supplements and 15 percent lower odds of receiving tetanus shots prior to delivery, compared with women who had not experienced any spousal violence. They were also one and a half times more likely to have had non-live births than the latter. While laws such as protection against domestic violence can help, enforcement can only go so far. Women’s education (above secondary), interventions to address husbands’ alcoholism and women’s ownership of land emerge as the greatest protectors.

**Indian women aspire to work outside their homes, but their participation in the labor force has been stagnant.** In the 2004–05 NSS, nearly 89 percent of women doing domestic work say it is from compulsion and one third of them say they would accept paid work

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**Figure 2. Only in India and Nepal is infant mortality of girls higher than that of boys**

Source: Selected Demographic Health Surveys, 2003–2006; figure 4.1 in report
(preferably part-time) in addition to their household duties. Women therefore clearly aspire to work. But despite the visibility of women, more so in the urban high end labor market, data from the NSS suggests that overall labor force participation of women aged 15–59 has virtually stagnated to about one-third of their population.

There is however huge diversity by states and caste and tribal status. Female labor force participation is much higher in the western and southern region (states like Gujarat, Maharashtra, Karnataka, Tamil Nadu, Andhra Pradesh) and among SCs and STs who join the workforce as casual labor more out of compulsion. It is unclear what drives low participation. On one hand, higher education among women and high spouse earnings may result in households withdrawing their female labor from the workforce, more so in the absence of suitable employment opportunities. This is an income effect. On the other hand, inequalities in wages may serve as additional disincentives for women to work (a discouraged worker effect). Only 13 percent women receive any wages at all and those that do, their weekly wages are 71 percent of men’s in salaried work and 56 percent of men’s in casual work (NSS, 2004–05). Although most women clearly want to start their own nonfarm ventures (e.g. tailoring and dairy), one of the reasons for their low representation in these is their low access to credit markets and financial products. Three in five women cite lack of credit as a reason for not being able to do the work they want (NSS, 2004–05). Less than 40 percent know of credit facilities and of those only 10 percent actually apply (NFHS, 2005).

References


