Caste, Religion and Malnutrition Linkages

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In reality, the agricultural workers face an inadequate demand for their labour power. The wage rates under MGNREGS are in fact lower than those specified under the minimum wage act and labourers are able to get no more than 35 workdays in Konaseema out of the promised 100 workdays. In addition, they face competition in agricultural work from migrants who come from Bengal and Orissa. As a result, workers from Konaseema migrate to other regions in the districts of West Godavari, Krishna, Guntur, and sometimes even to Hyderabad. They work in paddy fields, tobacco farms and brick kilns, etc. In pockets of Konaseema, such as Antarvedi, a large proportion of women belonging to Mala community migrate to Gulf countries to work as domestic labour (maids) and other low-end service occupations.

Way Forward

From our field visit, we feel that there are both the issue of remunerative prices as well as deeper class contradictions at work in the crop holiday movement. We see that the crop holiday movement is essentially an attempt by the landowning classes and market intermediaries to discipline workers, tenants and the welfare state (whatever is left of it). Of course, the state has to improve its procurement mechanisms (support prices, storage capacity) of paddy so that the dependence of actual cultivators on market intermediaries and landlords is reduced. Tenants need to be given access to institutional credit. They need better protection, while they should be able to directly access various other state support packages meant for actual cultivators (including crop insurance).

However, there are important structural changes that need emphasis. First, the reappearance of widespread tenancy raises the old question of why the actual tillers (mostly dalit tenants) do not own land. The state should seriously revisit the question of land (and tenancy) reforms in this newly emerged context. The other important issue is that millers benefit significantly from paddy procurement. They get a huge margin for the marginal value addition that they make. In the medium run, why cannot paddy cultivators form their own milling cooperatives? This will help them own the value that they are creating, and in this process improve their livelihoods.

NOTES

1 In the Coastal Andhra and Rayalaseema regions of AP, the upper castes have been holding on to land but in Telangana region landownership has moved to OBC communities in a more pronounced fashion.

2 The cost of production in 2004-05 for paddy was Rs 578 per quintal while the support price was Rs 560. The loss of Rs 18 has risen to Rs 700 by 2010-11.

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The poor are not uniformly disadvantaged. Across most health indicators, the situation of the scheduled castes, scheduled tribes and Muslims is significantly worse than that of others. While nutritional status is closely linked with levels of income, education and public health services, the social belonging of persons also acts as an additional aggravating factor for nutritional inequity.

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The problem of malnutrition has of late received a great deal of attention at the policy level. The persistence of a high degree of malnutrition among the poor, particularly among certain social groups has led to a renewed concern at the governmental level. Increasingly, it is being recognised that although the malnutrition level is relatively high at the overall level, among the malnourished, some groups suffer more from malnourishment than the others. There are significant inter-group disparities in the nutritional levels between poor and non-poor, between caste, ethnic and religious groups. Earlier studies shed some light on the factors which result in high malnutrition and point towards low income, high illiteracy and poor access to health services as key determinants of malnutrition. However, these studies show limited insight into the causes of a relatively high level of malnutrition for caste, ethnic and religious groups such as the scheduled castes (SCs), scheduled tribes (STs) and Muslims. In this context, we develop an understanding of the possible reasons for a relatively high malnutrition level in general and among the SCs, STs and Muslims in particular. We first present the inter-group disparities in malnutrition and then provide reasons for the particularly high malnutrition among certain social and religious groups.

Inter-group Disparities

The inter-group disparities in the nutritional level in rural areas are examined using the National Family Health Survey (NFHS) for 2005-06. Indicators of malnutrition include percentage of the underweight children, a body mass index (BMI) below 18.5 kg/m^2 and anaemia.

The percentage of underweight children at the aggregate level was about 45.6. However, the nutritional problem is particularly serious for children, women and men belonging to the SCs, STs, and OBCs. Table 1 (p 17) shows that underweight rates are approximately 50% and anaemia 10-20% higher in the SC/ST children compared with the rest. A BMI of less than 18.5 kg/m^2 which indicates chronic energy deficiency is particularly serious for the SC/ST and

Table 1: Malnutrition among Children across Social and Religious Groups in Rural India

Social Groups	Children		Women	Children (proportion of underweight <Med-2SD)				
	CMR	(Weight for Age) <Med-2SD	BMI <18.5	Hindu	Muslim	Christian	Sikh	Others
SC	25.6	50.6	44.7	51.3	57.6	30.6	33.5	43.4
ST	38.3	56.1	48.4	56.9	36.5	44.1	NA	NA
OBC	18.7	45.7	39.7	45.6	46.7	27.3	19.6	NA
Others	13.3	36.3	35.8	33.7	43.5	27.7	18.8	NA
Average	21.0	45.6	40.5	46.3	44.0	37.0	24.6	44.5

Source: Computed from National Family Health Survey-3 (2005-06) data file, NA- indicates sample size less than 50 so not considered. CMR: Child Mortality Rate.

OBC women. As Table 1 shows, while nationally the chronic energy deficiency rate is about 40.5% for all women, women from the SC and ST groups have an 8% and 13% higher incidence respectively of undernutrition than those from the "others".

A woman's nutritional deficiencies have important implications for her health as it reflects in the health status of her children. Data indicates disparity in child mortality rates between the SCs, STs, OBCs and others in rural areas in 2005-06. Child mortality rates are over 15% for SC/ST children than for the "other" children. The OBCs are worse off in comparison to the "others", though better off than the SC/ST.

Similar differences are observed for social groups by their religious background (Table 1). Children from the Christian and Sikh groups have relatively better nutritional status than those from Hindu and Muslim groups. Among social groups, the SC Muslims have the highest proportion of underweight children followed by ST and SC Hindus. In fact, the situation of children from the SC Muslims is the worst amongst all social groups. Close to 58% of the SC Muslim children were malnourished as compared to the average for that group. Similarly, women from the ST Hindus and SC Muslims have the highest incidence of malnutrition (51% and 45% respectively, as compared to the average in those groups). Women from these social groups are worse-off than their male counterparts. Like all women, these women too suffer from low nutritional levels as compared to men but the SC, ST and Muslim women suffered most compared with the other women. This heightened deprivation can be attributed to the social and religious belonging.

Factors Common to All

Using logistic regression analysis for rural areas in 2005-06 we try to capture the key factors affecting child malnutrition in rural areas. We have taken the proportion of underweight children as a measure of malnutrition, and income (wealth index – proxy for income), education of the mother, access to antenatal care (indicator for access to health services), social and religious belonging, occupation of the father, gender, place of residence, and supplementary nutrition as determinants of child nutrition (Table 2).

Table 2: Logistic Regression Results of Factors Affecting Child Malnutrition

Explanatory Variables		Exp(B)
Wealth index	Poorest	1.000
	Poorer	.856*
	Middle	.681*
	Richer	.538*
	Richest	.342*
Education of mother	No education	1.000
	Primary	0.828*
	Secondary	0.799*
	Higher	0.463*
Mother's ANC	No antenatal care	1.000
	Taken antenatal care	.669*
Social group	Others	1.000
	SC	1.350*
	ST	1.418*
	OBC	1.218*
Religious groups	Others	1.000
	Hindu	1.092
	Muslims	1.065

*: Significant at 1% level, Exp (B) is the odds ratio.
Source: Computed from NFHS-3, Unit-Level Data.

Taking each of these factors separately it emerged from the logistic regression analysis that children from wealthier households have a lower incidence of malnutrition than the others. When all other factors, including the social group, are held constant, the likelihood of the poorest children being malnourished is about three times that of children from the highest wealth quintile (odds ratio of children from poorest households to those from the richest = 1/0.342 = 2.9). The gap in nutritional status between the poorest and the richest quintiles is very wide for men as well as women. As one moves along the wealth index ladder from the poorest to the richest, the proportion of under-nutrition women and men reduces indicating that income does matter for a better nutrition level.

The education level of mothers also affects the nutritional status of children. The likelihood of children of illiterate mothers being malnourished is twice that of children of mothers with secondary or higher education (odds ratio of illiterate mothers to those having higher education = 1/0.463 = 2.16).

Access to health services is the third crucial factor affecting nutrition. The impact of a poor standard of living and education level could be overcome to a great extent, particularly by the poor individuals through better access to affordable public health services. Data indicates that mothers who have better access to health services, such as antenatal care, have lower odds of having malnourished children, and the likelihood that they will have malnourished children is 0.67 times that of mothers who do not receive such services.

Caste and Religion

Certain social, ethnic and religious groups are disproportionately affected by child malnutrition. The logistic regression indirectly captured the influence of caste, ethnic and religious background on the incidence of malnutrition. It estimated the likelihood of children from these groups being malnourished as compared to the rest, when the wealth index, education, access to health services and other factors are held constant. In other words, it captures the malnutrition level for identical persons in terms of their wealth, education, access to health services and other factors.

The logistic regression exercise indicates that the likelihood of SC and ST children being malnourished is about 1.4 times that of children from the "other" category. The same results for Muslim children indicate that although their nutrition levels are lower than other religious groups, the difference is not statistically significant. For women and men, we ran a logistic regression controlling for limited variables, namely, educational level, wealth and occupation. For SC women, the likelihood of being malnourished is 1.1 times that of "other" women after controlling for wealth, occupation and level of education. For the ST women, the likelihood of being malnourished is 1.2 times that of women from the "other" category. The logistic regression further indicates that the likelihood of the

Muslim women's group being malnourished is 1.7 times and that of Hindu women is 1.5 times that of the rest of the religious categories. The likelihood of SC and ST men being malnourished is 1.1 times and that of Muslim men is 1.5 times that of the others after controlling for wealth, occupation and level of education. It is clear that Muslim women seem to have a higher likelihood of being malnourished, followed by the women from the STs and SCs, in that order.

Thus in the case of the SCs, STs and Muslims even after controlling for factors such as income, educational level, access to health services, etc, the malnutrition rates turn out to be high indicating that there are constraints that are associated with their social and religious belongings. Because of lack of data we could not include such constraints in the regression equation. However, some field-based studies indicate group-specific factors for high malnutrition levels. These group-specific factors generally relate to the discrimination that these communities face in accessing income earning assets, education and government schemes providing services like food and health. There is some evidence for the SC. The SC faced discrimination in accessing food from the public distribution system (PDS). The SC children also faced discrimination in accessing food (mid-day meal) in schools and anganwadi centres, which adversely affects their food intake and thereby their nutritional levels (Thorat and Lee 2010; Jan Sahas 2009). Sangamitra's study (2010) provides evidence of the discriminatory access of SC women and children to primary health services leading to lower utilisation of the health services. Indeed, the NFHS data for 2005-06 reveals that SC mothers and children have relatively poorer access to public health services than others. For example, the immunisation rates for SC children are about 20% lower than the others (Table 3). Access to health services at the time of delivery is also lower for the SC mothers compared to the others. Thus, discrimination resulting in limited access appears to be an additional pervasive factor contributing to the higher rates of malnutrition among the SC compared with others. The issue of discrimination-induced malnutrition has been neglected in the literature which in fact needs more research.

Table 3: Access to Health Services in Rural India (2005-06)

Access to Essential Health Services	SC	ST	OBC	Others
Percentage of children vaccinated	39.7	31.3	40.7	53.8
% distribution of children 0-59 months covered by AWC by frequency of weighing	78.1	64.2	83.3	82.7
Place of delivery at home (in %)	67.1	82.3	62.5	49.0
Assistance during delivery (in %)				
(a) From Dai (TBA)	37.7	50.2	37.1	30.4
(b) By friends/relative	20.7	23.0	15.5	11.3
(c) By skilled provider	40.6	25.4	46.7	57.8
Postnatal check-up: less than four hrs (in %)	23.7	16.3	26.4	34.5

Source: Computed from National Family Health Survey-3 (2005-06) data file.

In sum, malnutrition is a direct outcome of not only income levels, education and public health services, but also the indirect one of the discriminatory access to income opportunities, health and food security-related services from mid-day meal, the Integrated Child Development Scheme (ICDS), the PDS and others. This indicates that the income level, education and access to health services are important factors to reduce malnutrition for all, including the SCs, STs and Muslims. But in the case of the SCs, STs and Muslims additionally, safeguards against discriminatory access to education, health services, food security schemes and livelihood opportunities are necessary.

Policy Implications

These results have policy implications which are dual in nature. They call for measures common to all poor (including poor from the social and religious groups), and supplementary measures for the SC, ST and the Muslims to provide safeguards against discrimination. Among measures which are common to all (including the social and religious groups) are increasing incomes of the poor through improved access to assets and earnings which is essential for better diet and access to healthcare. Similarly, there is a need to improve the education level and access to the public health services and food security. Increasing the enrolment levels of girls and retaining them in school is critical at least until the secondary education stage. Expanding the functional health services to the rural and poorly served urban areas is necessary for improving access of the poor to health. At the same time, programmes to create awareness of nutrition, and healthcare are necessary to inform critical feeding and caring behaviours at the family level and to promote use of health services.

In the case of the SC and ST who face discrimination in accessing the sources of income, education and public health service, besides these common measures, they would also require supplementary policy measures to overcome the constraints imposed by processes of social exclusion and discrimination in accessing earning, education, public health services and food security. This will require measures to provide safeguards against discrimination and measures to promote equal and non-discriminatory access. These measures may include: establishing ICDS – anganwadi centres, health facilities and "fair-price food shops" in underserved SC, ST and Muslim habitations, monitoring and using data disaggregated by social group at all levels to identify underserved communities/groups. Recruitment of ICDS anganwadi workers (AWW) and auxiliary nurse midwives (ANM) from the SC, ST and Muslim communities is equally necessary to improve the coverage of these groups. Thus, increasing their education levels will be an important measure. The AWW and ANM training courses must emphasise the adverse effects of caste, ethnic and religious discrimination on access to public health and food security schemes. Conducting national public awareness campaigns against discriminatory practices and ensuring that organisations delivering public/social services do undertake such campaigns should constitute a part of these measures.

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