

# OUTCOME ANALYSIS – MIND THE CASTE GAP



**C**aste is historically a strong discriminating factor and despite over 7 decades of affirmative action and social policies inequities based on caste manifest widely which adversely affect the disadvantaged groups like the Scheduled Castes and Scheduled Tribes across key economic and social indicators. SC and ST communities as compared to Others (the middle and upper castes, excluding OBCs) suffer huge disparities in access to social sector benefits and this gets reflected in selected socio-economic indicators. Here we have taken some key indicators from NFHS 4 survey done in 2015-16 that reveal the iniquitous position of SCs and STs. We have included indicators that reflect position of wealth, education status, health status and nutritional status which reveal a huge gap or deprivation of SCs and STs as compared to Others and therefore justify the need for huge increases in budgetary resources specifically targeted to Dalits and Adivasis. Some highlights below and in the Table that follows:

- The SCs and STs are mainly clustered around the bottom two wealth quintiles and as compared to Other castes they are 1.6 to 4.7 times more likely to be in the bottom 2 quintiles. By contrast the SCs and STs are least likely to be part of the highest wealth quintile.
- With regard to education the SCs and STs have sharp variations with the Others when it comes to both “no schooling” and “Class 12 and above”. In the former it is 2 to 3 times higher for the SC and ST group and in the latter the proportion of SC and ST is much lower than the Other caste group.
- In the case of health care the SCs and STs have much higher IMR and U5MR compared to Other castes as well as a much higher likelihood of not accessing

healthcare due to financial reasons. However in the case of health insurance coverage, specifically for govt health insurance schemes the SCs and STs have a better inclusion primarily because these schemes target only those below the poverty line and both SCs and STs are mostly clustered below the poverty line. Also for ANC and delivery at health facility and vaccine coverage the gap across castes is lower because of the robust coverage of these services through public health services. This clearly indicates that if adequate investments are made in public spending then not only class differentials but also caste differentials gets muted.

- For nutritional status for children and women again we see that SC and ST communities are at a much higher risk of being stunted, wasted, undernourished, having BMI <18.5 kg/m<sup>2</sup>, and being anaemic

Given the deficits that the SC and ST communities face in terms of some basic social and economic rights it is imperative that adequate budgetary allocations targeted to these communities are made to respect, protect and fulfil their rights to basic services which would improve equity across all social groups and reduce or eliminate the large gaps we see in caste-based outcomes. As a first step the minimum allocations for SC and ST targeted schemes for social and economic services should be raised to the level as mandated in the new guidelines which would mean doubling the budgetary allocations with immediate effect and subsequently using a rational costing strategy to work out the budgetary allocations as per need-based demands of the community preferably through a legislative route to make it justiciable.

# Gap analysis across caste groups for selected variables for 2015-16 (Source NFHS 4)

(The Gap represents deviation above or below the Others category which has index value of 1)

|   | SC   | ST   | OBC  | Others | Gap SC | Gap ST | Gap OBC |
|---|------|------|------|--------|--------|--------|---------|
|   | 1    | 2    | 3    | 4      | 1/4    | 2/4    | 3/4     |
| <b>Lowest wealth quintile</b>   | 26.6 | 45.9 | 18.3 | 9.7    | 2.74   | 4.73   | 1.89    |
| Second  | 24.2 | 24.8 | 19.3 | 15.1   | 1.60   | 1.64   | 1.28    |
| Middle  | 21.8 | 14.6 | 21.2 | 18     | 1.21   | 0.81   | 1.18    |
| Fourth  | 16.6 | 9.2  | 22.4 | 22.9   | 0.72   | 0.40   | 0.98    |
| Highest wealth quintile   | 10.9 | 5.5  | 18.8 | 34.2   | 0.32   | 0.16   | 0.55    |
| <b>School attendance ratio<br/>(Middle School and above)<br/>Schooling level -women</b> | 66.2 | 61.8 | 67.8 | 71.9   | 0.92   | 0.86   | 0.94    |
| No schooling  | 33   | 42.1 | 28.5 | 16.6   | 1.99   | 2.54   | 1.72    |
| 12 and above years  | 15.7 | 10.6 | 21.2 | 30.4   | 0.52   | 0.35   | 0.70    |
| <b>Schooling level -men</b>   |      |      |      |        |        |        |         |
| No schooling  | 14.5 | 21.9 | 11.7 | 7.4    | 1.96   | 2.96   | 1.58    |
| 12 and above years  | 23.2 | 17.5 | 29.4 | 38.7   | 0.60   | 0.45   | 0.76    |
| <b>Health</b>   |      |      |      |        |        |        |         |
| IMR   | 33   | 31.3 | 30.5 | 23.2   | 1.42   | 1.35   | 1.31    |
| U5MR  | 55.8 | 57.2 | 50.8 | 38.5   | 1.45   | 1.49   | 1.32    |
| ANC from skilled provider   | 77.5 | 72.9 | 78.2 | 85.6   | 0.91   | 0.85   | 0.91    |
| Delivery in Health Facility   | 78.3 | 68   | 79.8 | 82.9   | 0.94   | 0.82   | 0.96    |
| All Basic Vaccines  | 63.2 | 55.8 | 61.5 | 64.5   | 0.97   | 0.87   | 0.95    |
| Any Health Insurance cover  | 31.1 | 30.8 | 30.5 | 23.6   | 1.32   | 1.31   | 1.29    |
| Financial reason for not accessing<br>healthcare-women                                  | 30.1 | 35.1 | 23.7 | 20.8   | 1.45   | 1.69   | 1.14    |
| <b>Nutrition Status</b>   |      |      |      |        |        |        |         |
| Stunting -3SD among children under 5 years  | 19   | 19.7 | 16.4 | 11.9   | 1.60   | 1.66   | 1.38    |
| Wasting -3SD among children under 5 years   | 7.5  | 10.3 | 7.2  | 6.5    | 1.15   | 1.58   | 1.11    |
| Undernourished -3SD among<br>children under 5 years                                     | 12.6 | 16.1 | 10.7 | 7.8    | 1.62   | 2.06   | 1.37    |
| Any anaemia children under 5 years  | 60.5 | 63.1 | 58.6 | 53.9   | 1.12   | 1.17   | 1.09    |
| Women BMI <18.5   | 25.3 | 31.7 | 22.9 | 17.8   | 1.42   | 1.78   | 1.29    |
| Men BMI <18.5   | 22.9 | 25.2 | 20.3 | 16.3   | 1.40   | 1.55   | 1.25    |
| Any anaemia Women   | 55.9 | 59.8 | 52.2 | 49.6   | 1.13   | 1.21   | 1.05    |
| Any anaemia Men   | 23.6 | 31.8 | 21.9 | 20.1   | 1.17   | 1.58   | 1.09    |

BMI is Body Mass Index which is defined as the weight in kilograms divided by the square of the height in metres (kg/m<sup>2</sup>); IMR and U5MR are per 1000 live births. All other data in columns 1-4 is in percentages