EXECUTIVE SUMMARY OF THE MAJOR RESEARCH PROJECT ON:

AN ANALYTICAL STUDY OF HEALTH STATUS AMONG THE ARUNTHATIYARS IN TAMIL NADU: A VULNERABLE CASE OF SOCIAL EXCLUSION

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Introduction

Though Tamil Nadu has made significant achievements in all major health indicators such as infant mortality rate (44/1000 live births in 2002); under-5 mortality rate (15.9 in 2001); maternal mortality (1.3 in 2002) and with 89.9 percent of institutional deliveries but at the same time if one compares SCs to non- SCs one may find a wide gap as far as caste wise health status of the state is concerned. Several surveys (NFHS-1 and 2) showed that there is wide disparities among the social groups regarding health indicators. The IMR for SCs is much higher than non-SCs; the SC women are more under nourished than non- SC women; the SC women do not get as much ANC and institutional delivery care as non- SC. On the basis of above it may be concluded that there is a direct relationship between the health status and the caste of a particular community.

Statement of the Problem

In the process of Social Exclusion certain groups are systematically excluded and wealth is not equally distributed between excluded groups. Ultimately, people who are being excluded will live in deprivation with related health effects. In India, exclusion and marginalization largely arose from caste system that assigns low social status to millions of people. The caste system is being practice throughout the country even today. People belonging to Scheduled Castes are subjected to structural exclusion in social, economic, cultural and political spheres which is also extended to health sector in rural as well as urban settings.

Arunthatiyars of Tamil Nadu, one of the most excluded caste groups, is the major community engaging in various menial and unsafe works. Due to their extreme lower status in the caste ladder, they have been compelled to engage in inhuman practice of manual scavenging and other hazardous cleaning works. They are facing work related stigma and untouchability for centuries. Therefore, apart from the caste based social atrocities they are prone to health hazards due to unsafe working conditions and exposure to various chemical and biological hazardous substances which are threat to their health. Unhealthy living and working condition lead to hazardous life style practices such as irregular diet, addiction to alcohol and drugs, no proper rests which ultimately make them victims of serious health issues. In addition, they face medical negligence in local health centers because of their caste status. In this backdrop, the present study

following an analytical approach had undertaken a comprehensive and systematic study on health status of Arunthatiyars in Tamil Nadu.

Significance of the study

The present research proposal holds greater significance because studies on access to health services have generally ignored the role of caste and untouchability related exclusion in the meager access by low caste untouchables on the other hand, the studies related to exclusion, discrimination and atrocities against the Dalits also forgot to cover various dimensions of health related exclusion of these particular excluded groups. Therefore, at this juncture, the present study is quite essential which reveals the empirical picture of health related exclusion of one of the most oppressed scheduled castes of Tamil Nadu i.e. the Arunthatiyars.

Objectives of the study

The overall objective of the project is to examine the health status of Arunthatiyars in Tamil Nadu and its linkage with the phenomenon of social exclusion based on their traditional occupation.

Specific Objectives

1. To analyze the health status (mortality, morbidity etc.,) of the Arunthatiyars in the selected area of study in Tamil Nadu.
2. To enquire into the factors (occupational, social, economic, caste based) affecting the health status of Arunthatiyars.
3. To explore the caste based exclusion faced by Arunthatiyars both in public and private health institutions.
4. To assess the effectiveness of Tamil Nadu Health Policy and Programs, in context of SC in general and Arunthatiyars of the study area in particular.
5. To suggest certain policy level recommendations that will bring ‘inclusive health’ for SC in general and Arunthatiyars in particular in the state of Tamil Nadu.

The Arunthathiyars

Scheduled Castes including Adi Andhra, Arunthatiyar, Chakkiliar, Madari, Madiga, Pagadai and Thoti are all together called by a common name ‘Arunthatiyar’ in Tamil Nadu. They

are considered to be the lowest and the most marginalized, treated as untouchables even among the Scheduled Caste communities.

Research Design

The present research work is an analytical study with a descriptive research design adopting survey method, utilizing both secondary and primary data.

Universe of the study and Sampling frame

The universe of the study consists of total population of Arunthatiyar in 05 selected districts (Coimbatore, Tiruppur, Erode, Namakkal and Karur) of Tamil Nadu. According to 2011 census their population is 1055326.

Purposive random sampling method has been applied for primary data collection. The district wise population list of Arunthatiyars was prepared and top five districts with highest percentage of Arunthatiyar were purposively selected for the study. A list of clusters where Arunthatiyars live in each district was prepared. Out of that list again one cluster, (with highest population of Aruthathiyars) was selected from each district for primary data collection. From these clusters, total 450 households have been selected. The distribution of total sample size has been done following PPS technique i.e. Proportionate to Population Size while selection of respondents has been done randomly.

Sample Frame of the Present Study

Sl. No.	Selected District Cluster	Total Arunthatiyar Population in Districts	No. of House Hold (% to total HH)	Sample (PPS)
1.	Ukkadam Municipal Colony, Coimbatore	319867	63973 (30.30)	120
2.	Tiruppur Municipal Colony, Tiruppur	243336	48667 (23.06)	80
3.	Erode Municipal Chatrhiram, Erode	233120	46624 (22.09)	140
4.	Namakkal Municipal Colony, Namakkal	185097	37019 (17.55)	75
5.	Karur Municipal Colony, Karur	73906	14781 (7.00)	35
	Total	**1055326**	**211064 (100.00)**	450

Period of the study

The study period consists of 03 years starting from 01.04.2013 to 31.03.2016 with one year extension from 01.04.2016 to 31.03.2017 as per the UGC letter dated February, 2016.

Major findings

This project report is divided into five chapters excluding appendices and bibliography. The first chapter Introduction deals with the concept of social exclusion and its relation with health status of Arunthatiyars. Chapter-2 deals with literature review in the field of social exclusion, scheduled caste and health status related studies. More than forty reviews have been taken from sources varying from news paper articles, books, research journals, project reports, thesis, and online research articles. Through the reviews conducted it may be concluded that though it incorporates number of studies covering various aspects of Schedule caste in general and Arunthatiyars in particular but its linkage with social exclusion is missing. Also, there are no comprehensive studies including health status, social exclusion and traditional occupation of manual scavenging and sanitation interlinking and connecting each other. Therefore, the present study has made an attempt to fill the gap in research and to give a clear picture of linkage between health based social exclusion and traditional occupation of manual scavenging.

Chapter-3 Research Methodology elaborates the methods and tools of data collection, chapter-4 forms the main body of report and deals with interpretation and analysis and is divided into eight sections based on the primary data collected during the field work. These are socio-demography; housing and living conditions; impact and satisfaction towards traditional occupation; economic status; health status and hygiene; maternal and child health; health insurance and health schemes; caste and traditional occupation based health exclusion.

The first section of this chapter called **Socio- demography** describes the social and demographic composition of the sampled Arunthatiyar population. The age-sex wise distribution of the respondents shows that among the total respondents 52.90% of the respondents are male and remaining 47.10% of them are female with a sex ratio of 890 females per 1000 males. The age distribution pattern shows that majority of the population are in working age (16-45) years and thereafter, with the increasing age group, number is drastically reducing which clearly explains the vulnerable condition and low life expectancy of these manual scavengers and sanitary workers due to their traditional occupation based health exclusion. Educational status of

the sampled population is not very satisfactory with 16.00% of them are being illiterate and only 0.68% of them (12 persons) with post graduation. However, majority i.e. 32.61% of them are educated only up to Secondary level.

The occupational pattern of the study population shows that 131 individuals are unemployed and highest percentage of the respondents (44.67%) are working as sanitary workers. Out of which, 41% of them are working as part time manual scavengers. 20.17% of them are engaged as Laborers. It is also found that 3.40% of the respondents are working as manual scavengers. Less than one percent of them are having job in government sector. Thus, it may be concluded that the practice of manual scavenging still exist in various forms, despite its legal abolition.

The next section of this chapter called as **Housing and Living Conditions** deals with the basic conditions available in and around the houses. It is very sad to observe that 94.89% and 96.22% of the houses are not having proper drainages and sanitation facilities while 36.44% of the total households are not having proper ventilation. It is astonishing to know that the community which is formally involved in cleaning the whole municipality failed to maintain cleanliness in their own residential area which will contribute to higher rate of illness and diseases among the Arunthatiyars.

To our utter shock, even after sixty eight years of independence there are 87.56% of the respondents without toilet facility in their houses. The response related to place of defecation of 394 households exhibits that majority (86.55%) of the households are using public/ community toilets, 10.40% of the households are using open places for defecation and remaining 3.05% of the households are sharing toilets with other families. It is to be noted that though majority responded for using public toilet but in practice they are not actually using it. Reasons may be unclean and filthy conditions of these public toilets and also distance from their residence that make them to go for open defecation, which again affects their own health as well as the environment in their area.

Third section of this chapter deals with **Impact and Satisfaction towards Traditional Occupation.** The present study reveals that out of total 450 households, 55.78% of them are having regular habit of alcohol consumption. It is notable that among male 75.86% and among female 19.38% households responded positively towards alcohol consumption habit. Frequency of drinking shows that highest i.e. 46.61% of the respondents are drinking daily after work,

40.64% of the workers are drinking occasionally and remaining 12.75% of the respondents are drinking daily during work. If one sees the total population, 66.22% of them are satisfied while remaining 33.78% of them are not satisfied with their work. Regarding satisfaction, majority responded that this job is a regular support and income towards their family. Low salary, heavy work load, hazardous working conditions, manhole deaths and temporary nature of job for more than 30 years are reasons for dissatisfaction.

The main objective of this study is being fulfilled in the fifth section of this chapter which is **health status and hygiene.** To know the perception of people on their health status, a four point scale was applied and based on their perception it was found that 62.92% of the respondents perceived their health as good while 22.94% of them stated their health as average. It was noted that 13.19% of respondents accepted their health as poor. Thus the morbidity rate of the present population will be 131 per thousand, which is very high.

Regarding awareness on personal hygiene, it was noted that 62.89% of them are aware while remaining 37.11% of the respondents are not having awareness about personal hygiene. It was surprising to know that in majority of the households (90.89%) those working as sanitary workers or engaged as manual scavengers are not using any protective gears while working. It was found that 71.64% of the respondents are not using any protective gears because it is not in good condition, uncomfortable and slippery; 57.70% of them asserted that it creates sweating and heat; 29.34% of workers informed that these gears creates allergies and skin problems. Almost same percentage responded that they use these gears only during the time of inspection while 23.23% told that no gears are provided. Lastly, 15.89% of them told that if they use these protective gears such as masks, gloves etc then street dogs chase them and many a times bite them also and so they did not use them.

Regarding frequency of types of diseases, it was noted that in majority of the households (48.67%) at least one of their family member is suffering from common diseases like fever, cough, cold, back pain, body pain, joint pain while in 17.33% of the households, one or more members are affected by severe diseases viz., diabetes, blood pressure, heart problems, neurological problems, thyroid and cancer. There are 15.33% households where people are suffering from allergic diseases mostly related to skin allergy and eye infection and 5.78% of the households are such where members are affected by air/water born diseases such as intestinal infection, lungs infection, tuberculosis, asthma, bronchitis, respiratory diseases etc. Least percent

of 2.22% households' people are suffering from communicable diseases such as diarrhea, malaria, dengue, typhoid, etc.

Also, it was found that among the total 450 households, in 47.11% of houses members are getting sick at regular interval of two or three days. In 28% of homes their member are getting affected by diseases at least once in a week, while 22% of households are such where monthly once people are suffering from diseases and only 2.89% of households people are rarely getting sick.

The first and the main reason assigned by the respondents for high frequency of disease is alcoholism and smoking as 84.67% households stated this. They further added that due to occupational work environment majority are bound to drink and become addict to alcohol consumption. Next to this, are those households (68.00%) who stated that unhygienic and bad sanitary conditions which is prevailing in their area and is the cause of many waterborne and communicable diseases. Another important reason for occurrence of diseases is that of hazardous working condition and heavy workload, stated by almost fifty percent of the households, which leads to many respiratory problems, lung cancer and various other severe diseases, which may be lethal in many cases. More or less twenty five percent of the households asserted that seasonal change, age factor and open defecation are some of the reasons for occurrence of disease. Again, 19.56% of households told malnutrition/ improper diet as the reason for disease. As due to their work timing, many a times they could not have three times meal and in due course of time it leads to stomach ulcer and various other stomach disorders.

In the population under study, 35.11% of the households said that there was at least one person died in their family in last five years. Out of this, in 41.78% of the households, persons who died are in the age group between 46 to 60 years. Next to that, 28.48% of the households are such where the deceased persons belong to the age group of 31-45 years. This data further substantiate adverse occupation of sanitary workers and manual scavengers, in which, they are involved affects their health very badly which ultimately leads to the death, mainly in the 'working age group'.

Among the total households where deceased were found, in 48.10% households people died due to lungs/ liver diseases; 13.29% of the households are such where people died due to heart diseases. Again, in 10.76% of the households, reasons for casualties are sugar and blood pressure related problems. Another 8.86% of the victims died due to typhoid, jaundice and viral

fever. In 6.96% of the households, deceased lost their lives due to getting old and weak in their physical and psychological spheres of life while 6.33% of them assigned TB, cancer and brain tumor as the reason for death of their family members. Thus it may be concluded that highest deaths are due to lungs or liver related diseases which is again pointing addiction towards alcoholism and smoking, which is part and parcel of the people involving in scavenging and sanitary works.

Regarding suggestion given by people for the betterment of their health status, highest percent of households i.e. 94.44% suggested for de-addiction treatment to workers addicted to alcohol and other intoxicants due to their traditional occupation of scavenging and cleaning. Next to that 86.67% of the households responded that maintaining sanitation and living conditions would help to improve the health condition of the inhabitants. Eighty percent of them suggested for regular diet and proper rest while 68.89% of them demanded for regular health checkups and arranging regular health camp for them. Again, 48.89% of them expressed that proper protective gears and machineries should be provided to those working in hazardous conditions and it should be monitored to see that they are regularly using it also while working. Lastly, 47.11% of them suggested for alternate occupation opportunities to be provided to all those traditionally working as manual scavengers and sanitary workers and for rehabilitation of manual scavengers.

This last section of the study is most important and deals with the **caste and traditional occupation based health exclusion** of the population under study. Regarding caste based discrimination faced by the sanitary workers as well as the manual scavengers in their work place, 33.78% households responded that they are facing discrimination while working. There were four main kinds of discrimination practiced against the workers involving in scavenging and cleaning works. Highest percentage of households (94.74%) reported untouchability as the major form of discrimination in their work place. As soon as others know their occupation they show a kind of distance and hesitate even to touch them. Also, the residential area of these people are isolated and known as ‘municipal colony’ by others where other caste people seldom visit. Many a times when they go for domestic cleaning work, there will be a separate way from the outside leading towards toilet and after cleaning they have to leave from the same way without touching any other thing/ people.

Again 91.45% reported that after knowing their occupation the people do not give them respect due to them as a human being, instead they treat them as sub human and address them

without giving respect. In their work place, 79.61% of them expressed their bitter experience of getting verbal abuse by their supervisor under whom they are working and reporting. In addition, 66.45% households asserted that they face verbal abuse by the people during their work, mostly when they go for domestic cleaning.

The present research identifies that 21.33% of the households are facing discrimination at health centers while going for treatment of their illness/ disease, out of which majority of the households (79.17%) facing discrimination in government health centers during their health checkups and treatments while 9.38% of the cases have been reported which faced discrimination in private health centers also. Remaining 11.45% of them are such facing discrimination in both government and private health centers.

Among the total 96 households expressing discrimination in health centers during treatment, 89.58% of them are facing verbal abuse, mostly by the nurses and medical staff. In addition, 85.42% of them are facing medical negligence on the part of Medical staff and doctors. Finally, 75.00% of the households shared that they faced untouchability while going for treatment from medical staff, nurses and doctors. Without being touched, they were treated.

The present study indicates four main reasons for health based discrimination, 88.54% of the households were discriminated due to their caste background. Another 87.50% of them are discriminated because of traditional occupational background of sanitary workers and manual scavenging and 40.63% of them are discriminated because of their poor economic status. Lastly, 21.88% of the respondents shared that they faced discrimination due to their appearance.

Even after the exclusionary and discriminatory practices found at the health centers during treatment time, it was noted that none of the cases have been reported as complaint and so the reasons were asked for not lodging the complaints. Out of total, 90.63% of them responded that unawareness and illiteracy are the major reason, as they do not know where to complain and how to lodge these complains. Again, 87.50% of them said that they accepted these kinds of discrimination and exclusion as their fate. Finally, 75.00% of them are very sure that even if they lodge such complains there is no surety of getting justice.

Conclusion

Thus, after knowing the socio- demography; housing conditions; occupational impacts; economic status; health and hygiene; health schemes; and status of discrimination among the

Arunthatiyars it may be concluded that the people are still facing multiple degree of exclusion and discrimination in various areas, including the area of health.

Therefore, it may be concluded that caste system is the major cause of social exclusion in India, blocking the development of the Scheduled Caste in general and Arunthatiyars in particular. Systematic exclusion of certain communities in health and welfare schemes will affect the overall mainstream development of the nation. Creating policies, legislation for the welfare of marginalized groups alone is not enough; a strong affirmative and monitoring system and strict implementation of schemes is needed for bringing positive change. Communities like Arunthatiyars, neglected throughout India, just because of their 'lower' status in the caste ladder. Thus, inclusive growth is the real development and proper steps to be taken to make it possible. While in context of the present study, following suggestions are being given and highly recommended for the positive inclusion of the manual scavengers in general and Arunthatiyars in particular in our society.

Recommendations:

a. Regarding Improving the Health Status:

1. Since, majority of the people belonging to Scheduled Castes/ Arunthatiyars cannot afford medical expenses of private health organizations, the State should ensure 'Health for All' through special health schemes, specific fund allocation for establishing hospitals, improving the infrastructure of all government hospitals with latest medical equipments.
2. Detailed health checkup for Arunthatiyars should be done, and issuing 'health card' for every individual with his/her detailed medical information is recommended. It is also essential to include private sanitary workers. Complete health insurance coverage for every sanitary worker should be given.
3. A mass level Information, Education and Communication (IEC) long-term awareness campaign should be organized for slums and Scheduled Caste localities with audio-visual information about healthy living, communicable, non- communicable diseases, sanitation, evil effects of alcoholism, smoking and drug addiction.
4. Tamil Nadu Government must undertake a detailed survey of socio- economic, occupational and health conditions of Arunthatiyars in the state to understand their present situation and should implement affirmative measures for the welfare and overall development of the community.

b. Regarding Eradication of Alcoholism:

5. State should take steps to reduce selling of alcohol beverages or completely ban alcohol for the health and wellbeing of the people.
6. Government should establish district level de-addiction centers for alcoholics with full fledged rehabilitation facilities. Services should be provided free of cost to people belonging to the Scheduled Castes.

c. Regarding Implementation of Manual Scavenging Act, 2013:

7. Fresh and detailed survey of identification of manual scavengers should be done by the state. Manual scavenging should be abolished completely; open defecation, insanitary latrines, latrines connected to sewages all should be annihilated. Strict implementation of 'The Prohibition of Employment as Manual Scavengers and their Rehabilitation Act, 2013' is essential and rehabilitation schemes should be implemented with top priority.
8. Both Government and Private Sanitary workers should be provided with all safety measures mentioned in the Prohibition and Rehabilitation Act, 2013. High-tech machineries and equipments should be provided by the authorities for safe and dignified work environment.
9. Women sanitary workers should be provided with suitable, weightless materials and garbage collecting vehicles to avoid health complications and sickness like back pain, joint pain etc. Older and unhealthy women should not be allotted with excessive manual works.

d. Regarding Retired Sanitary Workers and Children:

10. Recreation centre for retired sanitary workers should be established in their residential area. Local administration should treat and respect them as ex- service men, come up with special schemes for their welfare and retired life. Most of the retired workers are very ill and neglected.
11. Appointment of children below 18 years in sanitary works by private contractors should be stopped and suitable legal punishment must be given who appoint children.
12. 'Local Education Committee' should be formed with ward members, school head masters and NGO representatives working for Arunthatiyars. Committee should find out

Arunthatiyar children's reasons for dropout and priority should be given to readmit those children.

13. Caste based discrimination in schools should be punishable and abolished. Training should be given to the teachers to treat all children with equal respect.

e. Regarding People's Awareness:

14. People should be aware with laws and legislations to safeguard their own dignity and rights through legal awareness campaign including Civil socities working for the welfare of Arunthatiyars.
15. It is also essential to promote awareness about the available NSKFDC's rehabilitation, loan and self employment schemes for sanitary workers and manual scavengers.

f. Regarding Improvement in the Working Conditions:

16. Duty should be allotted in the range of 2-3 km and if the work place is far, transport facility should be provided.
17. Every municipality/ sanitation office should have a toilet and bathroom to be used by the workers themselves, to clean themselves once they finish their work.
18. Suitable gears and equipments should be provided.
19. Outsourcing of sanitary work should be stopped because private companies/ contractors give minimum salary without any employment benefits (like PF, Insurance).
20. Public awareness should be given in treating solid waste as people are less aware about the segregation of garbage and solid waste.
21. Workers should be allotted to clean their residential colonies and proper monitoring should be done to maintain the same.

In this way, if the recommendations given will be followed, implemented and ensured strictly then only the stigma associated with the Arunthatiyars in our society will be removed up to a major extent and it is possible to include them in the main stream of our society. Therefore, it is an urgent need for government, non government as well as for the society to come forward and to take action for the positive inclusion of this deprived section which is tolerating the pain of being excluded since time immemorial.