

## Analysis of Social Health Impact of Caste System: A Case Study of Malangawa, Nepal

### ABSTRACT

**Aims:** The study explores the social and health challenges faced by the lower caste 'Dalits' living in Terai area (southern part of Nepal). The research highlights the present situation of the Dalit women who are ranked at the bottom of Nepalese social and gender hierarchy and explore ways to improve the situation.

**Study design:** The study is based on primary data collected from Terai in Nepal. The data was collected by conducting survey interviews in which the sampled respondents answered a set of predesigned questions to address the health challenges faced by the Dalit community. Fifty-one respondents were interviewed. Secondary data was used to reinforce and corroborate the findings of the study. The data gathered was processed and analyzed using Stata Software and the results were used to make recommendations to all the relevant stakeholders working in Social health sector.

**Results and Conclusion:** The research reveals how social hierarchy influences health situation in communities in a southern part of Nepal with emphasis on the social health of the population under consideration. The study has also found that despite the effort of the Government to outlaw marginalisation of Dalits by abolishing the caste system, the social caste system remains in practice across the country. The social ills such as unequal access to employment, education, health and clean drinking water and toilets still characterise many homes for the Dalits. Other challenges suffered by the Dalits include employment discrimination, high levels of illiteracy and exclusion from general political leadership.

**Recommendation:** The study finally recommends that there must be training and awareness program in the communities to make the society free from discrimination as well as provide increased access to education for the Dalits through among other ways, access to adult education as a way of empowering them.

**Keywords:** Caste System, Dalit, Dom, Ethnical group, Terai Region, Social health.

**Introduction:** Nepal is a developing country lies in southern Asia. It's a country where Hindu religion is dominant, caste rank is hereditary and linked to the occupations that people pursue in their lives. Simply put, the caste system practised in Nepal is a social hierarchy based on genetic characteristics in which the members of one group or caste are regarded different from the members of others regarding race, face, structure and so on (**1** below). The division was mostly based on the division of labour and occupation. The caste ranking was illustrated as Brahmin on the top followed by Chhetris, Vaishyas and Sudras respectively. Dalits are the one who is not even listed in the caste hierarchy. The caste system is so rigid and hereditary that one cannot change it throughout the life and need to remain in the same status ladder in which they are born. People are expected to receive the caste status as ascribed status in the society.

Nepal is a country where over 20 percent (about 4.5 million) of the total population are untouchables, commonly known as 'Dalits' (**2** below). Correspondingly, in India, untouchables make up with one-seventh of the total population. Social ranking of those people is at the bottom of the local caste hierarchies along with the most 'onerous' tasks in the village economic system (**1** below). Generally, untouchables are

mostly practised in Hindu Culture, but in Bangladesh, these traditions and beliefs have been adopted by Muslims majority **(18 below)**.

The word Dalit is a common designation referring to a number of different caste groups. Dalits belong to the lower caste groups and are often described as oppressed, exploited, and depressed. Their jobs are designated and destined to follow from generations to generation **(16 below)**.

According to many development experts, the caste system remains as one of the leading institutional obstacles to economic development in Nepal. The Dalits have remained exploited for centuries discriminated against in both law and fact. They are not only discriminated but also suppressed by the state. In 1990, the voice of the oppressed sections of the society was listened to when the constitution abolished the caste-based discrimination by making it illegal and punishable **(below)**. However, this is just existent on paper, as the discrimination based on caste has continued in Nepal to date. While the Dalits are found in all parts of the country, in some districts of Nepal, the concentration of Dalits is very high. Districts like Siraha and Saptari, located in the southern part of Nepal, called the Terai region have a high frequency of Dalits, and hence that is the main reason the research was conducted in the area. Discrimination against Dalits is prevalent in every part of Nepal whereas perception within the Dalit community is also common.

**Objectives:** The primary aim of this research was to establish whether social exclusion has had the adverse impact on the health and social welfare of the lower caste in Southern Nepal. This research argues that the social caste system practised in Nepal bleeds social exclusion that has multiple effects on the well-being of the Dalit population, causing health and socio-economic challenges. Meanwhile, lack of awareness and limited education among the Dalit has made it hard for the problem to be addressed to the extent that the population somewhat has grown passive and considered their situation as their fate and a divine curse upon them which they must embrace and live with.

**Theoretical framework:** The study attempted to explore the health awareness of the Dalit community and seek an understanding of social challenges and related obstacles that they faced in their daily lives. Therefore, the study was meant to assess the health and social effects that the lower caste suffered in the face of social stratification (caste system). The main argument of the study is that the caste system had a considerable adverse effect on the overall health and social welfare of the lower caste. In the process of understanding and showing the link between the caste system and health outcomes of the community in this study, the study tries to understand the ideas, beliefs, and practices that shape the behavior of individuals, families, and communities and their combined effect on the social disparities and health outcomes of the Dalit community. Ethnic minorities exist all over the world, and they face almost similar challenges. Several studies have been conducted on the challenges faced by ethnic minorities and the effects of social caste fragmentation in different parts of the World. **(below)** Violence against the Dalits still ranked high in Nepal. The Report covered an incidence of 14th May 2014 where members of an upper-caste family in Butwal Municipality assaulted Sabita Biswakarma, pregnant at the time, while she was filling her pitcher at a public water tap, causing her to lose consciousness. The study observes that problems in accessing health care were higher among the lower castes **(below)** These findings are reinforced by the National Family Health Survey-II **on page 6)** which also documented a similar picture of lower accessibility and poorer health statistics among the lower castes **(on page 6)**.

However, this study does not explore the social health impact of this discrimination among the Dalits. The study examines the subject of marginalisation that has been confirmed by many sections of society. Therefore, the gap in this literature remains the unexplored subject of the social health impact of the caste system on the lower caste groups. It is the interest of this research to fill in this gap by investigating in precise on the social health impact of the caste system in Southern Nepal considering that the marginalisation raised by different stakeholders is a product of the caste system.

**Material and methods:** Interviews were conducted to in Terai area covering four different survey areas of Malangawa and Sarlahi district of Nepal. The survey period was from 30 January to 10 February 2017. The interviews were conducted among the three different ethnical groups from the lower caste comprising

of the Paman, Chamar and Dom. The data collected from the survey was fed into an excel spreadsheet, and Stata dataset was created for further statistical analysis. From Stata, different graphs were produced to summarise the findings from the data.

Throughout the research, the data shown in the charts and graphs illustrate **Figure 1 Survey area** weighted numbers. The total number of respondents was fifty-one. All of them were interviewed individually. Local people were randomly selected for direct interviews. Out of fifty-one respondents, 37 percent were female whereas remaining 63 percent were male. The interviews were conducted for the deprived groups of lower caste people. The three major ethnic groups (Paman, Chamar and Dom) from the lower cast were the only ones interviewed out of many ethnic groups from research areas. Majority of respondents (51%) were from Paman caste.



The monthly income of the lower caste communities is not extremely low with the exception of the people from Dom ethnic group whose income is just \$23.45. Most of them still poor conditions trapped in debt.

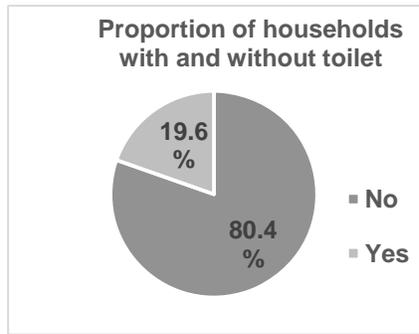
This figure shows that almost all the respondents are engaged in at least some kind of work. However, level of income differs from each group.

**Figure 2 Mean monthly income by Ethnicity.**

**Discussion:** This research has managed to establish that the people from the lower caste had limited opportunities to participate freely and fully in the community. The study observed that the lower caste marginalisation has negative impacts on their welfare. Besides, marginalisation was not a perception but a reality with which these groups have been forced to bear with. Left with little or no option, these people have found themselves accepting the status of inferiority and servitude in which they are deemed inferior to the rest of the groups. Considering that they have been complaining of marginalisation, this has not helped them as their voice is deemed inadequate to change the social order within a short spell of time with many seen folding themselves into painfully accepting their position in the society.

**Figure 3 Proportion of people employed ethnicity**

Throughout the fieldwork, it was observed that health services accessible to the lower caste is significantly low compared to the higher caste communities. Furthermore, it was noted in the study that poor hygiene practices such as not washing hands properly, unhygienic water storage, and drinking contaminated water were the main contributor to poor health resulting in several communicable diseases and illness in the Dalit communities. The most prevalent conditions in the Dalit communities were infectious diseases such as diarrhoea, Typhoid, and Tuberculosis, which all attested to poor sanitation. It is worth noting that bugs related to inadequate water, sanitation, and hygiene are not only the problem of Southern Nepal but a national problem and hence the need for the Government to commit itself in addressing this serious health hazard.

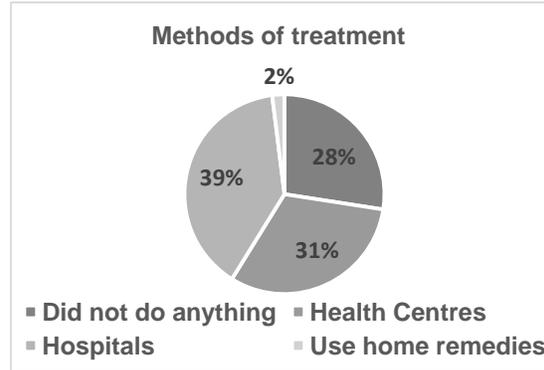


**Figure 4 Proportion of households with and without toilet**

Other complaints among the respondents included the unmanaged drainage system around their houses and how they were using open spaces near their homes for showers. Further, the respondents lamented the prevalence of infectious diseases such as Diarrhea and Tuberculosis among others which were all widespread due to poor sanitation and marginalisation in society as shown in **Figure 4** Proportion of households with and without toilet. The respondents observed that most of the people in these lower communities die from curable diseases due to unaffordable medical services and care. Other prevalent diseases among the lower caste were Malnutrition and Fever.

The different challenge that the lower rank faced was high illiteracy rate. The low education levels were attributed to inadequate schools in the Dalit communities and lack of finances to support the educational needs of their children. Some people also felt that there was no need for education if it did not open opportunities for them to progress in life given the application of the caste system. The levels of illiteracy were so high in these communities, a factor that exacerbated the communities' exposure to poor health conditions.

Furthermore, it was observed that the lower caste communities had a higher school dropout ratio for girl children who were forced into marriages to earn material support for their respective families. Besides, most of the teenaged girls were unaware of their age, and a significant number of them were married off in their early teen pretending that they were in their early twenties. However, the Dalit communities felt that the issue could be reasonably addressed had the community enjoyed available educational and health services. It was also established that most of the respondents were unaware about the cost for the general medical check-up and neither were they aware of free check-up facilities that existed for the lower caste in some regions. The study revealed that few people do not use the health services due to fear of hospital bills. Meanwhile, very few people still relied on home remedies for their ailment and about 28% of the respondents said they did not take health services when they got sick according to **Figure 5** How the respondent get treatment. While most of the respondents were aware of child vaccination, most of them were unaware of family planning. It was a shared experience to see girls of age 15 or 16 having at least one kid. Many of them faced the problem of miscarriages and several other women related problems which they were reluctant to share. The issue of untouchability is still extremely rooted in the Nepali community, as it was observed from the views expressed by the non-Dalits in this study that they could not mix with the lower caste for fear of having themselves condemned by the society.



**Figure 5 How the respondent get treatment**

To corroborate the information, ten non-Dalits were randomly sampled and interviewed. 80% of those interviewed stated that they strongly believed in the caste system and that it was rather a system that could not be changed. Those polled also noted that the caste system could not be broken because doing so would be an attempt to frustrate the principal culture of the country that has survived across generations. They felt that changing the system would amount to abandoning the nation and the identity of the people, stressing that the system was unique to its people who have learnt to live with it since time immemorial.

According to Ram Dulari Yadav, one of the non-Dalit respondents "even though some of the lower castes try to look clean and others have perfect housing and leading decent lives, that did not change their caste as they would always be a lower caste people for me. Nothing can change it". From her statement as well as that of other respondents who shared her view, it is clear that the issue is deep-rooted in the culture of

the people and thus making it hard to root out the caste system prevailing in the society. Besides, the non-Dalit respondents disclosed that they were not comfortable associating with the Dalits for fear of victimisation from the public. They contended that the Dalits were not only a lesser class but also an inferior caste that deserved its treatment concerning caste setup. Others even noted that they could be friends with Dalits within their homes but that they were not comfortable with extending their friendship in public. The extent of social discrimination directed towards the Dalits was summed up in a response from one non-Dalit respondent who stated as follows; "sometimes some people from a lower caste, try to get close and become friend with me. I do not feel okay and comfortable to be friend with them in public, though I can be friends with them at home. It is just hard for me because of the society, the public and all those who would see me would denounce me".

Moreover, the survey established that even if the salaries of most of the non-Dalits did not vary much from those of the Dalits interviewed, the social living conditions of the non-Dalits were much better than their Dalits counterparts. In fact, all of them stated that they had toilets, accessible education, and health facilities. The non-Dalits lived in a much comfortable environment that were clean and well maintained thereby reducing the risk of hygiene-related infectious diseases. Most of them stated that their communities had people with a relatively higher level of education than the Dalits. They also had no complaints regarding the feeling of being discriminated against or facing difficulties in accessing essential social services such as education and health. Therefore, the lower caste was being marginalised in their day-to-day life in Nepal. Their marginalisation is rooted in the cultural system that has allowed the practice to persist despite government regarding it illegal. The impact of the social stratification (caste) system was monitored across the Dalits who experienced higher health-related challenges such as low life expectancy, high maternal and infant mortality, as well as hygiene-related diseases. The other impact is high levels of poverty, debt and unemployment and poor living conditions which were the social consequences that arose from the caste system. Whereas changing the caste system is laborious and a slow process. Policy reforms and government intervention could reduce the impact of such belief system on the life of the Dalit Community in Nepal.

**Conclusion:** The problem among the lower caste cannot be resolved overnight. To overcome such issues, the government must take a stand and enforce the anti-caste discrimination laws. Nepal should reform its political party system and policies as well as become more friendly and comprehensive to the Dalit community; their problems should be highlighted as civic and human rights issues calling for more attention from the bureaucrat, politicians and the legislators. Meanwhile, despite the firm belief in the caste system in the community, it would be better and beneficial to the country as whole if a system or society without discrimination can be developed. A casteless society was possible, and this can be achieved with the radical change in the mentality of the organization and through intensified education. Besides, the Government is expected to rise above the social fragmentation and unite the country through legal reforms and voluntary economic programs that would be targeted at the marginalised groups with the view of uplifting them from their miserable status. Likewise, people from the lower caste have slowly tried to break the barriers by crossing from their traditional jobs to professional jobs, and this calls for the Government to support them by way of enacting inclusive labour policies.

### **Ethical approval is not applicable**

#### **Consent Disclaimer:**

**As per international standard or university standard, participants' consent has been collected and preserved by the authors.**

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## **APPENDIX**

### **Questionnaire Survey 2017**

#### **The Social Health Impact of Caste System in Nepal: A Case Study of Terai Region.**

- Based on Education, Social, Economic, Health and Sanitation

#### **I. GENERAL INFORMATION**

1. NAME -
2. AGE -
3. GENDER -
4. PHONE NUMBER (IF ANY) -
5. How many members do you have in your family?
6. How long have you studied so far? Can you do some simple calculations?
7. What do you do for your living?

#### **II. SOCIAL**

1. Do you feel excluded from community? If yes to what do you feel excluded from community activities?
2. Do you have friends within Dalit community?
3. Do you have friends outside the Dalit community?
4. Have you ever wished to be upper caste people? If Yes, why?
5. What incarnation would you like to be in your next life cycle?
6. What do you want your children to be in future?
7. What do your children want to be in the future?

#### **III. ECONOMIC DISCRIMINATION**

1. Are you in employment? If yes than how much is your monthly income (m/y)?
2. What kind of jobs are available in the community?
3. What kind of jobs are you doing? What kind of job do you prefer to do?
4. Do you have anyone from your family working outside the country? If yes, what do they do and how much he earns?
5. Do you know anyone from your caste who earning more than 20,000 rupees per month? If yes, then what does he or she do?
6. Do high caste people clean the toilets by themselves? If no, why not?
7. Which of the following do you own as a family; cell phone, radio, TV, computer? State the purpose for each one of them you own.

#### **IV. EDUCATIONAL SECTOR**

1. Have you ever been to school? How far did you go with your education?
2. Are your children of school going age in school?
3. How much do you pay for their school?
4. Do your children likes to go to school?
5. Are there any special schools for children in your communities?
6. Do you want to send your children to school but cannot afford the expenses?

#### **V. HEALTH AND SANITATION**

1. How frequently do you get sick?
2. What kind of disease is very common in the community?
3. Did you get sick within last 6 months? If yes than, how did you get the treatment?
4. How much is the general cost for checkup? How much do you pay on average for your medical checkup?
5. Do you tell your children to wash their hands before meal and after using toilet?
6. How often do you shower in a day?
7. Do you get vaccination for your children? If yes than which one?
8. Do you get vaccination for your children? If No then, why?
9. How do you protect your children from infectious diseases?
10. What is the main source of water used by your household for purposes such as cooking and hand washing?
11. Do you treat or boil water to make it safer for drinking?
12. Do you have toilets in your house? If no, where do you go for toilet?
13. What is the average marriage age of boys/girls in your community?