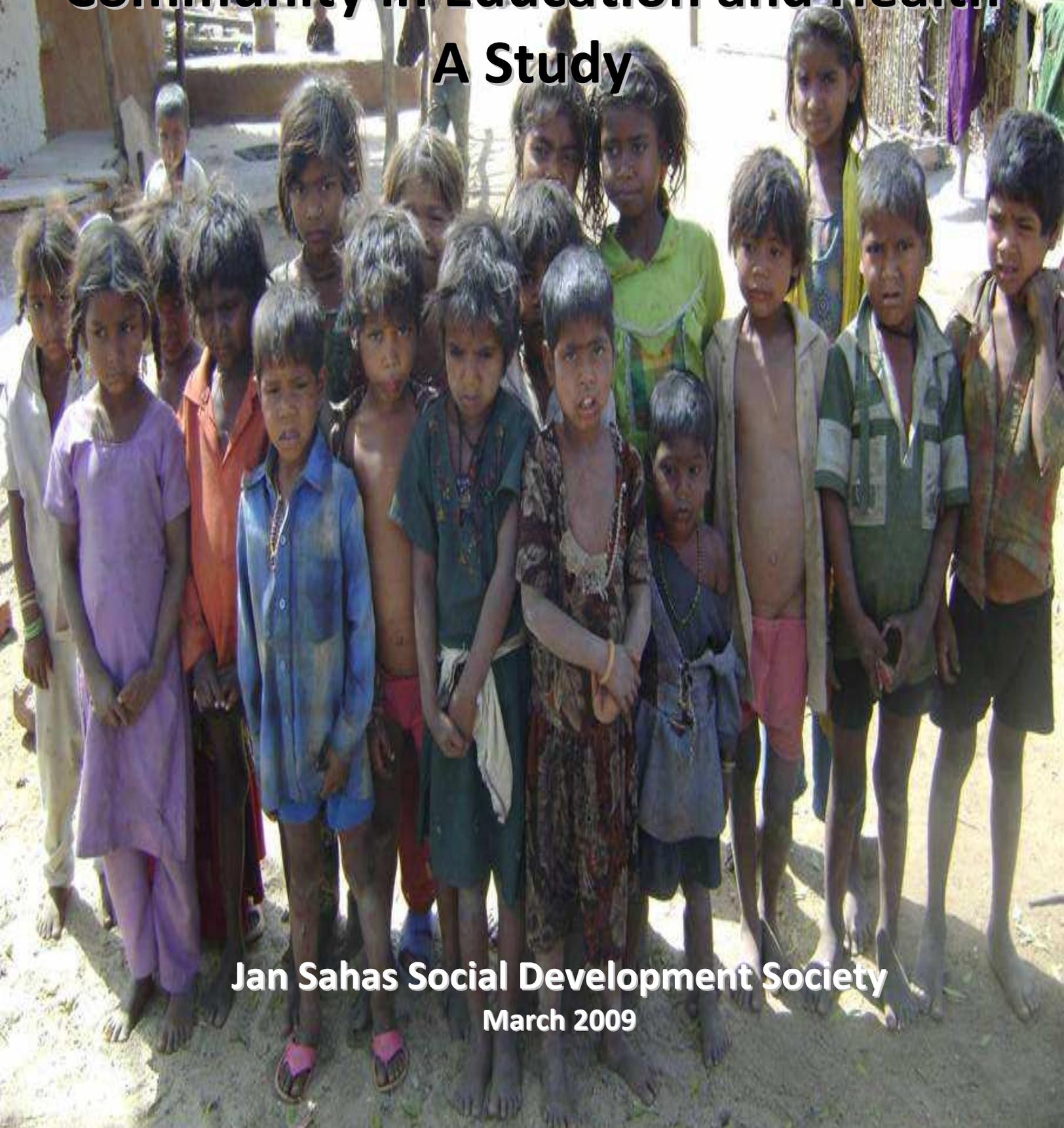


# **Exclusion and Inclusion of Dalit Community in Education and Health A Study**



**Jan Sahas Social Development Society**  
March 2009

# Exclusion and Inclusion of Dalit Community in Education and Health: A Study

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This study has been carried out by Jan Sahas Social Development Society and the conclusions and facts in the report are based on the field research carried out by the team of Jan Sahas. UNICEF's role was limited to providing financial support for the study and the views and analysis presented in the report are solely that of Jan Sahas.

**Cover Photo:** Out of school Dalit children in one of the study villages.

## Prologue

It has been more than 60 years since independence of India but the fundamental rights envisaged in the Constitution of India have still not been fully reached the Dalit community. The traditional influential social forces still puts hurdles in the path of Dalit community using its fundamental rights. Incidences of discrimination, untouchability and atrocities on Dalits still remain in many ways which violate their right to life.

This situation of the Dalit community often has reflected in the public services accessed by them. It is clear that public services in the villages like *Anganwadi*, hospitals and schools contribute importantly in the development of people. The issue of Dalit community not being able to get full benefits of these programmes have surfaced quite often and therefore through this study an attempt has been made to know and understand that upto what extent are the women and children of Dalit community able to access and benefit from these services and whether there are some impediments that are coming in their way.

Financial support for completing this study was from UNICEF, Bhopal. Dr. Hema Pisa, Mrs. Smita, Sri. Rajendra Bandhu and Sri. Harish Kumar specially contributed in giving direction to this study and in analysis of the issues and points emerging from the study. In the field work in the districts taken up for the study, Mrs. Krishna Pawar, Sri. Sajjan Singh, Mrs. Sangeeta Kumbhkar, Sri. Dhuljiram Rathore, Sri. Salim Mansoori, Sri. Bajesingh Parmar, Sri. Pramod Phatrod, Sri. Vikram Singh, Ms. Maya, Mrs. Lalita, Sri. Ramesh Pawar, Sri. Phool Singh and Sri. Mohan Bamaniya, had important contributions.

In providing feedback on the draft report of the study and making it more effective various organizations of Madhya Pradesh. Media, social workers, Anganwadi and Asha workers, teachers, children, Panch – Sarpanchs and functionaries of the organization played an important role. In form of resource persons Mrs. Vimal Thorat, Professor- Delhi University and Head, All India Dalit Women Federation (Akhil Bhartiya Dalit Mahila Federation), Dr. R D Maurya, Professor, Dr. Baba Saheb Ambedkar Social Research Institute, MHOW and Sri. Salil, Journalist, Hindustan Times had critical contributions to make.

I hope that through this study would help in putting a stop to the social exclusion happening with the Dalits, would contribute towards their social inclusion and their equal participation in the development programmes. I also hope that this report would bring forward important issues for policy changes.

Thanks!

**Ashif**  
Jan Sahas, Dewas  
March 2009

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## 1. Introduction

The constitution of India states that every one in the country will get equal opportunity of livelihood and development. The caste system prevalent from centuries has deprived the Dalit community from equality of opportunities and development, which has increased social inequality and injustice. Due to this inequality in the society the Dalit community is deprived of social, economic and political rights.

The constitution of India has declared India as a Democratic Republic under which everyone has equal social and political rights. Under Article 14 to 32 of the Constitution everyone has been given fundamental rights related to equality, freedom, expression and development but the experiences of last 60 years show that the Dalit community has been deprived of these fundamental rights.

In Madhya Pradesh regular instances of Dalit discrimination and atrocities have come to light. The experience till now tells us that due to traditional dominance the provisions of the constitution could not be implemented at the grass root level. The Dalit community has to face discrimination and atrocities at every step. In the villages their habitation and occupation have been demarcated and they have been kept away from public utilities.

The population of Dalit community in Madhya Pradesh is 15.20 percent. 75 percent of this population stays in rural areas. There are 47 different castes in Madhya Pradesh with whom regular instances of discrimination come to light. It has been observed that in many places of the state the Dalit community is not served tea in cup in the hotels. Barbers do not cut their hair and they are not allowed to enter religious places. At many places they are not allowed to cross the residence of the non Dalits wearing slipper or shoes. Their habitations have been named after their castes. Even today many people of the Dalit community are forced to do manual scavenging and lift the corpses of dead animals, which not only deprive them of the freedom of choosing their occupation of choice but also violate the right of dignified living.

It is clear that, from the very beginning, the Dalit community has been deprived of the Fundamental Rights given by the Indian Constitution. Hence effort has to be made for Dalit community to ensure dignified life with their fundamental rights. In this direction it will have to be examined whether the Dalit community is getting the benefits of the development plans and schemes or not. If not, then what is keeping them away from getting the benefits of the government plans and schemes? The literacy, health and employment programmes along with other developmental programmes play an important role in the betterment of the economic and social condition and status of the people but to keep the Dalit community deprived from these benefits is keeping them away from social and economic developments.

It has been observed that from the point of view of literacy the Dalit community of Madhya Pradesh is very backward. In the state the Dalit literacy rate is 58.60 percent

and among the Dalit women the literacy rate is just 43.30 percent. Many children of the Dalit community are deprived of education and of the rest school going children many of them are compelled to drop out of the school without completing the school education.

According to the Census of 2001, 28.50 percent of the children from Dalit community drop out of school before reaching class V, 13.90 percent of them leave after reaching middle school, and 10.80 percent leave before reaching high school. According to a recent national survey it has come to light that the children of the Dalit community have to face discrimination during the mid day meals given in the schools.

Therefore, it was felt that an investigation is necessary to know what actually the status of Dalit community women and children is. Are they able to utilize the services of the education and health programs available in the villages? What is the effect of the inclusion and exclusion from education and health services on the women and children of the Dalit community? How to overcome the exclusion of the Dalit community from these services and include them in the reach of these services? This research is an attempt to look for an answer to these questions.

## 2. Objectives of the Study

The main objective of this research is to understand the discrimination in education and health services with respect to the Dalit community, especially among the women and children, and to understand the effect it has on the health of Dalit women and education of Dalit children so that ways can be found to ensure basic rights for the Dalit Community.

The main objectives of this study were finalized as follows:

### 1. **Assessment of the Quality of the Education and Health Services Present in the Villages**

The present research aims to evaluate the quality of the present education and health services in context of the Dalit community. By quality it is meant whether the present Anganwadi, Health Sub Center and school starts on time? Are the services provided by these are available equally to every one in all aspects? Are the employees of these institutions carrying out their duties and are they treating everyone equally? Looking for answer to these questions and other related questions was included in the purpose of this study.

### 2. **To Evaluate the Condition of Exclusion and Inclusion of Dalit Community in Health and Education**

It is evident that many types of discrimination have been taking place with the Dalit community in the social structure of the villages. Hence through this study an attempt has been made to assess as to how independent are the public services in relation to the discrimination happening with the Dalit community in the society. Are they able to reach out to and include the people of Dalit community, especially women and children?

### 3. **To Know the Reasons for the Exclusion of the Dalit Community from the Public Services and Utilities**

One of the objectives specified for this study was to assess the reasons for the exclusion of the Dalit community from the public services available in the villages especially in Anganwadi, Education and Health services. After all what are the reasons in the society due to which Dalit community is not able to access these public services and utilities. It has been tried to examine the behavior of the workers associated with public services towards the stake holders of Dalit community and also that of the stake holders of the non Dalit community with that of the stake holders of the Dalit community.

### 4. **To Know the Effect of Social Exclusion**

What are the effects on the lives of the Dalit community due to this prevailing social exclusion? To understand this was specified as the main objective of this study. It is clear that the women and children of the Dalit community are not able to take the benefits of the Anganwadi, school and health services. The factors behind this are largely caste based. Due to the caste based factors by the functionaries attached to

these services and the discriminatory behavior of the non Dalit community, the Dalit community is not able to get the benefit of these services, which affect the social and economic development of the Dalit community. The present study tried to find out how the exclusion of the Dalit community from the public services is a hindrance to their social and economic development.

**5. To Understand the Worries and Concerns of the Dalit Community Towards Exclusion**

Understanding the concerns of the Dalit community regarding this exclusion from public services and the effects of it and what they are trying towards it, is also one of the objectives of this study. It has been observed that the Dalit community is not accepting this exclusion willingly but they are forced for it. Understanding the efforts they are putting towards overcoming this exclusion and due to this effort what types of struggles and achievements they are facing was also one of the objectives of this study.

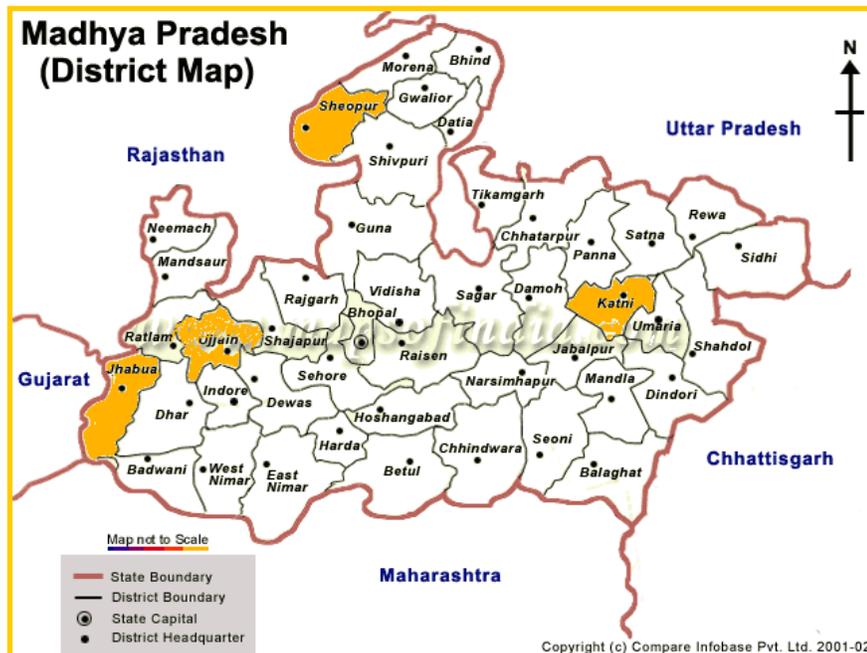
**6. To Find Out Ways For Inclusion**

One of the objectives of this study is also to find out ways and implement the measures to remove the exclusion and include the Dalit community in the public services of the villages. Simultaneously the focus was also to find what efforts the Government, Administration, Peoples Representative, Voluntary Organization and community can make for this and what can be the policy changes and other interventions for this?

### 3. Methodology and Area of Study

#### 3.1 Description of the Study Area

Four districts were selected for the study to evaluate the public services in context of the development of the Dalit community in Madhya Pradesh. The basis of the selection of these districts was the population of Dalit community in these districts. To get a representative picture of Madhya Pradesh different types of districts were selected in which Ujjain, Katni, Sheopur, and Jhabua are included.



It is to be noted that in Madhya Pradesh Ujjain has the maximum population of Dalit community at 24.71%, whereas the minimum population of the Dalit community at 2.81% is in Jhabua district. In Katni and Sheopur the population of Dalit community is medium (that is less than the maximum and more than the minimum) Apart from population these districts fall under Malwa, Nimar, Chambal and Bundelkhand regions in Madhya Pradesh and together provide a composite and representative picture of the state of Madhya Pradesh.

**Table1: General Information of the Districts Selected for Study**

Sl. No.	Name of the District	Total Population of the District	Population of Dalit Community	Literacy Rate of Dalit Community In Percent
1	Ujjain	1710982	4222882 (24.71%)	59.80
2	Jhabua	1394561	39290 (2.81%)	43.40
3	Katni	1064167	122171 (11.48%)	56.00
4	Sheopur	559495	90420 (16.16%)	45.60

From the above table it is clear that in Ujjain district has the maximum population of the Dalit community at 24.71 percent among the 4 districts selected for the study and Jhabua has the minimum population of Dalit community at 2.81 percent. Katni and Sheopur on the other hand have 11.48 and 16.16 percent of Dalit community respectively. Similarly if we see the literacy rate of the Dalit community we find that highest literacy of 59.80 percent is in Ujjain and the lowest literacy of 43.40 percent is in Jhabua. In this manner the districts with maximum and minimum population has the highest and lowest percentage of literacy among Dalits respectively.

### **3.2 The Basis of Selection of Blocks**

The basis of Block selection was the same as the selection of the Districts, that is, based on the Dalit population. For this study two blocks from each district were selected. The blocks selected were based on the block with highest Dalit population in the district and the block with lowest Dalit population in the district. In this way 8 blocks were decided upon, out of which 4 blocks had the maximum population of Dalits as compared to other blocks in their respective districts and 4 blocks with minimum Dalit population among the other blocks of their respective districts.

### **3.3 The Basis of Selection of Villages**

Similar to the basis of selection of Districts and Blocks, villages were selected on the basis of the Dalit population. For this study from all 4 districts 3 villages were selected from each block. The villages selected had the maximum Dalit population in the block, median Dalit population in the block and minimum Dalit population in the block. In this way a total of 24 villages from the 8 blocks of the 4 districts were selected for the purpose of this study. In all these villages purposive sample of the Dalit community was taken so that the study could focus on the subject and objectives of the research.

### **3.4 Preparation for Research**

#### **• Pilot Survey**

To test the tools and methodology of this research, pilot survey in 3 villages in the research area was carried out. The selection of these 3 villages for pilot survey was done on the following criteria:

- One village with predominant Dalit population
- One village with minority Dalit population
- One village with median population of Dalit

The team of researchers held a meeting to share the experience of the pilot survey and had a discussion to decide on further strategy. In this meeting subject matter specialists and research methodology experts also participated. After discussions and presentation of experiences necessary changes were made in the tools and questionnaire and detailed framework for the research was prepared.

### **3.5 Presentation of Draft Report**

Before finalising the report on 20<sup>th</sup> March 2009 a Sharing and Feedback Workshop was organized in Indore. The presentation of the draft report was attended by experts, workers of voluntary organisations and representative from the study area. The findings of the draft study report was agreed to be of importance in highlighting the field situation and many suggestions were given for further strengthening of the report. Participants were of the view that to implement the recommendations given in the report effectively the voluntary organisations involved on the issue will have to coordinate among themselves to make a plan for coordinated action.

It is clear that this study was an attempt to assess the status of exclusion and inclusion of the Dalit community in the health and education services being implemented for the development of women and children in the villages. Even during the meeting instances of atrocities against Dalit community at different places came to light. Participants suggested that the issue of atrocities on Dalit community should be included in the research. However, to have focus on the subject and distill critical recommendations, it was not possible to expand the present research to such a scale. It was felt that the atrocities and effect of the same on Dalit community calls for a separate study.

Through this research an attempt was made to find out what are the difficulties in accessing and to avail the services of health and education in the villages and their impact on the Dalit community so that ways can be found to remove these difficulties and barriers. The purposive sample in this study was also adopted to have focus on the subject.

In this sharing feedback workshop 72 participants of different organizations, social workers, Anganwadi workers, Asha workers, teachers, children, and Sarpanch participated and as resource persons Mrs. Vimal Thorat, Professor Delhi University and Chairperson Indian Dalit Women Federation, Dr. R.D.Maurya, Professor, Dr. Baba Saheb Ambedkar Social Research Center, MHOW, and Mr. Salil, Journalist, Hindustan Times also participated. After incorporating the critical feedback from the workshop the report was finalised.

### **3.6 Sample and Tools**

The following tools were used and sampling for each of them was taken for the present study.

#### **3.6.1 Focused Group Discussions (FGDs)**

In 23 of the 24 villages from the four districts was held. These group discussions were held with the Dalit community in their own locality. The discussions were regarding the situation of the Dalit community in Anganwadi, A.N.M., Asha Workers and Schools. In every village the FGD was conducted for 2 to 4 hours, in which a total of 669 people participated out of which 365 were women.

#### **3.6.2 Survey**

For this study a total of 3 types of survey were done which are as follows:

- **Survey of Children** – The survey of children was carried out for children from classes 4 to 8 of Dalit community. Out of the total students of Dalit community on rolls 10% of them were surveyed. Special attention was paid that this number was not less than 10. If in any school 10% of the Dalit community children were less than 10 then all the students were surveyed out of which half were girls. If the number of girls was less than half all the girls were surveyed. In this way a total of 158 children were surveyed. 82 school drop out children were also surveyed.
- **Survey of Parents** – The survey of parents was focused on Anganwadis. This was done with parents of children of Dalit community going to Anganwadis. Out of the total children registered with Anganwadis the parents of 10% of the Dalit community children were surveyed. In this survey 131 parents were surveyed. Parents here mean, either mother or father of the child, which ever was available. Discussions were held with them and the survey questionnaire was filled up.
- **Survey of the Women** – In the villages the pregnant and lactating / feeding mothers of the Dalit community were surveyed. In every village 5 pregnant and 5 lactating / feeding mothers were surveyed. In this way in one village 10 women were surveyed. In case the number of pregnant and lactating mothers was less than 10 then all the women were surveyed. In this way in 24 villages a total of 81 lactating mothers and 50 pregnant women were surveyed.

### 3.6.3 Interview

For this study a total of 5 types of interview were done which are as follows:

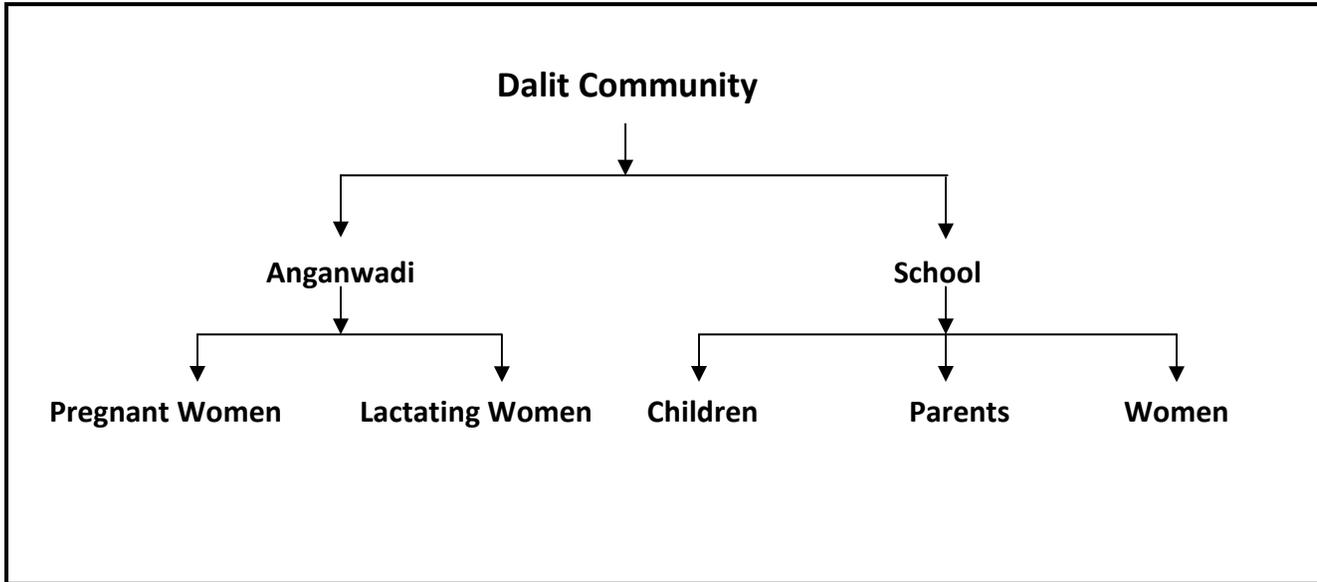
- **Sarpanch** – In every panchayat one Sarpanch was interviewed. This interview was focused on the public services available in the villages. In this way two Sarpanch were interviewed in one district resulting in a total of 8 Sarpanch being interviewed.
- **Teacher** – In every block one teacher (Headmaster) was interviewed. In the survey area total of 8 teachers were interviewed.
- **Asha Workers** – In every block one Asha worker was interviewed. In this way two Asha worker were interviewed in every district.
- **Anganwadi Worker** - In every block one Anganwadi worker was interviewed. In this way two Anganwadi workers were interviewed in every district.

### 3.6.4 Case study

During the survey, while discussing with people in the study area, different incidents and examples related to the subject of the study were also included.

In this way the research was mainly focused on the Dalit community and the status of inclusion and exclusion of Dalit community from public services; Anganwadi and school were studied. For this, pregnant women, lactating mothers, parents and children were

surveyed and Focused Group Discussions were held in Dalit community localities. The main points of research can be depicted in the flow chart that follows:



## 4. Anganwadi and Development of Dalit Children

The first condition for a child's development is better nutrition, and this paves the way for their better future. Today also majority of the population in the country, due to their weak economic condition, have to struggle for proper nutrition, health care and education of their children. For example, the land holding of the Dalit community is only one third of their population. This means that majority of the Dalit community is landless and they have to depend on daily wage earning for their living. Due to lack of jobs they cannot manage adequate health care, food and quality education for their family.

The second problem of the Dalit community is related to their social status. The atrocities and discrimination heaped upon by the traditional society from years has hindered their social and economic development. Hence when we talk of people's welfare state in the country it becomes essential for the government to arrange for all the ways and means necessary for overall development of the economically and socially weaker sections of the society and simultaneously to eradicate the nature of exploitation of the people by some sections in the society.

For the development of children, on 2<sup>nd</sup> October 1975, Integrated Child Development Scheme was initiated. The objectives of the program were as follows:

- To improve the nutrition and health of children below 6 years
- To put the foundation for holistic psychological, physical and social development of children
- To reduce the incidences of sickness, death, malnutrition and dropouts from schools
- To develop conducive policies and coordination between various departments for improvement in the development of children
- To enhance the capacity of the mother to understand general health and nutrition issues of the child by educating her on total health and nutrition

To fulfill the above objectives Anganwadi were established in every village of the country. For running of the Anganwadis a planned structure was created by the Women and Child Development Department in which responsibility of different functionaries was fixed right from the village to block to district level.

Anganwadi workers and assistants were given basic responsibility to look after the total welfare, primary education and nutrition of children in the Anganwadi centers initiated in the villages. They are supposed to hold regular activities with the children of the villages and arrange for their nutritional food.

Under the monitoring systems made to run these establishments in organized manner, supervisors at cluster level, Block Project Officer at Block level and District Project Officer at District level were appointed and given respective responsibilities. As per the directions of the Government of India, provisions were made to open one Anganwadi

centre in every urban and rural area with a population of 1000 and one Anganwadi center in Tribal area with a population of 700.

Under this study effort was made to assess how much benefit the children of the Dalit community are getting under this extensive plan for the development of women and children. It is to be noted that in Madhya Pradesh the population of the Dalit community is 15.2% and the majority of this population is dependent on daily wage earning for their livelihood. Additionally this section of the society has been facing atrocities and discrimination from years which has affected their development. Hence it was felt that it is essential that that this community gets the full benefit of the development plans of the Government.

**Table 2: Occupational Details of Surveyed Parents Whose Children are Going to Anganwadi**

Sl.	Occupation	Number in Percent
1	Wage Earner	78%
2	Caste Based Occupation	02%
3	Agriculture	12%
4	Other Occupation	08%

To assess as to how much benefit the children of the Dalit community are getting from the Anganwadi under the Integrated Child Development Scheme and how conducive is the environment for the children of this community, a total of 131 Dalit families from the chosen villages from 4 districts of the study area were surveyed. In these 131 families the number of children below the age of 6 years is 201, who are considered to be the user group of the Anganwadis. Out of these 201 children who are in the age of going to Anganwadi, there are 99 girls and 102 boys.

Out of the surveyed parents the percentage of daily wage earning parents is as high as 78 percent. The existence of 78 percent parents dependent on daily wage earnings in the random sampling establishes the fact that the Dalit community is economically weak. Out of the remaining 22 percent 2 percent parents are involved in caste based occupations such as making leather items, making bamboo artifacts etc. Out of the surveyed parents 12 percent parents are involved in agriculture for their livelihood. In this way we see that out of the surveyed parents maximum are daily wage labour for whom the services provided by Anganwadi become very critical.

#### **4.1 Situation of Anganwadi**

The status of 24 Anganwadis in 24 villages in the surveyed districts is reflected in the findings of the study. The assessment of the status of the Anganwadi situated in these villages is based on the survey of the parents availing Anganwadi services and at the same time the focused group discussions carried out in the 24 villages.

From the survey it is clear that the work of most of the Anganwadis is limited to distribution of nutrition meals. They are indifferent to the primary education, sports and creative activities. It was found during the focused group discussions that only in three Anganwadis, activities related to primary education is taking place and rest are limited to distribution of nutrition meal.

Out of the 131 families surveyed, children of 82 families go to the Anganwadi. These 82 families expressed different views and opinions about the activities in the Anganwadi. 9 percent parents agree that primary education and other activities related to primary education take place in the Anganwadis whereas 48 percent parents say that no such activities take place in the Anganwadis thus forming a majority view. 7 percent parents say that the activity in the Anganwadi center in their village is limited only to distribution of nutrition meal. Therefore if these 7 percent parents are added to those parents who say that there are no activities taking place then this number goes further up to 55 percent of the parents. This brings out the point clearly that in the surveyed area the opinion of more than half the people about their Anganwadi is that there are no activities taking place in the Anganwadis.

12 percent of the parents however say that sports activities for children do take place in the Anganwadis in their area. 24 percent of the parents in the surveyed area are not aware about the activities in the Anganwadi of their area at all. Table 3 that follows gives the break up.

**Table 3: Activities Taking place in Anganwadi in the Eyes of the Parents**

SI No.	Activities in the Anganwadi	Number (in percentage)
1	No information	20%
2	No activities in the Anganwadi	48%
3	Only nutritious diet available	07%
4	Activities take place in Anganwadi	09%
5	Sports take place	12%

It is clear from this that mostly the activities of the Anganwadi are limited to distribution of nutrition meal in the villages. The biggest reason for this as expressed by the parents in the focused group discussion was that the Anganwadis in their area do not have their own building. The Anganwadi is mostly conducted at the residence of the Anganwadi workers.

According to the opinion expressed by the community during the focused group discussion there are many problems which arise out of conducting the Anganwadi at the Anganwadi worker's residence. One of them is that generally there is not enough space for children to play freely and conduct other activities.

Secondly when the Anganwadi is conducted at the residence of the Anganwadi workers the people of the Dalit community cannot visit the Anganwadi freely to see and in the

presence of other family members of the Anganwadi workers they cannot question and discuss the issues of the Anganwadi with the Anganwadi worker. Wherever the Anganwadi worker is the daughter in law of a family she has to be in veil in front of the elders of the family prohibiting free communication and exchanges with the children.

It can therefore be concluded from the opinions expressed in the focused group discussions that the Anganwadi worker is not able to perform her duties effectively wherever the Anganwadi is conducted at the residence of the Anganwadi worker. Therefore by conducting the Anganwadi at the residence of the Anganwadi worker conducive environment is not available to the children, parent or the Anganwadi worker herself to work and carry out her responsibilities effectively.

#### 4.2 Anganwadi and Social Exclusion

In the Anganwadis established for the development of all the children of the village the presence of the Dalit child is very low. During the study in the surveyed 131 families the number of children eligible for going to Anganwadi (children less than 6 years of age) was found to be only 201. Out of this only 127 of them go to Anganwadi and the number of children and rest 74 do not go to the Anganwadi at all.

Therefore we find that in the surveyed villages 37 percent of the Dalit community children are deprived from the benefits of the Anganwadi. Here this fact is also of importance that 30 children out of these 127 children do not go to the Anganwadi daily. In this way the number of children going to Anganwadi regularly is limited to only 97. This is 46 percent in relation to the total children of these families. In this way we can conclude that more than half the children of the Dalit community are not going to Anganwadi regularly. The following table reflects the picture clearly.

**Table 4: Children of Dalit Community in Anganwadi**

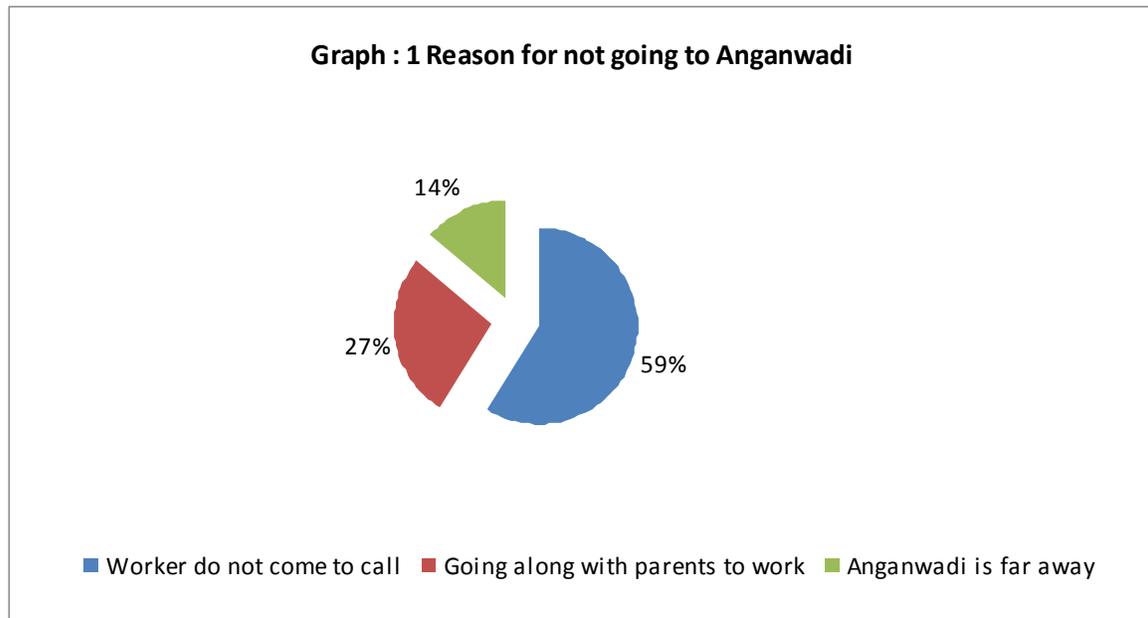
Children going to Anganwadi regularly in percentage			Children going to Anganwadi irregularly in percentage			Children not going to Anganwadi in percentage		
Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
26%	22%	48%	08%	07%	15%	17%	20%	37%

#### 4.3 Why Don't Children go to the Anganwadi Regularly?

As depicted in Table 4 above the percentage of children of Dalit community going to Anganwadi regularly is 48 percent. 15 percent children go to Anganwadi sometimes and 37 percent never go to Anganwadi. If analysed with reference to the surveyed families, then out of the total of 131 families surveyed, children of 49 families do not go to Anganwadi at all.

There many reasons for children not going to the Anganwadi regularly which as expressed by the surveyed families. According to them, their younger children cannot go the Anganwadi alone. To take them to the Anganwadi Assistant has been appointed but

the assistants do not come to the Dalit locality to call them or to take them along to the Anganwadi.



It is to be noted that it is the responsibility of the Anganwadi worker to look after all the arrangements of the Anganwadi whereas the responsibility of the Anganwadi Assistant is to go from house to house and bring along the children to the Anganwadi, cook nutrition meal and drop the children back home. However, the complain of the surveyed parents is that the Anganwadi assistant do not come to the Dalit community localities to take their children but takes children from other localities along with them. This is the reason children of 49 percent of families do not go to Anganwadi at all.

This clearly implies that there is caste based discrimination by the Anganwadi Assistant in calling the Dalit children and taking them from their homes because of which the children of these families are deprived from the benefits of the Anganwadi.

Similarly 10 percent of the parents do not send their children to Anganwadis because many types of discrimination take place with them in the Anganwadis. They are not allowed to sit inside the Anganwadi, they have to stand outside in the portico and after the distribution of food they are asked to go home by the Anganwadi worker. Due to such behavior in the Anganwadis 10 percent of the parents do not send their children there.

It is clear that due to caste based discrimination by the Anganwadi Assistant reflected in not calling and dropping back the children from Dalit locality, children from 49 percent Dalit families are not able to go to Anganwadi and due to caste based discrimination in the Anganwadis children of 10 percent families are deprived of the benefits of the Anganwadi. Taking together the two types of the families, this comes out clearly that of

the total Dalit community surveyed a total of 59 percent of the families face exclusion due to caste based discrimination in the Anganwadis. 27 percent of the families while going for work take their children along with them. They say that they cannot leave their young children alone at home. 14 percent of the parents say that as the Anganwadi is far away from their home they cannot send their children to the Anganwadi.

#### **4.4 Not Free from Discrimination**

Anganwadi is supposedly a center for mental and physical development of children in which children from all the communities residing in the respective villages participate. However the effect of different systems and beliefs among different communities is seen in the Anganwadi also. In the villages incidents of atrocities and discrimination with the Dalit community is happening from a long time and the Anganwadi which is for development of children is also not free from it the consequences of which are borne by the Dalit community.

10 percent of Dalit families' children of the villages do not go the Anganwadi because discrimination takes place with them. Out of 28 Anganwadis surveyed in 23 Anganwadis Dalit children are made to sit in different lines, this makes the innocent children feel about being from a particular caste. Out of the surveyed 131 families 82 families are such whose children go to the Anganwadi. Out of these 82 parents 42 said that their children have to sit in caste based lines in the Anganwadi.

In Anganwadi the children of the Dalit community have to bring their own utensils for meals. This means that in Anganwadi they are not given utensils. Out of the 82 parents whose children go to the Anganwadi 76 parents confirmed this. Children from Dalit community are send back home with the nutrition meal even before they enter the Anganwadi.

From the survey of 82 parents whose children go to Anganwadi the fact comes to light that children of 39 families bring the meals back to their home and eat it there as they are not allowed to sit in the Anganwadi. 43 parents said children eat at Anganwadi but have to carry their own plates from home. One parent said that as there is no plate in their house the child takes a polythene bag from the house for taking food and has to eat it from the bag itself.

As far as the behavior of the Anganwadi workers towards children is concerned, 39 percent families say that the behavior of the Anganwadi worker is good, 23 percent families say that their behavior is average. 33 percent said that there is discrimination with Dalit community children by the Anganwadi workers. Focused Group Discussions confirm that the behavior of the Anganwadi workers is not appropriate with the children of the Dalit community. From the focused group discussions in 23 villages it has come to light that wherever there is an Anganwadi worker from non Dalit community the discrimination with Dalit community children is more. People believe that the

assistants take non Dalit children from their home but the same facility is not available to Dalit community children.

Here this fact is to be noted that on one side where 42 percent of the parents says that during the meals their children are made to sit in caste based lines, and on the other hand 33 percent parents say that the behavior of the Anganwadi worker is discriminatory. This is because of the fact even if the children are made to sit in the caste based lines, the behavior of the Anganwadi worker and the Assistant in talking with the children and other areas is all right and the system of caste based line is because of the pressure from the non Dalits of the village. The focused group discussion held in different villages brought this to light.

On the basis of the facts arising out of the survey it is clear that the Anganwadi is not independent or untouched from the general situation of the Dalit community in the villages. The untouchability and other discrimination taking place with the Dalit community in the villages reflect on the services of the Anganwadi as well. Today also the Dalit habitations are in different line and locality of the villages, their water source is separate, in the same way in the Anganwadi the children of the Dalit community have separate queue and they have to take their own plates for meals. This along other such reasons the Dalit community is not able to get the benefits of the Anganwadi.

#### **4.5 Activities of Anganwadi**

Giving nutrition meals to the children is a part of the Anganwadi activity. For the overall development of the child other activities such as sports, stories and poems and other creative activities, apart from the meals is also necessary. There is a provision for all these activities to be held in the Anganwadi hence during the survey it was tried assess as to what types of activities are going on in the Anganwadis. In the discussion with the 131 surveyed parents it was found that, in the surveyed villages, in 21 out of the 23 Anganwadis no other activities are taking place other than distribution of meals. There are only 3 Anganwadi where sports, stories and poems and other creative activities take place.

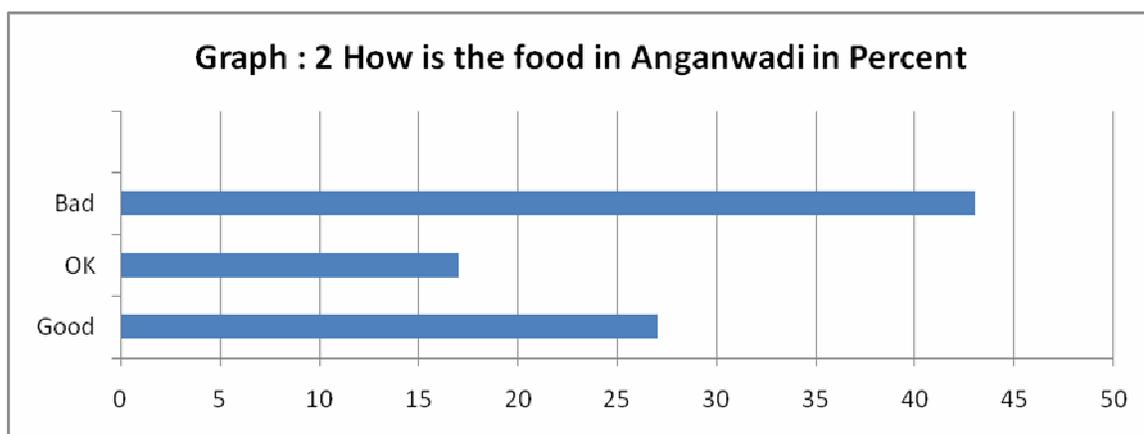
Hence it is clear that in most of the Anganwadis there are no creative activities taking place. Under these circumstances the Anganwadi center have merely turned to food distribution centers.

#### **4.6 Quality of Meals**

During the survey this fact came to light that most of the parents are not satisfied with the quality of food served in the Anganwadi. This study was done in 23 villages with 131 such families where there are children below the age of 6 years, who are supposed to be the users of the Anganwadi services. Out of these 131 families, children of only 82 families go to Anganwadi.

On discussing about the quality of food served in the Anganwadi with these 82 families it was found that even today in most of the Anganwadi only *Daliya and Panjiri* is being served in the name of food. Only 6 Anganwadi are such where other than *Daliya* meals are prepared as per the menu specified by the Government, which has clear directions to prepare different meals on different days of the week. In spite of this Anganwadis are serving only *Daliya and Panjiri* to the children. This clearly shows that in these Anganwadis government instructions are not followed and the monitoring system of the government machinery is not strong enough to implement these instructions. This is the reason why in spite of Supervisors and Block Project Officers these Anganwadis are failing to comply with the instructions of the government.

Even the *Daliya and Panjiri* served in the Anganwadis is not of good quality. Out of 82 parents who responded, 27 percent say that the quality of food served in the Anganwadi of their village is good, 21 percent consider it to be average, whereas the percent of the parents saying the food is bad, is highest at 52 percent.



People who say that in the Anganwadi of their village the food is bad adding that the food is not cooked properly and there are often stone pieces found in them. Many a times the incident of worms being found in meals has also taken place. In addition children also find no taste in them. If the food is of poor quality they do not serve the purpose of proper nutrition of the children, because under these conditions many of the children do not eat the food or leave them half eaten.

On the question of participation and supervision of the society in running the Anganwadi properly no satisfactory facts came to light in these focused group discussions. It was found “Sahyogini Matri Samiti” constituted to increase the participation of women in running the Anganwadis is working on paper only. In the focused group discussion in every village it was found that the villagers are not aware of any such committee.

## 5. Health of Women and Social Exclusion

To assess the effectiveness of the government schemes and programmes in improving the health of Dalit women, 131 women of 24 villages were surveyed from the study area. This included 50 pregnant women and 81 lactating mothers. Apart from this pregnant women and lactating mothers were surveyed on a random basis in every village during the study. Wherever their numbers were low 100% samples were taken that is all the pregnant women and lactating mothers were surveyed.

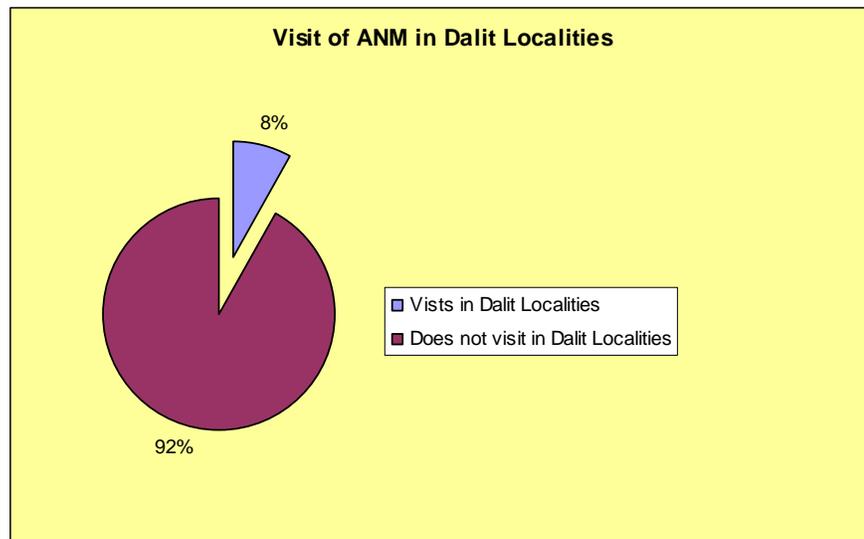
This survey specifically focused on pregnant women and lactating / feeding mothers. The rationale behind this purposive sample being that the health of these women have a direct correlation with their children. A good nutrition for these women not only keeps them healthy but also saves their children from malnutrition. Apart from this the Women and Child Development Project and the Janani Suraksha Yojna of the government is being implemented with these women. This study therefore tried to examine as to what benefits these women are able to get in terms of *Anganwadi* services and what is their status with respect to delivery, immunization and nutrition.

### 5.1 Caste Based Discrimination in Health Services

#### ANM does not visit the Dalit hamlets

The study results highlighted that pregnant and lactating women of Dalit community are deprived of health services and the main reason for this is their being from the Dalit community.

Out of the 24 villages surveyed 8 have predominant Dalit population. ANM visits these villages just once every month during which she is available at the Anganwadi center. The women of the village have to go to the Anganwadi center therefore to avail health services



like immunization, medicines etc. It came into light that the ANM sometimes visits different parts of the village for check ups of the women and follow ups but never visits the Dalit localities. Out of the 8 villages with predominant Dalit population only 2 were found where the ANM visits the Dalit localities. If we consider villages apart from those having predominant Dalit population there were 16 villages out of the 24 villages with mixed population and even in these there was not a single village found where the ANM

visits the Dalit localities. Therefore we can conclude that out of the 24 villages surveyed only in 8% of the villages ANM visits take place and the rest 92% are deprived of the ANM visits in Dalit localities.

As a result of ANM not visiting these villages proper and timely checkup of women during their pregnancy does not happen and they also don't get timely immunizations and medicines like iron and calcium supplements.

### **5.2 Problems in Immunization**

Generally it is expected from the women of Dalit community that they themselves go to the Anganwadi, get their check up done from the ANM and obtain necessary medicines but the women disclosed that Anganwadi is located in other houses where due to discrimination and untouchability they are not allowed to enter the houses. The women from the Dalit community therefore are deprived from the Anganwadi services. 42% of the lactating mothers revealed that during their pregnancy they never went to Anganwadi for a check up from the ANM due to which they were either deprived of immunization and medicines or never got these services on time. It means that 42% of the women from Dalit community never availed immunization services from the ANM. We therefore conclude that in 92% of the villages surveyed the ANM does not visit the Dalit localities and 42% of the women are deprived of health services.

Children of Dalit community are also affected due to this discrimination in health services. Women from Dalit community said that they have to wait for long hours for immunization of their children in Anganwadi as the ANM comes to the Anganwadi once every month where non Dalit children are vaccinated first and then the turn comes for Dalit children.

### **5.3 Prevailing Discrimination in Health Services**

Women from Dalit community who are able to reach upto Health Sub Centre are also not free from discrimination. The fact came into light that feeding mothers have to go to the ANM for vaccination of their children, getting their weight checked, in case of sickness and for consulting the ANM. It is clear that the ANM visits the villages once every month where she sits at the Anganwadi. Women for themselves or for their children have to go to the Anganwadi only for their health related needs. It was found that many women are not able to go to the Anganwadi because of lack of information about the ANM visit or due to the discrimination they face there. It was found that in all the Anganwadis the women from Dalit community are not allowed to enter inside the Anganwadi. They are made to stand outside or in the Verandah and wait for their turn. The following table captures some of the behavioral aspects with the Dalit women in the Anganwadis as told by pregnant women and feeding mothers.

**Table 5: Behaviour of ANM towards Dalit Women in Provision of Health Services**

Srl.	Behaviour of ANM towards Dalit Women	Number of Women (in %)
1.	Does not touches while examination	46 %
2.	Medicine administered from above the mouth	22%
3.	Reprimands or uses caste related words	26%
4.	Behaves normally	4%

The above table clearly shows that health workers discriminate with the Dalit community based on their caste which directly affects their access to and benefits from the health services. It clearly came out during the study that the turn for immunization, distribution of medicines and health examination comes last for the Dalit community irrespective of whether they have been waiting before other non Dalits. They also have to face overt discrimination and inappropriate behaviour.

46% of the women disclosed that whenever they go to the Anganwadi for health check up either for themselves or for their children they are examined without being touched by the ANM. 22% of the women revealed that medicine is administered to them from above whereas 28% of them revealed that they are constantly reprimanded and caste denoting words are used with them. Only 4% talked of normal behaviour thereby clearly highlighting that 96% of the women from Dalit community are discriminated against and treated as untouchables while accessing health services.

#### **5.4 Lactating / Feeding Women**

It is a commonly accepted fact that for a good child health there should be good nutrition for them and their mothers right from infancy. This is precisely why there are special provisions for feeding mothers in the Integrated Child Development Scheme. Under this regular weight check up of the children in Anganwadis in every village, special treatment in cases of malnutrition and nutrition meals for mothers are the critical provisions. Keeping these provisions in mind 81 lactating / feeding mothers were surveyed in the 24 villages. Lactating / Feeding mothers imply those women whose children are less than one year old and are dependent upon mother's milk and the health of the mother directly affects the health of the children.

Examining the educational and economic status of the lactating mothers we find that 88% of them are economically very weak and are landless. Out of these 88% the families of 82% are dependent upon wage labour for their livelihood and 6% are

engaged in caste based occupations. Only 12% of them have agriculture as their source of livelihoods.

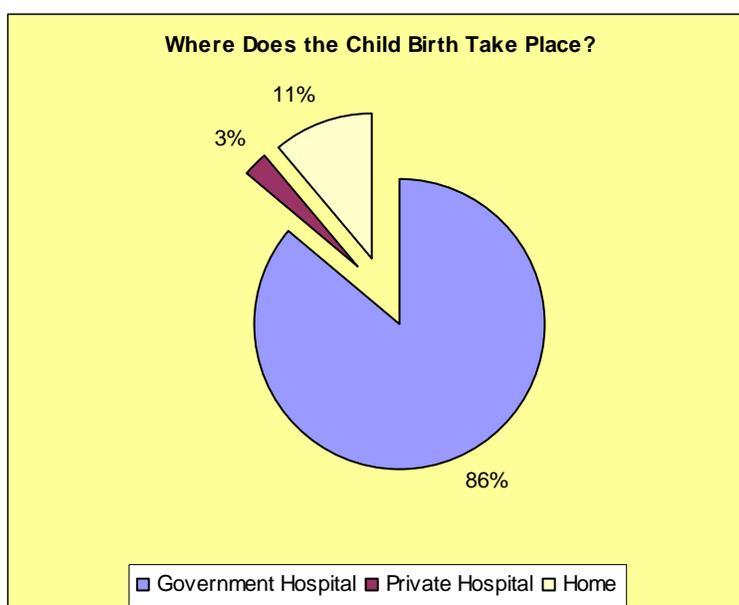
Similarly 47% of the women are illiterate and 26% of them have studied upto primary level. 21% of them have studied till middle school level and only 6% have obtained education upto high school.

### 5.5 Child Birth at Home Continues

In spite of continued efforts of institutional deliveries and provision of facilities by the government the fact comes to light that deliveries at home are still widely prevalent in villages which is very dangerous for the health and lives of both the child and the mother.

The study, of the 24 villages surveyed, reveals that in the last one year 11% of the deliveries have taken place at home. During these deliveries no medical or health facilities were provided to them and their new borns were deprived of the necessary vaccine of BCG.

It came out clearly in the study that 67% of the children born at home have



not been vaccinated against BCG at all and the rest 33% were administered this vaccine between one to two months of birth. The practice of child birth at home raises a question on the health services available at the village level and the functioning of Anganwadi, Asha workers and ANM.

Anganwadi worker gets the information about the pregnant women in the village from time to time through the surveys that they do. People revealed during the FGDs that the ANM and Anganwadi worker does not ever visit the Dalit localities therefore they never get the information about the pregnant women there. They therefore are not able to counsel and encourage these women and their families for a child delivery in the hospital. People also added that they do not go to hospital for delivery due to the discrimination and disrespectful behaviour with them there. The poor are not able to pay to the nurses and other staff there and are quite often faced with insults. This is why the poor Dalit families prefer their child delivery at home. All the 11% women who

had a child delivery at home are from landless families dependent on wage labour for livelihoods.

### 5.6 Hospitals Out of Reach

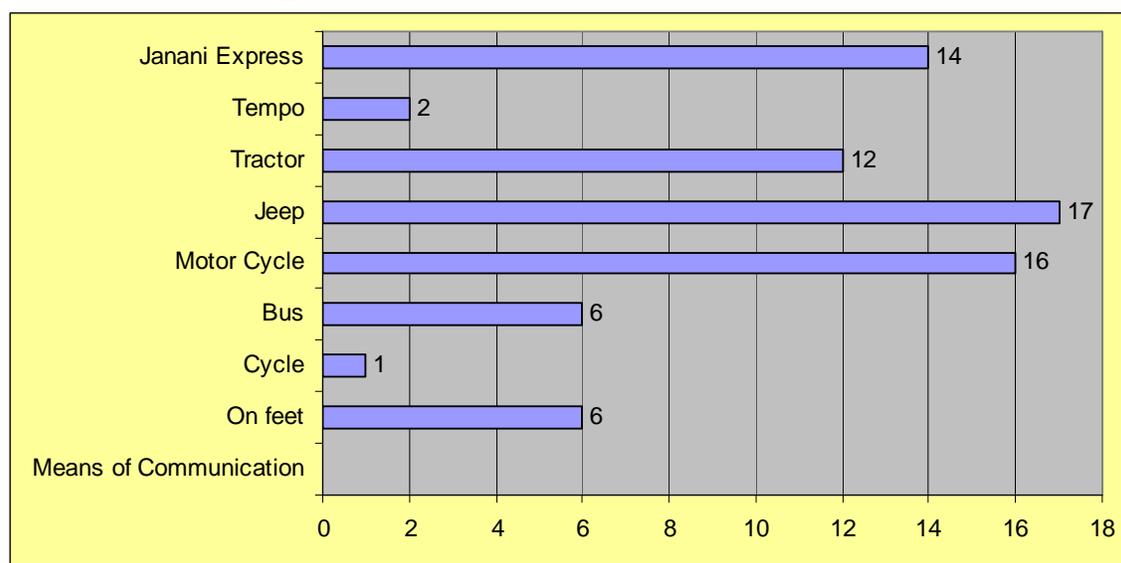
Reaching a pregnant woman to hospital for delivery is not only difficult and painful but is also risky for the individual. It is a common belief that child births in hospitals are safe but it only happens when one is able to reach to the hospital safely. It came out during the study that in 17% of the cases the vehicle used for transporting the pregnant women to the hospital was a tractor. These women traveled a distance of 15-20 kms sitting in a tractor trolley. It is frightful even to think how dangerous such a journey on the unmettled village roads can be for a pregnant women.

The women from the villages selected for the study had to travel a distance of 20 kms or more to reach to the hospital. Out of the 81 women surveyed, the distances traveled by 72 women (apart from the 8 cases of delivery at home) to each hospital is reflected in the table that follows:

**Table 6: Distance Travelled By Pregnant Women to Reach Hospital**

Distance Travelled	Women in %
Half Km to 1 Km	08%
2-3 Km	10%
4-5 Km	26%
6-10 Km	21%
11-15 Km	21%
16-20 Km	03%
More than 20 Km	11%

It is clear from the above table that 26% of the women had to travel 4-5 kms to reach the hospital. The percentage of women traveling 6-10 kms is also not less. Around 21% of the women had to travel this distance which is similar to the percentage of women travelling 11-15 kms. Summing it up we can say that around 42% of the women had to travel a distance of 6-15 kms.



This situation also highlights unavailability of health services in rural areas because due to lack of facilities for delivery in the health sub centers established in a circle of 3-4 villages people have to go to the Primary Health Centre or Community Health Centres which are for every 20-25 villages. Due to unavailability of means of transport for remote villages various means of communication are used. Many of such means of transport are very dangerous for pregnant women to travel.

It was found that in 16 cases out of the 72 pregnancies, women were taken to the hospital on motor cycles. Likewise 12 women traveled to the hospital on tractors. On top of that 4 of these traveled for a distance of 11-20 kms or more. An important fact emerges here that the service 'Janani Express' meant to take pregnant women to the hospital has been availed only by 14 women which is just 19% of the women surveyed.

**Table 7: Means of Transport Used by Pregnant Women to Reach Hospital**

Srl.	Means	Upto 1 Km	2-3 Km	4-5 Km	6-10 Km	11-15 Km	16-20 Km	More than 20 Km	Total	Percentage
1	On feet	06	-	-	-	-	-	-	06	8%
2	Cycle	01	-	-	-	-	-	-	01	1%
3	Bus	-	-	-	01	04	-	01	06	8%
4	Motor Cycle	01	01	04	06	03	-	01	16	22%
5	Jeep	-	-	04	03	04	01	05	17	23%
6	Tractor	-	05	01	02	02	01	01	12	16%
7	Tempo	-	01	-	01	-	-	-	02	03%
8	Janani Express	-	-	10	02	02	-	-	14	19%
<b>Total</b>		<b>08</b>	<b>07</b>	<b>19</b>	<b>15</b>	<b>15</b>	<b>02</b>	<b>08</b>	<b>72</b>	

Looking at the means of transportation used by pregnant women from the surveyed villages to reach the government hospital it becomes necessary to ensure safe transportation to the hospitals as well. In lack of these facilities people either do not reach to the hospital or do so using unsafe means of transportation. It is therefore necessary to expand such services under National Rural Health Mission so that doctors are available at cluster or at the level of Health Sub Center and delivery facilities are available there as it is relatively easier to reach to the Health Sub Centers.

### 5.7 How Free is the Free Child Birth?

According to the government provisions child delivery is absolutely free in government hospitals but 68 out of 72 women had to spend money during child birth in government

hospitals. The total expenditure adds upto Rs.44980 or on an average Rs.661 per child birth. This expenditure is not in any government record and is actually the bribe paid to the staff in the hospital.

Out of this the amount paid to nurses adds upto Rs.14900 and to the cleaner Rs.4830. The amount paid for medicines totals to Rs.12770. At places some amount was paid to the doctors as well which adds to Rs.990. Rest of the amount of Rs.11490 was spent on other things such as vehicle rent etc. It is clear that the maximum amount of money was paid to the nurses. The money given to the Nurse in hospital in lieu of their services can be considered a kind of bribe.

During the FGDs people revealed that they on not giving the money to nurses and cleaners they out rightly insult the woman and do not pay proper attention to them. The amount of money paid to the Nurses range from Rs.100 to Rs.500.

Facts emerging from the survey indicate that in 27% of the cases from the surveyed villages Rs.200 was paid to the nurses where as 16% paid rs.500. 19% paid Rs.100 to get their services where as 6% paid Rs.50. Looking at all this money paid by people it can be said that although the government has made legislative provisions for free birth of children in its institutions in practical terms around 86% of people still had to spend money in government hospitals. During the study two specific incidences came into light where money was demanded for shifting the woman by stretcher from Labour Room to the ward in the hospital. On being refused to pay money by the family members it was said to them to shift the woman on their own shoulders. In both the cases the family members had to ultimately pay for the use of stretcher for shifting.

**Table 8: Money Paid to the Nurse**

Money Paid	Paid by People (%)
Rs.50	6%
Rs.100	19%
Rs.150	10%
Rs.200	27%
Rs.250	7%
Rs.300	13%
Rs.500	16%
Rs.600	2%

### **5.8 Amount for *Janani Suraksha Yojna***

Government runs *Janani Suraksha Yojna* to provide financial aid to women for their deliveries in government hospitals. 23% of Dalit community women are deprived of this scheme. Out of surveyed 70 women, only 54 received the amount under the scheme where as remaining 16 women, who underwent deliveries in government hospitals did not receive any amount till now. This also points to the fact, that on practical grounds

governments schemes are not that beneficial. Also, especially in cases related to Dalit community, their implementation is not proper.

### **5.9 Anganwadi Facilities**

All the Dalit women are not getting Anganwadi facilities. Out of surveyed 81 women, only 39 go to Anganwadi. Anganwadi are also not free from discrimination. All the women told that because they are Dalit, they are not allowed to enter Anganwadi center and have to stand outside it. Anganwadi worker don't touch them and give the nutrition feed from a distance without touching. They come back home after taking the nutrition feed. Out of 39 women, 27 told that other than the feed no other facility is provided there but 12 women said that medicine and vaccination facilities are provided there.

Not even a single woman said that the nutrition feed received from Anganwadi was good. Out of 39 Anganwadi going women, 16 said that it is ok, 9 said that it is bad whereas 14 did not say anything on that.

### **5.10 Pregnant Women**

On assessing the educational and family conditions of 50 pregnant women of surveyed villages, it was found that 30 of them don't know how to read and write. Out of remaining 20, 10 have received primary education, 6 have received middle level education and 4 have completed education till high school. Most of the surveyed women are financially weak. They depend upon wage labour for their livelihood. Families of 46 women out of 50 are landless. Out of these, 43 women go for labour whereas 3 are engaged in caste based work. Families of remaining 5 women are engaged in agriculture and other activities.

Regarding registration of pregnant women at Anganwadi centers, it was found that registration cards were made only for 29 women. As remaining 21 women have not got registration card, it is difficult to find that when they were vaccinated and what all vaccines are remaining for them.

50 % women are deprived of nutrition feed and regular medicine facilities provided by Anganwadi. Only 25 out of 50 surveyed women said that they go to Anganwadi. Out of 25 Anganwadi going women, 22 said that they get raw nutrition feed once in a week for the whole week. As nutrition feed they get 1 kilogram of raw *dalia*, which they cook at home. This shows that the pregnant women do not get cooked nutrition feed at Anganwadi center.

The status of vaccination of pregnant women shows that in 3 villages, 4% women did not get any vaccine till 8 months. 12% women got 1 vaccine during 6 to 9 month period. 44% women got 2 vaccines in the same period. This shows that 16% Dalit community pregnant women are not getting regular vaccination which is dangerous for the health of both mother and child. As per norms, one vaccine is necessary within 3 months of

pregnancy and second vaccine of tetanus-toxide should be administered just after one month of previous vaccine. 16% women are deprived of this.

16% women not getting necessary vaccination shows the negligence and failure on part of health administration. It would be imperative to mention here that under National Rural Health Mission, proper system exists at block and district level to provide proper health services. Under this, the responsibilities to provide necessary health services to pregnant women have been given to Anganwadi worker, Asha worker and ANM. Under this mission there are provisions for various programs, activities and campaigns from village level to district level. Even after that, this is not giving desired results.

Anganwadi is considered a vital element in the health and development of pregnant women. While talking to pregnant women, it was found that the behaviour of Anganwadi worker is not proper and sensitive towards these women. Not even a single women of surveyed 24 villages told that the behaviour was good. 60% told that it was ok where as 6% said that it is totally bad. They don't let them enter the Anganwadi, don't talk properly and did not tell anything on asking. 34% did not say anything to this question,. It can be deduced that for most of the Anganwadi workers, the behaviour is neither too good nor too bad. It can be put into moderate category.

Most of the women did not get health checkup at Anganwadi or Health Sub Center during pregnancy. All the pregnant women told that though ANM comes to village, they visit only houses of *Patels* or non Dalit colonies and sit at Anganwadi. They don't visit Dalit colonies. So, the women from Dalit community have to go to Anganwadi center for medicines, checkup and vaccination. They don't even know when Anganwadi worker will come and go from Anganwadi. When they reach there, they come to know that either she has not yet come or she has already left. Due to this women from Dalit community are deprived of checkup and vaccination.

It was also found that as they could not meet ANM at village, 9 women went by themselves to health sub center for vaccination and health check up. As the sub center is located in another village, at a distance of 3 to 5 kilometers and even there the timings of ANM are not fixed, it is not possible for all the pregnant women to go there and undergo health check up and vaccination. Focused Group Discussion conducted in villages confirmed this fact.

Regarding health condition of pregnant women, it was found that 36% women are facing some or other health disorders. General disorders included fainting, dizziness and fever etc. Even Anganwadi workers agreed that these women suffer from lack of hemoglobin but the iron tablets which are medicine for this are out of reach for these women. Only 12% women said that they get iron tablets. 60% women said that they did not get any help from Asha worker.

As a whole, it can be concluded that pregnant Dalit women are not getting proper health facilities at their door step, whereas for other women, it is available at their door step. These services include checkup by ANM, vaccination, iron and calcium tablets, blood pressure check up etc. To avail these facilities, they have to go to Anganwadi. In case, they don't get them at Anganwadi, they have to go to health sub center. As, at both the places, the timings of availability of ANM are not fixed, it is not possible for these women to get these facilities.

## 6. Status of Education of Dalit Children

### 6.1 Educational, Social and Economical Condition of Surveyed Children and their Parents

It is a known fact that education is closely linked to development. Historical evidences in this regard indicate that Dalit community has been excluded from the whole process of education since centuries. After the formation of the Constitution of India, education was supposed to be made “accessible to all”. But this study shows a conflict between traditional values and constitutional values at many places. Absence of Dalit children from schools, making them to sit in last row in schools, dropping out from schools in the middle of session are few facts which shows that traditional values still influence the whole educational process till now. The study was focused on schools of 24 villages of 4 districts in which 158 school going children from Dalit community were surveyed. These 158 children included 85 girls and 73 boys.

Class	No of Children (%)
3	1
4	22
5	28
6	28
7	11
8	12

These 158 children were selected based upon 10% random sampling of all Dalit children enrolled in the school. Out of these, 51% children come from the class 3<sup>rd</sup> to class 5<sup>th</sup> whereas 49% children were studying between class 6<sup>th</sup> to class 8<sup>th</sup>.

During the study, efforts were also made to assess the educational, social and economical status of their parents so that inter-linkages of these parameters with their study can be seen. The assessment shows that the parents of surveyed children were poor on all the 3 aspects (educational, social and economical). Fathers of 58% children are illiterate where as fathers of 21% children have studies till class 5<sup>th</sup>. Father’s of 10% children have studies between 6<sup>th</sup> to 8<sup>th</sup> and only 4% fathers have studied at graduation level. The figures show that most of the parents of these children are illiterate.

Class	Numbers (%)
Illiterate	58
1-5	21
6-8	10
9-10	4
11-12	3
Graduate	4

Study of their economic and financial status should that most of the people in Dalit community are land less. The same fact can also be verified by the land holding figures of Dalit communities in the state according to which, in Madhya Pradesh, the number of land holding Dalit families are just 7%. 68% of Dalit families are dependent on wage labour for their livelihood. They are also compelled to perform caste based works as well as banded labour. The findings of the study shows that only 20% of land holding families have land between 3 to 5 acres and that too is unrelated and infertile. 2% parents are engaged in bonded labour with big landlords in village, 2% do caste based works like skinning dead animals, broom making etc. Remaining 2% are engaged in other works like having shop etc.

Table 11	
Occupation of families of surveyed children	
Occupation	Numbers (%)
Daily labour	68
Agriculture	20
Job	6
Bonded labour	2
Caste based work	2
Other works	2

Selection of children of 68% wage labourers in random sampling shows the weak economical status of the Dalit community. Similarly, the survey also indicates that whatever low be there numbers, few people from Dalit community are still forced to engage in bonded labour, It would be imperative to point out here that the educational status of the children has close inter-linkages with their economical status.

## 6.2 Absenteeism From the Class

A basic indicator of good education of children is their regular attendance in class. In this regard, the study shows that 81% children of Dalit community do not go to school regularly. This means that only 19% of the children go to school regularly. Various reasons which came forward for their absenteeism included

- Household works
- Taking care of siblings
- Beating by teachers
- Not interested in studies

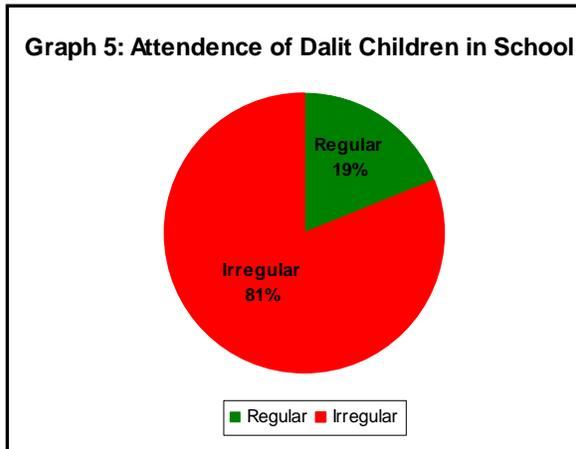
A look on the figures of the children not going to school regularly shows that 59% children are absent for 3 to 5 days in a month whereas 28% are absent for 6 to 10 days in a month. 8% children are absent for 11 to 15 days in a month. Maximum absenteeism from the class i.e. between 16 to 20 days is of 5% children.

The scenario of children not going to school regularly is depressing and raises various concerns over the education of Dalit children. Other than 59% children who are absent from school for 3 to 5 days, there are 41% children whose absenteeism varies from 1 week to 3 weeks. It is evident that studies would be affected severely due to this. We can see that around 13% children are absent from school for more than half a month. In such situation, the quality of education becomes almost impossible where there is no regularity in the education.

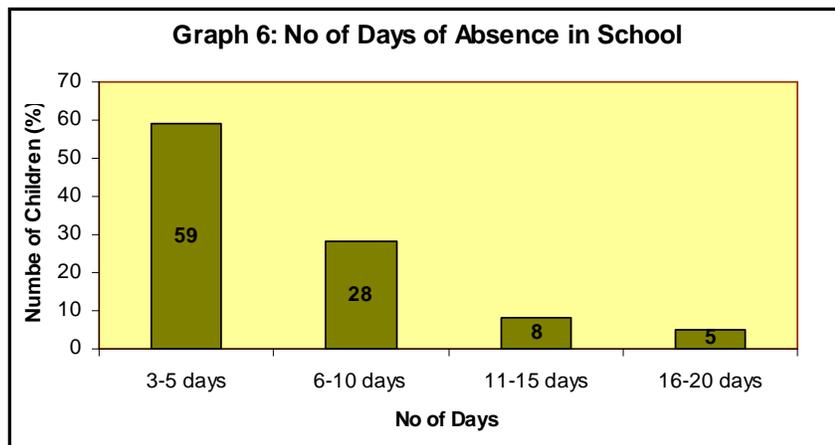
### 6.3 Why children don't go to schools?

The reasons for absenteeism of children from school are spread in our society as well as whole education system. This is verified by the reasons given by children for their absenteeism. Study shows that 44% children don't go to school because they are engaged in household chores. 13% have to do away with it because they have to go for labour. 8% children don't go to schools because they have to take care of their younger siblings. In total, we see that 65% children do not go to schools because

various works are entrusted upon them which is an economical factor. This leads to the fact that poor economical condition is one of the major reasons of absenteeism of children from school.



Another major reason of absenteeism of children from school is monotonous education system. 17% children don't go to school because they don't like the school education. This issues of not liking the school education raises various questions upon the prevalent education system. Though there have been various changes in the education system in the past few years, why the children from Dalit communities find it boring and are not interested in it.



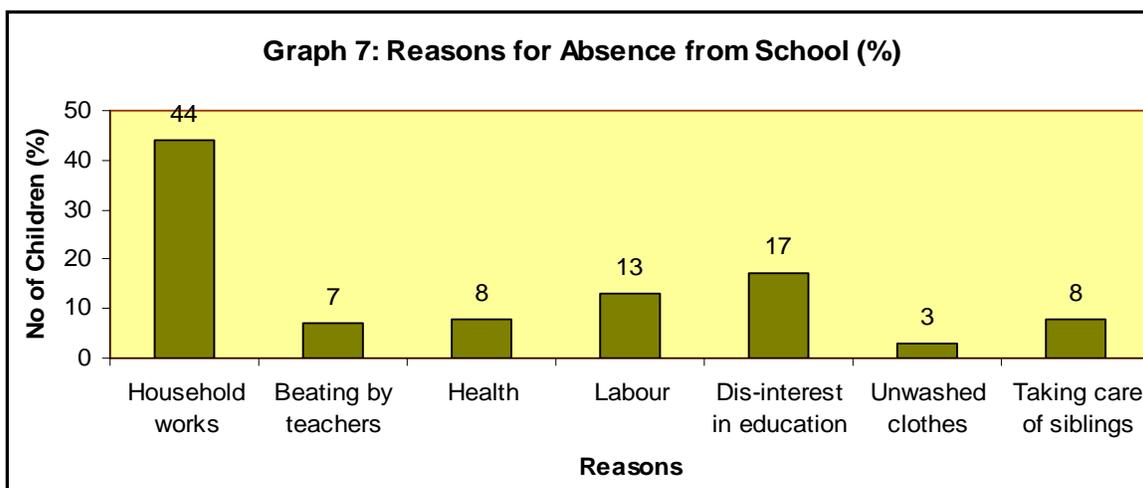
The answer to this question was found in one of the focused group discussion, where parents said that there is a lack of lively environment for the Dalit children in school. Children from other communities as well as teachers behave discriminately with them. Parents also said that teachers don't give proper attention on their children. They sit in last rows in the class and hesitate to ask questions or answer due to fear of teacher.

8% children don't go to school regularly due to health problems. Their health condition is such that they seldom fell ill and are unable to get proper medical aid and don't get proper treatment due to poor economical condition.

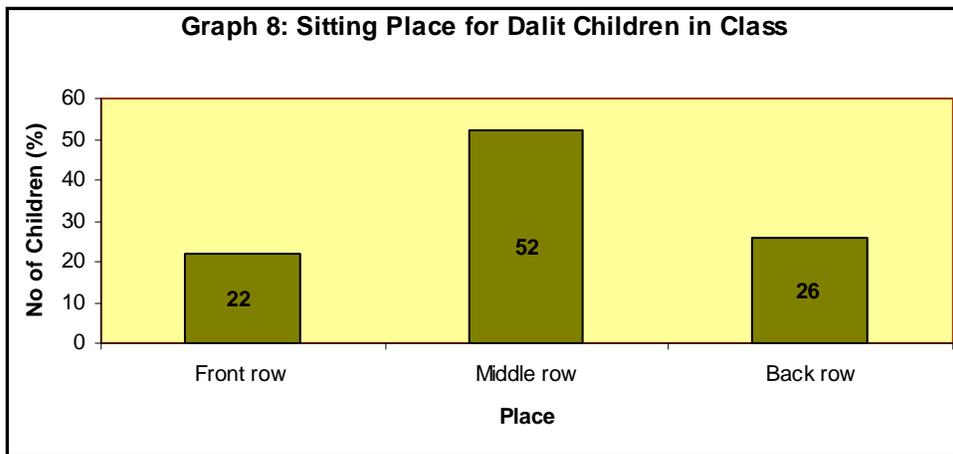
3% children in the survey told that they don't go to school as their cloths are dirty and are not washed timely and other children tease them on this. It is imperative to mention here that parents of 65% children are engaged in daily labour due to which such problems are natural.

#### 6.4 Seating Arrangement of Dalit Children in Class

The survey regarding sitting place of Dalit children in class shows that only 22% Dalit children get place in front rows in the school where as remaining 78% sit either in middle or back rows. In this also, maximum number constitutes of children sitting in middle rows. As such, we can see a glimpse of the traditional society here. During focused group discussion and other conversations, this issue came that even if Dalit children want to sit in front rows, children from other communities fight with them . Even teachers are not sensitive in this regard. Parents and children from Dalit community says that teachers have not found any way to make them sit in front rows. It would be imperative to mention here that the sitting arrangement in class directly affects the quality of education. Children sitting in front row get more attention of teacher as compared to those sitting in middle or back rows and maximum answers to teacher's questions are given by children in front row only. In many private schools, they have rotational sitting arrangement where every child gets to sit in front row on a regular basis.



Another issue in sitting arrangement is that maximum children from Dalit community sit with children from their own community. Children from Dalit and non Dalit communities don't mingle with each other in class. Study showed that 90% of children from Dalit community sit within their community only. The girls from Dalit community also sit within their own community only. Same fact also came up in games where 90% of Dalit children play with their own community only.



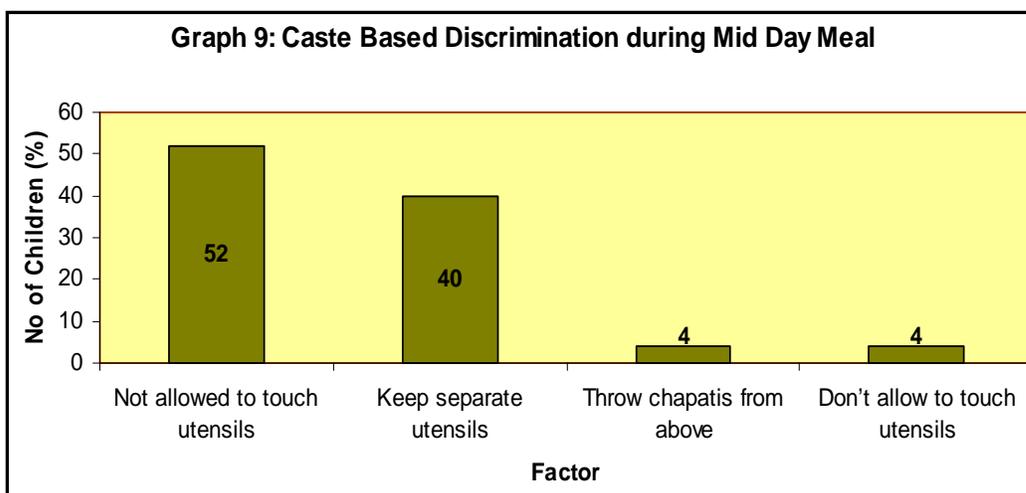
### 6.5 Discrimination in School

Study has shown that the teachers do not behave politely with the children from Dalit communities. 68% children said that teachers scold them and beat them in the class. They don't explain the subjects properly, and not give them a chance to ask questions. Most of the times, their attention is focused on children of non Dalit communities. 11% children out of surveyed children said that teachers call them by caste based names. 8 surveyed children told that they call them as *Chamar* and ask them to sit separately from non Dalit children. 1 girl said that teacher said to her that "*Padh kar kya karogi?*" (What will you gain by studying). 2 children said that teacher abuse them and say that "*Saale, tum gande ho*" (You are dirty fellows). 2 children said that teacher said that "*Saale, tum naha-dhokar nahi aate, tum to aise hi rahoge*" (You don't wash properly. You will be like that only). 1 child told that teacher said that "*Chamar ke chore padhte nahi*" (Kids of *Chamars* don't study). These statements show the mentality of teachers towards children of Dalit communities due to which discrimination is prevalent in school.

The survey also showed that the children from Dalit communities are made to perform school cleaning work. 79% children clean the school daily or sometimes. In one school, full cleaning of school was being made to do by girls from Dalit community.

### 6.6 Untouchability During Mid Day Meal

The survey clearly pointed out the discrimination and untouchability practiced with children from Dalit community during mid day meal. 63% children from Dalit community said that children from other community do not take mid day meal along with them i.e. children from Dalit community are made to sit in separate rows. On this issue, teachers had to say that they are pressurized by non Dalit people in village due to which they ask Dalit children to sit in separate rows.



25% children said that not only they are made to sit in separate line but there are other discriminations which they have to face. They have to bring their plates from home, which is kept separately and have a distinct mark. They are barred to touch other utensils and *chapatis* are thrown over them.

**Table 12**

**Livelihood sources of families of dropout children**

Occupation	Numbers (%)
Labour	71
Bonded labour	2
Caste based work	2
Agriculture and labour	7
Agriculture	6
Job	11
Shop	1

52% children out of the children who said about discrimination in mid day meal said that they have to bring plates from home. 40% said that though they are given plate there, it is kept separately and marked distinctly or it is in different shape and size so that it can be recognized that it is of children from Dalit community. 4% children said that *chapati* is thrown over them and 4% said that they are asked not to touch other utensils.

### 6.7 Children Deprived of Education

During the study, 82 children were found in 24 villages who had to drop out of their studies in between. Out of these 82 drop out children, 26 are boys and 56 are girls. 68% of dropout girls show that girls get less chance to complete their education.

Study of family background of these surveyed children show that 71 % of these families are dependent of labour for their livelihood. 2% parents are bonded labours and 2% are engaged in other caste based works like de-skinning, broom making, etc. This shows

that 75% families of children are landless and are dependent on daily wages for their livelihood. 7% families had 2 to 5 acres of land which is unirrigated and infertile and not enough for livelihood hence they have to do labour along with agricultures. 6% families are completely dependent on agriculture. 11% families are engaged in various jobs whereas 1% have shop.

Fathers of 82% dropout children have been deprived of education. They are illiterate. Fathers of 3% children have got education between class 1<sup>st</sup> to 5<sup>th</sup> and fathers of 8% children studied between Class 6<sup>th</sup> to 8<sup>th</sup>. 3% fathers studies till high school whereas 4% fathers studies till higher secondary.

Table 13	
Education level of fathers of dropout children	
Class	Numbers (%)
Illiterate	82
Class 1 to 5	3
Class 6 to 8	8
Class 9 to 10	3
Class 11 to 12	4

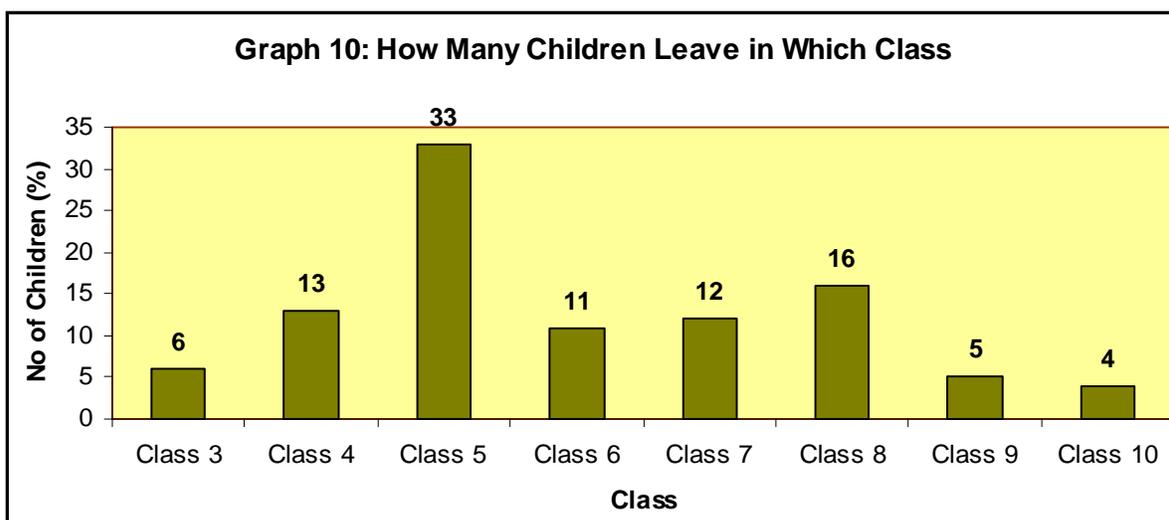
This shows that even fathers of maximum drop out children (82%) were deprived of education. If we link education and employment, we see that most of the parents of drop out children are wage labourers and they are also illiterate. The study shows that out of surveyed children, most of the children drop out from school after class 5<sup>th</sup> or class 8<sup>th</sup>. 6% and 11% children drop out in class 3<sup>rd</sup> and 4<sup>th</sup> respectively. For class 5<sup>th</sup> it is 33 % and class 8<sup>th</sup> it is 16%. No of dropout is 11% and 12% for class 6<sup>th</sup> and 7<sup>th</sup> respectively. These figures show that drop out rate increase while transiting from primary to middle and middle to secondary.

Further, when we try to figure out that how many children who get admission in class 1 reach class 5<sup>th</sup> or class 8<sup>th</sup>, we see that 52% children drop by class 5<sup>th</sup>. Out of these, 6% leave in class 3 and 13% in class 4.

### 6.8 Reasons for Drop

The above figures clearly indicate that 33% children from Dalit community leave school by class 5<sup>th</sup> and this figure reaches to 52% by class 8<sup>th</sup>. The main factor behind this drop out is insensitive environment of school where children from Dalit community do not get better opportunity for studies. 16% of surveyed dropout children said that they left school because of scolding and beating by teacher.

Table 14	
Education of dropout children	
Class at which dropped out	Numbers (%)
Class 3	6
Class 4	13
Class 5	33
Class 6	11
Class 7	12
Class 8	16
Class 9	5
Class 10	4



13% children said that they used to feel bad by the discriminatory behavior they had to face in school due to which, they left the school. 17% children left school as they had to go for daily labour where as 16% dropped out of school because they had to contribute to various household chores and agriculture.

7% children left school as they had to take care of their siblings. 9% girls did not go school as traditionally, girls are not sent to school after a certain age. 4% children had various other reasons for drop out like distance from school, disability, death of mother or father etc.

Some drop out girls also said

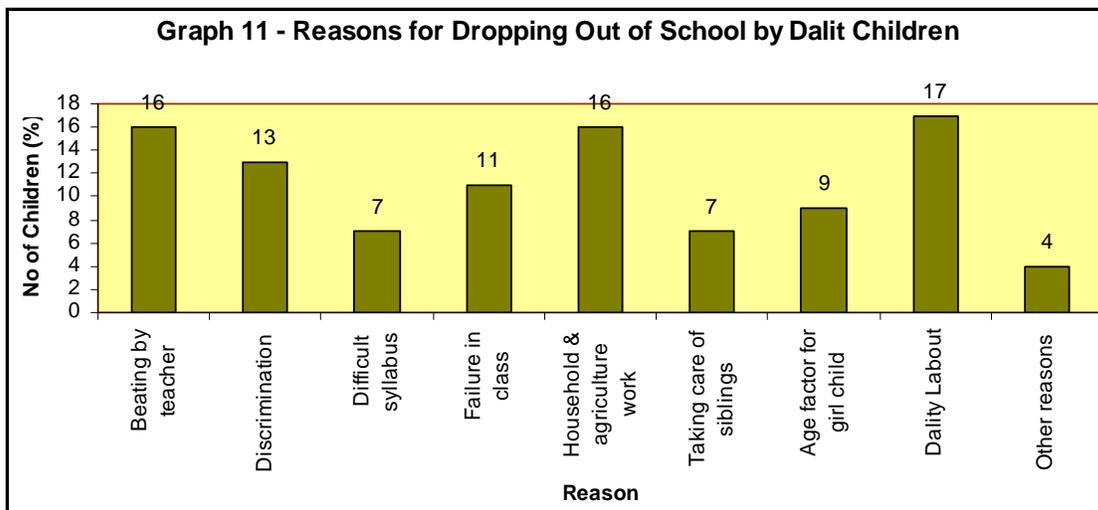
*Girls of Patidar community used to discriminate with us. They used to say that you are from Chamar caste and hence cant touch us.*

*Drop out children from dalit community told that neither we could sit with children of non dalit community nor we could play with them. They used to drink water first and then let us drink it.*

*Schools are not free from the discriminatory behavior practiced with dalit community in society. Children from non dalit community see this behavior practiced by their elders in society and they learn similar behaviour. They repeat the same thing with dalit children in school . If some child stand aaainst it. he is harassed.*

that they dropped out due to teasing by boys of non Dalit communities. Many students said that they were not allowed to sit on mat in school and if they did so unknowingly, they were scolded by children from non Dalit community and teachers. Non Dalit teachers have an important role to play in continuing this caste based discrimination. Either they see it happening silently or sometime even contribute to it themselves. Children said that non Dalit teachers used to discriminate with them. Number of Dalit teachers is very few and even their condition in school is not good.

Like this, we see that school is not free from the discriminatory behavior with Dalit community. It directly affects the education of Dalit children. Another thing is due to their condition since centuries; they are weak economically and have limited resources for livelihood. It is quite evident in the study area as bonded labour and caste based works are still prevalent there.



## 7. Conclusion

1. Discrimination, harassment and untouchability are still prevalent in society towards Dalit community. Due to this, they are deprived of education, health and employment services. Most of Dalit community members are landless and are dependent on daily labour for their livelihood. Due to this they are much weaker economically than the other communities. They are unable to take full advantage of various developmental opportunities due to economic weakness and discrimination.
2. Primary role of various governmental development schemes and various public services in villages like Anganwadi, public health centers etc and school is development of general public with respect to education, health and nutrition. Non Dalit communities are dominant in most of these services and schemes and they are being run mostly by them in villages. Due to this, people from Dalit community are unable to take full advantage of these services and schemes. The study has shown that the situation of Dalit community is very poor with respect to education, health and nutrition.
3. 54% children of Dalit community are deprived from Anganwadi facilities. Only 48% children in rural areas go to Anganwadi regularly. This means that more than half of Dalit children do not get Anganwadi facilities. Out of the children who do not go Anganwadi regularly, 59% do not go because various types of discrimination is done with them there. It includes not letting them to sit inside, giving them nutrition feed from outside and asking them to go home etc. In addition, even the Anganwadi helper do not go to Dalit colonies to ask their children to send to Anganwadi.
4. The distribution of nutrition feed to Dalit community children is also biased. They have to take their plates from home, i.e. they are not given plates at Anganwadi center to take meals. 76 out of 82 parents confirmed this thing. They are given feed outside the center itself, i.e. not allowed to enter to the center and asked to take it home and eat. 39 families out of 82 surveyed families said that their children bring food home and eat as they are not allowed to sit inside Anganwadi center. 43 parents said that though they eat it at Anganwadi center only, they have to take plates from home itself.
5. 42% parents said that Anganwadi worker make their children to sit based on their caste while feed distribution. 33% parents said that the behavior of Anganwadi workers is discriminatory towards their children.
6. Economic condition of the family has also an important role to play in depriving these children to avail Anganwadi facilities. Many parents take their children with them when they go for daily labour. As Anganwadi is open only till 12'0 clock, they are worried about who will take care of their children when they go back to home. Hence they are forced to keep their children with them at work place, instead of Anganwadi.

7. More than 50% children of Dalit community are deprived of Anganwadi services due to various reasons. Other than the reasons mentioned above, one main reason behind this is Anganwadi workers do not play their role impartially. Anganwadi workers do not go to Dalit community colonies to take their children and parents can't send their small children to Anganwadi Center alone. Due to this they are deprived of Anganwadi services.
8. The Mother Committee constitutes to increase the participation of village women in Anganwadi is limited on papers only. Women from village are members of this committee and they have been given various rights but most of the people do not know about this committee. In such situation, community does not have any control or say over the functioning of Anganwadi.
9. The government monitoring and reporting system is not working properly to make Anganwadi more effective and efficient. Various issues like unavailability of nutrition feed, discrimination with children of Dalit community, no creative activities in Anganwadi etc indicate that the reporting and monitoring system working under Women and Child Development Project is not functioning properly.
10. Study showed that ANM do not visit the Dalit colonies in village where as they visit non Dalit colonies regularly and make the health facilities available there. 92% such villages were found where no ANM visited any Dalit colony. They visit only on 8% villages. Some time they sit at Anganwadi Center only. Pregnant women have to walk to Anganwadi Center to visit ANM and get their health checkup. Due to non visit of ANM in Dalit colonies, 42% Dalit women did not get required vaccination during the pregnancy.
11. ANM and Anganwadi Worker practice untouchability with Dalit women. 46% women said that they do not touch them while checkup where as 28% women said that they used caste based names and abused them.
12. 100% deliveries of Dalit community women have not been ensured at hospitals. Study showed that 12% delivery cases took place at home only. The main reason behind this is the behaviour with Dalit community at hospitals. They have to give money to various nurses and workers during delivery at government hospitals and have to face harassment if they don't pay money. Due to which, deliveries are not ensured at hospitals. No example was found of any action taken against such workers.
13. Women from distant villages have to cover many kilometers to undergo delivery. Study shows that women have to travel anywhere between 5 to 20 kilometers for delivery. No delivery facilities are available at health sub centers. In such situation

they have to travel on motorcycle or tractor which is very risky during pregnancy. This means that Dalit women are not ensured with safe pregnancy.

- 14.** Village level workers associated with public services like Anganwadi workers, nurse, ASHA workers etc are not sensitive to Dalit communities. Due to this they are not able to take full advantage of various services. It was observed that nurse and other workers do not visit Dalit colonies regularly. Similarly Dalit women do not sit inside the Anganwadi centers which shows that still the traditional system is prevalent due to which these women are deprived of various services.
- 15.** School is also not free from various discriminatory behaviour with Dalit community. It directly effects their education. Another thing is that due to their conditions since centuries they are very weak financially, Due to which they always have limited sources of livelihood. It has been quite evident in study area as the people are still engaged in bonded labour and caste based works.
- 16.** Dalit children are deprived of quality education due to discrimination prevalent in school. Children from these communities either sit in middle or last rows in class and teachers do not pay proper attention towards them. In addition, Dalit children sit with children of their own community hence not able to mingle with children from other community. It was also evident from survey, that due to this discriminatory behavior many children drop out of the school in between of their studies.

## 8. Recommendations

### 8.1 Policy Recommendations

#### 8.1.1 Participation of Dalit community members should be made mandatory in local committees

Policy level changes should be done in government operated developmental schemes and public services to ensure the participation of Dalit community in these. In mothers committee constituted for monitoring and functioning of Anganwadi centers, presence of Dalit women is not mandatory. Rules should be formed to have such participation mandatory.

#### 8.1.2 Appointment of a Social Inclusion Coordinator

There is a need to create an environment to join Dalit community to public services in village and to eliminate the reasons for their social exclusion. Continuous and intensive efforts are required for this. Anganwadi and health services are run under government machinery. Though their monitoring and reporting systems are present, these systems give more emphasis on proper implementation but don't give due emphasis on social inclusion of Dalit and deprived communities.

So, the way in which district level coordinator has been appointed in Sarv Shiksha Abhiyan (SSA) for the inclusion of girls and women, a Social Inclusion Coordinator post should be created at district and block level to prepare intensive plan and implementation of Anganwadi, education and health services for social inclusion. This will help in proper implementation of social inclusion in public services.

#### 8.1.3 Anganwadi centers should be at public place

Many villages still do not have Anganwadi buildings. In such cases, Anganwadi takes place at the home of Anganwadi worker or helper. Many times, Anganwadi worker or helper does not allow Dalit children to enter the center. Hence it is important to conduct Anganwadi at a public places. For villages, where Anganwadi building is not available, Anganwadi should be conducted either at public building or a rented building which is not a home of any family.

#### 8.1.4 Transparency in Government Monitoring system

The structure for monitoring of public services in villages already exists in which supervisors are appointed at cluster level and official are appointed at block level, who monitor the respective service from time to time. But they do not give any information to the monitoring committee of respective service that what short comings or good practices they found or what should be the measures to remove those shortcomings. So the official conducting monitoring exercise should present a copy of report to monitoring committee so that they can follow-up and take actions on the recommendations of that report.

#### 8.1.5 Extension of Women Health and Pregnancy Facilities

The study has shown that women have to travel long distances to reach hospital for their delivery. They have to travel on motorcycles and tractors which are very risky. Hence the need to extend the health facilities at cluster level was felt. To develop health sub center as a delivery center, a lady doctor and other facilities should be made available there.

## **8.2 In Relation to Organisation**

### **8.2.1 Program should be developed for capacity building and sensitization of officials related with services**

Sensitization and capacity building of government officials is a must to link public services with Dalit communities. In addition to government, civil society organizations will also have to participate in this. Voluntary organization and social organization should develop such program so that officials related to these services can get quality training so that their capacities are built and they can be sensitive to the issues related to Dalit rights and human rights. Modules should be developed for officials through which the activities of the inclusion can be spread to a broader area. These modules should also be used in departmental trainings of government officials. As civil society organizations are related to grassroots and they know ground realities, their involvement in this program will make it more effective, useful and practical.

### **8.2.2 Program should be developed for capacity building of community**

Another important dimension of inclusion, in addition to sensitization of government structure is the capacity building of community itself. Need to develop program for capacity building for community by civil society organization is felt for inclusion of Dalit community in public services at village level. In such programs, on one hand activates related to community and monitoring committee training can be included, and on other hand, activities related to various communication medium for spreading the various provision of various schemes can be developed. Through these, efforts would be made on spread the message in the society that as per constitution of India and the basic rights provided by it, every citizen has full right for equal developmental opportunities. Dalit community has every right to use public service and depriving them with this is violation of basic rights.

### **8.2.3 Policy advocacy**

A need for some new policies and change in certain existing policy has been felt to eradicate the exclusion of Dalit community in public services at village level ( see 1 to 1.5 of this chapter). It is important to establish proper communication in society at broader level and policy advocacy to bring these changes, so that the government machinery can work over it. Various mediums can be used for policy advocacy which include meeting with media and people's representatives, bringing out publications, holding meets, public hearings etc. Through these exercises, practical ways and policies coming out from ground experiences for inclusion can reach to government machinery.

#### **8.2.4 Joint Program by Civil Society Organizations**

It is evident that the socio-economic life of Dalit community is badly affected due to their exclusion from education and health related services. They are not able to develop themselves due to illiteracy and poverty. It is a very important issue for which there is strong need to prepare a joint program by various organizations. Policy advocacy is an important dimension of this in addition to working with community at field level. The structure of programs conducted for policy advocacy is broader and extensive, which is more effective when many organizations work together on it.

# Case Studies

## Case Study-1

### Dalit Community Deprived of Basic Services

Dalit community is deprived of basic services related to Anganwadi, health and school in a village of Ujjain district. All these three services are controlled by non Dalit community, therefore Dalit community is not able to benefit from these services at all. The village under study has 44% Dalit population, which is comparatively more than other castes in the village, still Brahmin and Rajput communities dominate and all the decisions in the village are taken by them.

Villagers give the information that the Anganwadi worker is from *Brahmin* caste and the Anganwadi runs from her house. Dalit children are not allowed to enter inside the Anganwadi and they are made to stand outside and are sent back after distributing nutrition meal. Most of the time they are informed that nutrition meal is not cooked today and Dalit children go back to their houses without taking the meal. Most of the Dalit families have withdrawn their children from Anganwadi due to this discrimination and insulting situation.

Even the A.N.M. does not visit the Dalit hamlets. A.N.M. calls pregnant Dalit women to the Anganwadi for immunization and sends them back from outside after the immunization. Pregnant Dalit women and feeding mothers are deprived from services provided by Anganwadi like nutrition meal and regular health checkup etc.

Asha worker also hesitates from visiting Dalit hamlets. She regularly visits non Dalit mohallas and discusses with pregnant women and ensures their regular checkup by the A.N.M. However She does not provide any help to the women of Dalit community.

The discrimination with Dalit children in school during distribution of midday meal is clearly seen. Midday meal is served to Dalit children after non Dalit children have had their meal. It is also seen that the midday meal is served in leaf plates to Dalit children, which is to be thrown away by them only.

## Case Study – 2

### The Dream of Education Was Shattered Like This

My name is Miklis. I am 14 years old and I live in a village of Sheopur district. I was very happy when I was enrolled in class one for the first time. I went to school happily. I thought after seeing the teacher there that I would also become a teacher when I am grown up. When I sat with others in the class then a girl said kicking me “Daughter of *Chamar* will sit with us?” I fell down and started weeping. The teacher was seeing all this things but she did not say anything to that girl because she was from a non Dalit caste. I started sitting at a distance from others after this incident.

Some how I managed to study till Class Fourth. I wanted to study and I also wanted to become a teacher but children from my caste and I had to sit at a distance from others in the class. The teacher did not give attention to those. A girl from *Dakur* caste was there in my class, who used to beat other girls from my caste by stick. When I complained about her to the teacher the teacher scolded me in return and said that you people do not study and come to the school immediately from bed. You people come to the school in greed of clothes and money and complain about other students.

The teacher gives more attention to non Dalit students. Sometimes questions are asked to us and if we are not able to answer them we are beaten by sticks. Sometimes if I ask any question to understand a particular thing then also I have to face the beating from the teacher. My dream to become a teacher was shattered to see the attitude of non Dalit students and teachers towards us. I left the school after Class Fourth.

### Case Study–3

#### School vs. Torture House

My name is Meena. I am from *Berwa* caste. I study in the government school of a village of Sheopur district. I go to school daily but teacher does not teach me and says that your mind is blocked so you would not understand anything. If I wanted to understand any question, he would not listen. Although he used to encourage others to ask questions and used to make them understand also. I was made to sit in the last row in school and non Dalit students used to sit in the front. I do not understand the voice of my teacher while he teaches to non Dalit students. Once or twice I requested repeat what he was teaching since I was not able to hear it properly on which he responded by saying 'Are you deaf and am I here to teach deafs only?'

I have been failed continuously for three years in Class Fourth. When my father asked the teacher regarding this he replied that 'your daughter cannot study. You should enroll her in a private school.' My father does not have that much money to afford the fees of the private school therefore I have to study in this school only.

When I have midday meal the cook directs me to sit at a distance with others and scolds me by saying that 'you come here only to eat bread.' Therefore I don't like to go to school. I went to school two or three times only in the last one month. Now I feel that school is only for beating and abusing me.

## Case Study – 4

### Get Only Abuses in School

My name is Uday. I study in class seventh. I want to tell the real story behind midday meals served in my school. A woman from Gurjar caste cooks midday meal in my school. When she distributes the meal, meal is served to children from Berwa caste after girls and boys from non Dalit castes have had their meal. When we start eating food she abuses us. When we complained regarding this to our teacher he said that 'You should come to school after having your meals at home? Is food not prepared at your home? People from your caste are always hungry. You come here just to take food and scholarship.'

We, children from *Berwa* caste are really distressed of the attitude of teacher and the woman who cooks food. We cannot complain to anywhere because no one listens to us. Many of the students do not come to school due to this attitude. All though there names come in attendance register but they have not been coming to school since months. They say that we get abuses in school. No one teaches us. Why should we go to hear abuses?

## Case Study-5

### The Dream Shattering Society

A desire to study further came in my mind after I passed Class Eighth but the nearest high school is at a distance of 10 kms from my village. I wanted to study more and become a doctor. I discussed with my family members and made them agree to my continuing my studies further. They agreed on my request. I convinced one more girl, Gyanwati, from my caste to go to high school with me and both of us started going to the school daily.

While going to school Thakur boys started teasing us. They abused us. They also threatened us that it would not be good for us if we complained about them to anyone. One day they abducted my friend. When we came to know about this incidence, we really got scared because those boys were chasing us also. When my parents knew about this they stopped my study and going to school. My dream of becoming a doctor shattered.

## Case Study - 6

### Fight for Our Right

A vacancy for Anganwadi worker for a village of Sheopur district was advertised. Fulwati Bai Jataw from Dalit community had submitted her application for the post. She was selected for the post of Anganwadi worker based on her application, but non Dalits were not ready to accept a Dalit women for Anganwadi worker. Therefore they put an application of a non Dalit girl, who was married in other village and had already passed class 10<sup>th</sup> and stopped Fulwati's selection through their approach in administration.

Fulwati discussed with her advocate and filed a case in the court. To prove the claim of the non Dalit women as false she requested the court for inspection of her documents. Over writing at seven places was found in her documents which proved that she was not living in that village and she had not presented her application on time and only after the selection of Fulwati.

Fulwati continued her fight with confidence and presented all evidences in the court. The court justified the appointment of Fulwati on the basis of facts and gave the order to appoint her on the post of Anganwadi worker. It is clear from this case that it is difficult for Dalit community to get appointment in any public service without fighting. They have to fight for their rights.

## Case Study – 7

### Punishment to Touch the Chair

Babalu from *Charmkar* caste of a village of Katani district had to leave school because he had touched the chair of his teacher.

Babalu had taken admission in Class 6<sup>th</sup> after he passed his class 5<sup>th</sup> examinations. He went to school daily. One day he touched the chair of his teacher by mistake. The teacher asked him angrily 'Why did you touch my chair?' Bablu was beaten badly by stick and was asked to sit in the last in the class. Babalu felt insulted while he was beaten in front of everybody in the class. He repeatedly apologized and ensured that the incident would not be repeated again. The teacher however told him to sit at the last in the class. The teacher also told him to sit at the last from thereon. Babalu started sitting at the back after this incident.

Babalu said that teachers give attention only to non Dalit students. They do not give attention to children belonging to his caste and him. If he comes late due to some reason in the class the teacher punishes him and beats him by stick. Babalu left his school due to regular punishments from his teachers.

# Photographs



***Picture 1: Non Dalit women break their pots on being touched by Dalits like this***



***Picture 2: Dalit children are always given priority for cleaning the school***



***Picture 3: Dalit children are served mid day meal like this in schools and the bread is thrown from above***



***Picture 4: Dalit children are served in leaf plates which they have to throw away themselves***



***Picture 5 and 6: The plates meant for mid day meals are either marked or have names of the children written on them due to untouchability and caste based discrimination***





**Picture 7 and 8: Caste based discrimination is rampant even at tea stalls. Dalits are given tea in separate glasses which they have to wash themselves**

