THE SOCIAL CONSTRUCTION OF DIGNITY AND ITS RELEVANCE TO PUBLIC HEALTH: AN EXPLORATORY STUDY AMONG DALIT WOMEN

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This dissertation entitled ***"The Social Construction of Dignity and its Relevance to Public Health: An Exploratory Study among Dalit Women"***, is submitted in partial fulfillment of the degree of **Master of Philosophy** of this University. This dissertation has not been submitted for any other degree of this University or any other University and is my original work.

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We recommend that this dissertation be placed before the examiners for evaluation.

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Conceptual and Methodological Framework and the Context of Research

Introduction:

'If You had to give me this birth,
Why give me birth at all?'
(Chokhamela, Abhanga 6,13th Century A.D)[1]

'Kelavondu sala devarige bhayyanga agtaite! Maadaragi huttu baardittu, naavu hennu jaati aagi huttubaardittu. Naayige beku, namage illa'.

(Sometimes I feel like scolding God. We should not have been born as Madiga, should not have been born as a woman! Being a dog is better.)
(Lachammama, 65years, Kharabdinni)

It is the struggle and pain to feel and be treated as a *full and equal person* that is reflected in both the above quotes. The first is from an *Abhanga* (Bhakti song) written by the 13th century Untouchable Mahar Saint-Poet, Chokhamela[2]. The second is from the narrative of Lachamamma a woman who has spent about forty years working as a caste-labourer attached to an upper caste household. The underlying theme in both expressions is a sense of being treated as a lesser human and a questioning of this idea.

This idea of *humanhood*- or being an equal human and a full human forms the core of this research study on dignity. This is the insight that illuminates the meaning of the concept of dignity emerging from both literature as well as field work. This research essentially tried to explore the meaning of the concept of dignity and its social construction in the lives of Dalit women agricultural labourers. The broad Public Health paradigm that sees health as socially produced requires that we understand how structures of stratification actually operate in people's lives and their linkages with health. This study primarily tried to locate and understand the construction of dignity in a context of caste and gender exploitation coupled with material

[1] Cited in Zelliot,1992:5
[2] Many of his abhangas refer to untouchability and some reveal that he was profoundly troubled by his despised place in society (Zelliot, 1992)

deprivation. It was conceptualized that the concept of dignity would allow one to draw in both material and social deprivation and would lead us to understand discrimination and exclusion as processes and experiences in people's lives. This affects people's access to life-resources which includes access to health and also impacts on their individual and collective well being. Therefore for a Public Health researcher this area of enquiry is of value. Any structure of stratification and inequality rests on a construction of the exploited as sub-human or lesser human itself. One can look at any vulnerable or marginalized group- Dalits, poor, women, bonded labourers, slaves, mentally or physically challenged- to see that in different ways they fall under the common discourse of being seen as not a full human by those in positions of domination. This is a direct attack on health and well being at all levels- physical, mental, social and emotional. For a Public Health researcher it becomes important to understand this process of denial and discrimination and how dignity is socially constructed.

The study was done within the qualitative paradigm and the context of research was in Raichur District of Karnataka State. Raichur has a history of political and social marginalization by the State and within it sharp inequalities and feudal relations make the lives of the Dalits and especially Dalit women particularly hard, with a denial of basic rights and resources. Therefore it was felt necessary to understand the operation of various structures of inequality in their lives and record their articulation of the meaning of a life with dignity and a life where there is complete and equal humanhood.

With this introduction giving an idea into the theme being explored we move to understanding the conceptual framework and discuss how we see dignity as related to Public Health. This is followed by the methodological framework and objectives of the study as well as a brief understanding of the socio-historical context of the fieldwork. The last section looks at some reflections or notes from the field and highlights the medium of relationship as being crucial to a social-anthropological enquiry.

Conceptual Framework:

This research enquiry began with a focus on addressing the issue of discrimination based on caste, gender and class and people's experience of this in Public Health institutions. The interest was to explore the notion of the 'other' constructed in state health institutions. However in the process of initial reading and discussions the questions seemed to broaden and now the focus is

not discrimination alone but the striving for and meaning of dignity in people's lives and how it is socially constructed.

The crux of the conceptualization is the assertion that dignity is a prime component of health and well-being. It is a *condition* as well as an *enabling force*. A life with dignity would be a closely related to one's sense of individual, collective and social well being and a life with a denial of dignity in social and material realms would mean a denial of health itself. For example a life which is free from hunger is a life where a component of the basic dignity of a person is being met and in concrete terms this dignity translates into health or works as a determinant or enabler. Similarly, a life with severe social exclusion, a lack of freedom and a life where structures of domination and subordination operate is a life with a denial of dignity of the human person and becomes a condition against the well-being of a person or community.

Understanding of dignity is organically related to the definition of Public Health. Public Health in its broadest sense is about social justice itself. The theme that is common to both is that of ***interrelationships***. The construction of social relations is linked to the construction and production of health as well as of dignity. Public Health in its broadest understanding sees health as socially produced- therefore relations of inequality, hierarchy and power in both its material and social forms, become important to address. Similarly, at the heart or core of the understanding of dignity lie – relationships. Relations with oneself, with others, with a collective, with society and with the state all by themselves and their interplay in the context of social structures, shape the level and process of dignity. Dignity essentially would imply a person feeling valuable in herself, however this self- image is tied to social relations and conditions. In fact, Guru (2005) writes that terms of personal dignity are entirely constituted by social conditions. He points to it being a dynamic, creative and progressive imagining that keeps changing according to social conditions and the interventions affected by humans to assess their moral worth according to societal norms as well as their own idealism.

The use of the terms *social dignity* and *human dignity* has often been seen in the literature on social and political theory. However, there exists little theoretical writing on this and most of the literature is context driven. So one finds work on caste (Dalit movement), patriarchy (women's movement) and on labour that all speaks of the concept of dignity directly or indirectly. It was felt that this research should try and search for the meanings of dignity at a larger theoretical and conceptual level. At the same time primary work was to be done as an exploratory study with

Dalit women. A need or reason for this was felt by recognizing that Public Health research has addressed the question of caste mostly in statistical terms or as comparisons across health indicators and not in more experiential terms which a study on dignity could attempt to do.

Let us consider some of the work done which looks at linkages between caste and health. The National Health Policy, 2002 gives data across social indicators to show differentials in health status. It states that the Infant Mortality Rate for Scheduled Castes is 83/1000 compared with the All-India figure of 70/1000. Similarly, the under five mortality rates are 119.3/1000 and 94.9/1000, for the Scheduled Caste and All-India categories respectively. The percentage of children less than three years underweight (< -2SD) is 53.5 for Scheduled Caste children and 47 for the country as a whole. It is important to get this macro picture and in fact scholars argue that there is a lack of systematic quantitative macro surveys that focus on the variable of caste[3].

Some micro studies have also addressed the issue and measured differentials quantitatively. For example Banerjee (1982) used a sociological criterion for assessing poverty by looking at hunger defined as a state where a person does not get two square meals a day. Across nineteen villages spread over different states he found 40 per cent population as hungry. Within this differentials were seen in terms of data that 59 per cent poor labourers were hungry and 49.3 per cent Harijans[4] were hungry for three-six months in a year. Djurfeldt and Lindberg (1975) studied the social determinants of health in a micro study in a village in Tamil Nadu and did focus on caste differentials in terms of food, income, shelter, clothes etc. They even present some quantitative data such as- an analysis of the nutritive component in the diet of the households as well as expenses on types of food stuffs and percentage of total household expenditure spent on food- all for Harijan households. Qadeer's (1989) paper gives the example of differentials across caste from a micro study by Kielman and Oberoi (1972) done in Punjab where under five morbidity and malnutrition was found much higher among Ramdasia (harijan) community children as compared to Upper Caste Jat children.

Zurbrigg (1991) in 'Rakku's Story' gave a narrative that did explore the life context and more experiential aspects of health and discrimination in the life of Rakku, a landless Dalit woman. In a study by Thorat (2002) we find again a survey approach measuring the prevalence of

[3] See Deshpande, Satish (2003) for a further discussion on the need for macro data on caste.
[4] Here the word Harijan is used to refer to people belonging to formerly untouchable castes as this has been used by the authors of the studies being reviewed.

untouchability in different spheres of life across States at two time periods to understand the extent of change. In a more recent paper by Thorat and Lee (2005) one finds a systematic study of the patterns of exclusion and caste discrimination in the Mid day Meal Scheme (MMS) of the Government. This was a large survey conducted in 2003, across 531 villages from five States. The study measured aspects of discrimination that affect access of Dalit children to the MMS for example- the number of villages where the scheme was implemented in an area which is non threatening to Dalits. This indicator for access was as low as 12 and 19 per cent for Rajasthan and Tamil Nadu and much higher- 47 per cent for Andhra Pradesh. At the same time qualitative data was used to explore how a factor like locating the scheme in a Dalit locality had a tremendous positive impact on combating caste discrimination.

As a general overview one can say that literature addressing the issue has largely been in terms of micro and quantitative studies. Some studies have tried to explore the more qualitative aspects of caste differentials. Data has been collected to show that a correlation between the variables of caste and health status does exist. However, a gap still exists in studying the more *experiential* aspects of caste and gender exploitation and its relation to health. This study on dignity and its relevance to public health attempts to explore this experiential aspect in both the health services system level as well as the larger social system level.

Thorat (2002) writing on oppression and denial elaborates on three interrelated elements of the caste system- predetermination of social, religious and economic rights of each caste based on birth; the unequal and hierarchical division of these rights among castes and provision of strong social, religious and economic ostracism supported by social and religious ideology to maintain the order. The unit of society is not the individual then, the primary unit of society is caste (Moon 1987 cited in Thorat 2002). This system then implies an idea of human rights and humanhood which is different and unique. For a Public Health student then this is an important area for research in terms of the impact on access to health and other basic prerequisites of life. A study on dignity would highlight this striving.

Besides exploring the structural and material aspect of this phenomenon of caste, a study on dignity would also emphasize the evaluative, behavioural and existential manifestations of an unequal social order. Berreman writes that, stratification is a moral phenomenon in that, people are constantly evaluating one another; it is a behavioral phenomenon in the sense that people act on their evaluations; an interactional phenomenon in that these actions occur largely in the

context of inter-personal relations; and finally, an existential phenomenon in that people experience their statuses and respond to them cognitively and affectively (Berreman 1979 cited in Velaskar and Wankhede 1997). It would be important in the proposed study to explore these aspects in relation to health and life. How does stigma and untouchability as well as the identity of being poor play out in social interactions and interactions with the health services? This becomes an important aspect to be explored.

The **theoretical framework** within which the enquiry is located is essentially one that sees the social system and the State as well as the health services system and the social system in a dialectical relationship. A historical analysis is required to understand the contradiction where the ideal construct of the liberal democratic state gets invaded by the social set up[5]. A liberal democratic ideal of universality, citizenship and upholding of equality across caste, gender and class is the normative framework of the State, but this gets transposed on a society that is deeply hierarchical in nature with no attempt to actually change social relations and break this feudal character. In such a scenario, the dignity of those at the lower end of the hierarchy does not materialize in real terms. Therefore in the social system, practices of exclusion and untouchability and a denial of resources continue despite constitutional rights. At the health services system level as well, the embodiment of dignity by the health service institutions gets obstructed by prevailing social structures.

Let us understand this normative idea of the State better. Themes of equality, consciousness, citizenship and rights are explored in the work of Hegel which gives us one framework for understanding social dignity. Writing in the late 17th century, Locke wrote of legal recognition and protection of the natural rights of individuals. The concept of citizenship with inalienable natural rights emerged- heralding the emergence of a secular democratic state—one where the concern for individual liberty could be combined with social equality. Hegel took the discourse further though he disagreed with Locke's conception of universality (of law) as a category that limits subjective will and freedom. He went on to speak of a system of relations built upon a mutual recognition of the rights of the self and the other. The self acknowledges the other, forges a link with it and recognizes the rights of each subjectivity- the self and the other. (Hegel

[5] It is interesting to see that during his speech to the Constituent Assembly, Dr. Ambedkar refers to this very contradiction. He had stated, "On the 26th January 1950, we are going to enter into a life of contradictions. In politics we will have equality and in social and economic life we will have inequality. In politics we will be recognizing the principle of one man one vote and one vote one value. In our social and economic life, we shall by reason of our social and economic structure, continue to deny the principle of one man one value."

discussed in Gurpreet Mahajan 1999). This recognition of rights allows for the construction of a system through which the idea of freedom is actualized in the world. Within the Hegelian framework, rights come with obligations for self and collectivity. The idea of 'freedom for all' animates civil society. The assumption here is that the State symbolised a rational order- **the actuality of concrete freedom.** *The state signified a structure which upholds and protects the freedom and rights of individuals. While law embodies the conditions of objective freedom, its institutions secure subjective freedom. It is this framework applied to dignity as a notion to be actualized by the state through state institutions that is of interest to us.*

The framework then is one that recognizing the normative principle of the idea of freedom and dignity to be actualized by the State and its institutions also recognizes the contradiction of this process of embodiment of dignity due to interactions with an unequal social structure.
How in this scenario does dignity get created, how do women from the poorest Dalit communities define it and strive for it and what has been the change over time are the broad questions.

This framework is applied in their striving for dignity in their lives as well as at the level of health institutions as Public Health is concerned with both the social system as well as the health services system. These are seen as interacting and the health services system reflects the larger social hierarchies. The health services system is a sub set of the social system and is a complex of research, education and delivery. However, it is its human and social interaction element that is of interest to us. Sociological research has already explored how social hierarchies get reflected within the health services. Data along caste, class and gender backgrounds clearly shows the social structures mirrored in the organizational set-up and personnel hierarchies within the health services system (Qadeer 1985, Madan 1980, Baru, 2005). This research would conceptually explore the experiential aspect of dignity and how people perceive their interactions and the institution itself. Sociologists of health and illness working on the issues of migrants and minorities have pointed to the 'double jeopardy' of being both a minority and sick and also about the identification of certain disease with immigrants and minorities to the extent that the 'other' becomes the disease (Marks and Worboys 1997). This 'double jeopardy' applies, in the present study, to the case of being a Dalit and a woman and being poor *along* with being sick. For this an understanding of caste as well as gender and poverty and how these play out in their everyday lives is important. The researcher would then be interested to understand their striving for dignity in all spheres of life and not only in health service interactions.

Dignity as a concept and a normative principle may have relevance not just in addressing the 'what' of Public Health planning but also to reflect on the 'how'. Health programmes and health policies are actualized and implemented through people and the emphasis on institutions embodying dignity implies changes in the way care givers actually view perceive and interact with people seeking care. To understand this relevance of the concept of dignity or the 'how' of Public Health let us apply the concept of dignity at the level of Public Health institutions. Here dignity could be related in the broadest sense to the notion of *responsiveness*. The contradiction between a hierarchical social order and a democratic political system forms the context or site for these institutions as well as the context of the creation or impingement of dignity. A Public Health organization can be looked at as a human service organization and Hasenfield (1992) writes that one of the characteristics of such human service organizations is their reliance on both professional workers and care seekers to *co- produce* outcomes. This interface seen in a socio-historical context brings together tangible and intangible elements of the health services organization or system. The question for our study then is- What is the meaning of dignity in such Public Health institutions located within a larger social and historical context? How is the notion of dignity to be actualized by the state and state institutions?

How do people carrying different axes of inequality, domination, exclusion, untouchability- negotiate these institutions? To the recipients of services, these institutions are expected to embody values of caring, commitment to human welfare, trust, responsiveness etc. But these institutions often evoke, both hope and fear, care and victimization, dignity and abuse. Hasenfield (1992) speaks of responsiveness of an institution as a function of perceptions of patients' social worth. He gives the example of an intake worker- what does the worker do when the needs of two patients are similar? Who gets the services? Another sort of need remains- the need reflected in the applicant's apparent inability to look out for her own interests and her predilection to accept the worker's help as a gift and not as her due. This garners extra sympathy.
Therefore, themes for our study emerge as- how do people construct their experiences with Public Health institutions and their expectations from these? How do they negotiate these institutions? How does dignity mediate in the process? How do institutions reproduce social realities?

Some more Conceptual Contours to be explored:
The study would address some more questions and themes connected to the notion of dignity through the review and fieldwork. Firstly, we will try and review the concept through different

theoretical positions as well as how it gets actualized and what it means under different types of the State ie: under the libertarian State, welfare State and in today's neo liberal context.
The Kantian view on dignity is to treat every human being as an end, not as a means. Respect for the intrinsic worth of every human being should mean that individuals are not to be perceived or treated merely as instruments or objects of the will of others. This view in the liberal democratic context has often been interpreted as accordance of centrality to the individualist ethic- priority to individual choice and autonomy in social, legal and political arrangements. There is an emphasis on individual will and the limits to state intervention. Hence the concept of dignity gets linked to freedom, choice and self determination. However, with limits to State intervention in the name of freedom how does the contradiction with equality be addressed? Or what is the relationship of dignity to the idea of distributive justice? Few will dispute that a person in abject conditions, deprived of means of subsistence, denied opportunities to work suffers a profound affront to her sense of dignity. Economic and Social arrangements can not be excluded from a consideration of dignity. One finds then a need to explore the material construction of dignity. Also, the demand for dignity has become a ground for a debate between equality and freedom (Schacter, 1983).

Secondly, another notion that needs to be explored is that of collective sense of dignity. One of the main contradictions in defining dignity is that it implies both individual dignity and collective dignity. Oscar Schacter (1983) writes that the idea of human dignity involves a complex notion of the individual. It includes recognition of a distinct individual identity reflecting individual autonomy and responsibility. It also embraces a recognition that the individual is a part of larger collectivities and that they too must be considered in the meaning of dignity. Our study focusing on indignities along lines of caste and gender would have to grapple with collective notions.

Thirdly, and most crucially is the question of what is the notion of humanhood or personhood? How does it relate to equality, consciousness and dignity? Ambedkar(1948) seems to connect dignity to the issue of self worth and being human. "Caste promotes a particular understanding of humanhood, in which untouchables are considered inferior beings and therefore not entitled to social, economic, religious and political rights and high caste Brahmins are considered superior beings worthy of greater privileges and rights." The importance of identity in its very basic form- that of being an equal human was articulated by Ambedkar. He observed that the untouchables were usually regarded as objects of pity and hence ignored in any political scheme on the grounds that they had no interest to protect. He argued that while it is true that they do not have large properties to protect they do have ***their very person*** to protect. Exploring this idea of personhood

and dignity was seen as an important theme in the review of literature. It is important to again mention that as a researcher to be able to connect dignity which is generally seen as some esoteric notion to Public Health and people's lives in a real sense it is this idea of humanhood that proved critical. The idea brings to the meaning of dignity an understanding of the basis of *indignity and exploitation* resting in social stratification and inequalities. It reflects the graded inequalities in social structures in terms of a grading of the human being itself as fully human, sub-human, lesser human or even animal.

A study from the field of medical anthropology by Sered &Tabroy (1999) explores this concept of *what it means to be human* using treatment narratives of Israeli cancer patients' encounters with the medical system. The central theme expressed was 'yachas'- attitude or relationship. Being treated like humans and friends as against being treated like machines, numbers and strangers. They write of the medical system as a tearing down of the self. Institutions are loyalty demanding, powerful and with a distinct medical culture (Sered and Tabroy,1999) The whole idea of assigning certain beings to the category of human and others non- human is a matter of culture and not biology. In a variety of contexts slaves, mentally handicapped persons, criminals are assigned to the category of non humans. Emily Martin (cited in Sered and Tabroy,1999) argues that there is a phenomenon of treating people as *less than full person* and this derives from the state of being dominated. Martin suggests that, it is quite likely that women are not seen as full persons.

In fact literature on dignity in Public Health has been medical system focused looking at palliative care, disabilities, and ageing- vulnerable groups. Preservation of dignity of these groups within the medical care process is the focus. However, differentials across class, gender and caste are not seen as reflected in the medical care system and the medical system is not located in larger social structures. The present study would attempt to go beyond and locate the Health services within the larger social system.

A study from the Indian context that sees the health services as a part of the social system and is extremely broad in understanding structures, culture and change over historical contexts is the study of meanings of illness, health and well being of Bairwa construction workers (Ritupriya 2000). (The Bairwa community is a Dalit commuity from Rajasthan and has seen a historical struggle against untouchability). This study enriches our conceptual and methodological frame. Here the exploration addressed the historical and social process of marginalization, change and

social mobility in the community. It was seen that by taking this broad understanding of social context and an exploration into perceptions of the collective- the notion of dignity in social interactions emerged as a prime mediator in all aspects of life and a component of well-being. *Izzat* and *Azaadi* were seen as the two paths to a striving for dignity. *Izzat* and *azaadi* were seen in terms of attainment of the basics of life with dignity and economic and social status was enmeshed together in the notion of dignity. The Bairwas preferred to go the private practitioner at a greater monetary cost than a government doctor if they perceived a sense of indignity and discrimination on the part of the government doctor. Dignity was then a way to assess interactions and perceive a sense of equality or discrimination. Commercialization was seen as immoral and unethical and this was a standard to judge the Public Health institutions. This has broader implications for social ethics in medical practice for Public Health systems and for larger social policy. Methodologically this study guides us to focus on both the social context or system that defines people's lives as well as the health services system within that. An understanding of dignity which we have asserted is integrally linked to social relations will have to study people's lives as a whole and not merely utilization of health services. Also the work of Ritupriya (2000) brings out the importance of understanding people's reference frames to be able to interpret their perceptions on health, well-being and dignity. It was a conscious effort to study collective perceptions that had actually brought out so strongly the place of dignity as a prime force in the choices and perceptions of the Bairwas. For our study as well, a conscious effort is made to trace collective histories of discrimination, marginalization and collective struggles for dignity.

Based on this broad conceptual and theoretical framework in the next section we explore the methodological aspects, the context of the research as well as the actual experience of undertaking such a study.

Methodological Framework:

The research study essentially consisted of two complementary pathways- one was to attempt a brief survey of literature within the realms of moral and political philosophy, and political science that deals with the concept of dignity as well as to look at writings of select philosophers/social scientists who have been influential in dealing with questions of caste, gender and labour to draw out different meanings of dignity. This attempt at theorizing on dignity was to also shed light onto the broad themes illustrated above in the conceptualization- such as notions of universality vs. difference, dignity and the contestation between ideas of freedom and equality, ideas of personhood etc. This process was to be simultaneous and complement the second pathway of

primary fieldwork to understand the meanings of dignity and its social construction in the lives of Dalit women agricultural labourers. How do they construct, articulate and strive for dignity in their lives? What would be the components of dignity in their lives and what is their experience of discrimination, exclusion and denial? What linkages do they see between health, well-being and dignity or indignity and deprivation? What is their interaction with State public health institutions and how far do they embody or impinge on dignity? These were the broad areas of enquiry.

The specific research objectives were:

1. To undertake a review of literature on the concept of dignity, its social construction and meanings and its relevance to Public Health.
2. To draw linkages between the meanings of dignity based on different theoretical perspectives and differences in the nature of the State.
3. To understand the articulation and striving for dignity in the lives of Dalit women agricultural labourers; and to locate this articulation in a social and historical understanding of the context.
4. To trace their experiences of discrimination and dignity in different spheres and also focus on their interactions with the Public Health institutions.

The **methodology** for the primary field work rested within the qualitative research paradigm. "When we speak of quantitative or qualitative methodologies we are in the final analysis speaking of an interrelated set of assumptions about the social world, which are philosophical, ideological and epistemological. They encompass more than simply data gathering techniques (Rist 1977)". It was felt that a study which seeks to understand the meaning and experience of dignity from the standpoint of Dalit women would have to be based on qualitative method. The attempt is to unravel and understand the subjective experience and construction of dignity in the lives of the women. This would require an approach which explores people's own interpretation and actions based on that subjective interpretation.

Interpretative approaches emphasize the actor's capacity both to attach meaning to different social situations and to act and not only 'react' accordingly. Sometimes, this is done at the cost of sacrificing, in analytical terms, the role of social structure as a determinant or at least as a factor to be seen conditioning individual freedom & perceptions (Castro 1995).

The role of the social structure in a study of this type which rests on a principle to address and trace the nuanced interactions between structures of caste and gender in people's lives becomes a prerequisite. But again Castro (1995) writes that while normative studies explain the existence of

a direct link between society/social structures and the subjective experience of health and illness, however the intermediate cognitive structure operating in between is assumed and not theorized. The combined approach which to different degrees tries to understand people's perceptions combining normative and interpretative approaches is a more comprehensive and multilevel, historical analysis. Therefore, what one needs is an attempt that tries to see how structure and culture and the meanings that people and groups attach interact amongst each other. The current study would have to trace people's life experiences and give primacy to their agency in their own social constructions as well as locate the perceptions in a structural context both micro and macro. A social anthropological approach attempts to combine normative and interpretative approaches and is adopted for this study. This requires a contextualized and historical analysis. The women's articulation and meanings of dignity are to be interpreted with a historical understanding of their lives, the communities and the region. A study looking at their experiences would have to look at the *context of change*. I find this methodologically very useful. Also it is necessary to look for people's frames of reference in this context of change to trace perceptions. The present enquiry focusing on dignity would be drawing on perceptions of change in health and well-being over time. Analysis of people's reference frames helps in this. For instance a review of health perception studies (RituPriya 2000) found that people often expressed or evaluated their health using reference frames such as migration, experience of marginalisation or development processes and this led to insights which led to a challenge to the development paradigm itself.

Context of the Research:

The primary fieldwork was conducted in villages of Manvi Taluka, Raichur District, Karnataka (See Map, Fig 1 and Fig 2), and as mentioned earlier focused on the lives of Dalit women agricultural labourers. This area was chosen primarily because the researcher had worked and lived here in these villages from the year 2000-2004. During this period, I had the opportunity to work with a group working with Dalit agricultural labourers in this region. This process had addressed issues of basic rights, livelihood, caste and patriarchal inequalities and atrocities which had led to the formation of a Collective of Dalit women agricultural labourers called Jagrutha Mahila Sangathan (JMS). An understanding of the historical, socio-economic, political and ecological context had been imbibed through the experience of living and working with the community there. I felt this base was essential to undertake a study on people's perceptions of dignity and discrimination. Also there was a close relationship with women across these villages and again it was felt that this would be a pre- condition to explore these areas of research.

Karnataka State reflects large regional variations in terms of socio-economic character, distribution of state resources and political neglect. Raichur district is a part of what is called the Hyderabad Karnataka region along with Gulbarga and Bidar districts as these were part of the former Hyderabad State under the Nizam. This region is characterized by feudal and caste

relations and a highly skewed distribution of land with a majority of the workforce being landless laborers. Raichur falls under the Deccan plateau region famous for its fertile black cotton soil. However rainfall is scarce and the region has witnessed severe droughts. The changes within the agricultural economy and modes of production forms the reference for a context of change in the lives of the people of Raichur. This context of change is discussed further in Chapter three.

A majority of the Dalit Women here work as agricultural labourers and earn less than minimum wages (The revised current minimum wage is Rupees 62, however, actual prevailing wage for a day's labour varies between Rupees 15-30 depending on lean/peak season, demand for labour and water availability).Struggles for work and life are part of their everyday life. State services too are embedded in caste feudal structures and availing of services and schemes is difficult. Educational levels of the Dalit community in Raichur especially of girls are dismal. Caste-based atrocities take the form of severe collective dominant caste attacks as well as subtle forms of domination and discrimination. It is in this region and with this group that the proposed enquiry was planned.

A table (Table: 1) compiled from data from different sources giving some general demographic, health and developmental statistics for the district is presented below. This will help in reassert the fact that Raichur has been neglected politically and levels of socio-economic development are low and show wide disparities for the Scheduled caste group.

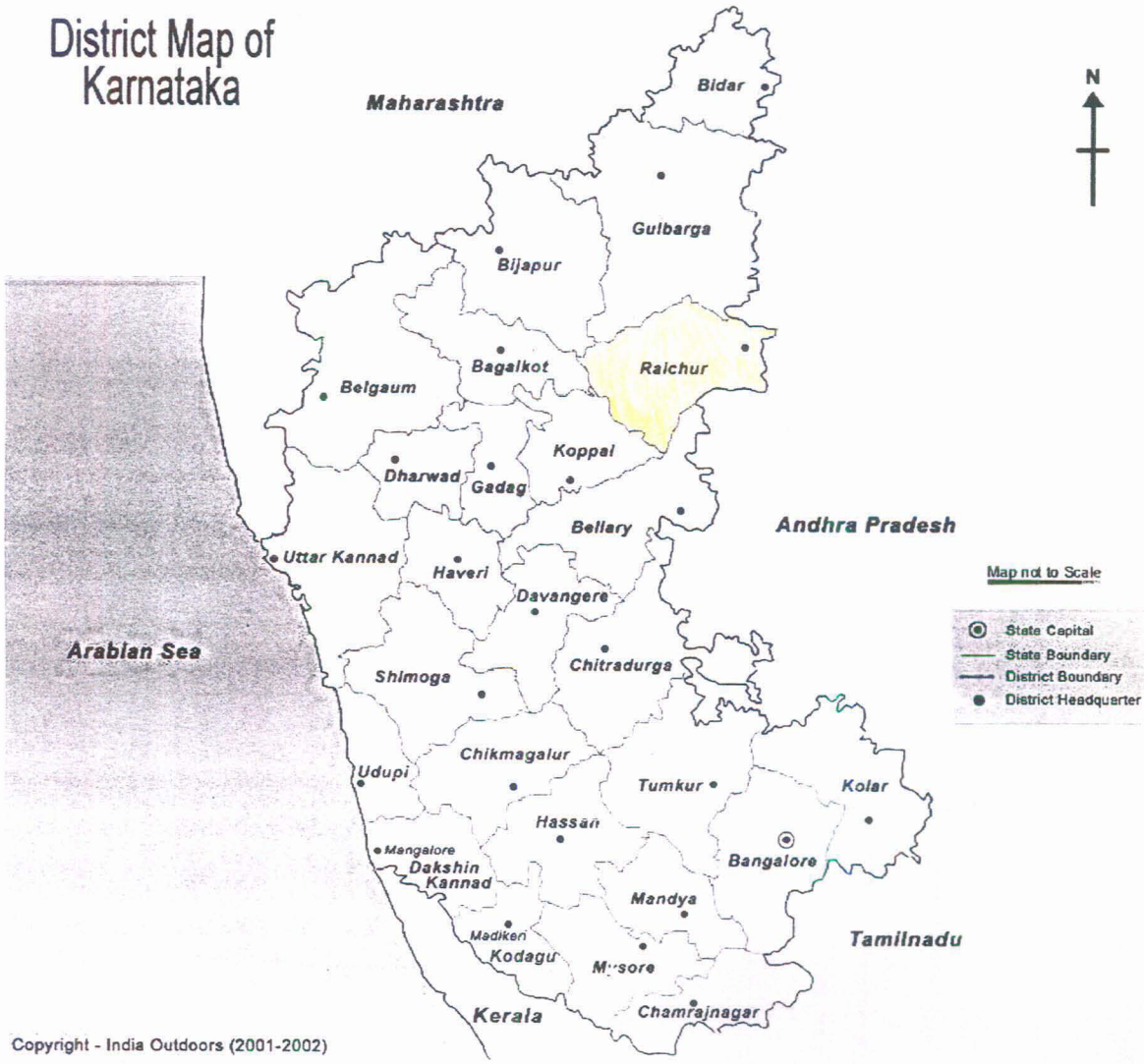
District Map of Karnataka
Maharashtra
Bidar
Gulbarga
Bijapur
Bagalkot
Raichur
Belgaum
Koppal
Dharwad
Gadag
Bellary
Andhra Pradesh
Uttar Kannad
Haveri
Davangere
Arabian Sea
Shimoga
Chitradurga
Chikmagalur
Udupi
Tumkur
Kolar
Hassan
Mangalore
Dakshin Kannad
Bangalore
Mandya
Madikeri
Kodagu
Mysore
Tamilnadu
Kerala
Chamrajnagar
N
Map not to Scale
State Capital
State Boundary
District Boundary
District Headquarter
Copyright - India Outdoors (2001-2002)

Figure 1.

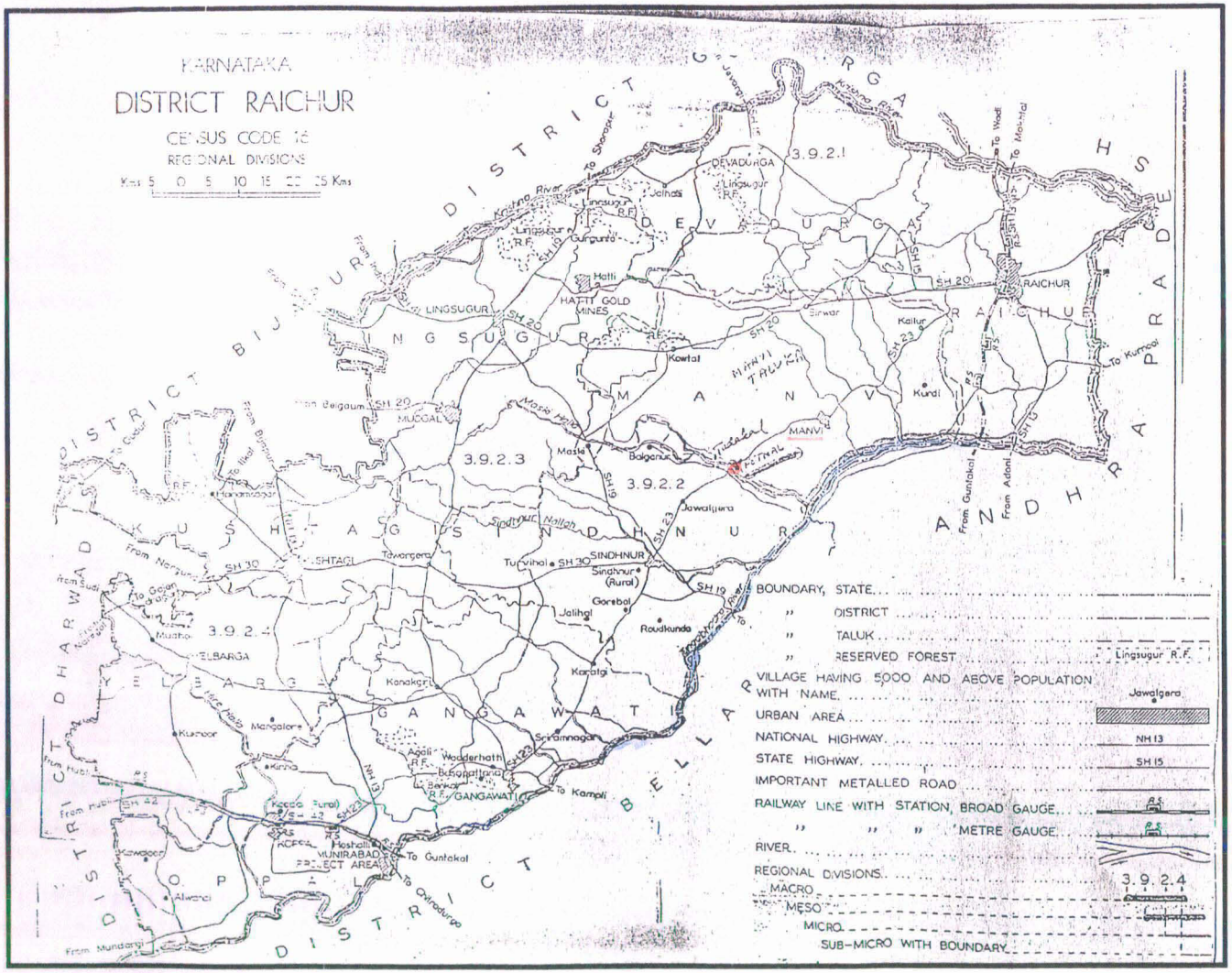

Figure 2. District Map of Raichur

Table 1: Select Data/Indicators for Demographic, Health, Development Levels for Karnataka State and Raichur District

Total Population, Raichur[1]	2,309,887	
Proportion of SC population to the total population for Raichur [1]	17.23 per cent	% SC popn; Rural-82.01 Urban-17.99
Proportion of SC population to the total population for Karnataka State[1]	16.38 per cent	% SC popn; Rural- 76.60 Urban- 23.40
Raichur BPL population[2]	5.54 lakhs 25.11 per cent of total popn.	
Proportion of Agricultural labourers of SC population, Karnataka[1]	49.87 per cent (i)	Workforce structure for SC Women(rural)-Agri L:71.09% (all India figure)
Proportion of cultivators of SC population, Karnataka[1]	23.48 per cent (ii)	
Total proportion of SC work force in agriculture, Karnataka[1]	73.35 per cent (i+ii)	
Literacy Rate for Karnataka[2]	56.04 (Total) 67.26 (Male) 44.34 (Female)	
Literacy Rate for Raichur[2]	35.96 (Total) 49.53 (Male) 22.15 (Female)	
Literacy Rates for SC popn. Karnataka[2]	38.06 (Total) 49.69 (Male) 25.96 (Female)	
Literacy Rates for SC popn. Raichur[2]	21.25 (Total) 31.87 (Male) 10.61 (Female)	
Infant Mortality Rate, Raichur [2]	59/1000	
Under five Mortality Rate[2]	80/1000	
Bed: Population Ratio[3]	1:2330 Raichur, lowest	1:395,Kodagu, highest
Population per PHCRaichur[2]	26,148	
Rural households with safe drinking water, Raichur[2]	39 per cent	
Rural households with no toilet facility, Raichur [2]	98 per cent	
Human Development Index (HDI), Raichur[2]	0.399	Lowest rank- 20
Gender Related Development Index (GDI), Raichur[2]	0.376	

Source: [1]- Census of India, 1991, Karnataka
[2]- Human Development Report for Karnataka, 1999
[3]- Govt. of Karnataka, Report of the Task Force on Health and Family Welfare

The study was done with women who are part of the Jagrutha Mahila Sangathan. To understand their life context it becomes important to also understand the work of this collective that the women are deeply involved in. This too forms a major part of their life context and in the narratives one found a strong link between their experience of dignity and the collective.

The Jagrutha Mahila Sangathan is a collective/union of Dalit women agricultural labourers working towards socio-political and economic rights. JMS began being formed in the year 2000 with the formation of small village level sanghas across villages. It is a series of struggles which required joint action that saw the women come together across these villages that led to the concrete and real functioning of the JMS. Now after more than six years the collective has grown in strength and issues addressed are wider. They have also formally renamed the union to Jagrutha Mahila Krishi Koolie Karmikara Sangathan, a name that asserts their identity as agricultural labourers but the short form JMS is still used.

The JMS seeks to be a symbol of empowerment of rural through mobilization for respect, dignity, basic socio-economic rights. Work is taken up on issues of livelihood reconstruction, wages, access to State services such as PDS, violence against women in the collective plus in fields of education, health and income generation. A strong ideological perspective based on a consciousness of equality guides the work.

It is important to note that Raichur had also seen the emergence of the Dalit movement in the state. The 1980's saw the emergence of the Dalit Sangharsh Samiti, a movement for self-respect that directly attacked untouchability in public spaces- temples and hotels and led to a consciousness of equality and sharp analysis of oppression. It is important to delve into this historically, from the methodological viewpoint, in order to understand people's perceptions of dignity.

There are two untouchable communities in the larger group of Dalit – the Madigas and the Cheluvadis. Raichur district has a large percentage of the Madiga community, who have been traditionally the lowest in the hierarchy and leather work was their traditional occupation. This research study is with women belonging to the Dalit Madiga community.

Details regarding the context, the historical processes of change in the area, life conditions of people, details of chosen villages and stratifications within, as well as some historical information about the movement, all formed the socio-political reality in which the women's narratives are

located and therefore these will be dealt with in Chapter Three dealing with the primary data analysis.

Methods of data collection[6]:

For the primary study two villages were selected. The first was Pothnal - large village which has seen rapid transformation over the period of economic liberalization. It has a large Dalit community and a representation of many other caste groups. It has a Primary Health Centre located here and it falls on the main Bangalore highway. The majority of the Dalit households here are following their traditional religion and the census enumerates them as Hindu Madigas. Only two families here converted to Christianity[7]. Also this village had seen concerted action by the Dalit Movement and this led to stopping of untouchability practice in hotels. The second village selected is interior from Pothnal and is called Muddanguddi. A much smaller village the Dalit community here had converted to Christianity about fifty[8] years ago. Untouchability is still practiced in hotels and other spaces here. Except for one family all others are landless. Apart from these two villages for selection of women to interview the researcher also visited other villages- Kharabdinni, Malkapura , Amreshwara Camp and Kotnekal during the research process. (A sketch map showing the study area and the location of the villages as well as specific village sketch maps are given in Chapter Three.)

It was decided to use the **life history method**, and then conduct follow-up in-depth interviews. The life history method was useful to understand the life stories of the women and notice the themes they chose to recount. A life history captures elements of change and struggles across life of various kinds. I asked them to tell me about their life from as far back as they can recollect and let the conversation flow. Intermittently and then in the follow-up interview the attempt was to refocus on some of the events they had talked of and to try and ask more specifically about dignity and discrimination. What words in Kannada would reflect a meaning of dignity? This was an area of blurred distinctions. Through the process one realized that *gaurava* (pride, respect), *bele*(worth, value), and *cholo badaku*(a good life- well being) were the words that helped. Also

[6] Annexure 1 gives a summary of the checklist/interview guide used in the data collection for the interviews and FGD's

[7] It is important to understand that historically this region saw a lot of conversions to Christianity from the Dalit community about 50-60 years ago. Elders recount how starvation and hunger were the critical factors that made them convert. However, the conversions were predominantly in the Madiga community and not the Cheluvadi community. Gulbarga district with a higher population of the Cheluvadis finds a conversion by them to Buddhism.

[8] Despite conversions people are listed as Hindu Madigas in the Census to be able to avail reservation and other elements of positive discrimination for Scheduled Castes.

the phrase *manushyara agaona* (to become a human) was used by the women during their life stories. I realized this is essentially the concept of personhood/humanhood that they are capturing and incorporated it in the methodological tools by actually asking a question 'neevu manushyar aagidira?' or 'have you become a human' to get clear replies. Such narratives were collected from 13 women- eight younger women between the ages of 30-50 and five older women above 65. The eight women were selected such that some were from small landed families, some completely landless, some deserted and some widows. An interview guide with broad themes and questions to explore was prepared and constantly reworked and expanded.

The other tool used was to collect **treatment narratives**- or detailed accounts of how a particular illness in the family was dealt with. This was to understand their struggles for health care and focus on interactions with the Public Health services system and how they felt and negotiated the institutions. Treatment narratives often formed a part of the main life stories and many of the women had also given accounts of encounters with the health services during pregnancy and family planning operation camps. However, separate narratives were also collected from five other women. It is important to mention that in Chapters three and four discussing their narratives and life stories, in some cases names have been changed to ensure anonymity.

Focus group discussions (FGD's) were held with the sangha women of each village twice. This was to get more details about collective experiences and collective dynamics as well as get different voices on experiences with the health services system. Also their experience of patriarchy and notions of collective strength in the sangha were best discussed collectively. Histories of the village were also gained through these FGD's.

Interviews were also conducted with men in both the villages, but were more in the line of informal conversations. Three people closely involved with the Dalit Sangharsh Samiti were interviewed. In both the villages small FGD's in the dominant caste settlement of the Lingayats/Gowdas were held to get a glimpse of their perspectives on changes in social relations. Time was spent in the Pothnal PHC and Kharabdinni Sub-Centre and fruitful interviews were held with the Auxillary Nurse Midwife (ANM) at the Sub centre and the woman appointed as a peon in the Pothnal PHC who belongs to the Dalit madiga community.

Apart from this a lot of time was spent with women – collecting songs and stories which deal with caste and gender and often subvert dominant notions. Participant Observation technique was

employed to spend time with women in different spaces. The researcher joined in the activities of the sangathan whenever possible and took up small responsibilities. One major responsibility taken up was to campaign for a sangathan member who was standing for Taluka Panchayat elections. With the women I tried to spend time in everyday life processes, such as sheep grazing, cooking, washing clothes, going to the *sante* (weekly market) etc. This helped enormously in understanding subtle forms of caste and gender experiences as well as gave an opportunity for privacy and listening. Different from prior research experiences I found myself conducting the interviews differently- my questions were less and I was listening more.

The data analysis process is quite difficult as one has to read and reread the text and stories to construct from them the meanings of dignity. For this, first a clear analysis of the socio-economic context and history of collective shared exploitation needs to be understood and woven into the analysis. Through the narratives we will be tracing broad and common themes as well as varying themes of dignity in the women's lives and also getting insights on their perceptions of health and well-being.

A Note on the Chapterization:

The conceptual and methodological framework and an introduction to the context of the research has been presented in this Chapter One. In the Second Chapter we deal with the theoretical review on the meanings of dignity and trace conceptual linkages across writings of different thinkers. The primary data is presented and analysed through the narratives of the women in Chapters Three and Four. The third chapter traces their articulation of dignity in their life context and traces experiences of discrimination, struggles for livelihood and food as well as their engagement with the JMS to be able to draw out their meaning of dignity. This chapter also contextualizes the study in a historical and social and ecological understanding of the region. The fourth chapter specifically focuses on the interactions of people with the health service institutions and looks at how they perceive they are treated, struggles encountered to access care as well as how they negotiate the institution and what their expectations are from the State health services. The last chapter gives a summary of the review and themes emerging from the field and attempts to draw linkages and offer some reflections for Public Health as concluding remarks.

Limitations of the Study:

It is very important to recognize the limitations of this study in order to gain from the findings. This study is a micro-analysis which chose to focus on the issue of caste and gender in unraveling the meaning of dignity and draw linkages to Public Health. However, it brings out the need for a

wider and deeper study that explores the interaction of these structures in a sharper way. This study should be viewed as a base of understanding that throws up the need for further research and highlights areas which remained unexplored in this work. Work with women from other Dalit caste groups as well as other caste groups needs to be taken up to get a more nuanced understanding of the social construction of dignity. A greater focus needs to be given to the gender aspect and in fact a lack of time made it difficult to incorporate and weave in more details of how patriarchy operates and what they articulate pertaining to this in the analysis chapters.

A study like this could include a greater interaction with people in the health service institutions to truly understand interactions and factors within that system that obstruct the embodiment of dignity in the institution. A cross-section across different grades in the health service hierarchy, for example medical officers and ANM's, need to be interviewed to understand their perceptions as well. A key area of interest that emerges is to study the curricula used for training different levels of staff in health services and understand the changes needed in content and pedagogy that could impact social interactions in the health institution.

The researcher strongly feels the need to integrate into the research design a measure of *quantitative* data collection, based on innovative indicators, to get a broader picture across a larger area.

The greatest limitation of the work was felt in terms of translation of the narratives. The researcher felt a loss in meaning and expression when the Kanadda interviews were translated into English and in any such enquiry this is a serious limitation. All translations from the Kannada to English were carried out by the researcher herself.

The Experience of being a fieldworker: The identity of being a woman

In this section I would like to reflect on the actual experience of being a researcher in the field and on my interactions with the women I spent very intense and meaningful days and nights with. A Qualitative research paradigm rests on the philosophical premise that one is striving to understand the meaning of the subject of study and not the frequency of occurrence of a phenomenon. In the framework of a social anthropological study, this would involve an attempt to understand the worldview of the community and locate it in their life context understood in both immediate micro levels as well as macro historical change. This needs a medium of relationship.

I was plagued with certain serious questions and dilemmas before and through the research process and some questions probably still remain unresolved. However, an acknowledgement of these remains imperative. How does this study on dignity in real terms alter the life conditions of these poor and marginalised women? When basic minimum conditions of life and health have not been ensured can one talk of a concept of dignity? Probably the study may not have any direct impact on the lives of the women but as a researcher I had to constantly try and be sensitive to record what the women were expressing accurately and in a deep contextual manner. As the process began I realized that sharing of life histories and the documentation of stories of their struggle and survival was an intense, often cathartic process. Many of them expressed an interest to share their stories and volunteered. I realized that understanding and documenting their experiences of discrimination and struggles for dignity and well-being are important by themselves as well as need to be seen as critically linked to struggles for more material and concrete rights. The women did not perceive these as separate. In fact only by understanding their perceptions on the subject can we arrive at more holistic understandings of their life conditions and make larger and more nuanced inferences.

Ethnographic narratives in anthropology have had a history of being part of an ethnocentric colonial endeavor to understand the 'other'. How does one then engage with this process in a critically different manner? To assume a complete merging with another's experience would be trivializing their experience of pain. Instead it is better to explicitly recognize one's position and also be clear about one's standpoints and perspectives. I could not enter the process with a value-free position, instead I was conscious of my alignments directly to them, and tried to hold on to a position that viewed caste and gender as structures of inequality. Therefore I was trying to be aware of power relations across these hierarchies. My work experience with the Jagrutha Mahila Sangathan formed the basis of entering into this ethnographic process. It can not be seen as separate. It is this connection which was the foundation of my relationship with the women I interviewed. I cannot stress enough the value of relationship in the ethnographic process, especially in areas where one is trying to study experiences of discrimination and notions of the self and collective.

Before reaching the field I had the opportunity to read the writings of Scheper Hughes (1992) on this very dilemma and it was greatly influential in formulating the actual process of research. Reflecting on her ethnographic work from a critical medical anthropology and feminist perspective she recounts questions on the method of research on hunger, illness and death in a

Brazilian shanty town. "The anthropologist is an instrument of cultural translation that is necessarily flawed and biased. We cannot rid ourselves of the cultural self we bring with us into the field..... Nonetheless we struggle to do the best we can with the limited resources we have at hand- our ability to listen and observe carefully, empathetically and compassionately."(Scheper Hughes1992;28) She asserts her faith in ethnography as a tool for critical reflection and as a tool for human liberation. The metaphor of the anthropologist as a 'clerk of records' (Berger,1976 cited in Scheper Hughes 1992) helps me to be conscious of my role as a researcher. To strive to listen and record stories and interpret in a dialogical manner, and to tell stories of women who the dominant discourse has marginalized.

How can I, belonging to a different caste and class, represent the lives of these Dalit women? This issue of representation is linked to larger questions of Dalit feminism and the 'politics of difference' which is asserted as a challenge to mainstream feminism itself. Gopal Guru (1995) had written an important paper 'Dalit Women Talk differently' which led to considerable debate and discussion. He referred to the formation of the National Federation of Dalit women and argued that this 'difference' was essential to understand the specificity of Dalit Women's subjugation. He spoke of how the issue of representation has erupted time and again in the discourse on Dalit women. Dalit women justify the case for talking differently on the basis of external factors (non Dalit forces homogenizing the issue of Dalit women) and internal factors(the patriarchal domination within the dalits) (Guru 1995). He argued that this link between social location and perceptions of reality made the representation of Dalit women's issues by non Dalit women less authentic. Sharmila Rege (1998) in her article 'A Dalit Feminist Standpoint' gives a historical account where in the 1970's feminist discourse, one saw a response to the ambivalence of the left to women's issues, in the form of an assertion that, women essentially connected with women. The subjective experience of knowledge became the basis of theorizing the universal experience of womanhood (Rege1998).This led to a significant invisibility of the experience of Dalit women. The autonomous women's groups of the early 80's have remained largely dependent on the left framework even as they challenged it. Debates on class versus patriarchy were politically enriching, however, within this materialistic framework, issues of caste and community were marginalized. In the 1990's there were several independent and autonomous assertions of Dalit women's identity (Rege1998) She agrees with Guru on the need to name the difference but feels that a privileging of claims on the basis of direct experience as authentic may lead to furthering of narrow identity politics. She instead calls for a revolutionary epistemological shift to a Dalit feminist standpoint. "It emphasizes individual

experiences within socially constructed groups and focuses on the hierarchical, multiple, changing structural power relations of caste, class and ethnicity which construct such groups. ...A transformation from 'their cause' to 'our cause' is feasible for subjectivities *can* be transformed. By this we do not argue that non Dalit feminists can 'speak as' or 'for the' Dalit women but they can reinvent themselves as Dalit feminists." (Rege 1998: 99)

To address this dilemma in this research Anupama Rao's (2003) understanding of Dalit feminism is useful. She writes that Dalit feminism would involve the reexamination of gender relations as fundamental to the broader ideologies of caste. Dalit feminists are not merely demanding inclusion but an analysis of gender relations as they are inflected by the multiple and overlapping patriarchies of caste communities that produce forms of vulnerability that require analysis. (Rao 2003).It is this understanding – to unpack these variables of caste and gender interactions with class that makes the study on dignity in the lives of Dalit women meaningful.

A feminist understanding that recognizes the position of Dalit women as different from middle class feminist discourse makes it essential to explore differences. It then also poses the question of how can someone belonging to a different strata and caste undertake such research? I found that it was my relationship with the women over the last six years that allowed the process to happen. Their acceptance of me, and willingness to share their life stories- I don't view as a given but as a privilege. They *allowed* me to enter their lives and as a fieldworker and as a woman this is of tremendous value to me. The process of fieldwork is an immensely personal experience. At the start of the fieldwork process I was diagnosed with typhoid and fell ill. This led to making a decision to select the village one was staying in (called Pothnal) as one of the villages from where one would collect data (to save time). What this meant was that I would spend the entire day with the sangha women from Pothnal who would come to the sangathan office to work on a livelihood project run as a cooperative there. The entire day I would simply 'be' and 'be with' and listen to the women. Intense discussions in groups and separately, singing together, sharing jokes and stories and most of all just laughing together led to a new level in our relationship and suddenly there was a sense of a bond as women. I mention this as it was my first intense real experience of this. Boundaries were broken and everyday we would wait for the meeting with longing. The older women would give me philosophical advice on life, marriage and struggles as a woman that I may face. There were lots of daily discussions on sexuality and the body, which they referred to as *tuppa da gulli* (small doses of ghee) that only women can share.

They were aware of my perspectives on issues of caste and gender and had worked with me for 4 1/2 years in the past. They treated me as their own when talking of caste relations ie: they used the words *namma mandi* (our people) including me in that group identity to distinguish from other caste groups. I cannot express enough how important this acceptance and love is to me. I feel there are moments in the research process where the 'otherness' lifts away and is replaced with acceptance and understanding. It is this engagement which is of value to feminist knowledge. *I cannot represent but I can engage* and share their insights as an advancement in understanding how the variables of caste, gender and class work. I am acutely conscious of this relationship and do not wish a misinterpretation in terms of endorsing a universal experience of womanhood or that non dalit women can don dalithood. No, instead what I am recounting is the experience where despite being aware of these differences there was a relationship and an engagement. Their life stories and perceptions on dignity are to be viewed as insights into understandings of structures of oppression along the lines of caste, class and gender and it is this interaction of variables that furthers a feminist agenda and knowledge.

Chapter Two

The Meanings of Dignity: Understanding Conceptual Linkages

Theoretical literature on the meaning and construction of dignity is scarce relative to the frequency with which the term is used in a variety of contexts. Therefore, for this review chapter we are forced to rely on some writings from the discourses in moral and political philosophy and ethics. In addition, several original writings of both Western and Indian philosophers[9], contribute to the understanding of the construction of the notion of social dignity. Literature on issues of caste, gender, labour and equity helps us delineate the meaning of the concept. This has been a challenging task due to the lack of ready-made definitions to review and classify this concept into a given framework. The idea of social dignity is intrinsically linked to a range of concepts such as freedom, equality, capabilities, exploitation, and reciprocity which are more explicitly discussed in the literature.

To begin with we will discuss varying perspectives on caste and link this to emerging meanings of dignity. This is important because our focus of enquiry as stated in chapter one is to locate dignity as a striving in the context of caste and gender exploitation in a highly stratified society and its interconnection with health, well-being and health service institutions. Why do we see dignity as important in tracing interconnections between systems of caste oppression and health? This is for several reasons- dignity as a concept inherently deals with relationships- with the self and society and with collectives and society and therefore a sense of dignity or indignity, discrimination, humiliation, and exclusion has the potential to address the experience of unequal relations which describe the caste system. Also, understanding dignity would imply a greater privileging of people's agency as it is a positive striving and a dynamic concept as against only studying the nature, types and extent of discrimination people undergo. If we shift the focus to dignity we record the experience of discrimination as a part of a larger positive articulation of resistance and an imagining of change[10].Another perceived advantage that an understanding of the concept of dignity and its social construction in people's lives could have is that as a concept it connects to both material deprivations as well as an experience of the notion of 'status' as an

[9] For this review we looked at writings of thinkers like Phule, Ambedkar, Marx as well as Sen and Nussbaum . Many other scholars writing on issues of caste and gender were also referred to.

[10] In Public Health discourse the argument made above is parallel to the view that instead of studying ill-health/disease alone if we study health we look at a more broader and life promoting canvas.

equal or inferior being. This helps understand structures of caste and gender in relation to class, in a more interwoven way rather than an additive way.

Public Health literature has seen the dominance of the biomedical paradigm where the role of social structures in producing health has been marginalized. In the broader eco-social paradigm and within the theoretical premise that health *is* socially produced, we find that Public Health research has primarily focused on class. In more recent writings of course there is a recognition of caste and gender also playing an important role in determining health status. The feminist movement in India, through their critique of the coercive family planning programme and health policies that looked at women's health in terms of their reproductive function alone, generated a lot of critical literature. The scope of studies widened to study the role of patriarchy and denial of women's access to resources and health services. However, Public Health literature in India has largely been silent on the experience of caste and health[11]. It is interesting to note that while mainstream sociological research has been significantly engaged with caste, its application to health is somewhat less.

Untouchability has been legally abolished in the Constitution of the nation and equal rights are guaranteed by law. It is true that there have been positive changes and a decline in caste-based practices over a period of time. However, we assert that caste continues to be a lived reality today and the forms it takes may be changing but it exists nonetheless. Satish Deshpande (2003) argues that caste inequalities definitely exist in India today and are a determinant of the life chances that people have. It is an overwhelming social reality that majority of those in the 'highest' or most preferred occupations are from the upper castes, while the vast majority of those in menial and despised occupations belong to the lowest castes. Privilege and disprivilege and caste do form systematic patterns. He analysed NSSO (National Sample Survey Organisation) data from the 55th Round (1999-2000) and cross tabulated caste categories with monthly per capita consumption expenditure (a proxy for income and poverty levels). Categories of income poverty were coalesced into four broad groups – Below Poverty Line (BPL), Above Poverty Line (APL), Less poor and Non poor. The percentage of Scheduled Caste population falling in the BPL category is 42.9% in rural India and 43.1% in urban India. Also, analyzing the social composition

[11] As mentioned in chapter 1, there exists statistical evidence to prove differentials in health status for scheduled castes, though these too are wanting on many counts and there is a lack of a broad systematic survey at the quantitative level as well. However, more qualitative studies are lacking that probe the experiential aspects of caste discrimination, its impact on access to health and health status.

of monthly per capita consumption expenditure classes he finds that BPL population of India is composed of 15.3% Scheduled Tribe population (STs), 23.0% Scheduled Caste population (SCs), 37.5% Other Backward Caste population (OBCs), 9.6% Hindu Upper Castes and so on[12]. Pointing to the huge differences across caste he writes, "Almost two generations after independence it is no longer possible to evade these realities as being a by-product of historical inequities. We have to face up to the uncomfortable truth that caste inequality has been and is being *reproduced* in India." (Deshpande, S 2003: 120)

For a Public Health researcher then, understanding the linkages of caste with health becomes necessary. One is not undermining in any way the importance of studying class and gender in Public Health, but instead stating that the process will be more holistic if one accounts for discrimination based on caste as well.

Perspectives on Caste, Dignity and Humanhood :

The study of caste in sociological theory has seen divergent perspectives and it is essential to recognize that this aspect, of where in the hierarchy of the system do we locate our vantage point, leads to completely different understandings of caste as well as the idea of dignity that the perspective will put forth. At one end we have a functionalist perspective which emphasizes harmony, and views inequality as inherent in the system. For example, the Dumontian understanding that looks at caste as a consensual system. His understanding of caste focused on ritual hierarchy which was viewed as independent of power. The notion was that power and economic and political factors are distinct from and epiphenomenal to caste (Dumont, 1972). Dignity then would also acquire a graded and unequal form and will not be seen as a value to be met for all. In a functionalist understanding of caste, dignity of people will get linked to their graded inherent worth. Instead a conflict perspective gives a different lens to understand caste as well as to evolve a concept of dignity. A conflict perspective like the one highlighted by Berreman(1972) and Mencher (1974) sees the system as one resting on the principle of inequality, domination and subordination. Berreman asserts that the power-status dichotomy is a false one in the context of caste and economic and political power is linked to the caste system. Mencher, based on her work in Tamil Nadu, challenges the Brahmanical view on caste and

[12] Deshpande, S (2003): He writes that the NSSO 55th round was historic as for the first time data was provided separately for Other Backward Classes and this helps disaggregate the 'Other' category and be able to construct what he calls rough 'guesstimates' for the category of Upper caste Hindus. Therefore it is important to note that this figure is obtained as a residual and data is not actually collected for this category. Nevertheless it is fairly adequate to be used for comparative and illustrative purposes.

presents the caste system 'upside down'. She writes, that looking at the system from the bottom up we find it has functioned as a very effective system of economic exploitation and has performed the function of preventing the formation of social classes with a commonality and unity of interest (Mencher, 1974). In such a perspective then the understanding of dignity would also be rooted in an understanding of the structures of power and exploitation and unequal social relations.

Uma Chakravarti (2003:7) writes that sociological writing on the caste system has focused on the ritual aspect rather than the material conditions and questions of power. This is a consequence of focusing on the Brahmanical view from the Brahmanical texts. However Dalit writers have provided a counter-view by focusing on the experiential dimensions of caste-based oppression. Perspectives that present the caste system as a system of consensual values dominate the sociological scholarship rather than those that see it as a system with inherent contradictions.[13] Chakravarti writes that a striking formulation of the system is provided by B.R. Ambedkar. In Ambedkar's formulation, caste is a system of graded inequality in which castes are arranged according to an ascending scale of reverence and a descending scale of contempt.

She writes that if we take this argument forward we need to recognize that cultural oppression as it operates in the lives of Dalits and women and especially Dalit women is far more dehumanizing than economic exploitation by itself, which we understand as a dominant feature of class. The consequence of caste-based exploitation means that access to material resources themselves are closed to the lower castes, plus more reprehensibly, caste ideology denies subjectivity to the Dalits by depriving them of dignity and personhood (Chakravarti, 2003:7).

An important aspect of the caste system is that those who have dominated the means of production have also tried to dominate the means of symbolic production[14]. But those at the bottom end have not always accepted this position and have found ways to interpret their own identities differently from the way the upper castes have constructed them. Through distinctive cultural representations, oppressed groups have created for themselves a normative world in

[13] Chakravarti (2003) gives the example of Louis Dumont and Michael Moffat as authors presenting the caste system as a consensual system, as against scholars like Joan Mencher and Gerald Berreman, who look at it as a system of inequalities.

[14] Here one is referring to the realm of culture and the realm of ideas. Therefore, in literature, music, religion, festivals and all spheres with a symbolic value we find a dominance of ideas that uphold the superiority of the dominant group or represent its values. However, there exists a counter-culture which has a wealth of its own cultural and symbolic resources. This idea is discussed further in Chapter Three.

which they have dignity, self-respect and even a measure of power. They use their own positions as a place to interpret values and to see how the dominant values are constructed rather than accept them automatically (Chakravarti, 2003).

Berreman (1972, cited in Chakravarti, 2003) aptly describes the caste system as 'institutionalized inequality' which 'guaranteed differential access to the valued things of life'. In contrast to the opposition between pure and impure outlined by Dumont to be the most significant principle of the caste system, Berreman provides another set of juxtapositions. 'The human meaning of caste for those who live it,' he states, ' is power and vulnerability, privilege and oppression, honour and degradation, plenty and want, reward and deprivation, security and anxiety'. Unequal access to material resources and power is an inherent feature of the caste system in terms of lived experience which the pure-impure dichotomy obscures (Chakravarti, 2003:12).

In exploring this material base of caste, the writing of Gail Omvedt (1994) is very essential for us. Our study is looking at the meaning of dignity in the lives of Dalit women who are agricultural labourers, i.e. both in terms of caste and class they fall at the lowest end of the social structure. How do we understand the working of these structures in their life? Omvedt's work gives a theoretical framework to help this. She writes that merely viewing caste and class in an additive sense does not take us too far and what one needs to recognize is the concrete forms of production, expropriation and accumulation of surplus labour in any society. In this approach then we do not begin with class but rather the more basic concept is that of exploitation (Omvedt, 1994:29). Then we can argue that the caste system should not be merely seen as ideological or superstructural but as a system which is both material and ideological. In this framework then caste movements are not just a 'jati or set of jatis' for rising in the system but an attempt in overthrowing a system of exploitation where the lowest castes have an inherent interest in doing so. Then the anti-caste struggle is inherently also a class-struggle, which is a struggle against economic exploitation (Omvedt, 1994:31). Using dignity as a central focus then in the lives of Dalit women agricultural labourers, our attempt should be to see caste both at the material, social and ideological levels.

Concept of Humanhood

The hierarchical character of the caste system (and similar is the case with other structures of stratification like class, race, gender) implies a concept of humanhood which is different wherein upper castes are considered superior beings and untouchables sub-human or lesser human beings

and therefore not entitled to rights. This is a fundamental denial of human and social dignity where one's humanhood and personhood itself is conceptualized as lesser or partial or often completely negated. This discourse and ideology of grading the very humanhood of people is an indignity discourse that has upheld structures of inequality and legitimized overtly and covertly the denial of access to basic rights.

This review found this conception of personhood discussed extensively in writings of Ambedkar. To protect one's humanhood is seen as a goal for untouchable communities by Ambedkar and inherent in this is the understanding of equality in a very basic form- that of being an equal (and full) human. The untouchable had to fight for the identity of being human itself. This we infer as a very strong and fundamental understanding of dignity itself[15].

Writing on a comparison between slavery and untouchability he discusses the concept of being a *person*. He defines slavery as any situation with a loss or curtailment of freedom and writes that in a metaphorical sense the term is used to cover social relationships kindred to slavery such as wife-husband, serf-lord as well. In lay terms he argues a person is a slave when he is the property of another and the nature of property implies a bundle of rights to the owner- the right to possess, to use, to claim the benefit of, to transfer by sale, mortgage, lease and to destroy. The slave's position was terrible because he was considered a material object in the eye of the law itself. Thus he writes, "Another way of defining a slave is a human who is not a person in the eye of the law." "To be recognized as a person implies certain rights which flow from this recognition which are not only as life but are as vital as life." (Ambedkar Ch3, Vol5)[16]

For the purpose of our understanding, these rights of life which are as vital as life and which imply personhood, can be viewed as rights of a life with dignity. He includes the right over material things, and more importantly the right in respect of one's own person- the right not to be killed, maimed, or injured- the right to life. The right not to be imprisoned except in due process of law- the right to liberty. Then comes the right to reputation- a right not to be ridiculed or lowered in the estimation of fellow men, ie: the right to his good name, the right to respect. Everybody is entitled without molestation to perform all lawful acts and enjoy all the privileges

[15] A greater exposition of this idea of humanhood from the narratives of the women will be taken up in Chapter three.

[16] It is important to recognize the influence of the ideas of Enlightenment and an understanding of an equal citizen entitled to a bundle of rights in the thought and ideas that Ambedkar put forth. Though he does refer to the ideals of the French Revolution in his writing, he also states the influence of Buddhist philosophy as being the guiding principle in understanding fraternity and equality concepts.

which attach to him as a person. The most specific right to pursue an occupation of choice to gain a livelihood. Under the same head he clubs the right to free use of public highways, of rivers, public utilities.

In the case of untouchables he felt the situation is more complex because under law he is a person entitled to these rights however, this personality which law bestows is withheld by society. *In the social order there is no recognition of the untouchable as a person or even a human.*

For Ambedkar then equality meant not equal status of the Varnas, but equal social, political and economic opportunity for all. He wanted to break the state of dehumanization and slavery of the untouchables and bring equality through the use of modern methods based on education and the exercise of legal and political rights (Zelliot, 1992). Zelliot tells us that Ambedkar's adaptation of western concepts to the Indian scene is also reflected in the terms used to justify Untouchable rights- democracy, fraternity and liberty. The basis of all this was the understanding of the need for equality to achieve an equal humanhood. "In his Marathi speeches Ambedkar conveyed the implication of these concepts in a single word, *manuski* that was readily understood by the most illiterate Mahar villager. Although *manuski* literally means human-ness, it serves to evoke feelings of self-respect and human attitudes towards one's fellow men." (Zelliot, 1992:160) Some of the guiding principles that she draws out from the study of Ambedkar's voluminous writings are- "The Untouchables should revolt because they are slaves, and slavery is inherently inhuman.... Only by acknowledging their slavery, by admitting their inferior position could Untouchables unify and press for change. Only by Governmental acknowledgement of their deprivation as a class and the correction of that injustice by special treatment on a caste basis could equality eventually be reached." (Zelliot, 1992:62)

Thus we see that the concept of dignity emerging from Ambedkar's life and work is a complex concept of humanhood and personhood where the equality of being human is the base to ensure basic rights entitled to an equal person by the State as well as in social relations. It encompasses the basic right to live as well as material rights and respect in social relations with one another.

Omvedt's work on the Dalit movement gives a rich contextual understanding of the thought and life of Ambedkar and the importance of Ambedkarism for the Dalit and Non-Brahmin movements. Ambedkar's theoretical analysis of inequality added caste to class as well as Brahmanism to capitalism. Yet, he accepted some crucial assumptions of the class framework

(Omvedt, 1994:228), "In taking the relations of production as the basis of the 'economic interpretation of history', he made a clever twist or reversal in the often used architectural analogy of 'base and superstructure'" and she quotes:

"But the base is not the building. On the basis of the economic relations a building is erected of religious, social and political institutions. This building has just as much truth (reality) as the base. If we want to change the base, then first the building that has been constructed on it must be knocked down. In the same way, if we want to change the economic relations of society, then first the existing social, political and other institutions will have to be destroyed." (From article in *Janata*, 25 June 1938)

Omvedt writes that Ambedkar accepted the economistic material class framework and simply reversed it to assert the causal importance of social-religious-political factors, and gave primacy to the superstructure. However there was no theoretical trend that sought to analyse a material base for caste as Phule had done at a primary level (Omvedt 1994: 229).

Jotirao Phule analysed caste oppression in society by adopting a dichotomous or bi-polar framework that saw a conflict between Brahmans (and Brahmanism) and *shudraatishudras*[17] ie: a *dvaivarnik* structure. "Phule's attack on Brahmanism is essentially an attack on the ideology of brahmanical dominance (*brahmanache varchaswa*)" (Deshpande G.P, 2002). Understanding this dichotomous structure he felt was essential for the *shudraatishudras* to realize their status as the 'other' of the Brahman to be able to fight this dominance. He viewed caste as a relationship of power and dominance. Deshpande (2002) writes that Phule saw caste both as a category in the production process and as something that facilitated the dominance of the Brahmins in the ideological sphere. "Caste, then for him was a category both of the base and the superstructure of Indian society. To be sure, Phule does not use these terms. They were not available to him. But his emphasis on understanding caste in terms of the agrarian productive process as also in terms of power and dominance is unmistakable." (Deshpande GP, 2002:10)

In Shetkaryacha Asud (1989) [The Cultivators Whipcord], Phule deals with the agrarian process and looks at the pitiable 'conditions' of the peasant farmers who were the *shudraatishudras*. He talks totally smashing the entire oppressive structure- ideological *and* material.

[17] Lower caste groups and the Untouchable caste groups all combined.

Jotirao Phule's life and writings as an anti-caste reformer have had a radical and tremendous impact on the social reform movement and particularly the rise of the Dalit movement, especially in Maharashtra. Phule viewed the caste system and its oppression as slavery itself and one of his best known works – *Gulaamgiri* was published in 1873 which looks at the theoretical basis for his activity against slavery and this was followed by the setting up of the *Satya Shodhak Samaj* also in 1873. He established the first school anywhere in India for *shudraatishudra* girls in 1848. The drinking water tank in his house was thrown open to untouchables. In fact, Deshpande (2002) writes that none among the 19th century reformers had thought about the gender question so sensitively.

The importance Phule gave to the gender question cannot be overstated and our reading of the meaning of dignity from his theoretical writings must delve into the gender question . He treated all women irrespective of *varna* as *shudra* or *dasa*. Gail Omvedt (1994) has pointed out that Phule did not use the term '*manus*' (human being) but insists on using *stree-purush* thus emphasizing gender differentiation, while pleading for equality and common human rights for men and women. This implies that he was acknowledging the fact that women were not treated as equal human beings. His concept of humanhood and dignity was stressing common rights and equality.

Phule (1873) writes in *Gulaamgiri* that the reason why he was writing this treatise was to enable the oppressed to free themselves from slavery and slavery of their minds. The reason why people fight against oppression is the principle of freedom. "It is very essential for human beings to be free. A free man will never hesitate to claim his rights which are granted by God to all humans." (Phule, 1873 in Deshpande, 2002) Therefore, in his formulation freedom was necessary to claim equal humanhood.

Exploring Recent Writings on the Ideas of Dignity:

The previous section looked at how the institution of caste clearly oppresses and creates material and social conditions of indignity and injustice. We dealt with the ideas of two philosophers and social leaders, Phule and Ambedkar, clearly influenced by anti-slavery and citizenship concepts. It is ideas of freedom and equality that inform their thought and writings. The notion of dignity has not lost importance in today's context. The idea is being defined and redefined in today's context of sharpening inequalities and questions of identities coming up. In fact, it is not just in the domain of philosophy but in the domain of global policy that dignity has taken on the role of a

value. However, we find two strands: One that places dignity in a socio-economic basis to understand it as a structure of inequality linked with concepts of exclusion. Another strand is more sanitized and talks of dignity in a manner that is devoid of socio-historical context.

In this section we refer to conceptualizations on dignity from the realm of moral and political philosophy and try and understand its meaning(s). This helps us connect with other discussions on the nature of the State and the current neo-liberal context. Different authors give variations of the meaning of dignity however they all essentially speak of intrinsic worth of the human person, respect and justice as tied to the concept.

The 'dignity of the human person' and 'human dignity' are phrases that have come to be used as an expression of a basic value accepted in a broad sense by all peoples (Schachter 1983). Oscar Schachter gives examples from various international charters and declarations- Example: United Nations Charter, in the preamble- "to reaffirm the faith in fundamental human rights, in the dignity and worth of the human person, in the equal rights of men and women and of nations large and small." Example: Article 1 of the UDHR (Universal Declaration of Human Rights): "All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood." Example: The Helsinki Accords in Principle VII affirm that the participating states will promote the effective exercise of human rights and freedoms, "all of which derive from the inherent dignity of the human person." Examples of such resolutions and declarations all having references to human dignity are many, especially with reference to human rights. According to Schachter (1983) no other ideal seems as clearly accepted as a universal social good. 'Dignity' has acquired a resonance that leads it to be invoked widely as a legal and moral ground for protest against degrading and abusive treatment. However there is no explicit definition of the term/expression-dignity, in these instruments, declarations.

There is a clear inter-linkage between the notion of dignity and the ideas of the French revolution (as well as their development in other parts of Europe and related developments of the 18th Century enlightenment) of liberty, equality and fraternity and also ideas of citizenship and rights accruing to citizens. Equality as citizens and equal value of people in terms of franchise rights and then other civil, political, economic and social rights are all linked to the development of the notion of the dignity of the human person.

Sen (2004) looking at a closely related concept of social exclusion (and also tracing its probable origins to the ideas of the French Revolution) gives us a greater basis to be convinced of the notion of the dignity of a human person getting concretized as an idea in those times. He writes that the concern for *fraternity* leads to the need for avoiding exclusion from the community of people just as the concern for *equality* pushes us in the direction of commitment to avoid poverty (Sen 2004:20). These are both realms for the construction of dignity.

The etymological root, from the Latin *dignitas*, is translated as intrinsic worth. In French it is *valeur*. What do we mean by respect for intrinsic worth? Respect itself has several nuanced meanings- esteem, deference, a proper regard for, recognition of. In our research context recognition seems an important concept to explore and link to reciprocity. Schachter (1983) deals with the Kantian notion: to treat every human being as an end not as a means. Respect for the intrinsic worth of every person, should mean that individuals are not to be perceived or treated merely as instruments or objects of the will of others.

In their paper, Somerville and Chan (2001) define dignity as a sense of respect and they hold that every human being has a right to dignity. Respect consists of two elements: **self-respect and societal respect.** Self respect consists of the optimal use of autonomy, the fulfillment of integrity and the development of self-actualization while societal respect is the social recognition of the worth of every human being as well as social acceptance and caring (Somerville and Chan, 2001).

Autonomy involves the capacity for free will, insight and choice (Novak 1998, cited in Somerville and Chan 2001). It is the capacity for self-determination, which is action on the basis of critical reflection (Drover and Kerans, 1993 cited in Somerville and Chan 2001). To impair a person's abilities to formulate and carry out his aims and policies is, in fact, to destroy him as a person (Downie & Telfer, 1969 cited in Somerville and Chan 2001). Thus according to the authors, it is only through the utilization of rational capacity that a person finds his self-identity and self-value. *Integrity* involves adherence to an ethic of behaviour, expressed in the form of acting consistently according to one's conscience. A person's ability to act out his or her real self without having to distort themselves not only reduces their internal tensions but also gives them a sense of self-feeling and self-control, providing them with a sense of ontological security. Integrity is therefore the product of self-determined action following clear rules of conduct, which have the effect of promoting physical and psychological health and well-being. *Self-actualisation* is the full use and exploitation of a person's capabilities and potentialities (Maslow, 1970 cited in Somerville and

Chan 2001). It is a process of realizing one's talents as well as of establishing self-identity. It can be regarded as the acting out of autonomy with integrity; that is, the achievement of one's potential through the exercise of free will according to an ethic of self-care[18].

What is more interesting is their account of societal respect. They write that, human beings are social beings, who cannot be separated from their social world and whose sense of value is related to societal respect. The dignity of the self, as argued by Elshtain (2000, cited in Somerville and Chan), cannot be 'dehistoricized and disembodied as separate from the experiences of human beings as creatures essentially, not contingently, related to others'. In other words, to exclude societal respect from the concept of dignity is to dehumanise human nature. The interdependent relationship between a person and his or her social world also implies that respecting others is a basic human duty. Dignity as a social phenomenon includes guarding one's self-respect and accommodating the self-respect of others (Klein, 1998 cited in Somerville and Chan). This involves taking account of the feelings and perceptions of others concerning their sense of their own dignity and of the respect due to them by society. According to the authors, acceptance and caring are the basis of societal respect. Social acceptance means the unconditional acceptance of weak and poor citizens through which a sense of fellowship, belonging, and solidarity is developed. Acceptance reveals that a person's existence is socially recognised and valued, having been considered as an indispensable element of a society. Caring is about a sincere attitude as well as positive actions of a society towards its members, involving deep understanding of members' problems and the provision of services and resources to meet their needs. In short, social acceptance and caring is a collective recognition of the value of each citizen and is also a collective determination to achieve common well-being (Somerville and Chan 2001).

Reviewing the concepts mentioned in their paper, it is important to comment that their focus has been on individual sense of dignity and this was not located in a larger social context. Their emphasis on acceptance and caring as collective values essential to maintain societal respect, a component of dignity, is important and needed as a part of discourse on dignity because a lot of the work of care giving is performed at the societal level by women and most often without recognition. However, how do these values essentially reflecting reciprocity and cooperation

[18] It is important to recognize that Maslow's concept of self-actualization (cited by Somerville and Chan 2001) has been critiqued as one having a serious ethnocentric conception where human needs are placed in a graded pyramid.

actually get created or impinged in social relations? Just considering the person as a citizen entitled with rights on the basis of acceptance and caring is not a sufficient basis for dignity. A greater focus in analyzing societal respect and dignity at the level of social relations between people, groups and the State will have to be placed on a very historical understanding of social processes and to locate structures of exploitation that need attack. This will lead to an understanding of societal respect as a component of dignity.

Schachter (1983) points to two contradictions in exploring the meaning of dignity. The first is that the notion of individual dignity conflicts with collective notions of dignity. Individuals are a part of collectivities and the implication is that every individual and each significant group should be recognized as having the capacity to assert claims to protect their essential dignity.

The next contradiction looks at aspects of material want - abject poverty and dignity - and ideals of distributive justice. One can say that economic and social arrangements cannot be excluded from a consideration of dignity. So then how and to what extent are these to be addressed i.e. either a minimal concept of essential needs is recognized and met through redistributive justice or does one go beyond and argue for substantial equality itself? Equality can be seen as a necessary condition for respect for the intrinsic worth of each person. "Each person is as good as every other" is a plausible maxim. Therefore relations of domination and subordination would be viewed as antithetical to the basic ideal of dignity. However there are counter argument that egalitarian objectives are taking away individual liberty. According to Schachter (1983) then the notion of dignity and its meaning witnesses a confrontation between advocates of freedom and advocates of equality.

Deriving from the notion of each person as an end, in the political context of a liberal democratic State, the implication of this is emphasis on individual will and non-interference by the State. To uphold will, autonomy, self-determination is linked to upholding the dignity of the human person. This thought gets extended to saying that therefore even the State should not enter realms which are personal, familial and a division between public and private should be maintained. However, there are others who contend that equality and redressal of historical inequalities through measures of equity is also part of an equal treatment to all citizens and there are variations or strands within the liberal state that address the social bases of individual rights.

What about the notion of dignity in a welfare state?

Somerville and Chan (2001) discuss the lack of dignity people often feel as they get marked as those who are recipients of welfare measures. They point to research studies that have shown that the need to be respected is commonly shared by people with different cultural backgrounds. For example, both UK and Hong Kong welfare claimants have reported that social security systems have undermined their sense of self-respect. Lacking money and living on benefits destroys "your self-esteem... and your ability to provide for yourself...,"one UK claimant stressed (Cohen et al. 1992: 70, cited in Somerville and Chan). A couple with three children also showed little hope of getting help from the government. As the mother stated, "You have to go and beg for money and you shouldn't have to. They're supposed to be there to help us, not to pull us down. I don't like going to them because it's like begging" (Cohen et al. 1992: 62, cited in Somerville and Chan). Similarly, a recipient of Comprehensive Social Security Assistance (CSSA) exclaimed, "the worker might think I was always bothering him. My impression was that the worker was unwilling to help me. It was like begging". Another recipient said that her worker was not happy with her asking questions concerning special grants. The worker told her, "You cause me a lot of troubles". As a consequence, the recipient did not dare ask more questions on benefits (Hong Kong Polytechnic University, 1995: 37).

From the expression of welfare recipients, therefore, the authors argue that it is revealed that people with different cultural backgrounds often have similar attitudes and feelings towards stigmatizing welfare measures. This suggests that humans might have a common need to be respected and to respect themselves. The above discussion reveals that the usual focus of dignity is on 'leading a respectful life'. This implies that human needs are more than for physical survival, but also involve the utilization of inner capacity and the pursuit of a healthy and fulfilling life (Somerville and Chan 2001).

Somerville and Chan's contention is that neo-liberalism is antagonistic or inherently oppositional to human dignity. This is because they feel neo-liberalism takes for granted and even approves the existence of unequal capacities among human beings and the inequality of social contexts into which human beings are born. The neo-liberal conception of freedom of individuals to pursue their own interests as far as possible without State interference is important, however when freedom is equated with the operation of free markets then we have a problem as freedom to choose in a market is dependent upon ownership of financial and other resources, therefore some are less free than the other. The authors feel that neo-liberals do not treat dignity as a universal value or unconditional right but as a status that is conditional upon property ownership and

market performance. They ignore the fact that the principle of autonomy for all would imply action (by the State) to redistribute resources.

This discussion is important to understand that the conception of the human person, of social relations and of the ideal character of the State determine the political context and prevailing ideology and often imply a different conception of the dignity of the human person itself. It is interesting to see that a sole focus on individual freedom would imply a very limited role of the State in areas of redistribution of power and resources and this would lead to the maintenance of existing social relations and deprivation. That is a situation where full dignity is far from achieved. On the other hand, a State granting welfare measures keeping the rest of the capitalist ethos and inequalities unchanged has only partial success in ensuring dignity. People feel marked as market failures and may feel a tremendous sense of indignity.

Somerville and Chan discuss this aspect in the context of Britain and its Housing Policies. It is interesting that they compare these policies, which they describe as often ad hoc and selective with the more universal health care system (NHS). It is this lack of universality that marks as 'separate', as poor, the recipients of housing which is not felt as recipient of health care because it is a claim for all as equal citizens. In the Indian context this is very interesting because our health care system has been far from universal and this existence of a dual system, one for the rich and one for the poor itself creates a sense of indignity. The sense of being 'poor' and how that interacts with access, utilization and exclusion is important to explore. We will be looking at what this legitimization of a dual health care system and an abandonment of universality as a principle means in terms of dignity of people, in Chapter 4.

The Capabilities Approach and Dignity:

In this section we briefly look at the capabilities approach developed by Sen and further enriched in the context of women's development by Martha Nussbaum (2000) as an approach that essentially talks of the basic necessaries for a life with dignity.

Capability is a broad concept and includes the concerns of what is called the 'standard of living' but goes beyond it (Sen 1989). He writes that in any economic analysis it is important to distinguish between the ends and the means and develops the capability approach using the Aristotelian framework on the richness of human life. Aristotle had noted the need to be aware that 'wealth is evidently not the good we are seeking' (or not the end); for it is merely useful and

for the sake of something else. Aristotle saw the good of human beings in terms of the richness of 'life in the sense of activity' and thus argued for taking human functionings as the objects of value (from Aristotle's *The Nicomachean Ethics*, Book 1 cited in Sen 1989) The capability approach talks of a person's capabilities as a set of alternative *functioning* bundles. Enhancement of the capabilities of a person is to enhance possibilities for undertaking valued and valuable 'doings and beings' (Sen1989).[19]

Therefore in Sen's view the concept of dignity would be constructed as a 'life with dignity' which would largely mean a life which is capable of truly human functioning. For example satisfaction of hunger is a human necessity and the capability to avoid undernourishment with this approach would not depend only on a person's intake of food but would also include issues of access to food, health facilities, drinking water etc. Deprivation of a life with dignity would be seen as a failure of certain human capabilities that are important to a person's well-being. In fact he defines poverty also as a severe failure of basic capabilities.

Martha Nussbaum enriches the capabilities approach to be applied in the context of gender justice and explicitly views the capabilities necessary for human functioning as a set of universal values needed for a life with dignity or a life that is worthy of the dignity of the human being. A *fully* human life in her framework would imply a life with dignity. Women she writes, lack essential support for leading lives that are fully human. This lack of support is caused by their being women. Thus, even when they live in a constitutional democracy such as India, where they are equals in theory, they are second class citizens in reality (Nussbaum 2000).

She develops the capabilities approach to provide the philosophical underpinning for an account of basic constitutional principles that should be respected and implemented by the State as a bare minimum of what respect for human dignity requires. She argues that the capabilities in question should be pursued for each and every person as an end and none as a mere tool of the ends of others- the Kantian principle. Women are treated as supporters of the ends of others rather than ends in their own right, thus the principle has a particular critical force with regard to women's lives (Nussbaum 2000). She speaks of the necessity to speak of a threshold level of capability

[19] Sen points out how Marx had followed a similar line of reasoning when he talked of the rich human being as simultaneously in need of a totality of human life activities.

below which truly human functioning or a life worthy of human dignity is not possible. She has worked out a list of central human capabilities which are normative principles to be used as constitutional guarantees. However, she adds that this list is flexible, open-ended and humble. The capabilities required for a life with dignity, or a fully human life, are as follows:
(This section is from Nussbaum (2000) pg 78-80 and lists the capabilities as she has enumerated.)

1. **Life.** Being able to live to the end of a human life of normal length; not dying prematurely, or before one's life is so reduced as to be not worth living.
2. **Bodily Health.** Being able to have good health, including reproductive health; to be adequately nourished; to have adequate shelter.
3. **Bodily Integrity.** Being able to move freely from place to place; having one's bodily boundaries treated as sovereign ,i.e. being able to be secure against assault, including sexual assault, child sexual abuse and domestic violence; having opportunities for sexual satisfaction and for choice in matters of reproduction.
4. **Senses, imagination, and Thought.** Being able to use the senses, to imagine, think and reason - and to do these things in a truly human way, a way informed and cultivated by an adequate education, including, but by no means limited to literacy and basic mathematical and scientific training. Being able to use imagination and thought in connection with experiencing and producing self-expressive works and events of one's choice, religious, literary, musical and so forth. Being able to use one's mind in ways protected by guarantees of freedom of expression with respect to both political and artistic speech and freedom of religious exercise. Being able to search for the ultimate meaning of life in one's own way. Being able to have pleasurable experiences and to avoid unnecessary pain.
5. **Emotions.** Being able to have attachments to things and people outside ourselves; to love those who love and care for us, to grieve at their absence; in general to love, to grieve, to experience longing, gratitude and justified anger. Not having one's emotional development blighted by overwhelming fear and anxiety, or by traumatic events of abuse or neglect. (Supporting this capability means supporting forms of human association that can be shown to be crucial in their development.)
6. **Practical Reason.** Being able to form a conception of the good and to engage in critical reflection about the planning of one's life. (This entails protection for the liberty of conscience.)
7. **Affiliation. A**. Being able to live with and toward others, to recognize and show concern for other human beings, to engage in various forms of social interaction; to be able to imagine the situation of another and to have compassion for that situation; to have capability for both justice and friendship. (Protecting this capability means protecting institutions that constitute and nourish such forms of affiliation, and also protecting the freedom of assembly and speech.)
B. Having the social bases of self-respect and non-humiliation; being able to be treated as a dignified being whose worth is equal to that of others. This entails at a minimum, protections against discrimination on the basis of race, sex, sexual orientation, religion, caste, ethnicity or national origin. In work, being able to

work as a human being, exercising practical reason and entering into meaningful relationships of mutual recognition with other workers.

8. **Other Species.** Being able to live with concern for and relation to animals, plants and the world of nature.

9. **Play.** Being able to laugh, to play, to enjoy recreational activities.

10. **Control over One's Environment. A. Political.** Being able to participate effectively in political choices that govern one's life; having the right of political participation, protections of free speech and association.

B. Material. Being able to hold property (both land and movable goods), not just formally but in terms of real opportunity; and having property rights on an equal basis with others; having the right to seek employment on an equal basis with others; having the freedom from unwarranted search and seizure.

This set of capabilities is viewed as a set of fundamental entitlements that are part of a conception of social justice and equality. However, they focus on each person's capability i.e. are definitely within a liberal tradition of focusing on the individual and her freedoms. There is an attempt to balance freedom and equality by locating the social bases of the capabilities as areas that the State need to intervene in. In fact in a recent work (Nussbaum, 2006) she explicitly deals with social inequalities and discusses how a blanket endorsement of freedom of all kinds, for all is problematic. Raising questions on the concept of freedom, she writes that some freedoms limit others, some freedoms involve basic social entitlements and others do not. Some may be less important while others may be positively bad. She goes on to view some relational aspects in capabilities approach to say that gender justice cannot be successfully pursued without limiting male freedom (Nussbaum, 2006). She argues that no society that pursues equality or even an ample social minimum can avoid curtailing freedom in many ways and what it ought to say is that those freedoms are not good, they are not part of a core group of entitlements required by the notion of social justice and in many ways they subvert those core entitlements (Nussbaum,2006).
It is important to mention this relationship between freedoms seen as a part of social justice and recognition of inequalities because then the concept of dignity gets defined a little more politically rather than to just list basic capabilities as entitlements for a dignified life.

Her framework for a life worthy of human dignity is a universal one and she argues that certain universal norms of human capability should be central, for political purposes, in thinking about certain political principles that can provide an underpinning for a set of constitutional guarantees in all nations. Then this project commits itself to making cross-cultural comparisons and to developing a defensible set of cross-cultural categories. She reflects on - Where do these

categories come from and how can they be justified as appropriate ones for lives in which those categories themselves are not recognized explicitly? Is this theorizing then simply one more exercise in colonial or class domination?

She acknowledges that, when one attempts a concrete proposal for a universal framework to assess women's quality of life, we face an objection - particular categories we choose are likely to reflect our own immersion in a particular theoretical tradition and in some respects may be wrong for the assessment of Indian lives. Then, she asks, is it appropriate to use a universal framework at all, rather than a plurality of different though related frameworks? And we also need to ask whether the framework we propose, if a single universal one is sufficiently flexible to do justice to the human variety we find (Nussbaum 2000).

However, she argues that it is one thing to say that we need local knowledge to understand the problems women face or to direct attention to some aspects of human life that middle class people tend to take for granted. It is quite another matter to claim that certain very general values such as the dignity of the person, integrity of the body, basic political rights and liberties, basic economic opportunities and so forth are not appropriate norms to be used in assessing women's lives in developing countries.

One finds that the framework she has given to understand human dignity is of tremendous value because it is a set of normative principles as well as a concrete set of entitlements that in a sense enumerate components of dignity. For purposes of research and policy planning as well as advocacy for marginalized groups this is important. It concentrates on actual human activities or functionings. However there are just few issues one would raise at a general level. One is that while she does acknowledge the need to have a complex understanding of freedoms keeping equality as the larger base, she does not speak of how these capabilities are to be attained ie: the aspects of policy and people's relation to the State to do with the processes involved in attaining capabilities. Therefore, whether this implies a complete egalitarianism and re-working of social structures or whether it involves a modified welfare state ensuring the basic minimum is not clear. (To be fair that was not the focus of her project.) The nature of the State and how these rights and entitlements are actualized is also a real site for enhancement of dignity and well-being.

Secondly, Universal values are important but it is essential to also locate them in particular contexts and also place them with reference to larger political economy concerns, so as to get a

more nuanced actual construction of these values. We take the work of Tharu and Niranjana (1999) to help understand the need to contextualize universal values. In their paper 'Problems for a Contemporary Theory of Gender', Tharu and Niranjana, problematize universal meanings of concepts and their application by taking the example of the new birth control technologies. Long - acting hormonal implants and injectables and also RU 486 the abortifacient pill is the metonym through which they explore contradictions in feminist demands for *freedom, choice and self determination.* (These are universal values linked to a life with dignity as discussed above.) Women's groups and health activists in India have opposed these technologies on several grounds- side effects, contra-indications, lack of well-equipped health care systems etc. However those promoting these – multinational pharmaceutical companies, International organizations like Population Council as well as many powerful first-world feminist lobbies all use arguments of 'choice' for the poor third world woman to build legitimacy for the contraceptives. "The figure of the woman that is being liberated and endowed with rights in these discussions requires scrutiny. The use of these contraceptives is premised on the notion that wise planning and scientifically developed products can fulfill women's demands for liberty and self-determination (and catapult them into modernity) without changes in existing family relations or in society at large." (Tharu and Niranjana 1999:262). Women's freedom, agency and choice are universal values, invoked by constructing a homogenized view of conservative relations that women live in. The authors argue that the problem is that a whole range of issues that constitute the subjugation of women and their differential subjugation in relation to class, caste and community are naturalized in the woman whose freedom and right to privacy is invoked and who becomes the bearer of the 'right' to choose. This move they argue brings this individual's rights in alignment with interests of population control and multinational capital. For instance, these methods may expand options for women where they have access to a well equipped medical set up. "To put it differently, for a woman whose caste, class and community positioning matches that of the citizen – subject, hormonals might be regarded as genuine choices." (Tharu and Niranjana, 1999:264) However, these were not developed for this woman. The authors argue that these were intended for 'less desirable demographic groups: the teeming millions of the third world, non-white immigrants, Dalits and Muslims. The authors argue that issues of caste, class and community require us to expand the problematic beyond that of the 'rights of the liberal body'. Thus collective identities rooted in social structures and historical experiences of collective marginalization of groups makes for the contradictions that a woman bears the burden of and a linear understanding of citizenship and rights or freedoms can become a political tool in exploitation. The importance of historical and social context even in giving meaning to universal values cannot be overstated.

Discrimination, Exclusion and Untouchability:

To understand the meaning of dignity another pathway of use is to understand what a *denial* of dignity means and therefore to understand discrimination, social exclusion, humiliation, lack of recognition and suffering of violence, abuse, stigma and untouchability. These are not equal opposites of a notion of dignity but are definite direct affronts to one's sense of dignity. They occur in ways that affect both individuals as well as marginalized groups suffering from historical inequalities.

Nancy Krieger (2000) writing on 'Discrimination and Health' reflects that "Inequality hurts. Discrimination harms health" where the point she is making is that the experience of forms of discrimination, real/concrete or more invisible, is a pathway through which inequality impacts health. Epidemiological research explicitly focused on discrimination as a determinant of population health is in its infancy. She writes that at issue are both economic consequences of discrimination and accumulated insults arising from everyday experiences of being treated as second class citizens. In her paper she sees inequality, discrimination and health related in an eco-social frame of Public Health. She uses the notion of 'embodiment' to explain that our social experiences get expressed in population patterns of health (Krieger 2000). Discrimination affects health and this is a denial of dignity of the human person as our assertion has been that dignity is a component of health and well-being. It is a condition as well as an enabling force.

The word discrimination derives from the Latin term *discriminare*, which means 'to divide, separate, distinguish'. Conceptualised broadly, discrimination refers to a means of expressing and institutionalizing social relationships of dominance and oppression. It is perpetrated by a diverse array of actors which include the State and its institutions, non-state institutions and individuals. From a legal or human rights perspective it is the State that possesses critical agency and establishes the context whether permissive or prohibitory – for discrimination (Krieger 2000:40). However it is not merely a legal affair, and at issue are practices of dominant groups to maintain privileges they derive from subordinating groups they oppress and ideologies used to justify these practices. It is not random acts that constitute discrimination. Instead, discrimination is a socially structured and sanctioned phenomenon, justified by ideology and expressed in interactions among and between individuals, groups and institutions, privileging some and depriving others[20].

[20] Discrimination takes diverse forms- legal, illegal, overt, covert, structural (totality of ways in which societies foster discrimination), systemic, institutional (discriminatory policies or practices by state or state institutions), interpersonal. In our study we focus on interpersonal, inter group and institutional discrimination however we locate all these in a larger context of structural and historical discrimination.

"The epidemiology of health consequences of discrimination is, at heart, the investigation of intimate connections between our social and biological existence. It is about how truths of our body and body politic engage and enmesh thereby producing population patterns of disease, health and well- being." (Krieger 2000:67) As a researcher undertaking an enquiry on dignity and health it is of value to understand discrimination as pathway that impacts health in an epidemiological sense. However, one can add that we must draw on not only nuanced understanding of the likely pathways of embodying discrimination but also a historical , social and political sensitivity to situate people in a larger context. We are in our study therefore discussing discrimination and its impact on health and well-being essentially as a denial of dignity. Degradation of human dignity harms health – directly and indirectly through various pathways and socially structured trajectories such as economic and social deprivation, socially inflicted trauma, inadequate and differential health care etc. The connection that we have made is a triad of inequality, discrimination (and denial of dignity) and health and therefore equality is seen closely linked to a life with dignity. *"Embodying equality should be our goal."* (Krieger 2000:68)

Abrums (2000) and Dossa (2002) are both studies that deal with discrimination in the health services systems at a broad level taking people's social and historical location into account. While Abrums' study deals with perceptions on the meaning of health of poor, working class African-American women and their interactions with the dominant white health care system, Dossa looks at Iranian immigrant women in Canada , their encounters with the health services and perceptions of the meaning of well-being. Both focus on race, gender and class stereotypes and discrimination that the women face. This is linked to their historical context of social discrimination. The women in both studies resist a cultural stereotyping based on race and gender. It is interesting to see that taking a broad context and not focusing the narratives on health services system alone, these studies on discrimination lead to insights about preserving a sense of personhood and resisting a cultural objectification. The Iranian women resist being categorized as mentally ill and point to a larger need of finding meaningful work in the new country. It is this aspect that is necessary for their well-being or *salamat-eh-ruh* as they call it and not a diagnosis based on conventional mental health paradigms.

One arrives at the following point: Studies that explore areas of discrimination and dignity in connection with health and well-being in a socio- historical context help us identify issues and concerns that the health services system as well as larger social policy needs to address[21].

Untouchability as an assault on the dignity of a human person:

Velaskar and Wankhede (1996) write that Discrimination implies the singling out of certain groups/individuals for unequal and inferior treatment and/or depriving them of their social rights. They discuss that it is the former untouchables in the context of the Indian caste system that comprised groups against which open and categorical discrimination was practiced. Stigma and prejudice form a force in shaping of people's social identities in the context of inter-group inequality and inter-group interaction. Goffman (cited in Velaskar and Wankhede'96) emphasizes that it is a language of relationships, not attributes that is required to fully analyse the phenomenon of stigma. A stigmatized person is not considered an equal human and this assumption gives rise to prejudices and discrimination. Prejudice is a key area in the study of inter-group relations. The authors explain that as against an individualistic definition of prejudice, it is important to recognize that just as the attribution of stigma to untouchables was almost instinctive under caste, the attribution of certain characteristics to a category of persons is equally inevitable part of contemporary life. As defined by Klieberg (cited in Velaksar1996:122) prejudice is: "an unsubstantiated pre-judgement of an individual or group, favourable or unfavourable in character, tending to action in consonant direction." The prime idea is that social categories such as women, races or castes are wrongly conceived to have qualities that inhere in the very nature of that category (Velaskar and Wankhede'96).

The stigma of untouchability has been the most demeaning and damaging feature of social identity of the untouchables. They were branded as the most polluting and contaminating and the stigma was imposed through religious sanction in a variety of ways – physical shunning, being assigned occupations that were considered most defiling, menial, being subject to disabling practices and being imputed with a wide range of imperfections of nature, intellect and character (Velaskar and Wankhede 1996:119).

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[21] Similarly other studies- Ritupriya's (2000) work mentioned before, as well as perception studies like Izquierdo(2005) and McMullin (2005) all point to another aspect of dignity through an exploration of health and well-being. They look at collective notions of dignity by focusing on changes in the way of life of the community and give a fierce indictment of the marginalization of the community through the developmental process.

Untouchability has consequences for a denigrated, sub-human existence. Berreman expresses, "stigmatized social identity is experienced as oppression - it is human day to day experience of degradation and exploitation and not simply an abstract concept."

Ambedkar (1948) writes that while forms of expression that untouchability takes vary, the notion and attitude behind it remain the same. It is a feeling of defilement, odium, aversion and contempt. An untouchable is considered an unclean person not fit for social intercourse, in fact it is considered below the dignity of the Caste Hindu to do so. That is the dignity of the upper caste is preserved through the practice of distance from the impure, sub human 'other' of the untouchable castes. Ambedkar was firm that untouchability exists and persists in its notional sense even when it has ceased to be in its literal sense. He insisted that the test for untouchability must be applied in its notional sense.

Social Exclusion and Dignity:

The next concept we briefly look at is social exclusion. This is again intimately linked to discrimination and actual exclusion in social and material ways as well a sense of being excluded impinge on the dignity of a person. Through the practice of Untouchability, social exclusion of various forms was the legitimate form in which the system functioned. To understand the meaning of dignity exploring exclusion becomes imperative.

Sen (2004) writes that the term social exclusion is of relatively recent origin and the authorship is credited to Rene Lenoir writing about a quarter of a century ago. The concept of social exclusion is covering a range of social and economic problems and Lenoir spoke of a list of the 'excluded'- a tenth of the French population including mentally and physically handicapped, aged invalids, abused children, delinquents, marginal people etc. Over time the literature on social exclusion has seen additions to this list.

Sen(2004) in his paper on social exclusion links it to poverty and capability deprivation and this helps us link to material as well as social aspects of the denial of dignity. Poverty he writes must be seen not just as a shortage of income but also in terms of poor living. It is the lack of capabilities to live a minimally decent life or a life with dignity. Being excluded from social relations is directly a part of capability poverty. This refers to for eg: the importance of taking part in the life of the community and ultimately to the Aristotelian understanding that the individual lives an inescapably social life. The inability to interact freely with others is an

important deprivation itself and such kinds of social exclusion must be seen as constitutive components of the idea of poverty (Sen, 2004:5). Secondly being excluded from social relations can lead to other deprivations as well, thereby further limiting our opportunities. Sen gives the example that the exclusion from the opportunity to be employed or receive credit may lead to economic impoverishment that in turn leads to other deprivations such as undernourishment or homelessness. Social exclusion thus can be constitutively part of capability deprivation as well as instrumentally cause diverse capability failures (Sen, 2004:6).

The closeness of the concepts of social exclusion and dignity and its denial or creation is quite clear. The theoretical link here again is that both are relational concepts. Sen points out that the importance of the concept of social exclusion is not its conceptual newness but that it helps understand relational aspects of deprivation. It helps enrich our understanding of poverty and is useful for policy and diagnosis. Dignity similarly has to be seen as tied to capability deprivation and poverty and one of the pathways is social exclusion and ensuing discrimination.

Reciprocal social relations and the idea of dignity

The meaning of dignity is very intimately tied to the idea of reciprocity. This is because our premise has been that dignity needs to be seen as a relational concept and an understanding of dignity in the context of hierarchical social structures would have to study social relations of power, domination and exploitation. Such a task of looking at social relations would naturally be helped by the use of the concept of reciprocity. Reciprocity seems to be aligned with the notion of dignity.

Referring to the Kantian principle, "Act in such a way that you treat humanity, whether in your own person or in the person of another, always at the same time as an end and never simply as a means" This gives a fundamental philosophical principle underpinning the notion of dignity. Not treating another as a means implies that no exploitative or non-reciprocal social relations are compatible with the idea of dignity.

Carol C. Gould (1983) evolves the concept of reciprocity (which again seems to align/overlap with the notion of dignity) based largely on Hegel and Marx's work. This model for reciprocity serves as a mode of explanation plus a normative critical principle, namely one which poses reciprocal recognition as a condition for the full development of freedom. In the 'Phenomenology of Mind' Hegel explores the master-slave dialectic and writes that the very existence of self-consciousness requires that it be recognized: but the very condition of being recognized by

another is that the other be recognized as self-consciousness as well. Even non-reciprocal relations require recognition. The slave has to for domination, acknowledge his subordination. Therefore even in subordination, agency is preserved - capacity to choose is not eliminated and this is a necessary condition for overcoming domination.

Reciprocal relations imply equivalence of recognition. Non-reciprocal relations are mostly of domination and this implies a control over enabling conditions of individuals/groups by another individual/group.

What is interesting is the analysis which Gould takes further, to say that reciprocal and non-reciprocal relations can be objectified. These can be embodied and represented by institutions, social rules and practices. (Again bringing us to the notion of *embodiment* of dignity- a reciprocal relation being embodied in State institutions.) This model of reciprocity can be used to criticize both at the level of face to face interaction and institutional forms. The norm of reciprocity is related to the norm of justice. Applications of the model of reciprocity is to analyze face to face situations as those of the workplace, relations between men and women, gestures, greetings, partings, speech etc. Also in the domain of social institutions and entire social systems, one might use the model to analyze relations among social classes, among interest groups and among nations; to study such contexts as negotiations, rights, exchange etc. One would study the nature of equivalence and how they are agreed upon as well as forms of domination and how it is established (Gould, 1983).

It is interesting to note that Marx also applied this Kantian notion of the inviolability and dignity of the human person. Marx held that it is profoundly wrong to subordinate the ends of some individuals to those of others. That is at the core of what exploitation is, to treat a person as a mere object for the use of others.

Building on this in his analysis of capitalism and the commodity fetishism within it, Marx gave an analysis of ***alienated*** or ***estranged labour*** which is of interest to us to understand the dignity of the human person. This is because of the 'objectification of labour' and the reification of human relations that it causes. The need for a person to be a sentient being and not just have an animal existence is crucial to be truly human. It is important to use this axis to understand dignity as this helps look at the needs of a person- and reciprocal fulfillment as a part of dignity. The idea of deriving a sense of meaning from one's labour and not to be alienated from the product of one's

effort is important as we will be looking deeply within the realm of agricultural labour relations in the lives of the women interviewed.

However, Marx had also talked of an Aristotelian approach that gives the conception of a human person in terms of a person who is both capable and needy - 'in need of a rich plurality of life activities' to use Marx's phrase (Nussbaum, 2006). How does this take us further than the Kantian notion? Nussbaum explores this question and states that we need to keep the Kantian notion as a base to understand human dignity but also need an Aristotelian concept used by Marx that focuses on dignity in terms of fulfillment of needs. She says the problem with the Kantian concept comes with the source of dignity that he identifies as moral obligation or the notion that right actions are those that practical reason would imply as universal law. Kant's view links human dignity to moral capacity and separates it from the natural world. However, this split between rational persons and animal dwellers in the world of nature is where the problem lies. There are many times in the course of our life when our needs of 'animality' have to be met such as when we are children, elderly, sick, disabled etc. This work of care is in fact mostly done by women with no recognition. Nussbaum argues that our understanding of dignity therefore should include meeting both needs of our humanity as well our animality. There are times when we are helpless and remain in a state of extreme asymmetrical dependency. A fulfillment of this need has to be a part of a conception of dignity. Essentially an understanding of needs is to be built into the conception of a person (like in the work of Aristotle, applied by Marx) to ensure a life with dignity (Nussbaum, 2006)

At the end of this review exploring the meanings of dignity we reach a point which reflects a certain degree of eclecticism in terms of learning from different theoretical frameworks and writings. The two main aspects that form a base for our understanding of the concept are that dignity would have to be seen as located in and constructed by socio- economic structures which also include relations of inequality. It cannot be seen devoid of this context and existing at an individual level alone. It is related to social relations. Automatically then, relations between groups and communities and collective histories of marginalization have to be understood to define dignity and this leads to recognizing that there exists a collective notion of dignity.

The second idea that forms a base is the idea of humanhood which brings in the concept of being treated as a full and equal human just by virtue of being a human itself. This gives a source to connect ideas of being equal and dignity in a very basic sense. The idea of humanhood also points

to a conception of a person with certain rights to be met. Here the Aristotelian notion of a life capable of human functionings comes in and we get the capabilities approach formulation. This tries to combine needs as a way of defining components of dignity: both human and animal needs. Finally the concept of dignity reviewed rests on a person not being seen as a means and this links to the idea of exploitation being antithetical to dignity. Therefore questions of material or distributive justice as well as dignity in social relations or reciprocity get combined. A life with poverty and material deprivation as well as a life which is not free both deny the sense of dignity. It is these elements of dignity, stemming from different perspectives, which need to be engaged to be relevant for Public Health.

Chapter Three

The Articulation of the Meanings of Dignity: Insights from the lives of Dalit Women Agricultural Labourers

Bhinna Bhedava Mada Byadiri,
Idara unnatatannavannu chennagi keli ri,
Binna Bheda maada Byadiri.

Mane Mane tirugodu bekku
Aiyya haravara maneyalli,
Lingayatra maneyalli
Komtigara maneyalli
Haalu nekkodu nodu bekku
Aiyya Holeyaara maneyalli,
Madigara maneyalli,
Badu tinnoddu nodu bekku
Inta sarva jaatiyolage beretu
Hogiro namma acharavella
Bhinna bhedava maada bedi ri

Swami uttari male Bantu
Suti suti hodedaga
Netti myagalu neeru
Gantalige ilidovaillo
Namage iravalla sthir valla
Nammage iravalla sthir valla
Nara janma sthir valla
Aadi kollulu byadi badavaara baduka
kattala beladingalvolaga
Bhinna Bheda Maadu Bedi ri

(Alammaprabhu, 12cent.A.D.)

Don't discriminate respectful person
Understand the smallness of caste discrimination,
Don't discriminate, respectful person

The cat roams from house to house
Sir, in Brahmin homes,
in Lingayat Homes and in
Komtigara homes
See how it licks milk
Sir in Holeya homes
In Madiga homes
The same cat eats beef!
Into all these castes have been mixed up our practices
Let us not discriminate

The uttari rain arrives
Lashing down on us
The rain water falling on everyone
Has to flow downwards to the throat
We have no place to stay, no constancy
But then life itself is not constant
It is ever changing
Don't play games and kill the life of the poor
(which is already like) darkness in the moonlight.
Don't discriminate, respectful people!

This is one of the favourite songs sung in the Jagrutha Mahila Sangathan (JMS) collective, a song that uses wit and humour to attack caste discrimination. It is important to note that this has been written by the great poet, Alamaprabhu, in 12th century A.D. He was a contemporary of Basavanna the initiator of the social reform and anti-caste movement in Karnataka.This old *vacana* (poetry) resonates true even today and is sung with a lot of emotion and strength. The poet comments that the cat that licks milk in upper caste homes and eats beef in Dalit homes is the same! There is a double comment here- one that the cat does not discriminate but we humans do and the second witty interpretation is that the cat sneakily eats beef and then licks milk which

the upper castes unknowingly drink- so who is pure and who is impure? In the last bit of the song the poet describes the *uttari* rain (a type of rain) lashing down on people and writes how rain that falls on a person, whatever be their caste, has to flow down- symbolizing oneness in being human. The second interpretation of this stanza was pointed out by the women themselves. They felt the meaning was that since upper castes carry on their head all leather items used in the field- *baani-barkol* (used to manage the bullocks for ploughing), *maati* (a leather technology used to store water for irrigation) when it rains, the water touches these and goes down their throats. The women felt that Alamaprabhu is pointing out to the upper castes that, these items are all made by the Madigas whom you don't touch but you need the things they make!

It was felt that starting this chapter with this song is apt as one wants to state, right at the outset, the underlying sense of being equal that the women articulated. There is a clear consciousness of equality and though there is the experience of the pain of discrimination there is a sense of collective worth and a subversion of the dominant ideology and practice that constantly tries to tell them they are lesser. Dignity to the women begins with an awareness that they *are* actually equal and indignity is perceived as an expression of the denial of this rightful equality.

'Namma mai koydre rakta ide, avar mai koyidre kooda rakta ide'- (if you cut our bodies, blood will come out and if you cut theirs also blood will come out), is the most common expression which signifies a consciousness of the sameness of being human. It is interesting to note this since a lot has always been written about the internalization of the caste system and an acceptance of being inferior by the Dalit communities themselves. Through the present study one would just like to offer a somewhat nuanced understanding of the process of internalization. There is no complete acceptance of the idea that they are lesser and polluting, dirty etc. On the other hand there exists a consciousness of being the same and they clearly view differential treatment and oppression within social relations as injustice and they see caste as a creation of human beings and not God- *'Jaati devaru maadilla, manushyare maadidare'*. They are acutely aware of how they are seen as lesser and experience discrimination, exclusion and exploitation in various forms but they do not accept this as something they deserve due to some inherent difference. There may be an internalization of caste behaviour but an internalization of thought is far from total. In fact they speak of accepting the practices and rituals due to a lack of alternatives to survive. It is dependence for livelihood that makes people remain silent.

"We are not allowed to go inside the Durgamma temple. She is our goddess but we can not even sit on the 'katte' outside. We are asked to sit below. I refuse to sit below so I do not go there at all. If anybody enters it seems snakes and scorpions and illnesses will come and they ask us

'eshtu sokku?' (so much ego/pride)! It is all lies. Whatever they say is all lies. The problem is if we raise these issues and need money later on credit then where do we go? They will not give it to us. If we question them they will not hire our labour, nor let us collect fodder. Parisarge hondikondu hoga bekagute (we have to adjust to the environment/context and carry on)" (Muddanguddi FGD)

One is not trying to dismiss the process of acceptance of one's lesser status through the caste system. The process of socialization through untouchability, segregation and verbal and physical violence that a person witnesses right from when she is a child is strong and creates fear, shame, low self and collective worth and a certain helplessness. However, there is a consciousness despite the socialization that actually one is being wronged. A lot of this sharpening of consciousness can be credited to the Dalit Movement for Self-Respect that was very strong at different phases, historically, in this region.

However that is not the only reason for the development of this consciousness of equality. There seems to be a counter culture and counter understanding of life and this has existed well before the movement began. Through stories and oral histories, songs and beliefs, the women have passed on ideas that subvert the mainstream beliefs. It was fascinating to see how when they gave their life histories they would ask- 'where should we begin?' 'Right from the beginning',I would reply and then many of the older women would interpret this as the beginning of the earth itself and proceeded to tell the story of how it was Aralayya, a Madiga who was born seven days before the earth, who created the earth for everyone. This fills them with great pride and they would say *aata ne shreshtha*- he is the best/highest. They sing songs which show how the entire life process was created by a Madiga and how even the agricultural process and the taming of animals for ploughing was all done by Aralayya, the Madiga. The women feel that the upper castes do not recognize and admit to Aralayya's greatness as it would mean acknowledging that Madigas are not lesser . In fact the Focus Group Discussion with Lingayat women found that they said they do not know Aralayya's story.

The women from the Dalit communities feel that it is because they eat beef that they are treated as untouchables and they are looked at as dirty and unclean. However they do not accept this. 'Upper castes all go to hotels and eat beef and all kinds of meat', the women argue. Also the women feel that they are very clean and their homes are also clean, in fact cleaner. They feel that because they labour in mud everyday, they scrub themselves and bathe well but on the other hand, it is women from upper caste homes who don't get the space to freely take proper baths and

often bathe with their clothes on, in a hurry. So it is they who are not able to be clean they counter.

"They feel we are 'galee'j (unclean) and 'dhana tinnuva jati' (beef eating caste) and therefore they don't want to touch us. There are stories they tell that if we touch them a scorpion will come into their homes! The way they look at us is different. We ask them aren't we humans? Is there something else flowing in your veins?"(Chinamma, Muddanguddi)

"People from our caste look different. If we stayed inside the home, we would not be so dark. They stay in and apply powder and look fair. Some of them look pretty like the 'ambre hoovu' (cassia flower) or like they have applied turmeric. We wake up in the morning and clean the house, cook and run for work. We work in this heat. Sometimes the skin breaks out in boils. We get dark and become the colour of a 'kari naayi' (black dog) and they call us Maadar! Now you see we are working here (in the terracotta cooperative) and we are looking good. When we walk through the village to come here (JMS office) we can hear them commenting-' One can't even tell they are Madigas anymore. They are looking like Gowdas!' It is quite funny when they say that." (Durgamma, Pothnal FGD)

Why are we delving into these matters, even before understanding the historical context of research? It is to bring out a sense of the consciousness of equality and a clear awareness of the injustice of discrimination and a knowledge of how they are seen by others. It is this consciousness of being a human, the sameness of the human body and a sense of a right to be treated as equal that forms the source of their social construction of dignity. There is a concept of humanhood and personhood at self and collective levels that the women articulated. It centers around the body being the same and a sense that they are not animals and therefore should not be treated as animals. At another level their sense of humanhood also involves the necessary conditions of leading a human life which includes material and social aspects. Therefore if one is living under conditions of deprivation without adequate food then one has not been allowed to become human, has been denied humanhood. It was quite fascinating to realize they were using this concept of humanhood as a measure of a life with dignity. In the review one had dealt with this concept in Ambedkar's writing and here women and men from the untouchable communities actually were articulating what they meant by dignity by talking of whether they are human or not. Often the phrase *'naavu manushyaru agilla'* (we have not become humans yet) was used or also *'naavu ardha manushyaru aagivi, poorti illa'*(we have managed to become half human not fully). They were definitely displaying a way in which Ambedkar's concept was made so real and even quantifiable. We will touch upon these aspects through the narratives in all the sections of this chapter but it was important in the beginning of this chapter to identify these themes, of a sense of being equal and a sense of being a full person that define their striving for dignity and respect individually and collectively.

Raichur: Understanding the Social-Historical Context and Recognizing the Context of Change

This research was conducted with Dalit women from villages in Raichur district and it is important to gain a brief historical understanding of the context to be able to understand people's perceptions. Raichur district, as discussed in the Introductory Chapter, is one of the northern districts in Karnataka and forms a part of the economically and politically neglected Hyderabad-Karnataka region. It has been a part of the Vijayanagar empire, the Adil Shahs of Bijapur and then the Nizam of Hyderabad. It became a part of the nation state only on September 17th, 1948, when the Nizam surrendered to the Indian army. One can clearly see the continuation of a feudal land system based on caste hierarchies. The nomenclature Raichur comes from 'Raja' (Racha)+ 'Oor' which means place or town of the Kings (Gazetteer, 1970, p.2). It is ironical that though the name suggests royal standards it is one of the poorest districts of the State.

According to the Human Development Report (1999), Raichur ranks among the worst in terms of quality of life and the region is among the most backward in demographic, social and health indicators in the State. The Human Development Index (HDI) is 0.399(rank 20) lowest in Karnataka and the HDI adjusted to measure gender inequality or the Gender Development Index (GDI) is as low as 0.376.

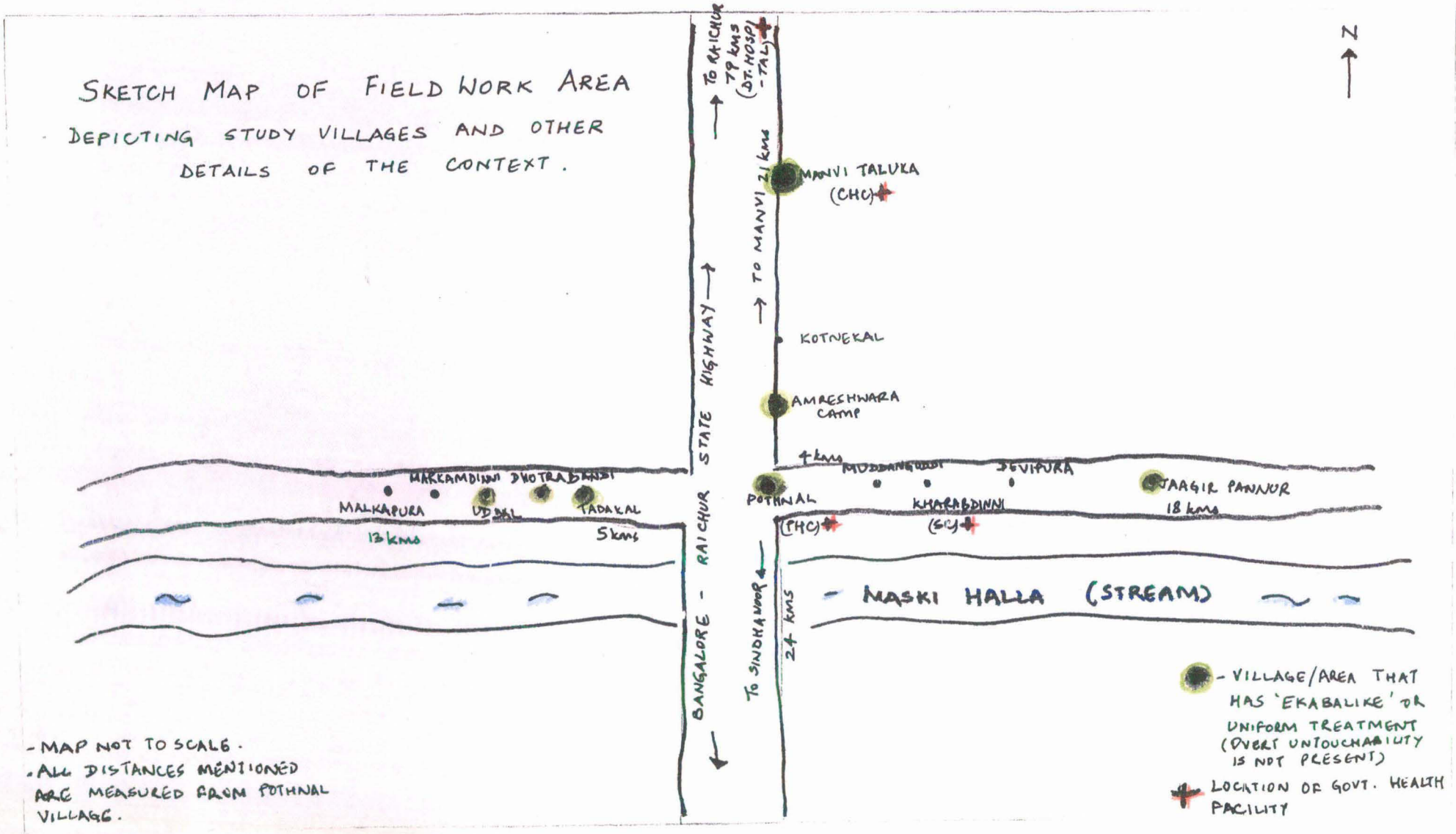
Raichur is marked by rivers - Krishna and Tungabhadra on its north and south boundaries and these have played a vital role in its historical and cultural development. However, despite this it is essentially a dryland area with scanty rainfall and reels under periodic drought conditions.

Stratification:

The distribution of land in the region is highly skewed and falls along the caste hierarchies of the region. Even today one finds landholders mainly from the dominant Lingayat community owning hundreds of acres of land. On the other hand the Scheduled Castes, forming 17.25 per cent of the population are mainly employed as agricultural labourers. 47.6 per cent of all workers in Raichur are agricultural labourers and 31.6 per cent are landless (Census of India, 1991). The Dalit community has only a small number that hold land and these landholdings are mainly small and marginal (often ≤ 1 acre) and only a very small number own land more than this or are tenants to large landlords.

SKETCH MAP OF FIELD WORK AREA

DEPICTING STUDY VILLAGES AND OTHER DETAILS OF THE CONTEXT.



- MAP NOT TO SCALE.
- ALL DISTANCES MENTIONED ARE MEASURED FROM POTHNAL VILLAGE.

FIG 3:

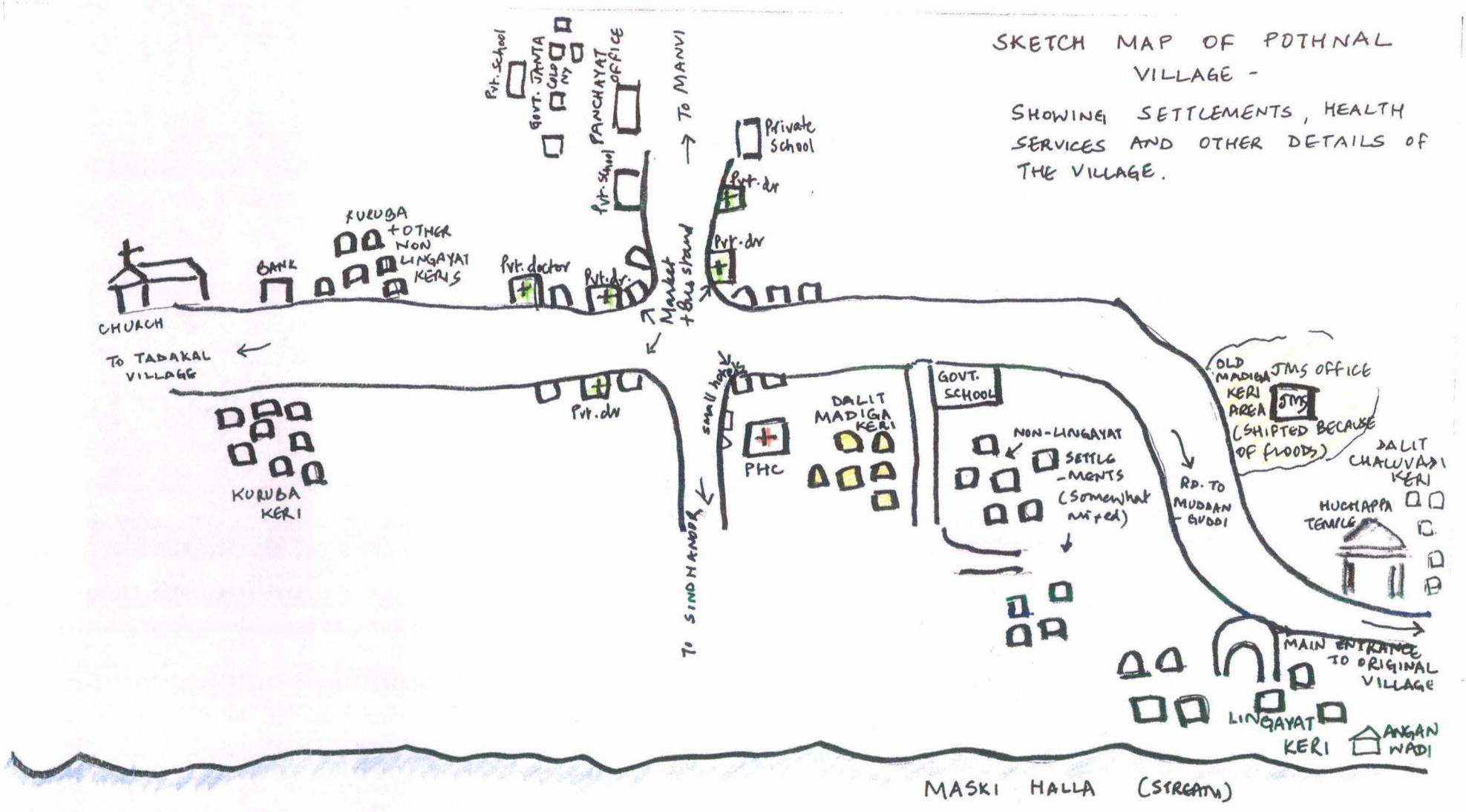

SKETCH MAP OF POTHNAL VILLAGE -
SHOWING SETTLEMENTS, HEALTH SERVICES AND OTHER DETAILS OF THE VILLAGE.
Pvt. School
GOVT. JANTA COLONY
PANCHAYAT OFFICE
TO MANVI
Private School
Pvt. dr
Pvt. dr
Pvt. School
KURUBA + OTHER NON LINGAYAT KERIS
BANK
Pvt. doctor
Pvt. dr.
Market + Bus stand
CHURCH
TO TADAKAL VILLAGE
Pvt. dr
small hotels
DALIT MADIGA KERI
GOVT. SCHOOL
OLD MADIGA KERI AREA (SHIFTED BECAUSE OF FLOODS)
JMS OFFICE
JMS
DALIT CHALUVADI KERI
PHC
NON-LINGAYAT SETTLG-MENTS (somewhat mixed)
RD. TO MUDDAN-GUDDI
HUCHAPPA TEMPLE
KURUBA KERI
TO SINDHANOOR
MAIN ENTRANCE TO ORIGINAL VILLAGE
LINGAYAT KERI
ANGAN WADI
MASKI HALLA (STREAM)

FIG 4:

George (2005) writes that under the Land Reforms Programme in the district highly inferior quality lands were distributed. These lands which were left unused due to non-productivity and a lack of investment to treat them has often resulted in degradation into wastelands.

One finds a critical dependence of the Dalit communities on agricultural labour, the bulk of this being performed by women. Seasonal variations in rainfall and periods of drought cause disruptions that threaten basic survival due to a loss of livelihood.

Gaining an understanding of the caste structures in the region and clearly operational in our study villages is important. The three fold grouping of castes described as found commonly in South India by Beteille (1966) is common in these villages as well. The dominant caste in these villages however is not Brahmins. It is Lingayats who form the dominant caste group. The villages of this region have a three fold grouping which is as follows: Lingayats, Non-Lingayats and Dalits (Pinto, 1999). The traditional status hierarchy with the Veerashaivas or Lingayats being the purest differs at some point with the constitutional divisions. The constitution classifies the Lingayats backward classes and some of the Non-Lingayat groups as Scheduled Castes with the Untouchable communities.

The Table given below from the study by Pinto (1999) explains the divisions and hierarchies clearly according to this three fold grouping. These are the list of communities found in our study villages.

Traditional Status Hierarchy	Constitutional Division
1.**Lingayats (Veerashaivas):** Ainas(Jangamas) Lingayats Banajigas(traders) Ganigas(sajjans)	
2. **Non-Lingayats** Kumbaras(potters) Hajamas(barbers) Kurubas(shepherds) Golias(cowherds) Agasas(washerpeople)	Other Backward Classes
Nayakas(hunters)	Nayakas are listed under Scheduled Tribes
Voddas(stoneworkers) Koravas(basketmakers)	
3. **Dalits (untouchables)** Chalvadis(grave diggers) Madigas(leather tanners)	Scheduled Castes

The Veerashaivas, commonly known as Lingayats are made of the priestly class known as ainaru and the land owning caste known as Lingayats and other castes. The Lingayats are the dominant caste among the Veerashaivas. The Non- Lingayats form the second layer in the hierarchy and are made of more diverse and heterogeneous *jatis* than the Lingayats and the untouchables or atishudra group comprising Madigas and Chalvadis form the third group (Pinto, 1999: 99).

While the Lingayats are predominantly landowners and cultivators, the non lingayats also own land in smaller or greater proportions. One or more of these castes are more influential or dominant in every village. According to ritual purity the Lingayats are considered most revered. Kurubas and Nayakas are also found to be dominant in some villages (Pinto, 1999). In our study villages- Pothnal and Muddanguddi- clearly the Lingayats were traditionally the dominant castes, with some amount of power also with Kurubas and Nayakas.

Of the third category the Madigas are in a greater number in Raichur district and between the two the Chalvadis consider themselves superior to the Madigas. The Madigas traditionally worked with leather and correspond to the Chakkiliyan in Tamil Nadu and Chambars in Maharashtra. Though leather work is the occupation associated with them, majority within the group engage in agricultural labour.

To get a picture of where the villages are located, the location of health services in the region as well as village sketches showing settlement pattern two maps are attached for reference in this chapter.

A Context of Change: Understanding the women's reference frames:

It is important when studying people's perceptions to be able to try and understand the reference frames that help define their perceptions. It is often changes within the context that help trace people's experiences and perceptions. This was definitely the case in this study where the region has witnessed major changes in the agricultural systems, and linked to that in labour and caste relations. Also it was using these reference frames of change that the women articulated their views on changes in health and well-being over time and this helped us understand dignity as a component of both health and well-being.

So what was this change? The crucial change came with the coming of irrigation canals in the region. The Tungabhadra dam was built about fifty years ago and with the arrival of the

Tungabhadra left bank canal major upheavals in agricultural and social relations occurred. It has to be mentioned that Raichur had a rich and diverse dryland farming tradition before this with many dryland crops like *jowar*, *baajra*, sunflower, cotton and *kusube* were grown. The irrigation project brought water only to some parts of Raichur and even within Talukas which saw irrigation come in, there are drylands existing. As an inherent feature, canals can not flow near all fields. It is part of village oral histories that when the irrigation canals were constructed a lot of people from the marginal communities lost their lands through sale or deceit. Stories about how a lot of the poorest lost their lands for the canals to be built are also plenty (George, 2005).

The new canal brought with it a new crop to the region and also an entirely new practice. High input green revolution package, mono-cropping agriculture was now practiced. This required high capital to purchase fertilizers, pesticides etc and automatically meant a further marginalization of small and marginal farmers. Historically, one finds that this was the time that a lot of settlers from the border State of Andhra Pradesh came to Raichur as immigrants and bought large tracts of irrigable land. This had its own dynamic in altering the social relations in the area.

The ensuing changes are quite complex and it is important to understand the women's perceptions of this change.

Health, Well Being and Dignity: Perceptions in a context of change-

The green revolution type agriculture meant a change in dietary patterns and now one finds that rice has become a staple food in their diet, in fact Raichur is now called the rice bowl of Karnataka! However, the women reminisce about what has been lost- grains like navane and dishes made with jowar are lost today along with many wild green leafy vegetables which would grow in the fields on their own. These were extremely strength-giving foods according to people of the region (this perception is the same across caste). The practices now include excessive use of chemicals and those involved in the production process feel a sense of danger about the rice being consumed. There is a clear perception that health in terms of physical health, strength, and ability to do work has all declined over time and the main reason cited for this is the change in food practices.

At the same time across generations women felt that life in terms of aspects of well being is better now than earlier. This may appear to be a contradiction as health is seen to be deteriorating but here is where the question of dignity comes in. A distinct change in caste relations and a slow progressive change over the years, propelled also by the Dalit movement in the region, have

definitely taken place. There is a change in the climate of the village and now certain old practices of discrimination have declined. Therefore it is a perception that well-being has been enhanced. Dignity is the crucial aspect that makes people experience a rise in well being[22]. The women described in detail how the coming of the Andhra settlers and setting up of camps (areas where labour from far off villages migrated to work in the rice fields) did not completely destroy but definitely caused a severe dent in caste-feudal relations. The Andhra farmers were large landlords who had been cultivating rice and knew the irrigation methods. They needed labour and could not afford to practice casteism. Till this point the system of traditional attached labour of Dalit households to upper caste households was followed. This is called the *'Vakkal Mane'* system. Dalit families in the village are distributed to different landed upper caste (mainly Lingayat) homes and they have to labour there the whole year. Early in the morning the dalit woman has to go to their home and sweep the floor and clean the cattle shed- *ende kasa baliyodu* (cleaning dung and dirt). After this she would wait for some leftover food and return home. In the evening again she would go and beg for some food there after sweeping. All other work like grinding grain to make flour, pounding dry chillies and anything else demanded was also done and of course agricultural labour of all types was done by men and women of the dalit family in the particular landlord's fields. In exchange the Gowda would allow them to do *kana*, i.e. after the harvesting and winnowing was done they could collect the left-over grain. This system was a type of bonded labour, highly exploitative and filled with daily humiliation and begging. However, a lot of people survived their poverty by this very labour and managed to feed their families. The coming of irrigation saw a shift. The Andhra settlers now paid in cash and the women could earn *coolie* or a wage. There was a new demand created for labour and an alternative to the vakkal mane system. The Andhra settlers would not practice untouchability and shared water and food from the same vessels. If labourers from other castes practiced untouchability towards the Madigas they reprimanded them. This change in social relations was very significant. The women recount how it is only after they started working on rice fields for coolie that they remember the beginning of times when they had a full stomach. This brought with it a definite increase in a sense of dignity in the lives of the women.

However, it is important to recognize that they have a more complex understanding of the longer term changes. Acute hunger and a desperate search described as having survived eating *kesaru-*

[22] It is important to draw a parallel with the study by Ritupriya (2000) which had looked at perceptions of the Bairwa construction workers on health and well being. For the same socio- historical reasons of a change in social relations based on caste, they had presented a similar contradiction stating a decline in health and an enhancement in well-being.

masaru (mud and curds) was over and the problem of hunger decreased but did not go away. Life remained a struggle for work and food. In fact women had to also do the practice of *leki-* or sweeping the fields for grain. *'Leki'* is a process that needs a deeper understanding as the women identified it as a word and act that fills them with a sense of shame and is very humiliating. After the entire harvesting process is done, there still might be fallen grain in the field and sweeping the earth on to a winnow and cleaning it to sift out the grain is described as leki. Women walk miles from field to field with a small broom and a winnow and keep collecting grain. Over the entire jowar or rice harvesting season they do manage to collect a lot but if they talk about it they call it *kana.* They do not say they are going for leki, they would rather use the word kana which is less degrading. In fact the upper caste women's FGD described this region as very poor and backward *('kangaal desha')* and they called it – 'Madar Balkamtinda oor' 'Madar leki madidida oor' or a place where Madigas sweep the earth for grain or essentially a poor area. It was ironical that those who labour were labeled responsible and their name attached to the poverty of the region. This process of 'leki' continues even today as despite irrigation livelihood is seasonal and food security is crucial. The productivity of the lands and the efficiency of the dam are both fast declining under the capitalist agrarian system of the green revolution type agriculture. Rain is erratic and canal water is often scarce, silt in the dam region is complicating matters along with declining fertility due to salinity of the soil going up. Small and marginal farmers are weighed under debt as they follow the same high capital agriculture and often end up in serious losses. Migration in search of livelihood in case of a failure of the monsoon and in the off-season is rising steadily. Therefore it is important to note that women emphasized the constant daily struggle for survival that persists even now.

Caste relations have not gone away with the coming of the capitalist agrarian system. The Vakkal Mane system though declining still exists and what one finds is that capitalist production has got enmeshed in feudal relations. Wages, in the lean season, are as low as rupees fifteen per day and hunger and ill-health are a daily struggle. Contractualisation of labour has increased and the labour force of women across castes has increased. In fact work is harder to find with increased labour and decline in bargaining power as well as the coming of harvesting machines. Those doing caste based practices of leki have increased and increasingly during the harvesting season one finds women chose to spend more days doing leki than working for wages as food collection was the prime goal. Another example of desperate survival strategies based on caste traditions would be the participation of women during the Gouramma Habba. In this festival, Dalit women

in small groups travel through villages singing at homes in exchange for small amounts of grain. The number of women adopting this strategy has increased.

To summarize one can see that the region has seen changing social relations and changes in relations of production. Women feel a decline in health, a decline also in acute hunger, a change in feudal caste based social relations causing them to feel a sense of dignity and a clear rise in well-being. However they do not, by any stretch, feel a vanishing of caste relations from the production system or a complete change in exploitative labour relations. They clearly recognize that livelihood and food are declining again and a daily struggle. In fact as we see in the next section work and food are the prime components of dignity that the women identify.

Components of dignity:

Tracing through all the narratives if one identifies clear aspects of dignity identified by the women these can be listed as follows:

Work- availability and under non-exploitative, non-casteist relations and free conditions plus recognition for one's work
Food- availability and security
Land- availability
Health- a state of being healthy and access to health services
Social relations based on equal recognition of the human person and respect, freedom from social obligations and other social freedoms
Recognition as a full person- **humanhood** and humane treatment
No discrimination in public spaces
Education for children
Respect for one's work in the family, respect to be accorded by the husband and children
Freedom from violence
Dignity at the level of a community or **collective**

It is important that we see that the women from the poor, mostly landless contexts identified aspects which bring together economic and social aspects of life. To lead a life with dignity would need the material aspect of work but it should also be such that the relations of labour are not oppressive. Land and food security are crucial to dignity according to the women as well as an equal social status and a lack of discrimination based on caste or gender. Access to education would be a component in their striving for dignity as well. Thus we see a comprehensive list that can be compiled to explain their articulation of dignity both in the realm of material and social elements as well as at the individual and collective level.

The Social and Material Construction of Dignity: The Primacy of Work and Food

In this section we delve into their articulation of the inter-linkage between work, food and dignity. This was the most basic, crucial and central aspect of a life with dignity, a life with well-being and a life where one feels one is a human. "Without these aspects of work and food we become only half human not full", they voice. Emphasizing the meaning of dignity to be a life where they have work and a freedom from hunger is crucial to realize the fact that the women had a material basis or material construction of dignity. It was not constructed in any esoteric conception that focused only on social psychological conditions of self worth. This self worth was derived from their ability to lead a life where basic needs of work and food were first met. Therefore, their consciousness of equality included an analysis of structures of inequality and disparities in the basic resources of life across groups. That they do not have land and have to struggle for work is a reality they know only too well and then obviously their basic life-struggles will find a central place in their meaning of dignity. At the same time it is equally important to recognize that these aspects of dignity were not expressed only in terms of concrete material needs to be met. This is where the value of a concept like dignity comes in. These needs were to be met in a *way* that was dignified and human. Therefore the relations in the production process and the larger process of life were equally crucial. This perception again stems from their experience of work and struggles for food being the site for caste and gender discrimination on an everyday level. The point being made is that the search for livelihood and food is a daily struggle and is also a daily struggle against relations of oppression based on caste and gender. Therefore an articulation of dignity around these concepts beautifully brings together both the material and social basis of dignity.

A clear illustration of this comes from the seeming contradiction in the fact that, unanimously across villages, women preferred working in contract groups, in tougher physical conditions and for longer hours, knowing well that their health is getting damaged and for a wage not really matching the labour invested, than working on a daily wage basis with fixed hours and less physical strain. This is because of the experience of freedom as dignity that the first option offers. Let us understand this better as to a person not from the region this can be a major apparent contradiction but all one has to do is factor in their meaning of dignity and their struggles against caste discrimination and this contradiction ceases to exist. The three systems of labour in the region can be separated as 1.The Vakkal Mane system of being bonded or tied to Lingayat houses and lands

2. A daily wage coolie system where the work is for either a full day till evening or half day till lunchtime and wages are fixed

3. A contract group system where women and men form groups and take up the work on a contract basis. Therefore rates are fixed on a per acre basis. This is more common for sowing and harvesting, the two major seasonal activities.

There was a clear preference or ranking of these systems in terms of the dignity and *gaurava* they offered. First was contract work, second coolie on a daily basis and the system with the least dignity was the Vakkal Mane system described in the previous section. With an increase in the labour force and a scarcity of labour due to unsustainable aspects of the high input system of agriculture becoming more prominent the competition among labour groups increased. In groups of 15-30 workers, people travel searching for contracts to harvest or sow. They hire jeeps and sit cramped and travel very far in search of work. This means they leave the house at the crack of dawn and often return nearing midnight or sometimes stay working all night. The wages that finally are shared do not actually match up to the time and labour invested but there is a sense of urgency in finishing and moving to the next contract. This drives them to work harder and they describe it as an addiction, pressure to earn more and more. By the end of the season they are often sick and a large part of the earnings go in for health care. Despite all this they prefer this system as it offers a tremendous sense of freedom. The work they feel is their very own. They are not controlled by anyone. Once the contract is taken it is theirs. The caste-feudal relation with the landlord is broken. On the other hand this caste oppression and indignity is highest in the Vakkal Mane system and then in the coolie system.

"When we go for coolie, they watch us all the time. The mestri (agent for the labour) and landlord shout constantly. To take a break for lunch we feel scared to ask them. To even take a break to relieve oneself or have water or have a piece of paan/tambaaku we are scared. Don't waste time you lazy madiga women they shout. This upsets us. In the contract group it is namma svatantra (our freedom). We can decide when to eat, when to urinate, when to have water and when to have tobacco." (Chinamma, Muddanguddi)

"Once we were working for a big landlord at Jawalgere. It was a mixed group working as dina coolie (daily wage labourers). They would not let us even talk to each other! 'Work, work, more, more!' they hounded us as if we were animals. Then when we asked for a water break, they said 'no, don't get up. We will bring it to you' They gave the Kurubas water in a proper chembu (round vessel) and they gave us water in old pesticide cans that people use to carry water for their morning shit. This was very humiliating. We refused and had a fight with them." (Huligamma, Pothnal)

This is not to say that control,exploitation or caste discrimination completely disappears in the contract system. No, in fact exploitation of labour is in some ways greater and within contract

groups, which are often mixed, caste discrimination carries on. However there is a sense of freedom and this gives a sense of dignity. It is also important to note that in a coolie system on daily wage the wages for women and men are different and this injustice does pain the women. In a contract group the rate is fixed per acre and money is divided equally between men and women. However conditions of work still are terribly tough and caste fears always remain. Often in times of low rainfall and work scarcity women travel to far off *talukas* and stay there for the season. They go as a contract group.

"We had gone to Surpur[23] for work. We lived out in the open under a shed. We would get up by four, cook and try and start work early to make sure traveling so far is worth it and we earn more. The village we went to did not have ekabalike(equal treatment) and the Madigas were treated very badly. They had to go four kms away to wash clothes. They were not even allowed to stand near the temple katte. When we heard all this we got very scared. We have come so far and here if they do something to us? We told the Reddy who had called us for work. He told the entire group that nobody should mention that some of us are Madiga. Just be quiet. The group was mixed and we cooked separately but they made sure they did not call us by our caste name. Back in our village they call us Madar Huligamma, Madar Ningamma (emphasizing caste as part of individual identity) and it is very humiliating. There they kept quiet." (Huligamma, Pothnal)

"Once we were sitting in a tractor and going for transplantation. You know how packed the tractor gets. A Kuruba woman told me 'atat sari' (shift away). I picked a fight. She wanted me to move because of my caste and called me Madar. I asked everyone in the group, she is a Kuruba do we call her that? Everybody's parents have given them names. It was very upsetting. All this happens when we go for work. They feel we are lesser. 'Naavu Manushyar , namma rakta onde ide' (we are also humans and our blood is also same). They feel we are different, we are dirty, we eat beef and they don't want to touch us. But now we are also stubborn, we don't let go of any opportunity! We go and sit where they are sitting!" (Lakshmi, Pothnal)

It is interesting to note than in the context of work, the women's perceptions of how the upper castes saw them, whatever the work system, actually shows an overlap between caste and class perceptions. They felt they were seen as *Madaru- Badavaru* (Madiga-poor). The two words being used in a joint manner.

"The rich landowners look at us and feel these are madaru-badavaru. Whatever happens they will come to us for work. This makes them feel a sense of gaurava. We feel bejaar (sadness, frustration). We are termed as 'Chapli Maadavaru, Balkondu Timbavaru' (Chappal makers, Those who eat by sweeping grain). When we go for Kana they point to the fallen grain with their foot and say-' taga' (take). It feels like a thorn in the heart. If we had some land maybe they would not see us like this."(Yellamma, Muddanguddi)

This is important to see that their perception of the self as poor is closely related to caste and as we discussed in the previous chapter this corresponds to Gail Omvedt's conception of the

[23] Surpur is a Taluka in Gulbarga district which is about 170 kms way from Pothnal, Raichur.

material basis of caste. The women articulate this clearly. Caste, for them, is not only at a superstructure realm but it is very much part of the base.

Struggles to get food are similarly tied to poverty and caste-feudal relations. The women feel shamed to go for *leki* but they see it as an option to collect grain. Going to sing during *Gouramma* Habba or festival is also a process with the intention to ensure food for the family. It is at a time when seasonal work is low that they join in this festival.

"They say it on our faces now. So many of us are going to sing Gouramma that they tell us 'you just want grain. How many of you are coming?' they taunt. If we are at another village to sing and we see some male who is related we try and avoid him as we don't want them to know we are here to sing Gauramma for grains."(Durgamma, Pothnal)

There is a strong sense that if they do not manage to feed their children and are forced to all go hungry then that is not humanhood. They expressed how they feel a sense of indignity when despite having made efforts they do not change their condition– 'naavu manushyar agilla' (we have not yet become humans).

Similarly getting work and feeding the family is an act that can both, fill them with dignity or make them feel a sense of being sub-human. How does it give dignity? If they are able to work hard, labour well and sustain their families, they feel a sense of meaning in life. The connection with health and dignity is mediated through a capacity to work. "If I can work then I feel I can face anything. I will not beg. I will labour and preserve my dignity and survive." is an expression found across narratives. Health provides them with the strength to work which helps resist oppression and strive for dignity. Work provides the means to food and health and ill-health leads to a sense of not being fully human as one can't work anymore. It is a cyclic or rather dialectical process between work and health they describe as producing dignity.

Why do they feel lesser through work? While work gives a sense of meaning and worth, the actual conditions of work make them also feel a sense of being sub-human or animals. The work is never ending, hard and exploitative with dismal returns. 'Dudi beku uunna beku'- or we work, we eat, work eat, work eat is the cycle in life they describe. This tires them as the drudgery and poverty does not seem to break out of this cycle. This is when they feel a lack of dignity.
"Katte iddanga duditivi naavu yedakaagi?" (We work like animals, for what/for nothing) is a common feeling. This nature of their life and work process and the humiliation and discrimination involved during work makes them feel they are leading an animal existence.

Child birth, Rest and Dignity

A very interesting aspect of their articulation and social construction of dignity appeared recurrently through almost all life histories and narratives. This was the dignity associated with life measured through their experience of child birth. This was one of the most significant themes in their life histories- how and under what conditions they had children and most crucially the number of days after delivery that they had to get back to **work**. "By the fourth day I had to grind *jowar*" or "By the second day I had to collect wood, heat water for a bath" and detailed narratives about this struggle were very common. The fact that they often do not get adequate rest even after deliveries and that this is often a painful struggle in difficult times was a measure they used to understand dignity in life.

"When Sharanamma was born, things were very difficult. Actually with all the three children being born the story has been similar. You know my husband. I have to work for everyone to eat. I feel very sad that just a few days after giving birth I went for work." (Chinnamma, Muddanguddi)

"Even after the delivery there was no 'sukha'(peace, happiness). For eleven days I was almost starving. Then my mother came, crushed some jowar and we cooked and ate."(Lachmamma, Kharabdinni)

As a Public Health student one found this theme running across so many narratives very interesting and this led to some reflection. Different perspectives in Public Health concerned with women's health have emphasized different aspects of women's health. So one sees a strand that is primarily concerned with women's health in terms of reproductive health and another which argues for an emphasis on general health of women and not on reproductive health alone. Through the narratives of the women the researcher got a realization of how this divide was artificial. Child birth (considered a domain of reproductive health) *was* a *prime* concern in their lives and therefore a priority area for health that they identify. However, they were constructing that process in the domain of their larger life context. It was poverty and the *need to get back to work* and patriarchy which place unequal burdens on them that they connected to child birth.

Education and dignity:

"Historically education has commanded powerful substantive and (counter) symbolic value in low caste protest and emancipatory action. Education's centrality in the search for self-respect and self-recovery, dignity and social status and its potential as an agent of radical socio political change was emphasized in the ideology developed by Phule and Ambedkar to guide the liberation struggles of the low castes and dalits" (Velaskar,2001)

In the present research study it has been very interesting to understand the importance and meaning women attached to the process of education for their children as a means for dignity. Velaskar's historical analysis in the context of the Dalit movement in Maharashtra, had shown how education was looked at as a means to an end –a hope for a better life. The slogan 'Educate, Agitate, Organize' given by Ambedkar had reverberated through the cadres and the masses and reflected the radical political purpose with which education was infused. What had been the role of ordinary Dalit women in this process was the question Velaskar asks in her paper. She writes that contributions of Dalit women remain largely unrecorded, precluding their recovery as historical agents in struggle. It was inspired struggles of ordinary women, illiterate but having grasped the value of education that had laid the base for educational expansion in the Mahar community. Despite formidable obstacles of poverty, caste-work and the lack of a required cultural educational background they made a fundamental contribution towards educating their children (Velaskar,2001).

Similarly in this study one finds a very deep articulation from the women, of the need to educate their children and this is often a major active struggle in their lives. Indignities are suffered, work is done in tough exploitative conditions, food is sacrificed all for the dignity of feeling they have achieved education for their children. To hear people say, "she struggled so hard to make sure her children study" gives a sense of pride, self-worth and a feeling that one's life has been meaningful. It is this feeling that gives them a feeling of dignity. Also, education is seen as a possible way out of a life of poverty and drudgery. Maybe the child will get a better opportunity for employment as well as a job where physical toil is reduced- is the hope that pushes women to work hard for their children's education. The women's struggle for dignity through education for their children displays their standpoint on their role as mothers and a deep sense of betterment for the community as a whole that they see education as the means for. They do see education as a means to address caste based discrimination in social and material relations. Thus the struggle for education is a reflection of a striving for both an individual and a collective sense of dignity. They are consumed by the desire for their children's education and often it becomes the central focus of their lives. They fight, struggle, save money, starve, toil so that their children can receive education.

"A good life is when we manage to get our children through school and get them an education. I have no land, no proper house. I have worked wherever possible, in whoever's home and field possible, I have stayed hungry, stayed in difficult situations (upavaasa, vanavasa biddhu) but I have managed to educate my children. This is what gives my life dignity. I feel a sense of pride. People say she has achieved an impossible thing- that is my gaurava (honour). I did not care that I was poor, I just worked and did it. I did not beg any one, did not call anyone 'appa appa'. Yes I

was attached to a gowda house and there I had to call them appa and fold hands, but there one has no choice. But I worked there and we survived. Now my children tell me not to do that. It hurts them when they hear people taunt them- you study in school but your mother sweeps cow dung" (Lachammamma, Kharabdinni)

Lakshmi's life history displays this strong inter-linkage that women make between education and dignity. She is a widow and is single handedly raising and educating all five of her children including one girl.

"I am teaching them all. My children should have a better life. Let them be intelligent. I know I will not be able to teach them to levels where they automatically get jobs but at least they will get some knowledge. It is very difficult. Now see, Kariappa my eldest is doing a design course in Manvi(21kms away). We needed six hundred and fifty rupees to make a bus pass but at that point I did not have that amount. Now he has decided to go only to sit for the exams. It is twenty rupees per day by bus and we can't afford that. My daughter Shivamma is also studying. It is difficult for her. She has to manage her studies plus a lot of the housework- washing clothes, cooking. Everyone says I should stop her education, and that it is enough. But I feel we did not get the chance and our doing 'katte kelasa'(donkey's labour). They should not be like us. Pandu my youngest wants to go to a 'rokka shale' (fee school,private school) as it is better! I would have liked to study. They pulled me out of school to graze cattle when I was six. Since then all I can remember is 'kashta' (tough times, struggle). I have taught myself how to read, and my children help me. My husband also used to help me recognize letters and I would look at books and try. In the sangathan I help keep accounts and it makes me feel proud!
In school there is no caste discrimination as such but children of the poor are treated indifferently and ignored. I could not buy the uniform for one of my boys on time and the teacher screamed at him. He came home crying. I went to the school and asked her 'badavara makkalu odu beka, odu bardu?'(Should children of the poor study or not?)The dress is essential in a private school but yours is a government school I told her. She apologized to me. Those who are richer, have people coaching them at home and are smarter get more attention. They get favoured. Ours are not really cared for."(Laksmi, Pothnal)

The indignity involved in backbreaking labour and the derogatory labour relations the women undergo is something they want removed from their children's lives. It is interesting to note that this effort exists for girl children as well. The difference is that many women who want to educate their daughters have to battle harder. Convincing others at home is difficult and constantly the mother is told by others in the community that this much schooling is enough for a daughter who eventually has to scrub vessels. Then the way out to try and prevent one's daughter to go through a life of labour in the fields is to get her a tailoring training. Girls who have learnt how to stitch have the option of another livelihood and it is at times accepted that they don't work much in the fields.

"We must educate our children. We have had to work and struggle so much, our children should not have to go through this. If they study and are educated they have some 'bele' (worth, respect, value). We work so much but have no bele- worth. We work like donkeys but have no worth. But if

children study they will be accorded respect and worth. Renuka my daughter had to stop when the younger ones were small. Now I have made her join a tailoring class."(Huligamma,Pothnal)

Education for children is also seen as giving an ability to think and question any injustice. Actualization of a lot of larger socioeconomic rights is done through various government schemes and women feel that if their children are educated they will be able to access these better. For eg: in a PDS shop if they are being cheated then they will know due to their ability to read and write and also know the 'rules'.

"Times are better now. Access to education and education levels were very low in earlier times and for everything we had to go to the Gowda for help. Now we can try things on our own. Things are changing every year though we still have not been able to defeat poverty. Especially because we are poor we must have education. We can then do some work on our own. For our gaurava we are trying. We should try as hard as we can to educate our children. It is difficult as in government schools there is no care and attention given to the children. I feel till class seven we should try hard and put them in private schools and then to government schools. But if one has 3-4 children we cant send them all to private schools. My wife and me, we are working hard to send our children to school and we feel a sense of pride and satisfaction in this effort. In the PDS shop the other day they gave ration for January but made the entry for January and February. I fought and told them not to do that. This is because I could read and knew the law. The main thing is education. 'Vidya illandre avaru heladange naavu kela bekagutade' (Without education we will have to just do as they say)" (Kariappa, Mudanguddi)

Also there is a sense that in terms of caste relations, those of dominant castes treat Dalit youth who are educated better. The language used to address them and converse with them is markedly different.

"Those of us who are educated get slightly better treatment. They talk to us better. To us they will use barri or bandeyappa(come, have you come-spoken with respect) but to those who are uneducated they will use bande, hode(have you come, have you left- spoken to with no respect). There is a difference in speech. But this is only because there is a feeling that those who are educated ask questions. It is to avoid conflict that they give us partial respect. It is superficial and not real."(Narasappa, 35years, Huligunchi)

The Experience of Discrimination

Being treated as a lesser human is an experience that is degrading and hurts the well-being of the person concerned as well as the community. Caste discrimination operates in individual lives as well as in collective experiences and forms a part of the collective history and memory of the community. Similarly, gender discrimination too forms a common theme that does play out in social structures and impacts the overarching consciousness of women and men both at the level of individual lives and collectively.

All the women interviewed spoke of how a caste consciousness and discrimination based on that is alive even today- *'Jaati inno jeevantvagide'*. At the same time they did also recognize and stress the fact that situations have changed and certain positive change has also occurred. The older women recounted how in their times things were worse and actually acted out how they would react if a Gowda was passing by them on the road. They insisted that the researcher note how they were acting out the scene. The body would be bent, saree would cover their head and hands would be folded and they dare not look into the eyes of the Gowda.

In earlier times the caste-feudal relations were stronger and the system created a bondedness to the village landlord and caste occupations and roles were strictly followed. People had to prevent their shadow from falling on the upper castes and were not allowed into any public spaces- the village centre where all discussions took place, water sources, temples, hotels etc.

Now there is a consciousness of being equal and an awareness of the law as well as a history of organized movement in the region which has led to changes in caste relations. The Dalit Sangharsh Samiti (DSS) under the leadership of Dr. B Krishnappa had strong roots in the district and a tremendous Self Respect Struggle had been launched. The struggles were focused on aspects of dignity and self respect rather than on issues of economic resources. The first attack was on untouchability and the emotion was *'naavu kuda manushyar'* (we are also humans). This movement saw the participation of young men who were studying in colleges and mobilizing in hostels and then it spread at the village level organizing men there. It took the form of organizing small village level protests in the form of hotel entry or temple entry and then the village would be labeled as reflecting *'Ekabalake'*- One treatment (Same/equal treatment). It is interesting to note that this removal of exclusion and discrimination therefore has taken place in a manner not uniform and so one has a difference in practices across villages. In Pothnal hotel entry is allowed but 5 kms away in Muddanguddi it is not. The villages that had a historical struggle and a presence of those who had been active in DSS struggles are definitely more progressive.

However, the women also feel that though in many overt forms and in many Public spaces like the school, hospital etc caste discrimination has reduced, it still continues to exist. Especially in their lives. "We don't use the hotels in any case and temples nobody enters so in our lives caste exists even today. When we get water, when we go for work, when we go to the stream to wash clothes we face caste everywhere." they say. In fact in many JMS discussions people have reflected on the fact that had women's participation been higher and at the level of decision

making and leadership in the DSS then maybe issues of water source differentiation, land and labour relations might have been taken up as well.

In the fields the bulk of the agricultural labour is performed by the women and as we saw in the section on work and dignity above, the discrimination and humiliation they face in this sphere is enormous. Water sources are different in different *keris*. So the way out of having to abolish untouchability practice at water sources has been to install separate pumps/bore wells itself. So the Dalit keri will have its own hand-pump. If this is spoilt they are forced to access the one in the main village and have to wait there till someone comes and agrees to pour water in their pot. They can not touch the pump/well. Since water collection is mostly done by women it is they who encounter this discrimination more often. Legal abolishment of untouchability and exclusion is not practiced in real terms but situations of conflict are averted by separating resources itself.

A stream to wash clothes can not be separated for the Dalits so here the system is different. The researcher actually got a chance to witness this horrific system in Muddanguddi village where she accompanied women to the stream to wash clothes. The stones to place the clothes for washing along the stream have a role to play in reflecting the hierarchies in society. The dalit woman can not wash her clothes on a stone placed above the stone an upper caste woman is using. Water from her clothes should not flow onto theirs! Therefore if all other stones are being used and only one placed above is free, she can't use it, and has to wait.Also along the stream one can see that drinking water sources in the form of dug pits along the stream (called *varti*) are also different. In many villages the Madiga *varti* is placed very far from the other *vartis*.

However, the difference now is that in many villages women speak out against this. Small encounters for justice and raising of one's voice against such practices has become a part of everyday existence. Many of them do credit this change to being a part of the JMS collective.
"What about villages upstream, the water from Dalit clothes is flowing down here. What can you do about that?" they ask.
Even in hotels (small tea shops and eateries) the way to avoid true inter-dining and *ekabalike* is very shrewdly found. Instead of adopting a system of common cups they bring in a system of using disposable plastic cups. So everybody is served in those and nobody shares cups as they are thrown after a single use. The women are very conscious of this and term it a *'sullu hakku'* or false right (*sullu* literally translated means lies).

Many women and men recount experiences of being made to feel lesser. They had stories to tell from their childhood when they were beginning to realize that they are treated differently and now talk of the helplessness they feel when their children ask them why they are being treated as lesser. Narasappa, an active participant in the Dalit movement as a youth, had this story to offer from his childhood.

"In the school and hostel, three of us were inseparable. Brahma-Vishnu- Maheshwara everyone would call us. We were so affectionate with each other. We were just 10-11 years old. Once during the holidays we were returning home and it started raining heavily. My friend's village came before mine and there was no way I could have made it home so I went with him. He was a Kuruba boy. The parents asked who I was, who's son I was and figured I was a Madiga. They made me sit outside on the katte(raised platform outside homes) and when it was time to have dinner, they got someone from the Madiga keri in that village to get a plate for me. My friend ate in a plate from his home and I ate in a plate brought for me. In the hostel we would often eat from the same plate. That incident made me wonder, why do they feel we are so low?(Narasappa,Huligunchi)

"Basawantrai gowda's sunflower crop was being harvested and my son joined in to work. He was bringing water for everyone in large pots from the stream far away. Carrying the heavy pot, he needed a cloth to place under it. He asked the Gowda for a towel and the Gowda gave him his. After the water had been got, the Gowda told him to wash the towel and then return it. He washed it, squeezed it and opened it and spread it on his shoulder and came back to the field. The Gowda screamed at him and said, "I told you to wash it." "I did" my son replied. "No I want you to wash it and then get it back in the squeezed position, with water still in it" said the Gowda."(Yellamma, Muddanguddi)

Ningamma from Pothnal asks, "My son is working in a jewelers shop and when people come to buy anklets etc they don't let him remove or put on the ornaments. 'Why is it like this? I am clean, bathed and dressed well, then why do they treat us like this?' he asks me."

The Language of Indignity and Humiliation

A large part of the exercise of power and control in a caste feudal society towards the lower castes gets reflected in the language used by people in social interactions. Overt verbal abuse is one form of violence with words and another form is more everyday accepted disrespectful language that a person is forced to hear. A language of insult, humiliation, shame hurts and has a social role to play in oppression by creating a deep psychological impact.

Walzer (1983:249) writes that "in a hierarchical society like that of feudal Europe a title is the name of a rank attached to the name of a person. To call a person by his title is to place him in the social order and depending on the place, to honor or dishonor him."

The same can be said about the practice of calling a person by his caste name or attaching the caste term as a prefix or suffix to the name of the person. For lower castes and dalits it is

generally put as a prefix for example: Madar Hanumantha, Kurubaru Huchappa, Korovar Durgamma. While for the dominate caste in the region- Lingayat, the term Gowda is used as a suffix for example: Raman Gowda. A person from a lower caste doesn't take the name at all and would just call the person Gowda or Gowda shani (for a woman).

The women expressed the insult and pain they feel when they are called by their caste names. This is often encountered in the process of agricultural labour where groups may be mixed or if working in the field of an upper caste. "They call us Madar Mallamma or Madar Ningamma. It feels like an insult. Our parents have given us names, only those should be used." (Yellamma, Muddanguddi)

Also, one finds that language to address Dalits is always singular and in the impolite register, often objectifying. So, names become Ramya, Durgya, Bhimya instead of Ramappa, Durgappa and Bhimappa. Some men informed that even in the State land records and *panis* (legal documents for land) names are addressed for Dalits like this whereas the actual name should have 'appa' attached. For Dalits the disrespectful 'le' is attached to verbs instead of the respectful 'ri' used for upper castes. So to call a Dalit a Gowda would say 'Ba ra le!' and the other way round would be 'Bar ri'.

Women find it stinging when young people from the upper castes refer to elders from their community in the singular case or shorten their name disrespectfully whereas even if they want to call out to a Lingayat child they are expected to use Gowda.

Another term which has historically been used for the dalits in this region is *'kappu mandi'* (literal translation is black people). This signifies a labeling based on historical marginalization. There are different reasons people give for this usage- that they were made to stay separate, forced to eat dead cattle to combat hunger and then labeled as dirty and *kappu*; they work in fields with mud and are considered *keel* or lesser.

"Why do they treat us as lesser? If we object they lift their hand up and say to us 'look at the fingers on the hand- there is a dodda baralu (big finger) and a sanna baralu (small finger).Things are not created the same way by God, and similarly we are not equal.' Now we argue with them and say that the fingers on the hand have no connection with caste. If the fingers were all equal would you be able to pick up your food and eat it? That difference is essential. This is not!"(Durgamma, Pothnal)

Dalit women are faced with violent verbal abuse during any conflict. Being called *sule* (prostitute) and available to all men is a common term used to humiliate which the women find intolerable. Threats of violence and sexual abuse are given to women as members of the Madiga community. For example in a conflict over digging of graves in Kharabdinni, a job which the Madigas traditionally have done there but was now being denied to them by the Lingayats the women had to hear violent threats. It was the Dalit men who had got into a fight with the Kurubar caste men and women intervened to stop the fight.

"These madiga women have become too smart and made a sangha. They have come to help their husbands. We must strip them and fill chilli powder in their vagina", the Kuruba men threatened. The women were enraged and took the matter to the police station and finally the police, the Lingayats in the village and the dalit men reached a compromise. "Our own people finished it off. I fought with my own son for doing so. Now we are not afraid. We have to stick to our stand and be brave."(Ampamma, Kharabdinni, FGD)

Even when upper caste men abuse men of the Madiga community they use the word *'Sule Maga'* or *'Madiga Sule Maga'* which means bastard, son of a prostitute. Degrading language induces pain and implies an assertion of the power relationship and the women see this as an affront to their humanhood and integrity.

After understanding their narratives on experiences of discrimination one could derive three broad themes. Firstly, it is important to note that the women do not accept this treatment or believe that their community is lesser or sub-human. They counter this discourse on hierarchy and inferiority with a discourse of equality. The humiliation of discrimination takes forms of being treated as someone not human, a rejection and a loss of control over life and life resources due to exclusion. A central component of a life with dignity according to them is dignity in social relations. Reciprocity implying equal recognition in social relations is what constitutes a dignified life. Social relations encompass all interactions including those which are in the domain of economic or labour relations.

Secondly, there is a clear perception and view that in matters of basic rights that the state addresses through various means and institutions and in Public or common spaces they will not tolerate being treated as lesser. It is in these spaces that discrimination hurts more and dignity is more coveted. Basic needs of life that are to be ensured for all must be ensured, is the perception.

"Let them not call us into their homes or touch us there, it does not matter but we can not be stopped from taking water from the pump" (Muddanguddi FGD)

"We will not tolerate it if we are excluded from the Gram Sabha. They had the meeting in the temple with all of them sitting up on the temple katte and we were asked to sit down and could not hear a word. We did not allow it. These spaces are of the State (sarkara/kanoona) and we can't be excluded because of our caste here. They should hold the meeting in the school"(Muddanguddi FGD)

Thirdly, the women were clear that achieving dignity in social relations as well as in confronting material deprivation and a denial and exclusion from resources was a process of constant struggle. To feel a sense of dignity every encounter involved a struggle. It was interesting to note that in discussions when they gave examples of times in life that they felt a sense of dignity, the story was always about some issue where they had to speak up or question, struggle and then get victory. So dignity was always claimed, never simply existing in social relations. Let us cite some illustrations below.

In Potnal village, Huligamma is a keen member of the School Betterment Committee who does not miss a single meeting. It is interesting to note that in many of the villages where sanghas are active, the women are taking active part in the school betterment committees. In her interview she was recounting moments in her life when she felt a sense of dignity and humanhood and she had an incident from the school betterment committee to narrate.

"I sat on a chair like all other members. The Dhani (in Pothnal the village Gowda and landlord is called dhani) was the panchayat chairman that time and was yet to arrive. A master in the school asked me to sit down on the floor. The dialogue was as follows:
Master: Your dhani is coming you sit own
Huligamma: Let the dhani ask me himself
Master: You should have some fear
Huligamma: I will sit properly like everyone else
Master: He is superior (doddatta), you are a woman
Huligamma: Why? Should women not sit on a chair?
Master: I am just giving you sound advice (buddhi maat)
Huligamma: I am using my sound mind and deciding to sit (naanu buddhi inda kundrakachini)

Across narratives this very philosophical discussion point arose- "we have to struggle for dignity. All moments of dignity were also moments of victory for one's humanhood through raising one's voice. "We must ask, fight, raise our voices. Without asking we will get none of our rights and will not be treated as humans. Without struggle there is no dignity given to us. For the smallest of things we have to struggle." "Don't you feel tired of fighting"? the researcher would ask. "No we feel all the more eager to claim. Till we get our rights we must fight."

"When we worked for the gutter digging work in the Panchayat, the dhani was the chairman and we did not get our wages for two year. We had to keep demanding it. The chirperson changed to Yellaapa and he tried to smooth talk us by saying , 'I will give you your coolie(wages), no I will give you land' 'How many of us will you give land to. We are not asking for some charity , we are asking for the wages for which we have worked. Then we got the coolie. When the Muddanguddi women's sangha came to the Pothnal bank to claim their loan we had gone with them in solidarity. The bank manager had cut a part of the loan amount without telling them. We asked him if this was his father's money or a government bank? He started talking to Ratnamma(JMS karyakarta) and then we told him. Why are you not talking to us? Is it because we are wearing sarees? We had to shout slogans there and then he returned the money to them. Now you see it had rained and many houses are destroyed. We had to go and fight with the Tehsildar to claim the flood relief. They had just forgotton our keri! So there is no gaurava till you ask for it."(Pothnal FGD)

In fact this brings us to the next section where through collective struggles dignity was claimed by the women. It gives a sense of a collective idea of dignity as well as an idea of how it is linked to material needs being met as well as issues of caste and gender violence.

Collective Struggles for Dignity:

A sense of entitlements and rights has permeated the consciousness of the women and there is a deep sense of injustice and inequalities. This consciousness has been enhanced or received fuller expression through the means of the women coming together to form the collective- Jagrutha Mahila Sangathan. By taking up small struggles for livelihood, wages, food security and other basic needs the women have developed a strong rights discourse. This gets constantly confronted by the dominant discourse seeped in feudal and patriarchal relations. Collecting fodder from fields, protesting against rice harvesting machines, asking for sewerage systems or construction of toilets are all seen as basic rights to collectively work for. These very issues are seen in a diametrically opposite way by the power wielders in the village, panchayat members and landlords. Landless women collecting fodder are not seen as rightfully entitled to it but as criminals. Collectives protesting against the rice harvesting machines are seen as impeding the agricultural process of those benefiting from the machines.

In all the narratives and discussions across villages one found many instances of collective struggles waged by the women for concerns of basic rights which intertwine with caste and gender discrimination and are seen as struggles for dignity. It is important to note that a lot of the conflicts arise due to conditions of landlessness and lack of access to basic resources. Violence- physical as well as verbal abuse often enters these conflicts. The initial trigger is often issues like the woman's animals grazing in the landowners fields, collecting fodder or firewood, collecting

water from the dominant caste bore wells, allowing water from the dalit keri to flow towards the upper caste keri, defecating on upper caste fields. These acts are seen as acts of criminality and 'acting too big', by the dominant discourse. In this section we narrate some of these struggles. It is important to understand that the women resist this discourse with a counter consciousness which sees these struggles as strivings for dignity and humanhood. Struggles for material resources are enveloped in social stuggles. Therefore fighting for a toilet is also a fight against gender and caste injustice. It is important to emphasize this overlapping and intertwining of the meanings of the struggles for dignity which often combine caste, class and gender concerns. These are not seen as separate categories but make the life conditions of the women which are the lived reality that they face. In their articulations the researcher was constantly forced to recognize the intertwining of these structures.

Also, through these struggles one can witness the assertion of a collective sense of dignity that the women feel. In their narratives all of them had clearly stated that even if at individual or family levels they overcome their material conditions and reach a different status, if they feel as women and as Dalits they are still treated as lesser they will not feel a sense of complete dignity and humanhood. It will not be a *cholo baduku* (good life, a life with dignity, a human life) if as a community they are discriminated against.

***Case Study1*: The first independent struggle in Kotnekal Village**

Kotnekal village is a big village about 8kms away from Pothnal and has a large women's sangha of about thirty women from the Dalit keri. The incident that was narrated has a background of another protest. In Vonenuru village of the neighbouring Bellary district, a Dalit woman Yerramma was made to undergo a terrible atrocity. She was stripped and paraded naked in the village and beaten till she almost died. The reason was to take revenge for an inter-caste relationship in the village between a young Dalit boy and an upper caste girl. Yerramma was blamed for encouraging it and was attacked.

In Jagrutha Mahila Sangathan this was a news that was disturbing and the women were filled with a sense of rage and hurt. "Something has to be done" everyone felt. So about ten women and karyakartas went to Vonenuru, about 125kms away, to expresses solidarity. They came back and decided to organize a *raasta roko* protest in Pothnal demanding the arrest of the perpetrators. This was a historic moment. It was the first time that women from villages in this region had come out in public spaces to lead a protest. On the decided day, they came. From 15-20 surrounding villages they reached Pothnal and for the first time women across different small sanghas came

together for one cause. They sat at the centre place of Pothnal and sang songs and shouted slogans. They appeared brave but each one of the women and JMS activists recounts how internally they were fighting fear. This was a new act. The tension in the village was palpable. It was a successful protest and the tehsildar came to receive the women's petition. The men and the upper castes in all the nearing region had witnesses something that had shocked them. There was no conflict during the struggle however the looks the women got then and later were menacing. This act filled the women with a sense of courage and a realization of the strength of a collective and women coming together across villages.

A week later, in Kotnekal village the following incident occurred- Nayaka men and women had picked a quarrel over picking of seedlings with Madiga women during paddy transplantation work. When the Madiga women argued back they were verbally abused. On the way back home, three of these Madiga women were carrying fodder. (It is a practice to allow labourers to collect a small amount). On the way a group of men (who had been part of the morning quarrel) from a landed Nayaka caste family stopped them and started abusing them and calling them thieves for stealing fodder. 'The fodder is not from your fields' they replied but the men started manhandling them and continued shouting. The women argued back. The men lashed out and said, "You have all made a sangha and become too big for your own good. We will do to you what they did to Yeramma and strip you and beat you".

The women returned home and were filled with a sense of indignity and injustice. In the night they called a sangha meeting and decided to complain to the police. They came searching for JMS karyakartas but by sheer chance everyone was out of the village and district. They did not give up and decided all of them will sacrifice their work and go together to the Police station at Manvi (12kms away). The group of forty women had to sit outside the station for three days before the police agreed to file the FIR. Three days they sacrificed wages to be able to go as a large group. The feeling of being wronged was common to all of them based on a collective sense of dignity.

***Case Study 2*: Searching for a place to defecate- the struggle in Malkapura village**

It is a common struggle in women's lives in this region to find a space to defecate. Being landless they have no fields of their own to go to and the housing settlement is also crowded with no land to construct toilets. In such situations there is generally some common/government land that women go to or they have no choice but to go in private fields. This is an act which leads to a lot of turmoil. They have to hear threats, abuses which degrade their caste. The women feel extreme

humiliation and frustration about the situation. '*Where* can we go?' they desperately ask. A lack of privacy and decency and having to struggle for a basic need in life, everyday, fills them with a lot of anger.

In Malkapura village the dalit *keri* is extremely cramped with houses huddled close together. The women would use the sides of the main village road for defecation. Big bushes on both sides of the road would provide some semblance of cover and privacy. Then as part of a taluk panchayat road clearing scheme, the bushes were removed. Suddenly, a huge problem had been created; the women had no place to go! Every sangha meeting after this there was no other issue more pressing. This was an everyday humiliation which needed urgent attention. If they went into fields of people from a higher caste they had to face severe abuses and were chased away and if they went on the roads they felt a violation of their being as they were afraid that people could see them. This is yet another example of how caste discrimination and humiliation takes different forms for women (as compared to men) which combined with patriarchy are slower to change and address.

The struggle to get a toilet constructed was very arduous. They approached the Panchayat, taluka panchayat, MLA, Zilla Panchayat- every office possible. The reply was the same- 'show us the land and we will sanction a scheme'. This was a painful irony. Poorest landless women were being asked to provide land. A lack of land and space was the root of the problem! They did not give up. They took up a village road improvement work and laboured as a group. They decided to forego their wages and performed *shramadaan* and collected money. Using this money and after much struggle they managed to buy a plot of land and get a toilet constructed. The entire process took more than a year.

***Case Study 3*: Struggling against annual flooding of the dalit keri**

In Muddanguddi village the Dalit keri is located in a low-lying area and the rain showers every season cause water to collect in the settlement and form a sort of large pond. The entire area is waterlogged and people are living in stagnant water for days. This situation arises partly because of the lack of drainage for the water to flow out. If it were allowed to flow its natural way out it would pass by the upper caste keri and this is something they do not permit. After the situation became really terrible and the water was a breeding ground for mosquitoes the women decided to deal with the matter. They approached all possible authorities and after more than a year of struggle they managed to get a panchayat scheme to clear some scrub and create channels for the water to flow. On the first day of the work the conflict escalated. As the men and women from the Dalit keri started clearing the land, the others in the village protested and got the work stopped.

The tehsildar from Manvi and the police visited but have still not been able to solve the issue. The concept of untouchability takes various forms, here the idea is that even water from the Dalit keri is polluting and should not pass through their settlements!

The two dominant themes emerging from explorations into a collective sense of dignity are that women feel a definite change in the level of fear to ask for their rights or to protest against any injustice. Every single narrative talks of how they feel *dhairya* (Courage) after joining the village Sangha and larger Sangathan. The processes of participation in collective protests, an opportunity to travel outside of one's village (Many of them had not been to even the district town- Raichur), and constant encounters with the state machinery and institutions had broken all sense of fear. This meant that if there was any atrocity over caste, any violence against women and any denial of resource they felt the strength to question it.

"Iga namage kanoon gottagide. Bhaya illa. (Now we know the laws, there is no fear). Earlier if we saw a police man we would run into our homes and dare look at him but now we argue with them Nanage Yakade ne hogaka dhairya ide (I have the courage to go anywhere now, anyplace)"(Lachmamma, 60 yrs, Kharabdinni)

"We did not know what the Sangha meant, we did not know at all. We heard from other women in different villages who had begun. What sangha, we thought. Narasappa(JMS karyakarta) spoke to us and convinced us. 16 of us agreed to join. What is the use? 'Yenu labha?' We had thought but once we joined we just got pulled into it! Things just happened like that. Yeramma's atrocity incident happened and we protested with a road block. It was the first time we sat on a road- 'poorti bhaya ittu' (we were petrified). I remember, Narasappa kept removing our seragu(saree end covering the head)! We started moving around to different places. The Udbal case(another incident of violence- gangrape on a dalit woman in a village 10 kms away from Pothnal) happened and we had a rally. We must do this we felt in our hearts. With the entire process 'Chala bandange aayiti' (we got charged up, a momentum was built). I joined as a health karyakarta. Like others we should also move ahead. We have been behind. We had never had a meeting, we had no exposure, not been to the bank, not been to panchayat meetings. We got addicted! Now I make herbal medicines and the others call us 'doctor'! We get a lot of respect. People from all castes come to us for treatment. Now we are teaching others. We are helping other poor women, and that feels good. I hope to learn more and more! The times I felt I was not a human are many but the main trouble was my 'maava' (brother in law).He has harassed me a lot, especially after my husband passed away. I have survived with my own labour. Did not ask anyone, beg, open my hands out but he has troubled me so much. 'Why are you going there? Whom are you talking to?' he would ask. Now after joining the sangha I do not feel scared. I have not done any wrong, I work hard and live, I will not fear. We are a group now. If anything happens these women will support me. That is our dhairya(courage)."(Lakshmi, 32, Pothnal)

A second point emerging from the narratives about a consciousness of a collective sense of dignity was that there is a strong sense of oneness if acts of discrimination took place. In case of an atrocity on the basis of caste, overnight women could organize themselves across 25 villages

to plan actions in support, solidarity. They called it *Kula Abhimaana* (community- self respect). However, if there was an issue within the community (for eg: violence against a woman by her husband) then the struggle was different and in some respects required greater strength. The women felt that this ability too was increasing. A strong empathy and solidarity exists between the women. They explicitly specify this bond as giving them a feeling of humanhood.

"If a friend does not come for work in the fields for two days then we go and ask her if she is fine and what happened. Generally there is some problem at home and we talk till she gets some peace and drag her back to work the next day...All of us understand her sorrow because it is our experience as well.
Sometimes, we feel down and helpless with our life, there are times we feel like just ending it. Then when another woman comes and asks how we are and how they noticed that we did not come for work, it feels good. We feel we are human and somebody cares about our existence." (FGD's across both villages pointed out this aspect of dignity in social relations)

In this chapter the attempt was to trace the articulations of the women on dignity and what it actually means in their life context. The social construction of dignity included both material aspects as well as a sense of dignity and humanhood in social relations. Striving for dignity definitely was at both levels- individual and collective and the collectivization process that these women have engaged with is itself seen as a means to struggling for dignity. The collective alleviates another aspect of injustice and indignity which is alienation and solitary struggle. Basic rights of life being met is a component of dignity as much as articulations of how they should be met without discrimination. It was interesting to find that in their narratives the linkage between ideas of freedom, equality and dignity did not appear in any contradiction. Both a sense of freedom, autonomy and recognition of the individual as well as equality across communities in terms of access to resources as well as equal recognition in social interactions for the individual as well as at a collective level were found to be essential for dignity. As Phule had conceptualized the need for freedom to fight for equality, the women with their emphasis on struggle for freedom and equality seem to suggest a similar understanding for a life with dignity. It is essentially a collective sense of dignity that breaks any contradiction between freedom and equality. For those experiencing the lowest life in social hierarchies a sense of freedom was first needed to work towards equality and freedom at the individual level did not in any way contradict equality at a collective level. Equality in access and control over resources and equality in humanhood and social relations were in turn necessary for real freedom.

Their struggle for dignity, freedom and equal humanhood is important for all to understand that those who are discriminated against will never give up fighting for their rights. This force to

struggle witnessed in the narratives of the women is coming from a consciousness of equality and justice and cannot be permanently denied by those upholding structures of inequality.

With an understanding of the meanings of dignity in the life of the women in the next chapter we specifically focus on the experience of discrimination and dignity in health service institutions. It is useful to read the narratives and analyses presented there constantly remembering the women's life context and struggles at a broader level.

Chapter Four

Interactions with Public Health Institutions: Understanding Aspects of the Denial of Dignity

"The government hospital is like a police station. There one finds a chain of bribes from the Sub inspector to the DSP and SP, and here the same way the PHC doctor has to bribe the higher doctors up to the DHO. Staff is often not there and it is not open 24 hours, so the Police station and PHC are similar! The only difference is that in a Police Station we may ask a few questions, but in a hospital it is a matter of survival and the strategy is- just follow, don't question. Plus we do not understand the medical terminology. The doctor patient relationship is like the Gowda-Dalit relationship!"(Yellamma, 65 years, Muddanguddi village)

The expression above from Yellamma, an active member of the Muddanguddi Sangha was made as a humorous comment to explain her views and people sitting with us laughed, however, the serious issues that her statement confronts cannot be ignored under the label of jest. One finds that it powerfully conveys important aspects of people's perception of Public Health Institutions. Perceptions of commercialization, lack of a space to dialogue and a definite power equation akin to existing social hierarchies are some of the aspects the statement highlights.

In this Chapter our focus is on people's interactions with the State health services system and their perceptions of the dignity they receive or are denied in these institutions. As outlined in the conceptualization of the enquiry in the first chapter, our premise is that these institutions are located in a social and historical context that reflects inequalities and hierarchies and come to embody these values at different levels. While, they are supposed to be embodying values of equality and freedom, upheld by the State in law, it is their historical location that prevents this from getting actualized. It was in the space of this contradiction that we were interested to explore people's interactions and perceptions of these institutions.

In fact as many studies have shown the social hierarchies based on gender and caste get reflected in the personnel and institutional hierarchies of the health services system (Baru 2005, Qadeer 1985). The analytical task of placing the institutions in a broad historical context and linking it to issues of political economy of health services development in India was done by Banerji (1982) when he evolved the dynamic concept of health culture[24]. This idea completely overturned the

[24] The health culture concept includes cultural perception of health problems, their cultural meaning and cultural response to these both in terms of formation of institutions to address these as well as actual behaviour. Therefore institutional arrangements, responsiveness and culture and people's health behaviour

then dominant trend to blame people's ignorance and lack of awareness as the cause of non utilization of services and instead shifted the focus to the functioning and responsiveness of the Health services system. It was the weakness of the institutional arrangements that played a role in treatment seeking. Patients *were* actively seeking care and often were denied or given care, which was far from adequate (Banerji and Anderson, 1963)[25]. The people's 'resistance to change' thesis was questioned by studies that showed there existed a 'felt need' for health services and it was the nature of services, the social context and conditions of poverty that were the impediments to access and utilization. Banerji's study (1973) on rural health seeking behaviour and people's perception of primary health care services, analyses of Zurbrigg (1984) as well as Djurfeldt and Lindberg's (1975) studies on treatment seeking behaviour under conditions of poverty and social biases of the health services, are illustrative examples.

Reasons for the poor utilization of the Public Health system have been documented by a large number of studies focusing largely on the tangible aspects such as distance from institutions, overcrowding, lack of medicines, irregular presence of doctors etc. Some studies have dealt with intangible aspects such as discriminatory behaviour of staff, distance from the health workers etc but the bulk of the studies focused on the concrete aspects of availability of services. While studying the perception of dignity attained or denied in Public Health institutions this research enquiry, felt the need to focus on the more intangible aspects of responsiveness. A feeling of differential treatment on the basis of any structural factor such as class or caste leads to a sense that the dignity of the human person is being denied by the institution. It was this aspect that the research focused on while looking at dignity in interactions between the institution and people.

This chapter is based on interviews specifically focusing on aspects of interaction as well as treatment narratives that bring out the struggle for seeking care and relief from suffering that people undergo. It is important to read the perceptions here within the context of a larger striving for dignity in life outlined in chapter three. Discrimination and exploitation due to a context of feudal caste and gender systems is contested by the women from the Dalit community in their lives through a consciousness of equality and humanhood. They are conscious of their identity as women and as Dalits as these are the forces which they battle with, for survival at the level of

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are interacting elements . Further the ecological background, cultural, economic and social setting and political spectrum are also included.(Banerji, 1982)

[25] The National Tuberculosis Institute study on awareness and behaviour of TB cases (Banerji & Andersen '63) showed that about 50% of tuberculosis cases were seeking treatment but it was not being effectively delivered and this did not encourage others to come for medical care.

every day existence. Therefore it is these experiences of discrimination and a perception of being treated differently that they carry with them to the space of a Public Health institution. They encounter subtle forms of discrimination and a denial of dignity here as well. Therefore, these perceptions on the institution are best understood in the context of people's social and historical experience.

Our focus is – what in people's perception is the construction of their person by the institution? How do they negotiate these spaces and what is their expectation from these institutions in terms of construction of dignity? A feeling of getting dignity would imply creation of trust in the institution and a perception of responsiveness which facilitates access. It is this chain which makes exploring perceptions of interactions with dignity at its fulcrum, important.

In this chapter we first look at people's perceptions of being treated as different based on caste and class and changes in this perception over time. We try and understand how the identity of being poor and the perception people have of the institution interact. We specifically look at women's encounters with the family planning programme and focus on the indignity of the language used in motivation speeches. The actual process of negotiation of these institutions and accessing care is looked at to understand the strategies people apply. Finally in the concluding section of the chapter we again focus on the identity and reality of belonging to a poor economic class and how this is linked to the nature of the services system - whether it is universal or dual and whether tangible elements are met.

Perceptions of Differential Treatment:

There is a clear perception of differential treatment across economic and social groups. It is interesting to note that earlier experiences of caste based overt discrimination in health services exist in people's collective memories and they recount many examples. However there is also an acknowledgement of decline and change in this caste differentiation as well as a clear shift now in feeling a greater sense of class based differentials in the health institutions.

The Primary Health Centre at the village level is an institution where the role played by a single Medical Officer changes the character of the institution and the culture and responsiveness it reflects. Everybody gives examples of Mahalingappa doctor and how in his time things were so good. People recall how, he did not discriminate between patients, spoke with respect and was skilled as a doctor. During his tenure the PHC was running well. Now he is with the District Hospital in Raichur and people from Pothnal and surrounding villages continue to go to him in

Raichur for more serious matters. He also has a thriving private practice in Raichur where many of the people from the study region go. On the other hand examples of casteism practiced by Rajeshwari doctor during her tenure also abound. The PHC would be empty- completely empty, people recall. "Dogs would be sleeping on her table. Nobody went to her."(Pothnal FGD)
Rajeshwari Doctor would not touch patients while examining them and people feel this was because of differential treatment on the basis of caste.

"Why don't you touch us, why have you become a doctor if you are going to treat people like this? It was some of us women from the Dalit keri who raised the issue and fought with her. Why do you pick a fight? Others warned us. She will give you some poisonous injection they said. People here are afraid to ask questions to a doctor, they feel- Only when you have had enough of life, should you question a doctor. She was a Lingayat. Why don't you touch us we had asked her. She had argued back-Why if I touch you will I get extra insight about what is wrong with you? Yes you will get a different diagnosis, we had replied" (Huligamma, 35 years, Pothnal)

Another woman from a more remote village, where she stayed prior to her wedding recounts discrimination -
"When I was a small girl I remember a Brahmin RMP doctor would be called to our village. If they (upper caste families) would call him, he would just go. If we needed him, then someone would go to bring him, holds his bag and get him. These were the expectations because of caste. Now the doctors, private or sarkaari touch us. Earlier even touching was a problem. They would think twice. When we asked questions regarding pathya(diet restrictions) the doctor would say, what should we tell you, you who eat dhana(beef). This still happens in more rural parts to some extent." (Ningmma, 38yrs, Pothnal)

In fact narratives of the older women mention how people from the Dalit communities would wait for hours outside the PHC and let all others go in before them. Finally in the end they would seek their turn to see the doctor. An FGD with women from the Lingayat community (dominant caste group) also informed us of this practice. An old women explained-

"If the big dhani (rich Gowda landlord, zamindaar) or saahukaar is there at the PHC, we let them go in first. We give them the chance. Those lesser than us-Madar, Byagaar, give us the chance to go in before them. It is a sampradaya- tradition."(Gangamma., 75 yrs, Pothnal)

It is important to understand that the perception of being treated differently on the basis of caste has witnessed change but continues to exist. Only now it merges and overlaps with class based differentials. Heightened commercialization in the government health set up, corruption and bribery are high and people are convinced that without money one can not get decent care. The feeling is that doctors and other staff make an assessment of the patients' economic capability and possible profits they can extract. How do they assess the economic worth of a person? Here is where the caste- class overlap occurs. Women explain how it is their social worth which helps the doctor judge their economic worth. People feel that feudal values are still present at the core of people's hearts and get reflected in our body language and speech in subtle ways.

"...Raktagatadakeshi kelsa madutava"(They operate as if from inside one's blood vessels)
When people go to government hospitals, the doctors ask them questions like their name and village and just with that and the language we use they can tell which caste the person belongs to. Then the doctor makes an assessment of the possible profit and treats accordingly." (Chenamma,Muddanguddi)

"During delivery time the language used also differs- Poor, Dalit women are scolded- don't you have any shame? Why have so many children? Like you did not have enough?"(Mary,35 years)

Also harsh statements like *"don't shout, don't cry now, when you were sleeping with your husband you didn't scream, now don't scream(Durgamma,Pothnal)"* are made by staff assisting during the delivery. But no such language and talk is heard for rich or upper caste patients.

"If two delivery cases have come to the hospital- one of a Brahmin and one of a Madiga, the treatment is different. It is the way of talking that changes. For a richer person the tone is respectful- yen ri? The suffix ri is attatched. For poorer patients it is- tyaachaar- indifference. If the woman is about to deliver we have to go call the Dayamma- come, see- nod ri, nod ri. But for them, they don't have to be called."(Huligamma,35, Potnal)

It is important to note that when women spoke of differential treatment they often clubbed terms meaning poor and dalit together or rich and gowda together. Differences were observed in language used by health services staff, as well as quality of care, attention and time given across caste and class.

Across villages and across gender one found that everybody felt that money was what worked in the government set up. Those with money were given time and more importantly information and good services ie: services that would actually bring relief and cure. Those with money would be given good medicines. Those who were poor and could not pay the doctor / staff ,would be sidelined.

"When do they ever treat us poor well? Rokka Mukhya- money is prime. We feel they don't see us (examine) properly. There is a sense of hurry. Which is water, which is a medicine, what do we know? Come, Go, Next they(the doctor) say."(Muddanguddi FGD)

" There is a difference in treatment at the PHC with regard to ways of talking and behaviour. Looking at our clothes, appearance and speech we are classified as poor, lesser, illiterate and treated differently. They send us away fast and speak in a loud and somewhat harsh manner.
My son was unwell sometime back. He had a problem urinating and his entire body was swollen. But the doctor did not examine him properly, did not use the stethoscope (digri) just looked at him from the top and gave an injection and four tablets. That is it. In this set up this is how it is- if

the medicines work- well and good, if not go somewhere else. It is a chance and a risk that we take."(Kariappa, 36years, Muddanguddi)

The above narrative reflects a helplessness and frustration regarding the lack of accountability and lack of information given to the patient in a PHC set up. Like Kariappa's statement above a lot of the narratives expressed discontent with this lack of engagement, involvement and dialogue. To use the PHC, seemed like a hit or miss scenario or a *chance* or *risk* as they called it. People were very disturbed about the level of information they received from the doctor and linked this to their economic status as well as educational status. That the doctor would not tell them properly what was the problem and that they could not ask any questions was a point of major concern. In this context many of them voiced how in comparison the private doctors that they went to at least told them what the diagnosis was. They were clear that this is because the private practitioner gets paid by them but nonetheless they felt the private sector workers gave them slightly more respect and definitely a little more time.

It is interesting to note a lack of trust in the PHC care and a feeling that trust as well as dignity in the PHC can only be attained if one could purchase it. On the other hand there are a number of private practitioners in Pothnal village- six and this includes three who have been practicing for more than 15-20 years. They have managed to build relations with people and the level of trust in them is often quite high. One of the most popular ones is Dr. Ambreya, a Brahmin and everyone calls him *Thatha(which means priest)*. He does not hold an MBBS degree but practices in allopathy. The minimum number of injections he gives for any patient with any ailment is between 5-9 and the charges are rupees 10 per injection. He even sometimes performs some *mantra* and ties a *tabeez* for patients. It is a custom to touch his feet after the consultation. So one finds here that caste based relations operate and he is considered to be like a priest however charges are hefty and people believe they get good quality attention as well as medicine. It is interesting to note how as a response to irrational drug practices, in the private sector the response of the State services in the region has not been to address this in a positive way. Instead they too inject for any problem and a lack of drug supplies does not deter them. They purchase injectible drugs and use them at the PHC's and charge money for these from patients. Further perpetuating the perception that only if one pays does one get good medicines.

It is important to note that women feel a sense of a further barrier in communication and dialogue with the doctor at the PHC level. In any case access to care for their own ill health is conditioned by a range of other economic and social factors and one found a clear acknowledgement of the

fact that they delay or wait longer to access care for themselves compared to for their child or husband. Expenses on health are covered by women who are primarily the wage earners however the control of economic resources not being in their hands they feel a stinging pain when an account of money spent on them is kept by their husbands and vocalized from time to time. Once they do access care they find the lack of attention and the rude and superior attitude of the institution adding to a further sense of unease. They perceive that the doctors treat them with contempt and as if they are lacking in intelligence. Statements like "what do we tell you now?" "Whatever we say you do not understand" and the like are more commonly vented on women.
In the next sub section we explore how the PHC interaction occurs with women through the FP programme and how caste and gender operate together.

Encounters with the Family Planning Programme:

The Health Services System in our country has seen a prominent and at times all consuming place given to the family planning programme at the policy, finance and ground levels. A major part of the work at the village level general health services is to implement this activity. In women's life course one finds a definite encounter with the PHC through the family planning programme. Through the interviews one had found a clear perceived felt need for this programme and essentially the tubectomy surgery that it offered. It is important to state that the programme though in policy is supposed to offer a set of options for birth control and planning, in practice is solely focused on sterilization operations for women in large groups or what the staff of the PHC call 'camps'. It is years of momentum built through coercive means, incentives and unwavering focus by PHC workers that has made it a very accepted programme in the minds of the people. The common question women ask each other after child birth is "Have you got the operation done?" The decision to get the 'operation' done often involves conflict at home with the husband and parents in-law, however this is not a rule. What one is trying to stress is that the women do perceive this process as a freeing one which brings tremendous relief- mental and physical. Though it is a binding perception to also feel a rise in morbidity post operation, this seems to be a no choice situation and they accept a lot of the pain involved as something which is part of the parcel. So a sense of struggle to convince elders and a sense of choice is coupled with a silenced sense of no choice as well. The process involves many aspects where a sense of differential treatment is heightened but they still go through with it for the lack of better alternatives. The entire process can actually be summarized as an experience where women perceive their treatment to be like animals.

The women expressed how Family planning motivation speeches were very derogatory and hurtful. There was a clear perception that the way the health workers and doctors talked to them and to those who were richer and from upper castes was different. Statements like-
"Handi iddanga haditira, katte, nai iddanga haditira?" (You give birth like pigs? You produce like donkeys and dogs.) were commonly heard in their keri. The same person convincing in an upper caste *keri* would say- *ishtyaak ri?* (Why so many ri?- adding 'ri' , a sweet respectful ending.) They termed the tone and language to a rich household as *'Niddansankat'*(which means polite, slow and sweet), and *'nice maat'*- nice talk or polished and sweet, without anger. On the other hand their perception of treatment meted out to them was again described with the word- *tyaachaar* (treated with contempt, talked to as lesser, as dirt and treated with indifference)[26]

A sharp analysis of this language and way of speech was made during the interview of Narasappa, a Dalit Movement member and former karyakarta with the JMS . He said that the language used is one of domination. He pointed out that in speeches at the village level or even larger public speeches it is the Dalit community which is targeted as the cause of the rising population. *"Tappu Madavaru neeve-* you are the ones who have made the mistake", is the expression and meaning in their talk. "If they want to blame and scold someone, they do it on our people. They shout and say- Give birth like goats and dogs, 8-10, now see you have become so weak. Now you have finally come, whatever we tell you, you people are the same." He explained that it is as if they are considered- *aparaadhi* or criminal.

During the period of the fieldwork, one had the opportunity to witness and observe one of these camps held at the Pothnal PHC. There was quite a crowd and things seemed chaotic. However, each ANM was responsible for the patients she had managed to get from her area so the women had someone they could keep getting information from. People were all over the PHC, in the corridors and on the floors in every room. The PHC peon Yellamma who has been working there for the last twelve years recounted how this FP work is still the priority but the pressure that is put on people has changed over the years.
"I have had my salary withheld for two months in earlier times, because I could not find cases and fill the target. Earlier all sorts of incentives and even false promises would be given to people to get them to the camps but now all that has improved."

[26] This section is from the text of the Potnal Snagha Women's FGD

However, in the interview with the ANM at Kharabdinni, she had expressed anguish in her work because of this pressure to fill FP targets. Each ANM is given a target of 40 cases for a year and she often would manage 30-32 and was reprimanded by the PHC doctor for this.

At the camp women that one spoke to expressed how everyone talks very sweetly until the operation is completed and after that there is a shift. The doctor to perform the surgeries was coming from Raichur and always arrived at night. This was a point of frustration for the women as they would all be extremely tired waiting for the procedure the entire day. Most of them had babies that were 1-2 months old and so they would bring the child along to this crowd and keep waiting. Speaking to people across generations one saw that women now had to buy certain equipment and medicines needed per case from outside. Older women recounted how in their time the PHC provided everything. The difference in interaction and language in the motivation speeches was mentioned above however during the actual camp one found similar treatment towards all patients. A number system was in place and people got their chance according to the number allotted and not based on caste/class factors. However, they expressed how they felt like a part of a herd of animals.

"I was quite scared at the time of the operation. They gave an injection for anesthesia but I did not fall asleep at all. We had been told that from those who look strong, they remove one- one bottle of blood while the operation is going on. So I didn't let them touch me anywhere else. During the camps there is no differential treatment. All are like cattle! We know it is going to be like that but we go in for it on our own."(Huligamma, 35 yrs, Pothnal)

Chennamma, from Muddanguddi village is an active and involved member of the JMS Collective and was keen to tell her story regarding the Family Planning Operation. She started from the time she felt she needed to get it done and traces how she finally did. In the process her life context of poverty and desperate struggles to preserve health get reflected.

"I was ready to get an operation (tubectomy) done after Navinappa, my three year old son passed away. That was when my being felt a lot of pain. Sadness and worry had affected me deeply. He was not well, had a severe cough, and I took him to Basavaraj Doctor(private practitioner in Pothnal- 4 kms away from her village). We would spend about 100 rupees every day on the tube (injection). I pawned my gold in a shop and took him to Patil private hospital in Sindhannor(25kms away). We spent 1000 rupees. He got better and I started going for work. Then the harvesting season came and I went to my parents' village- Tuggaldinni. We get opportunity for Kana (collecting grain after labouring in fields of the landed) there. I took Navinappa along. He got measles there. We got injections put. He just would not eat and got weaker. We even bought fruits and tried. Finally his tongue became black. I made some ganji(rice gruel), he did not have it. His eyes started rolling up and I could not control my sorrow. I just started crying. People took warm ash from the hearth and started rubbing his body. He passed away. From then on I got this Chinti(worry) and was at home all the time. People scolded me. I could not eat one roti. I would carry 2 rotis to the field and could not finish even one. Then as a

vent to my sorrow I started working like crazy. Collected a lot of grain through Kana and leki- 10 bags.
Then I got pregnant again and this time soon after the delivery the child died. It was a girl. She had a hole in her heart. Then I decided to get the operation done. My husband said no way. But my mother scolded him and asked how much land have you won?
I got it done at Kavithal PHC. Itwas not good. They don't care for us. Nammana keel madtara- they treat us as lesser. There were hundreds of people, my number was 23.We reached in the morning. They conducted a penicillin test, and checked my BP. We were told to eat some bread with tea, nothing else. With so many people to examine, each one gets only a few seconds. The Doctor for such camps always comes late at night. He came by 9 P.M. from Raichur. We were so sick and tired and exhausted by then. From morning we had been waiting. We asked the staff why the doctor had not come and what we should do. The doctor has a lot of work to finish they retorted. We fell silent. Then he came in the night and performed all night. After about 5-10 people had gone in my fear started rising. Don't be scared the dayamma(ANM) told me. By the time my turn came, my eyes were cloudy. Finally I summoned some courage and told myself I am prepared for whatever happens. Whether I live or die I am in their hands now. The doctor scolded me, mayi sode bud- loosen your body. I felt very bad. They inserted the needle in and I felt it move inside and pull. It was very painful. After it was over and I started walking, I felt weak and fell to the ground. I was sweating and lifeless and everything hurt. My mother was watching from outside but they would not let her in. Finally my brother's wife pushed her way in and helped me lie down and fanned me. In two rooms we were 100's of us. As you feel better, get up and go out to the outside room they were shouting. Finally I got up and went out. I had pain all night. It felt like the rising of a scorpion bite. Once they do the operation they tell you to move out, shove you away. Madidre, bisakidre- They do it and then throw you away. No one can take care because there are so many people.
Beedhi naayi kinta atat madi bidtare. Naayige maryade irutade, namma hennamakkal ge illa. (They treat us worse than a stray homeless dog. The dog has dignity but we women do not.)

Negotiating the Health Services System:

In this section one is trying to look at how women manage or negotiate for care in these Public Health institutions. One has looked at their experiences and perception of differential treatment, and now the focus is to see how they access care, with this feeling of being treated as lesser. Before an analysis of their strategies, there are two broad findings that one must state as part of the negotiation process-

1. Getting health care for these women who subsist on agricultural labour is a struggle. Surviving, saving children, getting medicines and getting treated- each step is a struggle. A large part of their earnings is spent on health care seeking and they often are pushed into indebtedness and further impoverishment because of expenditure on health. The examples of people who have to bring their family member or child back because they can not afford the treatment anymore are plenty. In more serious and chronic ailments which need tertiary level care one finds a greater sense of distance and just pure lack of money forces many to have to finally just watch their loved ones die. Not being able to afford care and therefore being denied health is a direct assault on ones

dignity. To know that treatment exists, but is too expensive and therefore to feel immense helplessness is a process of indignity.

"To take a sick child home is truly to know how poor you are."(Tibandige and Mackintosh 2005)

The above statement is from Tibandige and Mackintosh's analysis of 'trust' in health care seeking in Tanzania where market transactions in health were high and people's capability to claim decent health care was highly income and price constrained. "Exclusion and mistreatment at health care facilities were a core element of poverty as it was lived. If you have no money, nobody cares for you and you may die."

They assert that health care transactions are linked to a capability based view of poverty. A distinction is made between health care access-1. as an input to a valued functioning- being as healthy as possible and 2. as a valued capability in its own right: to be someone with the ability to claim decent care and treatment when needed. People's capability sets are the active options they have to be and to do; it follows that exclusion from access to health care is a severe form of social marginalization as well as a route to loss of valued functionings (Tibandige and Mackintosh 2005)

This article on Trust in people's interactions with the health care system were useful as they reflect a reality which is very true for the Indian context as well and because an analysis of Trust in relationships is parallel and complementary to an analysis of dignity in relationships. Trust and dignity are in a reciprocal relationship- mutually reinforcing complementary concepts that relate with responsiveness of the health services system. In our study area the loss of capability 'to be' someone who can access decent health care is a loss of a feeling of humanhood. To struggle and move from pillar to post in search of care and to realize you will have to give up is a feeling that gives one a sense of low self worth and social worth.

2. The second aspect of accessing health care is that people often move between multiple facilities, public and private and are quite resource less and further economically marginalized before the illness is cured. Following this chain of health seeking efforts leads one to understand the pathways of exclusion. One form of exclusion is on the basis of mistreatment and differential treatment (on the basis of caste or class) in public facilities which forces people to search for care in private spheres. The other is exclusion resulting from impoverishment in market transactions of health in the private sector which forces one to either come back to the public sector and face the exclusion there or just not have care. So the private sector which seems to at some level offer a

bargaining power to purchase dignity in treatment does this only as long as the resources last. The next minute one is excluded from here. One is discussing this as we had conceptualized exclusion to be an expression of denial of dignity; therefore it is important to note how it occurs.

"Very complicated diseases don't reduce with government hospital treatment. In private clinics because of their greed of money, we get a little better care by the doctors. But if here also we can't get all right and run out of money- susti namma rokka :niti meeri horde (if our illness crosses beyond the limits of our money) we are back to the sarkaar dawakhana. Then we either survive or die there. For small sicknesses we go to private places(Rs 50-150/-) For more complicated problems that recur and expenses are also recurring- we go to the government hospital and of course for in patient care also we have to go to the government hospital."(Muddanguddi FGD)

We look at a treatment narrative of Parvathamma, a single devadasi woman, who struggled to get care for her daughter Shivgangamma who was affected with some neurological disorders and paralysed. Her narrative reflects some of the issues stated above- impoverishment in the process, multiple care options or 'moving between facilities' and finally managing access to care in a tertiary hospital with help from the sangha activists. The family had given up completely after months of struggle and it is only by chance that workers of JMS heard about the situation and helped at the right time. The narrative shows the mystification of medical technology. It also shows how a lack of any prior information instills fear in people's minds.

"When ShivGangamma fell sick we incurred a lot of expenses. I pawned my gold, took a loan from the sangha and sold my buffalo. She got fever first, then her left side got affected and sort of pralysed. She stopped talking. I took her to Thata's hospital(a private practioner inPothnal-4 kms away) and this went on for about six months. There was no improvement. Then we took her to a private hospital in Sindhanoor(25 kms away), it was no use. Then we tried herbal medicines through someone who stays in Sirwar(40kms away). For three Sundays we gave her the medicine there and each time we spent about 600 Rs. By then around 5000Rs had been spent. She got weaker .We got her home and thought she is dying. Finally when you people working with the Sanghathan learnt of this situation , you told me to take her to OPEC Hospital in Raichur.(This is a specialty hospital which is a public private partnership and care for people below the poverty line is supposed to be free). Devaputra (karyakarta with JMS) came with us and we got her admitted. Then he left. They took her to a different room to check her brain. There was no one there, only two men. They made her lie down and made me wear a coat and stand. I started crying. The machine took my daughter inside. I got so scared, we had no idea at all regarding what was happening. All sorts of fears were there about this hospital- I had heard that they inject poison. If the heart and other organs are good they remove them. In fact when the doctor said she has a healthy body I got petrified. My feet and hands went cold. I was sure they would remove some organs. They gave us free treatment but if Devaputra had not come at the time of admission, it might not have worked out. They would have been indifferent (tyachaar). After 8 days, the doctor wrote a letter asking us to leave. It was six in the evening. I thought how should I leave now from Raichur, so late. I called the Sangha office. Premdas (karyakarta) managed to speak to the doctor and requested him to let us stay at night. That's how these doctors are, anytime they

can send you away. She is better now. But I can not forget how scared I was through it all."(Parvathamma, 28years,Amareshwara camp)

The striving for health care with dignity implies a struggle to first of all manage to get it, then manage to get it of a decent quality and to manage to get it with respect. There are different ways in which people negotiate this process. We explore the use of money, contacts and ways of negotiating through speech.

As mentioned earlier the one way of negotiating for dignity is through payments to staff at various levels in the State health services system. Commercialization and corruption have led to an accepted system of bribes and payments and a feeling that if one does not pay a small amount to the PHC doctor, he will not give care with quality or respect. Treatment of those who are richer is different – they get time, attention and information all in a manner which is kind and respectful. Therefore the poorest also try to place some money in the hands of the doctor.

Poor women often get scolded thoroughly by the doctors if they delay treatment seeking or if they do not take the full course of medicines. However, it is rare for women to voice that they have delayed treatment seeking because they did not have money. They try to hide their poverty. i.e.: they are negotiating the interaction with money and if they have come again, they have managed to come with some more, and so on that basis they want better care. There is a perception that more money means better care so they hide their poverty. This is a clear fallout of differential treatment on the basis of class.

The other way of negotiating the health services or one can say to overcome the perceived lack of quality care given to them because of their caste/class status is through the use of contacts. It is good to take someone who is better educated in the community with them to the health institution. The doctor then speaks well and gives more information. There is a perception that those with a school/college education speak more polished Kannadda and sometimes even English and also they dress differently and this earns them a slightly higher sense of affiliation with the doctor and they get better attention. Therefore it helps to take such a person along. They also often take the Jagrutha Mahila Sangathan (JMS) collective activists along or reach out for support from community members who are active in the Dalit Sangharsh Samiti. Any relative who is in politics or in a government job also helps.

"Having some connection helps a lot. Especially at tertiary levels. Or else at District level (public or private) places we would be lost." Durgamma related the story of how for her husbands throat operation they sold goats and went to a district hospital with 8000 Rupees. The staff had made us

sit out and on the floor but when M Eeranna a political figure in Raichur entered (we are distantly related) they treated us well, got us a bed. It is better to take someone educated along. If not we have to bank on explaining our situation. "If you can't afford it why have you come", they bark back. "Sit outside." Then sometimes they call us after 4- 5 patients.

The third way of negotiating for care is through use of certain ways of talking- either to beg or to claim as a right. The women explained how if they did not have any money then the only way out was to try and explain how difficult their situation is and hope for some kindness. "We bow down with folded hands in desperation and ask for their favour, daya madi nod ri (please have mercy) we say and some of them do treat us then. Things are so difficult we feel helpless and plead. What to do?"(Susheelamma, Muddanguddi)

On the other hand increasingly a lot of women in the collective also negotiate for dignified health care by claiming it as a right. There is a consciousness of health as a right and an awareness regarding services in the PHC they are entitled to and that services have to be free. These women feel a sense of courage as they belong to the Sangathan and ask boldly for their rights. They don't leave the doctors room quickly and instead ask questions and find out what he thinks of the patient's problem.

Mary Danappa who works as an Anganwadi worker and has also been President of the Anganwadi Workers Union recounts how in PHC's differential treatment exists on the basis of class and in anganwadis often caste comes to play. She herself belongs to the Dalit community and expresses pain to see other workers often separating plates for Dalit children but these days one sees a change. Now women often speak up and ask for their rights, they question –*"is this the way your government has asked you to treat us? Why do you not give us medicines? Etc"*

Women from the Pothnal Sangha are divided on their opinion on the PHC. Those who use it and find it effective are the ones who claim services as a right and do not offer to pay.

"Jaati is there in their hearts. They treat us poor indifferently, but some of us go in a fearless and determined to get care. In their hearts they must be calling us beriki-cunning and saying we have become too 'big'! When the big higher ups come for meetings, they must be discussing with the doctor how these Madiga women have become so vocal!"(Lakshmi, Huligamma, Pothnal)

A case study from the life of Amritamma, who is a widow and is single handedly bringing up five children illustrates the struggles to negotiate for care and care with dignity.

"With getting treatment for Anandappa we had a lot of pain. He said he had some wound. I took him to the PHC. The doctor spoke well. He said it looks like piles and needs an operation and that we should go to Manvi. How can such a young child can get piles I asked. He spoke well but as usual very fast. One does not feel samadhaan- satisfaction/peace. If you are dodda jaati(big caste) and have dodda duddu(big money)- they spend more time. Avarige maryade

kottu madtare. Ondu eudu maat nalli mugisu kalis bidtare. Avarige ella vivarsi heltare- They speak to them with respect. Us they send away after one or two sentences. They are told everything in detail.
Then I took him to Basavaraj doctor- there also no maryade-respect. If they know you are poorti badavaru(totally poor)- you get no maryada. Money works. Basavaraj doctor asked us to put a tube for 110 rupees per day. It had no effect and the problem just increased. The doctor screamed at us. I told you to take him to Sindhanoor he said. I was shocked and I said, you were the one who said you would try and reduce the wound, you should have been clear. He screamed. Why does he talk like this, I thought. He had just changed the story. Then we were asked to apply Madugunike leaves by Chandramma's mother.We put the leaves on the wound. Lot of pus came out, kanda kanda(flesh) came out. There was a huge hole there now. Then Mangamma Mudiki put castor oil and dressed it. Anandappa went to shit, and could not. Came back crying, with lot of traas- suffering. Everyone had said it will get better but now he could not walk. We put some Sadaabhaar flower malham. For 10 days I did not go for work. Then the sangha office people told me to take him to Raichur. People had said, go to Basavraju, govt hosp does not have proper medicines..i madea mistake. Then we took a jeep and went to OPEC hospital. "You need a ration card, need this, need that, we wont see such problems", the hospital staff said. It is such a big hospital but we got no gaurava there. Would not let us enter also. Go sit outside they said. I felt so much pain and thought why did I come here. Then we went to the district hospital. The doctor, some Swami, he said he will see him. We were put out in the corridor, they put one bed and put us there. Then the doctor would not talk to us at all. Maybe because we did not give money? Then we went to the head nurse. We said, since last night we are here but no body is here, doctor has not seen us even once. Yesa (her nephew who is active in a youth group) told the sangha people(DSS). Till then one nurse had come to see him and she had injected hard like a dhanaa(cattle) and that is it. DSS people came and inquired- from yesterday our boy is here, no one has seen him. The doctor came out, and asked which village we were from? Don't act to big, by calling the DSS? the doctor screamed at me. You have not even glanced at us, I said. Go from here, I will not see your patient. It will take three months to heal, but I will not see. I felt very sad, why did I come here at all I thought .To such a big hospital we have come only to get bitten by mosquitoes. Lets just go back to Pothnal I thought. I called the JMS office. In this hospital if one asks anything they scream. If we just ask if the doctor has come, they scream. "You are the only one asking questions, showing us law." So many patients around us were left lying like that only. No one asks- teggi baggi only they ask. Lets go back to OPEC we decided. I ill take three months, "Whenever I want I will come, you better not ask" the doctor had said. Complete neglect- Poora Tyaachaar we felt there. Like Kuri-goats we were thrown all over. It is like that only in govt hosp. If the doctor talks well, half the illness goes. Why can't they spend a minute with a person? Why have they become doctors? Zilla hospital is terrible. How they treat the rich, i don't know but poor people are treated like dirt. Then we came back to OPEC. The district hospital doctor had written on the discharge sheet that there is no problem and these people are creating trouble. I sat crying. What is the point to come to a big hospital, so far away. Should have just shown him in Pothnal. At OPEC they did not let us in, or admit us. Young boys with us got angry. Took him to the emergency section, and got a dressing done. If you sleep here it is 2000 rupees per night, the staff told us. Then we came out with him. Slept outside. Then Devaputra (JMS activist) came back and fought with the district hospital Doctor. "Yes, I wrote that on the discharge slip because you people talked back to me" the doctor said. Then we got the ration card- his age was written as 10 years, he is about 17. So then went to the Manvi Tehsil office, got that corrected. It took three days to arrange all this. Two days we slept out. Then they put us on a bed. No one would come, no doctor. Sisters would come. The doctor will come we were told. Then he came and said we need a blood test. Here whatever you do, money is 'mukhya'. If you are a BPL patient no one is going to care for you. Money works here. They dressed him for two days. Then they said go, its all done, go to the Dt hosp. I thought we have

fought and come from there, now where do I take him. I felt so much grief and helpless ness, kept phoning JMS, did not get line. Just cried a lot. No food, no water, just sat crying. Then Neju (JMS activist) came. The OPEC staff had said "Pay money – 1500 and go". I had no money. Don't go till I come Neju had said. The sister and doctor kept coming and saying nadi ri, hogi bud ri--go go, leave. Pay and go. I said we will not go till our person comes. Go out and sit they said. We will not sit out I said. When Neju came, they made him sit and talked so much.. Us they had treated like a dog. Because he talked in english they spoke well. In their eyes we look crude and lesser, unsophisticated- mota manushyaru. Women are anway given lesser gaurav...men they talk to a bit more. Then they gave us some medicines. They had got the blood tested that day. I had gone up to the doctor and asked- why are you doing this? Saying go go? What has happened? The doctor had said, "How it has happened we don't know but he has AIDS." Before Neju came I had been told this. The doctor while examining had mentioned -this is a disease that has no cure. So I asked and he told me. By the time Neju came I was drowned in grief. I think they did not want such a patient in their hospital and so kept telling us to leave. What should I do now?"(Amritamma, Pothnal)

In the next section we make some brief comments on people's overall perception of the health services system. It is interesting to observe how a feeling of being differentially treated and discriminated because of class links with general perceptions of the institution at a larger level.

Universality and Dignity-

The Indian health services system in its various policy statements, especially after the Alma Ata Conference (1978) on the concept of Primary Health Care, declared a commitment to the value or tenet of universality of health services. However, this was never the case and the private health sector in the country has grown parallel. In the current neo liberal context one is witnessing a further marginalisation of the State or Public Health Services and the health sector reforms have led to an increased selectivity in the package of care provided. Till now the rhetoric spoke of universality but with the new policies the duality in the health services (Patnaik 1999) is legitimately accepted. On the ground level, how do people experience and perceive this dual system?

It is interesting to note that people are acutely aware of this dual system and view it as a duality based on class. Therefore, the perception is that, the public health services are meant for the poor and the rich would use the more expensive and 'advanced' private services. This perception of the public services being of low quality because they are meant for the poor is based on their experiences with it and a lack of quality in terms of basic services being provided. The *experience* of a dual system of care- one for the rich and one for the poor- private expensive care affordable by the rich and government PHC's meant for the poor- is seen as a lack of dignity. This

differentiation is felt by people and this shapes their perceptions regarding state health services. This is definitely an area of further research to see how larger policy perspectives are felt and experienced at the ground level. In this research context it was clear that they felt a lack of universality as an indicator of the services being lower, meant for the poor who were not equal in worth and humanhood to the rich. This was a factor that obstructed the institution to be perceived as embodying dignity.

As an example of a similar insight from a different context we gain from Russell (2005) study on 'Trust' in health care institutions in Sri Lanka. He writes that Sri Lanka over the last seventy years has systematically invested in the Public health services and the universality of care is a prime reason for fostering trust in the institution. He writes that, trust in public services is linked to a powerful discourse in Sri Lankan society that looks at the State as a provider of universal health care provision, free at the point of delivery and this gives it accountability. Universal provision seems to be the foundation of public trust in State. Trust –responsiveness and dignity are closely linked and what one is trying to say through the perceptions of the women in Raichur belonging to the poorest communities is that a dual system or a no universal system is viewed as an indignity and breaks trust formation.

Intangible and Tangible Elements to be understood as Interacting:

This perception is actually generated as they perceive the institution as poor because it is for the poor because tangible elements are not met. Doctors not being present and most importantly medicines not being available was a concern that was voiced across villages. The fact that they were asked to purchase medicines from outside chemist shops and that often basic drugs would be in a short supply and often the stock was expired was a complaint and frustration expressed by many. This lack in a tangible aspect led to a perception on the intangible elements of responsiveness. This reinforces *the need* to *see both intangible and tangible elements of responsiveness together.* The intangible aspect of perceiving dignity in the institutuion is linked to people's evaluation of the tangible elements. Baru (2005) writes that, a number of studies have looked at reasons for the sub optimal functioning of Public health institutions and the unresponsive behaviour of the personnel. Some of the reasons identified are inadequate investments, drug supply, manpower and infrastructural inputs. These constitute what may be called the tangible component of any service. However responsiveness is another dimension that needs to be considered. This broadly falls in the category of intangibles since it deals with interpersonal interactions. Much of the assessment on perceptions of quality of care in health services tends to study the tangible and intangible inputs separately. However, she argues that

they should not be separated and they are interrelated. "It would be meaningless to analyse the responsiveness of personnel in isolation of the availability of the required infrastructure, drugs, technology, personnel." (Baru,2005:) In the field this linkage was highlighted through the perceptions of the people. The perception of the institution's embodiment of dignity was linked to their perception of tangible elements. The lack of medicines was interpreted as a lack of caring and dignity and that the health institution is lacking in tangibles because it is meant to serve only the poor.

Expectation of Equality:

Finally, the expectations expressed from the health services system by the people in Focus groups across villages, are many such as *'Cholo doctor ir beku'* (there should be a good doctor), *'Cholo maatad beku'* (he/she should speak well), *'Aushad ir beku'* (medicines should be available) *'Namma paristhiti artha maad beku'* (they should understand our context and situation). However, the most common expression was *'ellarige onde tarah, samanaagi ir beku'*- it should be the same and equal for all. *'Baaduvar ge ondu, srimantaru ge ondu ir baardu'*- it should not function differently for the rich and poor.

In conclusion one can say that exclusion and abuse in health care institution interactions are rooted in social inequality and disadvantage and the health care access experience feeds back into strengthening poverty and marginalization and leads to a lack of trust in the institution as well as an impingement of dignity in the process. While stories of the practice of untouchability in health care interactions bring out the feeling of indignity and inferiority on the basis of caste that people have experienced, it is equally important to recognize shifts in perception over time. Subtle forms of caste distinction and discrimination do remain, and people do feel this, however they stress a greater operation now of class based indignity and discrimination in health care interactions. Public spaces, which includes health service institutions, are sites that the State can intervene in to create a sense of equality and dignity and as the study has shown a lot needs to be done in this level. However, the struggles for accessing care and the actual experience of it were related to the class- caste and gender structures playing out in different forms and for an institution to actualize and embody dignity it is these structures that will have to also be addressed at a societal level as well.

Chapter Five

Towards Complete Humanhood: Claiming a place for 'Dignity' in Public Health

Discussion and Conclusion

'Dudi Beku, Unna Beku. Dudiki idre naavu manushyar agtivi. Besara barutade. Katte idanga dudidre kuda tandalige tinndalige... aavag anistade naavu manushyar aagilla'(We work, we eat. If we get work we feel we are human. Sometimes we work like donkeys but what we bring is just enough to eat and survive. That is when we feel we have not become human.)(Parvathamma, Amreshwara Camp)

This research was essentially a social anthropological enquiry that attempted to trace the social construction of dignity in the lives of Dalit women. Their articulation of the meanings of dignity moves one to furthering a feminist knowledge and an understanding that acknowledges the interweaving of various structures of inequality- caste, patriarchy and class- in their lives. This helps to understand how their struggles for dignity are closely connected to and overlap with their striving for health and well being.

'Dignity' as a concept has seen a wide usage but a limited theoretical exploration. It was felt that the dignity of a person implies a sense of worth and respect. However this is tied to social relations and structures and is essentially a relational concept. It is relations of equality or inequality, of reciprocity or exploitation that create or impinge on dignity. Therefore as a concept it is based on relationships, of a person with the self, with collectives, with society and with the State. The organic link between the concept of dignity and the discipline and concept of Public Health lies here. If health is understood not just in biomedical terms as freedom from disease but as a broader state of well being which is socially produced, then one has to engage with social relations. It is relations of inequality and hierarchy that impact the health status of a population. If we connect the concept of dignity to the social production of health we understand and analyse how discrimination, exclusion, humiliation and deprivation are experienced and impact on an individual and a collective sense of health and well being.

It was felt that dignity as a concept connects material deprivation to social exclusion and discrimination and this is essential for a more holistic understanding of the production of health. Public Health literature has seen the marginalization of structures of inequality and has focused more on the proximate causes of ill health in terms of germs. Even when linkages between

inequalities and health were made it is seen that caste as a factor has received little attention and examination. Studies that do consider the relationship between caste and health have largely done so in terms of statistical evidence and health indicators across groups. It was felt that the experiential aspect of the impact of caste on health needs more exploration. A conceptualization that focuses on the concept of dignity and its experience has the potential to address issues of caste and its interactions with gender and class with health. One is not trying to undermine the importance of studying deprivation and poverty and their interconnections with health but only trying to state that tracing people's articulations of dignity connects class aspects with other structures of subordination. In my view an understanding of class/caste and gender inequalities based on quantitative data alone, does not adequately address the relational and experiential aspects and therefore the need for an in-depth, qualitative exploration was felt.

Therefore a parallel enquiry was taken up, one which explores the meaning of the concept at a theoretical level through a brief review of literature and the other through in-depth interviews with women agricultural labourers from the Dalit community, exploring the articulation of dignity through their lives. Through the narratives of the women we get an insight into the striving and meanings of dignity and their experience of discrimination and dignity in different spheres of life and specifically with interactions with the Public Health services.

This chapter attempts at weaving together the theoretical and the empirical findings of our study and provides insight into the complex social construction of dignity. In addition we also try and point to some of the questions emerging from the analysis, for further reflection and its relevance to Public Health.

The Meanings of dignity: Themes from the review

The review looked at how variations in the theorizing of Caste can provide different lenses to understanding dignity. A functionalist approach that looks at caste as a system of consensual values, like the one given by Dumont (1972), where stratification is seen as natural and essential would see dignity also as stratified and natural to some. Such an approach accepts inequalities and would therefore also accept varying levels of dignity and inequality in social relations as part of the system and essential for order and harmony in society. A 'bottom up view of the caste system' given by scholars like Mencher (1974) and Berreman (1972) would instead adopt a conflict perspective and see caste as a system of unequal social relations or institutionalized inequality that maintains relations and resource distributions as well as power influences of one group over another. These scholars also tried to understand both the material as well as social

basis of caste inequalities. In such a perspective then unequal levels of dignity or a negation of the dignity of a person or community is seen as unacceptable and benefiting those in positions of domination. Such a system guarantees differential access to the valued things in life and this gets directly related to a denial of dignity in material and social realms. Here then an understanding of dignity would look at as Berreman (1972) states, 'the human meaning of caste for those who live it'. This he says is explained by a set of juxtapositions which the Dumontian pure- impure dichotomy obscures and is given by 'power and vulnerability, privilege and oppression, honour and degradation, plenty and want, reward and deprivation, security and anxiety'.

The idea of humanhood:

The other idea, which gives meaning to the concept of dignity emerging from the review, was the idea of humanhood and personhood present in the writings of Ambedkar. This theme basically links with the Kantian principle of the inherent worth of a human being and refers to the fact that just by being a person there is a right of equality that can be claimed. 'An untouchable does not have large properties to protect but has his very person to protect', was the idea Ambedkar put forward. This leads one to the thought that being a human implies a common set of basic rights to be fulfilled. Phule similarly had viewed the condition of *shudraatishudras* as that of slaves and spoke of breaking this slavery. His writings pointed to a very interesting notion of dignity for the community as meaning a state of freedom to be able to fight for equality.

Locating the Socio economic basis of dignity:

If we classify the ideas of dignity in two realms we find one realm that emerges from recent literature and global policy discourses where the concept is referred to as a value to be upheld and as a source for deriving basic human rights. The other realm focuses on the socio-economic basis of dignity and exploitation and inequality as bases of indignity, which the first realm was devoid of. Tracing the use of the concept we had linked its possible origins with the origins of the ideas of liberty, fraternity and equality as well as ideas of citizenship and social exclusion. Over time one sees its use to have become more sanitized and devoid of context. In our conception of dignity we reassert the need to locate it in historical and social contexts. It is only when we actually address structural basis of indignity, that this concept has relevance for public health.

The review also saw the need to look at collective notions of dignity and not merely individual dignity. In fact the contradiction between the advocates of freedom and those of equality regarding the meaning of dignity also gets mitigated when one looks at collective notions of dignity. Those from one end of the libertarian school with a fierce individualist ethic and stress on

autonomy would argue for the meaning of dignity to be freedom, and term any intervention by the State as infringing the freedom and therefore the dignity of the person. However, when one looks at collective notions of dignity and recognizes exploitation and inequality across groups at a population level then the need to address questions of equity and equality become essential for dignity. It is interesting to see that for Phule there was no contradiction between freedom and equality and his formulation in *Gulaamgiri* based on addressing social and collective levels of discrimination and oppression called for the need of the oppressed for gaining freedom to be able to fight for equality!

Exploitation and Alienation of labour and the concept of dignity:

The review also looked for the meaning of dignity in Marx's writings and found the concept of exploitation at the core reflecting the breach of the Kantian principle of dignity. Marx held that it is profoundly wrong to subordinate the ends of some individuals to those of others or to treat a person as a mere object for the use of others. In his thesis on the alienation of labour we find the dignity of a person to mean that only if a person can be a sense being and not merely have an animal existence can he be truly human. This is linked to the Aristotelian understanding of a fully human life being one capable of fully human functioning, to undertake activities that are needed by a human being. Here, aspects of material deprivation and poverty as well as social discrimination and exclusion from all kinds of resources all get linked to a life not reflective of the richness of human life or one where the basic needs are not met and this is seen as a life without dignity.

Finally we had also looked at the concept of dignity as encompassing the notion of reciprocity. Reciprocity was seen as equal recognition in social interaction and was a part of dignity.

Capabilties and Dignity:

Building on this Aristotelian framework as well as writings of Marx, we reviewed the capabilities approach developed by Sen and focused on the elaboration of this in the context of women's lives by Nussbaum (2000). Here, the relevance we found for our concept of dignity, was the actual concrete set of capabilities or valued functionings- 'to do and to be' -that she lists out as claimable guarantees or rights for women to lead a life with dignity. The only point of divergence one found in this approach was the lack of an articulation of how this life of dignity can be attained. How far can a capitalist ethic uphold these capabilities or are we talking of a complete egalitarianism? Also while certain universal ideals and normative principles for women can be useful for policy they need to be always located in social and historical contexts.

Finally we had come up with an understanding of dignity based on many of these ideas and combined them in an eclectic manner. Therefore the Kantian principle of the inherent worth of a person, the idea of equal humanhood and being a full human, equal recognition in social relations (reciprocity), as well as the capability and right to address basic human functionings for basic needs of being human, non exploitative material and social conditions as well as a control or freedom over one's labour and the need to fulfill demands of our humanity as well as our animality were to all constitute the meaning of dignity. This concept had to be rooted in an understanding of the historical and social structures in a context.

Themes emerging from the field work:

The primary field work was conducted in villages of Raichur district, Karnataka and narratives and interviews of Dalit women agricultural labourers were collected. The women had been a part of a collective of women working towards basic rights and dignity called Jagrutha Mahila Sangathan.

The women did define dignity as a prime component of health and well being and articulated what a life with dignity means. The historical perspective tracing social and ecological changes in the region occurring over time was examined to be able to locate women's perceptions in this larger context. The region had witnessed the coming of irrigation canals and this had changed food patterns, diets, work patterns as well as caste-feudal relations. The women's narratives reflected seemingly contradictory perceptions, which add to the complexity of the concept of dignity.The first such contradiction was the feeling that health had deteriorated over time however a sense of well being had been enhanced. This was because of a change in caste relations, stopping of overt untouchability from many spheres and a sense of freedom. However, a sense of being equal in material and social resources was still lacking and this was a real everyday struggle. Caste inequalities and exploitation as well as severe deprivation and chronic hunger were still lived realities in the lives of these women and struggles for work and food defined their life.

It is interesting to note that the women's articulation of dignity found many parallels and corroborated the ideas that had come up in the theoretical review. Describing experiences of discrimination and exclusion they spoke of how caste and gender intersect with their material conditions and voiced their own notion of humanhood. The idea that one had touched upon in the

review through Ambedkar's writing, came to life in the field. They actually used the phrase *'manushyar agona'*- to become a human or to be half or full human to describe their life conditions. There was a clear articulation of the need to be treated as a full and equal human and not as an animal or as inferior. They wanted equality in social relations as well as life conditions and access to resources. Especially in public spaces they were firm that they would not tolerate discrimination and denial of common or state provided or public resources.

The other parallel in their definition of a life as a full human can be found in their listing of basic needs or capabilities and conditions necessary for dignity, similar to Nussbaum's actual concrete list. The women constructed dignity with a material and social basis and spoke of work (availability, under conditions of dignity), food (freedom from hunger),social relations with respect, collective dignity, education, rest, health (actual health as well as access to health resources/systems), etc. as components of being a full human. The only difference with their articulation of dignity and the capabilities approach of Nussbaum and Sen was that their idea of humanhood had stressed a consciousness of equality and to attain the freedoms listed out as components they were clearly arguing for a change in social and material relations. Dignity was produced through their social, economic, political, cultural context and dignity in a real sense would have to address these structures.

The direct reflection of the concept of alienation of labour and exploitation in labour relations was seen in the way women defined dignity in connection with work and in turn food. The struggle for work was so central that the first condition for being human was to have work. However, their definition had layers. This work gave them a sense of meaning in life, a sense of worth and a sense of knowing a skill. Their ability to work and survive gave them courage to resist oppressive relations. At the same time relations at work were often filled with humiliation and fear and conditions of work in terms of the actual backbreaking labour they had to perform also made them question if they were human or animal. Work where conditions were tough but a sense of ownership and control translated into a feeling of freedom and dignity was the most preferred work. So contradictory as it might seem women preferred contract labour to daily wage labour and of course being bonded or attached to an upper caste home for labour was the least preferred option.

The link between health and dignity in their minds was essentially through the concept of work. To be able to work meant dignity and health was necessary for that ability. Ill health itself was an

indignity and led to further indignity as work would be hampered and struggles for food get magnified.

Institutionalized Discrimination: The health services system as an embodiment of dignity/indignity

In the conceptualization of the research it was planned to specifically focus on interactions of people with the health services institutions and to understand their perceptions of how far the institution embodied dignity towards them. The institutions were not to be placed in isolation or as separate areas of analysis but it was realized that though they represent a State holding certain liberal democratic principles of equality and citizenship, they are actually located in a social and historical context defined by inequality and hierarchical relations. How then with this contradiction do they manage to actualize the freedoms accruing to all?

The analysis found that though a lot of positive changes in the health culture of the institution had occurred and very overt forms of caste discrimination such as untouchability were declining, there still existed subtle and hidden forms. Also people felt that their class identity led to a denial of dignity and humanhood in these institutions ever increasingly. Therefore being poor meant a lack of responsiveness. Literature linking trust and responsiveness is crucial to understanding dignity and access to health services. Some research points to how structures of caste class and patriarchy play an influential role in the formation of trust and dignity. In language, behaviour, speech, tone, and actual treatment a differential across these structures was observed.

The other level of discrimination was perceived at a larger institutional and policy level. This was interesting and opens areas for further inquiry and research. How do people perceive larger shifts in health sector policies which get translated to the people's lives at the level of the health service institution and how does this impact their embodiment of dignity in people's perception? This research gave some insight to this as there was a clear perception that a dual system amounted to indignity. A universal health services for all- the rich and poor would foster a feeling of being equal humans and therefore embody dignity. However, the present scenario where the public health system with a lot of tangible elements missing and a private sector accessible to the rich led to a feeling that the poor were given a set up which was inferior or lesser. It was interesting to note that their evaluation of intangible elements of responsiveness was seen as linked or intertwining with the tangible elements. For example a perception that medicines were not adequately supplied meant also a perception that since they were poor they were not provided

with medicines in the public sector. They were clearly articulating for dignity in social interactions between the staff/providers of care and themselves as well as dignity in terms of addressing tangible aspects of the services and making it universal.

Some Reflections for Public Health:

The important question that arises is how far can interventions at the level of health services then create or address the issues of dignity in the lives of these Dalit women from poorest households? This is an important concern and the researcher feels that while the health services can be changed in some levels the creation of dignity would also need changes in societal levels as well. The health services system interventions in terms of addressing these concerns of caste-class-patriarchy in health education curricula and pedagogy of various staff involved from medical officers to auxillary-nurse-midwife's is definitely needed to raise the issue of institutionalized discrimination. In fact this research opens the possibility of deeper research and analysis looking at the training and pedagogical aspects for health care providers and the link with dignity. Also social hierarchies and gradations within the health services that impact on responsiveness and reproduce societal inequalities would also have to be addressed. At a broader level the need to improve access by attending to the tangible elements and fostering a feeling that the State can provide good quality service for the poor is needed. Till the people perceive a differential treatment between poor and rich the institution will not be able to embody a sense of dignity. This will require greater financial resources in the health sector and a strengthening of the referral system. All this will impact a sense of being treated with dignity.

However, from a broad Public Health perspective it becomes essential to recognize that only interventions in the health services system will not be able to address the issue of dignity. To ensure a life with dignity from a Public health perspective we will be forced to tackle the question of inequities and inequalities. This is what the women have also been pointing out. Changes will be needed in economic and social systems or structures operating in people's lives to give a sense of humanhood. The health services are reflecting the exclusion and indignity operating in the women's lives at a societal level. Therefore the change will have to occur at this level. Women have pointed to ensuring basic needs of life as a life with dignity and primacy was placed on work and food. If one looks at what creates or influences health status of a population we see that all the determinants we can list such as livelihood, food, nutrition, water, sanitation, equal gender relations etc are all domains that the women identify for dignity which they are struggling for. For health and wellbeing then addressing these issues- recognizing their denial, and ensuring their

access becomes vital. Every aspect of life is a denial of dignity and a struggle for these women – to get water they face caste discrimination, to get work they encounter oppressive relations, to get health services they have to fight for humanhood etc. The process of accessing resources and this includes the health services system, is clearly linked to exclusion, discrimination and is a process of denial of dignity. The women articulated a need to feel a sense of ownership and control over the resources to feel a sense of freedom and dignity and this is important for Public Health. There is a compounding of inequalities and indignities as we move to the lower levels of the social and economic hierarchy and especially in the lives of women. Dignity in the lives of these women then gets intimately linked to material and social determinants of health.

In fact the struggle for freedom and equality, struggling against discrimination and exclusion itself, is seen as a process of dignity. The women clearly documented a shift from fear to freedom as they moved from the *Vakkal Mane* or caste- labour system to a contract labour system and also as they moved from being passive to being part of a collective- the Jagrutha Mahila Sangathan. Just being able to leave fear behind and feel a sense of courage to struggle for rights they see linked to being an equal and full human, itself is a process of dignity. This again points to the need to claim a place for dignity in Public Health at the broadest level of changing social structures and relations itself.

'Naavu manushyar. Ellarige samaanvagi jeevan iru beku'- we are also humans. Health services and life itself should reflect equality for all- is the clear message for Public Health and for a life with dignity that the women give us through all their narratives. 'Treat us with dignity, *we are not lesser*' is the aspiration and assertion they articulate.'

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Annexure 1

Checklist of themes to be explored and Interview Guide:

With Women through life histories and interviews:

- Life Histories (To record their life histories and narratives in a free flowing manner to be able to understand themes they identify as important and defining their life and context. To facilitate the process questions on where she was born, conditions in that village, memories of childhood, marriage, relations in new village, changes in her life, child birth, work and livelihood, agricultural relations, experiences of caste, struggles in her life etc were asked intermittently)
- In the life histories itself for older women more information on historical changes in the region and social relations were collected.
- From those who were widows, deserted or *devadasi* details specific to their life context were asked.
- Experience of exclusion, discrimination, humiliation or dignity and changes over time
- Use of Public Spaces-Panchayat,
  School,
  PHC,
  Water Sources etc.
- Do they feel they are treated differently?
- How do they feel they or their community is viewed by others in the village and why?
- Work Relations, agricultural systems and changes over time?
- Idea of health and well- being?
- Experiences of Sangha/JMS?
- Health Care- Access
  Utilization and reasons
  Treatment Narratives- how a particular illness was dealt with in the family, treatment seeking, multiple efforts, and entire experience of getting care?

- Experience with and of the PHC plus Family Planning experience
- Views on Public Health Institutions and private facilities
- Do they feel a sense of dignity in PH institutions?
- History of Village and Changes over time
- What is a '*Cholo Baduku*' or a good life or a life with dignity?
- Have you become human? (*neevu manushyar aagidiya*?)

For Focus Group Discussions:

- History of Village and Context of Change
- Changes in work, agriculture, labour relations?

- Changes in discrimination at a collective or community level
- Work in the village sangha and in JMS?
- What issues did they take up and why?
- The experience of being a woman
- Did they participate in the Dalit Sangharsh Samiti?
- Songs, stories on caste and gender
- History of Christianity (in Muddanguddi FGD)

Other details collected from different people in the village and JMS

- Work and irrigation ,seasons in agriculture, crops, investment
- Stratification details, landless families in Dalit *keri*
- Stratification details- caste groups in village
- Settlement patterns, water sources, sanitation

From Dalit Sangharsh Samiti Participants

- History of Struggle
- Present situation in the Movement, factions
- Why had they joined? What were the ideas they had?
- Issues addressed
- Role of Women?

From FGD with Lingayat community

- History of village
- Changes over time and their perception of these changes
- Practice of Untouchability in earlier times
- Changes in agricultural patterns
- Their views on the PHC
- Role of the State
- Any other perceptions on social relations and changes