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**HEALTH IN A DALIT COMMUNITY: A PRELIMINARY
EXPLORATION OF A COMMUNITY IN 'POLLUTED'
OCCUPATION**

*Dissertation submitted to Jawaharlal Nehru University in
partial Fulfilment of the requirements for the award of the
degree of*

MASTER OF PHILOSOPHY

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2002**

Dedicated

To

My

ABBU AND AMMI



CENTRE OF SOCIAL MEDICINE & COMMUNITY HEALTH
SCHOOL OF SOCIAL SCIENCES
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New Delhi-110067

July 2002

CERTIFICATE

This is to certify that the dissertation entitled, "*Health In A Dalit Community: A Preliminary Exploration Of A Community In 'Polluted' Occupation*", submitted by **Mr. K.M. Ziyuddin** in partial fulfilment for the award of the **Degree of Master of Philosophy** of this University is his original work. This dissertation has not been submitted for any other degree of this or any other University.

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

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LIST OF ABBREVIATIONS

AD	After Christ
ANM	Auxiliary Nurse Midwives
APHC	Additional Primary Health Centre
BC	Before Christ
BGH	Bokaro General Hospital
BHW	Basic Health Worker
BKSC	Bokaro Steel City
BSL	Bokaro Steel Limited
CDSW	Central Department Of Social Welfare
CMO	Chief Medical Officer
CS	Civil Surgeon
DC	Deputy commissioner
Ditt.	District
DVC	Damodar Valley Corporation
FGD	Focussed Group Discussions
FP	Family Planning
GDs	Group Discussions
GDP	Gross Domestic Product
H H	Household
HSL	Hindustan Steel Limited
IDC	International Classification of Disease
MADA	Mines Area Development Authority
MB	Municipal Board
MBBS	Bachelor in Medicine and Bachelor In Surgery
MC	Municipal Corporation
MCH	Maternal and Child Health

MLA	Member of Legislative Assembly
NGOs	Non Government Organisations
ONGC	Oil and Natural Gas Corporation
OPD	Out Patient Department
PDS	Public Distribution System
PHC	Primary Health Centre
Pvt	Private
RCH	Reproductive Child and Health Care
RMP	Registered Medical Practitioner
S C	Scheduled Caste
SAIL	Steel Authority India Limited
SEC	Socio-Economic Condition
TB	Tuberculosis
TD	Traditional Dai
UNDP	United Nations Development Project
UNICEF	United Nations International Childrens Education Fund
VRS	Voluntary Retirement Scheme
WHO	World Health Organization
WSBRA	Writing and Speeches Of Bhim Rao Ambedkar

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CHAPTER I

INTRODUCTION

1. Background of the Study

No recognition of Indian achievements in a country bedevilled by heterogeneity can, however, mask the brutalities of every life for the vast majority of Indians. The people have been grossly ill served by the state in such critical domains of health, nutrition, public safety, assurance of employment and education.

Even the Census of India enumerated and classified untouchable caste only of the Hindu religion and not of the other religions such as Sikh, Christians and Buddhist. Particularly untouchable castes that converted into Christianity and Sikh religion continued to be untouchable despite their change of religion.

Caste oppression, particularly in rural areas remains acute also infringements of caste rules of moral and sexual conduct have been known to lead to the death of those who dare to transgress. Despite promises made by ruling parties, abuse of women continues virtually unchecked. This is very serious among dalit women in India

The debate on dalits health and especially of those engaged in "unclean" or "polluted" occupation could be seen only when we locate the other factors of their overall life and surroundings.

The concepts of equal and free education, food and shelter, health facilities have been repeatedly designed in every five-year plan since independence. According to the census of India, 1991 it however seems to be distant dreams for the 138 million persons of India

belonging to Schedule Castes (SCs) that constitutes 15.48 per cent of the country's total population (Shah, 2001). Thus it becomes very important to understand their socio-economic conditions, their distribution and their perception of health, their access to various resources including health care. More often than not, the shares of these reserved posts are not fulfilled. A very distinct observation in this regard, is that most of the menial and low ranking jobs are either reserved or occupied by dalits i.e. very few occupy high-ranking jobs and profile. Why is it so all the time that advertisements are given for low-rankings jobs? The reason being varied as "non-availability" of suitable candidate to actual lower levels of education and general awareness that restricts the dalits from availing the opportunities. However the total population of India has increased upto 26,909,28 in the census of 2001.

Before we go to discuss the basic concept of dalit, one has to briefly trace the history of caste system in India and its different faces since the origin of caste system. Neglecting the caste system as uniqueness of Hindu social system, it may be difficult to understand the various factors related to our life. "The 'one-man theory' based on Shastras has not opened the door of discussion in Indian Social Scientist. "Western Scholars, probably not much given to hero-worship, have tried to provide a scientific explanation. The nuclei, round which have "formed" the various castes in India are according to them (1) Occupation; (2) Survival of tribal organisations etc., (3) the rise of new belief, (4) cross- breeding (5) migration" (WSBRA, 1979).

In Indian society, social/community and spiritual and traditional occupation override all other factors while in the western countries the major factors that determine the different strata of society viz., wealth,

education and vocation are fluid and catholic and tend to modify the rigidity of birth and hereditary position.

I.1 Inequality and Class

Social inequality is a universal phenomenon. It can either exist in the form of a hierarchy of groups or individuals, or it may exist without the creation of a hierarchy. In the former case, it is called social hierarchy while in the later case it is known as social differentiation. On the other hand, if social inequality manifests itself in the form of a hierarchy involving ranking of groups, then it is known as social stratification. Thus social stratification is a particular case of social inequality.

Further Gupta (1991) adds, "Class is a system of stratification that is economic in character". He gives his comment on the caste system with its myriad forms of superordination and subordination, its many customs and taboos, perhaps most responsible for conferring on India. But this is not all. India is also economically stratified.

Karl Marx talks about the different stages in the history of society. Marx views class as a group whose members share the same relationship to the forces of production. He argues that in every society there has been two groups "haves" and "haves not". Benedix and Lipset (1996) state, "a social class in Marx's terms is any aggregate of persons who perform the same function in the organisation of production". Like Marx, Weber also sees class in economic terms. He argues that classes develop in market economics in which individuals compete for gain. He defines it as a "group of individual who share a similar position in market economy and by virtue of that fact receive economic rewards". Thus in Weber's terminology, a person's class

situation is basically his 'market situation'. Hence, those who share a similar class situation also share similar life chances.

Since the independence of India, the planned development has been an important model for the benefit of all classes but infact has benefited to limited class. The theory of "trickle-down" was adopted to provide opportunities across the caste and class; especially at the grassroots level seems failed. The 'trickle-down" process has narrower the connotation for similar reasons. It means that as a result of macro processes, such as economic growth, certain benefits may accrue to the downtrodden who may be a little better off than before. But it may not involve reduction in differences between those posses power social, economic and political and others who are deprived. "Trickle down" not suggest empowerment and achievement of equity" (Nadkarni, 1997[1][2]).

Beteille (1977) provides a new paradigm to understand the historical distinction of inequality, 'neutral inequalities' among men and inequalities among 'their conditions of existence.

➤ **Genesis of Caste System in India**

Indian concept of caste is different from the other countries where it exists. The complexities surrounded to the concept of caste and its origin is not new to us. Most of the theories, which explain its origin, have not been able to prove and satisfy the emerging queries. Because each theories has its own causal explanation. There are few approaches to understand the origin of caste in India.

One of the commonest words for genus in most Indian languages, "jati", is derived from an Indo-European verbal root meaning "genesis,"

“origin,” or “birth”. It is applied to any species of living things, including gods and humans. Among humans, jati can designate a distinct sex, a race, a caste or a tribe; a family, a lineage, or a clan; an ethnic group, a regional population, the followers of an occupation or a religion, or a nation (Encyclopaedia of Britannica, 1969).

The fate of the history of caste and jati is manifested in the Vedic Age and could be traced through the history. Gupta (2000) argued that in “reality there are thousands of jatis that caste injunctions on marriage, occupation and social relations are conducted”.

Definitely the four-fold division of caste system has resulted into sharp distinction, and thus stratification. Marriott (1973) “sketches the idea regarding caste and its functions through the ethnographic approach”.

Since the uniqueness of Indian society lies in the caste system which has maintained the hierarchical system very smoothly. This is basically to the best functioning of the social activities. Caste provides an important paradigm to locate the social, political, economic and religious life of an individual and of groups also. Then how class helps to understand the same? No doubt the changing global economy has made the process of change more fast and as well as created new class of consumers, where the uniqueness of caste is being diluted into class but not at all. Caste as an institution of considerable internal complexity, which has been oversimplified by those seeking an ideal type of rigid hierarchical social stratification based on extreme closure criteria.

Beteille (1976) describes caste as a “small and named group of persons characterised by endogamy, hereditary membership and a specific life style which some times includes the pursuit by tradition of a particular occupation and is usually associated with a more or less

distinct ritual status in a hierarchical system, based on concept of purity and pollution”.

Caste structure has its own distinct features from other forms of social structure. Ghurye (1969) has divided these features into six categories; “a segmental division of society”, “hierarchy”, “restriction on feeding and social intercourse”, “civil and religious disabilities and privileges of the different sections”, and “restriction on marriage”.

The choice of occupation selection was not in the capability of an individual or family of dalits. Basically the basis of the conceptualisation of any particular occupation has been “purity and pollution”. Beteille (1997) cited, from *Homohierarchicus*, that “the principle of purity provides the key to the understanding of evaluation and hierarchy in Indian society. Objects, beings, events, places, conditions, individuals and groups are all invested with varying degrees of purity-impurity and are arranged in hierarchical orders”.

Caste orders the lives of Indian Hindus and has its basis of societal dignity but mainly concern to *dwija* born category. The Varna System provides the system of values, the Jati its functional organisation and practice. Jatis may seek promotion within the caste hierarchy by adopting the practices of the higher Varna, which can result in promotion within their Varna but not between Varna, a process known as **Sanskritization**. “Sanskritization is basically a process of adopting the customs, rituals, food habits, dress styles etc.” and coined this term to explain the changes taking place in a village among *Coorgs* in Mysore (Srinivas, 1952).

Since the independence in 1947, India has attempted to break down caste divisions, though in practice caste retains an important role in social structure. Some sociologists have attempted, amidst

controversy, is to extend the term beyond the Indian society, and to apply it to the analysis of the South African system of Apartheid, also even to the system of the United States during 20th century. Brahminical law governed the entire social system, which was regressive in its character. It was used to exploit in a very systematic way to already deprived class in all aspects socially, economically, politically and made far away to celebrate any specific identity throughout in the Indian history.

1.2 Understanding Dalits

➤ Evolution and Background

The oppression and exploitation of dalits as untouchables has been going on for over three thousands of Years. They are segregated in all spheres of social life, places of worship, education, housing and land ownership, use of common wells, roads, public transport and accessibility of health services. They are the people who have to do the menial and degrading jobs. It seems very important to measure the socio-economic factors, which have forced the dalits to stay in the exploitative condition.

Under the best explanation given about the real picture of dalits have been little similar. The question of dalits is really sensitive and carries a lot of debate in itself. Why dalits are dalit? Who are the people being deprived the social status in terms of high ranking? The question raised by Webster (1994) "who were the ancestor of today's Dalits; how and why they become untouchables?" are not purely academic. There are different occasions when the question of putting dalits identity at the forefront of the mainstream debate among the scholar is being utilised differently.

Dalits are defined as “downtrodden, deprived and exploited”. They are discriminated socially, economically and politically. The most frustrating for their life is the concept of ‘purity’ and ‘pollution’. They are the symbol of ‘pollution’ and hence ‘untouchables’.

Theological explanations generally do not provide any space of scientificity because it is based on the belief where one has to surrender before the unseen fact, while scientificity needs logical explanations and its applicability in the contemporary periods or societies.

According to the code of Manu the untouchables were not supposed to own property. Manu states with reference to the Sudra or servant castes. “A servant should not amass wealth, even if he has the ability for a servant, who has amassed wealth annoys priests”. The social, political and economic discrimination based on religious sanction was glorified and explained through the theory of divinity and karma. The origin of the caste system is in the Varnasram Dharma, the division of society into four Varnas (4 castes), viz. Brahmin, Kshatriya, Vaishya and the Sudra. It is believed that for the prosperity of the world, the Creator created four Varnas from different parts of the body. He created Brahmins with Gayatri (metre), the kshatriyas with trishubh, the vaishyas with Jagati and the Shudra’s without any metre (The Bhopal Document, 2002).

The first three Varnas are twice born (dwiji), the first birth being from the mother and the second from the investiture with the sacred thread. In the second birth Savitri is the mother and the teacher is the father because he gives instructions in the Vedas. Therefore the first three Varnas are born twice while the Sudra is born only once.

➤ **Dalit and Dalit Identity**

The “term dalit is derived from the Sanskrit root ‘dal’ which means burst, split, crushed, destroyed. Though the term has ancient roots, its contemporary usage to specify a section of the people of India who have suffered oppression throughout the history under the prevailing religious and social norms, goes back only a few decades. The well-known Hindi dictionary ‘Bhasa-Shabd-kosh’ describes dalits as “an undeveloped or backward section of people, such as among the Hindu untouchables (achut) or serving caste (sudra)”. In Punjabi ‘Mahan-Shabd-kosh’ of Bhai Kahan Singh defines dalit as, “one who belong to the lowest caste (hini jati) and has been trampled down by or broken under the feet of upper caste (unchi jatan)”, (Massey, 1997)”.

The term ‘dalits’ in general encompasses the communities known as untouchables, Scheduled Castes and tribes who are officially treated Scheduled Tribes (The Bhopal Document, 2002).

The ancient root of the term dalit in Marathi word is defined as ‘ground’ or ‘broken to pieces’, generally. With the emergence of the ‘*DALIT PANTHER*’ movement, the dalit term came to have connotation far beyond the simple meaning given above. Zelliott says “underlying implications of the word: dalit implies those who have been broken, ground down by those above them, in a deliberate and active way. There is in the word itself an inherent denial of pollution, Karma and justified caste hierarchy (ibid.).

Through the identity assertion of the dalits, the word came to act not only as a definition of a state of degradation and deprivation but also as significant source of identity and pride.

The seeds of this understanding of dalit lie in the writings of the two great India personalities, the 19th century reformer and revolutionary

Jyotiba Phule, and the twentieth century intellectual and revolutionary B. R. Ambedkar. "The DALIT PANTHER movement of Maharashtra published in 1973 its manifesto '*who is a dalit?*' The manifesto says members of Scheduled Castes and Scheduled Tribes, Neo-Buddhist, the working people, the landless and the poor peasants, women and all those who are being exploited politically, economically and in the name of religion" (Massey, 1997).

In the course of historical development many restrictions were imposed on the Sudras now known as dalits of which a few could be mentioned here in brief. They were prohibited from milking a cow whose milk was to be used in the Agnihotra, from taking Soma drink, from initiation upnayana (or wearing of the sacred thread), from studying Vedas and prohibited from learning the Vedas. The Vedas could not even cited before the dalit or Shudras by law.

The concept of Varnas in the context of scavengers seems invaluable because they are never considered within the periphery of caste structure, based on Varna Vyavastha. Basically Dalits being scavengers stay at the out skirts of the mainstream society. In fact, the four Varnas based on the hierarchical set up are divided very sharply. As literature suggest that the meaning of Varnas is basically colour and it was to define the contracting features of different groups of people particularly in relation to fair Arya with Dark Dasa. The lower last Varna has not been given a sharp and well-defined work to perform which basically gave the way of exploitation.

Very briefly, if we see the nomenclature of scavengers across the country, it varies largely as we locate irrespectively. As a result neither scavenger nor 'sweeper up of dust'. The Chuhra is termed 'Khakrob.' As a domestic servant he is ironically styled Mehtar or 'Chieftain' which is an honorific title of various classes such as 'Bhatiyara',

'Qasai'. As a worker in leather he is called a 'Dhed' (lit. crow) in Gujarat, as a weaver he is styled, 'Megh' at least in Rajasthan and, as an executioner he is known as 'Jallad'. Further as a tanner, the Chuhra is called a 'Khatik" in Punjab and as a breeder of swine he is known as ' Hali'(lal,1999).

1.3 Conceptual Framework

The concept of dalit will be operationalized for the purpose of this study as follows: - "those Scheduled Caste and untouchables who are at present engaged in paid work which is designed as 'polluted' and 'unclean'. These include scavenging, sewerage cleaning, night soil carrying, removing carcasses and dealing with the human dead bodies at the cremations".

Handi is a sub-caste of Mehtar community found in the Chas Township of Bokaro district. They are the followers of Hinduism.

In the backdrop of the description in the last section, dalits really seems a special category. This idea will have more significance when the socio-economic conditions of dalit scavengers are seen. There has been least work on the communities who are involved in scavenging and especially on the issues related to their health status. Historically in every aspect of social life, dalits and dalit scavengers have been forced to carry the most degraded jobs in society. This occupation has various multiple exploitative phenomenons.

They are the people who generally belong to lowest strata of Indian society i.e. of the caste system; they are the lowest ranking section of the society. They perform the lowest ranking and highest degrading job of the society and therefore they are the people carrying lowest, more

degrading and much polluting groups. The whole urban settlement is based on the continuous duty of cleaning and scavenging by this community.

Conceptual Framework of the relationship between factors affecting Health of the Dalits

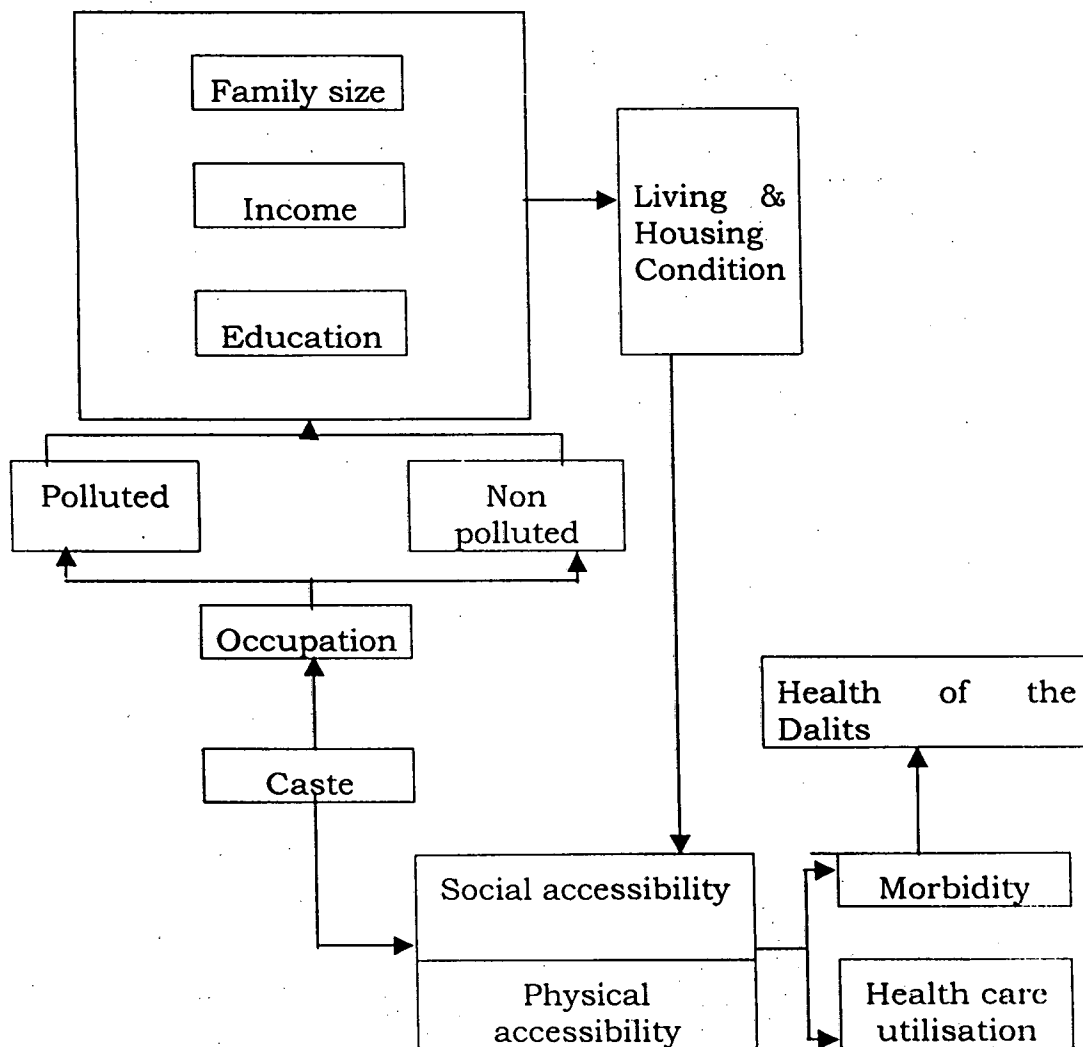


Figure 1

Certain kind of occupation is concerned and attached with the operational definition of dalits. Especially the concept of pollution and purity has certainly a clear and direct implication on the life of dalits. As we have several theoretical understanding about the origin of caste in India. The emergence of the lower ranking communities within the fold of caste is found in all explanations. The best argument has been given the Karma one has done at the last birth, that present status is due to non-conformity of assigned duties in the past life. The functional sociologist as the best to monitor the labour division in the society supported it.

The functional sociologists are concerned with the question of *order*. This theory believes that every society is a well-integrated structure. Every element in a society has a function that contributes to the maintenance of the social system and the functioning of the social structure is based on a consensus of its member's values. Exclusively this school believes that every society is a relatively persistent, stable structure.

The above theory focuses on the functional approach to the understanding of caste system, which has been propagated by the dominant Hindu ideology.

There is always discrimination within the caste system resulting into economic inequality. In this context it seems necessary to understand the magnitude of caste based economic inequality. There are three broad theoretical approaches, which attempt to see the economic base of prevailing institution consequences of caste system and see the economic efficiency and income distribution.

Thorat (2001) gives three basic theories in the context of economic efficiency and income distribution, those are:

1. **Neo-Classical Approach:** - This theory assumes that under the prevailing form of caste system, the occupations are hereditary, compulsory and indigenous. These distinct features of the caste system force immobility in the factors of production, particularly labour, across caste-attached occupation and thus give rise to segmentation in the labour market. Thorat, seems to be running through all the studies based on the above theory, use the framework of caste and the allocative efficiency. The argument is that discrimination exists because of economic incentives.

2. **Marxian Approach:** - This approach focuses from the efficiency aspect of the institution to the distribution, as it traces caste-based inequality in the unequal distribution of property. The Marxian approach considers the economic structure of the society as the foundation for all the institutions. Though focus is given on the dialectical relationship between the changes in the forces of production i.e. means of production and technology, on the one hand and the relation of production on the other. It is the forces of the production that is supposed to provide a more potent and dynamic source of institutional change. This approach dose not features caste in the arguments relating to the perpetuation of inequality.

3. **Ambedkar's Approach:** - Ambedkar's view on the caste system and untouchability is the outcome of the interaction between the above both Neo-Classical and Marxian theories. Ambedkar took a close look at the rôle and impact of social, religious and philosophical elements in Hinduism in the origin, perpetuation and sustenance of the caste system. He also analysed the economics of caste system and untouchability from the viewpoint of allocative economic efficiency and income distribution. But he arrived at different conclusion. In Ambedkar's view, at a theoretical level, the Hindu social system

involved a framework of a production organisation and a scheme of distribution.

Hence, different social thinkers have raised the issue of dalits but the recent school of dalits has come up from within the same community. Dalit scholars argue that only the oppressed can express the pain of continuous exploitation by the upper caste in Hinduism specially and upper class in general. The little clarification is necessary here because these are few groups who do not belong to Hinduism but has been carrying the work and duties as of Hindu dalits. Because the importance is of occupation in the determination of one's life or identity.

The conceptual understanding is based on the occupation of certain caste groups, which has implications on health of the same community. The differentiation in the health status among different caste group is found different because the differences in the socio-economic condition of the respective caste group.

Similarly the argument could be posed in the Indian context, the lower socio-economic condition of dalits and again the unhygienic environmental living and working conditions, compounded occupation of dalits, which always have a higher risk of getting exposed to various diseases. No doubt, the health of this section of our population is much worse and horrible. Hunger is an important aspect, which affect the health of an individual. Rakku's story of Zubbrig is the live presentation, which reflects the relationship between hunger and health.

1.4 Objectives of the Study

1.4.1 The present study aims to examine the socio-economic profile and health condition of dalit community engaged in polluted jobs in Chas sub-division of Bokaro Township.

The specific objectives of the study are as follows: -

(i). To study the socio-demographic profile of the study population i.e. household size, sex ratio and literacy rate.

(ii). To study the living and housing conditions.

(iii). To analyse the occupational status in the light of their traditional occupation and their contemporary jobs.

This area will be focused extensively because it has in depth connotations regarding health issues of dalits.

(iv). To understand the perception of ill health by examining:

(a) The pattern of reported morbidity

(b) The utilisation of health care services with special reference to reproductive and child health care; and

(c) The socio-physical accessibility to health care services.

(v). To highlight the relationship between occupation and perception of ill health, if any.

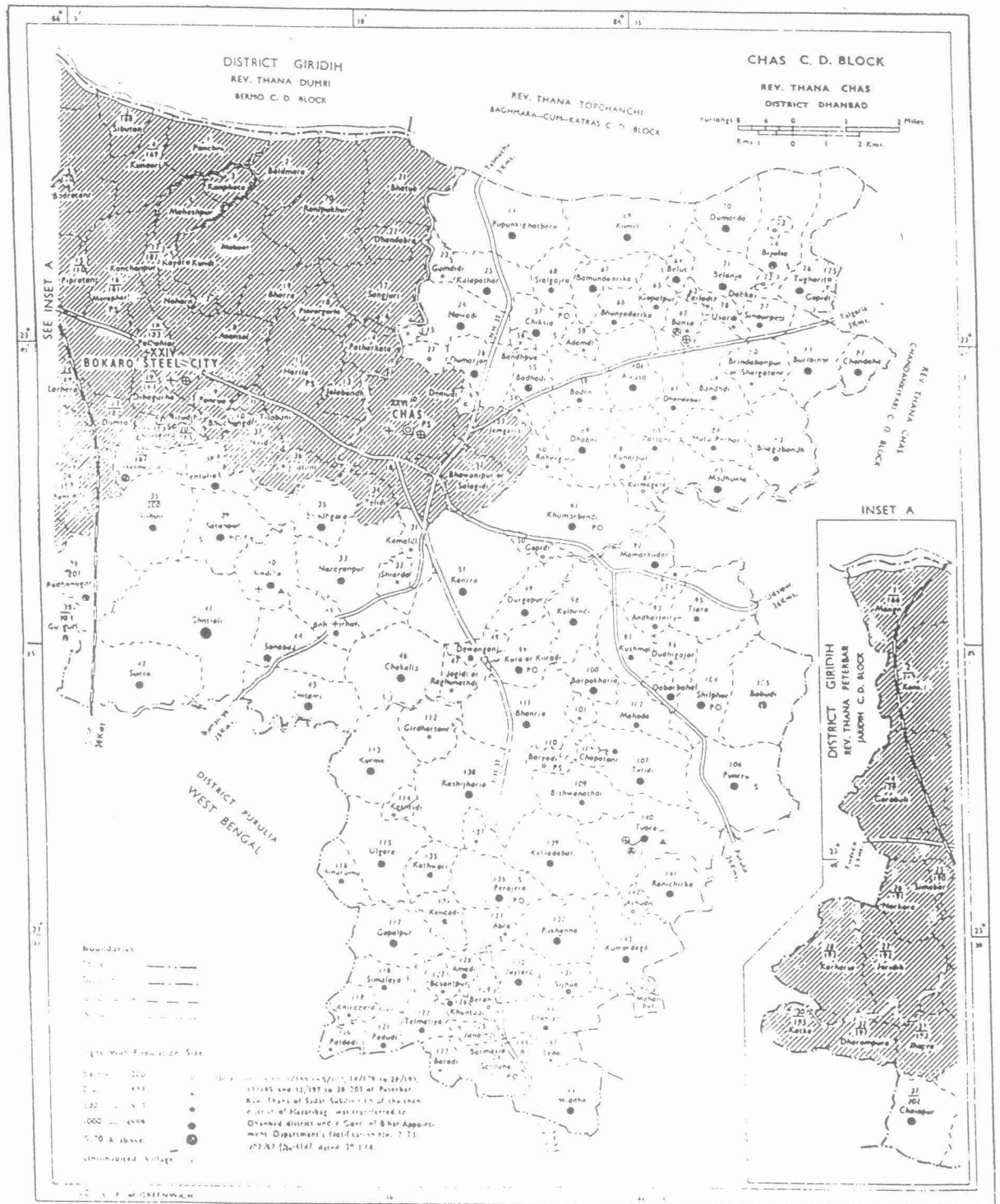
1.5 Area of the Study

The place of the study was chosen by enquiring about the caste based population who were engaged in the polluted jobs such as scavenging, cleaning and carrying night soil on the heads etc.

Chas block of Bokaro district and also a township of the Bokaro Steel City, consisting of 565,290 populations have been chosen as the study area. It has the Scheduled Caste population of 66,712. The Chas Municipal Corporation has total Scheduled Caste population 6,624 and among this, there are 3,487 males and 3,137 females (Census of India, 1991).

It was decided to do a comprehensive survey of the Chas Municipal Corporation. Because, Handi Cooli is a dalit-populated *mohalla* (a small settlement of dalits) where people are engaged in scavenging, cleaning latrines and carrying night soil. So Handi Cooli was selected for the purpose of the research study. This area consists of only 48 households form the part of the study area because of their very poor housing conditions, congestion and the unclean physical environment.

Map of Chas C.D. Block (Bokaro)



1.6 Methods of Data Collection

To attain the overall proposed study objectives; both primary and secondary sources were tapped.

1.6.1 Tools and Techniques:

- **Interview schedule:** Interview schedule was applied to gather factual and quantitative data's from the respondents. Out of the total 48 household 36 were interviewed. It was supplemented and helped by a prepared checklist to guide and facilitate the interview schedule and the discussion with the respondents.
- **In depth interview:** In depth interview were carried out with selected respondents.
- **Focus Group Discussions (FGDs):** This technique had some difficulty; to gather community fellows was extremely difficult at a place at a time. FGDs were done with other dalits communities, who stay near to the Handi cooli, known as Bauri Cooli (Bauri is a caste belongs to the Scheduled Caste but not involved in scavenging). This was helpful to relate the issues with the wider socio-economic factors.
- **Case Study:** Case study method seemed fruitful to bring the hidden aspects of their life. This method revealed the factors responsible for their lower health status. For this purpose those five individuals were selected, who had significance in terms of the manifestation of the higher mortality rate.

The data collected was about their living conditions, health seeking behaviour and availability of health services and the accessibility, reason of non-accessibility, about the diseases

prominently occur in the area of their settlement, about their employment, their nutrition and housing problems.

1.7 Scope and Limitation of the Study

The area of the study was not large in terms of number of settled household. Out of fort eight only thirty-eight (38) respondents were interviewed because rest of the individuals could not be found even after many visits and a few were not ready to talk. Most of the time, especially in early morning and evening hour they are not available at home because the busy hour to get work is this only. To catch the men at home, one day in advance I had inform them but women are most of the time available except while they go for bath or drinking water collection from the public tap.

The tools and techniques of data collection applied such as In-depth Interview and Focused Group Discussion were more effective but these methods demand long duration of time period time and energy for the intensive and comprehensive study.

Another thing, which may have affected the study, was the relationship with the community. In the first few days the researcher had to enter into the community with the assistance of the Registered Medical Practitioner (RMPs) and few other local interactive and vocal community member but later the researcher succeeded to build up his own rapport with the community.

However, **non-participant observation** method was carried as a supplementary instrument throughout the research study.

Sources of data collection: The research study is based on both primary data collected in the field and secondary sources such as

various government documents, books, journals and magazines, newspaper clippings etc.



1.8 Scheme of the Chapterization

This dissertation is based on a study done in the Chas Township, a part of the Bokaro district in the newly formed state of Jharkhand. It is about a community of dalits engaged in the occupation of scavenging, mainly carrying of night soil and cleaning the toilets of the thousands of houses in the town.

The **first chapter** introduces the research problem. It deals with the rationale of the study, and its conceptual framework. It also gives the research methodology adopted for the purpose of data collection.

The **second chapter** comprises a review of literature on dalits.

The **third chapter** provides an idea of dalits distribution in India with a brief reference to the state of Bihar/Jharkhand. It then describes the study area, and an exploration of the health of the dalits.

The **fourth chapter** deals with the discussion on the socio-demographic profile, health perception and health care utilisation of the study population.

The **Fifth chapter** gives an idea of the perception of health and reported morbidity.

Final chapter summarises the study, presents the findings and draws conclusions.

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CHAPTER II

LITERATURE REVIEW

2. Introduction

The word *Dalit* in itself has been a matter of extensive debate. Every society has some kind of social and literary explanation about any particular activities and incidents. Similarly, the relative understanding of the term "*Dalit*" is really very crucial.

Dalit now has become a fashionable kind of issue to locate but the important aspect of this argument is how much it is really relevant to discuss? Do we mean that *Dalits* are found only among Hindu caste system or the others? If yes, then how the role of religion are defined in the determining of the social status among the respective religious communities.

Since the origin of Hindu caste based society, the rigidity to follow a particular occupation was propagated and enforced by the dominant groups of society.

The major factor in the life of a *Dalit* is to be *Dalit* only in the future. There have been several attempts to breakdown the barrier of caste foundation, citing the reason that change in the Hindu Social structure is little flexible but caste structure is not easy. The conversion movements led by Dr. B.R. Ambedkar or at contemporary period an attempt by Udit Raj is really not very different. The genesis of caste system is really too in depth within the life of Indians and their social-economic and political spheres that the smell of it could be seen every activities of an individual in India.

Dalits are, no doubt, exploited groups but the difference varies within the *Dalits* as the differences in their religion.

The history of untouchability varies according to the different sources. Theological source of past history talks differently as of other sources. The evidence regarding the genesis of caste varies also according to regional variations. The conflict between Aryan and Dravid scholars are based on their own logic and reasons. Aryans as invaders had common religion and language who were highly self conscious, began their invasions on India from the Northwest around 1500 B.C.

Hutton (1963) illustrates "the origins of caste in the taboos and divisions of labour in the pre-Aryan tribes of India as well as in their efforts at self-preservation in the face of invasion".

There is a dominant group of the view, which traces the "origin of caste and of untouchability to the Aryans themselves and to their ways of locating the indigenous population of India with whom they had first interaction. For many centuries, Aryans had regular conflicts with the inhabitants of Indian sub-continent. They always looked down the indigenous peoples as inferior and weak and sidelined them from the rituals as being unclean. In the post, Rig-Vedic literature there were more frequent references to primitive forest dwellers who were kept on the fringes of Aryans society in the conquered regions, among these were the Chandala" (Webster: 1994)

The untouchability appears to have taken roots "between 600 B.C. and 200 A.D." (webster, 1994) when it became a stigma attached to a particular group of people. The Chandala were severely stigmatized in later Vedic Age and social references of ranking became important. 'Mixed caste theory' of the origins of untouchability started on the basis of the descriptions given in the Dharmasutras and in Kautilya's

'Arthasastra' where the Chandala are treated as untouchable (Ibid.1994). The classic explanation on the Varna System Theory and the differentiation based on occupational hierarchy in form of castes related to the pollution were given only in the '*Manusmriti*' (Ibid. 1994). The classification of castes according to the four varnas is the dominant theoretical explanation (Gupta: 1991). "Brahmins, Kshatriyas, Vaishyas and Shudras" (Jhunjhunwala: 1999), all created by the Lord Brahma from Mouth, Arm, Thigh and Sole respectively. Each Varna group consists of different castes and restricted in terms of food, marriage, rituals, and festivals etc. Varna represents the system of values whereas castes occupational organisation. Caste was supposed to represent a social organization to assist *all* individuals in fulfilling their desires and that too in a socially harmonious way (Ibid.1). Each caste has different sub-caste based on endogamous groups. The study of caste could be done as a unit and a system. As a system, caste is represented as an interrelated statue and through the patterned interaction between different castes by different prohibitions.

However, it is also argued that Manu had not given the idea of caste and that caste existed long before Manu. Manu was an upholder of it and therefore philosophical about it. His work ended with the codification of existing caste rules and preaching of caste Dharma (WSBRA, 1979).

2.1 Sociological Politics of Caste

➤ Politico-Administrative Context of Caste in India:

There are (23) twenty-two scheduled castes listed in the special issue of SC and ST in 1971 census of India. They are as following: -

Bantar, Bauri, Bhogta, Bhuriya, Bhumij (Excluding North Chhotanagpur & South Chhotanagpur Division and Santhal Pragana district), Chamar/Mochi, Dabgar, Dhobi, Dom/Dhangad, Dusadh/Dhari/Dharhi, Ghasi, Halalkhor, Hari/Mehtar/Bhangi, Kenjar, Kuraniar, Lalbegi, Musahar, Nat, Pan/Sawari, Pasi, Rajwar and Turi (Census of India, 1971).

Among the above caste, most of them are engaged in different kind of jobs, which in different societies defined as 'polluted'. Mehtar and Bhangis are the common caste groups who are found engaged in carrying night soil. But this is not strictly defined because Lalbegi and Halalkhor are also engaged in the same work (Lal 1999).

"The first general census of India was taken in the year 1881"(WSBRA, 1989). It was the period of colonial umpire in the country when no voices of Indians were raised before the ruler. The state of affairs was in the hand of British since the post mutiny of 1857. British had never lost any opportunities to govern India on the policy of 'divide and rule'. Introduction of the caste in the census was to consolidate the British rule in India more systematically. However, "it was a bold and good step to know the real number of the castes and creed existed. It seems ridiculous because we didn't bother about the class who were not in the favour of this initiation. It helped to know and calculate the total population in the census of India (colonial) in 1881. The first attempt in the direction of classification of Hindus on the basis of caste and race and grade in the census of 1881 was although crude but only steps towards an organized classification" (WSBRA, 1989).

The next census of India was taken in 1901 based on new approach to classify the population was "classification by social precedence as recognised by native public opinion"(Ibid. 6). But this approach faced an organized resistance by the upper castes of Hindus. As regards the

numerical strength of the *Dalits*, untouchables, there has been a vast vacuum in the total counting of the *Dalits*. "The Census of 1911 laid down ten tests to mark off the untouchables and it was the beginning of the ascertainment of the population of untouchables. Efforts continued in the same direction in the Census of 1921 and 1931. Simon commission gave a figure of untouchables in the British India was 44.5 million" (Ibid. 7). The Hindu upper Varna caste, especially Brahmins have always protested against the separate census of untouchables. This tendency is still prevalent and serious opposition came through different sections on the issue in the enumeration by caste in the Census report of 2001. The resistance did not work on the present census commissioner and he was of the view that census enumeration by caste was very important. Establishing the importance of considering caste for any viable discussion on India's population, Ambedkar opined that "Whatever view may be taken of the advantages or disadvantages of caste as a social institution, it is impossible to conceive of any useful discussion of the population questions in India in which caste would not be an important element, caste is still foundation of the Indian social fabric" and "the record of caste is still 'the best guide to the changes in the various social strategy in the Indian society'" (WSBRA, 1979).

"Every Hindu is born into a caste and his caste determines his religious, social, economic and domestic life from the cradle to the grave" (Ibid.).

The crucial steps were taken in the Census of 1911, which laid down tests to mark off the untouchables from those who were touchable. 'Census superintendent made a separate enumeration of castes and tribes who (1) denied the supremacy of the Brahman or other recognised Hindu Guru, (3) denied the authority of the Vedas, (4) did

not worship the great Hindu Gods; (5) were not served by good Brahmans, (6) had no Brahmin priests at all; (7) had no access to the interior of an ordinary Hindu temple; (8) caused pollution, (9) bury their dead and (10) eat beef and did not reverence the cow' (Ibid. 7).

The matter of fact is that it was totally rejected by the high caste Hindu population because it seems a kind of danger to them. It was "only in 1951, Census of India, which was the first independent Indian census, gives the number of population into lakhs as 3,567, excluding 1.35 lakhs, the enumeration records in whose case were destroyed by fire in the census Tabulation office at Jullundur. The Scheduled Castes in rural areas consists of total 462 lakhs and 5 lakhs in the urban area" (Ibid.).

The matter of fact is to assess the health scenario of scavengers. According to the Census of India, 1961, only 48.2 per cent of the total number of persons engaged in sweeping, scavenging and allied occupations belonged to the category of scheduled castes. If we see the major scavenging castes in the eastern part of India, mainly Hari-Mehtar is found in the occupation of carrying night soil on heads or through the baskets.

As a result, the social conditions of *Dalits* have become really too much degradable and oppressive which has led their condition of life so worse and meager. The health is a very important aspect, which has to be taken into consideration.

This has been a hereditary order both in status as well as function. "Once a Touchable, always a Touchable. Once an Untouchable, always an Untouchable. Once a Brahmin, always a Brahmin. Once a sweeper, always a sweeper. Under it, those who are born high, remain high, those who are born low, remain low. In other words, the established

order is based on an inexorable law of Karma that is fixed once for all and never is change. This destiny has no relation to the merits of the individuals living under it” (WSBRA, 1989).

“Is it not a kind of dilemma in a society organized on the basis of caste hierarchy and with the background of assisted economy during foreign rule and uneven spread of modern education? While the constitution of India promises to build an egalitarian and democratic society” (Prasad, 1990).

The debate on caste and untouchability is relevant to understand the issue of *Dalits* in general and scavengers especially. The other important issue recently raised by the group of *Dalit* progressive organizations of India at the Durban Conference held between August 3rd to September 7th of 2001. The agreement was that like race, caste is based on the UN definition of “ colour (Varna), descent and ethos” fortified by 3 million years of strictest rules of endogamy, social segregation, pollution and subjugation by the upper caste Brahmins who were canonized by divine interdictions to preserve purity of blood and ethnic superiority” (*Dalit Voice*, 2001).

2.2 *Dalits* in the Field of Literature and Writings

The “most celebrated among the Sanskrit writers Valmiki, Vyasa and Kalidasa, were not Brahmin but came from the most deprived classes. Similarly, Satyakama Jabala, an eminent philosopher who wrote Aranyakas in Sanskrit, came from a low stratum of the society. This shows that Sanskrit was not an exclusive domain of Brahmins. Those persons who showed talents in philosophy and literature were honoured members of the learned and were treated as Brahmins. But the dichotomy within the history of Indian classes has importance,

since one can argue differently giving another examples of the same caste biased institutions. Eklavya who was denied the education he craved for and completed to cut off his thumb for having learnt archery, though not a Kshatriya. Evidently, ancient Hindu society is not amendable to easy generalizations” (Nadkarni, 1997).

Yet, “Hindu society did not remain static after days of Eklavya, Gautam Buddha was probably first to criticize the caste system and reject the scriptures that sacrificed it. After a long gap, this step was taken through *Bhakti Movement*, which rejected the Brahminic language ‘Sanskrit’ and preached their philosophy in people’s own languages”(Ibid.).

2.3 The Scavengers: An Exploited Classes

The scavengers or sweeper has many synonyms, known by different names in different parts of the country. As a scavenger or rather as a ‘sweeper up of dust’ the chuhra is termed as ‘Khakrob’ like the term *Dalits*.

If we see *Dalits* in undivided Bihar, census of India, 1981(for SC/ST tables on Bihar) has mentioned 23 Scheduled Castes. But only few of them are still found engaged in ‘polluted jobs’ which is kept in the category of “main workers seeking in ‘special occupation’ in the Census classification on workers” (Census of India, 1971) in that category, three sub-categories have been made of the said work.

- (1) Seeking / available for work.
- (2) Scavenging.
- (3) Tanning & currying of hides and skins.

The serious miserable condition of *Dalits* is that they do not have recorded history. "A mass of 250 millions outcastes comprising of the untouchables and the tribes are grappling with history and survival at turn of the millennium. They have always been outside the Varna system. The untouchables remained a part of the village economy but were segregated to remain outside the village and perform menial services. Untouchables, during the course of time, were denied civil rights including the right to possess wealth to acquire knowledge and possess arms. Tribals pushed away into infertile areas and were geographically segregated. *Dalits* have all through the (history) centuries suffered most barbaric forms of oppression unparalleled in world history" (The Bhopal Document, 2002).

Chaplin (1997) very well "gives the different accounts of the failure of governmental initiatives. Scavengers are still carrying nightsoil including the sanitary services in cities and towns. Excluding a least number who are engaged with different municipal or local urban authorities, a large number of them are still engaged into their own traditional occupation. There is no doubt that scavenger's still carry nightsoil in baskets on their heads. As they work which has always been called than polluted according to the Hindu society. Hence scavengers are treated as untouchable, even by other untouchable castes".

The question of available opportunities for *Dalits* and especially for scavengers has great importance. The simple explanation is that since scavengers are polluted, they can pollute whatever they do or touch will become polluted. Chaplin rightly says that, "the discrimination means that scavengers have extremely limited job opportunities other than sanitary work, where they live in acute poverty in segregated communities, and have extremely low levels of literacy and job

mobility. Such socio-economic conditions for scavengers still persist, despite the various articles in the Indian constitution, which stipulate that the state should promote the economic and educational interests of scheduled castes and protect them from discrimination and exploitation” (Ibid.).

We can look at a glance about the measures taken to protect *Dalits* rights.

2.4 Constitutional Measures

The constitution of India takes serious notes on the problem existed regarding untouchability. There are many provisions under various articles, 15 (2), 17, 29 (2) considering the practice of untouchability as an offence in the Indian Constitution (Shah, 2002).

The “most significant step taken by any person was no other than Mahatma Gandhi. He took interest to the cause of liberation of scavengers from their hereditary, inhuman and disgraceful occupation of manually removing human excreta and fifth to earn their livelihood”.

Whatever the criticism has been put before the Gandhian spirit of this cause. He said, “ I do not want to attain Moksha, I do not want to be reborn. But if I have to be reborn, I should be born an untouchable, so that I may share their sorrows, sufferings and the efforts leveled at them, in order that may endeavor to free myself and them from that miserable condition. I therefore, pray that I should be born again, I should do so not as a Brahmin, Kshatriya, Vaishya or shudra but as an Atisudra, a Bhangi”(Ibid.).

This ideology or aspiration was really practiced within the Ashram and scavenging was only done by all the Ashramites irrespective of caste and dignity one had.

The new Act, Scheduled Castes and scheduled Tribes (prevention of Atrocities) Act, 1989 was promulgated in Gujarat (Ibid).

2.5 Recommendations of Various Committees or Commissions

- **Barve Committee:** - Scavenging has been an all governing state. "The committee was asked to suggest ways and means to improve their present conditions of work and to fix their minimum wages. The report was submitted to the Government of Bombay in 1952. The Ministry of Home Affairs articulated a copy of the major recommendations of the Barve committee to all the state governments requesting them to adopt these recommendations as they were really capable of wider application and could be implemented profitably by all the state government of similar action was taken by the Ministry of Health"(Srivastava, 1997).
- **Scheme for the supply of wheelbarrows and improved implements to scavengers**

The Government of India, as a first step to make the work of scavenging more consistent with human dignity, suggested supplying of wheel barrows/ handcarts to sweepers employed by municipalities' etc for scavenging work. So that the practice of carrying nightsoil as head load could be eliminated altogether. The government of India provides 50% of the costs towards the purchase of wheel barrow/ handcarts through the state governments. The response from the

different local bodies not considerable and this did not worked properly. The wheelbarrows provided to the scavengers were mostly improper and so heavy that they were bound to be discarded by the scavengers (Ibid.).

➤ **Kaka Kalelkar Commission (Backward Class Commission)**

The first backward classes commission, which was appointed in 1953 under the chairmanship of Kaka Kalelkar, submitted its report in 1955. The commission observed that, "the condition of sweepers and scavengers are inhuman. Bhangis clean our latrines and help to maintain some measure of health and sanitation. Without Bhangis, the whole population would have to face the ravage of epidemics. But they are forced to live in the filthiest of the surroundings, carrying nightsoil on their heads is very common in the old city and town where municipalities can not give any excuse of less available resources" (Ibid.).

The fate of this recommendation was same as of others. However "The Ministry of Home Affairs brought the observation and recommendation of the backward classes commission to the notice of all the state governments in October 1956 emphasizing the need to introduce mechanical and up-to-date methods of cleaning latrines. So that the inhuman practice of doing this work by hand and carrying nightsoil on heads is obviated as far as possible and also specific schemes covering every sphere of life to uplift Bhangis from their 'sub-human' level of existence" (Ibid.).

➤ **Central Advisory Board for Harijan Welfare**

The Ministry of Home Affairs constituted a central advisory board of Harijan welfare in 1956 under the chairmanship of late Pandit Gobind Ballabh Pant, Minister of Home Affairs. This "board inter alia reviewed

the working and living condition of the sweepers and scavengers in the country and recommended to the government to introduce a centrally sponsored scheme, for this purpose”(Ibid.).

➤ **Malkani Committee**

Under the chairmanship of Prof. N. R. Malkani and other four members “to put an end on the degrading practice of scavenging and carry nightsoil in buckets or baskets. It recommended not merely for eliminating the practice of carrying night soil as head loads, but also for removing faith and indignity from all stages of scavenging and for improving the working and living conditions and social status” (Ibid).

➤ **Committee on Customary Rights**

The Central Department of Social Welfare in 1965 constituted it.

➤ **Pandya committee**

The Union Ministry of labour, appointed a subcommittee “to look the working and living conditions of sweepers and scavengers, which didn't not make any progressive change” (Ibid.).

Many other states also constituted similar committees at the state level in the states of Uttar Pradesh (1955), Haryana (1969), Kerala (1971) and Karnataka (1976).

➤ **Improvement in the working and living conditions of those engaged in unclean occupations**

Government of India, following the various recommendations made by the Malkani Committee, Ministry of Home Affairs introduced a scheme during the third five year Plan as a centrally sponsored scheme which consisted of two parts viz., “(i) improvement in the working conditions of sweepers, scavengers, tenors and flyers, and (ii) improvement in the living conditions of those scheduled castes who were engaged in

unclean occupation or were landless labourers”(Ibid). But the scheme proved to be a failure and was therefore discontinued during the fifth five-year plan.

➤ **Gandhi Centenary Year**

“During the Gandhi Centenary year (1969), the Government of India tool up a special programme for converting dry latrines into water-pour flushes latrines. Under this scheme the households were provided 25 per cent subsidy & 75 percent loan recoverable in easy installments”(Ibid.).

There has been many other committee and recommendations concerned to the ugly and poor condition of scavengers. But the fate of most of the committees and recommendations ended unexpected. Though the state must have realized the failure of all these schemes have much more in percent. But the same ill-planned schemes have been lying in the queue to get recommended.

The role of non-government organizations has also greeted potential to stop the manual scavenging. Sulabh International Social Service Organization has been doing a dynamic and most effective work in the direction to liberate the scavengers (Sulabh international magazine). There may be some criticism in the approach adopted by this organization, which could not be discarded. There are few prominent voluntary organizations involved for the cause of liberating scavengers; those are the Harijan Sevak Sangh and Safai Vidyalaya, Ahmedabad; and Gandhi Smark Nidhi, Pune.

The state has its own way to go on which the voluntary organization has little different. Everybody, who has some kindness towards the humanity, will support the steps started towards the cause of scavengers.

“Untouchability still continues against the *Dalits*, as Shah finds in Gujarat. This is a restudy of a village of Gujarat; which I. P. Desai studied in 1972” (Shah, 2002). Shah visited the same villages to find out “what changes have taken place in the practices of untouchability over a period of time. He finds that untouchability are seen at various places which are used publicly”(Ibid. 26).

2.6 *Dalits* and Atrocities

Theoretically and ideally the notion of untouchability has declined and its drawbacks have been discussed widely since the independence of Indian nation. But the incidents against *Dalits* have increased not decreased. The most superseded “atrocities against *Dalits* are in the various forms as – murder, grievous hurt, arson and rape” (Ibid.).

Kamble (1992) has identified the atrocities in order of occurrence as following:

1. Locking up families in their houses and setting the house on fire.
2. Burning alive individually or collectively.
3. Murdering on the grounds of untouchability.
4. Sacrificing them in the name of Hindu Societies.
5. Setting houses on fire.
6. Stripping women naked, beating them, violating their modesty, parading them naked in broad day light through the village and rapping them thereafter.

7. Throwing excreta into their drinking water wells, polluting their water wells by throwing into them filth, dead dogs, cats and bones of animals.
8. Destroying the standing crops in their field,
9. Compelling them to perform duties laid down by the tradition which are against their interest.

Preventing them from exercising rights as a citizen & compelling them to refrain from exercising individual freedom denying them to access to houses, public drinking water well & denying them access to temples”.

Scavengers are less in number. They are not concentrated in sufficient number, thus they lack in political participation. This adds to their vulnerability. Chaplin (1997) gives an account of the atrocities:

- (1) Scavengers are not able to make political pressure on the state/ government to ensure their living and working conditions.
- (2) They lack effective political representation and influence because they are a minority group among scheduled castes (SCs).
- (3) There is little possibility of scavengers establishing political alliances because of their isolation from other low caste groups.
- (4) Scavenging remains a complicated socio-economic problem. Which not only requires adequate funding for its redresses but also needs a “radical change of mental look” by Indian society.

The fact cannot be thrown in the garbage because the levels of atrocities have increased on *Dalits* vice versa on scavengers. As it is said that all *Dalits* are not only India but also are found in other countries. There is no doubt, now a rare fact. “ *Dalits* are present in South Asia i. e., including India, Nepal, Bangladesh, Sri Lanka and Pakistan as well as in the Indian Diaspora i.e., Burma, Malaysia, South Africa, East Africa, the Caribbean, United Kingdom, Canada and United States. Buraku People from Japan, Osu from Nigeria and Mitgan of Somalia are few existing instances in the contemporary so-called equalitarian societies, which is full of inequalities and discrimination. OSU a low caste people in Nigeria among which 90 percent are Christians but so far there has been no bishop from among them. Mitgans in Somalia are as low caste, is considered impure, unclean, and thus untouchable. These outcastes are not allowed to organize themselves. A popular proverb goes, “The world will come to an end when the noble caste starts drinking and the Mitgans start praying” (Bosco, 2001).

One can see the existing structure of caste system in other parts of the globe very much having similar commonalties. There is no doubt in the level of discrimination adopted in Hindu caste system. There is not at all recognition of individual capability in any sense. This is always determined by the birth in a particular family, in other words is a caste only (Ibid).

Similarly, Srivastava, (1997) has stated that all scavengers are not scheduled castes because it is generally believed or thought that all the people engaged in scavenging are scheduled castes. According to the Constitution (Scheduled Castes) order, 1950 as amended from time to time “no person who profess a religion different from the

Hindu, the Sikh or Buddhist religion shall be deemed to be a member of a scheduled caste”(Ibid.).

This means that the person professing religion other than Hindu, Sikh or Buddhist like Christianity, Islam or tribal can not be Scheduled Castes (Ibid.).

The name ‘Mehtar’ or prince was commonly applied to the servants of the emperor Humayun. Another title for them was ‘Halalkor’, “one who eats what is lawful, one whose earnings are legitimate”. There is famous a story about the origin of a Muslim caste scavenger. “During the reign of Aurangzeb a corpse was found lying in the streets of Delhi and it appeared to Muslims to be a Hindu corpse and to Hindus to be a Muslims one. The Lal Begis were at last ordered to remove it but as they went to carry it away it became converted into a heap of flowers” (Ibid. 21).

This “they claimed to be their **Pir Lalbeg** who had come to help them out of their degraded position. The emperor was so struck with the wonder at the change that he allowed the lalbegis to live in towns and villages and to carry on their profession by day as well as night”(Ibid.). In a way scavengers in India are the stigmatized people whose stigma is derived from birth, ascribed group membership and is shared throughout the group.

Sriniwas (1969) describes the characteristics of castes identity as: -

1. Hierarchy (born in a particular castes and keep separate identity by using caste names).
2. Endogamy and hypergamy (marriage within the caste and outside respectively).

3. Occupational association (caste is identified with a particular profession / occupation).
4. Restriction on food, drink and smoking.
5. Distinction in custom, dress and speech.
6. Pollution (by sight or touch).
7. Ritual and other privileges and disabilities.
8. Caste organization (caste council and panchayats etc).
9. Caste mobility (Caste habitations).

Srivastava (1997) writes very briefly that “essence of caste is characterized by the presence of hereditary groups in a hierarchy with Brahamin at top and *Dalit* at the Bottom, and bottom has always been forced to do unclean occupation”.

2.7 *Dalit* and the Varna

A substantive amount of work on *Dalits* concentrates on *Dalit* political participation, *Dalit* identity and occupation very little found on their health. In fact *Dalit* scholars and non-*Dalit* scholars both have tried to focus on *Dalits* as a problem of identity within the caste system of framework only.

Ravindran (1996) has focused on the *Dalits* children's health. The mortality and morbidity data are either not or available scantily.

The sociological studies done in India have covered a broader perspective on *Dalit* and social stigma attached to it. But how the

stigmatization of a group leads towards worsening their health as well as sickness is not covered.

There are legal provisions to stop manual carrying and cleaning of night soils. "The Parliament in the Budget session of 1993 passed the 'Employment of manual scavengers and construction of dry latrines (Prohibition) Bill, 1993' to abolish scavenging. It was to put ban on the construction of dry latrines and engage in or employ for or permit to be engaged in or employed for any other person for manually carrying human excreta. It lacks time limitation through several states have followed the purpose of the bill as Andhra Pradesh, Goa, Karnataka, Maharashtra, Tripura, West Bengal, Bihar & Delhi also" (Srivastava, 1997).

Dalits are mostly in the lowest socio-economic strata. The poor condition compels them to live in a filthy and dirty settlement and in urban areas, in the congested slums.

The classification of castes based on their occupation and on caste-class nexus is examined by Ahmad (1999).

Classical Varna Model Based on Division of Labour

Varna	Class	Deity worshipped
1. Brahman	Priests, Interpreters of Dharma	Agni
2. Kshatriya	Warriors, Rulers	Indra
3. Vaishya	Commoners, Cattle herders	Visvedeva
4. Shudra	Peasants, workers, servants	

Note: Rigveda mentioned only first three Varnas, Sudra was a latter addition.

This model briefs us the message of uncertainty about *Dalits* who were categorized in the last Varnas without any proper specification.

The question of 'social status' at least apparently, has been central to "untouchables", though their economic standing and political power continue to remain substantive issues in determining their position in Indian society (Sharma, 1997). According to Dumount (1972) the principle of purity-impurity is a scalar yardstick, and it appears to keep different castes separate from one another.

2.8 The *Dalit* Movement

The major *Dalit* identity based movement has increased the pace of the process of sanskritization. For example in the post independence period is conversion to Buddhism. This was not an attempt for individual salvation but a quest for collective emancipation (Shah, 1990). Reform movements among and for *Dalit* have not satisfied the demand of *Dalits*.

Shah (1990) classified "*Dalit* movement as (I) reformative and (II) alternative. The reformative movements focus mainly on the study of changes in the caste system and the institution of untouchability. Issues relating to conversion to other religions (for example, Buddhism, Islam, Christianity), education, economic status and political power are taken up in the study of alternative movements".

When castes become politically important and parties for elections are formed on the predilections of caste; there is a higher chance of suppression of lower class of lower castes.

Even among *Dalits*, like other caste groups there are dominant Communities. History of India shows the diversity in the dominance,

which has been caste based. The larger number of participation of peoples in the struggle for independence, have also diversified the nature of caste dominant group. There are or have been few communities who are dominated, there are dominant communities among the untouchables also. That is they are more in number, educationally advanced and politically aware. Kalelkar commission (1955) In Maharashtra, the Mahars among the untouchables are the community dominated. In Northern India the Chamars are the dominant caste. In the extreme south the Ezhavas and Nayars are said to dominate other scheduled castes.

The "interaction with and participation in political movements started in the pre-independence period inspired the lower caste to start the non-Brahman movement headed by some leaders of the Maratha community, like the Raja of Kolhapur. This movement was to some extent, anti congress and pro-British. They also got full support from good many Muslims, Christians and others. This movement gained same support in the southern states of India (Ibid.).

2.9 Health Concerns

The Kaka Kalelkar commission (1955) mentions that 'Health is fundamental to national progress in any sphere. In terms of resources for economic development, nothing can be considered of higher importance than the health of the people which is a measure of their energy and capacity as well as the potential of man hours for productive work in relation to the total number of persons maintained by the nation. For efficiency of industry and agriculture the health of worker is an essential consideration.

The “greater number of marginalised among the lower castes and *Dalits* are the ones who are still engaged in scavenging. Seasonal epidemics cause higher mortality among *Dalit* scavengers. Others usually suffered/dysentery, Malaria and tuberculosis. The focus of five plans has also been on the communicable diseases and Public Health was consolidated as an important issue for the marginalized. As Kalelkar Commission noted the need of supply of pure drinking water and states that public wells and reservoirs must be built within easy reach of the Harijan quarters for the use of the whole area. They should be maintained in sanitary condition under the supervision of a village water committee with a Harijan presidents (Ibid. 99).

Two kinds of opposite approaches to improve the living conditions of *Dalits* have always been talked about. The most dominated voice has been of Mahatma Gandhi, which is basically a reform kind of approach. The basic paradigm of this school is that the problem or evil of caste system could be reformed while staying within the structure and not by changing the whole structure of caste system. The idea was propagated by most of the Indian functionalist sociologists who resisted the idea of religious conversion. The very notion of caste and caste based purity – pollution determines an individual’s identity, which is basically not scientific. A person can not show ones worthiness in the overall aspect of livelihood and survival, if one is not being given the opportunities. By the process of socialization, the different institutions of our society make every caste groups and their members to internalize the idea of caste hierarchy and its ritual performance. This is helped by textbooks, no doubt and also by enforcing the so-called “Brahminical ethos of life”.

Illiaiah (1996) through the experiences of everyday life and has critiqued the Hindutva Ideology. He has identified the distinction in

the way of life a Hindu lives and that a Sudra lives. This is cited in the growth of a kid as a member of particular caste, with the reference of marriage, market and social relations and from birth to death of a person either belonging to a upper caste or lower *Dalit* family.

Ambedkar further strengthened the views contrasting functionalist sociologists. He not only questioned the Hindu view of life, "which is based on a harmonious pursuit of the four chief conceivable objects of life, viz., Dharma, Artha, Kama and Moksha"(Shah, 2001) but also "rejected it by embracing Buddhism and the conversion of *Dalits* from Hindu religion to Buddhism". Later this group emerged as Neo-Buddhist. The idea that, 'Hinduism is a religion of humanity, is totally rejected by the followers of Ambedkar and later by *Dalit* Panther Movement in the seventies of post independence decades".

Das (2001) while reviewing the work of Kancha Illaiah's stated that the call by Hindu leaders in recent years to promote the Hindutva ideology has raised apprehensions and anxiety among the people of the lower section of society. Hindu organization wishes to continue to strengthen the hold of the dominating upper castes upon the *Dalits*. Illaiah's book has been considered as the first book written by a *Dalit* scholar from the perspective of the political philosophy of Buddha.

Ambedkar view on conversion had made him once to question "does Hinduism give any mental and moral relief to the millions of the backward classes and scheduled castes (SCs)? Do Hindus expect these backward classes and the scheduled castes (SCs) to live under Hinduism, which gives them no promise of mental and moral relief? Such an expectation would be an utter futility. Hinduism floating on a volcano. Today it appears to be extinct, but it is not. It will become active once these mighty millions have become conscious of their

degradation and that it is largely due to the source of philosophy of the Hindu religion” (Das, 2001).

2.10 Dalit Identity

Dalits and their identity have been discussed by number of scholars. Shah (2001) also discussed on “*Dalit* identity and politics”. He presents the idea of Mahtma Gandhi, an aredent champion for removing untouchability within the Hindu Chatur Varna framework, named the untouchable, as ‘Harijan’ man of God. The denominator was used in 1931 amid conflicts between Gandhi and Ambedkar on the issue of political representation to *Dalits* on the basis of a separate community, distinct from Hindus.

Gandhi explained in detail the term of Harijan to give them a mere equal social identity within Hindu caste framework or outside of the framework. He stated that the untouchables toil and moil and dirty their hands so that the others may live in comfort and cleanliness. Others have delighted in suppressing them. We are solely responsible for all the shortcomings and faults that we may lay at the door of those untouchables (Ibid. 25).

There have been several studies on the caste in Indian society, these includes mainly Risley, (1915); Ghurye, (1932) and (1957); Hutton, (1961); Bailey (1957); Srinivas, (1962); Karve, (1968), Mandelbaum, (1970); Dumont (1972); Marriott, (1960); Ahamad, (1973).

Freeman (1973) has done an extensive and well-versed life history of untouchables. He has sketched the life history of a person belonging to Bauri caste based in the state of Orissa. The untouchable’s name is Muli, who lived three miles away from Bhubneshwar.

He introduces this caste's association with the stigma attached to them, as "stigmatized from birth as spirituality defiling and therefore potential polluters of "clean" high caste people. India's untouchables lived for centuries in segregated hamlets and villages. High castes denied them the use of public wells, as well as entry to schools, shops and high- caste shrines, and forced them to perform the most despised and defiling jobs of their society: exhausting unskilled physical labour scavenging, cleaning latrines, and carrying off dead animals"(Ibid.).

Many westerns have written about India's problems of modernization, urbanization, poverty, population growth, and political stability, usually from western points of view or from those of high-level Indian administrators and politicians. Few studies of change probe deeply to reveal what ordinary Indian thinks about their transition to modernity, especially with the reference of untouchable, there is least number of studies, which represents the hard and suppressed voices of *Dalits*. What one can imagine about *Dalits* and *Dalit* among *Dalits* i.e., scavengers as a special category.

2.11 Health and Occupation

Park and Park (1991) identified following deterrents of health: -

1. Environment
2. Life Style
3. Socio- economic conditions
4. Health & family welfare services and
5. Other factors

The most significant factor is the socio-economic conditions of any particular community. Such *Dalits* are at lower socio-economic level there is an urgent need to examine the health issue of *Dalit* scavengers

specially. Definitely there is an urgent scavenger especially. The studies done on *Dalits* and scavengers have some drawbacks which lacks to apply the objectives laid down in the International Epidemiological Association (1973) as of, to describe the distribution and size of disease problems in human populations, (b) to identify etiological factors in the pathogenesis of disease, and (c) to provide the data essential to the planning implementation and evaluation of services for the prevention, control and treatment of disease and to the setting up of priorities among these services.

There is a gulf of health status among upper castes and *Dalits* in general and *Dalits* and scavengers in particular. The person, who is always in the exposure of filthy and dirty environment and who never gets exposed to these conditions, is really a matter of great concern. The touchability and untouchability has to be briefly understood in its conceptual clarifications, which will really enhance the difference in the health status of different caste groups. Anand (2000) gives a good account of distinction on touchability and untouchability. Touchable in real sense is, "anything which can be touched by any part of the body but does not harm inadvertently to the body is considered as touchable". While an untouchable means, 'anything which comes in contact with any part of the body causes harm to it is termed as an untouchable'. These things can be easily distinguished fire, electricity, too much exposure to sunrays, radio active material, poisons, certain bacteria, some inorganic acids and alkalies, poisonous gases, bites by poisonous insects and animals and contact with some poisonous plants. No particular human being falls in the category of untouchability. By touching a person nobody gets sick or harmed or polluted.

Caste is an important factor which differentiate the health status of different caste groups but not necessary. If we see the work done by a *Dalit* is harder than the upper castes. The harsh condition in which a *Dalit* works is not found among the other upper caste groups. How is it that a person, who could break stone with a hammer all day in scorching sun, could be incapable to hold a sword (one fourth of the hammer) and fight with the enemy? But not allowing arms to Sudras or *Dalits* was a different intrigue of the Brahmins (Anand, 2000).

It seems ridiculous to differentiate a person having same blood, same biological organ and similar race- differentiate in so much harsh way from each other.

The living conditions of *Dalit* and *Dalit* scavengers is not the outcome of their action but in act seems a planned and ritually categorically framed.

A scavenger has to create some alternatives to cope with the working condition of their everyday life. Use of alcohol's in heavy doses becomes the necessary need of their working condition and thus for livelihood. Carrying nightsoil, cleaning toilets/latrine everyday threatens ones health. Certain infections such as tuberculosis, malaria, and skin diseases get transmitted through exposure to excreta.

The fields of study that is a settlement of scavengers belonging to Mehtar caste and a sub-caste of Mehtar, which is known locally as handi.

Use of alcohols and locally made liquors is very high, among all the sections and all age groups. This is largely done to seek respite from working conditions, poverty and related problems.

Public Health has been neglected since we see liberalization of Indian economy one has to illustrate the issue of *Dalits* in the context of new economic policy based on the essence of spirit known as 'privatisation' of all the public sectors. Even we have passed 5 decades after independence, the reality of constitutions has not become a part of common Indian, what one can expect to improve the condition of a *Dalit* who still do not have space to say / voice before a upper (dwija) born caste members.

In this scenario, while increasing the location of health investment, it has been one of the lowest public Health investment countries in the world. Worse still, during the decade of the nineties, as a percentage of GDP (Gross Domestic Product), it has declined from 1.3 percent in 1990 to 0.9 percent in 1999.

Table 2.1 Differentials in Health status among Socio- Economic groups

Indicator	Infant mortality / 1000	Under 5 Morality / 1000	% Children underweight
India	70	94.9	47
Scheduled castes	83	119.3	53.5
Scheduled Tribes	84.2	126.6	55.9
Other Disadvantaged	76	103.1	47.3
Others	61.8	82.6	41.1

Source: National Health Policy 2001, Delhi Science Forum Saket, New Delhi- 17

The death ratio among *Dalits* (SCs) is higher, just below to scheduled Tribes (STs). But if we get the infant morality data (based on different caste groups) *Dalits* involved in scavenging and unclean occupation, the data may correspond significant pictures.

The discussion on *Dalits* and the health aspects of *Dalit* scavengers will be analyzed in the next chapter. Why we need to locate the socio-

economic condition of *Dalit* scavengers from others? Will be discussed. What are the main diseases found among the scavengers? The accessibility of health services as an important issue also even the health services is available, etc

Freeman (1979) in "untouchable" gives an interesting account of a person belonging to Bauri Caste. He stated, how they deal with a dead body. The belief on ghost/soul, which are in existence even after the death of any family members.

CHAPTER III

PROFILE OF THE STUDY AREA

3. An Overview of Bokaro

The district of Bokaro was created on April 1st, 1991 carving out the sub-division of Dhanbad district and Bermo sub-division of Giridih district. Dhanbad, on the West bound the district on the East by Hazaribagh, on the South by Purulia and on the North by Giridih district respectively.

The Settlement Report for Manbhum, 1928 and the District Gazetteer for Dhanbad 1964, are the valuable resources available to trace the history of the areas falling within Bokaro District (A Document of Bokaro District Administration, 1999).

The early history of the greater past of the area is difficult the trace, as the present district formed but a small and insignificant part of Manbhum. In the Settlement Report for Manbhum, it has been stated that no rock inscriptions, no copper plates or old coins were discovered in the course of the survey and settlement operations. The oldest authentic documents produced were all on paper and barely a hundred years old.

The district of Bokaro earlier was a part of the district of Manbhum. Manbhum derived its name from Raja Man Singh who got his territory as a gift from the emperor Akbar. Later on the extremely vast and far-flung district of Manbhum got divided into Birbhum, Manbhum and Singhbhum. Later, the district of Dhanbad was created on October 25th 1956 on the recommendation of the State Reconstruction

Commission. The district of Dhanbad consisted of two subdivisions namely Dhanbad and Baghmara.

On April first, 1991 the Baghmara subdivision known, as Chas subdivision became the part of Bokaro district. Primarily people of Kolas race inhabited the area now forming part of Bokaro district (Ibid.).

The earliest civilization in the area was that of Jains in around 600 B.C. The Jain domination was superseded by Brahmins around 7th century A.D. as is evident from the Travel Accounts of Huein Tsang which makes a mention of a powerful kingdom ruled by Sasanka who was a prosecutor of Buddhists. The Brahminical civilization was at its destroyed completely thereafter by the Bhumij, Mundari tribe (Ibid.).

During Akbar's time, Raja Man Singh led his troops from Bhagalpur to Midnapur, now a part of West Bengal, through the Jharkhand area. It is said that he might have passed through the area covered by Bokaro District (ibid).

In fact, the area gained importance and won its place in the map of India with the decision of the Government of India in the early 1960's to establish modern public sector steel plant with the collaboration of the Soviet Russia. It was in 1966 that Smt. Indira Gandhi laid the foundation stone of what is known today as Bokaro Steel Plant (BSL). Again, in early 1990's, a new horizon opened with the identification of an enormous source of Methane gas in the Chandankyari area, a part of Bokaro district, by the ONGC. It is reported that the ONGC is planning to establish an enormous plant in the region, which will be greater in size and importance than the present Bokaro Steel Plant.



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Map of Bokaro Distirct (1)

3.1 The Natural Division

The district may be categorized into three natural formations: -

1. Central Plateau.
2. Lower Plateau.
3. Damodar, Garga and Tenughat Valley.

➤ The Climate and Rainfall

The climate of this region is sub-tropical and the annual rainfall lies between minimum 157 cms to Maximum 195 cms. The general temperature in minimum 20°C during winter and maximum 45°C in summer. The wind direction is from southwest to northwest.

The district falling in tropic monsoon region have broadly three pronounced seasons: -

- (i) Cool season: October to February;
- (ii) Hot season: March to May; and
- (iii) Raining season: June to September.

The Damodar is the most important river of the Chotanagpur plateau. It rises in Palamu district of Jharkhand and flows eastward between the plateau of Ranchi and Hazaribagh in Bokaro district. A dam has been constructed at Tenughat on the river Damodar that provides water to the Bokaro Steel Plant for its operation and for irrigation facilities.

Another river 'Garga' also flows in between Chas Municipal area and Bokaro Steel City area. There is a small dam constructed on Garga River. Other small rivers of the district are the Gobai, which flows

through Chandankiyari Block area, and Konar River is in Gomia Block.

The district Bokaro is mostly hilly and soil is generally shallow in fertile and murmur with pockets and traces of sandy lime and clay of sharply varying depth.

Hardly 8 percent of the agricultural land are irrigated; the major part of the agriculture solely depended on the monsoon precipitation. In most of the land, only marginal and sub-marginal farming is possible.

➤ **Land Use Pattern**

The district is mostly monocropped and rain fed. Hills and forests cover it, and the soil is generally rocky and sandy. Only 39.21 percent of the total areas of the district are presently under agriculture, the horticultural area is about 9.09 percent of the cultivable land.

➤ **Main crops**

Rice and maize are the main agricultural crops, while bajra, wheat, pulses and vegetable are other crops grown. A marginal portion of non-forest land. *Gair Majoorwa* (GM) lands, and Raiyati land is under horticulture and social forestry.

➤ **Mines and Minerals**

The Bermo-Phusro, (an area of Bokaro district, known for coalmines), coalfield area is entirely situated in this district and is rich in coal. Apart from coal, other minerals such as fire clay and limestone are commonly found. A number of quarries for extraction of stone, stone boulders and production of stone chips are also being run.

➤ **Irrigation**

Since the topography of the district is hilly, there is not much scope for the exiate of the surface water. The other means of irrigation left in this area is the exploitation of ground water is taking recourse of lift irrigation. Tank irrigation is quite popular in the district. After independence Damodar Valley Corporation (D.V.C) and district authorities set up several schemes. River irrigation schemes, open boring, tube wells and hand pumps were installed in recent past for amelioration of local population and their irrigation needs.

➤ **Industries**

District headquarter of Bokaro occupies a very important place in the industrialization of the state and the country during 1965. A fourth integrated steel plant in the Public sector with the collaboration of Soviet Union was started in the decade of seventies. At present production of steel is 4 million ton of which likely to be increased upto 10 million tones annually. Bokaro is thus stated to be India's largest complex, manufacturing coal for the steel plant is supplied from different Washeries, (where coal mining are done & collected) of district i.e., at Dugdha, Kathara, Kargali etc. In addition Damodar Valley Corporation (DVC), a multipurpose project produces power for the industrialization of the district and the whole state of Jharkhand and west Bengal. Bokaro is highly industrialized district due to the location of the steel plant at the district headquarter Bokaro.

A series of small- scale industries have emerged in the industrial area of Bokaro, which caters the need of Bokaro steel plant. Recently a Thermal Power Plant has emerged as Tenughat with power generation of 440 MW. There are also manufacturing industries located at

'Balidih' and 'Jainamore' industrial area' respectively, both are auxiliary to Bokaro Steel Plant.

➤ **The Demographic Description**

The total population of the Bokaro district is 1,45,723, which is divided in urban 5,93,129 and rural population 8,64,106 as according to 1991 census. Out of the total population, the number of male population is 776,974 and female population is 6,80,261 of which Scheduled Castes (SCs) are 1,58,616 and Schedule Tribes (STs) are 1,60,617. The decadal growth in the population of Bokaro was found 22.11 during 1991-2001. The density of the district was 508 in 1991(Census of India,1991), which has increased to 621 in 2001(Census of India, 2001). Sex ratio of the district was 865 in 1991 that has increased to 895 in 2001. The total number of work force involved in agriculture is 31,266.

Bokaro district consists of two sub-divisions and 8 Development Blocks and 136 Panchayats with 639 villages in number. The district is dense populated with a population density of 662 per square kilometers.

Now the focus shall be given to Chas township area and its total population distribution. As of District Primary Abstract Census of 1991, the total population of Chas Municipal Corporation Area is 65,207 against Chas Block Population 565,290.

Table 3.1 Population by sex and decadal growth of population during 1981-1991 and 1991-2001, State: Jharkhand (Census of India, 2001)

S.No.	State/ District	Population 2001			Decadal growth rate	
		Persons	Males	Females	1981-1991	1991-2001
Total	Jharkhand	26,909,428	13,861,277	13,048,151	24.03	23.19
1	Garhwa	1,034,151	534,433	499,718	32.07	29.05
2	Palamu	2,092,004	1,079,829	1,01,175	25.87	26.80
3	Chatra	790,680	402,565	388,115	32.43	29.05
4	Hazaribagh	2,277,108	1,167,526	1,109,582	28.63	24.02
5	Kodarma	498,683	249,276	249,407	28.08	26.32
6	Giridih	1,901,564	958,904	942,660	28.92	27.09
7	Deoghar	1,161,370	606,688	554,682	31.64	24.46
8	Godda	1,047,264	543,784	503,480	20.71	21.61
9	Sahibganj	927,584	477,366	450,218	19.69	25.89
10	Pakaur	701,616	358,414	343,202	21.57	24.34
11	Dumka	1,754,571	894,849	859,722	23.05	17.31
12	Dhanbad	2,394,434	1,277,516	1,116,918	22.70	22.82
13	Bokaro	1,775,961	937,188	838,773	32.57	22.11
14	Ranchi	2,783,577	1,436,423	1,347,154	21.42	25.72
15	Lohardaga	364,405	184,405	180,000	25.72	26.14
16	Gumla	1,345,520	674,455	671,065	13.44	16.60
17	Pashchimi Singhbhum	2,080,265	1,052,711	1,027,554	20.58	16.35
18	Purbi Singhbhum	1,978,671	1,024,945	953,726	16.98	22.66

Source: Census Of India, 2001 Provisional Population Table, Government Of India, Vol.1

The number of *Dalits* (SCs) in Chas Municipal area is 6,624 in which male are 3,489 and female population are 3,135. There is an increasing tendency in the overall population of the township through migration. On the other hand the population of Chas Block consist 565,290 in total in which scheduled caste are at the number of 66,782.

Sadar sub-division Chas, is situated in the district headquarter Bokaro. There are two blocks under this sub-division. One is Mufassil Block Chas itself and another is Chandankyari Block, which is 30 km away from the sub-divisional head quarter with 43 panchayats. The total population of this sub division is 7,41,921.

3.2 Description of the Research Field

The purpose behind the selection of the research field Chas, a Municipal Corporation area and a part of Bokaro Steel City urban agglomeration in terms of urban population census, has various basis and understanding.

As of now, it has been given the population distribution of *Dalits* in the Chas Municipal Area. The most significant factor is the surrounding area of Chas. Chas has a good number of Marwari communities, followed by Sikh and Hindu '*Baniyas*' who hold the key into the all sector of business transaction within the region. Chas is not a newly developed township but it was even before the establishment of Bokaro steel plant. The area surrounding the main market have majority of businessman families. Also, this region has been a part of Purulia district of West Bengal. Hence, there are some local inhabitants who speak Bengali language. One can notice the use of Bengali words typically in the local dialects among non-Bengali speaking population that definitely shows the past relationship of the area with West

Bengal. Due to lack of sewerage system, there is a community, i.e. Handis, who are traditionally engaged in the cleaning of waste materials and latrines manually. The area covering Chas municipality is being taken care by Mines Area development Authority, popularly known as MADA, which has its office at Dhanbad.

The other factor, which led the researcher to select this area, was of the population of 'Handi Cooli' who are primarily engaged in the scavenging and cleaning latrines. Despite being the first nearest settlement from the main market, the housing condition, their sanitation facilities and environmental surrounding is much worse than the other far away settled community. They don't have a single 'Public Tap or Hand Pump well maintained where they can bath or wash clothes. The tyranny does not end there but they do wash clothes and take baths in the same ponds where they use after toilets. All these facts were seen during the pilot visit of the area. Having these observations, which was based on non-participation of the researcher, which enforced to conduct the research work on this particular community. Chas has attracted a good number of migrants that has dense the population of Bokaro district.

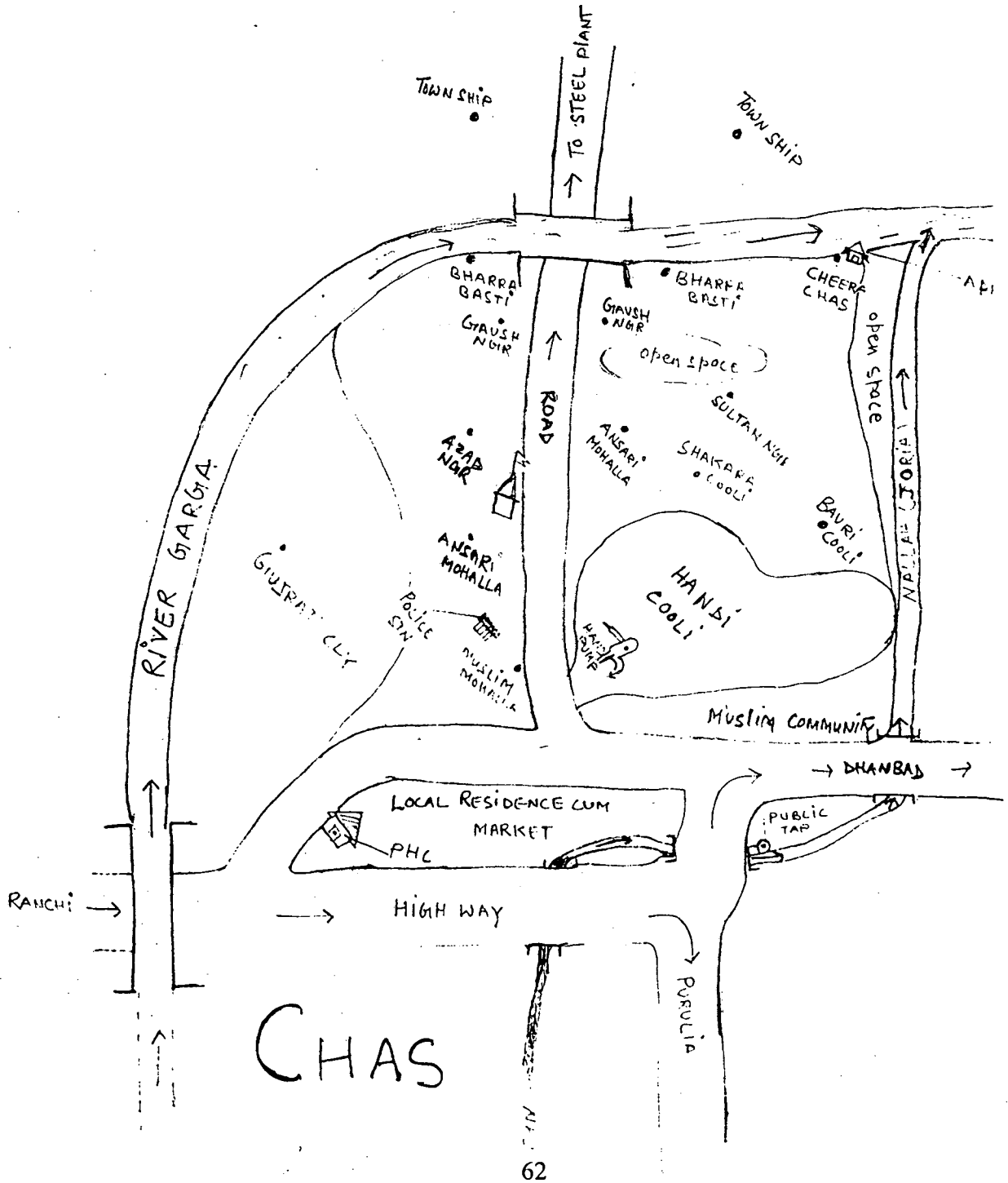
➤ **Handi Cooli**

According to the estimation of local leaders and old responsible member of Handis, there are 48 families of Handi caste who resides in the Handi Cooli ('Cooli' is known for Mohalla). This mohalla is just few meters away from the main market of Chas town. The process of construction of new houses has expanded the settlement to those areas of chas, which were before ten years agricultural lands. Handi Cooli is geographically surrounded by other mohalla's from three fronts or sides and in eastern part, a Joria (Nala) is crossing which carries the collection of wastes, (i.e. of Houses and small industries), through a drain of Chas township.

Notional Map of Handi Cooli (2)

Dist.

BOKARO



South of the Handi cooli is the main market, known as Mahabir chowk main market. Northwestern part is the settlements of Muslim community and NorthEast front is populated by Bauri caste, known as *Bauri cooli*. Bauri caste belongs to 'scheduled communities and now mainly engaged in Kabadi works.

This area is well-separated settlements in terms of the communities settled there. These mohalla's starts from Muslim mohalla and followed by others namely; Ansari Mohalla, Ansar Nagar, Sultan Nagar, Azad Nagar, Ghaush Nagar, Bharra Basti. These mohallas are totally inhabited by Muslims, majority of them consisting of outsiders or migrants throughout the Jharkhand and Bihar. Only three small coolis (mahalla's) are in the middle of muslim settlements which are of scheduled castes populated.

Most striking feature is that all of this cooli's are having the population of *Dalits* and engaged in lower degraded occupations. Handi, Bauri and Shakara Cooli are the three mohalla's respectively.

➤ **Bauri Cooli**

Bauri cooli is estimated to have around 200 families. Majority of the population is engaged in Kabadi works, rickshaw puller, and vendors at the different spots of Chas Township. Few are working as casual labours. The housing condition not good because even this community also has Kutcha houses. Only 5 to 10 percent have pucca and semi pucca building. This community traditionally is not involved in polluting occupation. They have been doing labour-based earning jobs, earlier in the agricultural fields, household based and at the construction site. The level of literacy is very low. During group discussions, it was observed that they don't have availability of school education properly.

There are few families who are well educated because of their land holdings in past generation. Bauri caste is listed in the census of India among the scheduled castes. They speak moreover Bengali language. The children of their families are engaged in rag picking. This was found while doing the study that in the whole township area the children of Bauri caste collect garbage and pick-up usable items from the streets and different corners of the township.

➤ **Shakara Cooli**

This is also a mohalla of scheduled communities who are mainly engaged in different daily-based earning jobs.

Shakara Cooli has been engaged into their traditional occupation "Pot-making" (*thathera*). Before the construction of steel plant, they had good space in terms of marketing their product. It had enough demand in the market. From this occupation they had good amount of sell and purchase, and profits also. Chas was only a small township through which one National Highway crosses to Dhanbad in the one side and the other side Purulia, a district of West Bengal while the third road goes to Ranchi, the state capital of Jharkahand. These three main highways meet at Chas, which is three kilometer away from Handi Cooli. So it has got good potential of roadways facility. After the establishment of Bokaro Steel Plant, most of the goods were transported outside or inside of the steel plant through Roadways. In the process Chas developed a big sector of employment in heavy motor part shops, mechanical oriented workshops and garages. This had opened a new opportunity for thousands of people for employment.

Interestingly Muslims dominate this sector. This is the reason that in the above mentioned Muslim mohallas where majority are engaged in this sector.

The developmental change in Chas gives us a base to understand the decline in the market demand of locally made metallic pots by Shakara caste. Through the process of urbanization, many new well-maintained markets and shopping complex has developed. No doubt, this process pushed this community to stop their traditionally based business because they could not offer the new standards of market trends. In this context, the demerits of urbanization have been proved worthy to demolish the well maintained and highly demanded products into the local market produced by this community.

The well settled community has changed the occupation from making and selling of aluminum, copper, brass pots into collecting the junk dealer, i.e. *Kabadis*, of these metals. Now the crude and rude scene is that 90 percent of the families are engaged in kabadis work.

Children of shakara community also could be seen at the streets of the town and different mohalla's collecting all waste stuffs from dustbins. These are the rag pickers who are at the age of 4-5 years starts working as rag pickers and support the family to improve in the total income.

The nature of the family is found in the form of nuclear. This fact was explored through the informal discussion with the families from the same caste. Senior community fellows were also consulted who also had similar view.

According to the view expressed in the In-depth group discussion held at this cooli that "most of the Kabadi's of Bokaro steel city and chas, come at this mohalla. Because now the whole mohalla is engaged in the same job, the reason is non-availability of other option. They have deep anger towards state policy and sometimes feel that they themselves are also responsible for the deterioration of their living

condition. Few families, to whom the researcher could manage to talk, found that there are few households who do not own their own house. The other side of this story was that few families sold their own houses due to acute poverty.

Shakara Cooli has a homogenous population in terms of caste and occupation. Men, girls and boys are found to be engaged in the same occupation. This is not their choice but the social, political and economic changes that has forced this community to stay in this hazardous occupation. Girls are more vulnerable. They are sexually abused. Early marriage of girl child adds to their vulnerability.

3.3 Housing and Living Conditions

Except two or three, all houses in the Handi cooli are made up of Kutcha. To say at least they have owned houses whatever the kind of structure is a different question or issue. One typical observation could be illustrated is regarding the houses they have. Generally they don't have rooms more than two. The person would be happier in the community if he/she possesses house with 2 rooms and a Veranda. Most of the houses are very small in size. Rooms are very congested and ventilation is not at all in any houses only excluding Pucca houses. Floors are Kutcha or are made up of soil. The distinct observation regarding the door is the height of their doors. The vertical length/height of the doors are as such low that one has to fold his/her head to enter the house. The famous saying seems true that lower caste or untouchables were supposed to keep their doors short in height. So the idea was that when they come out of home, they will show obliged before the upper caste when they out of home.

The numbers of person per room is around 5 or more, which is small in size and congested.

The other unexpected impression is about cooking space. The concept of separate cooking space does not exist there. The condition is such that they cannot even think about because since many of them have only singly rooms. The reason of having small rooms is that they do not have any more lands around the place.

Before few decades, Handi cooli was really at the outskirts of the Chas town but as soon as the process of urbanization got momentum, the population started settling down leaving Handi Cooli in the middle of the whole area.

The whole Handi families are dependent on a public tap, which is around at a distance of half kilometer from the settlement.

In fact, Bauri Cooli also does not have any proper source of drinking water. This is only in Shakara Cooli, where few of the families have hand pump and well. This only because, there were few families who had owned large area of agricultural land before ten-fifteen year's back. These sources are as well as old of their past happy days. So, all of them carry water from the public tap which is at the mid of the market of Chas bus stand.

The public tap is just beside of the drain flowing through the Chas market. No doubt, the water is generally flowing whole day in the tap, but the spot where it lies is just as of lie in the drain (i.e., Joria).

One can see the long queue every time over there to collect their water. Women and girls have to carry water on their head everyday in the morning and evening. This is the major job for them where they have

to spend around five hour's everyday. The rest is for cooking and collecting or managing cooking fuel.

Though Bokaro is among the richest coal reserve and mining district, the people of the region are not having access of coal for fuel. There is merely coal depot from where people can access through paying less amount. The crisis has created high demand of coal in the illegal market. The unemployed population of surrounding area, where coal mining are done, collect coals illegally and sell it door to door in the township area and outside also. This has also given way for illegal mining by different "coal Mafia" and local criminals to mine and sell it illegally at a large scale. Thousand of people around the town have made it a major source of livelihood, to sell the coal in different colonies of the whole district. But these are not among the *Dalits* of Handi Cooli. When there is high alert to stop illegal mining from the district administration, the majority of the lower class population faces acute crisis because they don't have any other source of fuel. Specially, the *Dalit* of Handi Cooli are not in a good position in terms of economical aspects. They cannot buy fuel at high cost. However in any way they have to buy because there is no alternative. Kerosene oil is provided by Public Distribution System (PDS) at lower price but most of them don't get it. Many of the families do not have Red Card (given to BPL families). Few of them have ration card but not able to access the different goods provide by the state. The reason is non-availability of the goods in the PDS center.

One only can not blame the people who are engaged in coal selling, ignoring the fact that without the involvement of police or administration the illegal sell of coal and mining won't be possible to do. The above explanation helps to understand the proportional expenses of the household on different utilities.

There are few families who have toilets within their houses. They even do not have any public or common toilet around the mohalla /cooli. The sense of common space is there because all of them use common area for toilet purposes, which is the nearest field known around Joria. Joria is basically a stream, which comes out of the Chas collecting all wastage of the town that flows just behind (eastern side) the Handi cooli.

A person other than this community can not spend few minutes near the *Joria* because it smells too much. But few of the family's washes clothe and have bath in that slow stream.

The bathing and washing cloth is also done in the pond that is at a distance of $\frac{1}{2}$ kilometer from the Handi Cooli. In fact most of the members of scheduled communities have access of this pond. This is because the other pond now does not have water due to lowering down of ground water all over the district.

Except one, all of the families do not have toilet facility within the house. This is far and distant dream where one does not have even drinking water in its own mahalla/cooli, leaves about toilet within the house.

Every caste group tries to improve the status quo in the society through the help of economic improvement. The notion of 'pollution and purity' is only found when a caste group has substantial surplus to sustain their livelihood. This concept is used only to monopolize the economy as a whole where the share of the surplus amount is distributed among certain creamy groups only. There is always a creation of new groups who can do the service in a minimum wages. Religion is used to strengthen the argument given in this process of

exploitation. The crux of Marxian philosophy on religion seems suitable where it is said "religion is the opium for the poor".

In the present context, *Dalits* are the most deprived section and specially the *Dalit* scavengers. Hence, the purpose behind all the argument is that economy has got a power to maintain the hegemony of the concepts such as pollution and purity.

There have been several attempts to provide toilet facilities and sanitation but it has always lacked the approach of need-based. The whole settlements do the best utilization of natural ponds and Joria.

3.4 Electricity

Most of the families do have electricity but the way of accessing is different. Those who are better than other fellow of the community have accessed legally electricity but few of them access illegally. Few of them pay rupees fifty per month to the electricity department.

Duration of power supply is generally 18 hours a day. But the use of electricity is generally for lightening purpose. The modern goods of luxury are rarely available to them. The recreation in their life is talking and chatting with each other and watching cinema at the nearest theatre 'Chandra' Cinema.

3.5 Occupation Related Observation

All the families of Handi Cooli are from the similar caste and socio-economic group. They belong to Scheduled communities engaged in polluted occupation. *Dalits* are polluted group in the Hindu caste

hierarchy but only few caste groups are engaged in so-called 'degraded' or 'polluted' job.

The notion of purity and pollution is very harsh and crude; especially those castes engaged in the same and all religious communities in India do this discrimination. They don't mind, if they are born in such a family because even they want to improve their status can not change their status. This attitude develops after a long perpetual and perennial cycle of degraded life. They have limited option to for the livelihood. The sense of security of job among the youths is very high. They are interested to go for other work but it's not available. This idea was grasped during the Focused Group Discussion (FGDs) with the youths of the same community.

The major problem noticed was the involvement in gambling of the whole community including Bauri and Shakara fellows. The reason is the non-availability of job opportunities. This is also because the sense of work security that they can do their traditional occupation in their respective areas. The whole settlements of these *Dalits* (including Bauri and Shakara Cooli) are very much fond of card playing and gambling. Even if they don't have money. They play it as a favorite pass time game. The kind of social pressure is negligible because all the age groups are involved in the same. No any legal action is done because the local police personnel ask some amount weekly or monthly and leave them to do it. This has encouraged the local mafia to sell locally made liquor illegally in the same Cooli. They pay fixed amount to the police station and other staffs whoever create any problems. Few member of Bauri Caste expressed their anxiety about their helpless condition. Many of the responsible community members were of the view to stop selling liquor in the Cooli. Even youth and adolescent have become daily consumers. In this situation, their

condition gets more worsened because even if they earn some amount a day, spend it in these activities.

The level of social interaction with other community is limited. There are no upper caste families in the surroundings. Muslim does not follow and practice the theory of pollution and purity but the essence of this notion exists somewhere in their practical life. However the surrounding population helps them to stay and breath freely. If there has been an upper Hindu caste, the social environment must would have been different.

This is an important aspect to see the social stigma attached with this caste and their special occupation to assess their living and social condition.

Due to increase in urban population around this settlement, density has also increased. The level of social interaction is decreasing. This phenomenon leads a positive change when we compare the inevitable rigid attachment of pollution and purity with the special castes. Fewer interactions, less identification, leads to decline in the social pressure. The change in urban society from collective consciousness to individual consciousness in a way weakens the hierarchical set up of Hindu caste system.

One mere observation is in the dress pattern of this community. If they dress well during the off time, it may be difficult to identify them as a fellow Handi caste. They are very conscious into the dressing style.

One question always strikes about their traditional occupation. *Why they are not able to change their occupation? If they want, what are the factors, which enforce them to do it?*

The first explanation depends on the understanding about the special occupation. The family and social institution to carry out their traditional occupation are socializing them. The level of awareness is

more or less good. Few fellows expressed the view that education could be used as an instrument to improve the social status within the social structure. But the social structure does not allow and encourage. The level of income is very least or meager which makes them to think for supplementary support system for new income. Lack of educational facility is also responsible for their deteriorating condition. The permanent strike by upper caste group through various mediums has been playing a catalyts role into the continuity of same occupation.

The one and single factor, to have a one-dimensional understanding, can be cited about the sewerage system. This is basically very complex question that whether township has proper sewerage system or not. But most of the drains are handled by this caste in the chas area. They are the local inhabitants of this region and place. If I can illustrate the fact that even before the existence of Bokaro steel plant, they were in the same position. In the agriculture-based society also they have been doing degraded works. None of them had any agricultural land in the past or none of them have in the present era.

A person of 25 yeas old told that situation has changed right. At least they can drink water or have foods in the different hotels and dhabas in the market now. Otherwise, one generation before, they had tremendous stigma throughout their life. They were not allowed to have anything in the public places. In the main market of Chas, adjacent of their Cooli, there are hundreds of families (Bengali upper caste), who never allowed these *Dalits* to enter into their houses. But now situation has changed. Few women from *Dalits* do domestic work as maid in their houses.

This is a kind of change in the social surroundings where at least, they can interact and earn some amount, no matter even at very least wages.

The overall status of women could be seen only according to their earnings. Which is negligible in this scenario, one has to see their family income and the number of household's members. The observation has definitely helped to understand their importance within the family. Male members always take the decision but their consideration is taken in every occasions.

One can also illustrate the economic structure and mode of the earning of the community.

Economic structure is largely based on a single occupation. There is not a demand of any investment but the acquisition of skill is necessary. The concentration of menfolk in the same occupation is very high. Women are engaged in the domestic works all the time. The availability of alternative jobs has limitation for women. Women are also found engaged in different occupations but the earning is not as they wish to do.

There has been a school of thought, which support the liberation of women. But one can do much more work if they are being provided. Women are always dependent on the male folk because they have not been provided opportunities to work.

The whole of Chas area is in the process of transformation. Transformation in itself carry a complex ideas but here what perceived that this process is having the phenomenon of social and economic changes. Transformation means change in something in totality or partial. The life of the *Dalits* in way has some influence of the majority community that consists of Muslim in the area. Muslims have dense population of local inhabitants, though being a part of Steel Plant City; it has attracted large number of migrant from Bihar and other states of the country.

The impression, which was gathered in the area, was that it has congested narrow streets and roads crossing the Cooli. The new construction of main road crossing from the mohalla has given a new shape to the whole area comprising whole mohallas.

Around eight RMPs could be seen in the whole locality of different mohalla's, which has been discussed. These RMPs are always available without any problem of access at any time.

Private doctors and clinics/nursing homes are mushrooming in all the parts of Chas and Bokaro in general and especially there are few places where only these clinics are located.

Children are always exposed to the dirty and waste materials. The drains are not covered in Bauri Cooli but Handi Cooli does not have even any proper drainage. There are many households who themselves dug the earth and dispose wastewater into that. In the process they clean out and throw the waste water in the open drains passing through the main road, which cross from the area. It is not surprising if one see women washing their utensils at the doorstep of the houses where all the wastes and disposed water are logged.

The process of disinvestment of the public sector unit in the hand of private ownership has tremendous influence on the small business sector of Bokaro. Particularly, since the National Democratic Alliances (NDA) government has come in the centre, this process has been rapid. The other influence is on the motor vehicle and motor mechanics related businesses. Because Railways transport most of the goods of plant inside or outside. The general observation and discussion with the local businessman it was found that since SAIL is giving Voluntary Retirement Scheme (VRS) and forced scrutiny has created a sense of insecurity which has compelled the people to slow down the

purchasing. Many employees who were in steel plant going back to their hometown or native places after retirement. Many are still planning to go back their place. Hindustan steel limited (HSL) is just to close its unit. HSL is running within the BSL premises, has done too many scrutiny according to the directed policy of central government.

BSL is the most profitable unit among the other units of Steel Authority India Limited (SAIL). But in the total proposition, it has been declared as a sick unit.

3.6 Perception of Handis about Themselves

In general there is a trend among the population about the feeling of making themselves segregated from others. They are not interactive with others because of being the member/group of polluting caste. But they know that they have an important function to perform for the society.

The stigma attached with their special occupation also influence their other life activities. They attend all the special occasions and festivals celebrated by the caste. The new generation of the age group of twenties and lower has different perception about their life style. They do not want to be obliged to any other caste group and communities. They also want to enjoy their life in free environment and breath openly.

One may not be able to identify them if they dress properly. The other communities also have same view about their dressing style. Most of them do the same job but in the evening. Especially youth's dresses well and sit around the main market and gathering is found in the nearest market known as "Mahabir Chowk". The normal life routine

starts when they get up early morning and go for refreshment. Breakfast is generally not available in the early morning. So they start their life without food and go in their own area to see, is their any chance to get some work”.

The special occasion comes every Friday when a new movie is released in the nearest Cinema theatre. The cinema hall is at a distance of less than a kilometer. Researcher tried to observe the crowd in same cinema hall, known as ‘Chandra Cinema’, it is especially at the evening show, most of the youth visit there to have some leisure time. It is the major source of entertainment among the youths of Handi caste.

The dowry system is practiced and it is found among the families of Handi, also of Bauri and Shakara. The majority of the people are of the view that it is a social evil and so oppressive system but they follow because the social pressure created by the Bride families.

Politically they are not attached to any political party whoever comes and gives series of commitment and promises. They follow those people and political dealers. During the Focused Group Discussion, the major need and demand came out of the community members was about school infrastructure. So the desire of sending kids to school of every parent could be fulfilled. The process of recruitment of teachers in the school shall be taken with the consultation of community. The teachers should be recruited from the community itself. So, the level of discrimination could be minimized.

Also this method or approach will give them a feeling of being equal of others. This will also enhance the process of socialization of children and to grow the overall personality. The level of motivation to send their children to the school is not less but it lacks because of non-

availability of any schools in the locality. There is a school just near from the Handi Cooli but the teacher discriminate between the students. They give less attention to their children who needs much more care and attention. Middle school is in the mid of Muslim Mohalla where no other students except of few go regularly. In other words, the majority of the students do belong, from Muslim family. No one from Handicooli/ caste.

There is not that much problem in terms of discrimination but the feeling of inferiority among the handi is much higher. They feel themselves well separated, segregated and marginalized in the process they can't interact at high and in-depth level so can send their kids and children to this school. The state goes according to the criteria of distance and population. In this criteria, there is one primary school, one middle school and also a high school of state government but not accessible to them. They should be given special attention for the educational attainment.

The primary school is just nearly from Handi cooli but why is this that their children are not registered? Actually, the school is located on the bank of Joria (Nala), which flow in the eastern side of Handi cooli. There are two rooms and a Veranda, which is of pucca constructed. There is vacancy of two teachers but only one teacher is posted. The lady teacher is not able to provide proper guidance and education to all. The majority of the students are of Bauri and Shakara castes and also Muslims. The tendency of being get exploited also make the condition of *Dalits* more badly. Handi's are always asked to stay away from others. Even few Bauri caste fellows were found saying that they cannot interact with Handi's because they are engaged in 'unclean occupation'.

The school does not have drinking water facility. In fact, one public hand pump was set up few years back but now it is non functional. The significant thing noticed was that every publicly made construction or establishment for the welfare of the poor is not well maintained. The major issue should be how to maintain it in the future also. Even if there is a need to spend ten rupees to repair, no one bothers. Community involvement is very important in the process to keep in proper function. In the present context of debate, the hand pumps are always not maintained and get destructed in the course of time period. The already constructed building of school is any more not maintained. This is the scenario of a town where not a proper chair is available in the same school. Students carry their own stuffs small clothes and plastic sheet on which they sit in the classroom. The number of students from Handi Cooli would be not more than ten those are also not regular because they don't get good response and treatment in the school.

The name Handi Cooli is derogatory in itself if a person say that he is from Handi Cooli, the reaction of the other would be very distinct and avoiding.

The consensus among the caste member of Handis had been that they should have a separate school where every child would like to go regularly. The perception of child develops only from this age. The very process of socialization starts after the birth of a kid but the significant stage of learning starts when children interact with the peers. They develop the perception of being belonging from a particular family, which has a caste identity. That caste identity provides a platform to growing individual and every kid are trained in the family in such a manner, where they have to carry the status quo of their own caste.

The middle school is located at a place that is dominated by Muslims. The reality is that maximum or most of the students are from the same community because it is basically Urdu medium school. Hence, most of the *Dalit* students go to another schools, which run, by different organization and individual. One of them is Shishu Vidya Mandir, an associated branch of Rashtriya Swayam Sangh (RSS). Even there is also hardly any Child of handi and Bauri is registered.

Talking about high schools seems useless very few students who could manage to rich in high school. The problem is not only the family or familiar background but also the lack of motivation and awareness. Hardly there is any family where the parents are keen to force their children for higher education. There are too many complexities surrounded with their livelihood and life. The foremost statement comes, what they will do, if go for higher education? There is no any surety of any government job. How an educated person will feel when he/she won't get any opportunity. There may not be any change in the social status. Still they will be called a member of polluted community.

The other demotivating factor is the school environment. Teacher are also a role model for caste-based discrimination, they promote the same ideas. The larger population is not suffering from caste-based exploitation but *Dalits* of this occupational category suffer. The frustration towards the state policy is very high. The main problem lies with the issue of awareness. Few of them are very vocal and tried to access several schemes at the block level. They do not know that there are few schemes for *Dalits* which is to promote the living and social status of these backward communities. But the whole thing collapsed with the intervention of mediator. The importance of those agents at the various levels becomes important because the people are not educated. So many things come in the way of accessing anything.

Schooling is not the priority of Handi caste members because the search for the employment starts every morning and ends with some rupees in the hand. They do not want to take any risk while spending the time of children. Very few of them realize the importance of education.

A person, felt really very proud when he introduced his two children to the researcher. The reason was only that they were going school and regularly. The person is illiterate but the kind of social interaction he has with other community member, made and impressed to send his children to school. That person has television, which he got from his father in law. He watches those programs, which is based on social issue such as literacy mission, health related campaign with the family members.

The idea behind putting above instance is very simple. I am trying to argue about the role of parents into the socialization of kids, which could be helped through different mediums.

CHAPTER IV

SOCIO-DEMOGRAPHIC PROFILE OF STUDY AREA

Introduction

The issue of dalits related to their health has been discussed in the previous chapters. This chapter would focus on the basic health problems found among the Handi caste. This is based on the data collected from the same community.

To fulfill the objectives of present study it is necessary to have a brief description of the socio-economic conditions of Handis. This chapter gives a household profile of the Handi, which helps us to locate the other issues related to their overall health.

To ensure health to all Parliaments has also approved a National Health Policy in 1983. The efforts are to ensure that health services provided by the state infrastructure the major emphasis in on accessibility to the people, availability of the infrastructure & services continuously acceptable to the people culturally and socially and affordable by the lower socio-economic groups of our country.

The government of India has established number of health centers, shown in a Report of the independent commission of Health in India Voluntary Health Association of India (VHAI, 1997) as: -

Table 4.1 Health Centers Established In India

Health Centres Established, 1995	
Health Centres	Number of Health Centres
Sub-Centres	1,32,285
Primary Health Centres	21,802
Community Health Centres	2,401

Source:- Bulletin on Rural Health Statistics in India December 1995, New Delhi. Rural Health Division, Directorate general of Health Services, Ministry of Health and Family Welfare, Page 29.

There are many health centres, which don't have any health personnel. In this backdrop these some tables which shows the empirical facts collected from the Handi Caste in the District of Bokaro.

Profile of the households: The profile of the study area has been discussed to look the real condition of the community. It will help to relate their socio-economic condition of the community with the mainstream society.

Table 4.2 Profile of Household members

Total HH	Total respondent			Total members			Sex ratio F/100 M	Total workers			Total literates		
	T	M	F	T	M	F		T	M	F	T	M	F
38	38	25	13	198	117	81	69	75	61	14	81	53	28

The above table (4.2) shows that the total numbers of respondents are 38, in which 25 are male and 13 female. Total members are 1998, among that 117 are male and 81 female.

The working population among the all individuals are 75 in numbers, whereas 61 are male and 14 female. The literate population are 81, out of 198 members 53 are male and only 28 female.

The difference between male and female literacy is very high. Many female respondents were also found , who had anger and anxiety with the social structure of Hindu caste based Society.

Mohri Devi said, “ even male members discriminate within the family female childs get less importance than boys”.

The early marriage is prevalent which adds the vulnerability of women. Because they do not get formal education, do not have access to electronic and print media. So, the triple alliance factors, makes the situation worse. The process of socialisation within and outside of women plays very crucial role. The over all personality of an individual reflects the kind of socialisation he or she gets.

The socialisation of women within the house/ family is also important then male because they have less interaction with the outer world. Their behaviour and activities are always checked by neighbourhood, peers and society as a whole then male.

Hence, the ratio of women who are working and literates are less employed and high rate of illiterates according to the above table.

Age distribution of the household members: This discussion is very important for the understanding of the age distribution of the study population. How many of them are engaged in different kind of

occupation and or not employed, could be seen from the following discussion.

Table 4.3 Age distribution of Household Members

Total HH	<10		10-20		20-30		30-40		40-50		50>	
	M	F	M	F	M	F	M	F	M	F	M	F
38	29	16	37	25	17	13	12	13	18	13	4	1
	45		62		30		25		31		5	

(Note: F- Female, M-Male)

The table (4.3) shows the age distribution of the household members. This also helps to analyse the male and female distribution among the total.

The total number of household is 38. The number of male members below age ten is 29 where as female are 16. Number of male between 10 to 20 years of age is 37 followed by 25 female members. The number of male and female between the age of 20 to 30 years is 17 and 13 respectively. While male between 30 to 40 years of age is 12 and female are 13, followed by 18 male and female 13 between the age group of 40 to 50 years. Finally those above 50 years of age are 4 male and by 1 female respectively. .

The maximum number of individuals are found between 10 to 20 years of age. Second largest number of members are below the age of ten years, followed by 20 to 30 years of age.

Socio-economic characteristics of the study population: Socio-economic status is a determinant to examine the living condition of the population. The kind of employment they have, educational level, their

level of education in terms of primary, secondary, higher and other purposes.

Table 4.4 Socio-economic characteristics

S. No.	Total workers			Total literates		
	T	M	F	T	M	F
1.						
2.	75	61	14	81	53	28

The above table shows the socio-economic characteristics of the respondents including individuals of Handi caste. There are only 38 respondents in which even are only 25 in numbers. The ration of working population with the other caster group may vary, if we compare it. However this table provides a background to explore the over all work status.

Among 75 total working individuals, there are 61 individuals found to be working some where. Only 14 female individuals were found engaged in some earning. This table does not gives detail of occupational categories. This is because this figure has been put in separate table in the same chapter.

The rate of unemployment has not reduced stating the fact that the district has got good number of industries. Even Bokaro Steel Plant (BSL) has not been helpful to break down the increasing chain of unemployment workforce. There are ample areas of coal mining in the distrial itself. Berno- subdivision comprises mostly coal mining and coal reserves.

The argument laid down in Bhopal document would be a positive aspects. The document argues for the participation and reservation not only in public sector but also in private sector. Efforts have not

been done in this direction because Bokaro has good number of industries. This includes only private sector units. The segregation of Handis has resulted into the economic segregation.

Similarly, the literacy level of Handis also very significant to locate their socio-economic status. Health is also dependent on the economic prosperity of an individual. Basically economic well being is a part of the definition of health given by WHO. Rosen (1972) health problems have always been linked to economic, social, and political conditions, and one can find observations as far back as antiquity and medieval times linking social and cultural factors to health (Adler et al.)

However, despite periodic observations of relationships between the social environment & health and illness, there was no systematic investigation or organised to questions the laid understanding.

Educational Level: The study population has a least number of qualified persons. The total population including respondents and household members have been divided in five categories. This categorisation will help to analyse their educational status.

Table 4.5 Respondents and Educational Level of The Household Members

Respondent	Educational level of the H members					Total
	Illiterate	Primary	Secondary	Higher Secondary	Others	
Male	19	3	2	1	0	25
Female	13	0	0	0	0	13
NA	55	69	12	0	24	160
Total	87	72	14	1	24	198

Note: "NA" refers the household member's & their educational level.

The above table shows the educational level of the all the members of the households interviewed. Household members consist of the members of the members of the respondents family. The total number of the individuals in the respondents household is 198.

The level of educational attainment is classified into 5 categories; illiterate, primary, secondary, higher secondary and others. The category of "others" includes higher education and vocational education etc. among the total 198 individuals, 87 are illiterate, 72 have studied upto the primary level, 14 were able to attain secondary level of school education. However, only one person could study beyond higher secondary. There are 24 individuals to have studied so as to qualify for 'others category'. However, no respondent figures in this category.

The scenario of women interviewed is depressing. Out of total women respondents 180 per cent replies that have not attained any kind of education. They even do not fall into the criteria of triturate without any formal education.

Talking about women empowerment and those of belonging to this marginalized and sidelined section seems a debate without solution. The above table shows the level of literacy and educational level among the household members. It does not give the bifurcation between men and women's though provides useful information. One can notice slight improvement in the next generation of household members. Still the members while 69 of them have attained the primary level of education this group includes literate through formal schooling and informal education.

Similarly only 12 of the members replied that they have gone to secondary level of education while not a single person could cross or

achieve the secondary to reach at higher secondary. One significant change is in the group of others attained this category of responses.

If we compare the above figure with the literacy rate in the whole district Dhanbad (ie undivided Dhanbad), it can give some idea to understand the differences. One has to satisfy on the given figures till 1991, census of India, the Bokaro District was a part of Dhanbad district. Bokaro became a separate district after the census was completed in the state.

The total population of the Dhanbad district was 13,70,952 comprising 7,71,879 male and 5,99,073 female population. Out of this population 2,60,919 male and 3,29,662 female are illiterate. Literate without any formal schooling including educational level unclassifiable comprises 14,740 in total. Out of this 9,030 are male and 5,710 are female (census of India, DCH Bihar, 1991). The literacy level corresponds to the women status in the whole region, especially of scheduled caste women. This makes them dalit among dalits census of India, 1991, shows for the district Dhanbad, number of even married women among SCs in the all age groups are 56,925 for rural population. While the urban population of women ever married in total SCs are 44,157 in Dhanbad district. The social structure among this special category of population is also very complex. If upper caste Hindu population have higher rate of early marriage that is because of the customs, traditions and values. But this disadvantaged section of our society have similar data to show. Out of the total rural SCs women population 56,925, the number of women age at marriage between 0-9 is 654 while for urban population, it is 873.

The largest Chunk of women married are in the age group of 19-15. Age at marriage for this group in rural women population is 21,718 whereas for urban it is 13,796. Similarly age at marriage for the 18-19

is 7,614 in rural population, in comparison to urban it is 7,643 for the same age group.

Household income: The level of economic status is very low among this population. This is very important to assess the living conditions and expenses on different purposes. Annual income of the household has been presented in the table 4.6.

Table 4.6 Total Family Income (Yearly)

Respondent	Total family income (in, 000annually)				Total
	<10	10-20	20-30	30 >	
Male	14	9	1	1	25
Female	12	1	0	0	13
Total	36	10	1	1	38

This table (4.6) shows the yearly income of the household as reported by the respondent. To understand and present it in a simple way. It has been divided into four categories. These four annually income classification represents the economic background of each household interviewed. The four categories are divided as below Rupees 10,000, to 20,000 yearly income. 20,000 to 30,000-income group in third groups and above 30,000-income group per years.

Most of the respondents 26, 14 men and 12 women, have <10,000 annual income. The annual income ranges between 10,000-20,000 for 10 respondents, out of which 9 are men and only one women only one respondent each and both men each between 20 to 30,000 and above thirty thousand respectively, of all female respondent, 12 in the group

who earn <10,000 and remaining the belongs to the second category, earning between 10-20,000. All these respondents are the earning individuals of the household. If we include men and women income in a single category, 68 per cent fall in the income group of earning below 10,000 rupees. Twenty six per cent belong the second category. In the other two categories, it is 3 per cent respectively.

Besides economic propensity, availability of the health care services and willingness to utilize it is important. Table shows the health care facilities available.

As a part of total health case, issues related to family planning maternal and child health, and immunization has been examined. The family planning services are availed by 13 respondents of whom 11 are men and 2 are women. Awareness regarding the services and availability of the services both appeared to be poor.

House ownership and type: Housing has a crucial role to play for human being. The welfare state like India is supposed to provide this facility to every needed citizens. This has been examined on the basis of table 4.7.

Table 4.7 House Type and House Ownership

House Type	House Ownership		Total
	Rented	Owned	
Kutchha	1	34	25
Semi Pucca	0	3	3
Total	1	37	38

The above table shows the pattern of house ownership. Most of the respondents (37) had their own house. Only one respondent lived in

rented house, which was Kutcha. Among those who owned the house, 34 lived in Kutcha and 3 in Semi-Pucca house. This table shows that out of 38 respondents, 3 have respondents have Semi-Pucca house. It is very significant to locate the lower socio-economic conditions of the whole community housing condition is one of the factors which may have some relationship to the overall health of the community.

Table 4.8 House Type and Number of Rooms

House type	Number of Room			Total
	1	2	3	
Kutcha	11	23	1	35
Semi-Pucca	0	1	2	3
Total	11	24	3	38

Above table shows the distribution by number of rooms per household. Among the 35 respondents who lived in Kutcha houses, 11 had one-room units, 23 have two-room units and 1 had three-room unit as house. Those who lived in Semi-Pucca houses, one household had two-room unit and 2 have three room units. The numbers of Semi-Pucca owning households are very least. Only 3 respondents reported having Semi-Pucca. Among them 1 household had two rooms and 2 had 2 rooms.

Housing condition is very poor among this community. Housing is an important factor affecting individual health. If we divide the number of household members per room which comes 5.21 per-cent room. This is very high ratio of persons staying in a congested way.

Park & Park (1991), states that "housing not only includes the 'physical structure' providing shelter, but also the immediate surrounding, and the related community services and facilities".

defined as the physical structure that man uses and the environs of that structure including all necessary services, facilities, equipment and devices needed or desired for the physical and mental health and social well being of the family and the individual”(ibid.)

1. To put it briefly, a healthy residential environment is one in which “the family can develop and flourish physically, mentally and socially”.
2. The immediate surrounding of residential buildings are often referred to as the neighbourhood or micro-district. (ibid:395)

Handi Cooli is having a small area of land. An expert committee of the WHO (ibid:) recommended following criteria for healthful housing similar, to the Basic Principles of Healthful Housing Published by the American Public Health Association.

1. Healthful housing provides physical protection and shelter;
2. provides adequately for cooking, eating, washing and excretory functions;
3. is designed, constructed, maintained and used in a manner such as to prevent the spread of communicable diseases;
4. Provides for protection from hazards of exposure to noise and pollution;
5. is free from unsafe physical arrangements due to construction or maintenance, and from toxic or harmful materials; and
6. encourages personal and community development promotes social relationships, reflects a regard for ecological principles, and by these means promotes mental health.

Maximum numbers of household do not have space for cooking within the premise of house. This adds to the vulnerability to the housing condition of this vulnerable section. Social surrounding of urban society is very distinct from the rural set up. There is a great pain to understand the problem of the urban settlements belonging to underprivileged groups. Handis have the desire to buy new land at other sites of the township but it is just for the shake of nightmare. Inequality among this community is increasing as comparison to the mainstream society. Their income has not increased since last ten years, whereas the market situation has become dynamic. The increasing cost of everyday used stuffs has negative consequences. They can not bear more than foods, for everyday on other purposes.

Overcrowding is increasing with the growth of population. One unique phenomenon found over there is that the level of migration to other places is very low. Housing and health has some relationship. Because there are other factors. Which is responsible for the degrading health. However some diseases are found much in ratio in over crowded houses, such as of having respiratory infection, skin infection, high rates of mortality and morbidity where housing conditions are sub-standard. That's why, there is a standard norm per rooms/ persons.

Park & Park (1991) elaborate this understanding as following: -

One rooms 2 persons and 2 rooms 3 persons etc. This standard is not applicable to the studied community. There is an urgent crisis to increase the proportion of rooms per individual. This is only possible when their socio-economic condition is improved.

The source of their livelihood will be siphoned away, once the election for the local governing bodies is done. These people have to be accommodated in the vacant opportunities in the near future.

Table 4.9 House Type and Drainage

House type	Drains			Total
	Open	None	Any other	
Kutchha	16	17	2	35
Semi-Pucca	2	1	-	3
Total	18	18	2	38

Note: "Any other" refers those who have drugged a ditch to dispose water.

Table on house type and drains gives an idea of the drainage condition in the Handi Cooli. Out of 38 households, 18 had open drain and 18 did not have any drain, thus no **cutled** for used water. There were 2 households who reported, they dry the **gravel** to release used water. Once the ditch is full, it is covered with mud.

House type distributions by drains are shown in table 2. Out of 35 respondents who live in Kutchha houses, 16 open drains, 17 had no drains and the rest did not have either. They disposed water in a ditch. Among those category who owned Semi-Pucca kind of houses. Two households had open drain and one household had no drain at all.

The Handi Cooli does not have any proper drainage system, which is evident from this table. The whole area had no or poor drainage system. There has been no election in the state, Jharkhand since more than two decades.

During the monsoon, there is water logging in front of the Handi Cooli. Other areas are better off in terms of drainage. Resident also needs to maintain the cleanliness by not throwing the garbage into the drain and allowing it to clog. They often go in hands to clear it up.

Source of drinking water: The basic need of the community is not fulfilled. Every family has to walk long distance to fetch the water for drinking.

Table 4.10 Drinking Water: Source and Consumption

Source of drinking water		Public tap	Well	Hand pump Any other			Total	
No. of H.H.		32	4	2			38	
Consumption of water (Buckets per day)								
Bucket	<5	6-10 Buckets					10>	
		6	7	8	9	10		
No. of House hold	2	7	2	18	3	4	1	1

*H.H: House Hold

Drinking water availability is the major problem of this area. The two major sources of water are public tap and well. The above table shows that is available to household of all the respondents either through public tap or well. No one in the community owns any individual source of drinking water into "Mohalla". However 32 respondents reported that main source of their drinking water is public tap which is at a distance of about half-kilometer. Five households have accessibility to the well. The well they use belongs to Bauri caste or Shakara caste. There is one single hand Pump located in the centre of Shakara Cooli in the premise of the temple. Handis are not allowed here. Rest of them reported to be using other sources. The other sources refer the use of mixed or multiple responses comprising hand pumps mostly and well, public tap etc. occasionally. There are few

hand pumps located at the nearest market, one inside the premise of Chas police station, which is rarely used by this community. These people do not have any clean and hygienic source of water where they can have bath and wash cloths. Untouchability is a part of their socio-cultural and political life. Thus results into non-availability of the source of basic needs.

Early in the morning a long queue for fetching water is the part of daily routine. Women and young girls have the main responsibility for this job. One is not sure about the source of water is whether providing safe and clean water. This doubt arises out of the fact that the location of the water top is just at the upper side of the.Joria (i.e. A, 'Nala' drain which become a stream of waste waters).

The understanding of the “the interplay and integration of two ecological universes determine health status of an individual, a community or a nation: the internal environment of man and the external environment, which surround him. In the modern concept, disease is due to a disturbance in the delicate balance between men and his environment” (Park & Park: 1991:367).

Drinking water is used only for domestic purposes includes drinking, cooking, washing utensils or pots. Talking about the safe drinking water seems only a matter of policy making. Reality speaks very different. Not a single individual of the Handi community knows that safe water should be free from pathogenic agents; free from harmful chemical substances; pleasant to the taste; and unable for domestic purposes. But urgent need is to provide water to them at a doorstep. The Municipal Corporation in the practical level does not exist for this area. Since there is no any consideration of providing water for domestic purposes at the settlement itself.

Another factor, which is important in the context of safe and clean water availability, is the duration of the tapped water availability and the volume of consumptions. As regards duration, the supply is more or less for 24 hours. The consumption of water is evident from table 4.

The above table shows the consumption of water per day for the domestic purposes i.e. water requirement for drinking, cooking, bathing and washing. Table shows the classification of the respondent's responses according to the uses of water per day. The highest number of respondents lies in the category of 8 buckets per day (One Bucket is used as an unit to represent an average size bucket of the capacity at around litres of water). It is based on the general understanding of the community fellow members in terms of the approximate number of buckets they fill. Eighteen respondents replied using 8 buckets per day. Seven (7) each are using 10 buckets and 6 buckets per day respectively. Two Households consume 7 buckets per day. The remaining consume about 12, 15, 3, 5, 3 buckets respectively.

In the above cases, the use of water for domestic purposes do not include water used for bathing and washing. These two jobs are done at the nearest ponds, which is really very dirty.

Theoretical or ideal definition of clean water differs in their place their socio-economic condition do not allow them to dig a well or got to set up a hand pump. Socially neglected sections of the present society are sidelined in all spheres of life. One may not see any major change in the politico-economic field, till they are given some space in the mainstream society. This community settled in the centre of the town and serving for the most necessary activity, cleaning, does not get a part of basic requirement for life.

Electricity

Table 4.11 Electricity: Duration of Power Supply

Electricity	Duration of Power Supply [hours]					Total
	12	16	18	20	NA	
Yes	1	8	21	5	0	35
No	0	0	0	0	3	3
Total	1	8	21	5	3	38

Note: NA: Not Available.

The above table (4.11) shows the differences of the duration of power supply in this area. Jharkand is among the largest power generation states in our country. Yet the power condition in the state is very poor. Out of 35 households, 3 do not have electricity in their house. Among these who had, 21 reported to have 18 hours of power followed by 8 who has power supply for 16 hours only. Five households had the supply for 20 hours. Only one household is reported to have 12 hour of power supply.

The above scenario is not real picture of overall condition. If there is some fault with the wire the carrying electricity, it takes weeks to get it repaired. There are few pockets in the Chas township where every household has electric supply connection but electricity is rarely found. The local community members do make some efforts at times in the direction of getting power supply regularly.

Handis are economically very weak and thus cannot afford the burden of repair cost, if they call any electricians. So most of the time they either try to face the problem themselves or wait for the Electricity Board Worker to do the job.

However the condition has improved, in comparison to early year as reported by some respondents.

The reason given is the division of the state from Bihar in the year of 2000. This perception has been strengthened during the Group discussion (GDs) about the power situation with Bauri Caste also.

Conclusion

This chapter is focussed on the socio demographic profile of the study population.

The household profile reflects very low literacy level among women and this reflects the low level of social status of women.

Education is crucial indicator to the social life of any community. Handis shows that out of 160 Household members, 55 individuals are illiterate and some group of individuals are who have either attained primary schooling or continuing education.

Total family income helped to make a corresponding relationship between total family income vice-versa their educational level. The combination of above factor reflects the housing condition of the community.

Crowding within the house effects the health of Handis. The situation regarding this very grim. Persons per room in this community is 5.2 presents per rooms.

Out of the total respondent no one has pucca house and only 3 of them have semi-pucca houses. There are many who do not own house. Given the low levels of income, desire to own a house remains a distant dream.

Drainage and water source are supplementary aspects to assess the health of any community. The lack of public infrastructure adds to further lowering of the conditions.

Electricity, being an important part of urban life, is available and may be seen as a positive aspect of their life.

Thus drawn suggest that the socio-economic status of Handis is not very good and their, morbidity pattern reflect need for health care facilities.

CHAPTER V

PERCEPTION OF HEALTH AND REPORTED MORBIDITY

Introduction

Health is a complex term used in different places and contexts. Thus, health and perception of health also differ in terms of conveying this meaning. Health has been defined by different public health scholars and organizations. The official definition of WHO for health adopted in 1974, 'Health is not merely the absence of disease, but a state of complete physical, mental, spiritual and social well-being.'

The perception of people about health and morbidity are connected to wider social, cultural and material factors. (Jones, 1994).

There has always been a problem defining health of an individual. This problem could be minimized by presenting its socio-economic indicators, rate of population increase; per capita GNP; level of unemployment; dependency ratio; literacy rates, especially female literacy rates; family size; housing member of persons per room; per capita "caloric" availability, excluding other indicators (Parkh Perk, 1991).

Similarly, the question of defining morbidity rate is also complex. Obviously, it has an important role to play in determining health status of a community or nation. Because mortality rate does not reflect the real picture at a time.

The term morbidity is used for sickness, illness and disability (There are other three different aspects of morbidity which is used for

measurement are, by morbidity rates; such as frequency, duration and severity).

The present chapter try to give imperial facts to see the morbidly pattern in the same community.

Pattern of morbidity could be traced back only when we go in detail to discuss its different indicators, which is presented through different tables.

Morbidity pattern

Table 5.1 Morbidity Among Respondents

Disease	Male	Female	Total
T.B.	6	4	10
Skin Disease	7	5	12
Low blood pressure	1	1	2
Gynaecological Problems	0	10	10
Eye Sight	1	1	2
Chest pain	1	1	2
Asthma	3	0	3
Long term ailments	19	22	41
Weakness	4	7	11
Headache	11	7	18
Bodyache	14	11	25
Backache	13	9	22
Fever	23	13	36
Cold & cough	21	12	33
General Recurring	86	59	145
Jaundice	2	0	2
Malaria	6	4	10
Diarrhoea	4	3	7
Chicken pox	1	0	1
Short term ailments	13	7	20
Grand Total	118	58	206

The above table shows the total the reported ill health experience of the respondents.

On the basis of table 1, a classification of diseases suffered by respondents has been done. It is divided into three categories long term ailments, short term ailments or episodic and general recurring .

The morbidity among the people in the study area is reflected in table 1. Most people have reported general / securing ailments (145) followed by short term / episodic (42) and long term (10). Fever and cough and cold was reported by most of them (69). Bodyache was reported by 25 followed by backache (22) and headache (18).

The total number of respondents were 38. Out of that 25 were male and 13 were female. There are two separate tables for male and female respondents which shows their occupation and morbidity pattern.

There are six categories of occupation divided on the basis of respondents response.

Male are engaged in scavenging sweeping, rickshaw pulling and manual labour.

On the other hand women respondents are engaged in scavenging are engaged in scavenging, sweeping, domestic works and dais.

Classification of respondents has been done to see the morbidity among respondents. The disease prevalence is higher than the other community. Low food intake leads to malnutrition especially among children and women. The primary Health centre of has does not has proper documentation of the records. When it was asked to the Chief Medical Officer (CMO) of the PHC to gives details of the family couples availed family planning services. Also about those suffering severe illness. PHC did not have proper funding from the concern

departments. However, few staff claims, that, "situation has improved after the reparation of Jharkhand in the year of 2000.

The initial theoretical orientation of PHC has been very strong in India, though the political commitment is lacking. The involvement of local governing bodies are very crucial but positive for the best accessibility of health services. Those step will increase the chances to improve the health status of the down trodden.

Qadeer (2001: 118-19) puts the basic importance of PHC on "equity in health care, need- based; socially acceptable services with full participation of people's state responsibility for incorporating PHC into national development plans through inter-sectoral strategies; affordable technologies ensuring self sufficiency and effective basic health care with the support of secondary and tertiary care; and collective, not individual efforts."

People of the country has to be made aware about the rights and duties also. This is difficult to state that as such there is non-existence of basic services. But its availability to the needed people and accessibility when needed is not sure.

Bakaro is among the area of Malaria zone as said by the Civil Surgeon Dr. Jay Ram. District sub-divisional hospital is located at a distance of "Kilometre. The location of hospital is not the single factor, which stops the Handi caste members to access the available services. Other than this, ongoing stereotyped image of the public health centres has been very negative. It carries ignorance, rude attitudes of personal and doctors, non-availability of medicines and irregularity of doctors. Handi claim that doctors discriminate the poor and lower degraded communities.

These factories were strengthened when researcher visited health centre. For a simple and some dates were needed for the purpose of study. It took a month for them to provide. This was only possible when the Deputy Commissioner of the district was approached.

It is really very tough to access the health services at PHC. It is really a great job, if a dalit, marginalized in the overall activity, try to avail the health care. The role idea of 'states responsibility to provide health to all' becomes a nightmare, till there is no any drastic change in the entire social hierarchy.

Bhore committee had proposed the banning of private practice by public doctors but it is not followed at every stage of our planning and implementation. Caste plays a systematic role to boycott the lower caste groups. The district civil surgeon of Bokaro has a lot of grievances to note down, who belongs to the lower caste groups. He is not happy with the behaviour of his fellow doctors. During an interview with the surgeon, other doctors were continuously engaged to deviate the discussion from the case issue.

The Table 1 shows the morbidity among the respondents. The overall diseases have been divided into three groups of ailments. This is further elaborated. On the basis of International Disease Classification (IDC). However this classification does not satisfy our need because there are few diseases shown in the table do not adjust according to the IDC.

Respiratory Infections: Tuberculosis (T.B) and Chickenpox are the two respiratory diseases reported by respondents. Total cases of T.B. were found 6 among male and 4 among female respondents. A specific infectious disease, M. Tuberculosis, causes this. The disease primarily

effects lungs and causes pulmonary tuberculosis. Pulmonary tuberculosis is the most important form of T.B. found among man.

However it was not clear from the responses that the respondents belong to which group of disease. They do not have proper treatment for T.B. at the public health centre.

Table 5.2 Morbidity by Occupation (Male)

S. No.	Occupation Disease	Scavenging	Sweeper	Rickshaw puller	Manual labour	Total
1	T.B.	2	2	1	1	6
2	Malaria	1	1	3	1	6
3	Asthma	1	1	1	0	3
4	Cold & cough	7	9	3	2	21
5	Fever	11	5	2	5	23
6	Skin disease	4	2	0	1	7
7	Weakness	2	1	1	0	4
8	Headache	5	3	2	1	11
Total		33	24	13	11	81

Note: Table 5.2 does not include all disease.

The above table (5.2) is based on the reported disease pattern and show ill health experience of male respondents only. Among the total respondents, which is 38 in numbers. One from each household were selected from the interview and were asked the illness suffered in the last 6 months. The table shows the bifurcation of single disease into different occupation. Since the idea is to focus on the occupation and health status of an individual in totality.

The number of 25 male respondents engaged in different occupations, were formed in scavenging, sweeping, manual labour and rickshaw puller. This classification is just make easier to understand the morbidity and respondents occupation. Six cases of tuberculosis were reported which is further divided according to the occupational bifurcation. Out of total 6 cases 2 male found who are working as scavenger and 2 who were found in sweeping. Rickshaw puller 1 and one who was engaged in manual labour followed this.

Generally these people have to work wherever the needed families call them. Sometimes one has to carry night social. They are not in the position to maintain hygiene life. Low food intake and overcrowding makes the life more badly in addition of doing manual and menial jobs. No need to say that the resistance system 'decreases as they grow. The chances of getting infections are higher among this community.

Respondents could only explain the symptoms of the diseases suffered. It is only during o at the time of serious condition, they visit any place for treatment. The total cases of malarial experience found were 6. There cases were reported among rickshaw pullers followed by scavenging, sweeper and manual labour, each categories one cases respectively. Three (3) cases of Asthma were found, except manual labour category, each group reported one cases of asthma.

However among the 21 cases of cold and cough, highest number were found among sweeper followed by 7 among scavengers. Only 3 cases were reported in the group of rickshaw puller and 2 who are doing manual labour. Seven cases of skin disease were reported, majority of them 4 were engaged in scavenging followed by 2 in sweeper's group and one among manual labourers, none cases were reported among the rickshaw puller.

Weakness was found only among first three groups respectively. Headache has good number of cases, 5 in the first group of scavenging, 3 among sweeper followed by 2 among., rickshaw puller. Manual labour had only single case of headache.

Table 5.3 Morbidity by Occupation (Female)

Occupation Disease	Scavenging	Sweeper	Dai	Domestic work	Total
T.B.	2	1	1	0	4
Malaria	1	2	0	1	4
Asthma	0	0	0	0	0
Cold and cough	3	7	1	1	12
Fever	3	3	4	3	13
Skin diseases	2	1	2	0	5
Weakness	1	1	2	3	7
Headache	1	2	1	3	7
Gynaecological Problems	2	5	0	3	10
Body ache	5	4	0	2	11
Total	20	26	11	16	73

Note: Table (5.3) shows the illness suffered by female respondents working in different occupation.

Women consist of nearly half of the total population. The interview was conducted into the Handi Cooli a settlement with this occupation has given tem a specific social states. Social status not only reflects an individual socio-economic and political surroundings and power. This also comprises physical status where economy is very important. They lack economically, resulted in overall backwardness. Cultural lay becomes are ongoing process of all the social groups communities. Handis are in the same process. When the material culture leaves behind the non-material cultural, results in cultural day, which is very

rightly coined by Nimkoff. Health is a part of socio-economic cultural, physical and mental well being which lacks in this community.

If we analyse the data's given in the above table 3, the percentage of illness suffered by female respondents is not insignificant. The figure reflects the rate of illness suffered is not lower than male. The difference is because out of 38 total respondents, women comprise 13 only, which is 34 percent of the total respondents.

Women respondents are also divided into four broader occupational categories, such as scavenging, sweeping, House work and Dai. Total number of women suffered tuberculosis are four (4), of which two are engaged in scavenging and the other two are found among sweeper and Dai. Both has one cases of T.B. who are involved in sweeping and Dai respectively. This region is prove to malarial problem. The congested, open drains, drain water are the favorable condition for the growth of malarial mosquitoes. Most of the time, people do not come to know about the kind of fever suffered. The figure shows the reasons cases of malarial patients.

Out of 12 cases of cold & cough 25 per cent women reported cold & cough engaged in scavenging whereas 7 replied who are engaged in sweeping, only over case each group had same problem engaged in domestic / house / work and working as Dai respectively. The reported cases of fever among female scavengers are 3 another 3 cases who are working as sweeper, while respondents reported by the Dai and the rest 3 lies among domestic workers. Out of 5 cases of skin diseases, scavengers had 2 cases & another 2 cases found between dais and the rest from sweeping category. Among seven (7) cases of weakness 3 were found from domestic workingwomen, 2 from Dai, one each from scavenging and sweeping respectively.

Ten cases related to Gynaecological problems had reported, out of that 2 were found from scavenging, 5 from sweeping occupation and 3 cases that were working in domestic jobs. Among the total 13 respondents, 11 reported who had body ache in which 5 were from scavenging, 4 from sweeper and 2 who were working in domestic work. None of them reported having Asthma women respondent were not able to recall the other problems faced in the least six month. The health condition of dalit women of this caste is severely ill affected. They have to work at the house and sometimes out sides also.

The degrading health condition of this community has to be understood in the context of their socio-economic status. The ample account of total workforce becomes paralysed. The number of dependent is increasing among this community. Women do not open spaces of working condition. Women are not prohibited to stay inside the house. They are not traditionally and ritually bound to live in a directed way of life. The lower the caste, the higher the status of women.

Table 5.4 Utilisation of Family Planning Services

Respondents	FP services Aailed		Total
	Yes	No	
Male	11	14	25
Female	2	11	13
Total	13	25	38

Note: This table (5.4) shows the responses of respondents who have availed any FP services.

Family planning services not only include permanent methods but also temporary contraceptives. Majority of the respondents had used pills and used contraceptive methods directed or suggested by the local RMPs, sometimes ANM also convince them to use the contraception.

Family planning services is a part of health care system. It is here to fulfil the desired needs of the people of country. But it is diverted from its main objectives influenced by different factors. These factors are political, regional, and socio-cultural in its nature including caste as an important institution.

The socio-economic level of this community is very low. They are not in condition to afford private health services. But they are forced to go over there. They are not aware about the kind of medical services available to them at low or token prices. The level of ignorance is also higher which is also an additional factor in the way of accessing available medical care.

According to a local RMP, who runs his clinics at the nearest 'Muslim mohalla'. Sometimes the government gives some reward to the families who opt for permanent method of contraception such as vasectomy and tubectomy. The reward is given in terms of some money. This amount is shared either with the health personnel or any body who take them to the hospital. Bokaro does not have any district hospital (Zila hospital). So the maximum number of cases is tackled at the Bokaro General Hospital [BGH] of Bokaro Steel Plant. Health services to all are not a matter of debate but how many people or which section is benefited from this scheme is important.

Vasectomy is not popular among this section of population. Generally anybody from this community is scared from visiting health centres and asking about the information related to FP services. State has taken responsibility of providing health to all its citizens as a fundamental right.

To see the real situation, one has to locate the data given by respondents and secondary sources. Secondly, data is given in the appendix section in the last of all the chapters.

Handi Cooli is under the Primary Health Centre, Chas area. There is one ANM posted to visit this area but another Additional Primary Health Centre (A-PHC) at Cheera Chas, located at a distance of 3 Kilometre from the settlement. Cheera Chas APHC also takes care of this area. Because of half of the burden of population lies on its responsibility. The record of Handi Cooli for the family planning services related is documented by this centre and sent to the Chas PHC for final documentation. Target approach is still followed which was acknowledged by the ANM. But no such document was made available.

In order to make the services accessible to people, there are provisions that ANM/ BHW would visit the houses. As regard the study area, 18 respondents have been visited by ANM/ BHW and so have not been visited (table 5.5).

Table 5.5 Visit of ANM/ BHW

Respondent's Response	Male	Female	Total
Yes	13	5	18
No	12	8	20
Total	25	13	38

Since the location of PHC is about two kilometres away from the Handi Cooli, generally people do not prefer to go inside of this area. In addition it is congested, dirty, due to improper drainage and disposal of water, access to the area is hindered. Out of 38 respondents, 13 men and 5 women reported that ANM/ BHW visited them. They argued that Health Personnel and ANM visited once a month. Twenty

respondents did not agree and responded negatively. In this total 12 male respondents expressed that no health personnel and staff visits at their residing place. Eight female respondents had similar responses.

These responses have some strong hold in its place. This was also observed during the visit of the researcher and hold discussion. Generally doctors are from upper caste and do not give much attention to the untouchables. The other reason given several times is the non-availability of medicines at the Primary Health Centres.

Table 5.6 Child Immunised (Last birth)

Immunization	Number of Children
D.P.T	18
Polio	14
Not immunized	6
Total	38

Note: Table (5.6) shows immunization of respondents children at last birth

As regards the immunization of children, the above table shows the last-born child of the respondent in terms of immunization. The analysis is restricted to the last live birth in the respondents.

Immunization itself is very new to the Handis. As immunisation is important for developing resistance to infection in human body, animal or plant. The immunity, with which this study is concerned, is for human only.

Therefore providing immunization service to all the children is very important. The overall health of an individual and of citizens entirely has some reflections on country's economic growth. There is some causal relationship between the two. Thus it checks the vulnerability of the peoples to infections and communicable diseases.

In this context, every individual of our nation is vulnerable to the communicable diseases. But the most vulnerable groups are those who are marginalized, down trodden, weaker sections of our society. These groups consist of dalits, women and children. In other words, who are socially, economically backward and sidelined from the mainstream society.

In the present context, dalits are among the most vulnerable in our social conditions surrounded by utopian ideas. The table 20 shows the vulnerability of children of dalits.

Out of total number of children, (last birth) were given dose of DPT, among them 14 were immunized for polio. The rest 6 children were not immunized. The common understandings of the Handis were that immunization is basically for polio. Polio immunization campaign has got higher popularity. If one talks any kind of immunization, community understand it as polio. The combination of factors adds the vulnerability of this community. The low level of literacy rate, segregation from other community, socio-economic backwardness, low level of awareness and hence being dalits.

This is only the programme against Polio Eradication, which has made the immunization so popular among the Handi community. This community uses the local synonym for immunization, "Tika" Hindi version of immunization.

Not single respondents knew about the other kinds of details. Do they need any vaccination also? Why immunization is given to all the suitable members?

Number of polio-infected respondent's children appears to be high. Also there are some interior places in the Bokaro district where it is very high.

Bokaro district has interior parts where numbers of tribes and socio-economically castes groups have polio problems. Few missionaries are also working in the region one of them is known as "Asha Vihar". They charge least amount or token amount for treatment and operations. The other voluntary organisations are also working for the upliftment of the backward section of our society. But this is limited to the interior of the district.

As response to the question on their relations with Health personnel who visit in the settlement of Handis, most of them replied in negative. As most of the birth occurs at home, not every newborn child is taken to health centres. PHC has too much limitation in terms of providing health services to all. Caste as an important obstacles stands in all the ways of providing health care to dalit specially Handi.

Table 5.7 Family Planning Services availed

Respondent	Antenatal / Postnatal care availed				Total
	Iron - folic	Anti-tetanus	Post-natal	None	
Male	1	11	1	12	25
Female	1	4	0	8	13
Total	2	15	1	20	38

Note: "Male" respondents who spoke about women family members.

The table 5.7 shows the antenatal care availed by the respondents in case of female respondents and wives, in case of male respondents. Out of total, two (2) were given iron folic, 15 anti-tetanus and 1 posts natal. The female respondents who spoke at the time of interview, while asking about FP detail. Not a single woman had gone to PHC, Chas. Chas PHC does not have proper arrangement, so the option left before them to look a granter (i.e. an employee of Bokaro Steel Plant) to get admitted in the Bokaro General Hospital (BGH). The amount is

higher for the non-employees who avail the services of BGH. Among women one availed iron police and 4 had taken anti-tetanus. None of them had received or gone for any postnatal check.

The reason is because the largest number of delivery is still taken place at home. Traditional Dai's take care of the whole situation. In case of any emergency, RMP is called to look after. They are available 24 hours because most of the RMPs have their own small clinic at the nearest Mohalla's. They charge good amount for attending delivery. If the RMPs cannot manage the cases, they refer it to the private doctors and nursing homes. According to a RMP "we try to do anything for delivery of cases at home, also do some new experiments. If cases are handled and controlled in such critical situation, the family of the patient pay very good amount". This also provides opportunity to get popularity among the kith and kin of the patient, including amount the community.

During the field investigation at Handi Coolis, one example of Bauri caste came to light and may be cited here. This was told by the RMP, who could, finally, succeeded into delivery case, he attended. Next day of this case, he told that it was midnight when the women had severe pain and it was not possible to carry her to any nursing Home. Family members asked him to do something if possible. The RMP without any proper idea gave three sline to the pregnant women. As he said "it was in the next day morning when the baby was successfully delivered". This was an experiment for the RMP. For this he become more trusted among the kin of the patient and also was paid lucrative amount.

In the Nutshell this chapter evaluates the health of Handi community. It examines the issue of dalit and their health. This is with the special reference to those engaged in polluted occupation.

However the various scholars have examined the health status of dalit but it has own limitations. Bokaro is not the exception in our country. Handis are the dalit among the dalits. If we further locate the women of Handi, they seems to be at much lower level of health among the other member of their community.

CHAPTER VI

SUMMARY AND CONCLUSION

Dalits cut across the different religions. Here it refers to those who are deprived, segregated, marginalized, and backward and untouchables across the religions boundary line. The rural Jharkhand does have much agricultural land but has vast mineral resources and large number of rural population is dependent on land.

The availability of various mineral resources has made it different from the rest of the newly formed states. The proportion of the population is quite different as in the case of Bihar.

Majority of the population of *Dalits* in Jharkhand are the inhabitants of the state itself. The whole process of providing equal opportunities in all fronts of life lacks at the grass root level.

Awareness of the situation confronting with *Dalits* so as to prepare them to strive for implementation for their rights has to be ensured through social mobilisation (Lal, 1997). Scavenging done manually has been going on in practice but providing relief to the community.

In the backdrop of the analysis in the preceding chapters issues pertaining to dalit health has been highlighted.

Handis in the study area (a Dalit community) have 690 female on per thousand males whereas Bokaro district has 895 female per thousand male in the census of 2001. This shows the low level social status of women. The reason could be various but one can show some relationship with poverty, low level of literacy and cultural factors also.

Literacy rate is also very low among them, especially female literacy. Poverty has direct impact on women health. Low level of sex ratio reveals some interesting ideas, such as low literacy rate among females leads lack of awareness, results into high level of mortality.

Despite of the fact that women has higher ratio of longetivity than men, they are the least survivors. The condition is much more critical among Handis because of the vast gulf of sex ratio alarms important aspect of crude reality. However if we see it at all India level mortality rate is higher than urban population. But urban mortality is 58 than 98 in rural population.

Literacy rate of the respondent and the individuals is very low. Table 4.5 shows that out of 198, the largest individuals are illiterate (87). While second largest (72) population could reach up to primary level of school education.

The interesting relationship between women education and maternal death may be drawn. The number women respondents were only 13 out of 38 in total respondents.

Not single women respondents who have attained less than primary. In general, number of low level of educational attainment is very low. Women and men similar health needs but women need special attention into their nurturing a reproductive. Women out of total (198) are at the risk. Table 4.5 shows that the largest population of women lies in the group of illiterates. This is really surprising that 13 women were selected for the study of which not a single could reach any kind of education.

In the same pattern while locating income group of respondents, the whole Handis are divided in four income groups. The majority are in the group of below ten thousands income group. Almost fifty percent respondent have less than ten thousand followed by thirty six percent between the ten-

twenty thousand in come group. In this context, this could be said that majority of the Handis population belong to lower socio-economic strata. This is reflected into form of the houses and house type owned by the Handis. Largest population have own house because they have been staying at this place long back years. This is very obvious and also rare that except this Mohallla including Bauri and Shakara community, one may not find kutchha houses anywhere else.

The reflection of socio-economic backwardness could be seen, while looking the number of room per individuals. Over crowding is found which in any way affects the health of community. The figure of rooms per individuals is 5.21 percent is really unbelievable. The vulnerability is added by the non-availability of cooking apace within the house.

The environment surrounding Cooli/mohalla is not clean because there is no proper drainage system. Almost fifty percent of the respondents do no had any kind of drain while another chunk of population agreed having open drain.

Infrastructure facility really lacks in the Mohalla. They can not go for individual household water source established. Definitely the surrounding population is dependent on the ground water source for drinking purposes. Handis are not capable to go the establishment of personal hand pump or well. They collect it from a public tap, as of now, out of thirty-eight, 32 families are dependent on public tap.

If we try to relate the housing condition, source of drinking water and household income, it will be easier to understand the backdrop of the Handi community.

Morbidity is an important indicator to assess the health of any individual or community. But it is difficult tot measure. There is an association of morbidity with socio-economic characteristic of the household. This is

reflected among study population. However the morbidity pattern is limited to the respondents only.

Out of total cases, Tuberculosis has higher prevalence. Skin disease is the highest prevalent disease found among 12 cases whereas it 10 for T.B.

This draws some relationship with the occupation, they are involved. If we see morbidity among male, 6 had T.B. which high prevalence among those engaged in scavenging and sweeping. This association is strengthened when we locate it with the cases of cold and cough.

There may be cases of cough that have not gone for sputum test or any other. Cases of asthma are higher among the people engaged in scavenging and sweeping.

Why it is that even cases of fever is higher among male respondents engaged in scavenging and sweeping than those who are in manual labour or rickshaw pulling.

The similar situation founds among the female respondents. Seventy five percent cases are among the female respondents who are engaged in scavenging and sweeping. Even there seems some correlation between the some disease like, asthma, cold & cough, skin diseases.

Morbidity with special reference to reproductive and child health care is largely seen in terms of health care utilisation. The utilisation of family planning services is very low. This comes around 34 percent of the study population. Within this figure women are very least, out 13 cases only 2 women could avail FP services which is around 15 percent among total women constitutes.

Utilisation of health care services is influenced by various factors such as literacy level of any community, political participation, and economic prosperity etc. this idea is also accepted by Bandyopadhyay (1998).

Culture is also important to determine the health status and utilisation of health services.

The lack of interaction with the health personal or ANM is also responsible for less utilisation. This is shown in table 5.6 that only 47 percent responded that ANM/BHW visit at their home. ANM has to take note of the women pregnant in the population. Most of the delivery is attendant by traditional dais, some time helped by local RMPs. Immunisation got popularity after heavy campaign for Polio eradication.

The condition is very poor when we see the table 5.8 on the antenatal and postnatal care. This is significant 2 could avail RCH services while five cases of anti- tetanus cases and post natal. This less percentage of utilisation is also strengthened by factors such as, attitude of people, perception regarding health and health care, illness and morbidity, cultural beliefs, taboos, social norms practices and values.

Health infrastructure includes four criteria as; accessibility to people, available on continuing basis, culturally and socially acceptable and affordable by most of the people, especially those of lower socio-economic class and caste. Caste as a key factor creates major hurdles in the way to access health care services.

Above all, caste plays an important role to mould the behaviour of an individual, particularly that related to services utilizations. Utilisation of health care and related services are governed by the social status within the society. Accessibility is determined by the decision and propensity of the individual seeking care as well as the willingness of the care providers to reach out to those who need care.

So, differences in socio-economic status are seen to make a considerable impact on the prevalence of problems.

The derogatory behaviour of the staff undermines their confidence and self-esteem and builds on their existing fear.

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APPENDIX I

**QUESTIONNAIRE FOR THE FIELD WORK IN CHAS TOWNSHIP IN
BOKARO, JHARKHAND**

1. Household identification no.
2. Name of the head of the household
3. Address:
4. Caste &
Sub-caste
5. Religion
6. Details of the Household (H.H.) members:

Column	Name	Age	Sex	Relation to the head of H.H	Marital Status	Occupation		Education attained (no. of years completed)	Currently studying (class/standard), specify	Expens
						Primary	Secondary			
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
Total no. of HH										

APPENDIX II

HOUSING AND LIVING CONDITIONS

1. House Ownership
 1. Rented
 2. Owned

2. House Type
 1. Kutchha
 2. Pucca
 3. Semi-Pucca
 4. Any Other (Specify)

3. No. of Rooms:-

4. Kitchen/ Cooking space
 1. Yes
 2. No.

5. Drinking water availability
 1. Yes
 2. No

6. Source of drinking water
 1. Public Tap
 2. Tube well
 3. Well
 4. Any other (specify)

7. Duration of water supply, if piped _____ hours/day.

8. Approximate consumption of water in a day _____ buckets/household.

9. Toilet facility

1. Within the house
2. Common/ Public Toilet
3. Fields
4. Other

10. Availability of water in the toilets

1. Yes
2. No

ELECTRIFICATION

11. Electricity

1. Yes
2. No

12. Duration of power supply.....hours/day.

13. Drains

1. Covered
2. Open
3. None
4. Any Other (specify)

III. BIRTH HISTORY OF WOMEN IN THE HOUSEHOLD

1. Number Children Ever Born

2. Number of children alive

1. Male

2. Female

3. Details of Children Ever Born:

SI. No.	Name	Place of Delivery	Delivery Attendant	Age	Sex

4. Details of Loss of Pregnancy/ Children, if any:

Child Lose				Pregnancy Outcome		
Name	Age	Sex	Cause	Still birth (Sex)	Spontaneous Abortion	Introduced Abortion

Note: Still Birth- SB, Spontaneous Abortion- SA, Induced Abortion- IA.

5. Did ANM/ BHW visits at any times

1.Yes

2.No

6. If yes,

a. Who _____

b. When _____

c. Why _____

IV. ILL Health Experience

Nature of Illness	Treatment Sought	Place / Personnel of healthcare services		Expenses (last six month)
	Y/N	Went to the health services	Personnel visited	
		1	2	

V. FAMILY PLANNING SERVICES

1. Have you availed any FP services

1. Yes

2. No

2.If Yes,

Why _____

3.If No,

Why _____

4. Services availed

1. Prenatal
2. Iron Folic
3. Anti tetanus
4. Post natal
5. Contraceptive
6. Any other (specify)

3. Immunisation Details

Child	Sex	Age	Immunisation
1.			1.
2.			2.
3.			3.

Do health personnel discriminate between patients in any way, while giving medicine (Probe for caste- based discrimination).

VI. JOB & OCCUPATIONAL DETAILS

1. What was / is the occupation of your father?
2. Which work do you consider as your traditional occupation or your family occupation?

If employed _____

3. Name of the organisation / person etc.
4. For how long have you been sector engaged in the current job?
5. Do you work on
 - a. Contract basis
 - b. Regular basis
 - c. Any other (specify)
6. What is the nature of the work
 - (a) Scavenging
 - (b) Tanning & currying of hides and skin
 - (c) Drain & Sewerage cleaning
 - (d) Sweeping roads etc.
 - (e) Any other (specify)

7. What are the timings of your job/ work-----hours/day.

8. On what Basis are you paid?

1. Monthly

2. Daily wages

3. Any other (specify)

9. What is the current wages for your job?

10. Generally how much do you earn?

	Primary	Secondary
Daily		
Weekly		
Monthly		
Annual (to be calculated)		

(If employed in formal sector)

11. Do you get social security?

(A) PF

(i) YES (ii) NO

(B). Do you get bonus

(i) YES (ii) NO

(C). If yes, how much do you get Rs.

(D) Reimbursement of health expenditure (i) YES (ii) NO

12. If yes, what kind of-----

Table-1
THEORETICAL VARANA VYAVASTHA
 (Horizontal Movement Occupation allowed but discouraged)

Desire Vasana- based Varna	Occupational (Jati)							
	Pujari	Teacher	Politician	Soldier	Trader	Industrialist	Agriculturist	Cobbler
Swadhyaya Vasana (Barhamin)	OK	OK	Normally prevented by social Dissuabion					
Satta Vasana (Kshatriya)			OK	OK	But allowed if evolving			
Vetta- Vasana (Vaisya)					OK	OK		
Boga- Vasana (Sudra)	Expelled from Occupation						OK	OK

Table-2
BIRTH BASED DEGENERATION OF VARNA VYAVASTHA
 (Horizontal Movement between Occupation disallowed)

Desire Vasana- based Varna	Occupational (Jati)							
	Pujari	Teacher	Politician	Soldier	Trader	Industrialist	Agriculturist	Cobbler
Swadhyaya Vasana (Barhamin)	OK	OK	Prevented forcibly by degenerate Barhamin					
Satta Vasana (Kshatriya)	OK	Politics allowed	OK	OK	Prevented forcibly by degenerate Kshtriya			
Vetta- Vasana (Vaisya)	OK		Business allowed		OK	OK	Prevented forcibly by degenerate Vaisya	
Boga- Vasana (Sudra)	OK		Service allowed				OK	OK

APPENDIX-VIII

Additional Primary Health Centre Chas (Chira Chas) Bokaro Years 2000-01 (from April to March)

Details of immunisations; programme:-

1.	Polio	- 121
2.	Polio I	- 637
	Polio II	- 623
	Polio III	- 634
3.	DPT I	-562
	DPT II	- 555
	DPTIII	-534
4.	B.C.G	-718
5.	Meseales	- 546
6.	Polio (Buster)	- 150
7.	D.P. T (Buster)	- 166
8.	D.T. (Buster)	- 414
9.	T.T. (Above 10 years)	-168
10.	T.T. (Above 16 years)	- 131
11.	Anti natal (mothers)	-232
12.	T.T. I	- 168
	T.T. II	-150
13.	Booster	- 41
14.	Post natal (Mother)	- 208

Area of Additional P.H.C

1. Chira Chas
2. Parsa Beda
3. Phudanidih
4. Gandajore
5. Bhal sundha
6. Dhobi Mohalla
7. Bhara
8. Sutlan Nagar
9. Ansari Mohalla
10. Muslim Mohalla

Population of Area

10000/- (Ten Thousand)

Family Planning Operation

- 38

APPENDIX IX

APHC- Cheera Chas (March 2001-December 2002)

Population = 10000
Total Village/ Mohalla =10

- | | | |
|--------------------|---|-----------------------------------|
| 1. Cheera Chas | } | Consist also SC/ST/ OBC Populated |
| 2. Parra Bera | | |
| 3. Puduri Dih | | |
| 4. Gana Gor | | |
| 5. Bal Sundha | | |
| 6. Dhobi Mohalla | | |
| 7. Bharra | | |
| 8. Sultan Nagar | | |
| 9. Ansari Mohalla | | |
| 10. Muslim Mohalla | | |

Details

1-4-2001 to 31.12-01

- | | | |
|-------------------------|---------|--|
| 1. Polio | 0 - 99 | |
| | 1- 395 | |
| | 2- 390 | |
| | 3- 424 | |
| 2. Booster | 200 | |
| 3. DPT | 1 - 464 | |
| | 2 - 433 | |
| | 3 - 441 | |
| 4. Booster | - 186 | |
| 5. BCG | - 366 | |
| 6. Measles | - 272 | |
| 7. DPT | - 326 | |
| 8. T.T. (under 10 year) | - 109 | |
| 9. T.T. (Above 16 yrs) | - 71 | |

10. Anti natal / Mother	156
11. T.T (1 st dose)	92
12. T.T. (2 nd dose)	79
13. Booster	77
14. Post noted	128

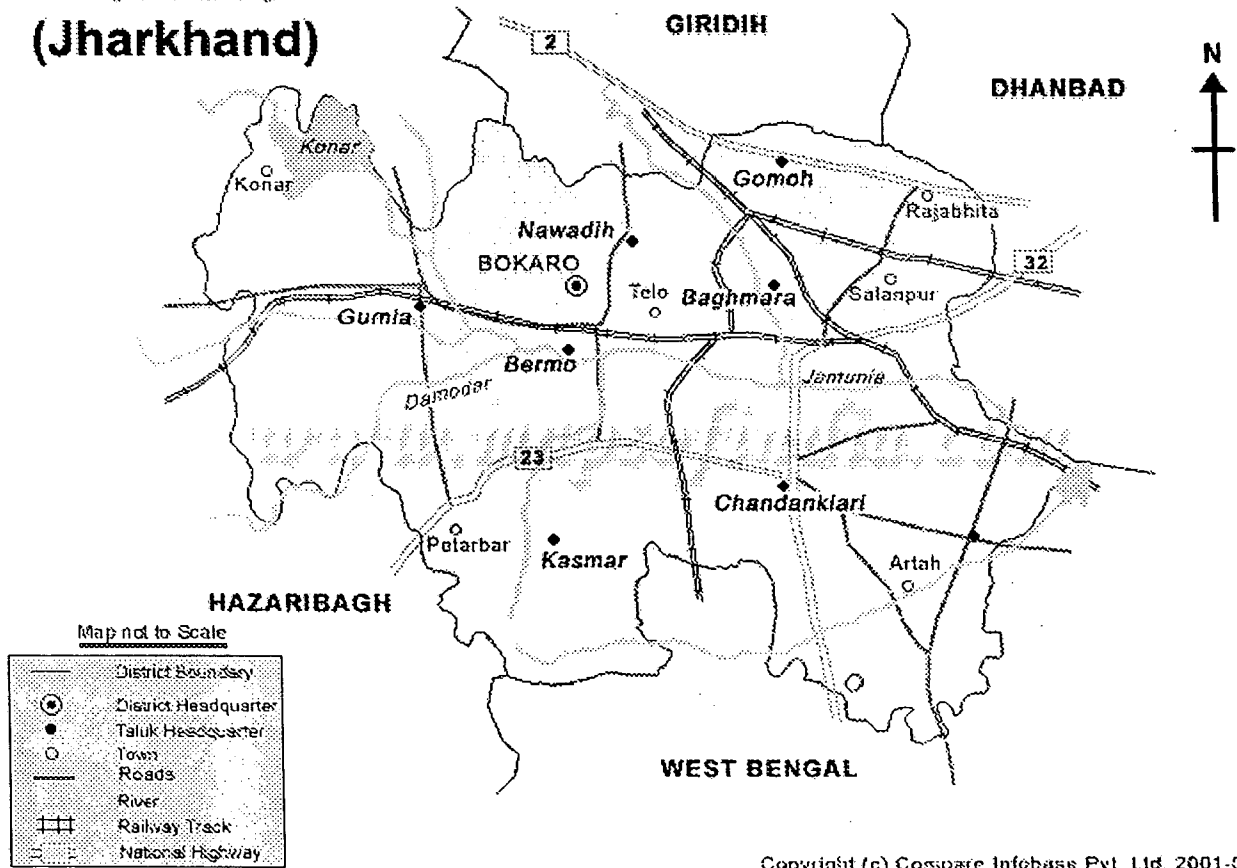
FP operation (2001 (April to March)) - 38

APPENDIX X

Dist- Hospital	Nil	
Sub divisional Hospital	2	Chas & Tenughat
Referral Hospital	2	Jainamore, Bermo
PHC 6 bedded	8	Chandankiyari Chas, Jeridih, Kasmar petarwar, Gomia, Bermo, Nawadih
State Medical Office/ Centre	01	Bokaro
(No treatment facility for Flood Affected)	Nil	
Leprosy Control Unit	02	Chas, Tenughat
Malaria Unit (Urban)	01	Bokaro
Urban Family Welfare Centre	03	Bokaro, Gomia,
R.CH Unit	02	Chas, Tenughat
State Medical Centre	06	Chandkiyari, Kasmar, Petarwar, Gomia Nawadi and Bokaro
Additional Primary Health Centre	15	Kodia, Baramasia, Chas, Pindrajora Pathuria, Khairachantar Chaskeri, Sadam, Chatro Chatti, Mahuwa, Torra dodh, Harledih, Kathkapooro, Mandra, Ratrari
Health sub Centre	116	
TB Centre	01	Chas

Map of Jharkhand

BOKARO (Jharkhand)



(निकनेट के माध्यम से राज्य सरकार तथा परिवार कल्याण विभाग भारत सरकार को 25 मार्च तक प्रस्तुत किया जाए)

फार्म 4

जिला कार्ययोजना

क. सामान्य सूचना

राज्य ... 25/2295 कोड

वर्ष ... 2001-2002

जिला ... डो. प्र. रा. कोड

पात्र दम्पतियां ... 107688

जिले में प्रा.स्वा.कें. की संख्या ... 8

जिले की जनसंख्या ... 1775961

जिले/राज्य की जन्म-दर ... 28 Per thousand

क्र.सं.	सेवाएं	गत वर्ष के दौरान निष्पादन	प्रा.स्वा.कें. तथा एफ आर यू जिला अस्पताल से संकलित चालू वर्ष की योजनाबद्ध आवश्यकता
1	2	3	4
1.	<u>प्रसव-पूर्व देखभाल</u> जिले में पंजीकृत ए एन सी के मामले	8271	31201
2.	अत्यधिक खतरे वाली महिलाओं की संख्या जिनका उपचार किया गया	300	2157
3.	<u>दिए गए टी टी डोजों की संख्या —</u>		
	टी टी -1	9434	9906
	टी टी -2	9434	9906
	बूस्टर	9434	9906
4.	खून की कमी वाली उन गर्भिणी महिलाओं की संख्या जिनका उपचार किया गया	10540	15060
5.	उन गर्भिणी महिलाओं की संख्या जिन्हें आई. एफ. ए. गोलियों के साथ रोगनिरोध दिए गए	11101	15060
6.	<u>प्रसव देखभाल</u> जिले में प्रसवों की कुल संख्या	3909	19031

(फार्म 4 क्रमशः)

1	2	3		4	
7.	निम्नलिखित द्वारा घर पर कराए गए प्रसव : क) ए एन एम/एल एच वी	2253		4278	
	ख) प्रशिक्षित प्रसव परिचर (दाई)	957		1223	
	ग) अप्रशिक्षित प्रसव परिचर	725		2174	
8.	संस्थागत प्रसवों की संख्या				
	क) जिला अस्पताल में	276		-	
	ख) एफ आर यू में	-		1860	
	ग) पी एच सी में	-		4020	
	घ) उप-केंद्रों में	-		-	
	ड) अन्य	-		-	
9.	नवजात देखभाल	3017		3100	
	रोगी नवजात शिशुओं की संख्या :				
	— जिनका उपचार किया गया	—		—	
	— जिनको रेफर किया गया	—		—	
10.	एम टी पी	590		600	
	किए गए कुल एम टी पी				
11.	आर टी आई/एस टी आई	पुरुष	महिला	पुरुष	महिला
	रोगियों की संख्या				
	क) उपचारित				
	ख) रेफर किए गए				
12.	टीकाकरण				
	टीका लगने वाले शिशुओं की संख्या (0-1 वर्ष की आयु वाले)				
	बी सी जी	12935	10695	15341	13190
	डी पी टी - 1	15213	12930	18653	16588
	डी पी टी - 2	14119	11226	16926	14833
	डी पी टी - 3	12860	10115	15341	13190
	ओ पी वी - 0	-	-	-	-
	ओ पी वी - 1	16268	13463	18653	16588
	ओ पी वी - 2	14920	11626	16926	14833
	ओ पी वी - 3	12961	10662	15341	13190
	मीजिल्स	8653	6258	15341	13190
	पूर्ण प्रतिरक्षित				
13.	टीका लगने वाले बच्चों की संख्या (18 महीने से अधिक आयु वाले)				
	डी पी टी बूस्टर	1853	1661	2688	2353
	ओ पी वी बूस्टर	1881	1530	2688	2353
14.	टीका लगने वाले बच्चों की संख्या (5 वर्ष से अधिक आयु वाले)				
	डी टी	8253	7263	9352	6940

1	2	3		4	
		पुरुष	महिला	पुरुष	महिला
15.	टीका लगने वाले बच्चों की संख्या (10 वर्ष से अधिक आयु वाले) टी टी	4215	3175	4660	3100
16.	टीका लगने वाले बच्चों की संख्या (16 वर्ष से अधिक आयु वाले) टी टी	5142	3405	5653	3321
17.	उन बच्चों की संख्या जिन्हें आई एफ ए की छोटी टेबलेटें दी गई (5 वर्ष से कम आयु वाले)	2836	2144	6667	5667
18.	<u>विटामिन ए</u> उन बच्चों की संख्या जिन्हें विटामिन ए दी गई (9 महीने से 3 वर्ष तक की आयु वाले)	17207	13865	12836	13222
	क) डोज 1				
	ख) डोज 2	8578	7033	9368	8509
	ग) डोज 3-5	5540	4616	9012	7807
19.	<u>ए आर आई</u> निमोनिया से पीड़ित 5 वर्ष से कम आयु वाले बच्चों की संख्या—				
	क) जिन्हें काट्रीमोक्साजोल दी गई ख) जिनको रेफर किए गए	1190	1176	3726	2050
20.	<u>तीव्र अतिसार रोग (दस्त)</u> 5 वर्ष से कम आयु वाले बच्चों की संख्या जिनका ओ आर एस से उपचार किया गया	236	399	2301	2075
21.	<u>परिवार नियोजन</u> <u>पुरुष वंध्यकरण</u>				
	क) परम्परागत (वैसेक्टोमी) ख) एन एस वी		86		750
22.	<u>महिला वंध्यकरण</u>				
	क) उदरीय (ट्यूबैक्टोमी) ख) अंतरुदरदर्शी (लैपरोस्कोपिक)		6508		8250
23.	<u>आई यू डी निवेशन</u>				
	क) ए एन एम द्वारा		1506		4100
	ख) पी एच सी के चि० पदा०/कर्मचारी द्वारा				
	ग) एफ आर यू के चि० पदा०/कर्मचारी द्वारा घ) जिला अस्पताल के चि० पदा०/कर्मचारी द्वारा				
24.	मुख से गोली लेने वाले		10100		4200
25.	कंडोम प्रयोक्ता		5610		5350

सामग्री तथा आपूर्ति

क्र.सं.	मद	यूनिट	गत वर्ष के दौरान प्रयुक्त मात्रा	पहली अप्रैल को स्टॉक की स्थिति	चार वर्ष के लिए अपेक्षित मात्रा
1.	गर्भनिरोधक निरोध			1500 NH	12000 NH
2.	मुखीय गोली			900 cpl	20,000 NH
3.	आई यू डी			250 NH	4000 NH
4.	टूबल रिंग्स			-	-
5.	दाई किट			-	150 NH
6.	वैक्सीन डोज़ (जिला मुख्यालय में) डी पी टी			2866	12600
7.	ओ पी वी			2066	25200
8.	टी टी			100	5000
9.	बी सी जी			548	2000
10.	मीजिल्स			1625	6000
11.	डी टी			580	3000
	<u>रोगनिरोधक औषधियां</u>				
12.	आई एफ ए गोली-बड़ी				
13.	आई एफ ए गोली-छोटी				
14.	विटामिन ए				
15.	ओ आर एस पैकट				
	<u>को-ट्राइमोक्सोजोल</u>				
16.	टेब्लेट पैडिआट्रिक				
17.	आर टी आई/एस टी आई औषधियां				

उपस्कर तथा सुविधाएं

क्र.सं.	मद	उपलब्ध (संख्या)	चालू हालत में (संख्या)
1.	एम्बूलैस	3	NIL
2.	बी पी यंत्र	20	20
3.	तोल मशीन	7	7
4.	सूक्ष्मदर्शी तथा प्रयो. उपस्कर आदि	8	7
5.	आटोक्लेव	6	6
6.	आक्सीजन सिलिंडर	8	6
7.	एम टी पी चूषण साधित्र (सक्शन एपरेटस)	4	2
8.	आई एल आर	11	4
9.	डीप फ्रीजर	8	6
10.	कोल्ड वाक्स	54	53
11.	रेफ्रीजरेटर	5	3
12.	एक्स-रे मशीन	2	1
13.	अंतरुदरदर्शी (लैपरोस्कोप)	NIL	-
14.	किट ई— हैपारोटोमी सेट	NIL	-
15.	किट एफ— मिन. हैपारोटोमी सेट	NIL	-
16.	किट जी— आई यू डी निवेशन सेट	-	-
17.	किट एच— शुक्रवहा-उच्छेदन	NIL	-
18.	किट आई— सामान्य प्रसव सेट	NIL	-
19.	किट जे— निर्वात निष्कर्षण सेट	NIL	-
20.	किट एल— भ्रूणछेदन सेट	NIL	-
21.	किट एल— गर्भाशय उत्सारन सेट	NIL	-
22.	किट एम— संज्ञाहरण के लिए उपस्कर	NIL	-
23.	किट एन— नवजात पुनरुज्जीवन सेट	NIL	-
24.	किट ओ— रक्तपरीक्षण के लिए उपस्कर तथा अभिकर्मक	NIL	-
25.	किट पी— दाता रक्त आधान सेट	NIL	-

स्टाफ की स्थिति

क्र.सं.	स्टाफ वर्ग	संस्वीकृत (संख्या)	वर्तमान (संख्या)	किस तारीख से रिक्त (संख्या)
1.	चिकित्सा अधिकारी	85	74	
2.	विशेषज्ञ			
	क) संज्ञाहरणविज्ञानी (एनेस्थेटिस्ट)	NIL	NIL	
	ख) स्त्री रोग-विज्ञानी	NIL	NIL	
	ग) बाल-चिकित्सा-विज्ञानी	NIL	NIL	
	घ) विकृति-विज्ञानी (पैथोलॉजिस्ट)	NIL	NIL	
	ड) दंत सर्जन	2	1	
	च) सर्जन	NIL	NIL	
3.	सटाफ नर्स/नर्स सेविका	16	15	
4.	भेषजज्ञ/कंपाउंडर	28	4	
5.	प्रयोगशाला तक./प्रयोगशाला सहायक	20	3	
6.	एक्सरेचित्रकार	5	3	
7.	अभिकलक (कम्प्यूटर)	8	5	
8.	चालक	15	7	
9.	पैरामेडीकल पर्यवेक्षक			
	— मलेरिया निरीक्षक	20	10	
	— बी ई ई	8	2	
	— पी एच एन/एल एच वी	19	12	
	— एच ए	-	-	
10.	बहुउद्देशीय कार्यकर्ता			
	— पुरुष	104	68	
	— महिला	165	102	

दिनांक - 24.8.2001

स्थिति: - डॉक्टर निदेशक, स्काउ नि० सि० एन० एम०
मनरेस, सैन्यी को कृपया एन० आ० एन०
कार्यवाही हेतु प्रेषित

अपर मुख्य चि० पदा०/मु० चि० पदा० के हस्ताक्षर
24/8/2001

जिला एच-2001-2004

विभाग - स्वास्थ्य, जिला-बोकारो
राष्ट्रीय कार्यक्रम का मासिक प्रगति प्रतिवेदन माह

जुलाई/2001

विवरण	वार्षिक लक्ष्य	विगत माह की उपलब्धि	गत माह की उपलब्धि	कुल उपलब्धि	प्रतिशत	अभ्युक्ति
1	2	3	4	5	6	7
<u>परिवार कल्याण</u>						
1. नशबन्दी/बन्धाकरण	9000	145-	06	151	1.67%	
2. आईयूएच	4100	437	114	551	13.45%	
3. सी.पी.यू.एच	5350	661	397	1058	19.77%	
4. ओ.पी.यू.एच	4200	2363	705	3078	18.32%	
<u>शिक्षण</u>						
1. टी.टी.सकल	9906 -	2011 -	1077	3088	21.17%	
2. डी.पी.टी.	28531 -	4136	2523	6659	23.33%	
3. पोतियो	26531 -	4388	2357	6745	23.64%	
4. बी.सी.जी.	28531	7141	2363	9504	33.31%	
5. मिजिल	26531	4588	1473	6061	21.24%	

लगातार.....

2001

11/3/11

मलेरिया रिपोर्ट

प्रगति प्रतिवेदन

1 क्रमांक	2 बुखार से पीड़ित रोगियों की संख्या	3 कुल रक्त पट संग्रह	4 कुल रक्त पट जांच	5 फनात्मक	6 तीव्र मीठ	7 पीठ रस <u>Mix</u>	8 आंमूल उपचार	9 मृत्यु	10 अभियुक्त
जुलाई 2011		3592 -	1559 -	167 -	161 -	06 -	0 -	167 -	
<u>कुल योग</u>		16563	14530 -	1299 -	1126 -	172 -	1 -	1299	

153

1 क्रमांक	2 क्वार्टर में	3 क्वार्टर में	4 रोगियों की संख्या	5 कुल अज्ञात रोगों की संख्या	6 वर्ष डंत से अज्ञात की सं०	7 वर्ष डंत से मृत्यु की संख्या	8 अभियुक्त
396 -	12		14797 -	—	X -	X -	

अंधापन की रोकथाम

1 नोडिया विधि	2 लक्ष्य	3 वित्त माह बंध की उपलब्धि	4 चालू माह की उपलब्धि	5 कुल उपलब्धि	6 प्रतिशत उपलब्धि	7 अभियुक्त
	5600	1733	अप्रप्त -	733 -	13.08%	

अतिरिक्त माल्य धिकित्सक सह
 11/3/11

1	2	3	4	5	6	7
<u>कष्ठ</u>						
1. कष्ठ के नये रोगियों की संख्या	2500 -	508 -	181 -	689	24.6%	
2. रोगियों का निबंधन एवं उपचार	2500 -	508 -	181 -	689 -	24.6%	
3. रोगमुक्त रोगियों की संख्या	3121X -	670 -	219 -	889 -		

154

1	2	3	4	5	6	7
<u>वक्ष</u>						
1. वक्ष के नये रोगियों की संख्या	3000 -	170 -	53	223	7.49%	
2. रोगियों की हलगम परीक्षा	8800	140 -	39	179	2.03%	