CASTE BASED OCCUPATION AND HEALTH: A STUDY OF DOM'S FUNERAL WORKERS IN VARANASI CITY, UTTAR PRADESH.

Dissertation submitted to Jawaharlal Nehru University

in partial fulfillment of the requirement

for the award of the degree of

MASTER OF PHILOSOPHY

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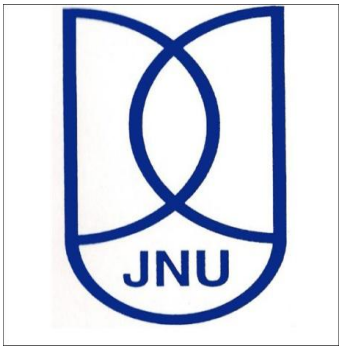

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2018

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DECLARATION

Date: 23/07/2018

This is to certify that the dissertation titled **"CASTE BASED OCCUPATION AND HEALTH: A STUDY OF DOM'S FUNERAL WORKERS IN VARANASI DISTRICT, UTTAR PRADESH"** submitted by me under the guidance of Prof. Dr. Nemthianngai Guite in partial fulfilment for the award of the degree of **MASTER OF PHILOSOPHY** is my original work and has not been previously submitted for any other degree of this University or any other University.

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ACKNOWLEDGEMENT

I express my sincere gratitude towards my supervisor Dr. Nemthianngai Guite and all other faculties from Centre of Social Medicine and Community Health for guiding me through the whole process of dissertations.

I own special debt of gratitude to the Dom community of Varanasi without their support this work would not have been possible. I should like to express my thanks in particular to Shalu Chaudhary, Bhadhur Chaudhary, Vishal and Sandeep for helping me at every step during the field study.

I am grateful to all the libraries especially Delhi School of Economics, Indian Institute of Dalits studies, Jawaharlal Nehru University and Banaras Hindu University for providing me access to their library. My regards to Mr Anand Kumar and Shambhunath research foundation for providing me helping hand and insights into lives and issues of Doms community.

It is myprivilege and pleasure to acknowledge Professor Abhijeet Dasgupta for his generous contribution and bringing a turning point into my work.

I extend my thanks to all my friends and colleagues who had supported me. Especially thanks to Ajeet, Asrar Bhawana, Shashi, Shweta, Sreekumar and Vyom for your continuous support.

23/July/2018 Sarita Kumari

Dedicated to

Ma, Pa, Bhai and Trisha

&

Doms of Varanasi.

ABBREVIATION

AIDS	Acquired Immune Deficiency Syndrome
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AWW	Anganwadi Worker
BHU	Banaras Hindu University
CB	Cantonment Area
CHC	Community health Centre
DHS	District Health Services
FSP	Funeral Service Professional
HBV	Hepatitis B Virus
HCU	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
HSB	Health Seeking Behavior
ICSSR	Indian Council of Social Science Research
ILO	International Labour Organization
JNU	Jawaharlal Nehru university
JSY	Janani Suraksha Yojana
M.CORP	Municipal Corporation
NFHS	National Family Health Survey
NGO	Non Government Organization
OBC	Other Backward Classes
PHC	Primary Health Care
PVCHR	People's Vigilance Committee on Human Rights
SARS	Seven Acute Respiratory syndrome
SC	Schedule Caste
SPSS	Statistical Package for the Social Sciences
SRF	Sambhunath Research Foundation
ST	Schedule Tribe
TBA	Traditional Birth Attendants
UP	Uttar Pradesh
WHO	World Health Organization

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CHAPTER I- CASTE BASED OCCUPATION AND HEALTH: AN OVERVIEW

"Benaras is older than history, older than tradition, older even than legends and looks twice as old as all of them put together".- ***Mark Twain***

Occupation and health are interlinked aspects of the modern world. Each occupation has specific implication on the health of workers irrespective of whether the work demands manual or mental labour. Workers are engaged in both organized and unorganized sectors to earn a livelihood. Though generally, an individual chooses an occupation but some occupations are ascribed by birth, which are passed on from generation to generation. In India, the ubiquitous caste system fosters structural discrimination and exploitation of those present at lower strata. The present work tries to understand the ascribed occupation of Dom, due to the caste system, and its contribution in further marginalizing them by preventing their upward social mobility thereby leading to poor health status.

The chapter began with a briefing about the hierarchal structure of caste which provides logic based on the notion of purity and pollution for promoting division of occupation among caste groups andmaintenance of the hierarchalstructure including the different forms of exclusion faced by untouchables and role of caste as a social determinant in influencing health.

1.1 Hierarchical Structure of Caste System

The word 'caste' was used for the first time by Garcia de Ortain 1563.Denzil Ibbetson (1881) provide the descriptive definition of caste as a group of people who practice hereditary occupation and "*seek preservation and support of the principle by the elaboration from the theories of the Hindu creed or cosmogony of a purely artificial set of rules, regulating marriage and intermarriage, declaring certain occupations and foods to be impure and polluting, and prescribing the conditions and degree of social intercourse permitted between the several castes*"(cited in Mathur 1964:59). Many writers had identified occupation as the sole of caste system such as Ibbetson, who has attached the greatest importance to occupation in the caste. Nesfield also regards occupation as the sole of foundation on which caste system has been built (ibid:60).

The origin of social order among Hindu is traced from the *Rigveda*, where text mentioned about four groups which are known as Varna. These groups are arranged in hierarchal structure, in which Brahmin occupies the topmost position, followed by Rajanya (Kshatriyas), next comes the Vaishya and last is Shudras according to Rigveda. Though no mentioned of fifth group is there, but sociologist and anthropologists have include fifth group known as '*Ashprishyas*'(untouchables) who are better known as Dalits in Hindu social order(Kumar 2014:36). Thus in the hierarchal structure Brahmin are at top and Dalits/Shudras (untouchables) are at the lowest position (Figure 1.1). This division of Varna with unequal distribution of rights and privileges is backed up by religious and mythological beliefs, which result in extreme form of inequality in Indian society (Kumar 2014:36). This fivefold division of society constitutes of 'formal hierarchy' in a way that each caste tries to fit themselves into these broad divisions (Mayer(1956) cited in Mathur 1964:68).For sociologist the role of religion is important in maintaining integration in the society. According to Durkheim "religious rituals is an expression of the unity of society and its function is to- create' the society or the social order by reaffirming and strengthening the sentiments on which the social solidarity and therefore the social order itself depended(cited in Mathur 1964:5).

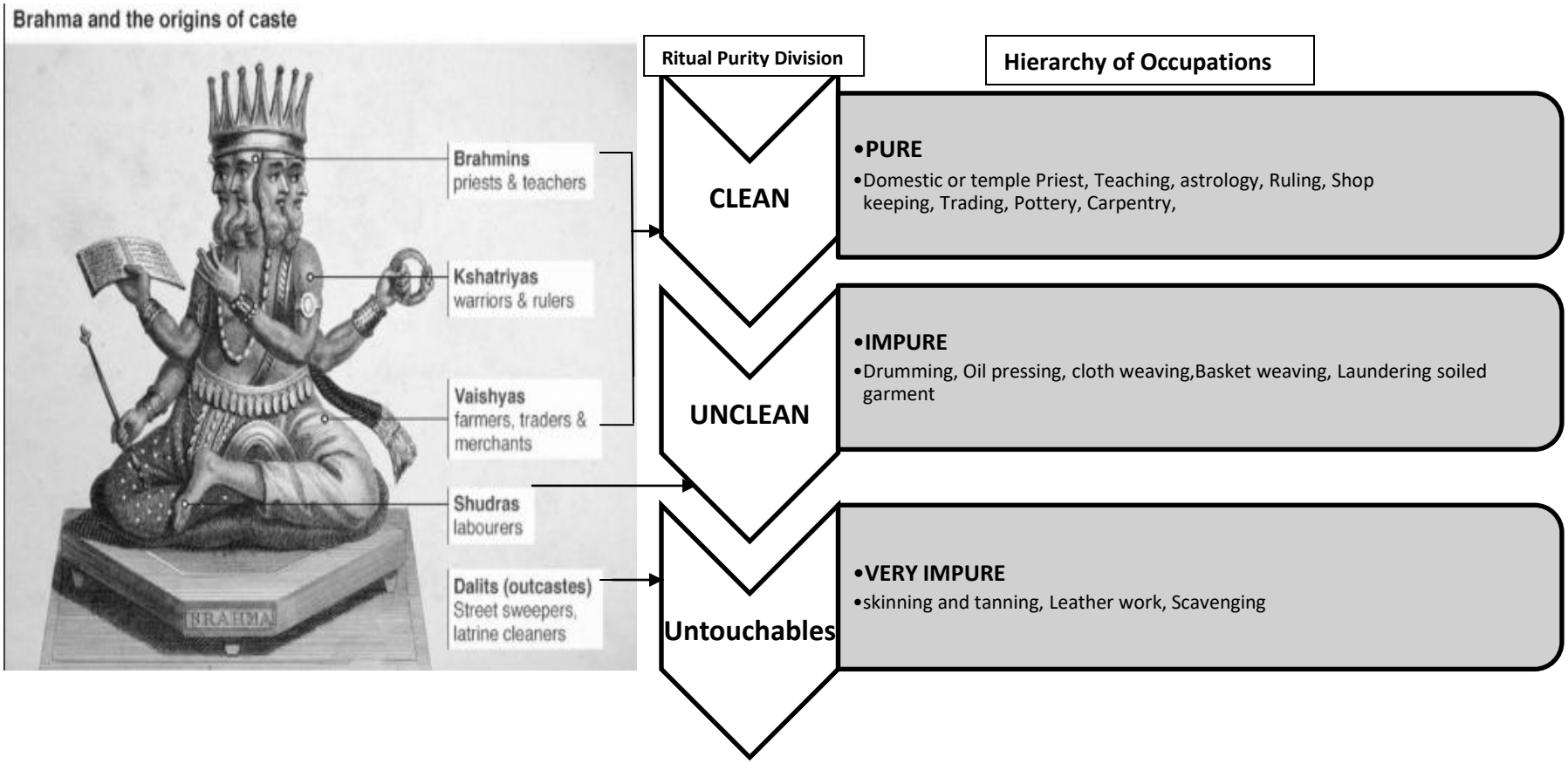
Kakar (1992) argues that the Hindu social order along with hierarchical positioning also prescribes specialist duties and functions such as political, socio-economic, educational and religious functions for each group (cited in Kumar 2014:36). The Hindu social order also allocates certain privileges and rights to those who are holding an upper position in the hierarchical structure and denies to those who are at the lowest rung of the ladder.

As there is a 'formal' hierarchy in terms of commensality, giving and taking food, similarly there is a hierarchy based on occupation (Mathur 1964:153).At the top of hierarchy comes Brahmins, who should follow any of the fixed occupation such domestic priest, the temple priest, an astrologer, teachers, scholar well versed in religious and cultural lore. All these categories are considered to very pure and not involving any pollution. Second subcategories of occupations for those groups, whose position are in the middle rank, on the scale of purity. The occupation includes administrations, justice giving, fighting. Trade and shopkeeping are next in the hierarchy of occupations .Next

subcategories of occupations consist of cultivations, crafts, tailoring, blacksmith, carpentry, poetry. Barber occupation comes next and is considered to be lower than craft or cultivations (Figure 1.1).

The drummer occupation is ‘ritually impure’ for it brings the person in direct contact with animal skin and he begs from all caste groups. As oil presser crushes seeds thus intentionally he destroys the life process of oilseeds. The life principle is sacred thus his occupation is considered impure (Mathur 1964: 153-156). Skinning dead animals and tanning their hides is very impure work as it brings them in direct contact with death and decay. The scavengers work is also included into the very impure category as he removes night soils for all castes. In addition, he accepts part of the dead person shrouds. The purity and impurity of occupationis determined in terms of the notion of purity and pollution which governs the conduct and behaviour of ordinary Hindus (Mathur 1964:156).

Figure 1.1 Hierarchy of Occupation on the Basis of Purity and Pollution

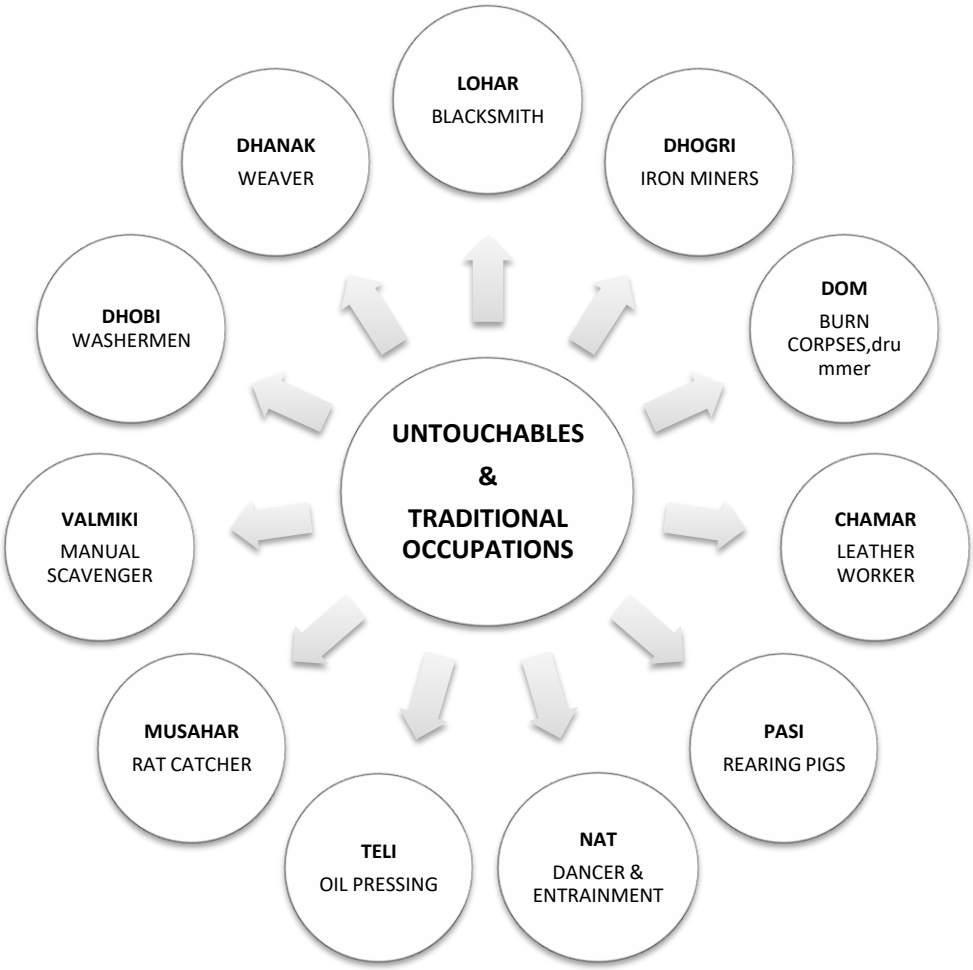


Source: Adapted from Mathur(1964),BBC News[1](2017)

[1]https://www.bbc.com/news/world-asia-india-35650616

One of the important characteristics of the caste system is the hierarchical stratification which presuppose feelings of superiority and inferiority among different groups (Mathur 1964:120). Often associations of caste with the occupation they perform are expressed in their caste names. Kumhar(potter), Darji(Tailor), Lohar(Blacksmith), barhai(carpenter),Nai(Barber), Chamar(Skinner and Tanner)(Mathur 1984:147). Figure 1.2 show the names of some of the scheduled castes on the basis of occupations, which are present in Uttar Pradesh.

Figure 1.2 Schedules Caste and their Hereditary Occupations



Source: AdaptedMathur(1964);Singh(1987)

1.2 Caste and Religion

According to Hindus, their social system is believed to be divinely oriented, prescribed and controlled. Thus traditional caste rules are used to provide regulations of behaviour which is considered an integral part of Hindu religious life. Brahmins occupya pre-eminent position in Hindu society and are regarded as custodian of religion. Due to this features of the caste system, European considered it as "as an artificial creation, a device of clever priesthood for the permanent division and subjection of the masses, or even as the creation of a single lawgiver"(Hutton 1951 cited in Mathur 1964:4).

The influence of religion on the caste system has been widely explored by several writers. Oldenberg(1987) insist about the origin of caste from class, tribes and guild, segregation into permanently separate groups through hierarchy and restriction on marriage and commensality with fear of pollutions(ibid). The mystical concept of pollution on which the system of caste depend (Ketkar 1909) is also stressed upon by ketkar, Ghurye(1950), S.C Roy(1934), Srinivas (1952) and Stevenson(1954)(cited in Mathur 1964:4).

The fundamental feature of Hindu social organization is caste or jati. Thus status or rank of one's caste in hierarchal structure determines their role, obligation, rights and activities (Mathur 1964:96). The entire system is bounded on the notion of purity and pollution due to which individuals tries to maintain their social status throughpractising rules and restrictions on their activities. Certain restriction has been fixed such as endogamy, commensality, restrictions on touching an untouchable, to name a few, so that purity of linage could be maintained and structure of caste system could remain unchallenged. Thus certain rules are fixed in such a way that persons will fear of losing their caste status due to the fixed penalty as part of breaking those rule.

Among Hindus, purity is regarded as the supreme virtue and in order to maintain it, certain purificatory agents such as fire, sun and Ganges water are used (ibid:100) for cleansing pollutions. Thus if the purity of any individual is lost then after taking certain purificatory measures and paying the penalty, that individual is included again into their respective groups and given back their caste status as shown in table 1.1.

Table 1.1 Variations in Scale of Pollution

Details of pollutions	Purificatory Measures
Accidental physical contact with impure person	Bath
Deliberate physical contact with impure persons	Bath and payment of penalty to caste
Accidental eating, drinking, smoking with unclean caste person	Bath, feast provided for local caste group
Deliberate eating, drinking, smoking with unclean caste person	Bath,feast provided for local caste group, payment of penalty, verbal atonement
Sexual intercourse with non caste man(for women)	Bath, feast to caste, penalty, physical atonement
Sexual intercourse with non caste woman(for men)	Bath,feast, verbal atonement
Marriage with non caste person(in a caste of equal status)	Dissolution of marriage, bath,physical atonement,feast, heavy penalty
Marriage with non caste person(in a caste of different status)	Dissolution of marriage, bath,physical atonement, feast,heavy penalty. The punishment is more rigor than last instance.

Source: (Mathur1964:119)

As the table1.1 show different scales of pollution after coming into contact with untouchables and after paying the fixed penalty, purification of the individuals could be done. Due to this hierarchical and discriminatory nature of Hindu social order, schedules caste often faces exclusions. Social exclusion is defined as "a multidimensional process, in which various forms of exclusion are combined: Participation in decision making and political processes, access to employment and material resources, and integration into the common cultural process. When combined, they create an acute form of exclusion that finds a spatial manifestation in particular neighbourhoods"(Madanipour 1998 cited in Kumar 2014:37).

Table 1.2 REPRESENTATION OF SOCIAL EXCLUSION OF DALITS	
TYPES of Exclusion	**NATURE OF EXCLUSION**
Social exclusion	Denial of existence in the Rigveda
	No reference in the Varna scheme
	No right to sacred thread
	Exclusion from ashramas
	No prescription of Dharma
	Exclusion from purushartha
	Exclusion from predestination
Practice of Untouchability	Residential exclusion(in south of the village)
	Denial of acceptance and access to water
	Denial of accepting food
	Residential on sitting together
	Restriction on celebrating festivals together
	Denial of entry into house
	Denial of entry into kitchen
	Denial of entry into temples
	Restriction on taking meals with other castes during other ceremonies
Atrocities	Rape of Dalit women(caste atrocity)
	Murder of a Dalit
	Grievous Hurt
	Arson/loot
	Ridicules in society and sacred tests
	Denial of wearing clothes/shoes/turbans etc similar to upper castes
Hazardous/stigmatized occupation	Cleaning Human excreta
	Scavenging/cleaning manholes
	Midwifery role by Dalit Women
	Removing Carcasses
	Grave digging/Burning dead/Drum beating at the time of death
	Piggery/Butchery/toddy tapping
	Cleaning Soiled clothes
	Denial of taking out marriages and funeral processions
Political exclusion	Denial of participation in electioneering process
	Denial of participation in the decision making processes in Panchayat
	Exclusion from institutions of governance
Economic exclusion	Denial of access to property in history
	Denial of freedom of occupation
	Denial of financial loans from banks and other financial institutions
Educational exclusion	Exclusion from becoming knowledge givers
	Exclusion from curriculum
	Absence of owners of educational institutions
Religious exclusion	Exclusion from the different structures of religion(priesthood)
	Religious legitimacy for hierarchy of the social structure
	Religious legitimacy for hierarchy of the social exclusion
Enemy within	Oppressor of the same religion and same region

Source: Kumar, vivek(2014)

Kumar (2014) had provided broadly six forms of exclusion which includes social, political, economic, educational, religious and energy within exclusions. He insists that religious justifications are used for supporting of such exclusion based on Dharma and Karma. It is this social exclusion which had form extreme forms of inequality for Schedules castes (ibid). (Table1.2). Due to the above mentioned exclusion, Schedule caste is excluded from certain rights and privileges which leads to negative implication ontheir health.

1.3 Caste and Health

Inequality due to exclusion is not limited only to sociological dimensions,but health is also influenced by it. Health is defined by WHO (1948) as " *a state of complete physical, mental and social well being and not just mere absence of disease and illness*". Qadeer (1985) remonstrated this definition by rebuking that this definition firstly focuses on the ideal rather than actual reality. Secondly it ignores the fact that health or well being has a range and it cannot be an absolute quantity. Qadeer conceptualize health as a social concept, which evolves and is determined by the perception of a group or community and differ from community to community, and thus defined health as a "*dynamic concept embracing the socio-economic, political and technological forceswhereas health service system is a complex of research, education and delivery system and one of many inputs required to improve health of the people*"(Qadeer 2011:62-63).

Black report (1980) publication had spawned a number of studies which had examined the social factors underlying the health. The fundamental finding of these studies was the existence of 'a social gradient' in mortality. Its implication on health outcomes was that susceptibility of people to diseases depends not only on individual factors but also on the social environment of which he has been a part(Marmot 2000 cited in Borooah 2018:65).

Numerous studies exist which indicates a crucial role of environment in determining health conditions. Chadwick (1842) work in Great Britain on the sanitary condition of the labouring population indicate that non-bio medical factor were responsible for the occurrence of diseases (Nayar 2007:356). Mckeown (1976) works show that the main reason for the decline of mortality in Europe and England was an increase in food

supplies by advancing agricultural and extensive cultivation of maize and potatoes during the 18th century.This leads to lowering down death due to starvation. Some of the critical elements of environment which effects human health (cited in Qadeer 2011:37) are nutritional status (Chen 1987), famine and drought (Banerji 1981 b), social class (Banerji and Singh 1985), water supply(Briscoe 1984) and housing and working conditions (Qadeer 1986)(ibid).

Nayar (2007) considered caste as a proxy for socioeconomic status and poverty in the Indian context. He pointed out that scheduled castes and scheduled tribes belong to disadvantaged group who have a higher probability of living under adverse condition and poverty. Their health status and utilization patterns provide an indication of their social exclusion as well an idea of the linkage between poverty and health (Nayar 2007:359). The health outcomes of these groups as Guha(2007) observes was that around 28.9 percent of scheduled tribes and 15.6 percent of scheduled castes don't have any access to doctor or clinics. Only 42.2percent of STs and 57.6 percent of SCs children have been immunized (cited in Borooah 2018:66).Further National Family Health Survey (NFHS) II data shows caste differential in health where schedule castes have a high prevalence of post-mortality, child mortality, under 5 mortality and anaemia among women and children in comparison to other castes (Nayar 2007:359).NFHS III also shows the socio-economic divide in term of health outcomes, where lower castes, poor and less developed states bear the burden of mortality. There is an inverseproportionalrelation between income and higher rate of infant mortality. These inequities are further accompanied by caste and gender (Gwatkin 2000, Subramanian 2006 cited in Baru et al. 2007:49).Thus it is evident from the above literature that scheduled castes have the worst health outcomes which are influenced by another social determinant of health also.As one's positions in caste and class hierarchy, economic status, livelihood, working conditions affect the health conditions.

1.4 Conceptual Framework

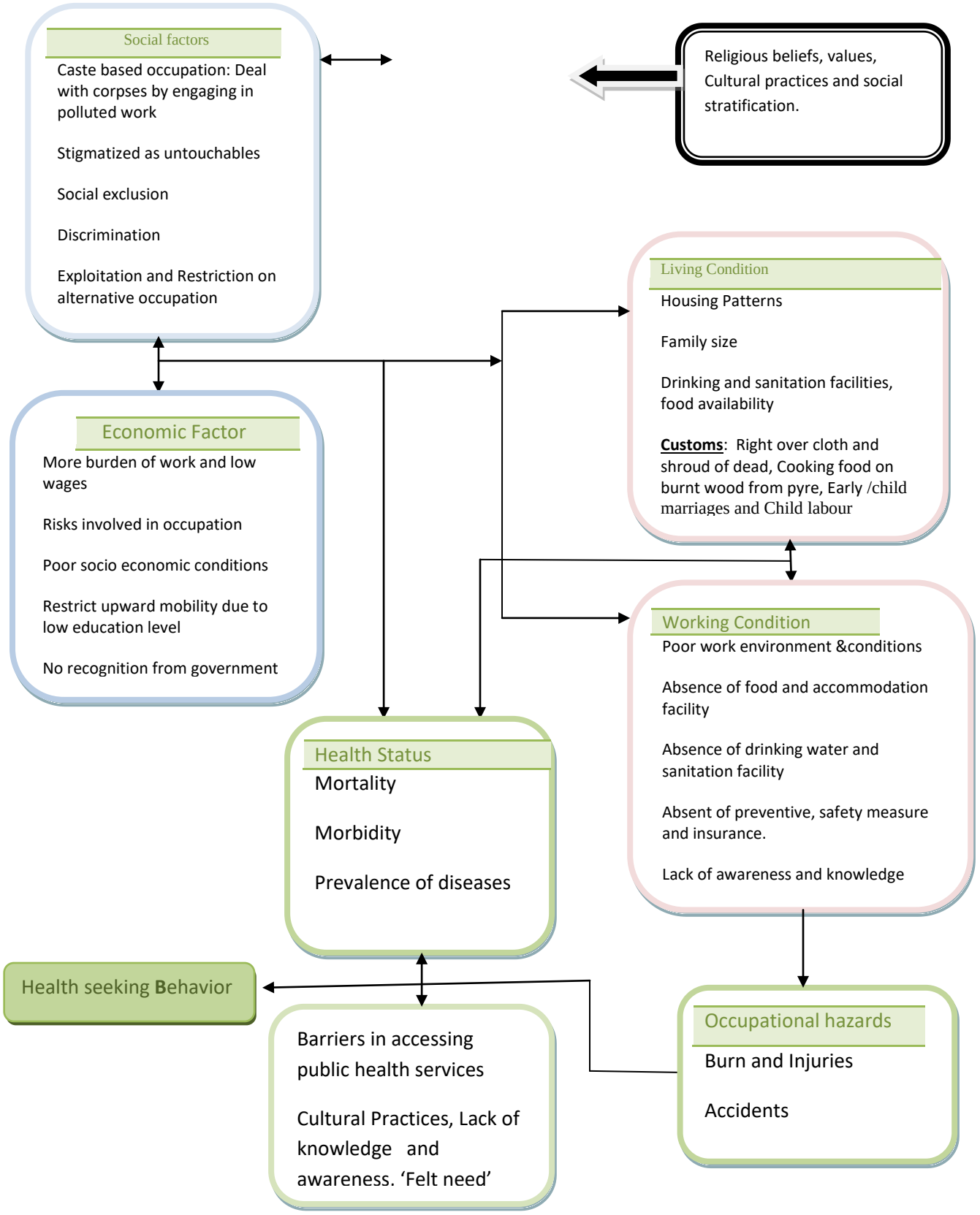
Hindu social is believed to be divinely oriented and formed by God himself. This is pointed out by Ambedkar(1987) as he states that "*one striking feature of the caste system is that the different castes do not stand as a horizontal series all on the same plane. It is*

system in which the different castes are placed in a vertical series one above the others – the principle of gradation and rank"(Ambedkar first in1987). Ambedkar had mention three critical features of the Hindu social order which are: a) Worship of Superman (Brahmins) by all other castes b) Devised techniques for preservation of the social order by denying the lower caste group from rising and receiving education so that rebellion doesn't take place and c) Consecrate the Social order as divine formed by God(Ambedkar 1987:116-129).

So due to the presence of graded inequality in the Hindu social order, specific caste groups exploits peoples who are categorized as lower caste or untouchables. Purity and pollution play complementary axis of Hindu social order through which this hierarchy is justified. Dom caste, which belongs to schedule caste is engaged in the traditional occupation of burning the corpses for centuries. They have been attributed few rights such as right over a tax on fire and objects which accompany dead bodies. In additions, these rights are further used to stigmatize them as untouchables such earninglivelihood by charging tax for burning corpses.Religious beliefs also provide certain myths as per which deceased can only attain salvation through the hand of Doms. Doms are given a token of 'artificial respect' here as they are called 'Dom Raja'. But as they deal with corpses, which are considered impure and polluted in Hindu society, they are stigmatized as untouchables. In Rig Veda, the poet-priest expresses himself in words: "*We live in the midst of the Dravidian tribes who do not perform sacrifices nor believes anything. They have their own rites and should not be called 'men'. They were regarded as untouchables even then, there were prohibitions about accepting food from them, and marriage with them was not encouraged*" (Briggs 1953:4).

In addition, Dom arecontinuouslyreminded of their responsibilities and duties, which are assigned by God to them which is to serve the upper castes. Thus religious belief, value, norms and cultural practice are used with the notion of purity and pollution within the caste system which plays the motive of justification of position allocated to oppressed castes.

Figure 1.3 Diagrammatic Representation of Conceptual Framework



The option of alternative occupation, which can provide them better social status is also closed through the practice of untouchability. By all these mechanisms a cap is maintained on their social mobility through retrograde social values. Social consequence of this division of labour is that Doms becomes victims of marginalization and social exclusion. As a result of which they are exploited and discriminated in the economic sector too, all the burden of work is put over their shoulder for cheap labour and profit is maximized by other castes. Thus though caste had altered and evolved over centuries but it is still a living phenomenon. In the 21st century also lower caste are indulged in menial work both in the formal sector and informal sector. In government sector too, majorly SC and ST will be found engaged in menial work. Thus the discrimination and hierarchy of occupation on the basis ofpolluted and purity work is also present in government sector despite reservation and other measures.

At the economic level, they are used for cheap labour,and their consumption level is also checked or maintained by putting a restriction on clothing, food, a celebration of marriages and all. Manu says

> "*The dwellings of candalas and svapakas shall be outside the village,they must be made Apapatras and their wealth (shall be) dogs and donkeys. Their dress (shall be) the garments of the dead, (they shall eat) their food from broken dishes, black iron (shall be) their ornaments, and they must wander from places to places*"(Briggs 1953:30).

Thus in living condition, their pattern of houses can be seen as near cremation ghat or in theend of the street with poor sanitation and drinking water facilities. Members of the family are large in comparison to the size of the house. Sheering argues that in Hindu society Dom is representations of uncleanness, where humanity finds extreme degradation (Sheering1872:400). He states, "*He is loathed and avoided as scum and filth; in short, no language can properly designate the social degradation of his position*" (ibid).

He further argues that Dom are usually very poor and dressed in rags,but in Varanasi there are two to three families of this caste who are in better condition than the rest of Dom. They occupy a place of their own in the fabric of Indian society because without

their assistance burning of the dead cannot be performed in Varanasi and perhaps other cities of India.

Thus both social and economic factors impact living and working conditions of Doms, in terms of living space, availability of basic necessities of lives, wages, workloads, risks involved in work which further foster occupational health hazards. Thus both living and working condition have implication for their health status, which further leads to particularhealth-seekingbehaviour. Thus caste system is exploiting the surplus value of the labour oppressed castes, which is adding to a negative influence on their health.

1.5 Theoretical Framework

Functionalistapproach is concerned with maintaining the social order and holds the view that the presence of stratification is required for placing and motivating individuals in the social structure. So society should evolve some mechanism to distribute its members in social positions and induce them to perform specific duties (Davis &Moore1944:242). Thus it supports the division of labour, where a particular class performed a specialized task, for which rewards are given to them.

Here the functionalist approach is used to understand the division of labourand social order in the caste system, which has been propagated by Hindu ideology. Within the caste system, there is exploitation and discrimination of the lower castes in addition to economic inequality. Threefundamental theories in the context of economic efficiency and income distribution are mention by (Thorat 2001: 24): Neoclassical, Marxian and Ambedkar approach.

1.5.1 Neo-classical Approach

This theory holds the premises that in caste systems, the hereditarynature of occupation is compulsory and endogenous which forces immobility in production factors such as labour. This leads to a rise in segmentation in labour market due to which there is a lack of competition. Thorat holds the view that this leads to discrimination in the labour market because of economic incentives.

1.5.2 Marxian approach

The Marxist economic literature on the caste system attributes the existence of caste-based exploitative relations to the economic forces (Naboodiripad 1977cited in Thorat 2001:48). Tracing caste-based inequality due to unequal distribution of property; this approach focuses on the distribution aspect of the institution. It considered the economic structure of the society as a foundation for all institution. Primary focus is given on changes in the force of production at one hand and relation of production on other.

1.5.3 Ambedkar approach

Caste analysis done by Ambedkar comes into the category of group-based perspectives where they gave more focus on group rather than individuals. Bulmer (1958) theorizes that the locus of origin of prejudice exists in

> "*attitudes of group about the relative status and material benefits associated with membership in the group harbouring stereotypical beliefs towards the 'other'. The extent to which the dominant groups perpetuate advantage for their own and disadvantage for subordinate groups is a key factor for group outcomes*"(Blumer1958: 3-4).

Ambedkar had presented the caste system as a case for group theory prejudices on one hand,and simultaneously he had also highlighted the role of religious ideology,which is portrayed as legitimate informing norms and belief. This fosters the formation of prejudice and discrimination on a group basis.Ambedkar also shared a common view with Marxistapproach that class exploitation was a material base and a part of production relation. Lieten shared that Kinship system in caste is rigid,which make it extremely stubborn social institution as it will persist in institutions and social consciousness even if the economic base is destroyed.

The caste system, in Ambedkar view, consists of vertical graded division of five social groups, which maintain specific inter-caste obligation in order to maintain their caste purity and ranking. It also involves fixation of economic rights (caste-based occupation), civic and religious rights for each caste, which are hereditary in nature. The rights, however, are graded and unequal in nature, which makes 'graded inequality' the foundation of the caste system. Brahmins (Superman) are placed at the top position of

hierarchy by providing maximum rights and privileges in contrast to untouchables (other man) who have maximum duties and few rights. Those privileges and rights enjoyed by upper castes are protected in caste system by using religious ideology where beliefs are propagated such as worshipping the Brahmans (Superman) as God; social order is divine order formed by God himself and social ostracism of those who try to question these beliefs. Thus Hindu religion, moral and legal philosophy are used for persistence of graded inequality with privileges accruing to dominant caste and disadvantages imposed on subordinate,and the principle is made sacred, eternal, and inviolate (Ambedkar 1987:116-129). At theoretical level in Ambedkar view, Hindu social system involved a framework of a production organization and a scheme distribution: a) Fixation and hereditary nature of occupation b) Unequal distribution of economic rights among castes with graded inequality principle c) Occupation were segregated on the basis of superiority and inferiority d) Hindu religious order recognized slavery e) Hindu social order provided for a system of social and economic penalties to enforce the caste-based economic order(Thorat 2001:50-51).

Thus different theories are used to understand the issue of Dom engagement in caste-based occupation. Functionalist approach is used to understand social order and division of labour. Neoclassical and Marxian approach for understanding economic inequality then group-based prejudice theory is used to understand the origin of prejudice in society and lastly Ambedkar approach on the caste system and persistence inequality.

1.6 Organization of Dissertation

The study is presented in the form of eight chapters.

Caste Based Occupation and Health: An Overview- The first chapter provides a brief about the whole study. The first section deal with caste system in India, various type caste-based occupations in India, spheres of discrimination. The second section dealt with caste and health in detail.It also provides a conceptualization of the problem along with a theoretical framework of the study.

Caste, Occupation and Health in Contemporary Situation: A Review- The second chapter deals with the review of the available literature from where themes were

developed in order to identify the gap in the literature and then research question were formed which help in framing objectives which are relevant for the present study. Various articles, Journals, book are reviewed to find the gap.

Research Design: Methods, Process and Instruments- The third chapter provide with research design which include the significance of study and detail about study area, methodology sampling, the research process

Socioeconomic Demographic- The fourth chapter discusses the profile of respondents, their socio-economic and demographic profile, education status, work and living conditions, subsidiary occupation, practices of existing child labour, untouchability and discrimination. An attempt has been made to understand the interaction among all these dimensions, how it leads to the formation of the overarching poor socio-economic condition of Dom community.

Unfavourable Exclusion and Inclusion of Dom's- The fifth chapter describe the life of Dom funeral work at the cremation ghat including the informal hierarchies and social interactions at the work site. The structures and dynamics of cremation ghat have been captured by focusing on the economic sphere of cremation ghat. It highlights the process of caste interactions which facilitate exploitation, discrimination and suppression of Dom workers by other castes and by higher classes is presented.

Occupational Health Hazard- Chapter sixth focuses on occupational hazards, which are resultant of burning the corpses that include psychosocial hazards, accidents, burn, injuries and risk of infections. This chapter shows severities of these occupational hazards, and health issues faced by Dom workers here and treatment they sought for these accidents.

Health Status and Health Seeking Behavior of Dom Community- The seventh chapter shows the implications of socio-economic conditions in additions with the untouchable status of the Dom community for the health status and health-seekingbehaviour.

Discussion and Conclusion- TheLast chapter summarizes the whole studies and draws inferences from the findings of the field study and review of the literature. It also provides suggestions concluded from the inferences.

CHAPTER 2-CASTE OCCUPATION AND HEALTH IN CONTEMPORARY SITUATION: A REVIEW

In view of the issues and concerns presented in the first chapter of the dissertation, it is important to look at pieces and information and knowledge available through research and observations of others who have contributed to the body of knowledge on caste-based occupation and health. It is important to recognize here that caste system prevalent in Indian society prevents upward social mobility of those belonging to lower caste as a result of which their movements are restricted,and they are forced to engage in menial occupation in order to earn a livelihood. They are targeted as untouchables and become a victim of discrimination, exclusion and exploitation. Many reports, studies, articles and books have discussed and deliberated upon caste system, social stratification and structure and how it creates and promote inequality in an already existing unequal society. The divisions of labour in caste system rely on the notion of purity and pollution in addition to religious belief about attainment of salvation that fosters Dom engagement in this menial work. Due to this work of dealing with corpses, Dom becomesa victim from two sides; on the one hand, due to hierarchal and discriminated structure of caste system, and on other in term of their health status due to an engagement in a hereditarycaste-based occupation which involves occupational health hazards.

Drawing inferences from these literatures, this chapter incorporates thematic review by dividing into different sections. First section focuses on health and factors affecting health; second section deal with occupation and health aspects of laborers indulged in informal sectors; third section focus on origin of Doms and traces their history of engagement in menial work; fourth sections deal specifically with Varanasi by providing a historical account and then focusing on Dom castein Varanasi; fifth section deals with sociological concept of purity and pollution and debates on caste related to purity and pollution.

2.1 Health

2.1.1 Factors Affecting Health

Health is defined by WHO (1948) as "a state of complete physical, mental and social well being and not the just mere absence of disease and illness." Qadeer remonstrated this definition by rebuking that firstly it focuses on the ideal rather than actual reality; secondly, it ignores the fact that health or well being has a range and it cannot be an absolute quantity. Qadeer conceptualize health as a social concept, which evolves and is determined by the perception of a group or community and differ from community to community, and thus defined health as a "dynamic concept embracing the socio-economic, political and technological forces whereas health service system is a complex of research, education and delivery system and one of many inputs required to improve health of the people"(Qadeer 2011:62-63).

The health service system which is meant for providing health care to the masses, in India consists of unevenness and inequalities which are classified by Qadeer(2011)as inequality of resource distribution; inequality of access; inequality of participation and; inequality of health status. This inaccessibility of health services further adds to the burden of ill health for the deprived section. The environment is also a crucial factor here which matrix consists of socio-economic and political factors in a given physical and biological context that influences perception and knowledge of the environment and the human health (Qadeer 2011:36).

Numerous studies exist which indicates a crucial role of environment in determining health conditions. Chadwick (1842) work in Great Britain on the sanitary condition of the labouring population indicate that non-bio medical factor were responsible for the occurrence of diseases (Nayar 2007:356). Mckeown (1976) works show that main reason for the decline of mortality in Europe and England was an increase in food supplies by advancing agricultural and extensive cultivation of maize and potatoes during the 18^{th} century that leads to lowering down death due to starvation. Qadeer argues that in India too, during the early phase of 20^{th}-century situations had been the same. The control of famines probably played an important role in reducing death rates due to laying down of railways track which made transportation of foods feasible that helped in checking crisis

situations(Qadeer 2011:35). Some of the critical elements of environment which affects human health (cited in Qadeer 2011:37) are nutritional status (Chen 1987), famine and drought (Banerji 1981 b), social class (Banerji and Singh 1985), water supply(Briscoe 1984) and housing and working conditions (Qadeer 1986)(ibid).

Besides the crucial role of the environment, the effects of one's social position in term of caste and class on health are also pointed out by specificliterature.

2.1.2 Class and Health

Engels work (cited in Waitzkin 1981:78-83) illustrates that the root causes of illness and early death among working classes in England lay in social environment and organization of economic production. He inculpates capitalism for forcing these working class people to live and work under such harsh conditions, which leads to sickness. He insists that their housing patterns were poorly planned which did not permit adequate ventilation of toxic substance. Due to the privation of disposal system, waste materials were dumped in apartment or courtyards of working classes. These conditions such as overcrowding, poor housing, inadequate sanitation and pollution along with social class position facilitated the spread of infectious diseases, which in return result in a higher mortality rate. Engels had illustrated the relation of certaindiseases such as scrofula and rickets with poor nutrition and social conditions. He had undertaken an epidemiological investigation of mortality rate and social class which demonstrated that mortality rate was inversely proportional to social class. He noted that children mortality were quite high among working-class children than "children of the higher classes" in Manchester (ibid:80).

In addition, he had provided accounts of common occupational illness faced by working class in industries such as chronic musculoskeletal disorders due to physical demand of industries, lead poisoning among pottery workers, pulmonary disorders among coal miners which caused acute and pulmonary inflammation that frequently result in deaths, eye disorders of workers in textile and lace manufacturing. Engels argues that capitalist classes are enjoying the pleasure of wearing laces at the expenses of workers eye sights thus portraying the miserable conditions of the working class. According to him, the mostimportant solution for these health problems was basic social change because the limited medical intervention would never yield improvements, which is required.

Virchow (cited in Waitzkin 1981:83-89) hold the similar view that social change becomes equally crucial as a medical intervention for the eradication of an epidemic. In his multi-factorial aetiology, he claimed material deprivation as a main causative factor for ill health. Virchow had classified certain diseases as "crowd disease" or artificial disease",and the list includes typhus, scurvy, leprosy, relapsing fever, tuberculosis and cholera. He holds the view that "inadequate social conditions increase the population susceptibility to climate, infectious agents and other specific causal factors, none of which alone was sufficient to produce an epidemic"(ibid:88). Thus people active political participation and economic stability were necessary for good health.

Whereas for Allende (cited in Waitzkin 1981:90-96) the social origin of disease lies in wages, malnutrition and poor housing. According to him the spread of communicable diseases such as dysentery, typhoid fever, whooping cough, measles and other infectious foster due to inadequate drinking water and sanitation facilities in overcrowded areas (ibid).

2.1.3 Caste and Health

Nayar (2007) argues that poverty and social exclusion are important variables for socioeconomic status, which are often ignored while looking at factors leading to ill health. He considered caste as a proxy for socioeconomic status and poverty in the Indian context. Nayar points out that scheduled castes and scheduled tribes belong to disadvantaged group who have a higher probability of living under adverse condition and poverty. Their health status and utilization patterns provide an indication of their social exclusion as well an idea of the linkage between poverty and health (Nayar 2007:359). NFHS II data shows caste differential in health where schedule castes have a high prevalence of post-mortality, child mortality, under 5 mortality and anaemia among women and children in comparison to other castes (ibid).

NFHS III also shows the socio-economic divide in term of health outcomes, where lower castes, poor and less developed states bear the burden of mortality. There is an inverselyproportion relation between income and a higher rate of infant mortality. These inequities are accompanied by caste and gender (Gwatkin 2000, Subramanian 2006 cited in Baru et al. 2007:49). In term of accessibility of health services, there are a high

proportion of scheduled castes, scheduled tribes and other backwards classes who were not availing any treatment. Thus overall it is highlighted that marginalized section of India ,which consist of SC, ST and OBC, who are also poor suffer a 'social gap' in term of health status and health services(ibid:360).

2.1.4 Health Seeking Behavior

Health seeking behaviour could be understood as a complex interaction among factors of disease causation, health services institution and 'felt need' of the patient (Baru2005:45). Health Seeking Behavior (HSB) is not just an isolated event but part and parcel of person, family identity, which is the result of a mixture of evolved social, personal, cultural and experiential factors. The process of responding to 'illness' or seeking care involves many steps (Uzma et al. 1999 cited in Mackian 2003:23). Thus HSB of a person is determined by his socio-cultural environment, economic status, knowledge, practices, availability of provider along with accessibility and affordability of health care.

Baru(2005) mentions three perspectives among social sciences, which contribute to illness experiences and its treatments; which are behavioural, cultural and societal perspectives. Behavioural perspective views illness as a form of dysfunction in the individual and therefore biomedical role is to correct this dysfunction. Other two perspectives focus more on the nature and structure of institution and health personnel. Societal perspective emphasizes onthe social root of illness,and cultural perspective focuses on belief about sickness in different cultural settings.

Suchman(1965) emphasized that seeking of care is influenced by the nature of symptom which is a mostpowerful actor (cited in Baru 2005:48). Whereas Zola (1963) indicates 'five triggers' which are: interpersonal crisis, social interference, the presence of sanctioning, perceived threat and nature and equality of symptom (ibid). According to Banerji and Anderson (1963), the pool of infections could be reduced by treating people who are seeking care on the basis ofthe intensity of symptoms and come to doctors due to 'felt needs'. They further emphasized on the requirement of a better quality of health service, availability and accessibility in responding to 'felt needs' of people (ibid:48).

Number of modelshad been developed in order to predict behavioral patterns which lead to health-seeking behavior, and these are a mixture of social, emotional and cognitive factors, demographic, perceived symptoms, access to care and personality(Conner and Norman 1996b cited in Mackain 2003:24) Sheeran and Abraham(1996) used health belief model to categorize range of behavior into three broad areas: sick role behavior, preventive health behavior and clinic use. Health Belief Model focuses on two primary elements: 'threat perception' and 'behavioural evaluation'. In which the former "depend on perceived susceptibility to illness and anticipated severity whereas latter consists of belief concerning the benefits of a particular behaviour and barriers to it" (ibid).

Besides these, within the health care system, there are certain obstacles, which act as a barrier in accessing the health care for patients which comes from a particular section of the society.According to Schepper's potential barriers occurs at three different levels which are patient level, provider level and system level. If patients health beliefs /expectations do not match to the care providers, the patient end up in experiencing barrier in accessing health care which results in restriction on their use of health care(Scheppers et al. 2006:330). Nash and Gillber (1992) systemized the obstacle which women patients face into four categories: Institutional barriers, economic barrier, cultural barriers and educational barrier (cited in Mehboob 2016).

2.2 Health and Occupation

In India,the majority of workers are indulged in informal sectors, which was coined by Keith Hart in 1971. After one year, ILO coined this term in relation to Third World Labour economics. This term separates the formal from the informal sector in such a way that "ILO and its member states were able to separate their responsibility to the formal labour force, from their freedom from reduced responsibility towards the informal sector labour force" (Bhattacharya& Lucasseen 2005:1-3). The informal sector has been defined as sector compromising "enterprises operating out of a temporary physical structure, and as a sector which consists of "unskilled workers, skilled manual workers and handicraft"(Dasgupta, 1973,House 1984 cited in Swaminathan 1991:11). The term 'informal sector' illustrates the activities of working poor who are indulged in the unorganized sector and are beyond the scope of state regulation in the form of labour law.

In India, the term organized or unorganized sector is used in National Accounts Statistics instead of the formal and informal sector (Sawansi 2013:4).

Qadeer(1989) insists that the health of working labourers is dependent upon the dual environment that is, the one in which they live and the other in which they work. Hazardous work manifests itself in the form of injuries on the human body,and in extreme cases, it can lead to severe disabilities or even death. These hazards are also responsible for occupational diseases such as silicosis, pneumoconiosis, byssinosis, asbestosis, lead poisoning, cancer, pesticides poisoning and many more(1989:46).

The labour workforce can be divided into temporary, contract and permanent. Morris (cited in Qadeer 1989:58) noted that in managerial, supervisor and highly skilled job, the dominance of upper and middle caste is present. While in semi-skilled and unskilled permanent and temporary work shows the prominent presence of lower and scheduled castes. Qadeer(1989) insist that social origin influences the chances for better jobs which is also evident from National Sample survey as the majority of Brahmin were found to be engaged in trade and commerce as well also administrative and professional services whereas the majority of scheduled castes were found in construction and sanitary services(1989:59). Studies conducted by Singh, Majumdar and De Souza (cited in Qadeer 1989:59) provide ample evidence that these working labourers live in a congested area with poor sanitation and the paucity of water, and deplorable housing conditions that are detrimental for health. Their position in the social hierarchy fosters such poor conditions. In the stratified and hierarchical society, resources are limited only into few hands those hold specific privileged position due to which people at the lowest rung are left with least success to resources. Thus Qadeer rightly pointed out that ‘poor are poor not only in term of wealth but in health also and are more exposed to diseases and degradation’ (Qadeer 2011:73). Thus most depressed one’s origin so likely is the chances that they will take up unskilled jobs, which are associated with hazards. It becomes self-perpetuating due to their less ability to resist these jobs, which result in more disadvantageous condition due to their constant exposure to health hazards which ensure illness and injuries (Qadeer 1989:62).

2.3 Caste and Occupation

The use of the term of *caste* in the 16th century was done to characterize social organization among Hindus in South Asia. *Casta* (from Latin word 'Chaste') in the sense of purity of breed was done to describe the division of Hindu society into socially ranked occupational categories by Portuguese. The mutual exclusion was the practice among these group in eating and marriage in order to maintain vertical social distance (Madan 2007:Encyclopedia Britannica).Wiser(1936) described it as a system of exchange of grains and services among the traditional landholding and occupational castes of villages. He explained the prevalent 'Jajmani system' in which the Jajman (Brahman) landlords were providing food grains and other non-material goods to occupational castes of barber, washermen, carpenter in return of their services. Though there wasdebatesabout the nature of the exchange whether it was reciprocal and worked for benefits of all. Some scholars who were partly influenced by Marxian model argues that economic and political power were used to set up term for exchange by landholding caste who were having privileged access to the food supply(Dube 2008:XVIII).

Dumont (1970) produced a systemic study of the systemic properties of the ideology of the caste system in Homo Hierarchicus. He identified the institution of caste as the fundamental social organization of India and argues that it was propelled by the ideology of hierarchy which was based on the religious principle of purity and pollution. Thus Brahman stands on the apex with ritually the purest of all other castes. The maintenance of purity required separation of castes,but it all required them to be together because Brahman can't do without service provided by lower castes to clean his pollution and filth. Thus Dumont description combined the idea of interdependence with that of repulsion of castes towards each other. This repulsion was manifested in the form of endogamy, communal restriction, and contact with the division of labour on the basis of one caste, which leads to stronger interdependence. Thus the system of caste was a system of the relation between whole and parts, which were held together by identity and differences(Dube2008:XIX). Dube argues that "the examination of Indian society since 1947 shows that caste is not only alive but it is flourishing due to inextricably linking of caste and politics"(ibid).

Gooptu(1993) mention about religious, social movements started by untouchables in some town of Uttar Pradesh namely Allahabad, Varanasi, Kanpur and Lucknow. She states that the resurgence of the Adi Hindu and *bhakti*proposed that migration and urbanization had influenced pivotal concern and ideological focus of untouchable castes movements in an early twentieth century. The central theme dealt with the caste based distribution of work and duties in the society and emphasis was triggered by the changing nature of the relationship between caste status and labour in cities (Gooptu 1993:297).

The occupational division along caste lines in urban areas was a replica of rural areas since the experience of segregation and exclusion of the untouchables were similar. As they were absorbed entirely in ill-paid, menial service jobs in keeping with traditional 'low' or 'impure occupation' and alternative avenues of employment for them never exist (ibid:280). In addition, occupational distinctions were coupled with spatial segregation of untouchables in terms of residential settlements in urban areas similar to a rural area. Gooptu mentioned that "in the early twentieth century these untouchable migrants were exposed to two trends: On one hand, caste domination ceased to be a feature of occupational relations. On the other, caste distinction continued in employment, educational opportunity and settlements patterns, as well as their poverty, thwarted economic or social improvement among untouchables" (ibid). The untouchable leaders had viewed ritual standing as a significant determinant of occupational exclusion and deprivation. They had tried to bypass the caste system and its division of labour by referring to pre- Vedic past,but they hadn't attempted to address the fundamental principle of the idea of purity and pollution which underlying the caste system (ibid:298).

The above sections show the linkage of health with the environment and social factors such as caste, class, and economic status, living and working conditions followed by sociological compositions of caste structure andtrend of caste-based occupation in general. Next section traces the history of Doms in India.

2.4 History of Doms

In the census of 1880, the Doms were classified among the casteless tribes,and no effort was made to draw a distinction among the different branches of the original tribe

(Clarke1903:10). In the Census 1900, they were classified as Hindu, though were never embraced by Hinduism. The natives called them Chandals in the Gorakhpur District, and the Chandal according to Manu, "*ranks in impurity with the town boar, the dog, a woman in her courses and a eunuch, none of the Brahmin must allow to see him when eating*" (Clarke 1903:11).Domar who have a constitutional status of schedule caste with a population of 14,443 as per 1971 census traced their origin from mythological Raja Harischandra who sold himself at cremation ghat in Kashi. This community is divided into seven subgroups in Uttar Pradesh: the Turahiya, the Dom, the LalBegi, the Hadi, the Bansphor, the Dhanuk, and the Dusadh. Doms occupies the second position in hierarchy followed by Turahiya. The occupational differentiations of these subgroups are maintained through exogamy and Panchayat of respective subgroups (Trivedi 2005:460).According to Crooke in Uttar Pradesh in 1891, the Doms population was 2,98,923 out of which only 28,363 were Muslims. In 1971, they were 79,396 under scheduled caste category. They used to live at the fringes of the villages,especially near graveyards and drains. Doms of Varanasi are divided into two distinct professional groups. The principal group is of Dharakar, Bansphor and Basor who were engaged in basketry and scavenging. The second minor group is known as Dom Mirasi, who earns their living through music. Main economic sources of income among Doms compromise of burning the pyre. The descendants of Dom Raja are indulged in this business on a hereditary basis. Only the Dom Raja is rich,and the people who are not engaged in this work do not have the good economic condition. They cook their food on cow dung cake and wood and are unaware about facilities are given by government (Sharma 2005:459).

2.4.1 Differentiation in Dom Caste

Maghiyas Dom was considered as the main body of Doms, which later broke down into two important divisions: the Maghiyas became thieves and Bansphors who got indulged in weaving baskets and cultivation. The Maghiyas were found in eastern part of United Provinces, Bihar and Bengal. In North Bihar, they were cultivators and thieves, in Gaya as basket makers and in Bengal as musicians and basket makers. Briggs mentioned that "The main division of Doms in Bihar was Bansphors, Chapariyas, Dakhinas or Turis, Dhapras, Dharkars, Gadahiyas, Haris, Harkar, Lorhoras, Pacainyas, Suparas, Tirhutiyas, Raut Mihtars and Uttariyas besides Maghiyas. The divisions of the name in United

Province were Bansphor, Dharkar, Maghiya, Litta, Domra, Jallad and Harcanni. Whereas in Bengal following division were found: Ankhuriya, Bajuniya, Banukiya, Bisdeliya, Dai Dom, Desia Dhakal, Dhola, Ghasera, Kalindi, Kaura, Madarona, Murdafarash, Sanci and Taliabona"(Briggs 1953:83).

Certain names listed above are having geographical or local significance while other had particular aspects of the occupation. Those of occupational significance are Bansphor, Dhanuk, Chapariya, Dharkar, Gadahiya, Harkar, Litta, Jallad, Supara, Bajuniya, Dai Dom, Dhola and Murdafarah. The Banshphors were Bamboo splitters and found in Northern India, whereas in Patna they were municipal scavengers. The Basors were basket makers and musicians, in Jhansi they were "makers of string",but the caste of bamboo workers in Telugu are Medara. In Bengal, the Chandal caste has become the Namsudra who were non-Aryans and had become boatmen and cultivators. They had followed a wide range of occupation and hence resemble tothe hills Doms. In the south region, Dombo or Domb was a caste of weavers and indulged in menial work and were classed as criminal. They were an offshoot from the Dom caste of United province, Bihar and Bengal (ibid). In the Punjab numbers of the name are present which represent the group in all sort of relationship. They are Dom, Domba, Dum, Mirasi, Dum Mirasi and Dumna. Ibbetson had distinguished between Dum and the Dom as the executioner and corpse burners of Hindustan, who is called Dumna in the hills of Hoshiarpur and Kangra(Briggs 1953:83-94)

Risley(1915) in' The people of India' provide a brief account on Dom and states that Dom group consist of variations of occupation varying from vermin eaters, basket makers, scavengers, executioners, professional burglars and musicians. They represent the remnants of Dravidian tribe who were trodden down of recognition by Aryan and forced to indulge in degrading and menial occupations. In similar line Sheering (1872) argues that in Hindu society Dom is representations of uncleanliness, where humanity finds extreme degradation (Sheering1872:400). He states, "*He is loathed and avoided as scum and filth; in short, no language can properly designate the social degradation of his position*" (ibid). He further argues that Dom is usually very poor and dressed in rags,but in Varanasi, there are two to three families of this caste whose are in better condition than

the rest of Dom. They occupy a place of their own in the fabric of Indian society because without their assistance burning of the dead cannot be performed in Varanasi and perhaps other cities of India. Dom figure as "The Lord of death" because he provides five log of wood require for funeral pyre and as his prerequisite, he takes corpses clothes in return. Dom extracts his fee for three things, firstly for the five logs given by them on which pyre is built, for a bunch of straw and thirdly for the light (Sheering 1872:401).Dom also makes discordant music, which accompanies a marriage procession, baskets, winnowing fans and wicker articles (Risley 1915:138).

During Apastamba time around 400 BC, there was a common saying that the Chandala presence or even his look can defile the funeral feast. Chandala were classed with Apapatrah, from whom dishes caste people won't eat food, which speaks of the widespread untouchability practices of the past. The term "Apapatrah" meant that vessel used by them should be thrown away. In addition, they were considered equal to dogs, and other creature with which they shared gifts at a meal. They were given the clothes of the dead,and their residence was limited in the out-skirted area of the village. Because of which their condition is at much lower position in respect to other mixed castes (Briggs1953:30).

The discriminatory and untouchability practices towards Dom were resultant of preaching from Manu text. As Manu says, "*The dwellings of candalas and svapakas shall be outside the village, they must be made Apapatras and their wealth (shall be) dogs and donkeys. Their dress (shall be) the garments of the dead, (they shall eat) their food from broken dishes, black iron (shall be) their ornaments, and they must wander from places to places*"(ibid). Ancient Indian text like Rig and Yajur Veda had portrayed Doms as aboriginal that is "non Aryan" tribes, probably degraded as Dravidians. Society attitude towards them was that of disgust and loathing (Briggs 1953:1). These tribes were abhorrent for their filthy habits, their ugly features and their unsettled, nomadic life. In Rig Veda, the poet-priest expresses himself in words: "*We live in the midst of the Dravidian tribes who do not perform sacrifices nor believes anything. They have their own rites and should not be called 'men'. They were regarded as untouchables even then,*

there were prohibitions about accepting food from them, and marriage with them was not encouraged" (Briggs 1953:4).

2.4.2 Origin of Doms

There are many variations/debate regarding the origin of Doms. Doms are supposed to belong to the aboriginal tribes. According to Sheering(1872) in the past they hold certain power and importance which could be testified from the fact, there was a tradition that they formerly occupied the country beyond the Gogra river and were neighbour of Bhars which were another aboriginal race. As Sir H. Elliot remarks "tradition fixes their residence to the north of the Gogra, touching the Bhars on the east, in the vicinity of Rohini. Several old forts testify to their former importance and still retain the names of their founders, as Domdiha and Domangarh"(Sheering 1872:402). Sheering further argues that the degradation of Doms may be accounted similar to that of Bhars, who were conquered and subjected by Hindus. Hindus behave with them with the true spirit of caste prejudice and pride, which resulted in the sinking of their position to extremist abjectness which continues till date (ibid). It was also suggested by Sir G. Grierson that they were the ancestors of the European gipsies. Thus Romarebelieved to be the variant of Dom (Risley1915:138).

In the Indian context, according to Clarke the available knowledge of that time suggests that among mere Jungle tribes there was no particular bond of unity which inhabited the wild district of Gorakhpur and Champaran originally. These were classified under the general name of Dom by the invaders. The word has since been used for a class of basket makers, low menial and scavengers who execute menial tasks, which any purest caste won't perform due to defilement involve in it. (Clarke1903:3).Though numerous stories talk about Dom,but as per Risley, the only fact that can be held on is that they are remnants of the aborigines of the country(ibid).

Dutt in his 'Origin and Growth of Caste in India', holds that they belonged to pre Dravidian stock probably Mundamon Khmer(Briggs 1953:2). In 'Aryanization of India', he holds to a distinction between Dasa who became Sudras and these wild tribes who became a fifth group, "the sudras of the Dravidians"(Briggs 1953:3). The theory was further advanced by S.V Vishwanatha according to whom, after the arrival of the Aryans,

as a resultant of fight between them and non Aryan, two kinds of captive, which hold distinctive position in the society of their captors were formed, one being designated Sudras (prisoner), the other Dasas(slaves). Although there was a mixture between these types,they were recognized as different and were the means of perpetuating two distinct classes later, the sudras and the panchama(Briggs 1953:3). Briggs concluded that Doms in Vedic times was part of the Dasyu or Dasa community, "hostile aborigines"(ibid).

2.4.3 Myths for Origin of Doms

The origin of Dom is explained by story recorded in PuranBhagatamat, which show the role played by Supach (Dom ancestor).

> '*A Rajput Trisanghu who desired to enter heaven in his own body was denied by BrahamanVasistha. Being humiliated, he went to Visvamitra sage who invited fifty sons of Vasistha to a feast. The boys laughed at such an idea and were in consequence degraded to the status of Dom. In another instance, Yudhodan Raja invited Rsis and others on a feast. But Dom Rsis(Supach) was not invited, as both Raja and Dom Rsis were unknown to each other. There was a custom according to which if food is offered and the bell of temples would not ring it signify that the God does not accept the feast. When Supach was called he ate with five fingers full,and bells started to ring showing that Rsis had come. Lord Krishna said "Your feast is full" and God acknowledgesSupach, which gave standing to Doms. When the Raja began to make gifts at the feast, Supach said, "Give me not gold tools, but bamboo and an iron knife". Thus Doms were provided with a mean of livelihoods. Supach was also given the right to dispose of corpses and to receive wages at the time of death'* (Briggs 1953: 41).

There is another tradition about Lord Rama and Supach, showing how this man secured his rights to the burning ghats.

> *"Once upon a time Rama blessed SupachBhagat saying that anyone cremated with fire received from him and his descendants would go straight to heaven, and since then they have supplied this fire"*(ibid).

2.4.4 Doms Sub Castes

In early administration record, the Dom was generally considered to represent a Dravidian menial caste, which is found scattered throughout northern and eastern India (Kaushik 1979:30). The origin and ethnological affinities of this caste have not been historically established and till today is a subject left to much speculation (ibid). Doms were classified by Cape in 'Prisoners released' as City Doms, Village Doms and Gipsy Doms. City Doms in Benares were indulged in the task of sweeping the streets, cleaning the drainage, destroy dogs, dispose of dead horses, camels and other quadrupeds, in addition, they were occupied with fighting, giving of abuse and petty theft from pilgrims to the sacred city . Village Doms were settled outside the villages in mere shelters of plastered cane or leaf matting which they make themselves and are quite destitute. Gipsy Doms were real nomads (Briggs1953:87). Besides these are the 'Benares Doms' who own the burning ghat in that city which calls themselves as 'Harischanni Dom' and disclaim connections with Maghiyas Dom. Besides attending the burning ghat, these people were expert divers and called themselves as Ghotkhor, the diving Doms (Cape1924: 33). These Doms place several pieces of wood on the ground and then retire after arranging the pyre, they don't touch the corpse. Mourner humbly begs for fire with their hands clasped, which is given on straw. After the body is burnt, Dom demand s charges for the shroud. When the fire is cold, ashes are cast into river and Dom's search for ornaments, which the dead had worn (Cape 1924: 35). The tale which they gave about their origin is as follows:

> "*Raja Harischandra due to excessive munificence was so reduced into circumstances that he possessed no money and could not discharge his debt. Due to which he sold himself to Supach, the owner of the cremation ground. The outcaste Supach sent him to help at the burning ghat, where he was given the duty to collect shrouds and charge tax from the mourners. One day his wife came to burning ghat with their only dead son. She did not have money to pay the tax. Raja Harischandra refused to burn the dead body because he was a servant of chandal who had ordered him not to burn body without taking tax. She torn her garment and gave as a tax, there came a voice from heaven,and God appeared .He restored their son to life and took both to heaven with Supach"*(ibid*).*

Cape argues that MaghiyaDoms regards SuapchBhagat as their ancestors (Cape 1924: 36). This somewhere draws a line which shows that though Ghotkhor Doms denied any linkage with Maghiya Doms but somewhere there narratives inform us that they share a common ancestor(Supach). There are many ways in which the relationship of Doms in Varanasi and their descent from Supach is told,and it is difficult to get at a consistent statement of the matter. But according to Briggs the following narrative seems to be closer to the truth. As per the narrative is given by Benares Doms,

> "*Supach a ghatwala used to burn dead bodies on the bank of Ganges. He had two wives; the first one was a Telin woman from oil pressing caste. She was a reanimated corpse. She had one son named Telrup, from whom descendant the Raj Doms of Benares. Supach second wife was a Candwa who had two sons, Kalu and Hela. From Kalu arose the Maghiya Doms and the Rahadari Doms. Among Hela's descendants are the Benarsi Doms, the Bansphors and the Dharkars. Briggs states that Doms during providing the above information informed that it was Supach who took Raja Harischandra as his servant. But it is generally claimed that Kalu was the master of that Raja Harischandra*"(ibid).

Briggs argues that from the above statement it appears that Raj Doms are not Harischannis, although they claim to be. The Raj Doms (who control the ghats now) got possession of Kalu's rights when his mother left Supach (Briggs1953:43). Kalu of the Benares ghat figures largely in the Doms traditions of the sacred city of the Hindu. The Harischannis Doms of Varanasi derives their name from that of famous King Harischandra .Nowadays Raj Dom controls the Ghat at Benares (Briggs1953 :49). Harcannis are also called as Benarsi and Maghaiya Doms (Briggs1953:87).

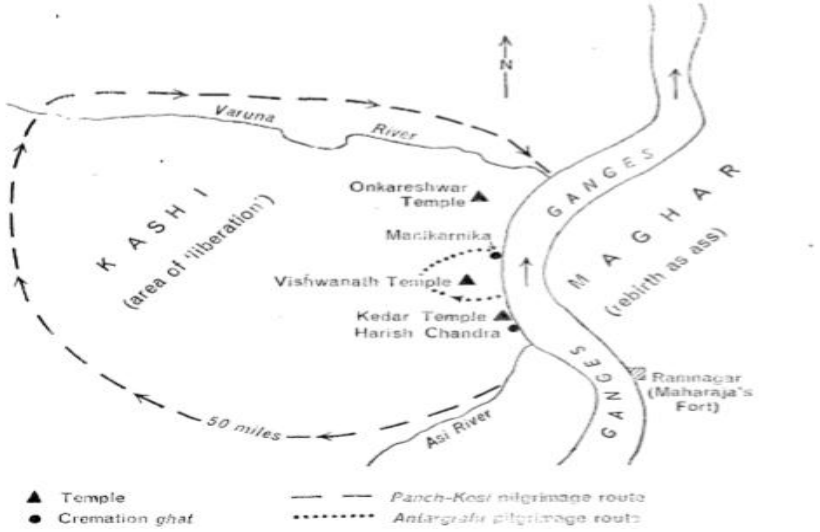
The above sections had dealt with Doms overall in India.Next section focuses specifically on field area of Varanasi city, the significance of history in term of public health followed by history of Doms. The researcher had tried to capture a picture showing the necessity of taking Varanasi city as the study area in order to understand its role in having any implications for the health of Doms.

2.5 Historical Account of Varanasi City

2.5.1 History of Varanasi

Varanasi is considered as one of the ancient city which is a major religious and cultural centre of India. It is located on the left bank of Ganges. The city had acquired it name from the combination of Varuna and Asi which are two streams which bound the city from north and south, after which the district has been named[2]. Varanasi is mentioned as the capital of the kings of the realm of Kashi in Ramayana and Mahabharata[3].During the medieval period, it was known as Banaras which remained till May 24, 1956, after which it was changed to Varanasi by the state government[4].The cremation ground in India basically lies in the peripheral areas,but in 'Kashi it is at very hub' (Parry 1981:337). Parry mentions that Manikarnika Ghat lies in the navel of Kashi, as Kashi lies in the navel of India and India is considered to be the navel of the world. The centrality of Manikarnika is not only limited to physical aspects but also metaphysical as it is believed that it was in Manikarnika where the world was first created. (Parry 1981:337).(Map 1)

Map no.1 Area of liberation in Kashi



Source: Parry 1981;338

[2]District Handbook of Varanasi 2011;3-4.
[3]Gazetteer of India, Districts of Uttar Pradesh 1965;1.
[4] ibid

2.5.2 Myth of Origin of Manikarnika

> "*During period of cosmic dissolution all creation was destroyed, that time Shiva along with Parvati created the sacred area of Kashi. They decided to create Vishnu who will be given the responsibility of whole of creation and will bestow liberation to all those who die in Kashi. Vishnu with his discus dug a tank and filled it with his sweat, by which side he had performed austerities for 50,000 years. When Shiva and Parvati came back and found Vishnu burning with the fire of his asceticism, Shiva was entranced and with the violent trembling of his delight his ear-ring dropped off into Vishnu tank, which thenceforth known as Manikarnika"*(Parry 1981:339).

Hence that tank is known as Manikarnika khund and place as Manikarnika Ghat. Thus Manikarnika is the place where the genesis of the universe occurs at the beginning of time and where corpses are burned at the end of time. Kashi is known as the 'great cremation ground' according to Skanda Purana because at dissolution (pralaya), the five elements which form the world (earth, water, fire, air and ether) comes here at corpses (Kane1953 cited in Parry 1981;339). Thus due to the above-mentionedreasons, all around the year's pilgrimages keep coming to Varanasi city.

2.5.3 Health Account of Varanasi City

During British rule, Varanasi as a major urban centre had been overcrowded,and presence of unsanitary conditions, contaminated water supply, inadequate sewage disposal and inadequate public health services was there like any other colonial cities in India. Although in 1930, cities were better equipped in term of hospital and dispensaries urban morbidity and mortality remained high. Varanasi was termed as one of the most deadly cities of northern India and reason accounted for which were not that it was populous and insanitary but also due to its geographical, cultural and epidemiological context (Arnold1989:248). The averaged morbidity around 1901-1925 in Uttar Pradesh (U.P) was 45.08 per thousand inhabitants,and for the province (towns) it was 37.44 whereas the figure for Varanasi district was 33.74, which was slightly below province average. But the mortality rate for its principal city was 57.88, which was above even the average

urban level in U.P (ibid). The periods following the onset of monsoon and summer season were generally an unhealthiest time of the year with mortality quite high due to dysentery and fever. Incidences of smallpox were very high in Eastern UP during the summer season. As there is pilgrim traffic around the year, so intersecting of human mobility created a social condition conducive to the spread of diseases. Joshi mentioned "Banaras[5], and its environs suffered severe epidemics in 1878, 1884, 1889, 1897. 1926. 1930, 1934, 1942-45 and 1951-52"(Arnold 1989:251). The major epidemics were cholera, plague, dengue fever and kala-azar. Here human vector had played a crucial role in addition to the season, epidemic cycle and other environmental factors. Arnold had pointed out that "migration from eastern U.P. to Bombay, Assam, Calcutta and Bihar and the counter flow of pilgrims, traders, and professional were human factors of great epidemiological consequences"(ibid). The main reason for the migration of pilgrims to Varanasi is the religious belief about salvation in Kashi and removal of sins. Pilgrim's bathed in the Ganges with the belief of its curative properties. Nevill(1909) (cited in Arnold1989:260) describe an incidence that during 1900-1, thousands of pilgrims fled to Kashi from eastern Deccan to escape plague with the belief that disease can never enter a sacred place. Thus high mortality rate of Varanasi could be explained through this religious belief, which had made Varanasi a magnet for sick and dying (ibid).

Colonial ruler view towards Indian is efficiently captured by Arnold as he states that "The British attacked on the insanitary, disease-ridden nature of Hindu pilgrimage and sacred place like Banaras was an assault on Hinduism itself and an expression of the disgust, loathing and incomprehension many nineteenth-century European felt for Hindu India"(Arnold 1989:263). In a similar line, Varady (1989) argues that the colonial observers who want to introduce western hygiene practices in India, to them Hindu practices appear unclean and threat to their own health. For them, the most shocking was Hindu custom of cremating the deceased and casting the remains in Ganges (1989:239). Varady(1989) mentioned that "though the process of cremation was not objectionable in theory but in practice, it came to notice that cremation of many bodies were incomplete due to the scarcity of fuel. The consequence of partial consumption aroused an

[5] Varanasi is also known as Banaras or Benares and kashi, but it is officially named as Varanasi.

outpouring of righteous anger among British Government as “scorched trunks” thrown into the Ganges appalled them in addition to numbers of decomposing corpses awaiting cremation, and burial of incomplete burned bones and dead animal. By providing public health concerns though colonial official attempted to intervene but reassessing the effective threat by the ghat[6] and gauging population feeling, the magistrate repealed the proclamation of closing the burning ghats”.(ibid).

This section provides us a glimpseinto history by familiarizing us with possible reasons which were responsible for the higher rate of mortality and morbidity in Varanasi city. It also provides a view of colonial ruler towards Hindu practices of cremation in open area. According to colonial rulersthese practices do have public health issues for the general public. Then question rises is what implication are it on the lives of those (Dom) who are indulged in the practices of burning the corpses and residing in those areas cremation ghat from centuries?

2.5.3 Doms in Varanasi

In Mirzapur seven subcastes of Doms were enlisted by Crooke, Maghiya, Bansphor, Litta, Domra, Jakerd, Dharkar and Harchanni(Kaushik1979). Whereas in Varanasi, the Dom have three subcastes namely: Banarasi (Maghiya), Rahadari and Gotakhor (ibid). Through means of restriction on commensality and intermarriage, a distinct identity is maintained among them. In the census report of 1891and 1931 three sub-castes were clubbed together. According to 1891 census population of Doms in Varanasi was 1,078. The 1931 census returned the population to be 2,946. The only additional information provided by the 1931 census was in terms of male 1,571 and female 1,375(Kaushik 1979; 31). In 1961 census Dom population in Varanasi was 2,385 out of which 1,333 were in the urban area,and 1,052 were from rural area. Out of 1333 among urban area, 732 were male,and 601 were female,and out of 1,052, 547 were male,and 505 were female (Aggarwal 1985:24).

[6] Ghat refers to a segment of river frontage. Most of the ghats in Varanasi are constructed to form series of stone terraces and stairs running down into sacred water of Ganges(Parry1980;90). Burning/cremation ghat is the area of the bank of river where corpses are cremated.

The Banarasi or Maghiya Doms trace their name from the ancient kingdom of Magadha. This caste is classified under the category of the criminal tribe, which made their living through burglary and theft. In Varanasi, they have given up their nomadic and criminal pursuit and have settled down to the menial task of sweeping. Large number of Banarasi Doms has been employed as municipal sweeper (ibid). The RahadariDoms in Varanasi are also sweepers by occupation. Their secondary occupation is basket weaving.

The Gotakhor Doms are the custodian of the sacred fire on the cremation ghat of Varanasi. There is a system of distribution of earning off the cremation. During 1979,hey were an endogamous group with a total population of 670, which are settled at Meerghat and Harischandra Ghat[7]. They used to sit at the cremation ghat arranging funeral pyre, cremating the corpses and washing the ashes for gold. They were paid at the rate of 25 paise per corpses. Literacy level was quite low among them(Kaushik 1979:36). They considered themselves to be the direct descendants of Kalu Dom to whom legendary Harischandra was sold. The oldest cremation ghat in Varanasi is named after Raja Harischandra whose duty was to collect the shroud of the dead and collect tax from the mourner(Kaushik1979:33). The Gotakhor Dom not only differentiates themselves from the other Dom sub-caste in Varanasi but also rank themselves superior and the reason given is that Banarasi and Rahadhari Doms are low because they make their living by handling dirt and eating left ones. In contrast, Gotakhor were originated Brahmins who were forced to become chandals (ibid). Kaushik argues that Gotakhor states that the highest Brahmin also have to acknowledge their status during the face of death as bestows of salvation (ibid:34). Mourners fold their hand in front of them and "*Raja Sahab aap he haisabkuch*"(Raja sahib, you are everything). Besides these pious Hindu used to offer alms to Doms to separate the celestial bodies as it is believed that they are capable of neutralizing the danger emanating when Rahu and Ketu eclipse the moon. As Doms are worshipper of Rahu and Ketu, they possessthe power to induce the demons to release the moon (Kaushik 1979:35). The cremation ghat is a place where interaction among different caste groups took place which shapes its structure and dynamics.

[7]Kaushik Meena 1979

2.5.4 Relationship at Cremation Ghat

Parry(1994:4) mentions that death is a big business in Varanasi and provides information of central occupational specialists who are concerned with corpses, the soul of deceased and purification of mourners at cremation ghat of Varanasi. These specialists from the Brahman caste are Panda, Karamkandi, Mahabrahman, Mahabappa. The formers are pilgrimage priest and perform minor ritual at the ghat, where the latter two Brahmans are funeral priests. Among middle castes comes Nau(Barber), Mallah(Boatmen) and from untouchables are the Dom,funeral attendant.

Figure 2.1 Occupational Specialists with Roles in Rituals of Death

Occupational category		*Function*	*General caste category*
1. *PANDA*	*Tirth-purohit*	pilgrimage priest	BRAHMAN
	Gumasta	agent of *tirth-purohit*	
	Ghatiya	supervises bathers; performs minor rituals on the *ghats*	
	Joshi-Bhandar	pilgrim guide	
	Temple Priests		
2. *KARM KANDI*		specialist ritual technician	
3. MAHABRAHMAN		funeral priest	
4. MAHABAPPA		funeral priest to Mahabrahmans	
5. NAU		barber; funeral priest to low castes	middle order clean caste
6. MALLAH		boatman	
7. *OJHA*		spirit medium	not caste specific but generally low
8. DOM		funeral attendant	UNTOUCHABLE

Source: Parry (1980:91)

The Mahabrahaman funeral priest handles all the rituals up to the point where the marginal soul is incorporated as an ancestor, who last for initial 11 days of death and they accept prestation associated with those rituals. They are in a permanent state of pollution

due to their occupation of dealing with death pollution and hence treated like untouchable (Parry1994:77). After them, household /pilgrimage priest take over the role to perform mortuary rituals for next coming days. Mahabappas is separate caste who act as funeral priests to the funeral priest. Barbers perform the function of a funeral priest for most polluting castes and are engaged in main work of performing tonsure for mourners of all castes. The boatmen have a key place in the division of labour concerned with the disposal of the dead. As they ferry corpses which are not cremated and ashes of those that are in the middle of Ganges. Doms are funeral attendants who build and supervise the pyre and provide sacred fire, which is important for cremation (Parry 1980:92). Dom had the right to tax for the sacred fire they provide for cremation. In addition with perquisite that includes shroud, the bier, five logs from the pyre and the right to sift and washes for gold and silver accompany corpses. Dom had its own independent '*pari*' cycle or Rota of rights. On one day there are four types of '*pari'*: First,'*pari'* is the right to supply the fire and negotiate of tax, second is '*Taha*l' (watch or guard), he is responsible for construction and superintending the pyre. The third is '*Bhikh'* for which no specific duties is assigned but which entitled him to claim the remaining quarter share of the money. And fourth is '*Sona',* which include the right to sift and wash ashes in search of gold.

Questioning on the need of kind of rights that is in Jajmani and 'pari" system which are allocated in two different means: first one is based on the principle of long-termhereditary relationship between specialist and his patron, while others are assigned on the basis of turn in a rota (*pari*). Parry argues that the *pari* system clearly precludes the stable long-term ties between patron and specialists of Jajmani system. By taking into account Van der Veer who "hints that a straightforwardly idealist solution to our problem in which practical reason gives place to symbolic determination"(Parry 1980:116). Parry explained that patron don't want to maintain long term ties with Mahabrahmans and Doms because these two are associated with ghost and corpses,and since their patrons are unprepared to acknowledge a relationship with them, thus they should be allocated right on a different basis(ibid).

Parry argues that Dom's monopoly over this work is neither uncontested nor complete as he mentions that Brahman specialist who presides over the rituals demanded taxin the name of Dom from pilgrims which come from outside(Parry1994:91). Kaushik (1979) also highlighted one incidence in which Ahir caste started selling reed(straw) at Manikarnika Ghat to gain profit, which was wrong because it was fixed for Doms. This resulted in agitation,and higher authority had to intervene and fix this right for Doms.Thus caste interactions play critical role in structure and dynamics of cremation of cremation ghats.

2.6 Rites of Death

2.6.1 Death and Cosmogony

According to Hertz, death is seen as a transcendence of this world to the fundamental level of existence in Hindu religion. Death provides the opportunity to conceptualize the 'non-being' and 'non meaning' of this world of appearance which had mask off the ultimate reality of being. This draws attention to the very contingent character of the world of meaning within which human existence is located. Rituals, which belongs to the world of appearance attempts to construct order in the face of reality and locate an individual within this ongoing reality (Kaushik 1976:267).Kaushik in her study on Doms analyze the codes of rituals used in death as lateral, spatial, culinary and acoustic symbolisms. Lateral symbolism includes the division of body laterally into right and left which is understood as the ordering of sacredness in opposition to life and death. Spatial symbolism where the universe is divided into four major cardinal points, in Hindu north and east are associated with god and south and west with ancestors. The culinary symbolism here, at one level, hot is associated with life, anger, preta and cold is associated with normal timely death. At another level, this opposition is also used to classify food into hot and cold. Preta is always offered cold food,and hot food is offered to living. Acoustic symbolism is an opposition between sound and silence, which mark a distinctive stage of the ritual complex (Kaushik 1976:285). Kaushik stresses that the notion of transition is important in the death rituals.

Ritual tries to provide a transition from the world of reality and chaos to cosmos. This transition is seen as dangerous in Hindu society thus role of untouchables and Brahmans

is to neutralize the danger emanating from sacred categories. There are three levels at which chief mourner is confronted with danger, so specialists are present at each level. At first level mourner contact with corpses is through barber.The second level is mourner relation with preta, which is done through thefuneral priest and lastly, the mourner contact with pitr is dealt through purohit(priest). According to Kaushik this triads, which constitute the transition of the preta from corpse to pitrcan also be understood as a transition from the social world to cosmic world through the symbolic domain of ritual.

2.6.2 Concept of Purity and Pollution

Das(1976) use the concept of liminality[8] in order to understand the symbolism of impurity in Hinduism. She analyses the symbolism of laterality, the division of the body and the universe into the use of right and left sides. She argues that the opposition of pure and impure is not equivalent to the right and left side. The right side dominates in rituals associated with life process such as pregnancy, marriage, blessing and left side dominates in rituals associated with death, which includes cremation, worship of deities and propitiation of ancestors.

On the contradictory status of corpses as pure or impure, Das hold the position that when the corpse is described as impure, it is referred to the matter that is corpse body and not the corpse as preta. The sacrificial fire destroys the corpse qua matter and carries the corpse qua spirit to god (Das1976:256). It is believed that due to death, the living kinsmen of the deceased suffer severed impurity. The impurity begins when preta is released from the dead body,and it decreases with the passage of time as a preta is incorporated in ancestors through pindadana.

Parry had tried to understand the contradiction of pure or impure of a corpse by focusing on the instant when vital breath leaves the body. According to theology, it happens after ritual performed by chief mourner of skull breaking which marks the death pollution. Hence death pollution springs from the act of cremation rather than the physiological demise of corpse (Parry 1981:361). Further, though corpse is an object of great sacredness, the theory of pollution is that it is a consequence of 'the sin of burning the

[8] Liminality symbolizes a creative transcendence of the given categories of a system.

body hairs' and the violence perpetrated on the deceased at the rite of breaking the skull. Due to which the regime of mourning is essentially a regime of atonement in which, who gave the fire, play the part of the principal penitent (Parry1994:217).

2.6.3 Cremation as Sacrifice

Parry(1994) point out that it is believed that in Kashi universe is created and destroyed at the beginning and end of the cosmic cycle and Manikarnika Ghat is the place where this process is kept in perpetual motion by a constant stream of cremation. Parry argues that since cremation is a sacrifice and sacrifices regenerated the cosmos, and as funeral pyre burn here without interruption throughout day and night thus creation is continually played here(1994:32) There are certain commonality shown by literature in the procedure carried out for cremation and sacrificial procedure as pointed out by Das(cited in Parry 1981:358) as purification of site, prescriptive use of ritually pure wood an establishment of Agni with proper use of mantras. The added body is prepared in a similar manner as the victim of sacrifice and attributed with divinity.

On the other hand, some corpses are immersed in water ratherthan cremated because their body is considered not fit for the sacrificial object as mentioned by Das. Cremation is understood as an act of 'last sacrifice',and it is expected that it should pervade by the symbolism of birth and parturition. Parry draws the analogy of cremation with pregnancy and parturition and states that as baby enter the world, similarly corpses are taken to cremation with their head first, the corpse of men is laid down face down on pyre whereas women as face up as it is the way both sexes enter the world. As during five-month pregnancy vital breath enter into embryo through suture of the skull and it's from there it is released during cremation. At both parturitions and cremation, an untouchable specialist plays a critical role.As an untouchable is required tocut the umbilical cord at birth and in cremation also an untouchable provides the sacred fire and indulges superintending the pyre of death(Parry1980:507).

2.6.4Notion of Purity and Pollution in Caste System

If we now focus on caste debate on purity and pollution, Dumont holds the view that hierarchy and separation are two basic aspects of the categorical opposition between pure and impure as well as the caste system. Das provide a contradiction to it by contrasting

two rites related to marriage, which is extremely pure and death which incurs maximum impurity. She argues that both the rituals "belongs to the realm of sacred because both effects life of the individual, and customs insists on the identity as well as the differences of the two structure so as to contrast them conjointly against another realm that is of nonsacred" (Das1971:36). She further argues that elements of both the rituals are inverted within the domain of sacred as marriage fall in the division of positive sacredness and death in negative sacredness.

Dumont another view regarding ritual specialist is challenged where he states that in another part of the world, events related to birth and death are seen as harbouring to danger whereas in India same events are associated with impurity rather than danger. Thus caste of ritual specialist which are entrusted in impure work of removing pollution are permanent impure and thus inferior. And Brahmans are superior due to their pure work as a priest. Thus hierarchy and separation are demonstrated at macro social; level in hierarchical division and separation of specialist ritual functions of Brahmans and untouchables. Das had criticized him by providing evidence from Sanskrit text and other literature that there is no exclusive segregation prescribed between impure events and procedure in which only polluting caste are indulged and pure events in which only Brahmans are participating. In addition, the functions of ritual specialistsare not limited till impurity but also to extend protection from certain mystical forces of negative sacredness which can surround pure ritual events. Thus Brahmans are seen as a mediator between man and the forces of positive sacredness whereas impure castes are seen as a mediator between man and negative sacredness. Das clarified that "it seems problematic to treat birth and death impurity as identical with caste impurity" (Das et al.1976:259).

On the other hand, Ambedkar viewed caste system as a vertical division of five social groups with certain inter caste obligation in order to maintain their purity. This also includes fixation of certain rights in a hierarchal structure which includes religious, civic and economic rights thus making graded inequality as the foundation of the caste system. Ambedkar insists that Hindu moral, religion and legal philosophy makes the principal of graded inequality as sacred, eternal and inviolate (Ambedkar 1987:116-129).

Thus the question arises is if death is considered as sacrifices in Hindu religion than how does an untouchable is granted an important role of custodian of salvation at cremation ghat which is considered as a sacred place. The incidence mention below providesa glimpse into it. Parry mention in regard to cremation at Manikarnika ghat that person which it is belief that who are of real distinction are cremated right next to the spot of Vishnu footprint on the had performed cosmogonic austerities (Parry1994:24). During 1981, he reported that unlikely coalition of powerful pilgrimage priests were campaigning for the end of cremation on the site of Vishnu footstep. It was observed that problem was due to nuisance value of so many cremations near the sacred tank were conducted but also about the class of corpses which were now getting the privileged of being burned at the footstep of Vishnu even untouchable like the fatherof Dom Raja. Parrystates that it was due to a compromise of the dignity of the sacred place by the undignified character of corpses cremated which justified the agitation(Parry 1994:47). In addition, the sweeper Doms (subcaste) are not allowed to perform cremation at Manikarnika ghat so they go to Harischandra Ghat and themselves burn the corpses. Earlier there was a board on which it was written untouchables not allowed.

Table 2.1 Literature Reviewed			
Themes	**Author, Years and Region**	**Findings**	**Gap**
Factors effecting health and Health Seeking behavior	Qadeer(2011);Mckeown(1976; Europe);Chadwick(1842;Great Britain);Engel(1945;England); Waitzkin(1981);Baru(2005);Nayar(2007);BanerjiandAnderson (1963);Nash and Gillbert(1992). Bhattarchya and Lucasseen (2005); Qadeer(1989)	Biological factors are not solely responsible for ill health. There are factors such as environment caste, class, economic status which are some of the social determinant of health. Health seeking behaviors are influenced by certainbarriers in accessing health services.	Need to deal with specific caste and class related occupation such as funeral work to understand its implication on health and occupational health hazards.
Historical account of Varanasi city	Arnold(1989;Varanasi city(India)	Varanasi religiosity attracted pilgrims which leads to overcrowdings and poor sanitation facilitiesthat had fostered spread of major epidemics in past. Colonial government had raised issues regarding burning of dead in open area and immersing un-burnt bodies in Ganges as public health issues.	There is a requirement to understand public health issues due to cremation in modern time.
Doms of Varanasi	Clarke(1903), Cape(1924), Briggs(1953),Sherring(1872),Risley(1915): (India) Kaushik(1976;1979); Aggrawal(1985);Parry(1980;1981;1989;1994): Varanasi City(India)	Dom belongs to Pre Dravidian, there exist occupational differentiation; Classification among Doms are City Dom, village Dom and Gipsy Dom. Three major Doms in Varanasi are Banarasi (Magahiya) Dom, Gotakhor Dom and Rahadhari Dom. Classification of funeral workers such as Funeral priest, Doms and Barbers.	These literatures on Doms were mostly around colonial rule there is a need to understand it from different perspectives and within time framework.
Debate on purity and pollution aspect of caste	Ambedkar(1987);Das (1971;1976);Parry(1994); Kaushik(1976);(India)	Caste system foster graded inequality due to its hierarchal nature. Cremation is understood as sacrifices. Brahmans are mediator between positive sacredness (marriage) and untouchables are mediator between negative sacredness (death).	Role of an untouchable caste in last ritual of Hindu religion need to be understood more intensively.

2.7 Gap in Literature

The review of existing literaturehelps us in understanding the phenomenon of caste-based occupation and health,but there are certain gaps which need to be addressed. Literature which provides some insights into Dom caste are Risley(1915), Briggs(1953)and Cape(1924) and Sherring(1872) but these were mostly during colonial rule with a different sole purpose which was to understand India and to develop a mechanism in order to control this 'criminal tribe'. The literature which deals directly with Dom occupation of burning the corpses from sociological perspectives were of Kaushik (1979) and Aggrawal(1985) which are more than thirty years old. As time had changed,certain things have evolved for instance coming of modern technology like an electrical crematorium. Moreover, role of Dom untouchable as funeral workers needs to be questioned where they play a crucial role in Hindu religion system.

In term of health, there are no literature which relate directly with health and Dom occupation. Even their occupation is not evolved into a list of occupation which is hazardous for health. There is a need to understand the relation of caste-based occupation and its implication for the health of Doms in the 21st century when certainliterature debate about the presence of caste system. Thus the study made an attempt to study the gap identified from the literature reviewed. The research questions are as follows:

2.8 Research Questions

a) How the history of Dom's engagements in funeral work shapes the structure and dynamics of cremation ghats where interaction among different service castes took? What are the factors responsible for unfavourable inclusion and exclusion of untouchable in this work of dealing with death in the 21st century?
b) Does the practice of discrimination and exploitation which is fostered by the status of untouchable have any implication for their health in terms of occupational hazards, morbidity and mortality due to their working and living conditions?

2.9 Objectives

1) To study and trace the history of the Dom's community and their caste-based occupation.

2) To understand the unfavourable inclusion and exclusion of Dom in structure anddynamics of the funeral work.

3) To profile the socio-economic demographic characteristics of the Dom community.

4) To study occupational health hazard for the Dom funeral workers and their environment.

5) To examine the health status of the Dom funeral workers, their health services utilization pattern and understand their health-seekingbehaviour in relation to their occupation.

From the reviewed literature it becomes quite evident that there is a need to understand the implication of funeral work for their health conditions. Therefore the methodology is developed to research into the existing raised issues. The next chapter will discuss in detail the design of the study which gives the rationale behind selecting the study region, research methodology used, the research process and tools and techniques used for data collection and analysis.

CHAPTER 3-RESEARCH DESIGN : METHODS ,PROCESS AND INSTRUMENTS

"*Social research may be defined as a scientific undertaking which by means of logical and systematized techniques aims to discover new facts or verify and test old facts,analyze theirsequences, interrelationships and casual explanation which were derived within an appropriate theoretical frame of reference, develop new scientific tools, concepts and theories which would facilitate reliable and valid study of human behavior*." P.V Young

The present chapter is a natural progression from the earlier chapter, which explains about the study area and research strategy adopted for the present work. It discusses in detail the design of the study, which gives the rationale for the selection of the study region, research methodology adopted, the research process and the tools and techniques used for data collection and analysis. The chapter also discusses in detail the procedure for preparing and developing different tools for data collection and analysis used for different categories of participants. Besides, an effort has been made to provide an operational definition for the key concepts and terms used in the present research.

3.1 Significance of the Study

Hindu life revolves to a large extent around the notion of purity and pollution (Laungani 1996). For Dumont, the Varna hierarchy is based on ideas of pollution and purity. "This opposition underlies hierarchy, which is the superiority of the pure to the impure, underlies separation because the pure and the impure must be kept separated and underlies the division of labour because pure and impure occupations must likewise be kept separated"(Gokhale 1993:2). Beteille noted that "the principle of purity provides the key to the understanding of evaluation and hierarchy in Indian society. Objects, being, events, places, conditions, individuals and groups are all invested with varying degrees of purity–impurity and arranged in hierarchal orders"(Beteille 1997 cited in Ziyauddin 2002:6). The ubiquitous caste system places the lowest caste in an extremely demeaning position by involuntary engaging them in traditional occupations, which are permanently fixed as polluted. Upper caste requires untouchables caste to clean their filth and remove

their pollution so that their purity can be maintained, in this act lower caste become the carrier of pollution (Parry 1980:42).

Doms as an outcaste belongs to one of the marginalized section of Hindu community. By virtue of their birth, they are expected to undertake jobs seen as permanently polluting such as dealing with the animal and human waste products. As untouchables, they are seldom to enter into the home of upper caste as it could lead to defile the home. Therefore, the rites related to the preparation of the corpse and the funerals have to be performed by family members of the deceased,although in doing so they themselves enter into a state of pollution itself (temporary pollution).But attending and burning of corpses is afixed work for Doms, which marked them as permanently polluted.

The ubiquitous caste system of India is researched to a large extent where discrimination and exploitation of the lower caste are the focused areas followed by differences in religious and rituals practices of upper and lower castes. Though a vast array of literature had deployed sociological lens to captures meaning of death, the role of rites and rituals, and the notion of purity and pollution.But there is a dearth of literature on funeral work which is also performed by certain lower caste groups. Parry(1980;4) mentioned in his work that death is a big business in Varanasi where many service castes are working on the basis of Rota (Pari)system. The spectrum of funeral workers is broad which included funeral priest who perform the last rites, Dom's workers who burn the pyres, barbers who perform tonsure ritual of mourner and boatman (Mallha community) ferry corpses who are not cremated in the Ganges for immersion. Thus interactions among these service castes becomeimportant in order to explore the structure and dynamics of cremation ghat.

The earliest work on Dom was written in 1903 by an Indian Civil servant named Clarke. He undertook the study of Maghaya Doms because of emerging need to research them due to the atrocities created by them, as Doms were burglars by their profession. Next study can be tracked back to 1916 which was conducted by a historian named Briggs who provided a detailed account of Doms in “The Doms and their near relations”(Singh 2003;48). Parry in his work “Death in Banaras” had looked extensively into the role of funeral priest by deploying sociological lens and give brief information about other service caste. Extensive studies on funeral workers who are engaged in traditional work

of burning the corpses in Varanasi from Dom caste are carried out by Kaushik(1976) using religion prescriptive. Aggrawal (1985) had done a comparative study among subcastes of Doms.Besides this, occupation and health is also a widely explored area in research, where workers in organized and unorganized sectors are studied in global context. But funeral work which is caste based occupation hadn't explored much.

In addition, the significance of studying the Doms of Varanasi lies in the fact that it is listed as the greatest *tirtha* in Hindu sacred texts (Kaushik 1976). Kashi is seen as the great cremation ground, where man's dying transcends *samsara*(this world)(ibid). This funeral work performed by Dom of Uttar Pradesh which is caste based occupation can be found in religious mythologies. Most of the dead bodies from various part of India come to Varanasi for funeral rituals of the deceased due to the spiritually and mythology connected with the place**.** Thus funeral practices become quite relevant here which are performed by Dom Caste of Uttar Pradesh.

3.2 Study Area

Uttar Pradesh has been one of the most populated states in India. The census over the year has put the state at the pinnacle due to the population. The state has a population of 190 million as per census 2011 and growth rate of population is about 20%. Literacy rate had seen an upward trend, which is 67.68 percent out of which for males it is 77.28 while female literacy is a 57.18 percent (ibid). The sex ratio for Uttar Pradesh is 912, which stand below the national average of 940 as per census 2011. In 2016, both birth rate and death rate are high for Uttar Pradesh with 26.2 percent for birth rate and death rate for 6.9 whereas for India it was 20.4 and 6.4 respectively (RBI 2018).Uttar Pradesh has lower Life expectancy with 64.5 years for a period of 2011-2015 than the national level, which shows a figure 68.3 years (ibid).In 2016, Infant mortality was again higher for Uttar Pradesh with 43 percent in Uttar Pradesh in comparison to India, which was 34percent (RBI 2018).

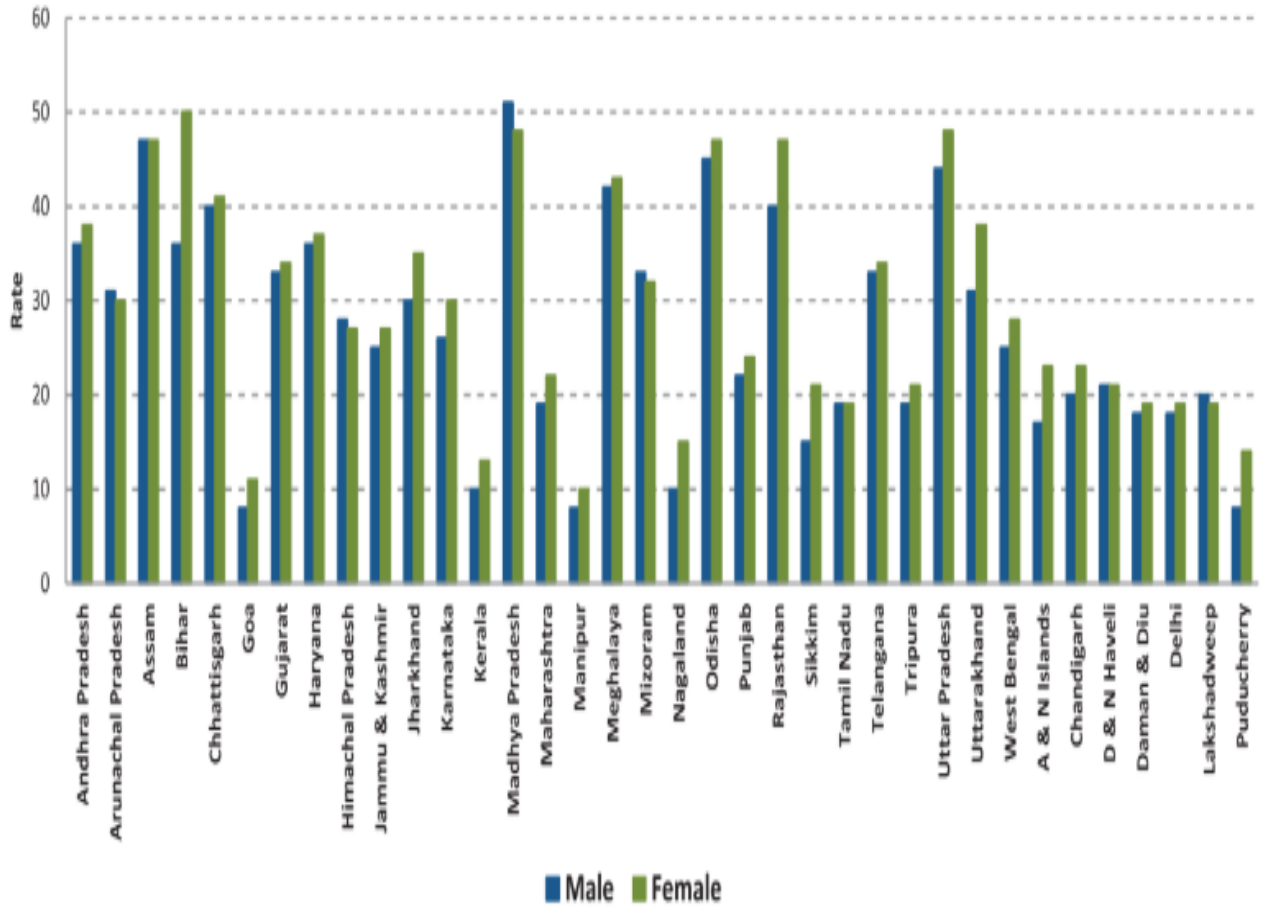
Infant Mortality Rate in India-2015

Figure 3.1 shows infant mortality rate across the Indian States for 2015.Here three States have highest female infant mortality, which are Bihar, Madhya Pradesh and Uttar

Pradesh. While in male Infant Mortality four states show higher frequencies, which are Madhya Pradesh, Assam, Odisha and Uttar Pradesh.

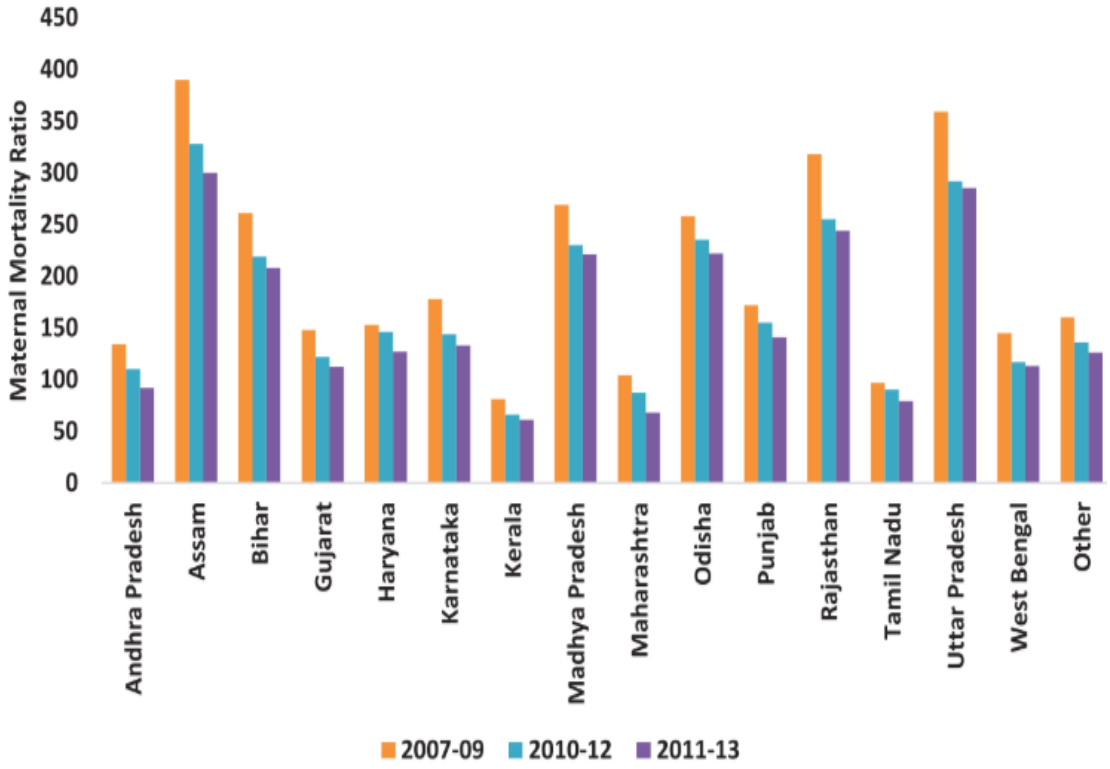
Besides Infant Mortality, Uttar Pradesh also has a higher prevalence of Maternal Mortality rate.

Figure 3.1 Infant Mortality Rate in India2015



Source: National Health Profile 2017

Figure 3.2 Maternal Mortality Ratio in India & Major States



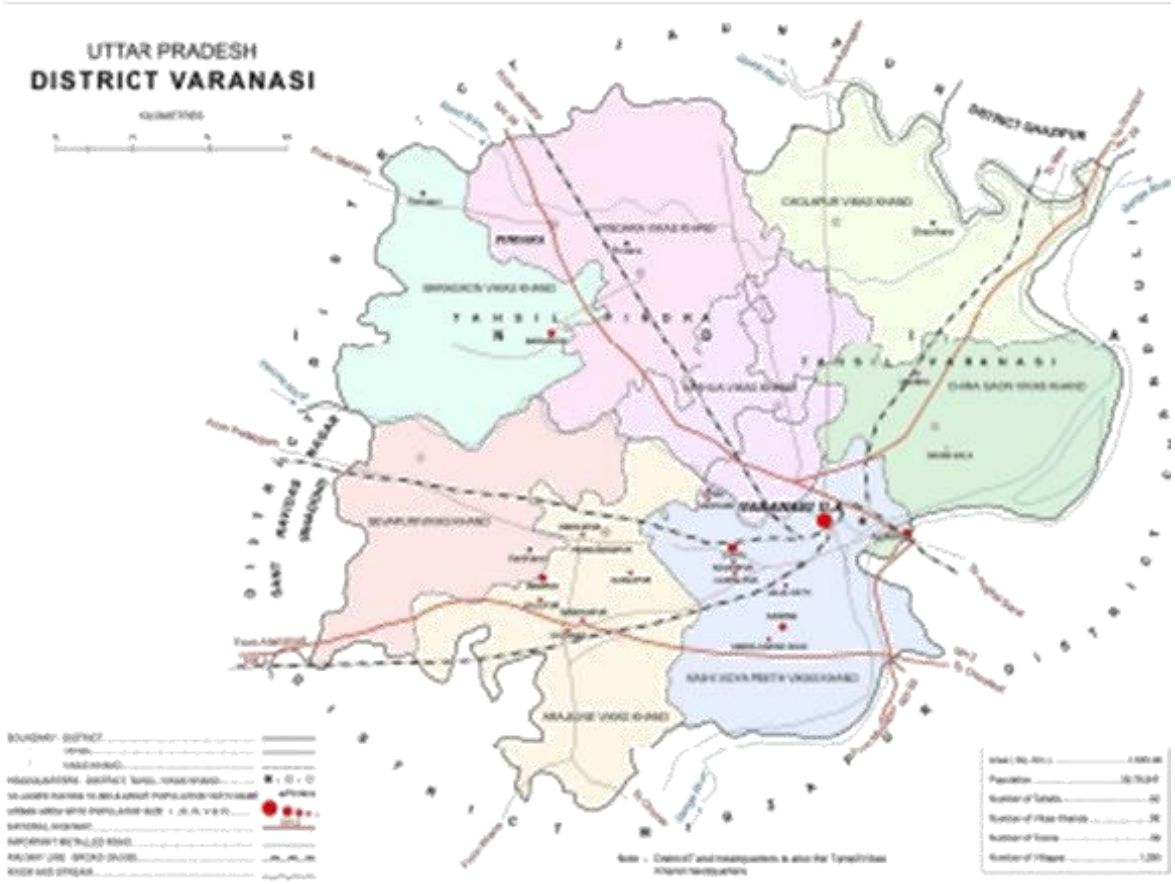
Source: National Health Profile 2017.

The figure 3.2 shows from 2007-2013, where Uttar Pradesh had higher prevalence followed by Assam and Rajasthan. Though from 2007, there is a decrease in the rate of prevalence.

3.2.1 Selection of District

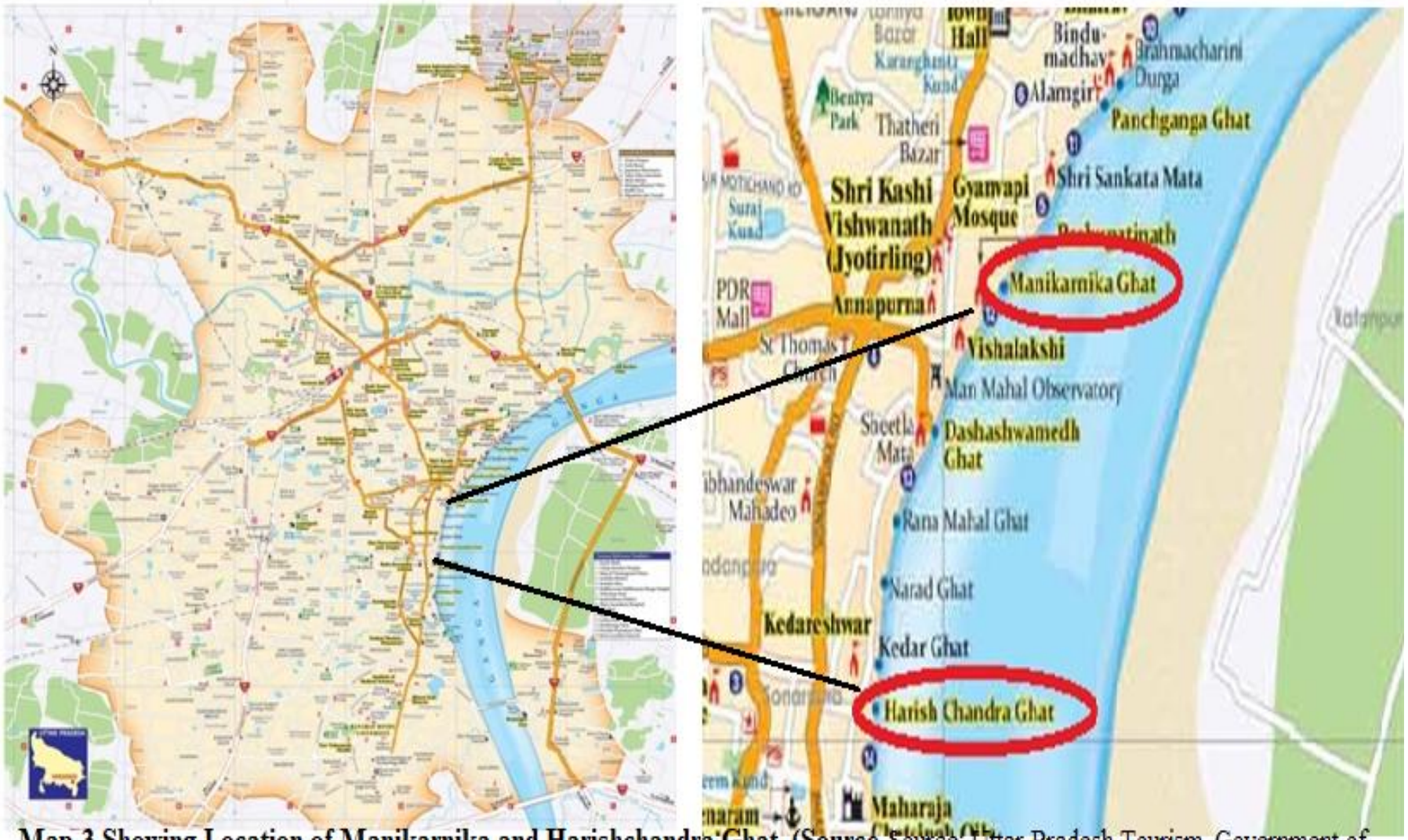
Geographical Location

Varanasi district is situated at the eastern area of Uttar Pradesh. It occupies part of middle Ganges plain- East and covers an area of 1535 sq.km. It is located between the parallel of 25.15-25.34' north latitude and 82.50-83.15' cast longitude. Varanasi district is bounded by Jaunpur district from the north-west, from Bhadohi district on the west, Ghazipur in some part of north-east, from Chandauli district in the east and Mirzapur district from the south. The sacred Ganges flows across the districts in semi-circular fashion.



Map No. 2 Location of Uttar Pradesh and Varanasi District

Source- District Handbook of Varanasi



Map-3 Showing Location of Manikarnika and Harishchandra Ghat (Source-Source: Uttar Pradesh Tourism, Government of Uttar Pradesh (http://uptourism.gov.in/post/map)

3.2.2 Description of Study Area

The total population of Uttar Pradesh is 199,812,341 as per census 2011. Uttar Pradesh has 75 districts. District Varanasi occupies 18thposition in Uttar Pradesh State for a population of 3,676,841, and area under it is 1,578 Sq.km (Census 2011). It occupies25nd rank in term of sex ratio (913) which is higher than the U.P state average of (912) females per thousands male. It is on 9thrankfor literacy with 76.6 percent which is again higher than the U.P state (67.7) percent (ibid).

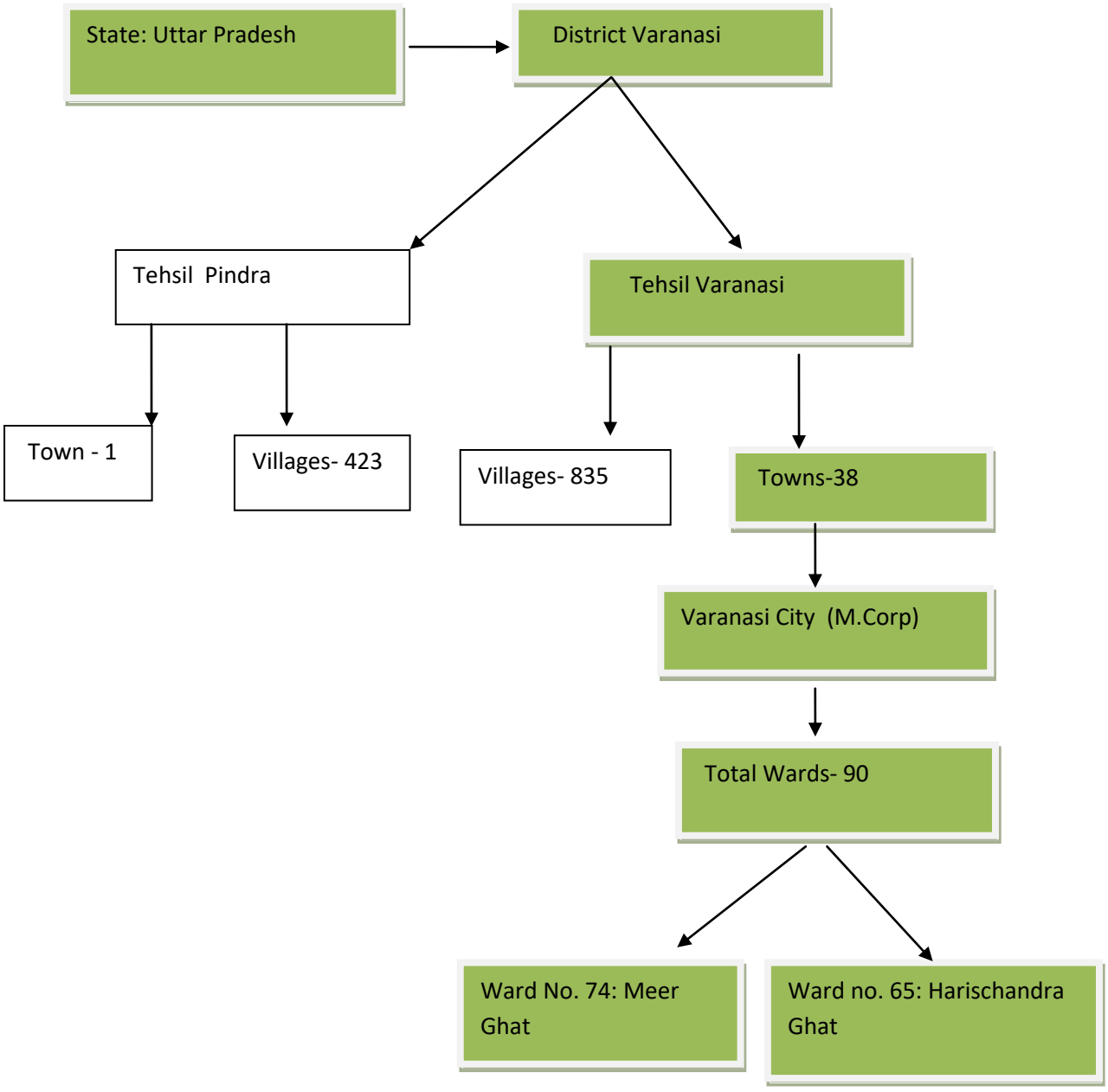
The Varanasi district compromises of two tehsils named Varanasi and Pindra. The district has eight community development blocks namely Pindara, Cholapur, Baragaon, Harhua, Arajiline, Sevapuri, Chiraigaon and Kashividyapith. There are 720 Gram Sabha and 1258 inhabited villages out of which 431 are in Pindara tehsil and 864 in Varanasi tehsils.(Distrcit Handbook 2011).

There is only one town in Pindara and 38 towns in Varanasi tehsil.Further Varanasi is a Municipal Corporation city in the district of Varanasi, U.P with a population of 1,198,491 out of which 635,140 are males while 563,351 are females as per census 2011. There are 90 wards in Varanasi city(ibid).

Total scheduled caste population in U.P is 41,357,608 according to census 2011. Out of which, Doms are 110,353. Among them, total worker 38,665 and non-worker are 71,688. Total literate among Doms are 48,447 whereas illiterate are 61,906(Census 2011).In Varanasi city(M.Corp), in 2016, it was informed that total population of Doms was 1155 with 120 households[9].The population at Harischandra Ghat and Meer Ghat are 200 and 540 respectively with around 100 households[10].

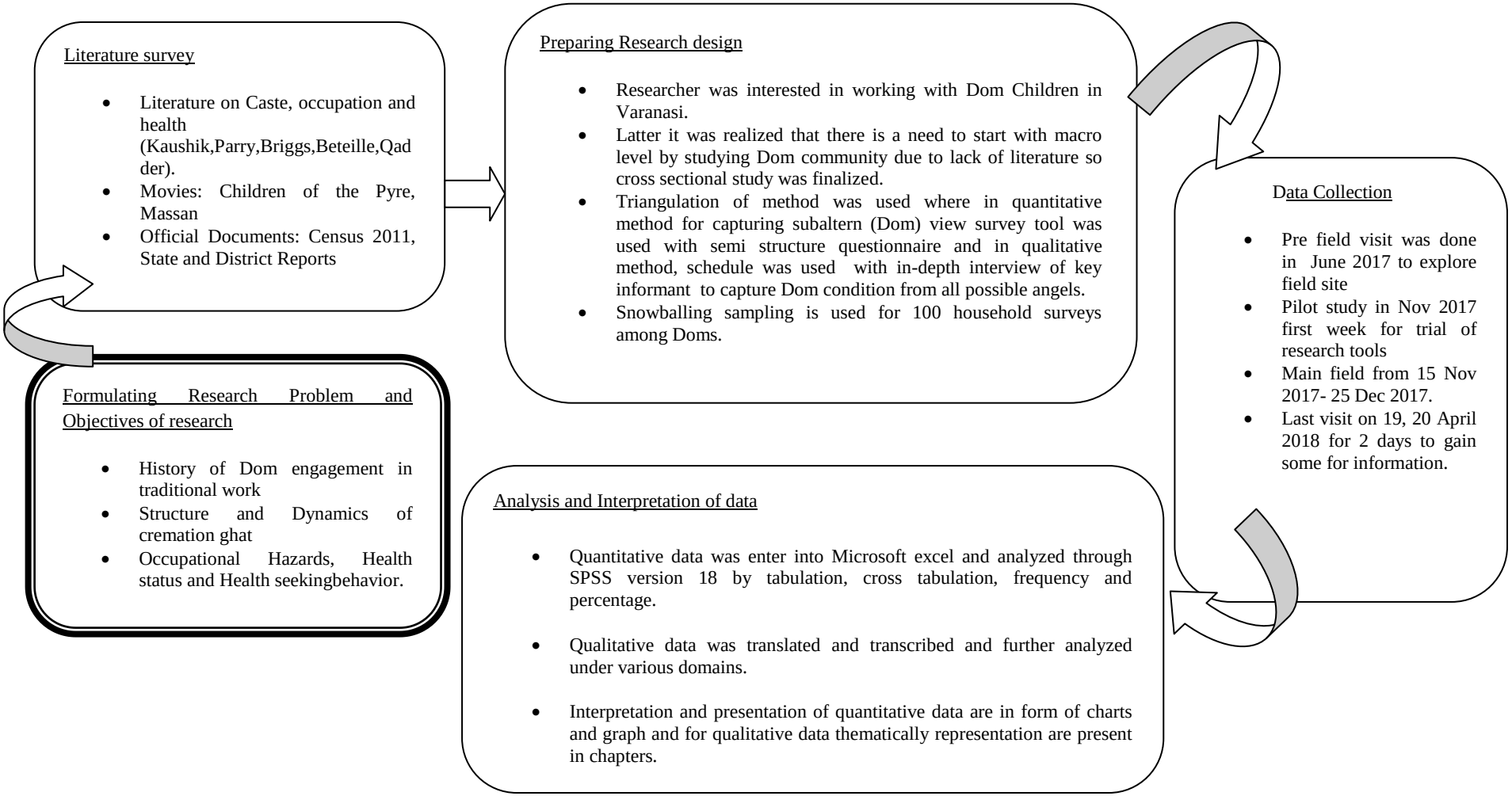
[9] Data given NGO of Sulabh International informed by key respondent.
[10]Sambhunath Research Foundation NGO.

Figure 3.3 Diagrammatic Representation of Study Area



Source Census 2011

Figure 3.4 Diagrammatic Representation of Research Process



3.3 Research Process

3.3.1 Formulation of Research Problem

Initially, researcher planned to work with children from Dom community who are engaged in burning corpses at cremation ghat after watching children of pyre documentary. So to explore the field site, the researcher went to Varanasi city in June 2017 for three days to get an estimation of Dom's working conditions and if children were working at cremation ghat. Researcher met one of the family members of Dom Raja at Manikarnika ghat who was sitting at "*Madi*'[11] to give sacred fire after charging tax. Through him, researcher met Dom Raja who is the head of the Dom community. After informing him about the purpose of the study, permission was taken to interact with his workers. After informal conversation, certain new facts were known about the role of Dom in rituals of Hindu cremation, the importance of sacred fire and their living and working condition. After getting certain insights researcher returned back. Discussion and support from supervisor help the researcher to decide that at initial stage study should be at macro level. The universe for the study will be Dom residing at Varanasi cremation ghat to understand the implication of their hereditary work on their health status and health-seekingbehaviour. In 2017, from August till October literature survey was carried out with preparing of research design. In the first week of November, a pilot study was conducted for 5 days, in which semi-structure questionnaire was used. Pilot stud proves to be a useful tool for analyze the questionnaire and do some immediate required changes before going back to the field again. During the pilot study, it was observed that there are different occupational categories among Dom caste (owner, manager and workers), due to which workers are the most exploited one of all Doms. Though at Manikarnika Ghat this divided is easily visible as they are referred owner as '*Malik*' and worker as '*Nukar*'. But at Harischandra Ghat all of them introduced themselves as Dom Raja. It took some time to understand the real reason for the difference at both ghats. After rapport building, it came to noticed that there is only one Dom Raja who stay near Meer Ghat but others Doms took pride in introducing themselves as Dom raja.

[11] Madi is a structure with a roof and pillars, where sacred fire is kept and Dom charge tax for fire (see photo documentation 8.6).

In sampling, more numbers of Dom workers were included as they are more in number in comparison to other occupational categories at ghats and they are the one who actually burns the corpses. Others categories among Doms were also involved in sampling to get a generalized idea about their perception on their traditional work and if the scope of upward social mobility is possible. In addition, it was observed that not only Dom residing at Harischandra ghat and Meer ghat are working at cremation ghat of Varanasi city, but Doms from twenty different out skirted areas were also coming to earn a livelihood. During their working days, they had to stay at cremation ghats for 3-4 days in '*Madi'*.[12]

The researcher was in the field for 40 days from 15 November to 25 December 2017. Ethical clearance for the study was taken from the ethical committee at Centre of Social Medicine and Community Health, JNU. After which a formal verbal consent was taken from all respondents after the introduction of the researcher, explaining the purpose of the study, and assuring them about maintaining the confidentiality of respondent identity.

3.3.2 Entry into Field

The universe for the study is Dom castes who are funeral workers at burning/cremation ghats (Manikarnika and Harischandra) in Varanasi city. Earlier it was decided to use random sampling by using the list of houses of the Dom community to select the sample for the study. During November election procedure was going on. Some females from wards office were doing house to house campaigning in Dom locality and distributing a slip with the name of the head of the householder. The researcher approached them and after discussing aboutthe purpose of the study requested to give information or list regarding number of Dom households. But they informed that they themselves have the wrong list as many correctionsare required in it. It came to noticed that in many houses whose members were dead, their name was present as head of households. So they suggested about collecting it from Municipal office. Next day researcher went to the Municipal office under which Harischandra ghat and Meer ghat come and request for information on Dom population in the locality. Officers informed that they don't have any official record of it and a better idea would be to count the houses in the community.

[12] Refer to chapter 5 for further details.

So researcher went to cremation ghat of Harischandra ghat and asked for Dom locality. One passerby informed to go to '*Madi*'. The researcher went there and found some males were sitting there. Researcher introduced herself,and after icebreaking activity, permission was taken from an old man of age around 80s to conduct a survey at Harischandra Ghat.

3.3.3 Sampling

"A statistical sample is a miniature picture or cross-section of the entire group or aggregate from which the sample is taken." P. Y. Young (Pandey 2015:42)

It became visible that random sampling is not possible and researcher had to do snowballing sampling because of the following reason:

a) Doms from outskirt areas also come to work at cremation ghats
b) Males were found mostly either on '*madi*' or cremation ground in the daytime. During the night it was not feasible for the researcher to go and conduct study due to the safety issue.
c) At cremation ghat, many caste groups interact so it's difficult to locate Dom from them. So snowballing helped in it.

Snowball sampling is defined *as "A nonrandom sample in which the researcher begins with one case and then, based on information about interrelationships from that case, identifies other cases and repeats the process again and again*(Newman 2014:275). It can also be referred to as a chain referral, reputational driven sampling. This method uses an analogy with a snowball, which started with small size but slowly increases in size after picking more snow on the way. Similarly, it begins with one people and spread out to a larger group based on links. With this process, a total of 100 households from the Dom community were included in the sample size of the study whereas key informants were sampled through purposive sampling.

Table 3.1 Selection of Respondents for Study

Respondents	Techniques	Number of Participants
Dom's	Survey	100
Owner		9
Managers		12
Workers		62
Others		17
Key Informants	Interview Schedule	12
Medical Officer		1
Auxiliary nurse midwife(ANM)		2
Anganwadi workers(AWW)		2
Traditional Birth Attendant		2
Pharmacist		1
NGO		2
Researcher		1
Dom Raja		1
Total Respondents		**112**

*others include kiosk owners (shopkeeper), factors[13], daily labourers and tourist guide.

3.4 Types of Research Design

It is cross-sectional study that had used the triangulation method. Newman definescross-sectional research as **"***Any research that examines information on many cases at one point in time*"(Newman 2014:44)**.** Triangulation of methods means mixing of quantitative and qualitative research approaches and data (Newman2014:167).The study uses both

[13] Factors are commissioner merchants among Doms, who work under Yadav in dealing with customers and selling woods and other funeral items require for pyre.

quantitative and qualitative approaches to capture the complete picture from both sides. For instance, Dom's perception towards their occupation and health and key informant perception towards them. In the quantitative method, 100-household surveys were conducted among males of Dom caste through a semi-structured questionnaire. The occupation of burning the corpses is a gendered occupation as only males are engaged in it,and there is a restriction on female movements among them. It was observed that among the whole Dom community at both cremation ghats, only 3 younger females were working. Two were widows, so they work as maids,and one woman was divorced,so she works as a helper in the clinic. Only aged women can be seen sitting at the kiosk. So sampling includes males, as the main objective is also to analyze the implication of caste-based occupation on the health of funeral workers. In the Qualitative method, in-depth interview of 12 key informants was taken through an interview schedule, which includes healthcare providers, NGO, traditional birth attendants and academician.

Inclusion criteria:

- Male of Dom community
- Age group 18-60
- Involved or experience of working at Harischandra or ManikarnikaGhat
- Key informants such as government and non-government officials, religious head, head of Dom caste, researchers.

Exclusion criteria:

- Other caste groups
- Never worked at Cremation ghats.

3.5 Source of Data Collection

The study uses both primary and secondary data. Primary data was collected through field observation, schedules and questionnaire. Data was collected with semi-structure questionnaire from male respondents of Dom community who worked at cremation ghats of Varanasi city. Fifty respondents from each cremation ghats were selected. In the schedule, in-depth interview of key informants was taken which includes health care provider, Dom Raja, NGO and researcher. During the field, it was observed that most of

the child deliveries were conducted at home so in-depth interview of traditionalbirth attendant was also included. For the secondary source of data, secondary literature were referred. Due to the dearth of literature, many problems have been faced like searching and locating unpublished PhD thesis, which includes work of Kaushik in 1979, Aggarwal 1985. The work of Cape and Briggs which was done during colonial era helped to trace Dom history,but the viewpoint was entirely different as both works were done for an administrative purpose. The studies were conducted in order to develop mechanisms as for how to handle them, as Dom was classified as '*criminal tribe'*,and they were troubling masses. Besides these, Government reports, which consist of Census data, District Gazetteer, NFHS reports on Uttar Pradesh and Varanasi were explored. In addition, data has been collected by presenting papers in aninternational seminar organized by ICSSR at Hyderabad on "Ethnicity and Minority: Debates and Discourse in contemporary India" and National Conference organized by ICSSR at Banaras Hindu University on "The relevance of Dr B.R Ambedkar's ideology in Global Perspectives".

3.6 Tools and Techniques of Data Collection

The tool consists of informal conversations, observations, semi-structured questionnaires, interview schedules and thematic review. Techniques, which were deployed, were households survey, in-depth interview and literature review. Semi-structure questionnaires were used to collect data regarding socioeconomic profile of respondents, their perception regarding their traditional occupation and prevalence of occupational hazards, in addition to their health status and health-seekingbehaviour. In-depth interviews of key informants were done to collect information regarding their views on issue and challenges faced by Dom funeral workers, in addition to information regarding any specific measures taken by the state for this community.

Table 3.2 Tools and Techniques of Research				
Objectives	**Methods**	**Sample size**	**Techniques**	**Tools**
Profile the socio-economic and demographic characteristics	Quantitative	100 HH from each Cremation ghats	Households survey	Semi-structured questionnaire
Trace the history of the Dom's engagement	Qualitative	Secondary literature	Literature review	Thematic review.
Structure and dynamics of cremation ghats	Qualitative	100HH Key Informants (concern State Officials, Medical Officer, NGO workers, Activist, Environmentalist, Academicians)	In-depth Interview or through telephonic or email	Semi-structured questionnaire, Interview schedule
Occupational health hazards for the community and their environment	Quantitative and Qualitative	100 HH Key Informant like Health Workers (ASHA, MPW, Anganwadi, NGO workers)	Household survey In-depth Interview	Semi-structured questionnaire, Interview schedule
Health status of the Dom community, their health service utilization pattern and understand their health seeking behavior	Quantitative and Qualitative	HH survey of 100 families, Key Informant like Health Workers (ASHA, MPW, Anganwadi, Traditional birth attendants)	Household survey In-depth Interview or through telephonic or email	Semi-structured questionnaire, Interview schedule

Source: Field Survey 2017

The tool is divided into sub-categories:

Section A: Semi-structure questionnaire to access socioeconomic status and demographic profile of respondents.

Section B: Questionnaire to access their perception regarding their traditional occupation and prevalence of occupational hazards in addition to their health status and health-seekingbehaviour.

Section C: In-depth interview to access key informants views regarding issues and challenges encountered by Dom funeral workers.

Section D: Thematic review of secondary literature to trace the history of Dom engagement in funeral work.

3.7 Data Analysis

Data was analyzed after cleaning and coding them. The quantitative data collected through survey was entered in Microsoft Excel and analyzed through SPSS version18. Data was analyzed through tabulation and cross tabulation. Qualitative data was collected through in-depth interview and were translated and transcribed and further analyzed under various domains.

Section A: For accessing socioeconomic status and demographic profile of respondents, frequencies and percentage are used through SPSS version 18.

Section B: To access their perception regarding their traditional occupation and prevalence of occupational hazards in addition to their health status and health-seekingbehaviour. Frequencies, percentages, cross tabulations are used through SPSS to show variations across occupational categories.

Section C: To analyze the view of key informants regarding the issues and challenges encountered by Dom funeral workers, narratives are arranged in themes and then supported by quantitative data.

Section D: Thematic review of secondary literature is done to trace the history of Dom engagement in funeral work.

3.8 Operational Definitions

Households*:* Group of people living under one roof and sharing a common kitchen.

Occupational Health: (WHO/ILO) "Occupational health should aim at the promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations, the prevention among workers of departure from health caused by their working condition, the protection of worker in this employment from risks resulting from factors adverse to health, the placing and maintenance of the worker in an occupational environment adapted to his physiological and psychological equipment and to summarize the adaptation of work to man and of each men to his job"(WHO).

Occupational Hazard: The potential risks to life or functioning of an individual that is inherently associated with his/her occupation or work environment.

Occupational Environment*:* The sum of external conditions and influences, which prevails at the place of the working population.

Cremation/Burning Ghat: An area on the bank of river place where burning of dead bodies took place in a particular area, and where other economic activities such as selling of woods and shrouds also take place. It has various funeral shops, tea stall and interactions among caste took place.

Cremation Ground: A small section/area of cremation ghat in which bodies are burnt at both Harischandra and Manikarnika Ghat.

Work environment: Environment here consist of both of work environment at cremation ground and cremation ghat

Working Condition: It is limited to condition during burning the corpses at the cremation ground.

Pari/turn System: A shareholder ship system in which, every family from the Dom community get their turn to seat on 'Gaddi' or become 'Malik' of the cremation ghat business. So money earned that day by giving sacred fire goes to that family.

Dom Raja: Head of Dom Community

Ghat: a segment of river frontage. Most of the ghats in Varanasi are constructed to form series of stone terraces and stairs running down into the sacred water of the Ganges (Parry1980;90).

3.9 Challenges from the Field

Researcher encountered some difficulties while interacting with workers at Manikarnika Ghat. Firstly gender became a limitation here as due to safety issue researcher was not able to conduct the survey during night time.As cremation work used to continues for 24 hours so there is no fixed time while workers will be off their duty

Secondly, most of the workers used to consume alcohol, tobacco and marijuana for the whole day which is a basic necessity of this work, this brings some hesitation from the researcher side during conversations at some point.

Thirdly it was not possible to talk with workers away from cremation site as work continues to come all day. Sometimes conversation had to be stopped in the middle as the dead body comes or owner called them. All these factors might have hampered the findings at some point.

3.10 Limitations of Study

Due to time constraints researcher was not able to explore many areas. Firstly,the representation of both genders could have been done. The parameters for health status could have included a measuring body mass index, focusing on nourishment and food intake, household expenditure.

The study present reported morbidity and mortality only due to unavailability of official data. Also, the urban PHC was set up and made functional since the past two (2) years, so medical officers informed that data would be available after some years. Clinically blood sample of respondents could have been taken and checked for illness or diseases in the laboratory. The steps and measures taken by the State could have been explored. Environmental hazards of this occupation (burning a funeral pyre) could have been studied by relating it to Ganga Action Plan. Lack of secondary literature is also one of the limitations. However, the limitation of the study can be taken up for further studies.

CHAPTER 4- SOCIO-DEMOGRAPHIC PROFILE OF THE STUDY AREA

As literature reviewed in the previous chapter had mentioned about poor dwelling conditions of Doms in the past, so the present chapter is an attempt to understand their living condition in term of socio-economic demographic profile. This chapter began with providing the profiling of respondents followed by their socio-economic demography in order to understand their conditions. Next section elaborates on the relation between economy and occupation, which included their income, number of working days and subsidiary occupation.

4.1 Profiling of Respondents

4.1.1 Profile of Dom Respondents

It was decided to collect an equal representation of sample from both cremation ghats that is, fifty each. An attempt was made to cover maximum population who were adult in order to understand their perception towards life and challenges in present time. Besides these, some of the elders were also included who are expected and assumed to be more knowledgeable and can provide more information regarding changes over the time period. Then younger generation was also included to analyze the difference in opinion of two generations towards the caste-based occupation.

Sample Characteristics

1) *Age:* The age composition includes the maximum representation of adult that is 87 respondents from the age group below 40. Next 14 respondents are from the age group of 40 to 60.
2) *Education:* As regard to the educational level among 100 respondents, it was found that maximum 29% of respondents were literate but below primary level and nineteen 19% were illiterate. Only 19%had attained education till primary level whereas elementary level was attained by 14% of respondents. At the secondarylevel, only 14% had reached,and only 5% of respondents were found at higher education level.

Table 4.1: Profiling of the Dom Respondents				
		Cremation Ghats		
	Details	Manikarnika Ghat	Harischandra Ghat	
Respondent		Count	Count	Total
Age	18-20	6	9	15
	21-30	26	29	55
	31-40	10	7	17
	41-50	3	1	4
	51-60	6	4	10
Education	Illiterate	11	8	19
	Literate but below the primary	9	20	29
	Primary	12	7	19
	Elementary	10	4	14
	Secondary	8	3	11
	Senior Secondary	0	3	3
	Graduation	0	4	4
	Post-Graduation	0	1	1
Occupation	Owner	1	8	9
	Manager	7	5	12
	Worker	34	28	62
	Others	8	9	17
	Total	50	50	100

Source: Field survey 2017

3) Occupation: Dom respondents were dividedinto three main occupational categories which wereobserved during the field. Here different type of works is used for distinctions among Doms. The categories are the owner, manager and workers. The owner can be understood as major holder of cremation ghat, mostly sit and look after the business of cremation ghat. Managers supervise the workers and work under Owner. Workers are engaged in arranging and burning the funeral pyre (see chapter 5). 'Others' here are those Doms who had experience of working at cremation ghat but had stopped working there

due to some issues. Some work as factors[14], few own kiosks, some are tourist guide and engage other work. In the study there are sixty-two workers, nine are owner, twelve are managers and seventeen are others.

4.1.2 Profile of the Key Informants

The experts, their area of expertise, organization and mode of interaction with the researcher, are given in a tabular form (Table 4.2).

Table 4.2 Profile of Key Informants

Key Informants	Organization	Techniques used
K1 Medical officer	Urban PHC(Godowlia)	Face to face Interview
K2 Pharmacist	Urban PHC(Bhelupur)	Face to face Interview
K3 ANM	NHM(Meer ghat)	Face to face interview
K4 AWW	ICDS(Meer Ghat)	Face to face interview
K5 ANM	NHM(Harischandra Ghat)	Face to face interview
K6 AWW	ICDS(Harischandra Ghat)	Face to face interview
K7 TBA	No	Face to face interview
K8 TBA	No	Face to face interview
K9 NGO	Peoples Vigilance Committee on Human Rights(PVCHR)	Face to face interview
K10 NGO	Shambhunath Research Foundation(SRF)	Face to face interview
K11 Researcher	Tata Institute of social science(TISS), Guwahati	Email(questionnaire) before brief telephonic discussion
K12 Dom raja	Head of Dom community	Face to face interview

*Harischandra Ghat comes under Bhelupur and Manikarnika and Meer Ghat under Godowlia Chowk,

Source: Field study 2017

The key informants include the NGO's working in the area of Manikarnika Ghat which deals with scheduled caste population in that area and also NGO's working in the area of health. Dom Raja who is the head of the Dom community. One researcher who had done a field study on the relation of health and occupation of Doms in Varanasi in 2016.

4.2 Social Mapping of the Study Area

The socio-demographic profile of any society providesa glimpse into the social structure of the society, which narrate about the socio-economic inequality and prevalenthierarchal

[14] For definition see Chapter 3.

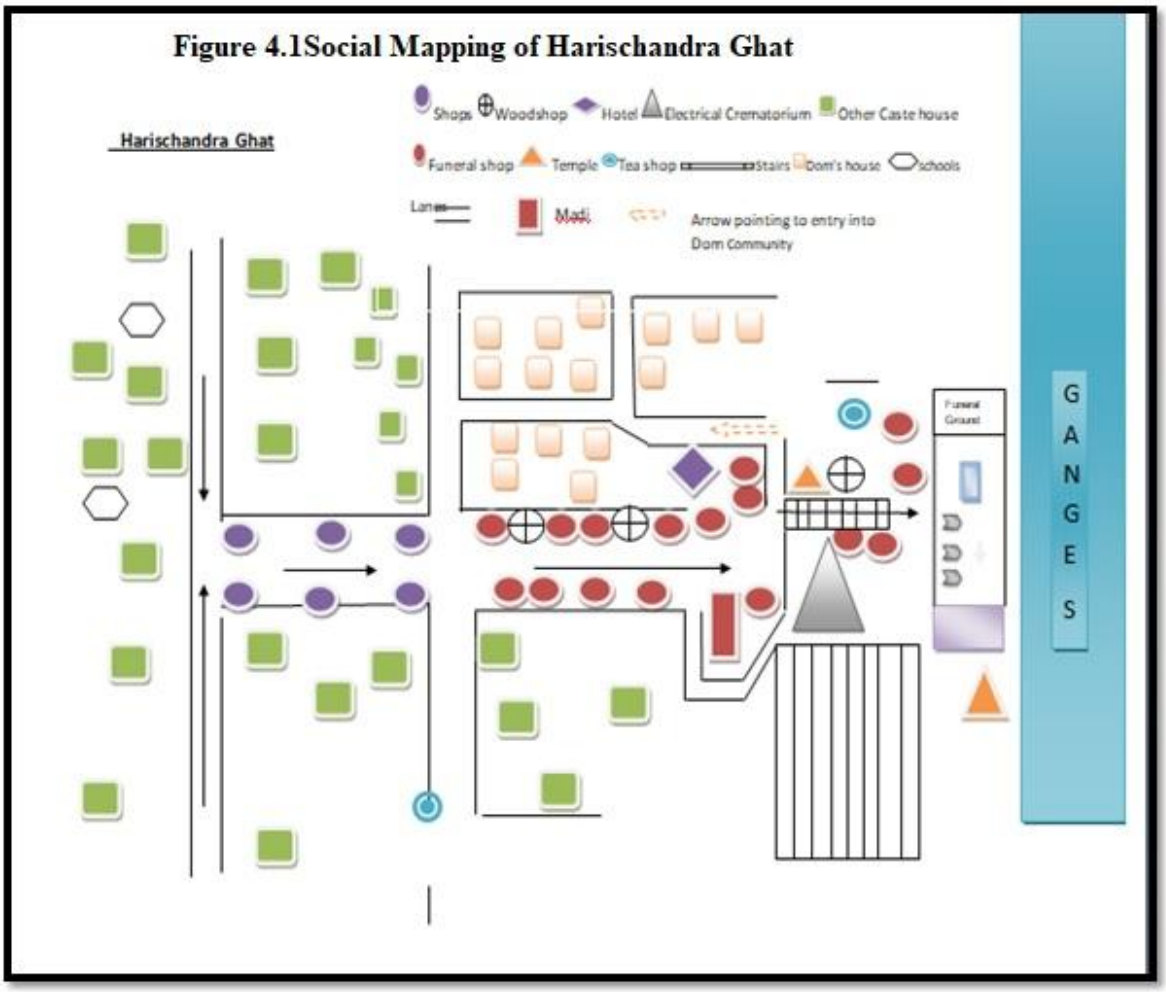
structure of the community. Khanam (2013) puts it more implicitly that the lifestyles of people are indicated by the demography of minority communities, literacy, educational status and livelihood patterns. He further states that the pattern of landholdings, health status and source of income narrates their quality of life.

Besides these, in Hindu society, there are certain modes of conducts which are informed by the famous Hindu text 'Manu'. It states that "*The dwellings of candalas and svapakas shall be outside the village, they must be made Apapatras and their wealth (shall be) dogs and donkeys. Their dress (shall be) the garments of the dead, (they shall eat) their food from broken dishes, black iron (shall be) their ornaments, and they must wander from places to places*" (Briggs 1953;30). The above-mentionedliteraturespoint towards the necessity to deploy a sociological lens, for understanding the demography of the study population.

There are two burning/cremation ghats in Varanasi which are Harischandra Ghat and Manikarnika Ghat. Dom Community is residing at both Harischandra Ghat and Meer Ghat respectively. In the present time the location of Doms community at both Harischandra Ghat and Meer ghat exit in the peripheral area. According to census 2001, Dom workers belong to the local clan of caste member residing in slum-like residential set up adjacent to the ghat (Nadan2016:32).

The figure 4.1 of social mapping had tried to illustrate the location of Harischandra Ghat. Here the arrows show movement from main market to the cremation ghat till bank of Ganges. Here the green block represents other caste house,which are located in main market area. Red circle is funeral (Kiosk) shops owned by Dom community. Grey triangle represents electrical crematorium. There is cremation ground near the bank of Ganges. Dom housesare represented by brown blocks, which are situated at the periphery of main town and adjacent to the cremation ground. If we talk about movement at ghat, another castes can move around the area for accessing any facility without any requirement to enter into the lane of Dom community. But there is a restriction on movement of females from Dom community. They are not allowed to come on the main road of cremation ghat so in order to visit market also they have to cross through other streets.

Source: Field survey 2017



Source: Field Survey 2017

As Dom residence is near cremation ground,so all the smoke and foul smell of corpses enter into their houses.The situation becomes critical during monsoon season. As cremation ground get flooded into the water, so bodies are burnt in Dom lane (dotted arrow) inside their residential area due to which they have to suffer the most. The red box is the 'Madi' where the sacred fire is kept. Blue circle are tea point which is the interaction point among various castes groups.

While doing her field study, the researcher noticed that more than ten Dom families who were not having their own land were residing on the land of Dom Raja from past forty years by constructing temporary sheds with bricks and bamboos. These families were sharing single sanitation facilities, and they were earning their livelihood by working at the cremation ghat. There was a long dispute going on in this land between Dom Raja

relatives. So recently in February 2018, those temporary houses were demolished as Dom Raja decided to make a Hotel along with Jhalans on a private partnership[15]. Due to which these people were forced to move out from there.

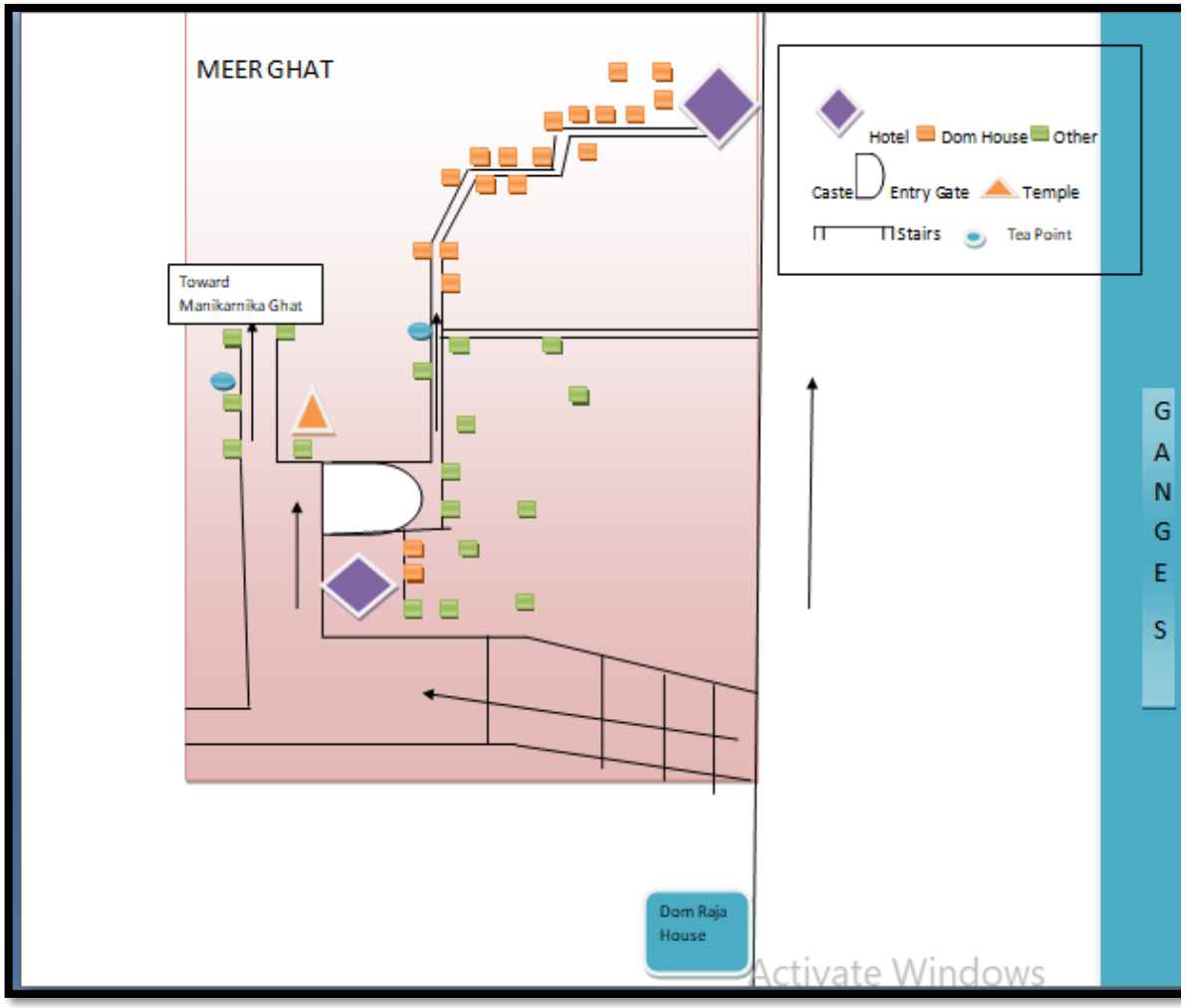
Dom's condition doesn't seem to be improved even in the 21st century. There are still some similarities with the past as mentioned by Briggs in his study that started in1916. In 'Doms and their near relations', he had pointed out that these people were living in wretched conditions in temporary shelters on the other side of the road. Reeds, bamboos or branches set up their walls (Briggs 1953:130). The social mapping of Meer Ghat also portrays asimilar picture of the residence of the Dom community. Their dwelling places are again on the periphery of the ghat, which is another form of exclusion and discrimination. Dom Raja is staying with his families away from both Harischandra Ghat and Meer Ghat Dom community.His house is present outside the Meer Ghat and is known as Lion mansion (Sher wali Koti) as two lion scripture are present on its roof. It has more than 205 to 30 rooms[16].(Section8.6).

At Meer Ghat there is an entry gate from where Dom residence starts (Figure 4.2). The green block represents houses of another caste whereas brown block representshouses of Dom caste. Dom residences end in the closed lane, leaving only one way of entry to Dom's dwelling place. Other caste people don't enter in this lane as all resources like shop, temples etc. are placed purposefully outside this lane. Blue circle are tea point which is the interactions point here. But unlike Harischandra Ghat here it is also the source of discrimination as untouchability is practised here. Doms are given betel from a certain distance and are asked to keep teacup away from other caste groups.

[15] Informed by respondent no. 2

[16] Informed by respondent no. 3

Figure 4.2 Social Mapping of Meer Ghat



Source: Field Survey 2017

The Orange coloured triangle is the Hanuman temple where still restriction ispresent on Dom entry into the temple. If Dom shows any protest against the untouchability, then they become vulnerable to physical abuses.

4.3 Socio-Economic Profiling

4.3.1 Land Ownership

In term of land ownership, out of 100 respondents, 92%have land ownership out of which only one respondent has both agricultural and residential land who come from outskirt areas. Rest 91% had only residential land**.**Around8 % of respondents were not having any

ownership of land, as mentioned earlier in the chapter that they were staying at Harischandra Ghat in temporary shelters.

The area of landownership is measured in Bhiswa here, because that's the measurement respondent was using(1Bhiswa=125sqm^2) (1Bhigha=20Bhiswa). It was found that maximum respondents (72 percent) of respondents were having less than 1 bhiswa land, thirteen (13 percent) have land between 1 to 2 bhiswaand only eight (8 percent) have more than 2 bhiswa(see Table 4.3).

Table 4.3 Landholdings and Types of Housing	
Ownership of Land	92
Type of land	
Residential Land	91
Both(Agricultural and Residential)	1
None	8
Land Ownership in Bhiswa* (1bhiswa=125sqm^2) (1bhigha=20Bhiswa)	
Less than 1 Bishwa*	72
1-2 Bishwa*	13
Above 2 Bishwa*	8
No land	7
Residential Land on Partnership(Household)	
Below 4	23
4 and above	36
No partnership	41
Types of House	
Kuccha	11
Pucca	89
Number of Rooms	
One	38
2-4 rooms	51

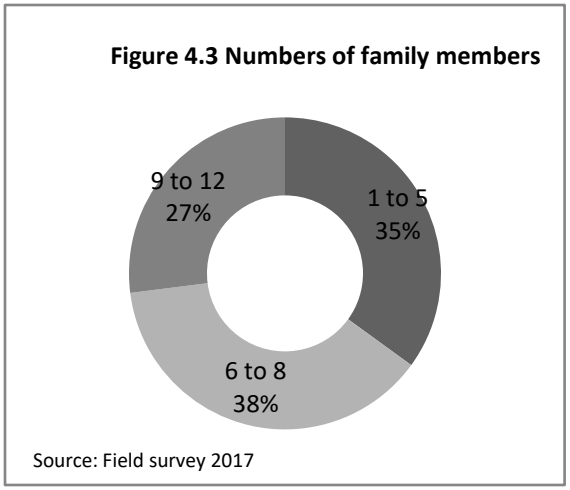
*Frequency of respondent is100; Source: field study 2017

Due to less area of land owned by majority which is less than 1bhiswa, a phenomenon of sharing the land was observed in the field asarea of land is quite less, so dividing it into four or more parts won't be of any use. So families were sharing the land by constructing their house on it and division was done on the basis of floor among brothers. The numbers of family members staying in small area become critical here as on one hand increase chances of spread of infectious diseases and secondly show their poor economic conditions.

Data on number of family members in 100 household of respondents (Figure 4.3.) shows that majority 38% are having family members from 6 to 8, while 35% have 1-5 members in family and 27% of respondent have 9-12 members.

Due to which the sharing of the area becomes quite important here as the average size of the family is 5.8. Further, it was observed that 36 % of families were sharing the land with more than 4 households and 23% of families were sharing the land with 1 to 3 households,but 41 % were not sharing their land (Figure 4.3). Thus it helps us to understand the weaker economic condition of Doms which help us analyze their health condition in the next chapters.

In regard to types of housing (Table 4.3), the majority of respondents that is 89% were residing in Pucca house,and 11% were living in Kuccha house. In a study of Aggarwal (1985) on Doms, it was found that in most of the houses, there were only one to two rooms, and space was also less in which many members were staying together,due to which it could have implication for their health (Aggarwal 1985:136). Similar data were found in the current study. Data show that majority of respondents (51%) were residing in two to four rooms and 38 %were living in a single room and only 11% of respondents had more than five rooms. Due to lack of space, it was found that most of the male members used to sleep on stairs of cremation ghat itself during summer,but it was not possible during winter or rainy seasons.



4. 3.2 Basic Amenities

In Varanasi city, though toilet facility was present for sanitation which is for 97 % of total respondents, but respondents who reside in outskirt areas, uses open defecation which are around 3% of total respondents (Table 4.4).

Table 4.4 Basic Amenities: Sanitation and Water	
Sanitation facilities	**Frequency(100)**
Open defecation	3
Toilets	97
Sharing Sanitation(household)	
Below 5	38
5 and Above	25
Not Sharing	37
Water Source	
Hand pump	37
Piped Water supply	62
Well	1
Kitchen Separate room	27
Fuel for Cooking	
Wood(cremation wood)	60
LPG	20
Kerosene	6
Wood and Kerosene	1
Wood and LPG	1

Source: Field study 2017

Lack of space and congested dwellings also forced them to share sanitation and water facilities. In the sanitation facility out of 100 households, the majority of them (63%) are sharing toilets facilities. Out of which 38% are sharing it with less than 5 households[17] , and 25% are sharing with more than 5 households. Only 37% of households are not sharing with other households[18] (see table 4.4)

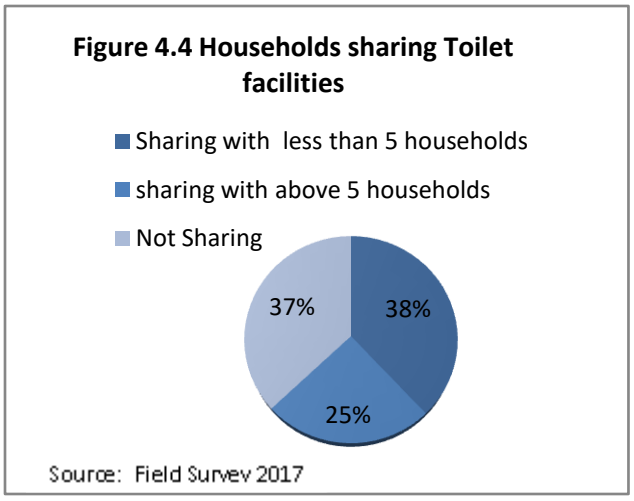


Figure 4.4 Households sharing Toilet facilities

Source: Field Survey 2017

Major sources of water in the locality are hand pump and piped water. Majority of households (62%) are using piped water supply present in streets,and37% are using hand pump and only one household use well which comes from outskirt areas (see Table 4.4).

Here also sharing of water was observed as in Meer Ghat tap is fixed in street from where around seven to eight households take water. At Harischandra Ghat also, as in one house/building, many families are residing,so they often quarrel for water and toilet facilities. Thus from the above data, the constraint of resources are highlighted,and the way Dom's families are makngthe adjustment for a living have certain negative implication in terms of health and social well-being.

Out of 100 households, only twenty-seven were having a separate room for the kitchen. Rest all households cook food in their living room. It was observed that only twenty (20 percent) of households have LPG and six 6% were using kerosene. Most of the families who are around 60% were using cremation wood as fuel for cooking (see Table 4.4). The half-burnt cremation wood emanates more smoke as it is already in the form of a wooden block and sometimes already wet due to fluids coming out of the dead body. Such practices have the potential to cause respiratory problems among the women and children in the family. As NGO respondent states

[17] Household is define as a family having separate kitchen.
[18] Thess include 3 households who don't have toilet facility.

"Agli baat yeh hai ki vo log khanashamshaan ki lakdiyon pe banate hai jiski wajah se bahut dhuwa udta hai, unka peene ka paani bhi saaaf nahin hota hai aur unka mohallah bhi bahut ganda hai jiski wajah se safai nahin rehti es wajah se bachchon mai loose motion ke case jayadar rehta hai.

(The next thing is that their food is cooked on half-burnt wood from the pyre, which results in extensive smoke. Drinking water is not safe,and their surrounding is not clean as a result of which the basic hygiene is not maintained. Cases of loose motion among children are quite often there).

4. 3.3 Households assets

In terms of material assets, majority (56%) of the respondent families have bicycles, followed by motorcycle (31%) and 8 respondents had auto asfour-wheeler, which serves as secondary occupation also. Further 93% of respondent had televisions in which majority had black and white television. Only 21% of households had fridges,and almost 93% of families had cell phone.In livestock, 70% of the majority don't have anyone, but 18 % had goat followed by cow, which is used for own consumption and sale of milk, which again is another source of income.

Table 4.5 Households Assets

Means of transport	**Frequency(100)**
Bicycle	56
Motorcycle	31
Auto/Car	8
Household Goods	
Television	93
Fridge	21
Cell phone	93
Livestock	
Goat	18
Cow	6
Hen	2
Cow and goat	4
No livestock	70

Source: Field Study 2017

4.4 Conditions of Doms

From the past traditionally Doms wear the clothes of the dead. Briggs (1953) in his book mentioned that their garments were old, raged and dirty, all conditions which of necessity arise out of their poverty and their custom of receiving cast off and other old and used clothes.

> "*Their bedding consists of blankets and quilts which have been in the family "for generations" and which were originally obtained from the dust heap or the added or from their Jajmans. All is in an unwashed and flighty conditions*" (Briggs 1953:130).

Their cooking and eating utensils were earthen and broken. Sanitary condition were beyond descriptions so that the impression of the living conditions of Doms was that squalor, filth and utter poverty. But there are exceptions as some of the Benares Doms who were wealthy had the privilege of living in well-constructed bricks houses (Briggs 1953:126).

The field study of present scenario and practice during funerals, portray almost the same picture. Doms still wear clothes of dead and jewellery, which they get from ashes after the body is completely burnt. Among Dom, though some sections which include occupational categories of owner and manager have houses which are in better condition but workers are in bad condition.As respondent no. 4, from Harischandra Ghat who lives in nuclear family and work as a tourist guide said that:

> *"Jagah kam hone ke karan main apne parivar ke sath ghar ki upari chhat par rehta hu.jiski chat tin aur baas se bani hai. Jagah bahut he kam hai par main guzaara chala raha hu. Kyonki tourist guide me itna paisa nahin mil pata ki hum kiraya de kar rhe paye."* (Due to the lack of space I am staying on the top roof of our house with my wife and children. We are having a roof of tin and bamboos which are used for a shed. The area is quite less,but we have to manage.As work of a tourist guide don't have much money so that we can live on rent).

The condition of Dom's is more disheartening at Meer Ghat as people sleep on the floor due to lack of furniture and space. In their house, mostly one bed will be there. Their beddings are made up of shrouds and clothes which accompany the corpses. In cremation grounds of Manikarnika Ghat during the winterseason,I observed that one Dom worker was shouting on other Dom because the other Dom was trying to taking away his shawl. Respondent informs me that he had taken this shawl from the corpses and kept it to dry there, which other person was trying to capture. Further, see pictures showing condition of house (section 8.6).

4.5 Economy and Occupation

Among Dom caste different occupational categories exist as mentioned in the previous chapter. The economic run among the Dom community through '*pari*' or turn system. Though '*pari*' comes for all families of Dom, which were fixed by their ancestral but frequency and number of *'pari'* differs. The sharing among Dom community is divided by a system known as "Shareholdership"[19].The '*Pari*' system is also present among other service castes such as Barber, Mahapatra (Funeral priest), Boatmen and Potter who earn from cremation ghats. The '*pari*' system is divided according to the length of the cycle (number of days) and number of cycles. It starts at 6:10a.m and ends on the next day at 6:10 a.m. The '*Pari*' are subject to mortgage, sale, transfer and gifting. Generally, workers used to keep their '*Pari*' on mortgage in crisis time, but when they arrange money to free their '*pari'*, the cost of '*pari*' increase due which they lost their 'pari system' and had to work just as a worker. In the present time, the rate of '*Pari*' is above 60,000 rupees.[20]If cremation ghatis working nicely, owner can get 30,000-35,000 in a single day but it depends on number of dead bodies coming.

At Harischandra Ghat, 'Pari system' is divided into 4 subparts which are '*Tahal'*, '*Bheek','Pari'* and '*Son'a*. So in single day, four familieswill have any one type of turn. 'Pari', refer to ownership rights in which they have a duty to give fire, 'Tahel' refer to casual rights, 'Bheek' refers to payment equivalent to giving alms, person having 'Bheek' turn receive it only if body of Bengali comes, in which all the amount received for that

[19]Kaushik gave the term.
[20] Informed by Dom respondent no. 6.

body is given to person who is having ‘Bheek’ turn. In ‘Sona’, they have to take out gold from the ashes of dead bodies. Thus in a single day, four families can work at Harischandra Ghat. At ManikarnikaGhat, ‘pari’ is not divided into four subparts .Thus all earnings belong to one person whose ‘pari’ is there.

4.5.1 Linkage of Family Size and Economy of ‘Pari’ Ghat

There exist some relation between the joint family and Pari/Turn system as a basic mode of economic activity. Greater number and frequency of *‘pari’* exist among Joint families whereas when thenumber of nuclear families’ increases, there is adecrease in frequency and number of days of ‘*pari’*. For instance, one joint family had two sons, and they have four days of ‘*pari*’. If this family divides into nuclear families, then number of ‘*pari*’ will remain two for each son. This will further divide as more division took place in the family. Researcher was informed that the divisions of ‘*pari*’ was done by their ancestors long back, that time the detail of *‘pari’* was written on rocks but now there is a separate diary with Dom Raja which contain all details regarding the ‘*pari*’. It is mentioned there about frequency and number of ‘*pari*’ of each family.

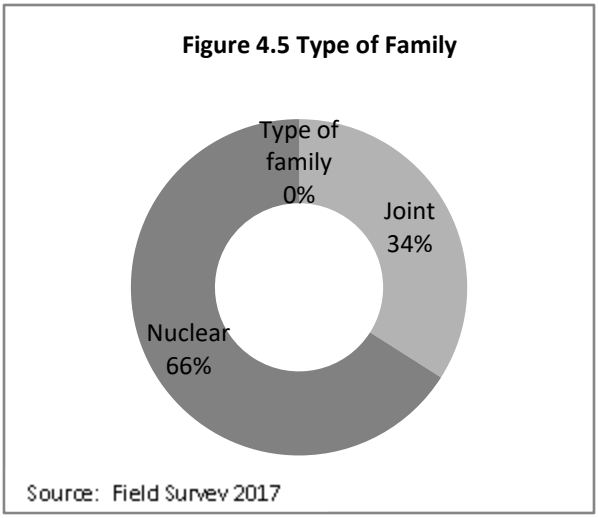


Figure 4.5 Type of Family

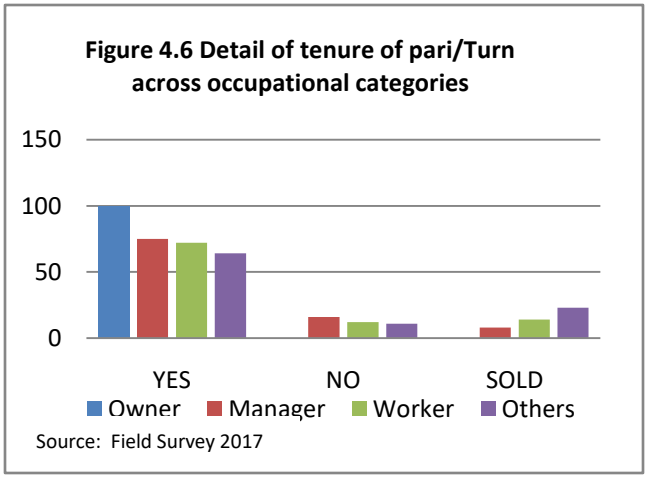
The researcher was informed that the divisions of ‘*pari*’ was done by their ancestors long back, that time the detail of *‘pari’* was written on rocks but now there is a separate diary with Dom Raja which contain all details regarding the ‘*pari*’. It is mentioned there about frequency and number of ‘*pari*’ of each family. In the field, it was found that now the majority of families are getting divided into nuclear families as their households get divided, but they share the same land of their ancestors.Figure 4.5 shows type of family among Doms. As nuclear families are more among Doms due to which number of ‘pari’ is decreasing as there is an increase in population.And as populations are increasing then there is decrease inthe number of

'pari' that one person will have. Thus Dom younger generations are also looking for the subsidiary occupations to earn a livelihood.

As Briggs pointed out two major aspects of Dom economic situations while talking about their economic situation that there are Jajmani rights and the Principle of Beggar, which contribute to their general degradation. Jajmani refers to their hereditary prerequisite whereas Beggar refers to a phase of economic bondage and exploitation. Both are in a state of flux but had not disappeared (Briggs 1953:174). He further states that debt is one of the heaviest economic burdens for Doms. They borrow money at a quite higher rate from their own money-lenders and others (Briggs1953:187).In addition, cape puts it "If it were not for weddings, cremations and feasts, witchcrafts and drinks, the Doms might manage to live on their income"(ibid). 'Pari' is accustom to change if one keep their 'pari' on a mortgage or sell in urgent need of money. Due to which there can be less number of 'pari' for some and who purchase it will have more 'pari'. It also helped us to reflect that those who are economically weak will sold their 'pari'. Occupational category of others and workers are present in the group who had sold their 'pari' (see figure 4.6).

4.5.2 Detail of 'Pari'Across Occupational Categories

Detail of 'pari' across various occupational categories shows that for the majority of Owner (100%) their 'pari' comes on a regular basis (Figure 4.6). But in managerial category only 75% respondent 'pari' comes,and around 8% of respondents had sold their 'pari'. Thus in the total category of manger around 24% don't have 'pari' ,so they work under owner as manager. In occupational categories respondents of workers 72% and others 62% had their 'pari' coming regularly (Appendix V). It is observed that among others category, maximum 23% had sold their pari, thus total 34% belonging to another category of respondent don't have pari due to which they



work as factors or engaged in other work. In workers 14% had sold their ‘pari’, thus total 26 % among workers don’t have ‘pari’ due to which they have to work under others.

Dom can have ‘Pari’ both in Varanasi city and outskirts areas which areaffected by their situations. ‘Pari’ can be given by ancestors or purchased or sold within Doms during thecrisis. It depends on their economic situation on how many ‘pari’ they can hold on. As (figure 4.6) above show that out of 100 households only seventy-four respondents have their ‘pari’, rest fourteen had sold in present time due to crisis and twelve don’t have any ‘pari’ which might be solved by their ancestors in past time. Out of seventy-four respondents, fifty-one had their pari in the city area,andtwenty-three have in outskirt areas.Table 4.6 shows frequencies of ‘pari’ across various occupational groups in Varanasi city. The frequency of ‘pari’ comes more often for managers and owner which is in a period of one to three months. In these months only 3.4% of workers pari comes. As we move further across time period, ‘pari’ of workers come more often.

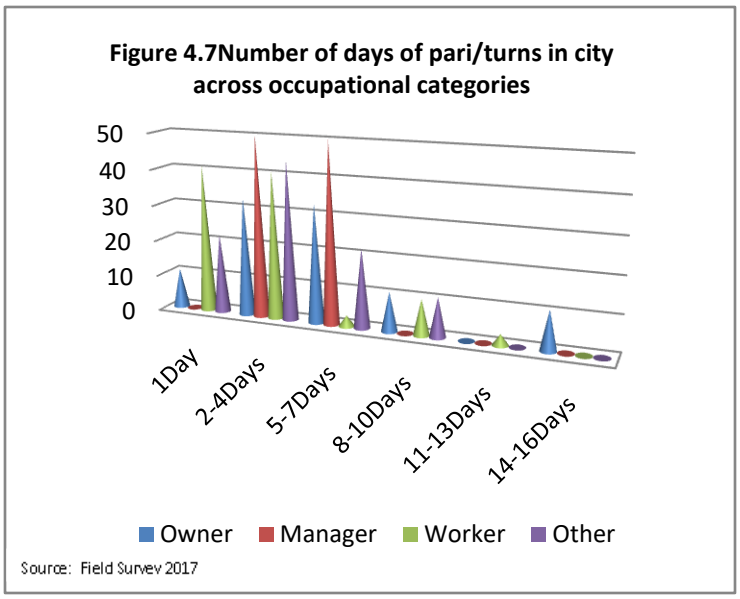
Table 4.6 Frequency of ‘Pari’ in city Area Aacross Occupational Categories

Occupational categories	1-3Months	4-6Months	7-9Months	10-12Months	13-36Months	37-72Months	Total Number
Owner	33.3% (3)	33.3% (3)	33.3% (3)	0	0	0	9
Manager	50% (2)	25% (1)	25% (1)	0	0	0	4
Worker	3.4% (1)	28% (8)	10.3% (3)	37.9% (11)	10.3% (3)	10.3% (3)	29
Others	11.1% (1)	44.4% (4)	11.1% (1)	11.1% (1)	22.2% (2)	0	9
Total	14% (7)	31% (16)	15% (8)	24% (12)	10% (5)	6% (3)	51

*Parenthesis numbers are presented in bracket.Source Field Survey 2017

As numbers of years increase,frequency of pari for owner and manager decreases. Only workers and other occupational categories have pari in a period of two years. It is only workers whose pari comes once in five to six years as table. Number of days for which pari comes also become critical here (see figure 4.7). As workers ‘pari’ which rarely come in years last only for one to four days. Owner and managers have more days of pari

which keep on coming in a period of one to three months. As figure (4.7) show numbers of days of pari for managers is till seven days and for the owner it last even for fourteen to sixteen days. Due to which owner and managers are in better economic situations as their number and frequency of pari is more and quite often. Moreover, it comes in Varanasi city area that is Manikarnika and Harischandra Ghat which have a good business in comparison to outskirts areas.



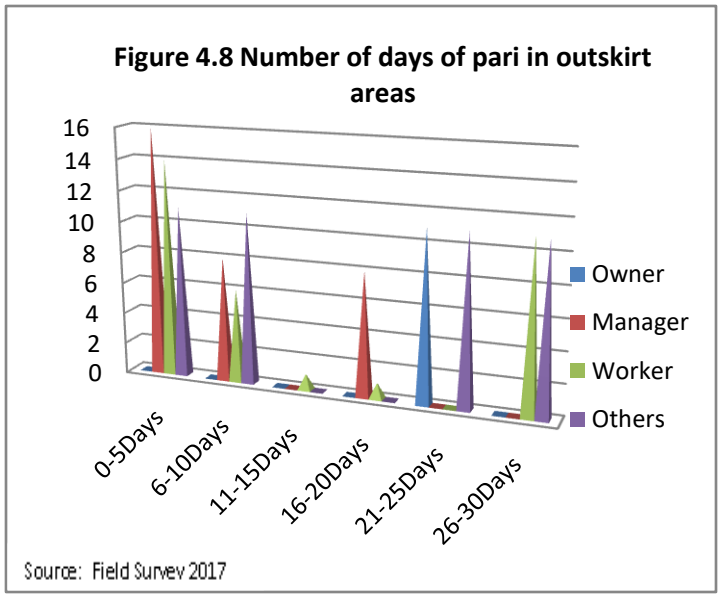
If we look at the frequency of pari which fall in outskirts areas, then both owner and managers again have pari within one year. But in comparison to city areas, here workers and others categories have more frequency of pari.Numbers of days of pari in outskirt areas show more percentage of other and workers where they purchased pari in outskirt area and made it their permanent. It is quite easy as number of bodies coming there is quite few and competition and price are also less. But here also managers have more representations in taking more numbers of days.

Table 4.7 Frequency of 'Pari' in Outskirt Areas

Occupational Categories	1-3Months	4-6Months	7-9Months	10-12Months	13-36Months	Total Number
Owner	100%(1)	0%	0%	0%	0%	1
Manager	60%(3)	0%	20%(1)	20%(1)	0%	5
Worker	62%(8)	15.3%(2)	0%	15.3%(2)	7.6%(1)	13
Others	100%(4)	0%	0%	0%	0%	4
Total	70%(16)	8.6%(2)	4.3%(1)	13%(3)	4.3%(1)	23

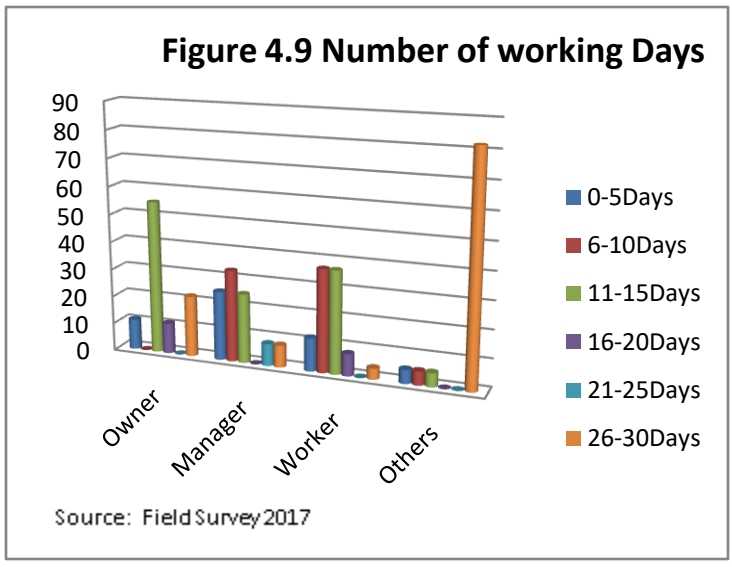
*Parenthesis numbers are presented in brackets. Source: Field Survey 2017

Owners hold pari for twenty-one days. Pari system in both city areas and outskirt itself highlighted the difference if economic status within different occupational categories.



The owner and managers have more number of 'pari'and there frequency of 'pari' is quite often both in the city and the outskirts areas. As frequencies of 'pari' for workers come in years which also last for single day thus they have to indulge in laboring under other occupational categories. These lead to differences at economical level among these categories. Further, numbers of working days are also not fixed this add on to their miseries.

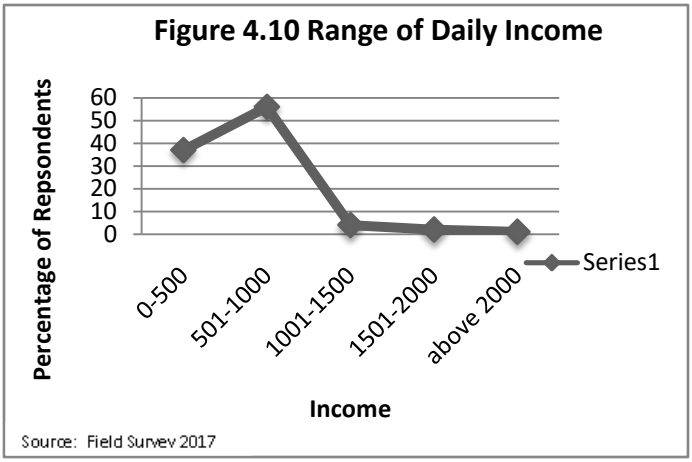
4.5.3 Working Days Across Occupational Categories in a month



As data presented above had dealt with frequency and number of days of 'pari' which varies across occupational groups, there is need too considered working days among Doms. It was observed that they are not getting work continuously for a whole month in cremation ghat. As workers and managers mostly work for the owner, so there working days mostly depend on numbers of days of 'pari' of their owner. As shown above in tables (4.6 and 4.7), that workers 'pari' comes hardly in years and for which number of days are also quite less. Thus working under owner

becomes mandatory for them in order to earn a livelihood. Majority of Doms works mostly in a range of six to fifteen days (Figure 4.9). As per occupational categories, owners have maximum working range from eleven to fifteen days followed by one to five days. In case of managerial group, maximum days of work are in therange of six to ten days followed by one to five and then eleven to fifteen. But in the worker that highest range is from six to fifteen days. This is followed by one to five days in which also they have to work continuously for three to four days for twenty-two hours. Only in the other occupational category figure show respondents have work days in a range of twenty-six to thirty days.

Thus as Doms doesn't have work for a continuous full month and there are no fixed days of work. It was observed in the field that sometimes some respondents do not have work for continuous one to two months as their owner 'pari' doesn't come. So in place of monthly income, the researcher had taken daily income into account.

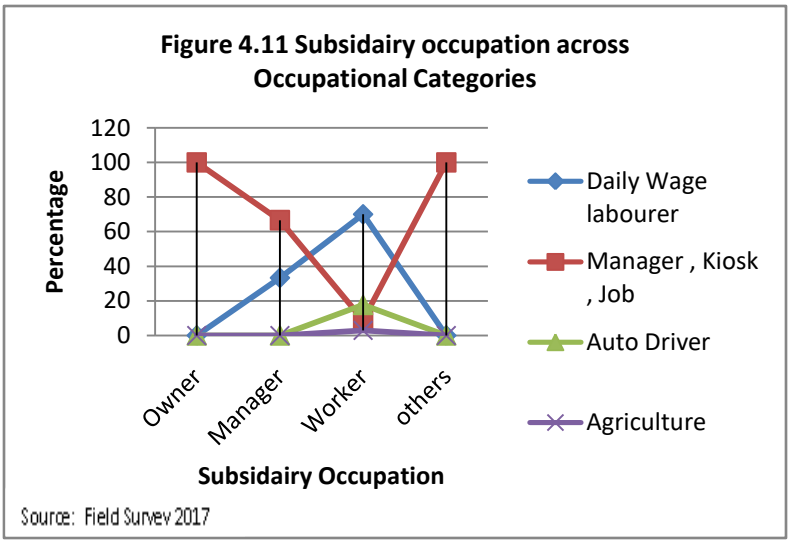


4.5.4 Incomes and Subsidiary Occupations of Respondents

Income of Doms depends on the working of cremation ghat that is primarily on the number of corpses coming to the ghat and secondly on the number of workers under their owner. As more number of workers can act as competitor to others. Figure 4.10 shows range of daily income across hundred Doms. It was found that majority 56% of them have an average income between five to one thousands followed by 37% having around five hundred only. Above two thousand is mentioned by only one respondent and six respondents are earning in between thousands to two thousands.Due to uncertain amount of income and unfixed days of work, Dom mostly looks for subsidiary occupation to earn livelihood.

In Aggarwal study (1985), among Ghatiya Dom was found that around 12% were engaged as unskilled labour and 6% as part time cleaning workers(Aggarwal1985:113-

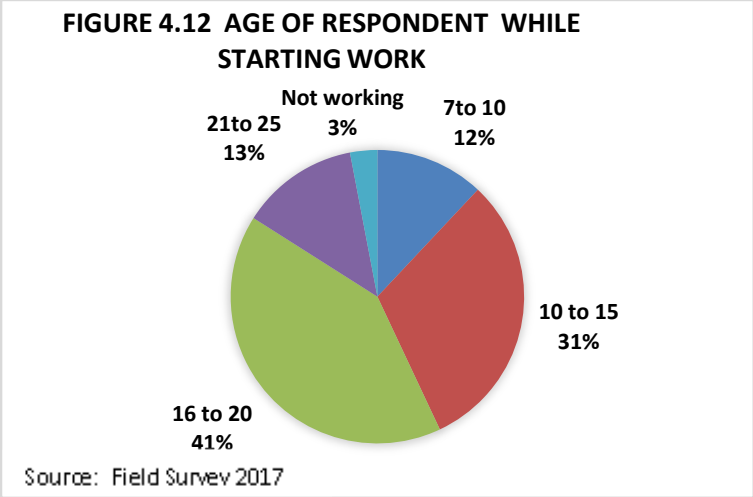
114).Majority of the Ghaitya Doms was engaged in their traditional occupation (1985:79). In present studydata shows that majorly workers (70%) percent work as daily wage laborers, 17% as auto driver and only 8% own kiosk(Figure 4.11).



Among owner category, all six respondents were limited to either owning kiosk or work as managers. Among manager 66%were havingkiosk, and some have job. And in 'others', all five respondents were working in other work or own kiosk.

4.6 EducationalStatus Among Dom's

Due to family responsibility and economic burden, in addition with accessibility of money at cremation ghat foster younger generation to engage in this work at quite early age. Due to which they are unable to continue their education and hence remain trapped here. Lack of education limits their upward social mobility. Aggarwal (1985) in her field study had provided reasons of low education among ghatiya Doms. Majorly poverty was reason followed by the view that most of the Scheduled caste appreciates if children start earning in early age. Thirdly child provides a helping hand in work,so they are left out of education (Aggarwal 1985:192).The conditions of Doms had not changed much even after more than thirty years.The figure 4.12showed the age of respondents



when they had started working at the cremation ghat. Majority of them 41% had started working in the age group of 16-20 followed by 31% who started working at the age group of 10-15 years. Around 12% of respondents had started working at quite early age between 7 to 10 years of age. This provides a glimpse towards working of Dom community at quite younger ages that hinder their education and also increase chances of child labour in this work. As one young respondent no.7 from working class (19 years old) states:

> *"Pehle mai paise ke laalach me padai nahin karta tha, lekin ab jab mai padhna chachta hu to ghar ki waja se nhi padh pa rha hu. Pitaji bimaar rehte hain aur ghar ki saari zimmedari mere upar hai*".(Earlier because of greed of earning money I used to skip studies but now when I want to study, I am unable to continue it due to my family conditions. As my Father is ill and I am having the responsibility to support the family).

As there is a dearth of literatures and data on Dom caste, so overall data on scheduled caste has been used to support the findings about low educational statusamong Dom.Census 2011 data on schedule caste shows in Uttar Pradesh, the literacy rate is 67.7% for other castes whereas only 60.9% for schedule castes. The difference is more prevalent in Varanasi district, which accounts for 75.6% for other caste and 68% for scheduled caste. Both Cremation ghat comes under Varanasi M. Corp area,it was noticed that there is 79.3% literacy rate among other caste and 68.5% among schedule caste.

Table 4.8 Highest Education Level among Schedule Caste

Education Level	Varanasi City(M.Corp)	Varanasi District	Uttar Pradesh
Illiterate	17.89%	18.10%	2.74%
Literate below Primary	13.72%	13.59%	12.99%
Primary	17.40%	17.37%	16.75%
Middle	15.80%	15.62%	14.81%
Secondary	13.38%	13.34%	11.90%
Higher secondary	10.15%	10.24%	9.48%
Graduation	10.14%	10.30%	10.21%
Others	1.43%	1.44%	1.12%

Source: Census 2011

Table 4.8 shows that in Varanasi M.corp, there is higher percentage of illiterate, which is followed by primary level then middle level. As we move towards higher education level, there is a decrease in frequency. These data of schedule caste support the findings from the field study.

Findings from the field show that the level of educational attainment is poor among Doms. Majority of them 29% are though literate but below primary level. Only 5 respondents had reached atthe college level. Table 4.9 shows that owner and managers are highest in term of illiterate, but these two categories are also highest in attaining higher education level as 11% belongs to owner and 8% from manager categories. Among Dom'sworkers highest representation is found in literate level 32% followed by primary level. As education level is increasing, Dom representation is decreasing. Among others also maximum representation is found in elementary level followed by literate. Though government schools are present in the locality but still many children from Dom mentioned that they want to study but are not able to take admission due to trying and difficult process of admission procedure.Due to which they prefer taking private tuitions and give exam from open school.

Table 4.9 Education Status of Respondents Across Occupational Categories

Occupational categories	Illiterate	Literate but below primary	Primary	Elementary	Secondary	Higher Secondary	Graduation	Post Graduation	Total Number
Owner	22.2% (2)	33.3% (3)	0%	22.2% (2)	0%	11.1% (1)	0%	11.1 % (1)	9
Manager	25% (3)	16.6% (2)	16.6% (2)	16.6% (2)	16.6% (2)	0%	8.3% (1)	0%	12
Worker	19.3% (12)	32.2% (20)	24.1% (15)	9.6%(6)	12.9% (8)	1.6% (1)	0%	0%	62
Others	11.7% (2)	23.5% (4)	11.7% (2)	23.5% (4)	5.8% (1)	5.8% (1)	17.6% (3)	0%	17
Total	19	29	19	14	11	3	4	1	100

Source: Field Survey 2017

Dom's upward social mobility is restricted due to lack of required educational qualification, which is also influenced by their low social, economic and cultural capital. In addition, the stigma due to untouchability is still prevalent there. Doms are forced to

hide their identity from their social circle to get a job. As one respondent no.9, who work on saree shop as sale assistant[21] states,

> "*Main din me saree ki gaddi pe kaam karta hu aur raat me ghat pe body jalaata hu taakimujhe koi pehchaannapaye*" (I used to work in morning there but in night I burn dead bodies so that people can't identify me).

Another respondent shared his anguish regarding the denial from the work of sale assistant, due to his caste. Most of the respondents show their desire to continue their education but either due to constraint situation of family or there greed for money, which they earn at cremation ghats creates hindrance in education. Reasons for low education mentioned were that they were earning money at a very young age by engaging in the ghat. As children can earn themselves in their early years, they don't have to ask or depend on their parents for money. At the same time this early engagement doesn't allow them to continue their education, or in other words, they get distracted from education and get trapped in this work. All these factors resulted in restricting their upward mobility as data show their living and economic conditions. Further discrimination and stigmatization are the important tools through which they are not allowed to move upward.

As here the detail of socio-economy demography has been providing, which provide an idea about their locality, their living standard, income, working days and factors hindering their upward mobility. So next chapter will now deal with thestructure and dynamics of cremations ghats. It will deal about cremation ghat, discrimination and exclusion of Doms at the larger context in addition to their perception regarding their caste-based occupation and their forceful inclusion in this occupation.

[21] Here by sale assistant, I mean people whose are paid for calling customer from street to purchase their materials.

CHAPTER 5 – UNFAVOURABLE EXCLUSION AND INCLUSION: DOM IN FUNERAL WORK

Caste is the primary unit of Hindu society. The membership of a particular caste is accountable for individual privileges and rights(Ambewadikar 2017:34). Graded inequality is the foundation of the caste system, as one's caste ranking is determined by the notion of superiority and inferiority towards the other(Ambedkar1987:116). Due to its graded nature, the entitlements to educational, economic and civil rights of different caste groups become narrower at each lower rung of the hierarchical ladder of the caste system (Thorat 2008:35). Bhalla et al. (1979) argue that exclusion due to caste is reflected in the inability of individuals from lower caste to interact freely and productively with other castes, which inhibits their full participation in the social, economic and political life of a community (cited in Thorat 2008:35).

Buvinic(2005) defines social exclusion as "the inability of an individual to participate in the basic political, economic, and social functioning of the society which leads to denial of equal access to opportunities imposed by certain groups of society upon others" (Thorat: 2008:2). Sen(2000) provides two major dimensions of social exclusion- unfavorable exclusion and unfavorable inclusion. In unfavorable exclusion members or groups are left out from the mainstream society, whereas in unfavorable inclusion they are being forcefully included into it(Thorat 2008:35). The forceful exclusion of one caste from rights and privileges of another caste implicate the fundamental characteristics denial of social and economic rights in the caste system (ibid).Social exclusion theory points out that the leading causes of marginalization are social hierarchical structure, persistent inequality; various form of discrimination; poverty and unemployment (Jahan 2016:184). As a result of which, minorities are deprived of basic amenities of life such as health, education, housing, food, employment and equity. Hence this paper attempts to understand the inter-linkage between discrimination and untouchability which leads to exclusion of Dom community.

Dom community is a marginalized section, which are present at the lowest rank in the Hindu social order. They primarily engage in the last rites of Hindu cultures by burning

the corpses. The notion of purity and pollution is the core of Hindu religious life, where hereditary occupations of the peoples are assigned by their birth, which determines their ascribed status in the society. The Brahmans and the Untouchables form the opposite and complementary poles of purity and pollution axis(Gokhale 1993:3). The polluting work of dealing with the corpses and participation in last rites gains its support from caste system and religious mythologies in Hindu society. Additionally, they are socially excluded and treated as untouchables through process of stigmatization. Goffman work defines stigma "as a process which leads certain individuals to be systematically excluded from particular sort of social interaction because they possess a particular characteristic or are a member of particular group" (Allman 2013:6). Moreover, the work of burning the corpses is not only a challenging task but it also includes several risk factors, which directly impact their health status.

The qualitative data for the study was collected through in-depth interviews of key informants besides which field observations, informal conversation with Dom members and other caste groups present at cremation ghat were are also used. For quantitative data, 100 household surveys using semi-structure questionnaire was used. The present chapter thus collaborate data using mixed approach to substantiate the findings. The key informants were Dom Raja, traditional birth attendants, NGO workers, researcher, and Medical officers.

5.1 Custodian of Salvation in Cremation Ground

The rituals of death varies among communities but a shared belief is hold according to which cremation should take place in open area, on a pyre of wood within 24 hours of death (Rambachan 2003:645). Hindu religion considers certain activities as permanently polluting due to notion of purity and pollution. The lowest caste are placed in extremely demeaning position due to the ubiquitous caste system. Laungani(1996) argues that "by virtue of their birth they are expected to undertake jobs seen as permanently polluting, such as dealing with the animal and human waste products" (Laungani 1996:193). Untouchables are restricted from entering into the home of upper caste as it could lead in defilement of their home. However, the rites related to the preparation of the corpse and the funeral is performed by the deceased family members, although in this act they

themselves enter into a state of pollution but it is believed to be a temporary. According to mythological scriptures, it is an act of piety as the performance of the rites and rituals are in accordance with the teaching of the scriptures(ibid). The unique position of Doms as the custodian of salvation in the most sacred city of Hindu raises fascinating questions about the role of the untouchables in the religious life of the upper caste Hindu (Kaushik 1979:3).

Doms traced their linage from mythical figure of 'Kalu Dom' who had kept Raja Harischandra as his servant. They are the main keeper of the sacred fire and last ritual through their hand is considered mandatory in order to attain salvation. As Kaushik (1976) puts it, "the sacred fire is seen to symbolize the fire of the ascetic Shiva. It is auspicious and kept alive perennially. It is believed that if it were not kept alight misfortune would strike the Doms"(Kaushik1976:269). Dom community celebrates the death of people, as one Dom respondent states

> "*Hum uparwaleseduaakarte hai ki jayadasejayada log mare takihumarachullajal sake*" (We pray that more people die because when people will die then only we can feed ourselves).

Doms earn their livelihood by performing three main inherent duties:

a) Preserving the sacred fire for which they charge tax,
b) Arranging the pyre and burning the corpses
c) Rights over objects, which accompanies the deceased (shrouds, clothes, jewellery, fruits, bamboo).

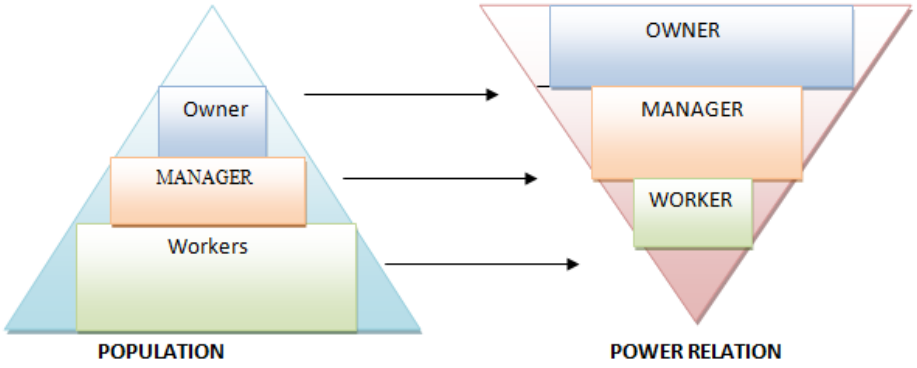
The earning at the ghats is divided among the Dom community through a system of 'shareholder ship'[22]. Those who have greater share have frequent number of *pari*[23] on thecremation ghats. There are two major *pari* holders among Doms, named as Kailash Choudary and Iswar Choudary from Dom Raja families. There are occupational categories within Dom caste, which have tremendous implication for a section at lowest rung. The broad occupational categories within the Dom Caste observed during the

[22]Term given by Kaushik (1976)
[23]Pari system is like Turn /Share system. The turns of person keep on changing.

fieldwork are - Owner, Manager and workers.Owners basically sit as '*madi*[24]' and give sacred fire. Second are managers, who used to sit at cremation ghats for owners and charge tax and look after their business and in evening give all money to owner by taking his 10% share from it. Third are the workers (servants) of the owners, who used to arrange pyre and burn the corpses. Aggarwal (1985) argues that at cremation ghat maximum benefit from charging tax goes to Dom Raja families whereas ordinary Ghatiya Doms earn minimum daily work and minimum monthly income. Because of which the condition of ordinary Ghaitya Doms is pitiful(1985:339).

There are power dynamics among the occupational categories which are represented as class hierarchy below (Figure 5.1). Numbers of the the owner are quite less,but they have maximum share of power, which gains its legitimacy through the social, economic and cultural capital. Though numbers of Dom's workers are more in comparison to the other two categories, but they are the most exploited and socially excluded among the Doms caste.

Figure 5. 1 Occupational Category among Dom Caste



Higher frequency and number of days for '*Pari'* comes more often for owners followed by managers. As it was noticed that '*Pari*' of owner used to come every month for at

[24] Madi is a structure with a roof and pillars, where sacred fire is kept and dealing of mourners and Dom took place.

least 10-15 days, but for workers it come in three years, for one and half days only. The frequency of *'Pari'* creates a major economic gap among these categories. As owner occupies authoritarian position, they enjoy their hegemony over other categories by having maximum share of resources. Managers are better off than workers because of their economic and social capital. Workers are poorer in socio-economic conditions as compared to other two categories and thus have to perform the difficult task of burning the pyre.

5.2 Cremation Ghats: Social Sphere

There are two cremation/burning ghat in Varanasi known as Harischandra Ghat and Manikarnika Ghat. Both the ghats are popular for specifics reasons, Harischandra Ghat is known due to Raja Harischandra who had work at cremation ghat under 'Kalu Dom'. Manikarnika Ghat is known for its formation due to austerities performed by Vishnu and boon provided by Shiva of salvation who dies in Kashi. The region of both cremation ghats is divided among Doms. Those who reside at Harischandra Ghat work mainly at that cremation ghat and those who reside at Meer Ghat work at Manikarnika Ghat. But these Doms of both ghats are in samelinage. Pari/turn comes at both ghats. Even Doms who comes from outskirt areas, there *pari* also comes here. In additions, Doms from outskirts area also come to work at these ghats and vice versa.

Early morning Doms owner or manager whose *pari* starts at 6;10 am, will perform puja of the sacred fire and lord Shiva in '*Madi*' and sit at '*Gaddi*'[25]. Doms workers who are coming from outskirt areas have to stay in "*Madi*' as long as his owner *pari*continues. *Madi* is present at nearest distance to cremation ground. There is no facility of food, drinking water and sanitation. Workers have to sleep on floor. There are no proper surrounding walls at '*madi'* which can protect them from cold, heat or rain. All the smoke and smell of cremation ground comes directly to *'madi'* as it is position is mostly near cremation ground.

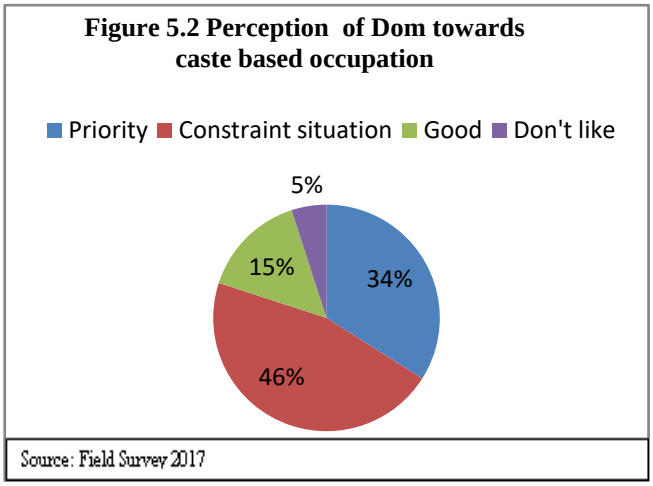
[25] Gaddi is used for position or seat of the person who is having pari on that particular day. He is incharge of cremation ghat and can refer to as 'Dom Raja'.

During the rainy season, as water level increase in Ganges and cremation grounds get submersed, so bodies are burnt at different spot. As in Harischandra Ghat bodies are burnt in the lane of Doms[26]. Respondent from Harischandra Ghat said

> "*Jab body barishmaigaalimaijalti hai to bhutpareshanihoti hai pooradhuwaandargharmaijata*" (In rainy season when body are burnt in the lane, its create problem as all the smoke enters into houses).

Whereas in Manikarnika Ghat, bodies are burnt on a rooftop know as 'Hatwadhoda[27]". Asnumber of bodies increases in monsoon season so bodies are burnt by placing one over another in the congested area. Workers face major challenge here as in congested area they have to burn maximum bodies due to which cases of accidents are more. As one respondent said:

> "*Hum ekkeuparekfekhdete hai, eksath 4- 4 body jaljata hai. Qki jaghanhi hai to hum haljaate hai kafaanuttanemai*".(we throw one body over another in the burning pyre. Around 4 bodies can burn like this. As space is less we often get burnt while picking up the shroud)



Some of the residences of Manikarnika Ghat had complained about regular smoke, ashes and smell coming from there. It was noticed in the field, Satuwa Baba Ashram had complained about practice to higher authority by insisting that their children are infected by skin diseases because of dead ashes presence in air. So in last field visit during in April 2018, it was observed that construction work was almost over on hatwdhoda, to increase its area and placing a funnel in which two pyre are

[26] See Social mapping shown in chapter 3 and section 8.6 for photos..
[27] ibid

connected together so that smoke will directly go in the sky which will reduce air pollution.

5.2.1Respondent's perception towards their caste-based occupation across occupational categories

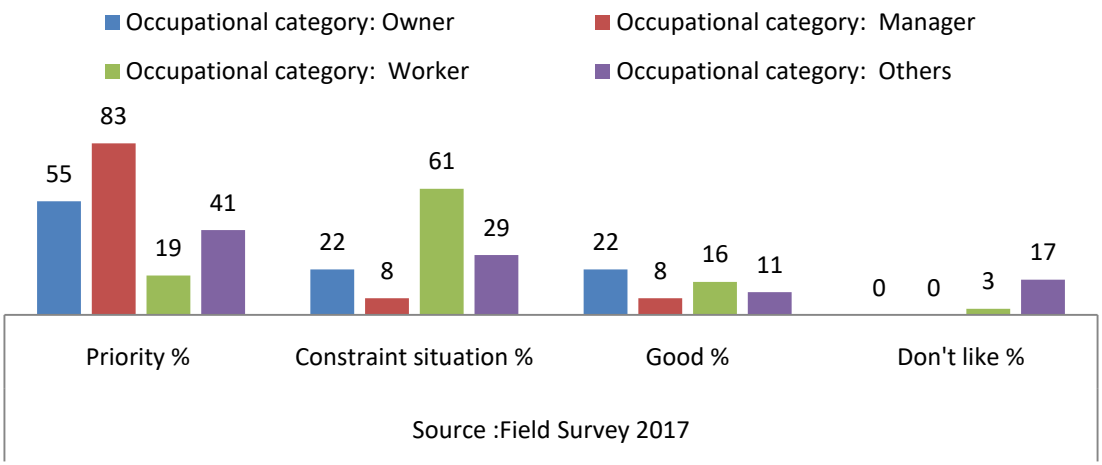
Regarding engagement of Doms in their caste-based occupation, out of 100 respondents it was found that family members of 92 respondents were still completely engaged in funeral work on regular basis, 8 families of respondents had completely given up the work as they dislike it. Majority of respondents (46%) are performing the work under constraint situation out of which majorly (38%) belong to workers (see fig 5.2). Besides, 34% of respondents had given priority to the work as they believe it as their hereditary responsibility to serve as a Dom. Further, 15% respondents stated that the occupation is good but they belonged mostly to the owner and managerial occupational categories. Respondents, who were around 5% of total population, had talked about disliking this occupation, had left this work.

Perceptions of Doms towards their caste-based occupation vary across occupational categories. As mentioned above, there are three main occupational categories: owner, manager and workers. In figure 5.3, 'others' refers to Dom respondents who are not directly dealing with corpses. They are factors[28] and shopkeeper who sell shrouds and funeral items. Out of 100 Dom respondents in the study, 62 respondents are workers, 12 are managers, and 9 are owners and 17 others. The figure provides the difference in perception across occupational categories (Figure 5.3).

The figure below shows four perceptions of Doms towards their caste-based occupation: priority, good, constraint situation and dislike. It was observed that respondents from manager and owner categories were holding mostly the priority perception towards their caste-based occupation. In contrast, workers were majorly found working at funeral ghats due to their constraint situations. Respondents who were holding dislike perception were majorly from others category who had left this work.

[28]Factors are commissioner merchants who work under Yadav. They are involved in dealing with customers and selling woods and other funeral items require for pyre.

Figure 5.3: Respondent perception on caste based occupation across occupational categories



One respondent from the owner class argues:

> *"Ye kaamhumebhagwaankedwaramila hai, hum nhikarege to konkrega?" (*This work is given to us by God, if we won't do it, who else will perform it"?).

This priority view according to which the funeral work of Doms is determined by God himself shows how the cultural violence[29] had legitimized the structural violence[30]. As caste-based occupation which revolvess around the notion of purity and pollution are using culture as a tool to legitimize this practice. Due to which what is wrong or injustice has become an acceptable fact among Doms, as they believes it is their destiny to deal with corpses and to be an untouchable.

As another respondent who had left this work and is pursuing his education with help of NGO states that: "

[29]Typology of violence's provide by John Galtung's (1990;291) .Cultural violence is understood as "those aspects of the culture, the symbolic sphere of our existence which are exemplified by religion and ideology, language and arts that can be used to legitimize direct and structural violence.

[30]Structural violence is silent and looks natural in comparison to direct violence which is visible and apparent and with an actor. But structural violence is more severe as it present without an apparent actor and is perpetuated in the hierarchal structure of the society.

"Aap andaza bhi nahin laga sakte hain ki hum kis kis haalat se guzre hain . Jab main 8 saal ka tha tabse abi tak humne kafan bina hai. Shamshaan me lagataar body jalti rehti thi, waha chalne ki jagah bhi nhi hoti hai jiski wajah se aksar lapat lag jati thi, kayi baar baal udd jate the. Hum bahut jale hain. Khane peene ka khayal nahin rehta tha. Jab bhi pyas lagti thi tab hum ghat pe pade hue korwa mai ganga se paani bhar kar peete the. Jab bhi hum jalte the ye sochte the ki na jaane humne konsa paap kiya hai ki bhagwaan ne hume es jaati me paida kiya ?"

(You can't imagine the situation we had gone through. When I was 8 years old, we used to collect shroud by going into congested areas where bodies were burning one after another. We were not aware of the time when we have to eat, when we became thirsty we used to pick up broken pot (which was broke as a part of death ritual) and drink water in it. When I used to get burnt by flame I used to think what was my sin because of which God had given me birth in this caste).

The existence of the inhuman practice of funeral work reflects the overt and covert legitimization of the practice. It is the testimony of the fact that a group of people are made to believe that this is their destiny (Shahid 2015:245). Thus an unfavorable inclusion of Doms is taking place in this caste -based occupation.

In contrast to this view, the other caste groups who are working at Cremation ghats have different view point. There is a prevalent notion that Doms are rich because they are earning good amount of money. They also charges high amount of tax for the sacred fire thus exploiting the mourner. When a poor family is not in condition to pay for the last rites of their deceased body, it is left un-burnt and thrown in Ganges. When the researcher went to Manikarnika Ghat for first time and asked,

" Kya aap please mujhe bata saktehain ki Doms kahanmilenge, Main jannachahti hu ki murdajalanewalo ko kisprakar ki pareshaniyonseguzarnapadta hai"

*(*Can you please tell me where I can find Doms, I want to know about the challenges and problems they encounter in funeral work).

They told that, "*Madam aapkyununn logon ke bare me jannachahtihain ,unhe koi pareshaninahinbalki vo dusron ko pareshaankartehain."(*Madam why do you want to study them, they don't face any problem in fact they trouble other people).

It implied that work of dealing with the dead is something which is for benefits of Doms at the expense of other castes group. It was the Doms who had created their monopoly at the cremation ghat and exploiting people. This is a stereotypical cultural construction which is used for unfavorable inclusion of Doms in the funeral work. According to one of the key informant from SRF NGO,

> *"Doms 2-4 din taklagataar 21 ghantetakkaamkartehain jab tak unke malik ki paarichaltirheti hai. Paari kebaad vo log aramkartehainaurunkidaaruaur chicken ki party chaltirehti hai. Jisme kamayehuyesaare paise dheeredheereuddjaatehain, uparseparivaar ka kharchahota hai. In logo kekaam me daaru, paan jaruri ho jata hai.In sab ki wajahse yo log jaha hai wahinrehjaatehain."*

(Doms workers had to work continuously for 21 hours regularly for 2-4 days during their owner (malik) turn of pari. After 'pari' is over, they enjoy and take rest by drinking alcohol. Slowly the earned money is finished due to enjoyment and other household expenditures. The excessive consumption of alcohol, betel, marijuana and tobacco are demand of their occupation. Due to which they remain at lower ladder).

They face severe accidents due to poor working conditions at cremation ground. Cases of loss of eyes, burn and injuries were frequently reported during the field study. Besides, morbidities like liver damage, throat cancer, and cataract are some diseases, were common, which can also be termed as their occupational diseases. Doms are prone to these diseases due to their poor lifestyles and working conditions. Data from the my finding suggests that due to excessive consumption of alcohol in last 5 years, 10 reported death had taken place among Doms from the age group of 26- 45 which is a matter of concern. This caste-based occupation made them experienced extreme hunger and misery, in addition to making them prone to various health issues which further add pressure on their family income. The worst part is that their upward mobility is restricted due to being untouchables.

Thus, it is the culture and community which legitimize the funeral work of Doms by both making the reality opaque and changing the moral color. Despite Doms facing certain health challenges, there is the cultural construction that Doms are taking easy money by exploiting others, and that there are multiple benefits of working as Doms, which make us blind to their actual pain and suffering

5.3 Cremation Ghats: The Economic Sphere

Lynch (1969) characteristic of market system become quite relevant here in order to understand the structure and dynamics of cremation ghat[31]. He had pointed that market acts as a leveler of traditional status and sentiments to the extent that those who interact within it do as a buyer and seller in a self-regulating market. It is centre of communication and socialization which emphasis caste differences that reflects during interactions among various castes (Lynch 1969:44). At cremation ground, younger generation are socialized and trained to perform the task of funeral work, which is ascribed in nature. The work of indulging with corpses is still embedded within Dom caste and it is not open to other caste. Through indirect means certain message are communicated to future generation from all caste groups interacting at cremation ground about maintaining the ongoing caste differences and to carry on their traditional status. At the cremation Ghats, interaction among different services caste took place. The power dynamics, due to one caste positions in the hierarchy, asserts a sense of superiority/ inferiority among services castes.

Dirk(2001) work further highlights that in India economic life has been regulated by caste system(Thorat 2007:4124). The economic organization is based on hierarchal division of social group, which are determined by birth itself that further assured the economic rights of its members(cited in Thorat 2007:4122). Thorat further adds that "the fixed economic rights which are defined by caste leads to "forced exclusion" of one caste from the economic rights of another caste"(ibid). Thus failures of accessing the entitlements to economic, cultural, civil and political rights are resultant of discrimination

[31] " Cremation Ghat" is used for whole Manikarnika and Harischandra Ghat: where interaction among all caste took place and which is understood here as cremation market whereas "Cremation ground" is used for actual spot of funeral ground where corpses are burnt.

and social exclusion on the basis of caste (Thorat 2005:3). Ambedkar provide the whole zest of economic exploitation on basis of caste system by stating that:

> "*Most people believe that untouchability is a religious system. That is true. But it is mistake to suppose that is the only religious system. It is also economic system, which is worst than slavery. In slavery the master at any rate had the responsibility to food, clothe and house the slave and keep him in a good condition lest the market value of the slave decrease. But in the system of untouchability the Hindu takes no responsibility of the maintenance of the untouchable. As an economic system it permits exploitation without obligation. Untouchability is not only a system of unmitigated economic exploitation, but it is also a system of uncontrolled economic exploitation*." [32]

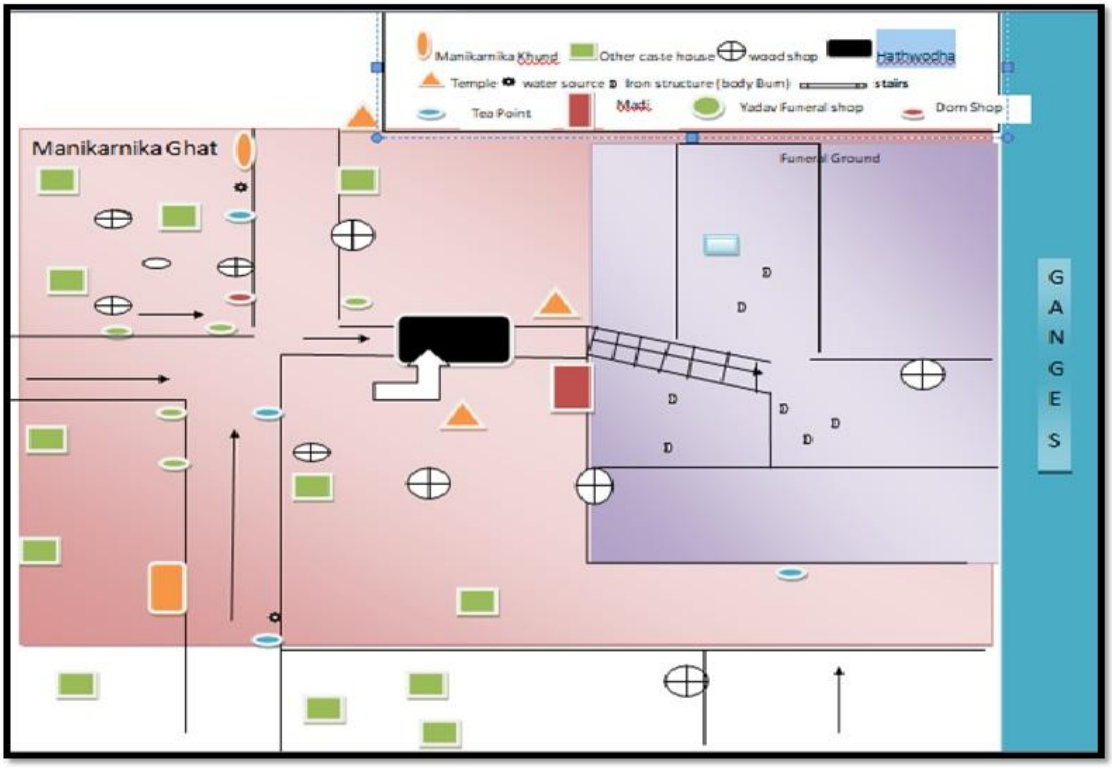
This section tries to capture the relation of exploiter and exploited due to untouchability and discrimination which are deployed as a tool to foster exclusion of Doms. As Doms rank below Yadavs in the caste hierarchy, their social, economic and cultural capital are also low. At cremation ghat(cremation market) of Manikarnika, Yadavs caste isinvolved in business of selling wood require for pyre. In addition, they owned shop (Kisko) to sell material require for funeral such as shrouds, ghee, bamboo and all. They had maintained their monopoly at the ghat, which could be analyze from the fact that only Dom Raja have one shop to sell funeral items(Figure 5.4). In contrast at Harischandra Ghat, kiosks are set up by Dom community though on illegal area, to sell funeral materials. There are more than 25 Kiosk of Doms at Harischandra Ghat[33] through which they earn their livelihood.

The stark difference at both cremation ghats is the result of lack of unity among Doms in Manikarnika Ghat due to which Yadavs have fixed their monopoly on the cremation business. Parry (1994) pointed that death is a big business in Varanasi and monopoly of Dom over this work is neither uncontested nor complete as Brahman specialist who presides over the rituals regarding death demand tax in the name of Dom from pilgrims who come from outside(1984:91).

[32]Souvenir (2011). Dr. B.R. Ambedkar: His Contributions, Centre for Ambedkar Studies, DR. Ambedkar People's Educational Trust,p 35.

[33] Refer to social mapping of Harischandra Ghat in chapter 3.

Figure 5.4 Social Mapping of Manikarnika Ghat



Source: Field survey 2017

Moreover, in the outskirt areas at cremation ghat, Brahmins or Valmiki used to give sacred fire and charge tax which is against the hereditary right given to Dom community by which deceased is assumed to attain salvation[34]. But these other castes won't engage in polluting work of burning the corpses. Yadav's hold over the greater social, economic and cultural capital foster their control of the cremation ghat which facilitates the freeze out of a lower caste competitor by making salient the Doms untouchable status within the cremation ghat.

As one respondent, who started working as factors under Yadav in wood shop to deal and fix price with customers (mourner), states:

[34] Informed by Key respondent

"Jab hum customer sebaatkartehain to unkaaasaanisebewakufbanadetehain, ek din me 20,000 se 25,000 kama letehain. In sabmechoudharyparivaar ka paisa mar jata hai kyunkiunkobahutkam paisa milta hai, aursaramunafa Yadav ko jata hai. Dom ko bas 350 rupayagnikeaur 150 rupaymurdajalaikemiltehain. Unko nahinpata ki baakipaiso ka kya hota hai."

(During making the deal for pyre wood and funeral stuff, we make fool of customer and earn 20,000-25,000 in a day. In this way, loss of Choudhary (Dom) family took places as they are paid less in comparison to amount of profit made, which goes to Yadavs. Doms are given just 350 as fixed for sacred fire and 150 for burning the corpses. They are not aware what happen beyond that amount).

Thus maximum profit is earned by Yadavs but Doms are been targeted for exploiting mourners by charging high prices. Another incident cited by Kaushik provides a glimpse of the caste politics played by Yadavs in past. In 1979, Yadav wants to sell the 'Sanai' (dry reeds), on which fire is given by Dom to mourner to increase their business. Fight broke up among Dom servants and Yadavs. The Dom Raja, Kailash Choudary protested again it by stopping his workers to give fire to any mourner because of which higher government authority came to resolve the issue as it had created a confusing situation at Manikarnika Ghat. As a result of which the right to sell the 'sanai'(Dry reed) remains to Doms(Kaushik 1979:39).

This incidence shows how Yadavas are trying to create their monopoly by spreading their business at the cremation ghat. In past when Kailash Choudhary was alive, the owner (Dom Raja) was in support of his community and stand for his servants. But now no owner engages in problem of servants in order to avoid negative effect on their business. As one of Dom respondent (Work as factor) states that

"Jab kailashjizinda the to kisi ki himmatnahinhotithimadikeneechejakarbaatkarne ki, jiskograhakpakadnehainwouparkro ya apnidukaan pe karo. Lekin ab Yadav pe koi rok nahin hai aur jin logo ke pas paisa hai khadenahinhonachahtehain".

(When Kailash was alive, nobody dare to deal with customer below the sacred fire place at cremation ground, who want to deal they have to do at their shops, but now days no such restrictions are there on Yadav . Among Dom who has money they don't stand up for these issues).

Because of which Dom workers often complain about direct violence in the form of physical abusive languages to address them by other caste group at Manikarnika Ghat. Most of the funeral workers work on a hand to mouth basis and says, that

"*Hume tohrojkuwakhodna hai aur tab paanipeena hai*"(we have to daily dig the well and then drink the water). These words reflect their poor conditions in which they have to work on daily basis to satisfy their hunger. Due to which they are not able to stand up against their ongoing exploitation. But some of them who are in better conditions leave this work and starts working as Commissioner Merchant (Factor) for Yadavs. One of Dom respondent who left this work narrates that

> "*Hum insaannahin hai kya? Apni marzise khana bhinahinkhaskte hai? Aeyiidharaaoudharjao! Ab humne ye kaamchhoddiya hai, hum khud kemaalikhain"*

(Are we not human being? Can't we have food according to our will? Hae you, Come here, go there. Now I had left the job. I am my own owner).

Thus Yadav from past are trying to encroach into the business of Doms by exploiting them and lack of unity among Doms is their strongest weapon.

As another Factor states that

> "*Agar humaribiradarise koi mar rahahota hai to chaar log khade ho kar dekhenge, koi madad nahin karega. Lekin agar body walo ke sath ladai hoti hai to ghat pe sab ek sath aa jaate hain. Lekin jab Dom ki ladai kisi dusari biraadari se hoti hai to koi nahinayega. Ek Bihari jo10 din se yahakaamkarrha ho, woaisa rob dikhayegajaise vo yahaka maalik ho, aur hum jo aha paida huye hain uski tarah baat nahin karsakte.Ye sab isliye hai kyonki hum logo me ekta nahin hai"*

(If someone from our caste is dying, four people will watch but they won't come to help, but if fight took place among mourners than all caste of cremation ghat will become one. If Dom had any fight with other caste no one will come. One Bihari laborer who started working here from past 10 days will behave as if he is at higher position than us but we who are born and brought up here can't behave in that manner. This all is because we are

lacking somewhere as community). This narrative explains the lack of unity among Doms due to which they are prone to exploitations.

These discrimination and exploitation makes them victims of social exclusion. The denial of equal opportunity and exclusion in economic sphere majorly operates through four ways: Firstly, the denial in markets of labour, capital, input, consumer and agricultural land leads to exclusion. Secondly, discrimination can occur through "unfavorable inclusion" by differential treatment in terms and condition of contract. Thirdly, one can be excluded and discriminated in accessing social needs and lastly, due to notion of purity and pollution attached with certain jobs, a group may face exclusion and discrimination (Throat 2005:4). The Dom workers who belong to the lowest rung of the society in term of both caste and class are exploited the most. At Manikarnika Ghat, they are referred as "Naukar"(servant). They just receive 150 rupees per body for burning the corpses along with which it is mandatory for them to arrange pyre, clean the cremation ground early morning, collect all the ashes to bank of river and wash them for search of gold which is then handed over to owner. Whereas at Harischandra Ghat, workers receive 650 rupees per body and use of term "Naukar" is not that common. Workers already have very less turn/pari in comparison to other two classes. They don't have any fixed days of work or fixed amount of money which they can earn, as it depends on number of dead bodies coming and number of workers available under their owner. At Manikarnika Ghat power politics is quite visible due to lack of unity among Doms due to which they become victims of harassment and social exclusion at the workplace. Workers who come from outskirt areas of Varanasi have to stay/ sleep at cremation ghat under a roof for the days and nights till his owner pari/turn continues without any basic facilities of food, water, and sanitation facilities. Dom worker can be found hiding in some corners to take rest by escaping the owner eyes, as they have to work 21-22 hours for 3-4 days continuously.

Earlier people used to drink water from hand-pump of Satuwa baba ashram but as the head of the ashram had changed and heldpersonal grievance against Dom cremation work, they had stopped providing it. So workers have to go upstairs to drink water or drink from the Ganges in case of emergency. At the tea shop in cremation ghat, which

serve as a focal point of interaction among various caste, Doms are not allowed to drink water directly from jug due to an untouchable status, so either another caste will pour the water for them,or they have to buy water bottles. Their entry is restricted at public places such as Hanuman Temple of Meer Ghat. Dom workers are paid extremely less for their work,and in addition, they face occupational hazards due to poor working conditions, which foster chances of accidents and burn injuries. The prevalent notion of untouchability facilitates physical segregation and exclusion of this community. Dom community became victims of social and economic boycott with direct and structural violence due to thepresence of societal mechanism, which regulates and enforce the customary norms and rules of the caste system. But still, workers from outskirt are also coming and working there in inhuman conditions. Even some workers who don't like this work come to work for a short duration of time due to constraint situations by putting their health and life at risk.

Concluding observation

In the funeral ground of Manikarnika Ghat, the hegemonic positions of the Yadav caste rest on a monopoly of economic power beside their superiority in the caste hierarchy. In opposition to Yadav caste/class stands the castes/ class of untouchable Dom. The position of untouchables and lower castes had hardly changed at all and the same structural relationship of domination and subordination continue to condition their lives. Ritually Doms are considered to be impure, economically too impecunious, and numerically too scattered to be able to advance themselves. Within the same Dom caste, another hierarchy on the basis of occupation is quite prevalent. As Kathleen Gough had shown the close connection between the low position in ritual hierarchy and lower socioeconomic position, to the extent that one can talk about structural coincidences of caste and class(Gokhale 1993:10). Ones positions in class ranking determine the power dynamics within the Doms, which stands inversely proportion to their respective number. Workers who belong to the lowest rung of the caste and class ladder experience the maximum extent of structural and direct violence, which gain its authority from cultural violence. They face double discrimination on basis of caste and their occupation within caste. Their unfavorable exclusion took place where they are excluded from

basicfacilities of services such as health and education, and they are unfavorably included in this occupation of funeral work due to their constraint situation and by using stereotypical cultural construction which provides overt and covert legitimization of this practice.

CHAPTER 6-OCCUPATIONAL HEALTH HAZARDS INVOLVED IN FUNERAL WORK

The earlier chapters had provided brief detail about sociological dimensions involved in caste-based occupation, the factors and explanations that fosters its continuity even in the 21st century. Next sections dealt with socio-economy demography of Doms which limit their upward mobility followed by a section on structure and dynamics of cremation ghats which mentions about discrimination and exclusion of Doms caste. After understanding social determinants which have implications for health, the present chapter elucidates about occupational hazards which are involved in funeral work at cremation ghats. The present chapter brief about the physical challenges faced by Doms in the cremation ground. It mostly deals with three hazards: Physical and Psychosocial hazards and Risk of infections involved in this work.

WHO/ILO insisted that "Occupational health should aim at the promotion and maintenance of the highest degree of physical, mental and social being of workers in all occupations, the prevention among workers of departure from health caused by their working condition, the protection of worker in this employment from risks resulting from factors adverse to health, the placing and maintenance of the worker in an occupational environment adapted to his physiological and psychological equipment and to summarize the adaptation of work to man and of each men to his job"(Park 2017:840).

It is fundamental rights of all workers to attain highest standard of health for which access to health services should be ensured for all workers(WHO Declaration 1994:2). Occupational injuries had emerged as a major public health issue among the workers. In India under organized sectors, one fourth of a millions of workers are injured whereas in unorganized sectors one thousands workers dies and thousands crippled due to occupational injuries (DHS Profile India 2017:45).Due to the necessity for survival and earning livelihood, a larger section of world populations spend much of their hour in work. Due to which they become victim of array of hazards owing to biological agents, chemicals, physical factors, adverse ergonomic conditions, allergens and many psychosocial factors.

The tenth revision of the International Classification of Diseases and Related Health Problem had classified around hundred occupational diseases, which includes, respiratory, musculoskeletal, cardiovascular, reproductive, neurotoxin, skin and psychological disorders, hearing loss and cancers (Barrientos et al. 2004:1653).Davidson had also pointed out that though the risk of exposure to infectious agents in the healthcare setting are well document butoccupational group of funeral service professional appears to under-represented in the literatures of infectious diseases(Davidson2006: 655).

6.1 Occupational Health Hazards

Occupational Hazard is defined here as **"**the potential risks to life or functioning of an individual that is inherently associated with his/her occupation or work environment" (Park 2017:840).Due to lack of sufficient literature as well data on funeral workers in India, researcher had tried to understand occupational hazards involved in funeral work by capturing occupational hazards involved in others occupations, which have some similar characteristic of funeral workers. For instance, in the embalming process, funeral workers are prone to infection due to the handling of cadaver.

Occupational hazards involved in funeral work can be divided into three subparts:

- Infectious risk involves in handling the corpses.
- Psychosocial hazard
- Physical hazards which includethe risk of injuries, accidents and death

6.1.1 Infection Risk in Handling Corpses

Though there are no evidences that corpses poses a risk of epidemic disease after a natural disaster. But exceptions are there, if deaths had occurred from highly infectious diseases. People who handle dead bodies on routine basis (rescue workers, mortuary workers) risks themselves of contracting tuberculosis, blood-borne virus (hepatitis B and C and HIV) and gastrointestinal (cholera, E. coli, typhoid/paratyphoid fever)(WHO 2005:1).

Broadly there are four major sources of infection which must be taken into consideration during handling the corpses:

a) Blood and other body fluids

b) Waste products such as faeces and urine

c) Aerosols of infectious material such as might be released when opening the body and

d) Skin, direct contact.

Thereby transmission of infection can occur through breathing in small infectious droplets from the air, putting contaminated hands and fingers into nose, eyes or mouth, splashes of body fluids into mucus membranes and eyes, broken skin if coming into direct contact with microorganism and a skin penetrating injury via contaminated needles or other sharp objects.Tuberculosis can be acquired, if the bacillus is aerosolized. Blood borne viruses can be transmitted through direct contact or mucous membrane. Gastrointestinal infections through feces leaked from dead bodies. The infectious agents responsible for these diseases last for varying periods of death (WHO 2016:1).

Thus safety guidelines suggest that precautions should be taken while coming in direct contact with human remains as well as with objects such as shrouds, coffins, soil that may have been contaminated with infectious micro-organism(Health and safety executive 2005:5-6)

Davidson et al. (2006) argue that the routine task carried out by funeral service professional (FSP) put them in a significant risk of exposure to several infectious agents such as bacteria, prions and viruses. Streptococcus aureus and Streptococcus pyogenes are two common bacterial pathogens, which may contract through mucocutaneous contamination. Infection can be transmitted through splashes of infected fluid to the mucus membrane, inhalation of aerosolized body fluids and direct inoculation (Davidson2006: 655).

As mentioned above FSPs can be exposed to gastrointestinal organisms due to direct contact with the leaking of faecal material during manipulating corpses which can lead to transmission via oral fecal route, airborne route or direct inoculation transmission of Mycobacterium tuberculosis and virus for the severe acute respiratory syndrome (SARS). In addition, FSP are also at risk of exposure to three most common blood-

bornepathogenic viruses, which includes hepatitis B Virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV)(ibid). On the other hand, the Cadaver policy document mentioned that “the risks of infection are not high (and no more than in life) and are usually prevented by the use of standard precautions appropriate protective clothing and the observance of COSHH regulations” (Cadaver Policy 2004:7).

Cadaver Policy had provided a classification of specific infections into four major groups which are Group A, B, C and D.

Group A (Very High Risk) includes Anthrax, Lassa, Ebola, Marburg, Yellow Fever, Plague, Rabies, SARS, Septicaemia and Smallpox. In prevention measures, it states that viewing and touching those bodies are prohibited,and embalming should not be done.

Group B (High Risk) includes Hepatitis B and C, HIV/AIDS, in this group it is advised that embalming should not be done.

Group C (Medium Risk) includes Cholera, Diphtheria, Dysentery, Typhoid, Relapsing Fever, Tuberculosis, Salmonellosis and Brucellosis and

Group D (Low Risk) as the presence of infectious agents is not suspected,but it is still important that precautions should be taken (Cadaver Policy 2004:20).

The Funeral service professional (FSP) of other countries are provided with safety equipment and preventive measures,for instance funeral workers should avoid direct contact with body fluid of corpses. They should observe strict personal hygiene and keep personal protective equipment such as gloves, water-repellent gown and surgical masks. Uses of goggles to shield eyes from splashes are advisable. The wound should be cover with waterproof bandages,and they should not eat, drink and touch their eyes, nose or mouth during handling corpses (Department of Health2014:13).

But in case of India, Dom funeral workers who are working in this caste-based occupation from centuries have just a piece of cloth and a bamboo stick in the name of protective equipments for protecting themselves from constant emerging smoke, scorching sun and accidents. The stick is required to change the position of corpses on the pyre and rearranging it body parts whenever it falls down to ground (see Image 6.1). Due to which they are often prone to accidents and injuries. They are often found chewing betel or tobacco in order to avoid foul smell from entering their mouth. Cases of burning face and eye burning due to splash of fluid from bodies are quite often. Due to the lack of information, they are performing all those activities which are prohibited for funeral workers in other countries health and safety guidelines.

Figure 6.1: Dom funeral workers burning corpses, Source: Field Survey 2017

Further, they are not informed if the deceased was suffering from any diseases. As one of Manager (respondent no. 2) states:

"*Hum log nahinpuchhtehain ki body ko koi bimaritha ya nahin, agar un logon ko matahoti hai kyunkiunkojalatenahinhain, parwakartehain*".(We don't ask whether the deceased was suffering from any diseases, but if they want to inform us they can tell like such as if deceased was having leprosy and chickenpox because those body are not burnt but immersed into the Ganges).

This above statement shows that they are unaware of the risk of exposure to infection. Another respondent no.10 (Dom worker) statement:

> *"Jab body ko palatatehain to uska pet fattjata hai, jisseuska pet ka garampaanihumaremuh par aatathaaur hum jaljate the, ab to humekaamkartekartedimag aa gaya hai ki kaisebachna hai usse*"

(During the burning of the body, when the corpse is turned, it stomach get burst and the hot fluids used to splash on my face. But now I had experience and know how to escape from it).

These instances show us that Dom workers are getting burn and often come in contact with the liquid fluid of deceased on a regular basis. Through which they are getting exposure to body fluids of the corpses which might be containing infected viruses or bacteria. Another common incidence is that while working on cremation ground, they often get pierced by nails which are present on the bamboo bier accompanied the corpses which again might be infected by thebroken skin of deceased by coming into direct contact with microorganism as mentioned above in health safety executive guide. Thus they are continuously at risk of contracting infectious diseases.

6.1.2Psychosocial Hazard

Psychosocial hazards could be understood as "those aspects of the design and management of work, and it social and organizational contexts that have the potential for causing psychological or physical harm" (Leka 2010:4). Risks involvein psychosocial hazards go hand in hand with the experience of work-related stress (ibid). There are ten factors to understand psychosocial hazard, which can have an impact on both physical and psychological health of the workers.These factors are Job content, workload and work pace, schedule of work, control over work, environment and equipment, organizational culture and function, the interpersonal relationship at work, role in the organization, career developments and homework interface.

Psychosocial hazards involved in the funeral industry show theprevalence of these factors. As the workload and its pace in cremation ghats depend on certain external factors such as number of dead bodies coming. Daily around 150 corpses come at Manikarnika Ghat. Thus if number of workers are less, then workload will be quite high. Schedule of work is quite hectic as cremation ghats run for twenty-fourhours. Thus they have to even engage in day and night shift continuous with taking rest just for 2, 3 hours for 3 days.

Table 6.1 Psychosocial Hazards

PSYCHOSOCIAL HAZARDS	
Job content	Lack of variety or short work cycles, fragmented or meaningless work, under use of skills, high uncertainty, continuous exposure to people through work
Workload & work pace	Work overload or under load, machine pacing, high levels of time pressure, continually subject to deadlines
Work schedule	Shift working, night shifts, inflexible work schedules, unpredictable hours, long or unsociable hours
Control	Low participation in decision making, lack of control over workload, pacing etc.
Environment & equipment	Inadequate equipment availability, suitability or maintenance; poor environmental conditions such as lack of space, poor lighting, excessive noise
Organisational culture & function	Poor communication, low levels of support for problem solving and persona development, lack of definition of, or agreement on, organisational objectives
Interpersonal relationships at work	Social or physical isolation, poor relationships with superiors, interpersonal conflict, lack of social support, bullying, harassment
Role in organisation	Role ambiguity, role conflict, and responsibility for people
Career development	Career stagnation and uncertainty, under promotion or over promotion, poo pay, job insecurity, low social value to work
Home-work interface	Conflicting demands of work and home, low support at home, dual career problems

Source: Leka, Griffith & Cox (2003) (cited in Leka 2010)

Secondary literature on work schedule relates to shift working and long working hours. It is found that extensive shift works, long hours of work, job tasks which interrupts sleep patterns are followed by stress, that result in fatigue. The increased stress risk is caused by difficulties in inverting biological circadian rhythms, reduced length and poor quality of daytime sleep, and conflicting work/home demands (Leka 2010: 38). The work environment is quite pitiable as there are poor working conditions due to lack of space, basic hygiene, no safety equipment. The conditions further become complicated, as the interpersonal relationship at cremation ghat is the result of different caste interaction. Thus all these factors have implication for the poor health of Doms.

Further in another literature exposure to psychosocial risks has been linked to a wide array of unhealthy behaviour, which includes physical inactivity, excessive drinking and smoking, poor diet and sleep. There are considerable evidence from another studies to

prove that detrimental health behaviourisresults of poor psychosocial working conditions with a possible direct or indirect impact on the development or exacerbation of physical and psychological health (e.g., depression)(Leka 2010:73). Thus Doms in Varanasi are also facing psychosocial hazards.

6.1.3 Physical Hazards Include Risk of Injuries and Death

In literature there are evidence that workers experience of stress and their physical and psychological health are affected by poor physical conditions. For example, Lu (2008) carried out a "study on occupational exposure (physical, chemical and ergonomic) and health problems among workers in export processing zones (n=500). The top five hazards were reported to be ergonomic hazards (72.2%), heat (66.6%), overwork (66.6%), poor ventilation (54.8%), and chemical exposure (50.8%). The most common illnesses reported were gastrointestinal problems (57.4%), backache (56%), headache (53.2%), and fatigue/weakness (53.2%). An association between work-related factors, occupational illnesses, and psychosocial problems was also found" (Leka 2010; 47).

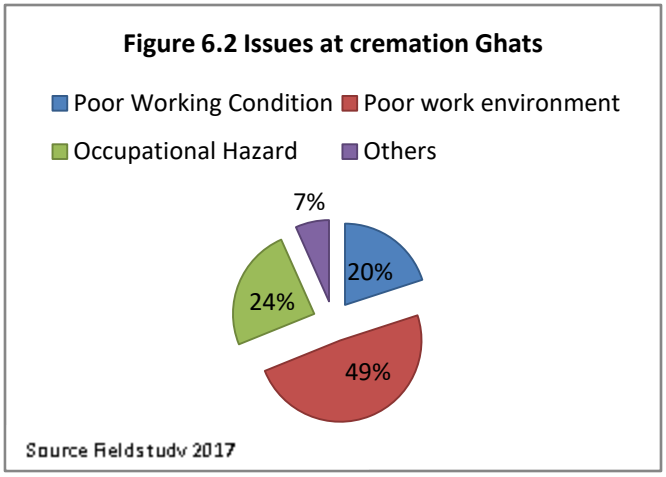
During the field study, out of 100 respondents, around fifty percent hadn't mentioned about any issues. The reasons could be, either they had become habitual to their daily issues or they don't want to share their life with outsiders. Such opinion was formed by them due to negative portrayal of their work conditions by some media persons. So they don't want to invite any unnecessary trouble to their occupation[35].

Occupational environment is defines as the "sum of external conditions and influences which prevails at the place of working population" (Park 2017: 840). It plays major role in determining the health hazards of the Dom funeral workers.

Rest fifty percentof respondents talk about issues faced by them at funeral ground. Out of them, 49% of respondents state about poor work environment which facilitates accidents due to poor infrastructure and lack of space at cremation ghats (Figure 6.2).

[35] Informed by respondent no. 15

Around 24% of respondents complain about occupational health hazardwhich includes accidents, cataract and eyes issues and 20% raise the issue of poor working conditions because of which they are working for 21 hours without rest in lack of drinking and sanitation facility at ghat.



The narratives of Dom's workers presented by another research conducted by Mishra 2017 on Doms in Varanasi explicitly reflect their condition which features poor work environment at cremation ground, as one of her respondent no. 2 states that

> "*Sometimes the flames of fire are so strong that it even burns our eyebrows and hairs. Many accidents happen due to dizziness we feel all the time. There is also lack of space in Manikarnika Ghat for burning the bodies so when large numbers of bodies are brought; we have to make the arrangements in such a way that all the bodies can be burnt at the same time. In that process many a times it happens that there is a very less space left for us to stand and rotate the woods. Any carelessness in that condition might cause loss of our life*" (Mishra 2017: 30).

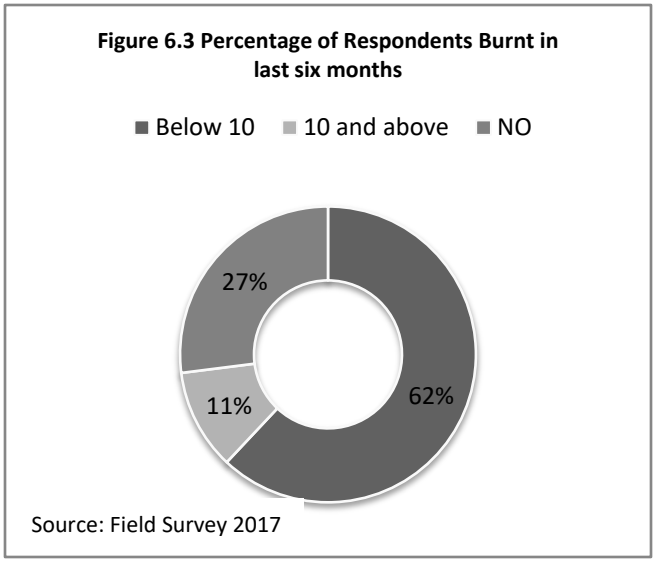
This shows how they are working in congested area which increases more chances of hazards. Further, only 7% talk about others issues which include taking loans for treatment, not aware of any government schemes due to working hours (figure 6.2).

Under occupational hazards comes the physical hazard, which contains hazards due to heat and cold. The direct effects of heat are burn, heat exhaustion, heat stroke. The work of Rao (1952,1953) and Mookerjee et al., (1953) indicates that a corrected effective temperature of 20 degree Celsius to 27 degree Celsius is the comfort zone of India and temperature above 27 degree Celsius causes discomfort(K.Park2017:841). But Dom workers work at quite a high temperature, which fosters higher chances of burns and accidents. Another instance of one worker from Mishra(2017) shared that,

"*Once I was trying to burn the body and the legs and hands stretched due to water in the body. Because of that the burning woods which were placed on the body fell on my leg which not only broke my ankle but also burned my leg severely*." (Mishra 2017:30)

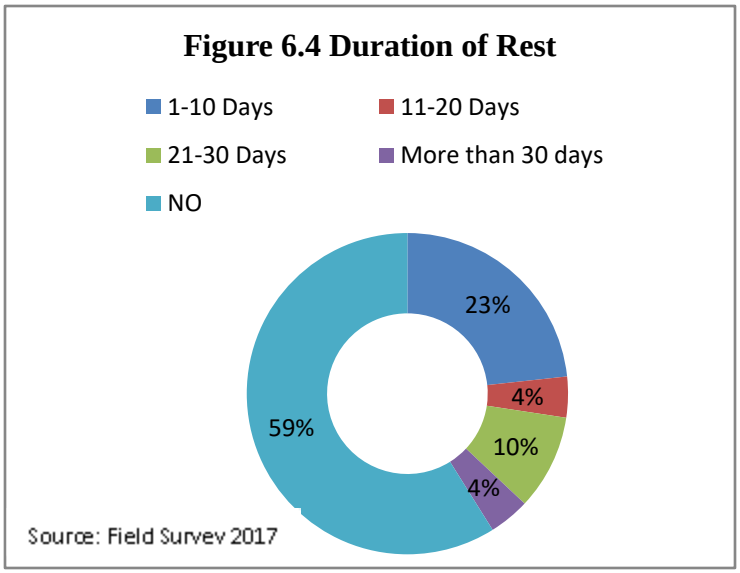
The same respondent also shared an incident which he saw happening to one of his friends. He narrated that

"*One of my friends was trying to rotate the body for burning with the help of bamboo. I was also helping him in doing so. Suddenly, something burst in the body with a little noise. With that, some burnt flesh from the body drifted away and got stuck on one of the eyes of my friend. For a moment, I could not understand what happened*" (ibid).



Researcher had tried to capture number of time respondents with burnt cases in the last six months. The frequency of burns shows that 62% of respondent were burnt around 10 times and 11% of themwere burnt above 10 times. And 7% of respondents were not burnt (see Fig 6.3).

To look at the severity of burns, duration of rest time-period of those respondents who were burnt was taken into consideration (see Fig 6.4). Most of the respondents 59% hadn't taken any treatment. Around 23% of respondents had taken rest from 1 to 10 days. Respondents who had taken rest from 11 to 30 days account for 14% of total respondents. Respondents who had taken rest for more than 1 month is around 4% which indicates towards the severity of burn involves in this work



Thus above figures point towards burn injuries which majority of Dom's faces. But the highest frequency of respondents who hadn't taken any treatment pointed towards their health-seekingbehaviour. Higher number of rest time periods indicates towards the criticality of their conditions. As respondent no. 12(worker) states that"*mai to kaamkartekartewahigirgayatha,Jab do din baadhoshaaya tab khud ko hospital maipaya or meri chatti or hath jalgae the*".(I became unconscious while burning the corpses and fall down on the cremation ground. I regained my consciousness after 2days and found myself in the hospital with burn injuries on my chest and hands).

Whereas another respondent no.15 (worker) who was burnt due to hot ashes which are spread all over the funeral ground states

> *"apkodekhkarlagega ki basraak he hai, jo uparse to thandihogilekinek bar uskeuparchale or paerandargaya or ap jaljaate hai.Kyuki neecehpooragaramrehta hai. Mera ek bar ghutne ta k paerjalgayatha or mia 6 mahineykaam pe wapasnhi aa saka."*

*(*There are ashes all over, you might think it's cold from upper surface and will walk over it, then your feet get inseredt into it and you are burnt. I was burntill my knees and couldn't come back to work for 6 months).

Thus these incidences show that firstly the space of cremation ground is quite congested which fosters more accidents and secondly that many time workers get burn severely and in some cases, they had lost their body parts. As narratives given below by respondent no.17 (worker) while sharing his experience about majorchallenges, they faced at the funeral ground show. He states that-

"*Mera bhai body jalarhathatabhitez ki hawaaai or body ka kaffanuddkaruskiaankh pe chipakgaya. Kuch der to hum sabkokuchsamajh he nhi ki kya hua, Uski aankhchaligai."(*My brother was burning the body, suddenly the wind blew and the shroud which was burning flew and stuck to my brother eyes. For some time we were shocked what to do. He lost his eye in that incident).

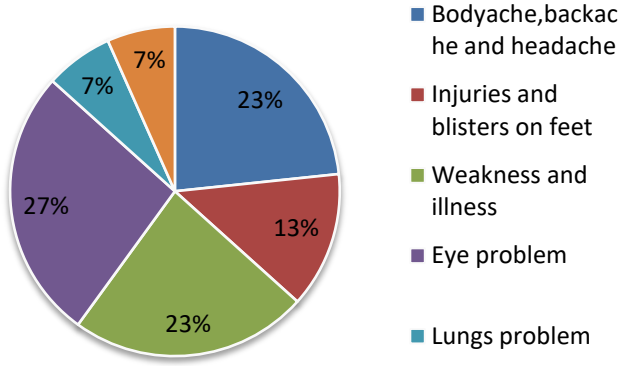
Thus occupational hazards are quite prevalent at funeral ground, which varies from minor to major accidents. As Dom respondent no. 20(worker) said: "*ye humari kismet hai, humeapnebacho ka paetbharnahia, Agar hum nhikrege to paise kahaseaaege*" (it's our destiny. We have to feed our children, if won't work here how they will earn).

6.2 Occupational Health Hazards

There are other certain health issues, which they face due to continuous hard work which includes injuries and blisters on feet, weakness and illness, eye and lung problem due to smoke, body ache, backache and headache. Figure 6.5 shows that around 23% of respondents had talked about experiencing weakness and illness due to thecontinuous workload that too in the scorching sun and unbearable heat from the pyres. Around 23% talk about body ache, headache and back pain due to work pace and less amount of leisure time to rest or eat properly. As they keep on bending and lift heavy wood, they often get backbone damage. Due to heat and temperature, they get fever and headache. Beside them, 13% had talked about poor working conditions due to which workers get injured by nails and broken bottles lying on cremation ground beside burning from the pyre. Few of them complain about lung (breathing issue) because of smoke, as they are now habitual to it. Majority of respondents 27% complains about eyes issues due to constant smoke from thepyre. One respondent no. 24(worker) states that-*"Dhuwa seaankhmirchi ki trhajalta hai, maiapniaankhebaandnhikarpata hu or na he so patakyukibhutjalata hai*"(Due to the smoke, the eyes burns like somebody had put chilies into my eye. I am not able to sleep or close my eyes because of burning sensation).So for which they used to put local kohl in their eyes or uses eye drop to get relief.

Other pertinent issues include problem due to smoke, temperature, eyes irritation, respiratory issues, body ache, headache, weakness, illness, injuries and blisters due to accidents at burning Ghats. As there are no fixed days of working, workers have to work for 3 days continuously with rest for hardly 2-3 hours due to which body aches, illness are common. In addition to burning bodies, the workers use to sift through ashes in search for small pieces of jewellery, which was accompanied by deceased. For this, the workers have to stand in the Ganges water for 5-6 hours. Standing in water during rainy and winter season becomes a challenging task. Further, they have the responsibility for cleaning the cremation ground for which no extra amount is paid. All these tasks foster health issues. One of the key informants[36] during her interview informed that one of her respondent hadnarrated the incidents of accident due to the bursting of the pacemaker which cost the eye of the worker.

Figure 6.5 Occupational Health Hazards



Source: Field Survey 2017

Besides these, falling down of burning wood and even half burnt leg of corpses from the pyre are quite common. In addition, bursting of the stomach of corpses and splashing of hot body fluid on workers, accidents due to Iron rod structures, which were constructed in last few years at Ghats to burn corpses are also the main reason of accidents. In the name of safety measure, workers just have one piece of cloth, which they use to prevent themselves from fire, heat and one bamboo stick to arrange and burn the bodies.

Continuous smoke from pyre is another issue. During the rainy season, as the funeral ground gets flooded with water, bodies are burnt in the street of Dom community at Harischandra Ghat. At Manikarnika Ghat, bodies are burnt on the small roof. During monsoon season, more number of deaths take place so inthe scarcity of space, piles of

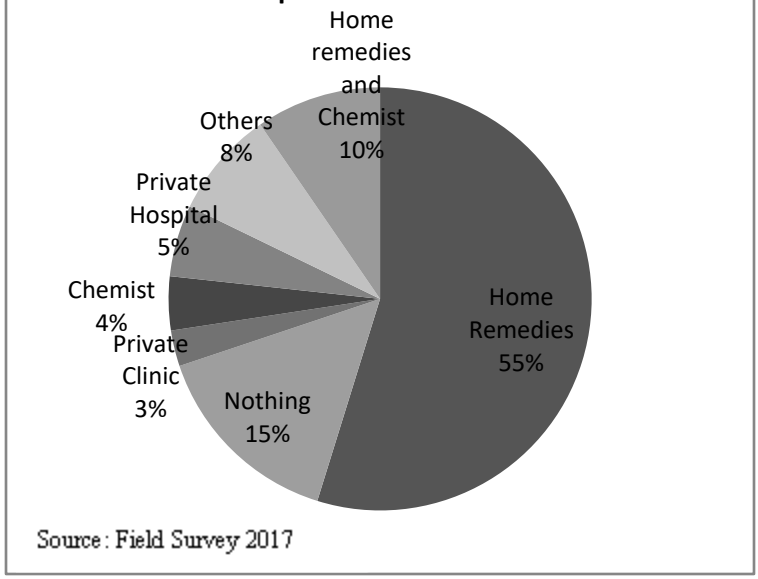
[36] Key informant no 11.

bodies are arranged on the single pyre. It becomes more challenging for workers as in congested space they have to enter the area surrounded by pyre and burn the bodies.

6.3 Treatment Seeking Behaviour for Occupational Hazards

When inquiry was made regarding treatment source for these above discussed physical hazards they encounter, it was observed that out of 73 respondents who had encountered physical hazards, 55% are take home remedies among which 34 respondents use earthworm oil on burnt skin as it is believed that earthworm oil don't leave burning marking on bodies. Three respondents shared that they used homemade kohl and mustard oil to lessen burning sensations in home remedies (Figure 6.7). Around 15% of the respondent said that they don't do anything for their burn injuries and leave it on time (figure 6.6).

Figure 6.6 Treatment Seeking Behaviour for Occupational Health Hazards

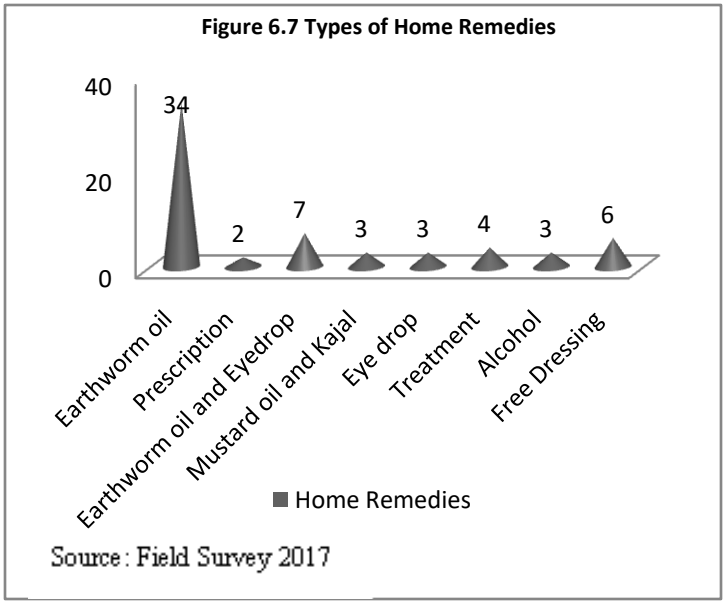


Source: Field Survey 2017

Around 12% of respondents shared that they were going to private practitioners for treatment, or painkillers and eye drops for eye sensations.Around 8% of respondents mentioned about others options for treatments which includes alcohol, black magic and free dressing (figure 6.6). Out of which around three respondents said that alcohol is enough to be fit again. Respondent no.21 (middle-aged worker) said:

"Humari dawai to daru hai, ekbaarandargaisaraibimaritheek ho jati hai"(Our medicine is alcohol, once it is inside us, all problem are solved). Around five respondents are going for free dressing provided by foreigners who do it as charity and one respondent no. 24(worker) went for black magic after troubled by eye pain. He states

"*Ek baar meri aankhebhutganditarhasejalrhithiduwhe ki wajase.Mai aankhebaand he nhikar pa rahatha. Mene kajal lagaya, eyedrop bhidala par kuchnhihua, phir meri ma mujhemusalmanauratke pas le gai. Usneekkatorimaipaanidala or uskochalaya or mujheuskodekhne ko bola, mailagataruskodekhrahatha, dheeredheerekatori ka paanibikulsafeed ho gayatha, meri aankhosepaninikalrahatha, phirmujhethodirahatmili. Ye kaamlagatar teen din takchalatha, usnebtaya ki mujhenajarlagi hai, phiruskebaadkabhidardnhi hua."*



*(*My eyes were completely burning horribly, I was not able to close them and it became unbearable. I put kohl and eye-drop in my eyes but not of any use. Then my mother took me to one Muslim Ojha, who put one bowl of water in front of me, and was using stick to rotate it. Slowly water in bowlturn into all white milk, as waters from my eyes was falling down continuously and i started getting relief. This practice continued for next 3 days and after which that pain never happen again. It was due to black magic).

The incidence shows that these people are facing more pain and after unable to get relief from self-treatment which includes kohl, eye drops they are moving towards black magic.

Around 10% of respondents were using both home remedies and chemist, which includes use of earthworm oil for burning and eye drop for eye issue (figure 6.6). From the above responses possible reasons which are identified for not taking proper treatment from health services and maximum utilization of home remedies/self treatment were: Firstly, they are habitual to this day to day problems so had became careless towards it, secondly, burn injuries were not severe and thirdly, they have financial crisis to afford any

treatment or time constraint due to hectic work schedules. As they get work only for halfmonth (see chapter 4) so they want to maximum earn money in which they can live for rest fifteen days comfortably.

Concluding observation

While talking about work and health of gravediggers, Pinheori et al. (2012) put a totally different perspective and argues that their work of dealing with death is quite invisible in the society and often termed as unhealthy and repulsive as death. This phenomenon was termed as "Pornography of Death" by Maranhao(1985)(cited in Pinheori 2012:5819) because as pornography was a forbidden subject in last decades but has become acceptable in the society whereas death which is a natural phenomenon has become nasty, with the administration of bodies being held by funeral services(ibid). In Indian context situation is worst, here not only this work is related as repulsive and unhealthy because of its relation with death but caste basic notion of purity and pollution also comes into play. As a result of which the existence of Dom funeral workers in 21st century is still relevant till cremation ghat only, where they are required to clear all debris and filth of the world by making themselves prone to certain infections, besides physical and psychosocial hazards. Many workers losses their eyes and burn to high severity by working in extremely poor working conditions without any supervisor who can provide guidance about preventative and safety measures. In addition, lack of any safety equipment and information results in more deteriorate conditions. Thus to conclude Dom funeral workers belongs to a deprived and marginalized section of Hindu society who are ignored on a daily basis not only by general people but also by higher authorities. This is highlighted by lack of literature and any data regarding their health status or occupational hazards on this community. As their work is not recognized with other works which are includedinto occupational hazards category, no data is available on their living, working conditions or socioeconomic status.

Next chapter will focus on health status and health-seekingbehaviour of Doms in detail. Researcher had tried to draw arelation between their socioeconomic conditions which are presented in earlier chapter and their health status.

CHAPTER 7- HEALTH STATUS AND HEALTH SEEKING BEHAVIOUR AMONG DOM

The current chapter tries to understand the social determinants of health. It analyzes factors such as social, economic status, income, caste and class implication on health status, the ways in which these social factors affect health and play a critical role in determining health-seekingbehaviours among Dom community. The current chapter present reported morbidity and mortality by Dom's respondents, factors affecting their health-seekingbehaviour and barriers in accessing health services.

7.1 Sociological Dimension in Health

India is home of many heterogeneous groups which have diverse roots of culture, religious practices, regions and languages variations. Certain communities are classified as minorities on the basis of caste, religion or ethnicity. These minorities become victims of marginalization. Here marginalization is understood as, "to be marginalized is to be placed in the margins and thus excluded from the privilege and power found at the centre" (Encyclopedia of Public health cited in Zulufur & Mohammad 2012:60**)**. According to social exclusion theory, the leading causes of marginalization are hierarchical social structure, persistent inequality, various forms of discrimination, poverty and unemployment (Jahan 2016:1). This marginalization leads to socio-economic inequalities among minorities. As a result, minorities are deprived of basic amenities of life such as health, education, housing, food, employment and equity in other spheres of life. In India, members of gender, caste, class, and ethnic identity experience structural discrimination that affects their health and access to health care. This chapter is an endeavour in understanding the linkage between caste minority and health status as caste as social determinants have severe impact on the health status of the Dom community.

Numerous literature points out to the fact that non-biomedical factors are responsible for the occurrence of diseases which was supported by Chadwick work (1842) on the sanitary condition of labouring populations. In additions, Mckeown's thesis(1976) emphasized on the role of non-biomedical determinant in decline of mortality rate in

England and Wales. This reinforced these linkages, which led to further examination of the linkage between environment, socio-economic changes and disease trends (Nayar 2007:356).

Health of Doms needs to be understood in relation to the social, cultural, economic and physical environment.Due to the dearth of literature on the health of Doms, researcher had examined data from the secondary literature on schedule castes.Data of National family Household Survey (NFHS) II on the prevalence of anaemia, infant mortality, treatment for diarrhoea, utilization of maternal health care and childhood vaccination, show differentials health among different caste groups. It highlights a social gap in term of health status and health services among the marginalized sections such as scheduled caste, scheduled tribes and other backwards caste (Nayar2007: 359).

In terms of health outcomes, a sharp socio-economic and regional divide is revealed in NFHS III also within lower castes. The poor and less developed states are bearing the burden of mortality as mentioned by Subramanian and Gwatkin (cited in Baru 2010:49). The risk of under-five mortality is higher in girls than boys among SCs, STs and OBCs as compared to others; and in rural areas of Uttar Pradesh which is one of the poorest states in India (ibid).

Data from NFHS VI, in the report of Uttar Pradesh for 2015-16 (Table 7.1) shows the reported health problems of diabetics, asthma, thyroid, heart attack, and cancer across all caste groups. The prevalence of reported diabetics, heart disease and cancer, are more in SCs males in comparison to others caste. Thus data from NFHS II, III and IV continuously show that marginalized section SC and ST are suffering social gap and as resultant have poor health conditions in comparisons to other castes.

Table 7.2 show data on chronic illness at the national level which then narrowed down to Varanasi three mainsub-districts: Ramnagar, Varanasi cantonment area (CB) and Varanasi Municipal Corporation (M.Corp).The Funeral grounds comes under Varanasi municipal Corporation where the occurrence of diseases such as cancer, tuberculosis, leprosy are more in comparison to other two sub-districts of Varanasi. This data provides

us an insight about the prevalence of disease among Dom community which is residing in Varanasi (M. Corp).

Table7.1 Number of women and men age 15-49 per 100,000 who reported they have diabetics, asthma, Goiter, Thyroid in Uttar Pradesh

	WOMEN					MEN					
Categories	Diabetics	Asthma	Goitre	Heart Diseases	Cancer	Diabetics	Asthma	Goitre	Heart Diseases	Cancer	Total No.
SC	740	990	857	1170	66	1070	1297	310	1041	222	3240 22,029
ST	510	827	487	1576	68	496	361	0	0	0	0 1157
OBC	964	1239	1044	1385	89	861	861	218	558	10	52940
OTHER	1360	1252	2235	1823	40	1605	820	453	437	88	21,353
Don't Know	1607	642	1196	380	0	*	*	*	*	*	182

Source: NFHS 4 2015-2016

Table 7.2 Prevalence of Chronic Illness Among Schedule Castes of Uttar Pradesh

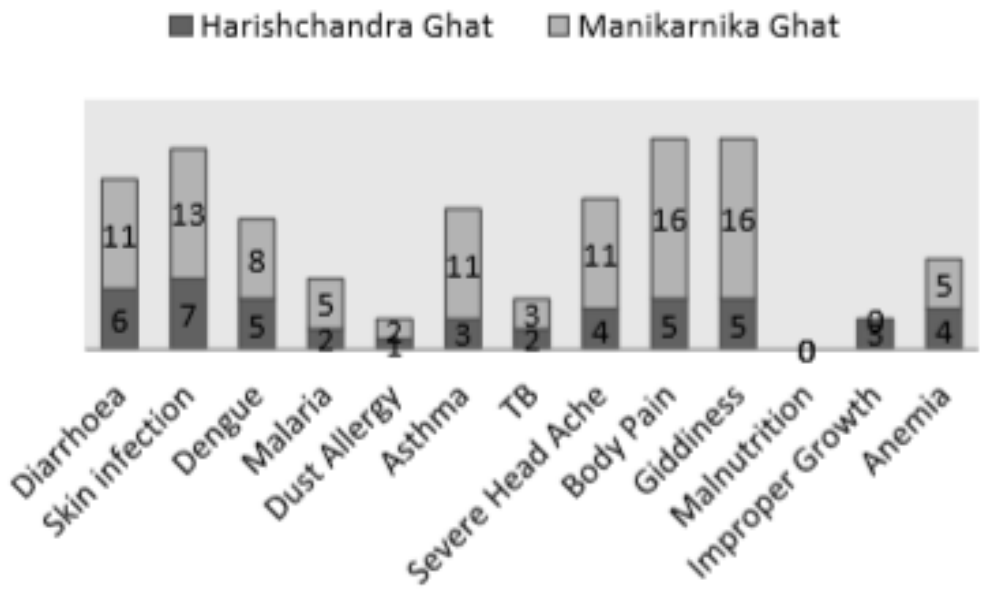
Area	Total Population	Cancer		Tuberculosis		Leprosy		Other Illness		No Chronic Illness	
		Number	%	Number	%	Number	%	Number	%	Number	%
India	299994863	129298	0.04%	107534	0.04%	81807	0.03%	1774504	0.59%	297751670	99.25%
State Total	37133043	20122	0.05%	16634	0.04%	10952	0.03%	130117	0.35%	36944941	99.49%
District Total	1184669	283	0.02%	736	0.06%	598	0.05%	4583	0.39%	1178469	99.48%
Ramnagar(NPP)	46341	6	0.01%	18	0.04%	11	0.02%	120	0.26%	46186	99.67%
Varanasi (CB)	11973	1	0.01%	1	0.01%	0	0.00%	16	0.13%	11955	99.85%
Varanasi (M Corp.)	1106430	267	0.02%	708	0.06%	581	0.05%	4353	0.39%	1100521	99.47%

Source: Schedule Caste Census 2011

7.2 Health Status among Doms

The study conducted by Mishra (2017) for which field study was conducted in 2016 with sample size of 30 respondents, shows that among Doms community, diarrhea, skin infection, asthma, anemia, dengue and malaria were reported (Mishra 2017:30-31). It can be seen (Table 7.3) that the frequency of prevalence of illness are more for Manikarnika Ghat. This data is helpful to substantiate my research findings that had been conducted one year later in same place.

Figure 7.1Physical Illness



Source: Mishra 2017:32

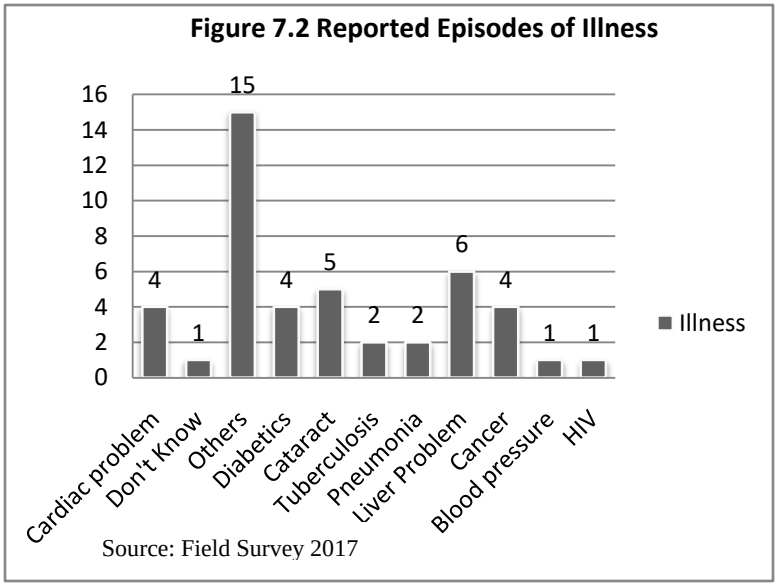
In the present study, two health indicators had been used in order to understand the health status of Dom community, which are reported morbidity (in last 6months) and reported mortality (in last 15 years) in order to get an idea about prevalence of diseases in Dom community[37].

7.2.1 Reported Morbidity

In the sample of 577 individuals, 45 reported themselves ill at least once in last six months.

[37] Researcher inquired into PHC near both cremation ghats but it was informed that as urban PHC are new in the area so no data is available. So reported data has been used.

Table 7.2 shows the frequency of reported illness in the sample which provides estimates of the prevalence of diseases among them. Around six respondents problems related to liver, five had cataract. Diseases related to heart, diabetes and cancer were reported by four respondents each. Tuberculosis and pneumonia cases were reported in two respondents each. And one respondent had HIV and blood pressure. The category "other" has broad variation in terms of the nature of illness reported which includes appendices, paralysis, polio, chickenpox, memory loss were some other problems. During analysis, it was found that males havemajor illness in comparison to females. And tuberculosis was one disease, which was found only among females of the Dom community. (AppendixTable 2).



Source: Field Survey 2017

The possible reasons for liver problems, cardiac problems and throat cancer can be linked to their excessive consumption of alcohol, betel, tobacco and excessive alcohol consumptions. These all are mainly due to demand of their occupation. In most countries, heart diseases are the leading cause of death and disability. Knutsson(1989) argues that the aetiology of coronary heart diseases may include smoking, high blood pressure, high cholesterol, serum triglycerides, atherosclerosis, diabetes mellitus, stressful life events, lack of social support, shift work and a sedentary lifestyle (cited in Leka 2010: 81). The nature of occupation is such that one cannot stand the hazards without getting intoxicated. Respondents inform that because of a foul smell coming continuously from the corpses, betel and tobacco help them to stop inhaling that smell. Secondly, as they have to work in fire, dehydration is quite often. So betel and tobacco maintain saliva in the mouth. Besides this cataract is an occupational disease of this work which is caused by continuous work in the smoke and high temperature. Thus implication of their caste-based occupation on health is clearly visible here. As due to demand of caste-

basedoccupation, they have to indulge in excessive consumptions as respondent no. 25(worker) said-

> "*Agar hum nashe me nahinrahenge to laashjala hi nahinsaktehain , itnabadabumarta hai vo. Agar muh me paan ya tamakunahinhoga to pet ka sab kuch bahar aa jayega"*

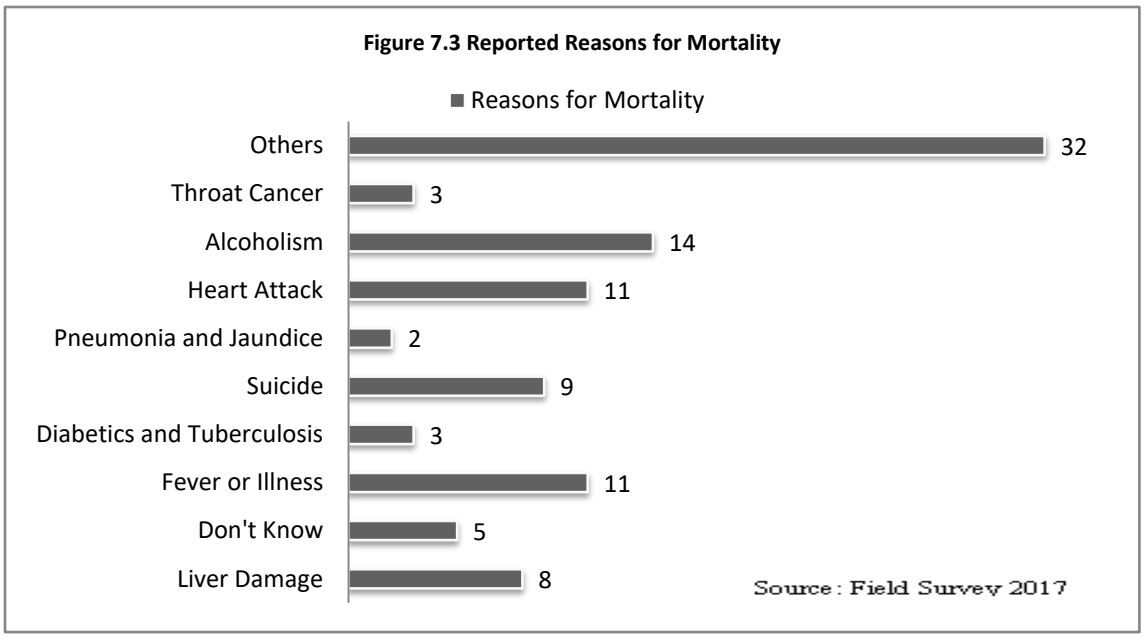
(If we won't be consuming these, we won't be able to burn the body, as it sink so badly. If we won't keep betel or tobacco in mouth then we will vomit).

Thus prevalence of diseases shows such as heart attack, throat cancer, liver damage and cataract have a direct relation with this occupation.

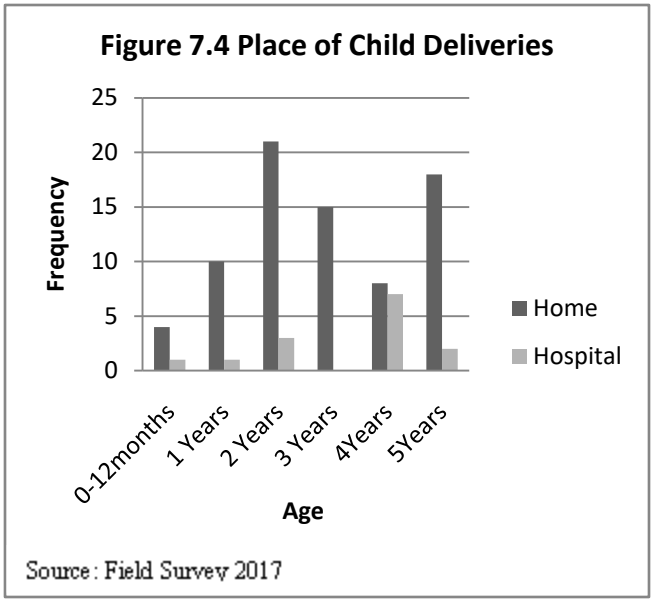
7.2.2 Reported Mortality

In reported mortality, 98 cases of deaths were reported in the last fifteen years (Figure 7.3). One of the dominant reasons for mortality includes fever and illness among eleven respondents, which were mostly among children below 5 years of age. The key informants inform that sanitation and hygiene condition are too poor in the community. Key informant (NGO, no.11) told that their tradition of child marriages was leading to unsafe delivery as females are not mature and they are unaware of child caring practices.

Figure 7.3 Reported Reasons for Mortality



In above figure 7.3, category 'others' account for major deaths which include morbidity due to the season, black magic, accidents, and death after/during delivery period among children and mother. Birthing at home is commonpractices among them (figure 7.4), which are the possible causes of infant and maternal mortality among Doms.



Survey from 100 households highlights that in the last five years, out of ninety (90) child births reported,76 deliveries had taken place at home. Here two traditional birth attendants (TBA), one from each ghat, conduct childbirth at home. Only fourteen deliveries took place in hospitals. Out of the two TBA, one was a trained nurse,and the other was untrained, it was observed that she was not following the basic protocols of child birthing (see 7.3.1). On the issue of child deliveries and infant mortality among the Dom community, one of the Key informants (NGO worker, no.11) states –

> *"Pichhle saalek 14 saal ki ladki ka baalvivahhuathaaur vo jaldi hi pregnant ho gayi . Delivery ke time par vo critical case ban gayatha, aur maa aurbachchedono ko bachanamushkil ho gayatha. Yeh logusko BHU le kargaye, wahanjakarpatachala ki pichhle 3 din sebachcha pet me hi mara hua hai. Maa ki puri body jhelrahatha".*

(One girl was married at the age of 14 last year as a result of which she got pregnant at an early age. During delivery, it becomes a critical case. It was difficult to save both mother and infant, she was taken to BHU, and it was found that child was dead in her uterus from the past three days)

Thus infant and maternal mortality rate are higher due to lack of awareness as many respondents who reported about infant death, mentioned death due to black magic, during

the delivery time athome,and some had mentioned seasons as a reason too. This shows that their cultural beliefs regarding child marriages and delivery at home are having negative influence on their health status. In addition to these, they are not economically well off, so they can afford better health service or proper caring of their infants as maximum reported reasons of death among age group of 1 to 12 months till 5 years are others which include black magic, seasons followed by fever illness, pneumonia and jaundice, and then reason not known. (Figure 7.6).

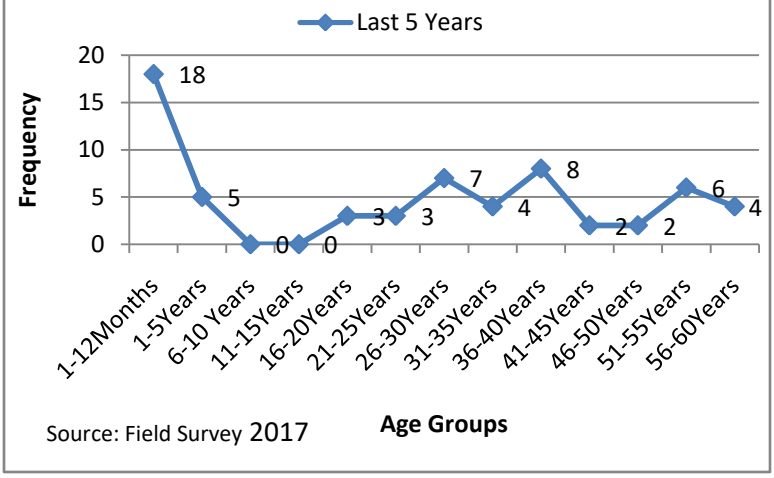
Besides these, eleven deaths were reported due to heart attack and fourteen due to excessive consumption of alcohol (Figure 7.3). In the last five years, ten deaths had taken place due to excessive consumption of alcohol in the age group of 26-45 year old. Nine cases of suicides were also reported which mostly were found in females. Here possible reason could be domestic violence. In addition three cases due to throat cancer, two due to pneumonia and jaundice and three for diabetics and tuberculosis were reported (Table 7.6).

Engels pointed out that diseases like typhus, fever in the working class are directly linked to bad states in dwelling in matters of ventilation, drainage and cleanliness. Further Dr Alison (1844)asserts that "privations and the insufficient satisfaction of vital needs prepare the frame for contagion and make the epidemic wide spared and terrible" (cited Engels 1969:13). Thus the prevalence of an infectious disease such as tuberculosis, diarrhoea, jaundice and fever among Doms are because of poor sanitation and hygienic condition among them. As around five to six members stay in a small-congested room with poor hygiene, so chances of spread of communicable disease are more there[38]. The Dom's living conditions are very pathetic. They cooked their food on half un-burnt woods which comes from cremation grounds; they wear clothes which came with dead bodies and uses shrouds to make their bedding because of poverty. These living conditions subsequently have an impact on their health and hygienic conditions. For instance,the high prevalence of loose motions among Dom children can be due to poor and pathetic living conditions. Thus their socioeconomic conditions which are influenced by their position in caste hierarchy have implication for their health.

[38] See chapter no. 4 for detail.

Data on mortality in last five years (Figure 7.5) provide more insights as the majority of death that is 18% had occurred in the age group of 1 to 12months, followed by 24% of death in age groups of 20 to 45 years. Around 12% of death in the age group 46-60 and six percent in theage group of 16-25 were reported. Figure 7.5 shows the death across various age group and reason reported for it in last fifteen years. The higher rate of death among age group among 1 to 12 months followed by theage group of 26-45 is a cause of concern that needs further study (Appendix Table 1).

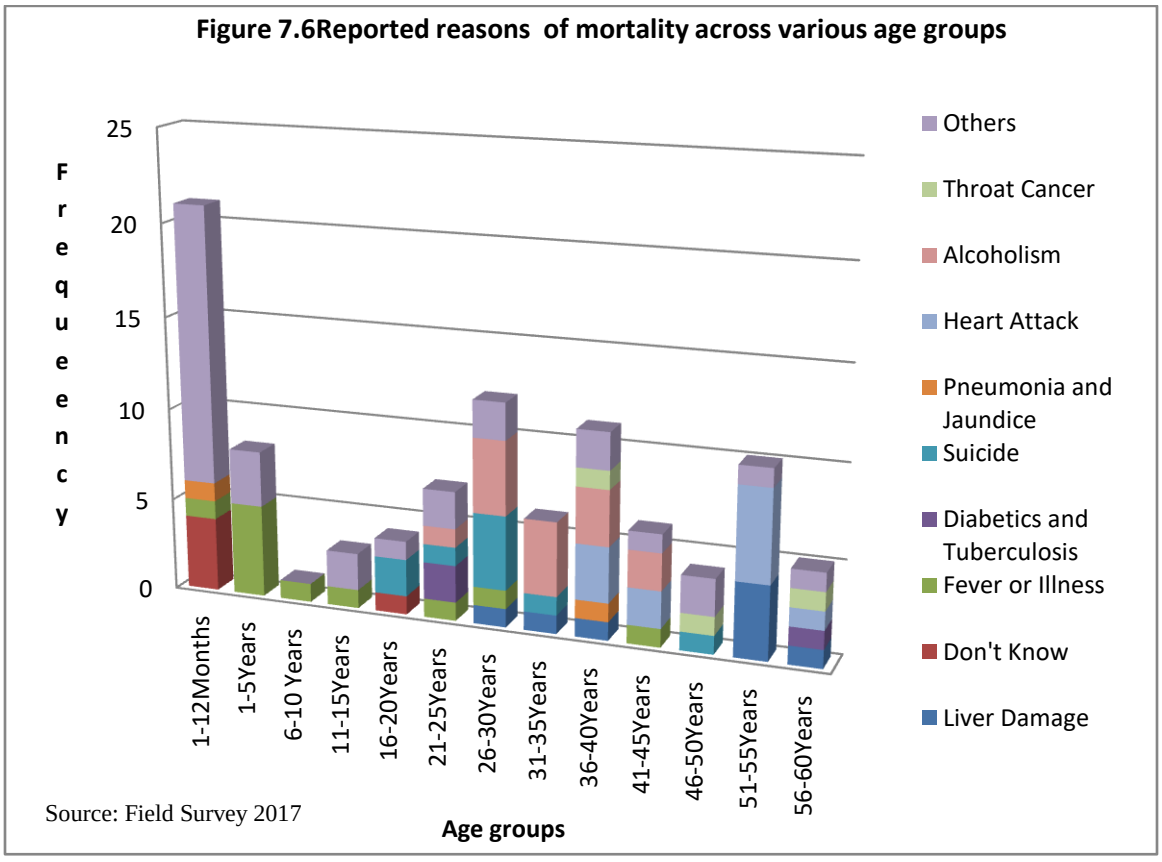
Figure 7.5 Numbers of deaths across various age groups in last five Years



Source: Field Survey 2017

Child mortality is highest with reported reasons of fever, season, black magic, pneumonia and deaths during deliveries (Figure 7.6). It was observed that among age groups of 26 to 45 years, consumption of alcohol, marijuana, tobacco, and betel were extreme. Most of the reasons reported are excessive consumption of alcohol, heart attacks, throat cancer and suicides due to family problems Suicide as reason for deaths emerges, which starts from age group of 16 and end till 50. From the age group of 21 to 25 prevalence death due to alcoholism starts which keep on increasing till age group of 41 to 45. Death due to liver damage is also prevalent which start from 26 till 60 years. Cases of heart attack and throat cancer are prevalent in age group 36 to 60.

Figure 7.6 Reported reasons for mortality across various age groups



These deaths in relations to reasons reported are pointing towards lack of facilities or awareness among Dom's regarding availability of proper health facilities. Even if they are aware, there arehigher probability of unavailability, inaccessibility and unaffordability of health services. These act as barriers in accessing better health services, and influence the health-seekingbehaviour of Doms. Next section deals with health-seekingbehaviour in details.

7. 3 Health Services in Varanasi Municipal Corporation

In Varanasi (M. Corp) area, urban PHC had started working from past two years. There are twenty-four urban Primary health centre (PHC) in Varanasi and three Community health centre (CHC). One room is allocated to Urban PHC of Chowk area in Sevan Sadan hospital, which is run by a charitable organization. Manikarnika Ghat and Meer Ghat come under this PHC, which have three wards. It had three ANM and one ASHA worker. There is no delivery facility in this PHC.

The Harischandra Ghat comes under Bhelupur ward. Here medical officer was on maternal leave from past 6 months[39] , so pharmacist was handling the PHC. This PHC have four ANM, one ASHA and twenty-four Anganwadi workers. The PHC of Bhelupur under which Harischandra Ghat comes is located at afar distance. Though it should be in Bhelupur butthe rent was too high, so this PHC is located in Khojwa. Because of which patients of this ward are going to different PHC and other patients are coming to this ward, as informed by Pharmacist.

Most of Dom workers from Manikarnika Ghat who prefer government hospitals go to Seva Sadan hospital where PHC is located. It was noticed that most workers were not aware that Seva Sadan is not a government hospital and goes there for cheap fees. The distanceof Manikarnika Ghat to Seva Sadan is 550 meters and to Marawari Hospital, which is a government hospital is 1km. From Harischandra Ghat,those people who state they prefer government hospital come to Marwari hospital.

7.3.1 Health Services Provider Views on Doms

a) Traditional Birth Attendant of Meer Ghat

A fifty years old illiterate and unskilled widow woman is traditional birth attendant (TBA) in the community from past 10-15 years. She hadn't received any formal training for this work. She started accompanying her mother in law and learnt the work of traditional birth attendant. She states that,

> *"Bachchapaidakarnabahut hi mushkilkaam hai . Bachchasidha hai ya ulta hai ye dekhnekeliye main bachhedaani me hath daal kebatati hu .Lekin main gloves nahinpehantikyonkiunkopehankarmujhesahiandazanahin mil patahai"*

(Child delivery is a painful phenomenon. I don't use any gloves before inserting my hand in the uterus, as then I will not able to get an exact estimation of infant position).

When summoned by client families, she used to give castor oil to the expecting mother, which helps her to get an estimation of child delivery time because castor oil helps in widening mouth of the uterus. She often refers cases to the hospital in case of emergency only that also after waiting for two hours providing an injection. For injection she used to mix cintocin and idocin as prescribed by chemist and inject it to the expecting mother,

[39] Informed by key informant 2.

which helps to start labour pain. As she is unable to read and write, the chemist checks the expiry date of the injection before giving her. She doesn't give the quantity of more than two injections in any cases.

She narrates one incident:

> "*Ek baarek aurat 9 saal baad bachcha paida kar rahi thi, usko bahut bleeding ho raha tha. Mujhe laga ki bacchedani bahar aa rahi hai, mai bahut darr gai kyonki ab main case ko refer nhi nahin kar sakti thi. Maine bacchedani me hath dala tan pata chala ki bacchedani bahar nahin aa rahi hai. Agar bacchedani bahar aa jati to bachcha paida nahin ho sakta . Kuchh time ke baad bleeding ruk gai aur bachcha aaram se bahar aa gaya. Ye bada operation ka case tha, jisme maine bina ek taaka lagaye kar diya".*

(Ones a woman was giving birth after 9 years. She was bleeding profusely; I thought amniotic sac is coming out. I was panic, as I can't refer the case to hospital. I insert my hand inside the mother's body. The amniotic sac hadn't come out yet. If amniotic sac comes before the baby,thenthe child can't be delivered. When bleeding stops after sometime, the child was delivered safely. It was a cesarean case according to the doctor, which I delivered without any stitches).

According to her there is no problem in bleeding as it varies from woman to woman, some bleed profusely while in others water is discharged in an excess amount.

Her other case when bleeding was profuse

> "*Ek baar main apni saas ke sath bachcha paida karwane gai, bachcha aaram se paida ho gaya tha. Humain nahin pata tha ki maa ki bachchedani ki nas fat gai hai. Usko bahut bleeding ho rahi thi. Meri saas ne usko karwat le kar letne ko bola, aur hum khud ki safai karne lag gaye. Jab hum uske paas wapas aaye to uski body ka pura khoon bahar aa gaya tha. Humne uske gharwale ko use turant hospital le jane ko bola. Private hospital ne usko lene se mana kar diya phir hum seva sadan gaye, Waha gate par hi wo mar gayi".*

(I went to deliver a child with my mother in law, though the child was delivered safely, we don't know how the uterus nerves were ruptured inside her body. My mother-in-law ask her to sleep sideways,and we were cleaning ourselves. When we became free and had a look at her, the whole blood had come outside. We immediately referred her to hospital.

Private hospital doctor denied admitting her,then we took her to a government hospital, where she took her last breath at the entry of hospital).

She says that Dom family at Meer Ghat mostly delivered their children at home. She was happy to tell that once her name came inthe newspaper as she delivered three children at one time. One lady was having three infants, which were delivered by her. But one infant was dead on the spot as there was not enough space in the uterus. Rests of the two infants were in good condition, but now she wasn't aware of them.

After the child is delivered, she used to cut the umbilical cord with a blade or scissors. But there are times when she doesn't have anything,and when she feels helpless, she used the broken earthenware. Then she provides massage to the child with mustard oil and applies powder on child naval and ask family member to give immunization to child from the hospital. If a childhas low weight, she asks them to go to the hospital. She says that we tell them

"*Dekhiye humnebachchapaidakarwadiya hai, bachchaaurjachchadonotheekhain. Agar ab eskebaadkuchhhota hai to wo meri zimmedarinahin hai, aaphumari fees de takimainikluab"*

(The mother and child are safe now, if anything happen now it's not my responsibility, give my charge as I have to leave now).

b) Trained Nurse as traditional birth attendants of Harischandra Ghat

A woman of around fifty years of age from south India had settled near this community. She had undergone her training in nursing and health supervisor. People who are poor and can't afford to go to hospitals, then she used toperformtheir home deliveries. She said that in hospital, doctors wouldon the spot tell any case about cesarean delivery whereas I used to conduct those as normal deliveries. According to her

> *"ye private nursing home logo ko daradetehain ki turant cesarean section karnapadegajiskiwajahse ye log mere pas checkup keliyeaatehain.Agar case handle ho sakta hai to mainapne hath meleti hu. Mainunko castor oil peene ko deti hu jisse labour pain hotah otuskebaadtwo finger test krti hu. Phir mai AP Gynoinjection deti hu. Mere pas 22 saalo ka experience hai abhitak 500 case handle karchuki hu."*

(The private nursing centre used to scares people that an immediate delivery needs to be done through cesarean section, then people used to come to me for checkup. If it can

normally be done I take the case in my hand". I used to ask them to drink castor oil after which it helps to startlabour pain and then by two or three finger test, I used to give AP Gyncoinjection. I have experience of twenty-two years by now. I had taken around five hundred cases).

She informed that earlier she used to conduct delivery simply, but now she asks the clients to conduct all test of haemoglobin, sugar, negative blood group and sonography. She states that, "*aagrbche ki position sahinhihoti hai to mai injection deti hu, or agr emergency ka case hot ahi to maiturant refer krti hu"*(If it is found that the child is not in right position then I used to give injection. I used to refer them to hospital in emergency cases).

According to her, these days Dom's families are moving towards hospital deliveries. The private hospitals charges too much of money and demand for cesarean section, that's why they come to her as her fees is lesser. She added that –

> " *en dino sarkari hospitals mai normal or cesarean dono hi deliveries free maikarwate hai, to aapsmajh hi sakti hai ki wo doctors kitne careless hote hai. Isse acha hai ki gharmai hi delivery karwaijae. Bache ko antibiotic, ampicillin, 100 mg ke injection dene chaiyetaki koi infection na ho lekinmaiabhitak ye hospital maidete hue nhidekh hai. Upar sebacho ko hospital se infection lagnekejayada chances hote hai."*

(these days in government hospital both normal and cesarean delivery are conducted which are free of cost. So you can understand how careless those hospital practitioners will be. So it's better to deliver at home rather than a hospital. The infant should be given injection of antibiotic, ampicillin 100 mg to avoid them from any infection but I hadn't seen this given in hospital till now. Even children can acquire hospital infection there).

While talking about Dom community, she said that earlier child marriages were prevalent, due to which there was high anaemic patient among women. There are many changes in Dom's view towards health. Dom females take all the medicine given to them. Even better off families don't take that much care. These women don't have haemoglobin below 12 and 14. Even though they might not maintain basic hygiene and cleanliness,but they are conscious of their health. She further adds that in Dom community male consume alcohol and substance abuse is part of their tradition. Female also eat tobacco, they won't stop consuming it, which impact their children.

c) PHC Medical officer

According to the medical officer, one of the most common health issues due to traditional work of Dom's is the chest infection. Rituals are held on certain myths and misconceptions. For instance, bodies of Sadhu Baba, infants and leprosy patients can't be burnt,and they are immersed in the river. The myth is that the Ganges is a God and it will lead to salvation. Leprosy is going to transfer its superficial infection if burnt on the pyre, so the practice was that their bodies are immersed in the water, which means germs are entering in the water.

d)Pharmacist states

"Dom's parivarjayadarunpaadhhote hai, jsikiwajaseunko tikka karan ki importance ki samajhnhi hai. Isliye unkojagrukkarnapadta hai or tikka karankeliyejabarjastikarnipdti hai".

(Dom's are mostly illiterate; they are not aware of what immunization is all about so they have to be mobilized and forced to take vaccination).

These narratives of health care providers give us a different viewpoint. TBA accuses hospitals doctors that they are forcing cesarean on people by scaring them, in order to earn more money.But the practices which TBA are continuing is itself dangerous as the data on mortality show higher death among infants and msotly child birth had takne place at home. TBA who is illiterate don't wear gloves,and neither carries other safety equipment's for her comfort, which can increase infectious chances for mother and infant. Moreover conducting child delivery at home is dangerous as if the amount of bleeding is more, then it can be challenging to arrange blood at that moment, which can result in death as happened in one instance narrated above. They are referring patientto hospitals only in case of an emergency, when they feel they can't handle it anymore.

Other key informants share that Dom's are not much aware of immunization because of lower educational status, which impacts their health status. Their work is dangerous for their health and certain myth foster body immersion in running water (pravah) of bodies, which make them prone to infection.

7.4 Health Seeking Behavior

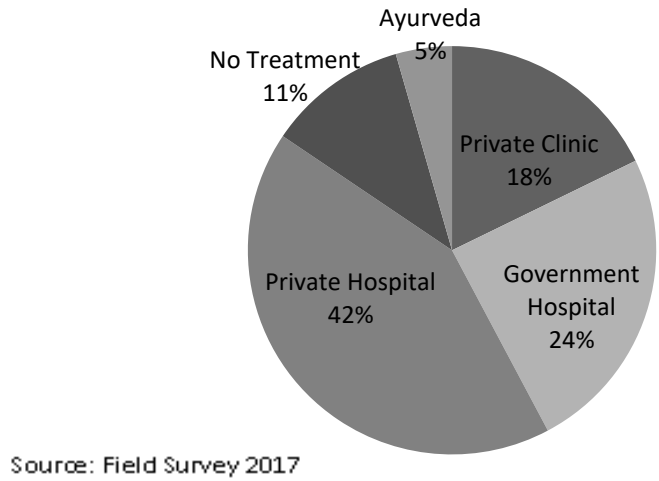
Disease is not merely a biological phenomenon because the socio-economic, political and institutional factors also influence the occurrence of the disease, its distribution across social classes and how populations respond to and cope with the disease. Within this framework, health-seeking behaviour is seen as an outcome of the complex interaction of a number of factors of disease causation, health service institutions and the felt needs (Baru 2005:46). Thomas (1997) defined 'Health seeking behaviour' as any actions taken by individuals who perceive themselves to have health problems or to be ill for the purpose of finding an appropriate remedy (Mary 2013:3). The sequence of curative actions that an individual seeks to cure perceived ill health is known as health-seekingbehaviour (Rakibul, Amirul and Banoway 2009 cited in Mary 2013:4). Thus health seeking behaviour (HSB) is seen as an outcome of the complex interaction of a number of factors of disease causation, health service institution and felt needs of the people. HSB is influenced by the utilization of available resources, accessibility, affordability and acceptability of health services. Thus HSB of an individual is determined by his socio-economic background, knowledge, education and cultural practices in addition to availability, accessibility and affordability of providers (Kapoor 2001 cited in Mary 2013:6).

7.4.1Respondents Health Seeking Behavior

Major Illness[40] Table 7.7 shows that for major illness, out of 45 respondents who had availed health services in the last six months. Majority of them, 42% of respondents were availing private hospital services followed by 24% who were availing government hospitals which is Marwari hospital present at Chowk area. Respondents from both ghats are availing services from this hospital. Around 18% goes for clinics, and 11% of respondents were not taking any treatments

[40] Illness are defined on basis of number of days. Here minor illness includes illness for seven days and major includes more than seven days.

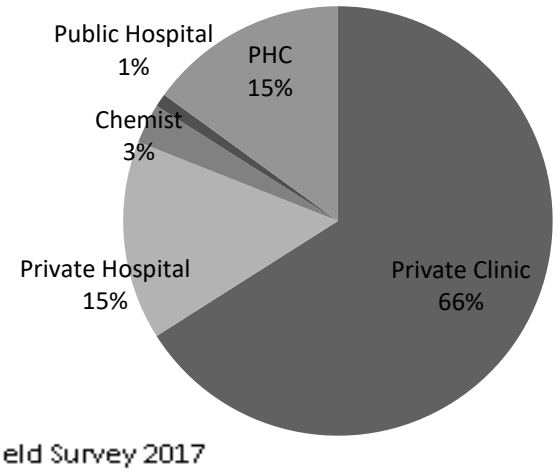
Figure 7.7 Source of treatment for Major Illness



Source: Field Survey 2017

Minor Illness For minor illness (Figure 7.8) majority 66% goes to private clinic followed 15% who goes to PHC present in the charitable hospital of Seva Sadan near Manikarnika Ghat. Three percent are taking medicine from and chemist.Around15% prefer private hospitals and only one percent mentioned about the public hospital which is the Marwari hospital.

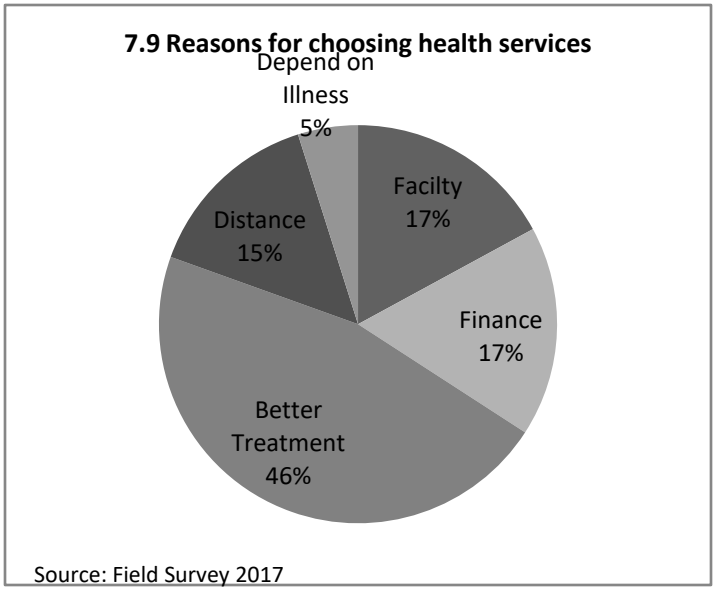
Figure 7.8 Health seeking behaviour for Minor illness



Source: Field Survey 2017

7. 4.2 Reason of Choosing Health Services

To understand the health-seeking behaviour of respondents, it becomes important to take their view into considerations.Out of 100 respondents, around forty had used health services in the last six months. Reason for showing particularhealth-seekingbehaviour by them is shown in Figure 7.9.Majority of them 46%choose services which provide better treatment .Next factor isthe financial situation according to which 17% choose health services, followed by 17% respondents for whom the type of health facility matters.Distance is taken into consideration by 15% of respondents and only five percentmentioned about the type of illness. In addition to these factors, certain others factors such as doctor-patient relations, availability of time from work and cultural beliefs to name a few acts as barriers in accessing health services.



7. 4.3 Barriers in Accessing Health Care

Within the health care system, there are certain obstacles, which act as a barrier in accessing the health care for patients, who belongs to a particular section of the society. If patients health beliefs/expectations do not match to the care providers, the patient end up in experiencing barrier in accessing health care, which results in restriction on their use of health care (Scheppers al 2006: Mary 2013:4). According to Scheppers, potential barriers occur at three different levels, which are patient level, provider level and system level. Nash and Gillber1992, systemized the obstacle which women patients face into four categories: Institutional barriers, economic barrier, cultural barriers and educational barrier(Mehboob 2016:4). Nash and Gillber classification of barrier are used to analyze the barrier in accessing the health care facilities.

7.4.3.1 Educational barrier

Respondents I: Dom Manager (Middle aged,no.26)

> "*Sarkari hospital mai form fill karnekeliyeapkoidharudarbhagnapadta hai, jismepoora din nikaljata, ennsbmeitna time lag jata hai ki apka patient tbtak mar he jaega. To hum kyu jaewaha? Isse acha to ye hoga ki hum private hospital me jae, halaki waha 1000 ki jgha apko 10000 dene pad sakte hai lekin apka marij to jindarhegana. haal he mai, mere chacherabhaijayadasahrabpeene ki wajhase ICU me admit tha, uskihalatitnikhrbthiwo bol bhinhi pa rhatha. Humne 2 lakh diye or wo ab thk hai. Agar hum useabhisarkarimai le jaate to wo mar chukka hota.To aapbtaye kya fyada hai sarkari hospital ka? Hum logo ko jo suwidhamilnichaiyethiwonhi di jar hi hai*".

(In government hospitals you have to go here and there to fill this and those forms in which your whole day will be wasted. In that process, your patient will die. Then why we should go there? It would be better if we go to the private hospital, though we might have to pay 10,000 in place of 1000 but at least our patient will be saved. Recently my cousin got too much drunkard,and he was immediately admitted to ICU in the private hospital. We have to pay 2 lakh rupees there. His condition was so critical that he is still unable to speak. If we had taken him to government hospital, he would have been dead. So what is the use of government hospital? Facilities which were supposed to receive are not available and accessible for us*).*

Respondent II; Key informant from NGO (Female, no. 10)

> *Kyuki dom parivarke log jayadarunpadh hai, unko form smajhnhiaata hai ki form maikyaorkaisebharan hai. Isliye wo jab bhi bank jaate hai to koi na koi sathchaiye. Bhut bar to mujhe bolti hai didi aapchalosathmai.Pheli baat to ye hai ki enn logo ko sarkar duwara de gaisuvidaho ka ptanhi hai, dusribaat agar koi inhe bata bhideta hai to inke pas jaruri documents he nhihote hai.Government JSY kethetat, abhi 1000 rs de rhi hai, jiskeliyeek procedure follow karnapdta hai.Agar apko JSY chaiye to grabwatimahila ka bank khatahonachaiyejikseliyeadhaar card jaruri hai. Or khatakholnekeliyebhi 500 rs hone chaiye.Ye auraatemujhse bolti hai didi ap kuch paise dedotaki hum khatatkhulwa le. Agar inkeparivarmai account hotabhi hai to woinkisasuma kenaam par hoga.Upar seagra cheque aatabhi hai, to bhiinke ye saare document poorekarnemai teen mahiney lag jaate hai or tab takschems khatam."*

*(*As these people (Doms) are illiterate, they don't know how to fill the form. So if they are going to the bank they need somebody to accompany them who can fill the form. Firstly, workers are not aware of any services meant for them and if they become aware they don't have the necessary documents for that. Government is giving 1000rupees as per Janani Suraksha Yojana(JSY) scheme,but a procedure is there which should be followed. If you need JSY, then pregnant women should have a bank account for which they need adhaar card. And they need 500 rupees to open an account. These females ask me for money that 'didi' you,please lend us some money and open our account. If the account is there, then it will on the name of mother-in-law. In any case, if the cheque is coming then they will cover all procedure of documents in 3month by the time that scheme becomes invalid).

Both the narratives highlighted and provides us a glimpse in barrier due to educational status faced by Dom community. The discussions on the low educational status and its relation to accessing health facilities as pointed out from a review of existing literaturethusseem to be valid in the present study as well. The educational status of the Dom community is quite low, due to which, they are facing problem in completing the formalities required to access certain facilities related to health services, whether it is about getting treatment or availing health schemes. As a result, they are both unaware and unable to avail health services.

7.4.3.2 Economic Barriers

Respondent III - Dom worker(Age 26, no.27)

"*Humari itniaukaatnhi hai ki hum private hospital ja sake*" (We are not economically that capable that we can afford private hospitals).

Respondent IV -Dom worker (Age 30,no 28)

> "*Halki bimarikeliye hum clinics jaate hai lekin jab bimaribadihoti hai to sarkarimaijaate hai kyukiwosastapadtahai*"

(For normal illness we prefer private clinics but if illness is serious then we choose government hospitals because it's cheaper).

Respondent V - Dom Worker (Age 32, no 29)

> "*Mana ki sarkariashpatalmaikaambhutdheeredheerehota hai, lekin doctors sahiillajkardete hai. Agar private hospital mai bill ek lakh takchalagaya to humeapni body bhechni pad jaegi".*

(Though the work in government hospitals is slow but still doctors do the treatment and we get medicines also. In private hospitals if the bill reach to one lakh then we might to have to sell our bodies*).*

Spector (1996), pointed out that though there arean innumerable barrier which restricts health care, butmajor obstacle is poverty. The cycle of poverty foster higher morbidity, precipitating high health care cost (cited in Mary 2013:6).The economic barrier produced by poverty is prevalent among the Dom Community. The responses as given above, in total, states that most of the families are not in a position to avail services from private sectors. At the same time, their economic situation compels them to use delayed and inefficient health care services provided by the government.

7.4.3.3 Institutional Barrier

Respondent VI -Dom worker (Age 45, No.30)

> *"ye to bimarikeupar hai ki hum kahajaegelekinagrabimaribadihoti hai to hum private maijaate hai kyukisarkarimaidyaannhidetehai"*

*(*It depends on illness which services provider we choose, if problem is major we prefer private hospitals because government hospital don't give attention onpatient).

Respondent VII - Dom Worker (Age 37,no. 34)

> *"Sarkari mai izzat nhidete hai, lekin hum jab private maijaate hai to woapneparivaarketrahadhyaanrakhtehai"*

(In government hospital there is no respect but if we go to private hospital they will treat you as their family members).

Respondent VIII - Key Informant 2 (Pharmacist, male)

> *"Problem humare system mai he hai. Agar apki district hospital maijaanphechaan hai to apkakaam ban gaya, nhi to pareshani to patients ko he uttanipdti hai".*

(The problem is in our system. In district hospital if you have link then your work are done otherwise patients had to bear the pain of it).

He pointed toward health system and argues that –

> *" yaha par bhi medical officer leave par hai to pharmacist PHC sambhalrha hai, lekin ye hume written main nhi dia hai. In case future maikuchgabadhoti hai to mai he zimewaarbanuga*"

(Here also, in the absence ofa medical officer, a pharmacist is supposed to look after the PHC but it's not in written form. If anything happensin future then I will be held accountable).

In institutional barrier,major concerns are lack of health care provider and scarcity of health care services. The Pharmacist narrated his responsibility of treating patients without much knowledge about diagnosis and treatment, due to lack of health care provider. Another barrier observed in accessing health services is the behaviour of health care providers towards their patient, which is derogatory and discriminatory in nature. For instance, respondents above clearly illustrated that they experienced a lack of attention and respect from the health providers. Such discriminatory treatment forced them to move to the private sector. However one of the respondent (Respondent VIII), who himself is a health care provider mentioned that it is the poor functioning of the health system, which is the main culprit and barrier in accessing health services.

7.4.3.4 Cultural Barriers

Respondent II - Key informant NGO (female, no.10)

While talking about Dom female's lack of seriousness towards their health, NGO informant states that-

"*Kyuki in aurato ki shaadikamumarmai ho jati hai to inkobachekaisepaalne hai, kaisedekhbhalkarni hai ye pta nhi rahta hai. In logo ko tikka karan or Aganwadi duwhara diyegae powder kefayede ki jankarinhi hai. Ye log ya to phek dete hai ya phir apni bakriyo ko khelti hai, jisse unka dhud jayada ho jata hai. Ye iron ki goliyabhinhikhati hai, or puchu to bolegi ki chakaraate hai. Or agar ye kahasunikebaatmaanbhi jati hai to inki saas rok deti hai ye bol kar ki humnebhi in sabkebinabachepaeedkiye hue hai, kuchnhihona in sab natakose*"

(They are not aware of child care practices because of marriage taking place at early age. They are unaware of the importance of immunization and nutrition supplement, which they receive from Anganwadi. Either they used it to feed their goats or thrown away. They don't take iron tablets also which is mandatory for them and give excuseof dizziness. And if they are willing to take then their mother-in-law stop them by telling that it's useless because we had also bear children without all these).

Societal norms rapped in culture, which are sometimes ignorant and unaware, also act as barriers in accessing healthcare facilities. As these pregnant females are ignorant so they are not taking supplementary nutrition and medicines provided to them. Thus cultural values and socioeconomic conditions impact individual belief system which when confronted with provider views leads in restrictions of their accessibility of health services.

As above data (figure 7.7 &7.8)shows that the majority of respondents prefer private practitioner but moving towards private sectors healthcare obviously increases out of pocket expenditure of the people. That further fosters taking loan and burden of debt for patients. Another reason given as a barrier in availing public health services is the distance, which is the most important deciding factor (Figure 7.9). If the distance of health service provider is more , then people try to avail private clinics so that they don't have to take off from their work. Many times people ignore fever, body ache and headache (Figure 6.8). They do nothing for treatment because then it will cost them a cut from their wages. Transportation charges also come into play which put an extra burden on the worker in addition to that of medicine cost, wage cut, amount of time in travelling.

Concluding Observation

Some particular sections of the Indian society who are indulged in the menial works are forced to live an undignified life. The life of Dom workers are at risk on a daily basis due to their role as a cremator determined by their caste status. Social exclusion of this minority group is still prevalent. The hierarchical social structure which fosters persistent inequality with various form of discrimination results in poverty and unemployment of this community. A check on their upward mobility is maintained by the society through discriminatory practices As the findings suggest that they are prone to reported illness either because of their caste-based occupation or lack of basic facilities which fosters ill health . In addition, lack of awareness and inaccessibility of social resources results in an adverse effect on their health status. Thus caste-based occupation of Dom which requires them to work at cremation ghats generation after generation hascertain negative implication on the health of Dom community. From their living condition to working condition, their socioeconomic status, accessibility of health services all factors are influenced by power and dynamics of the caste system. The practice of discrimination and social exclusion on one deteriorates their condition, and simultaneously maintain a check to restrict the availability of services to them.

CHAPTER 8- CONCLUSION AND DISCUSSION

Caste is the primary unit of Hindu society, therefore, the membership of a particular caste is accountable for individual privileges and rights(Ambedkwair 2017:34). It is a graded inequality as one's caste ranking is determined by the notion of superiority and inferiority (Ambedkar1987a). Due to its graded nature, the entitlements to educational, economic and civil rights of different caste groups become narrower at each lower rung of the hierarchical ladder of the caste system (Thorat 2008:35). Socioeconomic positions of individuals are affected by social, economic and political mechanisms, which result in stratification of society on the basis of incomes, education, gender, caste and class. This socioeconomic position shapes health outcomes. Based on their respective social status, then individuals experience different exposure and vulnerability tohealth-compromising conditions.The lowercastecontinues to remain economically dependent, politically powerless, and culturally subjugated to the upper caste. This affected their overall lifestyle and access to food, education, and health (Chatterjee&Sheoran, 2007cited in Mary 2013:4). The health status and utilization patterns of such groups give an indication of their social exclusion as well as an idea of the linkages between poverty and health(Nayar 2007:355).

In this backdrop, the study is undertaken to explore and describe the relationship between caste-based occupation of burning the funeral pyre by Doms, and their health. It is done through capturing occupational hazards and their health status in term of reported morbidity and mortality, and health-seekingbehaviour.

For the purpose of this study Varanasi district of Uttar Pradesh was selected purposely as the significance of studying the Doms of Varanasi lies in the fact that it is listed as the greatest *tirtha* in Hindu sacred texts(Kaushik 1976). Kashi is seen as the great cremation ground, where man’s dying transcends *samsara*(this world)(Kaushik 1976). Thus funeral practices become quite relevant here which are performed by Dom Caste of UP. This funeral work is caste-basedoccupation, which is supported by religious mythologies. Most of the dead bodies from various part of India come to Varanasi for funeral rituals of the deceased because of it spiritually and mythology connected with the place. As the occupation of burning the pyre is a gendered occupation, so only males were included in

the survey. In the study, 100 households of Doms, who works at cremation ghat were surveyed through snowballing sampling. The reasons behind using the snowballing sampling method were, firstly, Doms from outskirt areas also come to work at cremation ghat besides Harischandra and Manikarnika Ghat. Second, males of Dom community were found mostly either on 'Madi' or cremation ghat in day-time. During the night it was not feasible for the researcher to go and conduct study due to safety issue.Lastly, at cremation ghat, many caste groups interact so it was difficult to locate Dom among them. So snowballing sampling was quite helpful despite its challenges. In addition, in-depth interview of twelve key informants was also done that includes; Dom Raja, Traditional birth attendants, NGO worker, one researcher, Medical officers. Prior permission was taken from all the informants,and their informal consent was taken. The present study is descriptive and exploratory in nature. It is exploratory as very limited studies are conducted with Doms,and no study had deeply tried to study role/implication of caste-based occupation on the health of Doms.

8.1 History of Doms Engagement and their Socioeconomic Status

8.1.1 There are many variations regarding the origin of Doms. Doms are supposed to belong to the aboriginal tribes. According to Sheering(1872), in the past they hold certain power and importance, which could be testified from the fact, there was a tradition that they formerly occupied the country beyond the Gogra river, and were neighbour of Bhars which were another aboriginal race. As Sir H. Elliot remarks "tradition fixes their residence to the north of the Gogra, touching the Bhars on the east, in the vicinity of Rohini. Several old forts testify to their former importance and still retain the names of their founders, as Domdiha and Domangarh"(Sheering 1872:402). Sheering further argues that the degradation of Doms may be accounted similar to that of Bhars, who were conquered and subjected by Hindus. Hindus behave with them with the true spirit of caste prejudice and pride, which resulted in the sinking of their position to extremist abjectness which continues till date (ibid). It was also suggested by Sir G. Grierson that they were the ancestors of the European gipsies.Thus Rom are the variant of Dom (Risley1915:138).

In the Indian context, according to Clarke, these were classified under the general name of Dom by the invaders. The word has since been used for a class of basket makers, low menial and scavengers who execute menial tasks, which any purest caste won't perform due to defilement involve in it. (Clarke1903:3).Though numerous stories talk about Dom but as per Risley, the only fact that can be held on is that they are remnant of the aborigines of the country(ibid).

8.1.2: In the present context there is caste differentiation among Dom as they exist all over India,but they have a different occupation in different states, and at other places, some other castes perform the same functions of Doms. In Varanasi, they are the custodian of salvation and engage in the traditional occupation of burning the corpses. They have poor socioeconomic status,and their education level is also very low. Out of 100 respondents, 19% were found to be illiterate, 29% of them were literate but below primary,and19% had attained education till primary level. The elementary level was attained by 14% respondents. In secondary level only 14% had reached whereas in higher education only 5% of the respondents were found. They are staying near the cremation ghat at Harischandra Ghat and in a closed and narrow lane at Meer Ghat. Their living and working conditions are pathetic which fosters prevalence of diseases as they have to share rooms and sanitation facilities with other households. Most ofthe families are staying with a family size of six to eight members in the single room. The wages these workers are getting is quite low in exchange fortwenty-twohours of continuous work for three to four days. Besides these, they don't have work for full months due to which they look for subsidiary occupations.

8.2 Interlinking Exclusion in Structure and Dynamics of Ghats

The caste-based occupation of dealing with corpses, which is termed as polluted in Hindu religion makes Dom's victims of stigmatization, exclusion, discrimination and exploitation. Bhalla et al. (1979) explain that the caste-based exclusion is reflected in the inability of individuals from lower caste to interact freely and productively with other caste which inhibits their full participation in the social, economic and political life of a community(Thorat 2008:35). The dimension of social exclusion are unfavourable exclusion and unfavourable inclusion as explained by Sen,

whereinunfavourableexclusion some people are left out from the group and in latter, some people are forcefully included into the group. The forceful exclusion of one caste from the rights and privileges of another caste implicate the fundamental characteristics of fixed social and economic rights in the caste system (Thorat 2008:35). Data from the field shows that majority of respondentswere engaged in this work due to constraint situations, it was noticed that their forceful inclusion is taking place in this work. The structure and dynamics of Cremation ghat has been captured by focusing on the economic sphere of cremation ghat. Here caste interactions and suppression is highlighted through focusing on economic exploitation of Dom workers by other castes and by higher classes. The lack of unity among Dom at Manikarnika motivates Yadavs and other castes to encroach into the business of Doms in order to makeprofits.

In the funeral ground of Manikarnika Ghat, the hegemonic positions of the Yadav caste rest on a monopoly of economic power besides their superiority in the caste hierarchy. In opposition to Yadav caste/class stands the caste/ class of untouchable Dom. The position of untouchables and lower castes had hardly changed, as the same structural relationship of domination and subordination continue to condition their lives. Ritually Doms are too impure, economically too impecunious, and numerically too scattered to be able to advance themselves. Within the same Dom caste, another hierarchy on the basis of occupation is quite prevalent. As Kathleen Gough had shown the close connection between the low position in the rituals hierarchy and lower socioeconomic position, to the extent that one can talk about structural coincidences of caste and class (Gokhale 1993:10).One's positions in class ranking determine the power dynamics within the Doms. Among which power stands inversely proportion to their respective number. Workers who belong to the lowest rung of the caste and class ladder experience the maximum extent of structural and direct violence, which gain its authority from cultural violence. They face double discrimination on the basis of caste and their occupational category within the caste. Theirunfavourable exclusion took place where they are excluded from basic facilities and availabilities of services such as health and education, and they are unfavourable inclusion in caste-based occupation.

8.3 Occupational Hazards, Health Status and Health Seeking Behavior

8.3.1 Among the workers class occupational injuries had emerged as a major public health problem. In India under organized sector every year one-fourth of a million of workers are injured in industries,and one thousand workers die simultaneously in unorganized sectors thousands are crippled due to occupational injuries(DHS Profile India1994: 45).Larger section of world populations spend much of their hour in work, which is the necessity of surviving and earning a livelihood. Due to which they become victim of an array of hazards owing to biological agents, chemicals, physical factors, adverse ergonomic conditions, allergens and many psychosocial factors.

Occupational hazards which are resultant of burning the corpses includes infectious risk involves in handling corpses, psychosocial hazards and physical hazards which includes accidents, burn injuries disability and death. The funeral service professional of other countries are provided with safety equipment and preventative measures, but in India, the funeral workers own just a piece of clothing to protect themselves from constant emerging smoke and scorching sun with a bamboo stick. The bamboo stick is required to change the position of corpses on the pyre and rearranging it body parts whenever it falls down to ground. Due to the absence of any safety equipment and measures, they are prone to accidents and injuries quite often. During field, it was noticed that poor work environment and poor working conditions fostermajor occupational hazards such as cataract, eye issues, burns and accidents. Other health issues were body ache, injuries and blisters, weakness and illness, lungs problem. Besides these workers don't have proper time for rest, no proper drinking and sanitation facility are present at ghats.

8.3.2 Nayar had examined data of NFHS II on the prevalence of anaemia, infant mortality, treatment for diarrhoea, utilization of maternal health care and childhood vaccination among different caste groups. Data shows that the marginalized sections such as scheduled caste, scheduled tribes and other backwards caste suffer from a social gap in terms of health status and health services (Nayar2007:359).Further, a sharp socio-economic and regional divide is revealed in NFHS III in terms of health outcomes within lower castes, the poor and less developed states bearing the burden of mortality as mentioned by Subramanian and Gwatkin (Baru2010). The risk of under-five mortality

ishigher in girls than boys among SCs, STs and OBCs as compared to others; and in rural areas of Uttar Pradesh which is one of the poorest states in India (Baru 2010:49).Data from NFHS IV, in the report of Uttar Pradesh for 2015-2016 shows the reported health problems of diabetics, asthma, thyroid, heart attack and cancer across all caste groups. The prevalence of reported diabetics, heart disease and cancer, are more in SCs males in comparison to others castes. Thus data from NFHS II, III and IV continuously show that marginalized section SC, ST are poor in health conditions in comparisons tothe other castes.

In the present study, two health indicators are used in order to understand the health status of the Dom community which is reported morbidity (in last 6months) and reported mortality (in last 15 years) is taken to get an idea about the prevalence of diseases in Dom community[41].

In reported morbidity out of 577 total household populations, 45 cases were reported ill in the last six months.Around six respondents problems related to liver, five had cataract. Diseases related to heart, diabetes and cancer were reported by four respondents each. Tuberculosis and pneumonia cases were reported in two respondents each. And one respondent had HIV and blood pressure. The category "other" has broad variation in terms of the nature of illness reported which includes appendices, paralysis, polio, chickenpox, memory loss were some other problems.During analysis, it was found that males havemajor illness in comparison to females. And tuberculosis was one disease, which was found only among females of the Dom community.

In reported mortality, out of 98 reported cases, the reason for mortality includes 11% fever and illness which were majorly reported among children below 5 years of age. The 'other' category accounts for 32%, which includes morbidity due to the season, black magic, accidents, and death after/during delivery period among children and mothers were reported. Key informant from NGO told that their tradition of child marriages was leading to unsafe delivery as females are not mature and they are unaware of child caring practices.Home deliveries are common practices among them which are the possible

[41] Researcher inquired into PHC near both cremation Ghat but it was informed that as urban PHC are new in the area so no data is available. So reported data is been used.

causes of infant and maternal mortality among Doms. Besides these, 11% of death due to heart attack, 14% due to alcoholism was reported. In the last five years, ten deaths had taken place due to excessive consumption of alcohol in the age group of 26-45 year old. Around 9%cases of suicides which were mostly in females were reported for which one of the possible reasons was domestic violence. Besides these, 3% death due to throat cancer, 2% due to pneumonia and jaundice and 3% for diabetics and tuberculosis were reported.

The key informants inform that sanitation and hygiene condition are too poor in the community. Engels pointed out that diseases like typhus, fever in the working class are directly linked to bad states in dwelling in matters of ventilation, drainage and cleanliness. Further Dr Alison(1884) asserts that "privations and the insufficient satisfaction of vital needs prepare the frame for contagion and make the epidemic wide spared and terrible" (Engels1969:13). Thus the prevalence of an infectious disease such as tuberculosis, diarrhoea, jaundice and fever among Doms are because of poor sanitation and hygienic condition among them. As five to six members stay in a small congested room with poor hygiene,so chances of spread of communicable disease are more. Their pathetic conditions could be seen by the very fact that Dom cooked their food on half burnt woods which comes from cremation ground and wear clothes which came with dead bodies and uses shrouds to make their bedding because of poverty. These all practices impact their hygienic conditions which could be verified from the fact that the cases of loose motions among Dom children are a common trend as informed by key informants.

8.3.3 Health-seeking behaviour can be understood as an outcome of the complex interaction of a number of factors of disease causation, health service institutions and the 'felt needs (Baru 2005:46).Nash and Gillber (1992) systemized the obstacle which patients face into four categories: Institutional barriers, economic barrier, cultural barriers and educational barrier(cited in Mehboob 2016:1). Due to barriers the health-seekingbehaviour for occupational hazards of Doms which includes eye issues, burning, blisters show that maximum respondents use home remedies like earthworm and mustard oil, Kohl, while 11% of respondent don't take any treatment. Besides these in last five

years, around seventy-six of childbirths were at home,and only fourteen were at the hospital. For majorillness, respondents prefer private hospitals,and for minor, they prefer private clinics. Reasons which were mentions include majorly better facilities and distance.

In health-seekingbehaviour, narratives of health care providers were totally different. TBA accuses hospitals doctors as they are asking normal delivery to be cesarean to earn more money, so these TBA were encouraging childbirth at home. Whereas the practices these TBA are continuing is itself dangerous, as data on mortality show higher death on infants.Secondly, TBA who is illiterate doesn't wear gloves,and neither carries other safety equipment for her comfort, which can be increased infections chances for mother and infant. Moreover conducting delivery at home is dangerous, for instance, if the amount of bleeding is more than it can be difficult to arrange blood at that moment which can result in death as happened in one instance narrated above. In the emergency case when they feel that they can't handle it, they refer it to hospitals.

Other key informants share that Dom's are not much aware of immunization because of lower educational status, which impacts their health status. Their work is dangerous for their health and certain myth foster flow of body in running water (pravah) of bodies which make them prone to infection.

8.4 Concluding Observation

Some sections of the Indian society who are indulged in the menial works are forced to live an undignified life. The life of Dom workers are at risk on a daily basis due to their role as a cremator determined by their caste status. Social exclusion of this minority group is still prevalent. The hierarchical social structure which fosters persistent inequality with various form of discrimination results in poverty and unemployment of this community. A check on their upward mobility is maintained by the society through discriminatory practices As the findings suggest that they are prone to reported diseases either because of their caste-based occupation or lack of basic facilities which fosters ill health .In addition, to the lack of awareness and inaccessibility of social resources which results in an adverse effect on their health status.

In India context, funeral work is regarded as repulsive and unhealthy because of it relation with death wherebasic notion of purity and pollution also come into play. As a result of which the existences of Dom funeral workers in twentieth-first century, is still relevant but only till cremation ghats. Here they are required to clear all debris and filth of the world by making themselves prone to certain infections, besides physical and psychosocial hazards. Many workers losses their eyes and burn to high severity by working in extremely poor working conditions without any supervisor who can provide guidance about preventative and safety measures. Thus Dom funeral workers belong to a deprived and marginalized section of Hindu society are ignored on a daily basis not only by general people but also by higher authorities. As their work is not recognized with other works which are included in the occupational hazards category, no data is available on their living or working conditions and socioeconomic status.

A check on their upward mobility is maintained by the society through discriminatory practices. Through mechanism of unfavourable exclusion, they are sideline from the main stream from basic facilities and amenities of lives. Through practice of untouchability and discrimination they are hinder from getting into education. Because of low education, they are forcedto engage in manual workers for which they are provide with low wages and huge surplus is produced as for other caste a cheap labour is easily available . Through unfavourable inclusion these lower caste are forcefully indulged in this work by using cultural legitimacy as a tool, in addition to use of religious preaching.As the findings suggest that they are prone to reported illness either because of their caste-based occupation or lack of basic facilities which fosters ill health . In addition, lack of awareness and inaccessibility of social resources results in an adverse effect on their health status. Thus caste-based occupation of Dom which requires them to work at cremation ghats generation after generation hascertain negative implication on the health of Dom community. From their living condition to working condition, their socioeconomic status, accessibility of health services all factors are influenced by power and dynamics of the caste system. The practice of discrimination and social exclusion on one deteriorates their condition, and simultaneously maintain a check to restrict the availability of services to them.

8.5 Suggestion/Policy Recommendations

From the field findings and observations, one can conclude that the Government has a very significant role to improve the working conditions of the Doms funeral workers in Varanasi. Being considered as one of the most sacred place for the salvation of the soul when it comes to Hindu's beliefs and traditions, it equally needs to protect the interest of the preserver and carrier of such practice. However, the State seems to promote discrimination and exclusion by increasing distress for Doms. The following point highlights the plights of the Doms in their occupation and suggestions thereof.

Firstly, the coming of the electrical crematorium at Harischandra ghat with the motive of providing relief to the community but no plan for rehabilitation of Doms community had taken up by Government. This step had further increased competition among Dom as now people prefer electrical crematorium due to less amount of money and time. But here also only three Doms who belong to Managers category are working who were able to get this job through social capital. Doms are unable to engage in other work because of discrimination on the basis of castes. Many respondents informed that they hide their real caste from their friend circles and at the workplace.

Secondly, the government also fixed the price of the sacred fire at Manikarnika Ghat, so that Doms can't exploit the mourners and compulsionis maintained on them to burn all the bodies to Ghat. But there is no mechanism setup, to fix a reasonable amount of wage per body for Dom's workers.Only 150 rupees for burning per body is quite less at Manikarnika Ghat where number of bodies coming is quite high. There is no Dom organization till now as per record, though one worker was trying to write application to a higher authority by which they can unite Doms all over India[42].Thirdly, in 2015 news headline, it was observed that in a private funded project which is directly monitored by the BJP MP from Gujarat, who is one of the most trusted men of Prime minister Modi, in order to provide some comfort to people coming for cremation, they had set up iron structure which will consume less wood, and provide colorful pathway and uninterrupted lighting at night. But due to these iron structure, Dom workers are increasingly

[42] Swati Mishra one of key informants informed it.

gettingburn and injuries because iron structure remain hot for a long time even after burning of corpses and space of cremation ground is quite congested.

Fourthly, in recent last visit in April at the field site, it was informed by respondents that government had order to break all shops and houses which comes in a way from Vishwanath temple till Ganges river, so that devotees can take a bath and directly go to the temple for offering prayers. The cremation ghat of Manikarnika Ghat lies between this place, so all shops are supposed to break down which will further impact lives of Doms and other services castes which earn their livelihood for Death business.

Thus from above instances, it became quite clear that for the government, mourners and devotees comfort is at top priority but Doms who are working there from centuries are not concerned, no step is taken to provide them rehabilitation. Their occupation is not even recognized as hazardous for health. The practice of mistreating and ignoring them from past still continues in present time.

- The government should fix wages for workers along numbers of working days. It should take some steps in providing safety measures and creating awareness among them regarding possible hazards.
- Government should set up more proper functioning electrical crematorium,and proper mechanism should be developed for recruiting Doms, so that everyone has equal chances of getting the job. Rehabilitation should be provided to the Dom community. They should be included in ‘self-employment’ categories.
- Informal educational centres should be formed. So that this community educational level could be improved. This will help them in crossing the barriers,they are facing due to lack of education and awareness as they are not able to avail any services. They should be informed about reservation policies in education and governments jobs.
- Appropriate measures for proper dissemination of information regarding preventative measures from diseases should be taken.
- Steps should be taken to minimize pollution of the Ganges. Because the rituals of immersing dead bodies which have disease such as leprosy, chickenpox leads to

spread of infectious agents intothe water. In addition, sifting of ashes in the Ganges in search of jewellery also increases pollution of Ganges.

8.6 Photo Documentation

The fieldwork undertaken as part of the present research gave an opportunity to document some of the living and working conditions of the people in the study are photographically. Keeping ethical consideration in the mind, the identity of respondents has been kept hidden.

8.6.1 Work Conditions at Cremation Ghats

Plate 1, 2 and 3 show the working conditions of Dom's at cremation ghats in Varanasi. Plate 1 shows the whole area of Manikarnika Ghat where bodies are burnt. The Upper floor is the 'madi' where the sacred fire is kept, and mostly owner and managerssit to charge tax for the sacred fire. The orange colour of shrouds shows the position of corpses at ghat. Near boat, Dom workers are standing in water sifting ashes in search of gold.

Plate 1: Manikarnika Cremation Ghat

In Plate 2and 3 Doms workers are seen working at both cremation grounds of Manikarnika and Harischandra ghat. In plate 2, Dom is working at Harischandra Ghat,

and in second picture Dom workers burning the pyres at Manikarnika Ghat where on another side two more pyres are burning simultaneously. These pictures provide a glimpse towards the occupational hazards of the funeral workers.

Plate 2: Working Condition at Harischandra Ghat

It is visible in plates 2and 3 that in the name of safety equipment, these workers only have one bamboo stick, cloth over shoulder and slippers. Major problems they faced includes eyes problem due to continuous smoke, burn and injuries and accidents. During peak summer high temperature and constant heat from pyres further add to their miseries.

Plate 3: Working Condition at Manikarnika Ghat

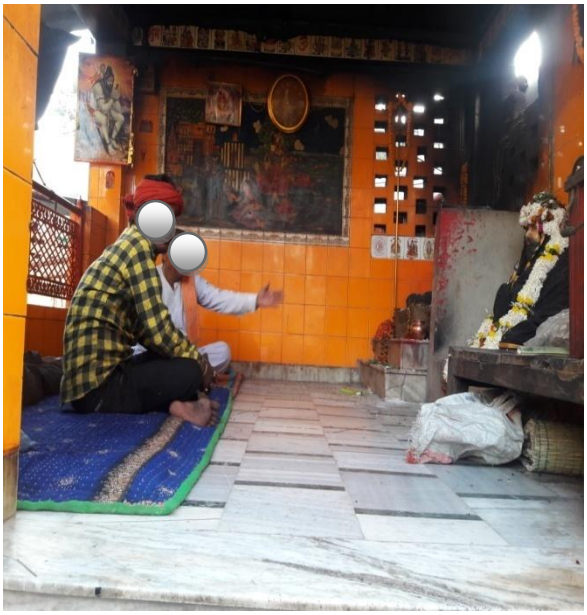
Plate 4: Dom working sift ashes in search of Jewelry at Manikarnika Ghat

In Plate 4, Dom's workers can be seen standing in the river for sifting ashes in search of jewellery which deceased could have worn. For this workers have to stand in water for three to four hours which depends on the numbers of bodies been burnt, so the amount of ashes will vary accordingly. Major problems occur during monsoon and winter seasons, when they have to stand continuously in water. Due to continuous standing, they have complained of body and backaches.

Plate:5 Cremation Ground of Manikarnika Ghat

Plate 5 illustrates the area of cremation ground of Manikarnika Ghat. It is showing one corpse been arranged on the pyre, besides are ashes on the ground of already burnt

bodies, Doms are sitting and working there. The poor condition of cremation ground leads to specific occupational hazards which are foster by presences of hot ashes, nails and other sharp objects due to which maximum injuries and burn were reported among Doms.



Manikarnika Ghat **Harischandra Ghat**

Plate 6: 'Madi' place where the sacred fire is kept.

Plate 6 shows 'Madi' the place where the sacred fire is kept. Dom workers who come from outskirts areas stay here for a period of four to five days till their owner 'pari' continues. There are no facilities at cremation ghats and problems increases more during monsoon and winter seasons. 'Madi' of Harischandra Ghat is newly constructed, so its better than Manikarnika Ghat. Inthe picture above, Owner is sitting on 'gaddi', and Dom worker came to rest there.

8.6.2 Living Conditions of Doms

Living conditions of Doms are also not very good. In Harischandra Ghat, around ten families are residing in temporary residences from the past forty years. Due to lack of space sharing of households and sanitation are most common features at both ghats.

Plate 7: Temporary houses of Doms at Harischandra Ghat

Plate 7 shows two figures of temporary residences at Harischandra Ghat. Both the houses havea roof of tarpaulin and clothes. The room on the right side is an extension of one room house due to lack of space and more members in the family. The picture on the right side, also have a roof of tarpaulin,and here cot is kept outside due to lack of space.

Meer Ghat **Harischandra Ghat**

Plate 8: Houses of Doms in Meer and Harischandra Ghats

Permanent houses of Doms at Meer Ghat and Harischandra Ghat are depicted in plate 7. In Meer ghat, the house in which awoman is standing has around seven members. The houses in Meer ghat do not have much furniture. Mostly one cot will be there, and people often sleep on thefloor. Their bedding is mostly made up of shrouds, which comes from Cremation ground. In the picture, the female is a widow who resides there with her family and works as a domestic worker for livelihood.

At Harischandra ghat, in the picture shown above, have around five members. The toiletis shared with other houses. The respondent in the picture mostly sleeps at stairs of cremation ghat of Harischandra Ghat.

As already mentioned in (section4.3.1) that most of the family among Doms do not have a separate kitchen and among those who have separate kitchen their condition is shown in Plate 9. The picture below is from the temporary residences who are staying there

frompast forty years. Mostly food is cooked over the hearth,and half un-burnt wood which had been used to burn the corpses are used as a fuel for cooking.

Plate 9: Condition of the separate kitchen at Harischandra Ghat

Plate 10: Dom Raja House

In contrast house of Dom Raja is near Dashashwamedh Ghat. It has around twenty-five to thirty rooms. Plate 10 is capturing whole house of Dom Raja in Varanasi city. Thus differences in economic status among different occupational categories can be understood through their living conditions.

During monsoon season as the numbers of dead bodies increases so work pressure increase on Dom workers. Secondly, the cremation grounds get flooded, so bodies are burn at other places.

Plate 11: Flood water at Harsichandra Ghat.

Plate 11 show pictures of flooded cremation ground of Harischandra Ghat, due to which bodies are burning on upper stairs. When the level of water further increases, bodies are then burn in the lane of Dom community.

For Harischandra ghat bodies are burnt in the lane of Dom community as shown in Plate 12. Due to which they face serious issues. As this is the area of Dom residence, so nobody complains about it, because through it only they are earning their livelihood.

Plate 12: Entry into Dom residences at Harischandra Ghat.

Whereas in Manikarnika Ghat, there is place over roof-top named as 'hatwathoda'***(***Social mapping of Manikarnika Ghat)***w***here bodies are burnt during monsoon and overload of dead bodies., Plate 10 show total area of 'hatwathoda'. As space is less and bodies are more, so workers have to burn four bodies together due to which accidents and injuries are more.

Total area of 'Hatwathoda'

Funnel pipe connecting two cemented structure

Plate 13: 'Hatwathoda' at Manikarnika Ghat

The Ashram of Satuwa Baba had complained about this occupation to higher authority saying that their students are getting skin disease because of presences of ashes of dead in the air. The higher authority had mentioned that they would soon start a health camp to analyzes health status in Manikarnika Ghat area. But till now nothing had happened.[43]

Secondly, the government had started construction work at 'hatwathoda' where the cemented structure has been constructed, two cemented structure are connected to one funnel through which all smoke will go up in the air. The work is still in progress.

[43] Informed by key informants

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ANNEXURE I- INTERVIEW SCHEDULE (Academician)

General Information

1.1 Schedule No._____ 1.2Name of themohalla _____

Household and Personal Data

2.1 Name of the respondent : _____

2.2 Occupation : _____

2.3 Address : _____

2.4 **Age:** Respondent _____

2.5 **Education:** Respondent _____

1. Illiterate
2. No formal schooling but can only sign name
3. No formal schooling but can read and write
4. Primary
6. Elementary
7. High school
8. Senior secondary school
9. Graduation
10. Post-Graduation
11. Any Other (specify)

2.6 **Employment:** Respondent _____

1) Social worker 2) Professor 3) Research scholar 4) Project assistant 5) Any other

3)What are your views regarding the health status of Dalits involved in hazardous occupation like manual scavenging and funeral work. Can you be specific about the Dom community of Varanasi who are involved in funeral work?

4) What is the health seeking behavior of Dalit funeral workers in North India especially eastern Uttar Pradesh?

5) What are the general occupational hazards for funeral workers? To what extent it contributes to the environmental hazards, or is it just the victim blaming due to their less powerful position.

6) Do you have any information about any steps and specific measures taken by the State to address the occupational related issues of the Dom community including health?

7) What are the main issues that you had realized with this Dom caste and their occupation?

ANNEXURE II- INTERVIEW SCHEDULE (Health Workers)

General Information

1.1 Schedule No._____ 1.2Name of themohalla _____

Household and Personal Data

2.1 Name of the respondent : _____

2.2 Occupation : _____

2.3 Address : _____

2.4 **Age:** Respondent _____

2.5 **Education:** Respondent _____

5. Illiterate
6. No formal schooling but can only sign name
7. No formal schooling but can read and write
8. Primary
6. Elementary
7. High school
8. Senior secondary school
9. Graduation
10. Post-Graduation
11. Any Other (specify)

2.6 **Employment:** Respondent _____

1) Social worker 2) Project manager 3) Counsellor 4) Any other

3) What are your views regarding the health status of the Dom community in relation to their occupation?

(common diseases they faces)

4) What are their health seeking behaviour and health service utilization patterns?

(They prefer public, private or traditional? What could be the reasons?)

5) What are their occupational health hazards for the community and their environment?

6) Do you have any information about any steps and specific measures taken by the State to address the occupational related issues of the Dom community including health?

ANNEXURE III- INTERVIEW SCHEDULE(Non Government Organization)

General Information

1.1 Schedule No._____ 1.2Name of themohalla _____

Household and personal data

2.1 Name of the respondent : _____

2.2 Occupation : _____

2.3 Address : _____

2.4 **Age:** Respondent _____

2.5 **Education:** Respondent _____

1. Illiterate
2. No formal schooling but can only sign name
3. No formal schooling but can read and write
4. Primary
6. Elementary
7. High school
8. Senior secondary school
9. Graduation
10. Post-Graduation
11. Any Other (specify)

2.6 **Employment:** Respondent _____

1) ANM 2) ASHA 3) AWW 4) Social worker 5) RMP

2.7 What is your monthly income: a) below 5000 b) 5000-10,000 c) above 10,000

2.8 **Household Type**

(1) Joint (2) Nuclear (3) Other (specify)

2.9 **Religion**

(1) Christian (2) Hindu (3) Muslim (4) Other (specify)

3) What are your views regarding the health status of the Dom community in relation to their occupation?

(common diseases they faces)

4) What are their health seeking behaviour and health service utilization patterns?

(They prefer public, private or traditional? What could be the reasons?)

5) What are their occupational health hazards for the community and their environment?

6) Do you have any information about any steps and specific measures taken by the State to address the occupational related issues of the Dom community including health?

7) Had your organization taken any initiatives or programmes for Dom community?

ANNEXURE IV: SURVEY FORM (Dom Respondents)

Respondent name: _____Place From:_____

1. Socio Economic and Family Profile

1.1) Age: (1) 18-20 (2) 21- 30 (3) 31-40 (4) 41-50 (5) above 60

1.2) Gender: (1) Male (2) Female (3) Transgender

1.3) Religion: (1) Hindu (2) Muslim (3) Christian (4) Any other (specify)

1.4) Education: (1) Illiterate (2) Literate but below primary (3) Primary (4) Middle (5) secondary school 6) Higher secondary school 7) Graduation 8) Any other(specify)

1.5) Marital Status: (1) Unmarried (2) Married (3) Divorce (4) Widow(er)

1.6) Occupational category: (1) Owner (2) Manager (3) Workers (4) others

1.6.1) 'Pari '(turn) comes: (1) Yes (2) No (3) Sold

1.6.2) Place of 'Pari': (1) Harischandra Ghat (2) Manikarnika Ghat (3) Others

1.6.3) Frequency of 'Pari': (1) 1-3months (2) 4-6 months (3) 7-9 months (4) 10-12months (5) 13-36 months (6) 37-72 months (7) NA

1.7) Nature of occupation: (1) Permanent (2) Temporary (3) Part time

1.7.1) Number of working days:(1) 1-5 days (2) 6-10 days (3) 11-15 days (4) 16-20 Days (5) 21-25 days (6) 26-30 days (7) NA

1.8) Any other subsidiary occupation: (1) Daily wage labourer (2) Auto driver (3) Other

1.9) Daily income: (1) below 500 (2) 501-1000 (3) 1001-1500 (4) 1501-2000 (5) above 2000

1.10) Household type: (1) Joint (2) Nuclear(3) any other (please specify).

1.11) Number of member in family: _____

2**) Detail of Family/Households**

Sr. No.	Name of Household membe	Relation to the Respondent	Age	Sex(M/F)	Marital status	If Married, no. of children	Literacy(Years of education)	Occupation	Monthly income

Ancestral Family Details:

Relation to Respondent	Age(only if s/he is alive)	Education	Occupation(Before retirement)	If Re-employed (Income per month)
Father				
Mother				
Paternal Grand Father				
Paternal Grand Mother				
Maternal Grand Father				
Maternal Grand Mother				

3) Occupation and Education:

3.1) Engagement in this occupation started with(Tick mark the applicable)

(1)Respondent

(2)Father

(3)Mother

(4) Brother

(5) Sister

(6) Paternal Grand Father

(7) Other(Specify)

3.2) What are your views towards your caste based occupation?

(1)Priority (2) Constraint situations (3) Good (4) Don't like

3.3) Do you/ your family member engage in this occupation and why?

(1) Yes, on regular basis

(2) Yes, in financial crisis

(3) Yes, pressure from villagers

(4) no, given up completely

(5) Any other response_____

3.4) Education in the family started with: (Tick mark the applicable)

(1) Respondent

(2) Father

(3) Mother

(4) Brother

(5) Sister

(6) Paternal Grand Father

(7) Other (specify)

3.5) How many members of your family had dropped out school before elementary level?

3.6) What are the reasons for leaving education? Please specify.

3.7) What are your aspirations for your children future?

(1) Engaged in caste based occupation

(2) Government job

(3) Setting up of business

(4) any other(Specify)

3.8) Have you ever found problem in your children education? If yes, what are those?

4)Place of residence

4.1) Had you migrated to this city? Yes/No

4.1.1) If yes, what were the reasons for migration?

(1) Education (2) Employment (3) others (specify)

4.2) Who was the first to migrate from your family to this city

4.3) Does anyone migrated out from here?

4.4) Reasons for migration: (1) Education (2) Employment

4.5) Where does they migrated to: (1) Rural (2) Urban (3) any other(Specify)

5. Details of assets:

5.1) What is your present address?

5.2) Do you own Land (Either as individual or family)?

(1) Yes (2) No

5.2.1) If yes, what is the type of your land ownership?

(1) Agricultural land (2) Residential land (3) Both (4) No land

5.2.2) How many acres /bhiswa of land do you posses?

(1) less than 1 bhiswa (2) 1 to 2 bhiswa (3) above 2 bhiswa (4) No land

5.2.3) Sharing of land with number of households:

(1) Not Sharing (2) 1- 4 households (3) Above 4 households

5.3) From how many years you are living in present place?

(1) 0-5 years (2) 5-10 years (3) Above 10 years

5.4) What is the status of your residential accommodation?

(1) Own (2) Rent (3) Ancestral (4) Government accommodation (5) any other(Specify)

5.4.1) If on rent, how much rent does you have to pay monthly?

5.5) What is the type of house?

(1) kuccha (2) Pucca (3) semi pucca (4) any other (specify)

5.6) How many rooms are present in the house?

5.7) Does it have kitchen?

(1) Yes (2) No

5.7.1) Fuel for kitchen: (1) wood (2) LPG (3) Kerosene (4) More than two

5.7.2) Food cooked on: (1) Hearth (2) Gas (3) Stove (4) More than two

5.8) Does it have water and sanitation facilities?

(1) Yes (2) No

5.8.1) Number of households with whom you share sanitation facility:

(1) Below 5 (2) Above 5(3) Not sharing

5.9) Source of water: (1) Tap (2) Handpump (3) well

5.10) Your neighborhood is predominantly (reasons):

(1) Dalit (2) Non dalit (3) Both

5.11) Do you have any of these live stocks?

(1) Cow (2) Goat (3) Hen (4) More than one (5) any other (6) No

5.11.1) Animal shed :

(1) Yes (2) No (3) NA

5.12) Details of the consumer goods your family possess:

(1) Car (2) Motorbike (3) Bicycle (4) Refrigerator (5) T.v (6) Cell phone (7) Washing machine (8) Telephone (9)VCR (10) Debit/credit card

5.13) Accessibility to services and amenities do you possess?

(1) Ration Card(BPL/APL) (2) Bank account (3) Adhaar Card (4) RSBY Card

6. Health status:

6.1) What are the health problems commonly found in your region?

6.1.1) If yes, then does it varies according to seasons? Yes/ No (Specify)

6.2) Do you face any of the issues while performing yourcaste based occupation?

(1) Smell (2) Smoke (3) Intolerable heat (4) Breathing issue (5) Eye issue (6) burn from flames (7) No (8) All of above

6.3) Do you face any of the health issues due to your occupation?

(1) Body-ache, backache and headache (2) Injuries and blisters on feet (3) Weakness and Illness (4) Eye problem (50 Lung problem (6) All of above (7) Not mentioned

6.4) What are other major issues at cremation ghat : (1) Poor working conditions (2) Poor work environment (3) occupational hazards (4) Not mentioned (5) Others

6.5) How many times are you burned in last six months:

(1) below 10 times (2) above 10 times (3) No

6.5.1)What are the duration of days taken for rest:

(1) 1-10 days (2) 11-20 days (3) 21-30 days (4) More than 30 days (4) No

6. 5.2) Where do you took treatment for occupational health hazards:

(1) Home remedies (2) Private clinics (3) Chemist (4) Private hospitals (5)Others

6.5.3) What are the types of home remedies:

(1) Earthworm oil (2) Prescription from doctor (3) Earthworm oil and Khol (4) Mustard oil and khol (5) eye drop (6) Free dressing (7) alcohol

6.6) Who majorly suffers from health problems in your house?

(1) Children (2) Male (3) Female (4) Old age

7) Are there any household members who are currently suffering from any major illness like T.B, Leprosy, heart diseases, hypertension, asthma, diabetes and gynaecological problems. Write down each person's name who is currently suffering from the illness.

S.no	Name of member	Type of illness	Duration	1st source of treatment	Reason for choosing	Any other treatment sought	Reasons For seeking treatment	Satisfactions by the treatment	Total cost in illness

8) Are there any members who had suffered from any major illness(more than seven days) like T.B, Leprosy, heart diseases, hypertension, asthma, diabetes and gynaecological problems in the past one year. Write down each person name and the history of the illness.

S.no	Name of member	Type of illness	Duration	1st source of treatment	Reason for choosing	Any other treatment sought	Reasons For seeking treatment	Satisfaction by the treatment	Total cost in illness

9) Did any household member suffer from minor illness (illness less than seven days)like fever, cough, cold diarrhea, eye,ear, tooth problem etc. during last one weeks. Write down each person's name who fell sick.

S.no	Name of member	Type of illness	Duration	1st source of treatment	Reason for choosing	Nature of treatment provided	Any other treatment sought	Reasons For seeking treatment	Total cost in illness

10) Has any household member suffered from any major accident during working at the ghats for which medical aid was needed or which made the person bedridden for a few days.

S.no	Name	Type of accident	Cause of the accident	Treatment sought	Cost	How long person was incapacitated	Has it led to some disability

11) What type of treatment do you soughed while getting major illness? Reason for choosing it,

(1) Private clinic (2) Private hospitals (3) Chemist) (4) government hospital (5) PHC

11.1) Which of the following is more affordable to you

(1) Public hospital (2) Private clinics (3) Traditional healers (d) any other (specify)

11.2) Do you face any problem in availing health services from public sectors? Yes/ No

11.2.1) If yes, Please specify some of the problems.

12) What are reasons for choosing any health services: (1) Distance (2) Better facility (3) Finance (4) Better treatments (5) Depend on illness

13) This year any of the women in your house become pregnant? Yes/ No

S.no	Name of women who become pregnant	Consequences			Place of delivery	Who conducted delivery
		Abortion	stillbirth	Delivery		

14) In last fifteen year, does any death happen in your house? Yes/ No

14.1) Please specify reason of death.

15) Do any health worker/ family planning worker visit your house? Yes/No

If Yes:

(1) How frequently_____

(2) When did the worker last visit _____

(3) For what purpose _____

APPENDIX I

Table 1 Reported Reasons ofDeath Across Age Groups

Age groups	Liver Damage	Don't Know	Fever or Illness	Diabetics and Tuberculosis	Suicide	Pneumonia and Jaundice	Heart Attack	Alcoholism	Throat Cancer	Others	Total
1-12Months	0	4	1	0	0	1	0	0	0	15	21
1-5Years	0	0	5	0	0	0	0	0	0	3	8
6-10 Years	0	0	1	0	0	0	0	0	0	0	1
11-15Years	0	0	1	0	0	0	0	0	0	2	3
16-20Years	0	1	0	0	2	0	0	0	0	1	4
21-25Years	0	0	1	2	1	0	0	1	0	2	7
26-30Years	1	0	1	0	4	0	0	4	0	2	12
31-35Years	1	0	0	0	1	0	0	4	0	0	6
36-40Years	1	0	0	0	0	1	3	3	1	2	11
41-45Years	0	0	1	0	0	0	2	2	0	1	6
46-50Years	0	0	0	0	1	0	0	0	1	2	4
51-55Years	4	0	0	0	0	0	5	0	0	1	10
56-60Years	1	0	0	1	0	0	1	0	1	1	5
Total	8	5	11	3	9	2	11	14	3	32	98

Table 2: Reported Reasons of Death Across Gender

Gender	Liver Damage	Don't Know	Fever or Illness	Diabetics and Tuberculosis	Suicide	Pneumonia and Jaundice	Heart Attack	Alcoholism	Throat Cancer	Others	Total
Male	6	3	6	1	2	0	9	14	3	17	61
Female	2	2	5	2	7	2	2	0	0	15	37
Total	8	5	11	3	9	2	11	14	3	32	98

Table 3: Reported Death Across Gender and Age Groups

Age	Male	Female	Total
0-12Months	12	9	21
1-5Years	6	2	8
6-10 Years	0	1	1
11-15Years	1	2	3
16-20Years	1	3	4
21-25Years	2	5	7
26-30Years	6	6	12
31-35Years	5	1	6
36-40Years	9	2	11
41-45Years	5	1	6
46-50Years	3	1	4
51-55Years	7	3	10
56-60Years	4	1	5
Total	61	37	98

Table 4 :Status of "Pari' across Occupational Categories				
Occupational Categories	**YES**	**NO**	**SOLD**	**Total**
Owner	100(9)	0(0)	0(0)	9
Manager	75(9)	16(2)	8(1)	12
Worker	72(45)	12(8)	14(9)	62
Others	64(11)	11(2)	23(4)	17
Total	74(74)	12(12)	14(14)	100

*Parenthesis numbers are presented in bracket