

DISCRIMINATION IN ACCESS TO HEALTH AND EDUCATION: NARRATIVES FROM NAT COMMUNITY IN RAJASTHAN

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Abstract

The Nat community in Rajasthan is a de-notified tribe whose primary occupation is believed to be sex work. Children from this community are considered the most deprived ones because of their low level of education and poor health status. They are the victims of caste-based discrimination, due to the stigma attached to their family's occupation, and the stigma of criminality. The present paper is an attempt to understand various stigmas attached to Nat children and how these affect their access to education and health. The paper reveals that because of the social status of Nat community, the children are denied access to public education and health services at the village level. Lack of education and awareness of provisions under public policies negatively affect their livelihood. A large number of children are engaged as child labour. Very less number of girls from the Nat community gets married.

Key Words: De-notified tribe, stigma, education, health, vulnerability.

Introduction

India, after its Independence, continued to fight against poverty, and its related indicators like high mortality rates, malnutrition and illiteracy, and the greatest victim of these social evils are mainly children and women. As per the census 2011, children constitute 400 million in number in the country's population and it is the largest child population in the world. Children and childhood across the world have broadly been constructed in terms of a golden period of life time that is synonymous with innocence, freedom, joy, play and the like. But, Bhakhry (2006), said that childhood is not a world of freedom and opportunity but one of the detentions and restriction in which children are wholly subservient and dependent on adults. So, according to him, childhood is nothing but a world of isolation, sadness, exploitation, oppression, cruelty and abuse.

According to United Nations Convention, on the Rights of the Child (UNCRC), every child has the right to be educated and the rights of

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children have legal, political, social, cultural, economic, demographic and environmental dimensions. India is a signatory Nation of the UNCRC. India has creditable achievements to trumpet on a number of counts. These include high rates of economic growth lasting over a decade, reduction in infant mortality rates and increase in life expectancy at birth. But on its position in terms of taking proper care of children, however, there is nothing encouraging writing about (Radhakrishna & Ravi, 2004). Actually, India has the highest proportion of undernourished children in the world along with Nepal, Ethiopia and Bangladesh (Dreze, 2006). Central government and state governments both are responsible to providing basic necessities to children; they are, as per the Indian Constitution obliged to provide better health care services and quality education. Although through several policies, programmes and schemes, the state is working for the same but still half of the population of children are not able to reach school and enter into a vicious cycle of multiple vulnerabilities like illiteracy, poverty, caste and gender based discrimination.

In the context of India, social status of children only decides what kind of education and health services they can access. Floud (1961) in her relevant discussion on social background as a determinant of education explains how the social status of people is linked to access to public services. She explained that social status is not merely a barrier in education, health or economic deprivation of a particular class but it makes differences in the way of life, values, aspirations and attitudes of the people. Acharya (2010) stated that social discrimination is a universal phenomenon which is reflected in various forms among different people and in the context of India caste identity plays a key role in discrimination. Social discrimination leads to vulnerability among children. This vulnerability restricts their freedom to make choices and access to resources for their own development. A large number of children in India living in such situations require attention from the state and stakeholders. Irrespective of caste identity there are other children also who are most vulnerable. Bhakhry (2006), identified a number of vulnerable children as physically handicapped, mentally handicapped, those affected by drugs, victims of Natural and manmade disasters, refugee children, street children, slum and migrant children, children suffering from HIV/AIDS, trafficked children, children of sex workers, and children in conflict with law. The present study is primarily focused on children of sex workers in general and children from Nat community in particular. Following are the objectives for the present study.

- To study the socio-demographic profile and living conditions of the children of *Nat* community in Rajasthan.

- To look into the educational and health backwardness of children of sex workers in general and *Nat* community in particular.
- To examine the discriminatory practices prevalent in the village against the *Nat* community and its implications on the development of children.

Methodology

The present study is primarily qualitative in *Nature* and has adopted case study as the approach to fulfill the objectives. Case study approach is used to understand the culture and livelihood of the *Nat* community. The study has been conducted at Bandersindri *Nat* hamlet of Ajmer district in Rajasthan. This hamlet is comprised of around 40 *Nat* families with around a population of 200. Un-structured interview schedule and Focus Group Discussions (FGDs) methods have been employed to gather information from respondents. Children whose age is under 18 years are chosen as respondents for the present study. The issues that were focused in the interview schedule and FGD included: educational and health status of *Nat* children, their interaction experience with other caste children, *Nature* of discrimination perceived by *Nat* children in daily lives, and attitude of these children on their mother's occupation etc.

***Nat* Community: A Brief**

The *Nat community* was a nomadic community and worked as performers under the patronage of Rajput kings and common folk. They consider themselves as of Rajput origin, and in Rajasthan they are known as *Raj Nat*. In 1871, the British government passed a law 'Criminal Tribes Act' and listed a number of nomadic tribes as criminal tribes. The *Nat* community was also listed under this Act. Though the same Act has been replaced by 'Habitual Offenders Act 1952' by the Government of India, it denotified these tribes from the criminal tribes list. But still these tribes are suffering from the stigma of criminality. So being performers it was customary for *Nat* women to perform for Rajput kings and local folk. As the Zamindari system was abolished, the *Nat* community lost patrons. Swarankar R.C. (2007) explained that Rajput kings used to invite *Nat* women on special occasions like birth anniversary, marriages, and other ceremonies and festivals to perform. He said that from entertainers, sex work or Dhandha has now become their primary occupation for livelihood. As they adopted sex work, as primary occupation, another stigma attached with them is impure occupation. Although they are a nomadic tribe historically, but after independence the different states listed them as SC/ST/OBC (Azeez,

Toolsiram & Mishra, 2017 and Jangir & Kaushik, 2017). The *Nat* people have very limited occupational choices; they either take on daily wage labour or continue with their traditional art forms (Kishwar, 2017). In Rajasthan, they are listed as Schedule Caste, so they are also facing the other stigma i.e. being *Dalit*. So these multiple stigmas (Occupational stigma, Criminality stigma and being *Dalit*) makes their life challenging. The present study will try to understand these multiple stigma and its impact on education and health among children of *Nat* community.

Findings and Discussions

Discrimination on the basis of caste, class, gender, age and occupation leads to vulnerability among the children. Now assume, what if all these identities come together on children? What would be their circumstance? How much backward they are? Are they able to access all the public and civic services? The answers to all these questions are in this paper. The findings of this paper have focused on children of sex workers in general and children of *Nat* community in particular.

Among all deprived or vulnerable children, children of sex workers are on high risk deprivation. Children of sex workers are denied even their most basic human rights like food, housing, education, etc. and they are excluded from the mainstream of society. Shohel.et.al (2012) stated that, they are victims of the power structure in their own community and outside the community and that leaves them exposed to inhumane life conditions, such as drug addiction, lack of access to safe drinking water and sanitation, no property rights and denial of any legal protection, extortion, trafficking and violence. The children of *Nat* community also can be considered as children, who are facing these challenges.

Socio-Economic Background

The vulnerabilities of the *Nat* community, particularly the children in accessing basic needs like health, education and other developmental opportunities are the highlights of the present study. A hamlet of *Nat* has been taken for the study; this hamlet is situated in Bandersindri village of Ajmer district in Rajasthan. This village has population of around 3000 and this *Nat* hamlet consists of 40 families and population of around 200. The hamlet is segregated from the main village so it faces various problems in accessing the public resources. Most of the houses in the community are in poor condition and every year some people migrate to metropolitan cities like Mumbai and Delhi. As their primary occupation is sex work, most of the women from this hamlet are in Mumbai red light areas. Although all

kinds of facilities are available in the Bandersindri village but people like *Nat* are still struggling for their basic necessities like water, and education. School, Anganwadi and health center are also not available in the hamlet. Very few children from the community are continuing their schooling after matriculation. Every year children from the *Nat* community get enrolled in schools but at the same time many children drop out because they face severe stigma and discrimination in the school by the children of other caste groups and even by the teachers. A large number of *Nat* children are also involved in labour which is prohibited in the country. Lack of education and awareness hamper their healthy living practices. Moreover, practice of sex work by females of this hamlet adds to their health and social vulnerabilities. They are more prone to sexually transmitted diseases including HIV/AIDS.

Educational Backwardness among *Nat* Children

Article 21A of the Indian Constitution claims that every child (0-14 years) has the right to free and compulsory schooling and Article 45 of Directive Principles of State Policy (DPSP) directs the state to provide free and compulsory schooling to each child but still the educational status of children is alarming. A huge proportion of children are not able to reach the school system. As per the United Nations Convention on Rights of the Child (UNCRC), every child has the right to be educated and they also have political, legal, social, cultural, economic, demographic and environmental rights.

Education empowers people, provide choices, and a voice to disadvantaged children and young people. Shohel.et.al (2012) describes education as a stepping stone to self-development for those who are disadvantaged by creating choices, build self-confidence, and self-reliance for individuals. Education also promotes wellbeing by teaching about good health practices, active citizenship through developing skills for life and sustainable future. Irrespective of several policies and programmes, a large number of children are still not able to even access education. The children of sex workers are among these vulnerable children who are not able to access education because of various reasons, like their social status and stigma of their family occupation. The mainstream society does not accept these children and their families. Adhikari (2008) said that the acceptance of these children into mainstream society is virtually impossible and consequently they often start working in the brothels themselves. The society does not accept them as members, and thus, it becomes very difficult for children of sex workers to attain education. The situation of children of *Nat* community is somehow similar to these children.

Evidences from the Field

The Bandersindri village, where the present study was conducted, has three government schools and four private schools, but no school has been set up in the *Nat* hamlet. Consequently, *Nat* children have to go to the main village for the school and it is around 1 kilometre away from their home. It has been observed that a majority of the children in private schools are from upper caste and economically well-off families. Very less children from lower caste (including *Nat* community) are in private schools. Further, those children from *Nat* community who have been able to get enrolled in schools face caste based discrimination in these schools almost on a daily basis. It was noted that at the primary level in the governmental school, a majority of the children belong to lower castes, but in higher secondary school the proportion of these children is reduced drastically. It shows that retention rate among these children is quite poor.

When children of sex workers are enrolled in school, it becomes difficult for teachers and other students to accept them as equals, because of their distinct occupation and lower social status. The upper caste children are not willing to sit next to these children and as a result these children eventually drop out from school (Shohel, et.al, 2012).

During interaction with *Nat* people, they were asked about the efforts they made for schooling for their children.

“We try to send our children to a government school, but sometimes we do not have proper documents that are needed for the admission process i.e. caste certificate, father’s identity and residential certificate etc. so anyhow we send them in private school.”

However, higher fees of private schools many a times becomes beyond their reach, as for every parent of *Nat* community it is difficult to meet the financial demands posed by private schools’ as opined by a *Nat* man.

Thus, ironically, on one side, we consider education as fundamental right of children but on the other side a number of children are deprived of education and *Nat* children are one among such disadvantaged category. They face social deprivation due to occupational identity, economic impoverishment and lack of political power.

Education and Discrimination

Focus Group Discussion (FGD) was conducted with children of *Nat* community and they were asked to share their experiences in school. Through FGD it was learnt that these children are discriminated in day to

day life in school by children and teachers from other communities. A ten year old Nat boy commented:

“I want to go to school regularly because I like my school. But some children behave very roughly with me. Even sometimes they beat me. They often tell me that my mother is not good. They live in the community there (indicating the upper caste residential area). I have complained it to my teachers many times but they do not punish them. Teachers told that, you do not go to them, you mingle with other children of your community”.

For these children, first of all getting enrolled in school is an uphill task. Then, those who are able to get admission in school encounter discrimination as narrated by the child above. Consequently, they are prone to drop out.

Discriminatory Practices in Classrooms

Majority of the children told that they are not free to sit anywhere in the classroom. They sit as per the teacher’s orders and only very few children said that they sit in front row in class. Only the teacher decides the seating arrangements in class. Intelligent or *Hosiyaar* students tend to sit in the front row and weak behind, as per peer dynamics (in relation to caste dominance) and locational identity (like *basti* children). One student stated that:

“We know who is *Hosiyaar* or intelligent in the eyes of the teacher. What matters is our background only”.

Like most of the Indian villages, Bandersindri village is also segregated on the basis of caste and it is also the reason why children mostly mingle with children of their own caste only. A drop out student from *Nat* community said:

‘We sit with our community friends, village students sit together and they sit in the front row and we sit behind them. Purposefully we sit at the back. Even though the teacher asks us to sit in front we don’t because we hesitate, as the village students would not let us to sit in front’.

Another child explained,

“Jat boys are used to sit on mat, but we and some other children cannot sit on it. There are not enough mats in school. Once I went early in the class and sat on the mat but they snatched it from me and other children were laughing”.

Discrimination in Drinking Water

Discriminatory practices around a water tank are an integral part of the school culture and in village it is common. It has been observed in school and in the village too that Nat children and other lower caste children often

stand at a distance when upper caste children come to drink water because they are not allowed to drink water together. A student observed:

“The other caste children first wash the mouth of hand pump/tap after it was used by us or *Chamar* or *Rager* as if it gets polluted”.

An 11 year old child from *Nat* community shared his experiences of discrimination and said:

“When I drink water, the Jat and other upper caste students tell me to move aside, let them drink first. They say you are *Nat/Bhangi*, you drink afterwards. They wash the hand pump after I drink so I drink last. At that time it comes in my mind that I must beat them... sometimes I complained the matter to the teachers but they also did not pay attention. On my insistence, they just say that no one will do this again... but they are still doing and will keep doing”.

So what emerges from these experiences of *Nat* children is that they are denied drinking water that is a basic need to survive. Although nothing happens after washing the water tap but the notion of purity and impurity is there in other caste children’s mind. These are the manifestations of discrimination reported by *Nat* children in school which become often a reason for drop out. In their daily life they face these discriminations, leading to deprivation of education.

Health and Discrimination

The call for health for all is the call for social justice. The World Health Organization (WHO) defined health as a state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity. The WHO also claimed that wellbeing or health is one of the fundamental rights of a person, who needs access to it without discrimination of race, caste, religion, political belief, and economic and social conditions. The attainment of these rights is possible through the cooperation of the individual and state. The vision of WHO was translated into a conceptual framework in the ‘Health for All by 2000’ declaration of Alma Ata in 1978. As per this declaration it is the duty of the state to provide health care facilities to all by 2000. But in the case of India, this vision has become distant reality even in 2019 where a number of children are not able to access medical facilities. Even in its report ‘Health Care India- Vision 2020’ the Planning Commission said that universalisation of health has become a distant dream in India due to socio-economic, political and cultural barriers.

The Constitution of India established as a new social order based on equality,

freedom, justice, and dignity of the individual. It aims at the elimination of poverty, ignorance, and ill health and directs state to raise the nutrition level, standard of living and improvement in public health as among its primary duties. Unfortunately health is not a fundamental right in the constitution and hence its violation cannot be directly challenged in the court. However, Article 21 deals with the right of life and dignity and what goes along with it, namely, the bare necessity of life such as adequate nutrition, clothing and shelter.

Although the Indian Constitution provides equal rights to everyone irrespective of caste, class, religion, race and gender, still there are number of people who are vulnerable and unable to use these rights because of their socio-economic status. They are deprived of access to resources to meet their basic needs such as health, education, food, security, employment, justice and equity. People who belong to these vulnerable groups, like Nat, are unable to acquire and use their rights. There are various implementation issues of the government's programmes and schemes that have failed to address the violation of the right to health among poor and marginalized communities, including the Nat community. Studies in this area reveal that a person's poorer health status, including higher morbidity, lower life expectancy and higher rates of infant mortality is linked to his/her race, ethnicity and caste, and in certain cases Nationality (Acharya, 2010). Studies also reveal that any kind of discrimination rooted in social fabric, including caste, or racial origin affects people's health in at least three distinct ways: a) health status, b) access to health care, and c) in quality of health services (Acharya, 2013). At present, Nat has been the a victim of the caste system in Indian society, as they experience untouchability, and are powerless in relation to access to resources for healthcare. Illiteracy prevents the Nat people from acquiring health and nutrition education, which are important means to achieve status and power that are necessary to improve their socio-economic status. Since they are deprived of education and economic resources, their access to health care services also becomes limited.

Health Care Services and Nat Children

Discrimination in access to health care services may occur at any stage. Like neglected behavior by doctors or supporting staff in hospitals or misbehavior by health worker at home visits (Acharya, 2013). The children of Nat community experience social hindrances in accessing the health services and face discrimination in the delivery of services. Nat children or children of sex workers particularly, are not given the opportunity to express explicitly symptoms of their ailments to the doctors in the health centre. A

Nat child expressed:

“Hum jab health centre jate hain to doctor bhi humein dhang se nahi dekhta, humein bukhari bhi hota hai to dur se hi dekhke dawai de dete hai, na bhi check nahin karte”. (When we go to health centre, even the doctor does not check us properly. If we have fever then also without touching our body he gives medicines.)

Following observations are the expressions of discrimination, as faced by the *Nat* people and as reported by their children in accessing health care services. The findings are based on the FGDs with children and interviews with parents.

Discrimination in Home Visit

Anganwadi workers or healthcare providers hardly visit the hamlet of *Nat* community and if ever they come, they do enter the home. And if accidentally or by chance they enter their homes, they neither sit nor consume anything (eat or drink) when offered by the residents. They give medicines without touching hand or any other part of the body of *Nat* women or infants or children. They keep medicines on floor or paper, on anything but hardly give directly in their hand.

Discrimination in Information

Lack of education leads to lower levels of awareness on healthcare among the *Nat* people. Though it is within the purview of healthcare workers, hardly any health care awareness camp is organized for the *Nat* people. Anganwadi workers and health care workers also provide incomplete or incorrect information on health and immunization as they are not at all interested in talking to *Nat* people. A *Nat* man mentioned:

“It is true that in health centres, the check-ups and medicines incur minimal cost in comparison to the city hospitals but we often go to the city only. Because, first thing is that our women cannot go alone in village because other caste people look down upon them and behave badly and second we have to face the comments of villagers while going from the road. “City hospital mein jate hai halanki tho jyada paisa lagta hai, lekin wahan doctor bhi sahi dekhta hai aur kisi ke taane bhi nahin sunne padte”. (It is better to go to a city hospital, although it is costly but there we do not have to listen derogatory comments from people and doctors also do not discriminate).”

Discrimination in Diagnosis

Nat people, especially children, face discrimination by the doctors during

diagnosis and receiving treatment. Doctors do not ‘touch’ the ailing *Nat* patient abiding to purity norms of caste system. They spend minimal time while ‘seeing’ a *Nat* patient. Though for remaining politically correct, doctors often use sympathetic tone but usage of derogatory words is not uncommon. Delays and postponement in treatment are quite frequent when the patient is a *Nat*.

Discrimination in Waiting Line

Nat people also have to face discrimination while waiting in line for diagnosis in health care centers. Sometimes, doctors purposefully call other people first and let *Nat* people wait for a prolonged period. If *Nat* children go alone to a health center, doctors often ignore them and send them back without diagnosis.

Conclusion

The children of *Nat* community on whom this study is focused, have been facing multi-layered vulnerabilities and marginalization. This is reflected in education and health areas mentioned above. *Nat* children suffer from a unique kind of social disability. These children are excluded from the mainstream of society due to the stigma attached to their mothers’ profession, that is, sex work; as a result they are unable to get proper or enough education for themselves. As schooling and quality education is much restricted for *Nat* children, it directly affects their entire life – they remain unskilled and unable to earn a decent living for their family. It propels poverty and marginalization among them. The programmes and policies that government implemented also failed in the case of these vulnerable children.

The children of *Nat* community are an integral part of the constituency of children for whom the Right to Education was enacted. It is the duty of the government to ensure free and compulsory quality education to these children. In a strict sense, right to education should be guaranteed to all the *Nat* children on non-negotiable terms.

Study results have shown very limited accessibility to health services by the *Nat* community. There is a need to create a conducive environment for the people of *Nat* community to enjoy their right to health as equal citizens.

References

- Acharya, S. (2010). *Access to health care and patterns to discrimination: A study of Dalit children in selected villages of Gujarat and Rajasthan*. Children,

Social Exclusion and Development, Working paper series, Vol. 01, No. 02.
Indian Institute of Dalit Studies and UNICEF.

- _____ (2013). Caste and patterns of discrimination in Rural public health care services. In Sukhadeo Thorat and Katherine S. Newman (Eds.). *Blocked by Caste: Economic Discrimination in Modern India*. OXFORD: India.
- Adhikari, H. (2008). When the sex market rejects. *Journal of InterNational Women's Studies*, 12(1), 91-93.
- Azeez, E. A., Toolsiram, R., & Mishra, A. (2017). RajNats of Rajasthan and the Sex Work: An Ethnographic Study. *Contemporary Voice of Dalit*, 9(1), 37-47.
- Bhakhry, S. (2006). *Children in India and their rights*. Rajika Press Services Pvt. Ltd: National Human Right Commission, India.
- Channa, S. & Mencher, J. (2013). *Life as a Dalit views from the bottom of caste in India*. Sage Publication: New Delhi.
- Dreze, J. (2006). Universalisation with Quality: ICDS in a Rights Perspective. *Economic and Political Weekly*. Vol XLV. No. 34. August 26. pp 3666-70.
- Floud, J. (1961). Social Class Factors in Educational Achievement. In A.H. Halsey (ed.) *Ability and Educational Opportunity*, Paris: O.E.C.D.
- Jangir, H.P. & Kaushik, A. (2017). Living pattern of Nat in Rajasthan: Looking beyond exclusion. *Journal of Social Inclusion Studies*, Vol. 3, No. 1&2.
- Jaspal, R. (2011). Caste, Social stigma & Identity process. *Psychology and Developing Societies*, 23(1), p. 27-62.
- Jena, M. (2010, 17 February). INDIA: Education as empowerment tool for children of sex workers. *Inter Press Services* (News Agency). Retrieved <http://www.ipsnews.net/2010/02/india-education-as-empowerment-tool-for-children-of-sex-workers/>
- Kishwar, M. (2017). Violating child rights on the pretext of rescue operation. *The Sunday Guardian*. November 26, Page no. 28.
- Kothari, R. (1997). Social policy, Development and democracy. In Social transformation in India: Essays in honor of Prof. I.P. Desai, 37-55. Rawat publication: Jaipur.
- Pangannavar, A. (2014). *Scheduled castes (SCs) in India: Socio-economic status and empowerment policies*. New Century Publication; New Delhi.
- Radhakrishna, R., & Ravi, C. (2004). Malnutrition in India: Trends and determinants. *Economic and Political Weekly*, 671-676.
- Shah, G., Mander, H., Thorat, S., Deshpande, S., & Baviskar, A. (2009). *Untouchability in India*. Sage Publication; New Delhi.
- Shohel, M. M. C., Ashrafuzzaman, M., Nazmi, S. N., Das, A. R., Babu, R., Mubarak, M. F., & Al-Mamun, M. (2012). Impact of education on sex

workers and their children: Case Studies from Bangladesh.

Swarankar, R.C. (2007). Traditional female sex workers of Rajasthan, India: An ethnographic study of *Nat* community. In Linda E. Lucas (Ed.), *Unpacking globalization: Markets, gender, and work* (pp. 155–167). Lanham MD: Lexington Books.

Thorat, S. & Senapati, C. (2006). Reservation Policy in India: Dimensions and Issues. *Working paper series*; Indian Institute of Dalit Studies, Vol 1(2).

Endnote:

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