Social Exclusion and Child Nutritional Status among the Scheduled Population in India

Dhiraj Barman[1*]   Sudipta Sarkar[2]

1. Assistant Professor, Department of Geography, University of Gour Banga, Malda (WB), India
2. Phd Scholar, Centre for the Study of Regional Development, JNU, New Delhi, India
* E-mail of the corresponding author: todhirajbarman@gmail.com

Abstract

The concept of social exclusion covers a wide range of economic and social problems commonly related poverty, inequality, deprivation and discrimination. The child nutritional status is one of the important areas where the concept has serious applicability. The proportions of undernourished children in India is significantly higher along with wide spread socio-economic inequalities. The disadvantaged scheduled population (i.e. SC's & ST's) in the country are tremendously affected by multidimensional poverty and thus bearing the immense burden of undernourishment especially among the young children. Using the 3rd round of National Family and Health Survey (NFHS-3; 2005-06) dataset the study broadly suggests that the problem is deeply rooted in larger form social exclusion and deprivation among the lower most segments of the population. It explores the different contours exclusion related to the lesser access of the basic health care facilities, one of the leading causes for the very high rate of child undernourishment among the children.

Keywords: Social Exclusion, Poverty, Inequality, Deprivation, Discrimination, Scheduled Children, Nutritional Status.

1. Introduction:

Child undernutrition is considered as one of the major problems that the developing world is facing today. According to the estimation of UNICEF (2009) in the developing world around 195 and 129 million children under 5 years of age are suffering from stunting and underweight respectively. It also suggests that South Asian region persistently remained as the heartland for the undernutrition and India being one of the leading countries contributing the highest number of undernourished and low birth weight children among the developing world (31% stunted, 42% underweight, low birth weight 39%). As per the 3rd National Family and Health Survey (NFHS: 2005-06) one half of children below 5 years of age were stunted (48%), one-fifth of them were wasted (19.8%) and four out of every ten children were reported to be underweight (42.5%) in the country. Chronic undernourishment among the socially and economically marginalized groups is widespread cutting across rural and urban areas and regions of India. Levels of undernourishment are found to be significantly higher among the Scheduled caste (SC) and Scheduled tribe (ST) populations. This paper explores the problems and issues related to social inequalities of child undernutrition in India with particular focus to the exclusion of disadvantaged scheduled population in terms of access to health facilities. The analysis of the study is primarily based on the third round of National Family and Health Survey (NFHS, 2005-06) data.

2. Defining Social-Exclusion:

The concept of "social exclusion" is relatively new, but it has gains immense popularity within this short span. The concept was propounded by René Lenoir, to describe the exclusion of the people with disabilities and those who were considered as socially "out fits" in the democratic set-up in France during 70's.

*"mentally and physically handicapped, suicidal people, aged invalids, substance abusers, delinquents, single parents, abused children, multi-problem households, marginal, asocial persons, and other social 'misfits'".(*Silver, Hilary: 1995).

Later on the concept was subsequently developed through the ideas of different thinkers and takes the present forms where arrays of socio-economic problems are being addressed through it. Several scholars have used the term interchangeably with poverty, unemployment and deprivation (e.g. de Haan Arjan: 1997, Atkinson: 1998). But, serious conceptual differences are prevails across these concepts. Nobel laureate Prof. Amartya Sen (2000) has tried to establish the linkages between poverty and social exclusion through his idea of capability deprivation.

Capability deprivation takes place when people are excluded from the social relations. It can be expressed through the pioneering expositions of Adam Smith, 'inability to appear in the public without shame', which is "the difficulty experienced by deprived people in taking part in the life of the community" (as cited in Sen A.2000). Thus the concept of social exclusion incorporates the non-material dimensions of poverty and adds an intrinsic value in the understanding of it. According to K. Duffy (1995) social exclusion can be defined as: "low material means and inability to participate effectively in economic, social, and cultural life, and, in some characteristics, alienation and distance from the mainstream society". Further, Room (1995) adds a right-based approach in understanding the concept of social exclusion where he tried to define it as the 'denial or non-realisation of civil, political, and social rights of citizenship". Kabeer (2006) argues that "social exclusion reflects the multiple and overlapping nature of the disadvantages experienced by certain groups and categories of the population, with social identity as the central axis of their exclusion". From the above discussion it is clear that the concept has immense epistemological supremacy and practicality to deal with different, social, economic and political issues especially for those whose voices has been suppressed or marginalised through the articulation of dominant socio-economic and political processes. Social exclusion incorporates multidimensional aspects of deprivations and basis of which varies from gender, caste, class, religion, ethnicity, region etc. In Indian context one of the prominent forms of social exclusion and discrimination is based on the caste or tribes. The disadvantaged scheduled population in the country has to face multiple discriminations and are excluded from different development programmes, which have been greatly documented through the works of Thorat (2003, 2007, 2009, 2010).

3. Conceptualizing Social Exclusion in understanding Child Undernourishment among the Scheduled population:

According to Smith and Haddad (2000) the root cause of child malnutrition for the developing countries is attributed to poverty. Poverty, workloads and higher levels of morbidity among the poor working sections of the population creates 'poverty traps' for them (Dasgupta: 2007). Further, the vicious 'poverty traps' with the persistent undernourishment are also found to be 'inter-generational' in nature (Harper, Marcus and Moore: 2003). Extensive poverty and undernourishment causes ill health and lower nutritional status among the mother, which leads to intra-uterine growth retardation or foetal undernutrition. Alderman (2005) has noticed that in Asian context the percentage of decline of malnutrition is nearly half of the economic growth. It has also been observed in recent past that despite India's experience of very high economic growth the successive reduction in child and the overall undernourishment has been very dismal. According to Shivakumar (2007), limited progress in ensuring universal health services and care to children, newborns, and mothers are important reasons behind the slow reduction of child malnutrition in the country. The child malnutrition in India is very high with widespread socio-economic inequalities; the poor, rural population, slum dwellers and socially disadvantaged Scheduled populations (both SC/ST) are bearing tremendous burden of undernourished children. In Indian context, the magnitude and severity of child undernutrition is more widespread among the Scheduled populations (both SC and ST), in comparison with the others social groups. The scheduled castes population is the most vulnerable section, affected by multidimensional poverty and deprivation. On the other hand, Scheduled Tribes (ST), who are theoretically located outside the ambit of mainstream caste-based social structure are at the bottom of all development indices. ST population in India is historically neglected, at the same time their problem is also geographical. They inhabit in the most remote areas of the country, where the fruits of development seldom reach to them. There are vast empirical evidences, to suggest that SC and ST population are suffering from multiple deprivations and also exposed to various forms of discrimination in the public life. The study by Baraik and Kulkarni (2006) indicates that the level of infant mortality among the SC and ST population was substantially higher than the non-scheduled population. A recent study has established the fact that scheduled (SC & ST) population in India has less access to health care facilities and their overall nutritional status is much lower (Roy, Kulkarni and Vaidehi: 2004). Social inequality of child malnutrition between the SC, ST and the Non-Scheduled component has been studied by Sinha (2005) and Mishra (2006). The undernourishment among SC and ST populations are primarily due to extensive poverty among them. Because of the higher levels of poverty and other underlying factors of undernutrition, like-household food security, care of the children, access to health and sanitation facilities etc. are also tend to effect. The persistent higher levels of poverty and undernutrition among the SC & ST population is also attributed to different policy failures. Therefore the importance of scrutinising several policy factors also becomes important for understanding of it.

4. The spectrum of Social Inequalities of Child Undernutrition in India:

In India social inequalities are found in every aspect of socio-economic well-being, such as education, health, income etc. The basic form of social inequalities in India is rooted in caste based social hierarchies. It is evident

from following figures that social stratification has a definite implication for explaining the inequities in child undernutrition situations across the different social groups. Among the different social groups the scheduled population (both SC & ST) are mainly found to be vulnerable to the effect of child-undernourishment. Among the OBC's also a relatively higher percentages of undernutrition has observed. Compared to these three social groups the others or higher caste population has relatively much lower levels of undernutrition among the children. So, child undernutrition status is found to be very much analogous with the different shades of social hierarchies.

Table: 1 Child undernutrition among the different Social Groups: 2005-06

Social Groups	Stunting		Underweight		Wasting	
	Below-2 SD	Below-3 SD	Below-2 SD	Below-3 SD	Below-2 SD	Below-3 SD
SC	53.7	27.5	48.0	18.5	21.2	6.8
ST	53.7	29.9	55.0	25.0	27.8	9.5
OBC	48.9	24.7	43.2	15.9	20.0	6.5
Others	40.5	17.5	33.3	11.0	16.2	5.2
SCHD	54.0	28.2	50.1	20.6	23.1	7.5
NSCHD	45.5	22.0	39.4	14.0	18.6	6.1
India	48.0	23.7	42.5	15.8	19.8	6.4

Source: Calculated from the NFHS-3 dataset

4.1 Social Inequalities of Undernutrition according to the place of residence:
At the aggregate level the place of residence (rural and urban) and the social groups (caste or tribe) together forms an important background characteristic. The children from rural areas irrespective of their social background have higher levels of undernutrition in comparison to the same caste group children from the urban areas. But within rural with their added disadvantaged of being scheduled; the ST and SC children are found to be bearing the burden of undernutrition. In all three types of indices i.e. stunting, underweight and wasting the rural ST children have the highest levels of undernutrition in comparison to all other social groups. Among the rural SC children the levels of undernutrition are found nearly similar to that of rural ST children. The rural others or upper castes children have comparative advantages over all other social groups. The overall non-scheduled children from rural areas have advantages over their rural scheduled counterparts. Within urban areas the others have the lowest levels of child undernutrition. The urban SCs have the highest levels of stunted and underweight children, while the urban STs have the highest proportion of wasted children in India. Next to them, the OBC children also have higher levels of undernutrition among the children. With the change in the place of residence, from rural to urban the levels of undernutrition improves across all the social groups but the social hierarchies remained the same.

Table: 2 Child Undernutrition among Social Groups, According to Place of Residence: 2005-06 (5yrs, Below -2SD)

Categories	Stunting	Underweight	Wasting
SC URBAN	47.8	38.5	18.8
ST URBAN	43.2	36.7	20.1
OBC URBAN	41.2	35.1	18.2
OTHERS URBAN	34.5	27.6	14.1
SCHD URBAN	47.8	39.2	19.3
NSCHD URBAN	37.8	31.3	16.1
SC RURAL	55.5	50.8	21.9
ST RURAL	54.7	56.7	28.6
OBC RURAL	51.3	45.7	20.5
OTHERS RURAL	43.8	36.3	17.4
SCHD RURAL	55.4	52.6	24
NSCHD RURAL	48.5	42.6	19.5
India	48	42.5	19.8

Source: Calculated from the NFHS-3 dataset

5. Socio-Economic Correlates of Child Undernutrition in India:
Different socio-economic factors affect child undernourishment at individual level. Table-3 reveals that at the

aggregate level child undernutrition is lower in urban areas as compared to the rural place of residence. No such male-female gaps are visible. The scheduled population (SCs & STs) have relatively higher levels of all types of undernourishment compared to the non-scheduled (OBC & Others) population. Highest level of undernourished children is found among the ST population. Children with low birth weights have higher propensity of suffering from all the three forms of malnutrition. With the improvement of mother's nutritional status undernourishment seems to improve. Low birth order children have low chances of suffering from undernutrition; and with the rise in the birth order undernutrition levels are also rises. Mothers with normal and higher nutritional levels (Obese) have relatively lower percentages of undernourished children. Mother's educational level has significant implications on nutritional status among the children. With the increase in the education attainments among mother's levels of child undernutrition also tend to recede. Wealth index, measuring the household income shows that poorer the family greater is the percentage of children suffering from the malnutrition problem. In order to know how these various socio-economic factors affect the level of child undernutrition at the individual level, binary logistic regression model has been applied. The formula for the multivariate logistic regression model is,

$$P = \frac{1}{1 + e^{-(b_0 + b_1 x_1 + b_2 x_2 + \ldots\ldots b_n x_n)}}$$

Where, b_0 is 'intercept' and b_1, b_2, b_3, and so on, are the regression coefficients of x_1, x_2, x_3 respectively. Each of the regression coefficients describes the size of the contribution of the risk factor. A positive regression coefficient means that the explanatory variable increases the probability of the outcome, while a negative regression coefficient means that the variable decreases the probability of that outcome. A large regression coefficient means that the risk factor strongly influences the probability of that outcome, while a near-zero regression coefficient means that that risk factor has little influence on the probability of that outcome.

Table: 3 Selected Socio-Economic Variables Affecting The Child Undernutrition : 2005-06 (5Yrs, Below-2SD)

Variables	Stunted	Underweight	Wasted
Type of place of residence			
Urban	39.9	32.8	16.8
Rural	50.7	45.7	20.8
Sex of the child			
Male	48.1	42	20.5
Female	48.0	43	19.1
Child Age			
Below or Equal To 2 Years	44.9	40.4	22.8
3 to 4 years	52.5	45.4	15.5
Castes or tribe			
SC	53.7	48	21.2
ST	53.7	55	27.8
OBC	48.9	43.2	20
Others	40.5	33.3	16.2
Birth weight of the children			
LBW	47.2	45.7	22.8
NON LBW	33.2	27.3	15.4
Mother's nutritional status			
Thin	53.5	51.9	25.1
Normal	46.2	38.6	17.3
Obese	31.5	20.2	9.2
Child's birth order			
2 or less	41.2	36.2	18.7
3 to 4	52	45.6	19.9
5 or above	59.3	53.7	22.6
Mother's educational level			
No education	57.1	51.9	22.7
Primary	48.6	42.5	19.8
Secondary and above	35.6	29.8	15.9
Wealth Indices			
Poor	57.3	53.3	23.7
Middle	48.8	41.5	18.9
Rich	34.2	27.5	14.8
India	48.0	42.5	19.8

Source: Calculated from NFHS-3 dataset

5.1 Results: Logistic regressions for the stunting and underweight provide almost similar results with small variations in their expected beta (β) values. The results suggests that rural children have a significantly lesser likelihood of being stunted compared to their urban counterparts.

Table:4 Results of Logistic Regression Model

Independent Variables	Stunting Exp(β)	Underweight Exp(β)	Wasting Exp(β)
Place of residence			
Urban ®			
Rural	0.890**	0.933*	0.843***
Sex of the child			
Male ®			
Female	0.949	1.001	0.850***
Child Age			
2 years or below ®			
3 to 4 Years	1.129***	1.284***	0.755***
Castes or tribes			
SC ®			
ST	0.864*	1.081	1.210**
OBC	0.804***	0.829***	1.026
Others	0.773***	0.772***	0.888*
Birth Weight			
Below 2500 gm ®			
Above 2500 gm	0.601***	0.479***	0.668***
Mother's Nutritional statuses (BMI)			
Total Thin (<18.4) ®			
Normal (18.5-24.9)	0.754***	0.610***	0.660***
Obese (25.0>)	0.628***	0.388***	0.427***
Child's Birth Order			
2 or less ®			
3 To 4	1.310***	1.132***	1.058
5 and above	1.616***	1.567***	1.213**
Mother's Educational levels			
No Education ®			
Primary	0.939	0.975	0.972
Secondary and above	0.767***	0.785***	0.965
Wealth Indices			
Poor ®			
Middle	0.733***	0.807***	0.889*
Rich	0.507***	0.518***	0.670***
Constant	2.253	2.139	0.652

® Reference category, * Significant at 10 percent level, **Significant at 5 percent level, ***significant at 1 percent level of significance.

Dependent variable entered 1=undernourished (stunted, underweight and wasted), 0=Not undernourished

Children of the age group 3 to 4 years have relatively higher chances of being stunting and underweight in comparison to the reference category i.e. below 2 years of age. Compared to the reference category (i.e. SC) children from ST, OBC and Others have respectively14%, 20% and 23% lower chances of being stunted after having controlled for all other variables. Likewise, in case of underweight, the OBC and Others respectively have 17 and 23 percentage lower chances in comparison to reference category i.e. SC children. Children's weight at birth has been found to be highly significant. It appears that children with normal birth weight (above 2.5 kg) have lesser chances of being stunted and underweight. Children having mothers with normal and obese nutritional status have higher chances of being stunted and underweight as compared to the mothers with lower BMI levels. Children with the birth order of '3 to 4' and '5 and above' categories are found to have respectively 31 and 62 percentage higher chances of being stunted compared to the reference category i.e. children with the birth order "2 or less". In comparison to the uneducated mothers (as being the reference category), mothers with secondary education would have 22-25 percentages lesser chances to have stunted and underweight children. Lastly as compared to the poor income households, the middle and rich families have 27 and 49 percentages of lesser

chances to have a stunted child and in case of underweight; these chances are 19 and 48 percentages lesser in comparison to the reference category.

The logistic regression result for wasting suggests that mother's education has little importance. It appears that children from rural areas have lesser chances of being wasted compared to the children from urban areas, controlling all other variables. Sex of the children has some implications on the wasting situation of the children. Female children have 15 percentages higher chances of being wasted compared to the reference category i.e. male child. Children at the age group 3 to 4 years have 24% lesser chances to being wasted in comparison to the reference category i.e. age group 2 years or less. As far as castes or tribes are concerned, ST children have 21% higher chances to become wasted in comparison to the reference category i.e. SC children. On the other hand, children from the other background have 17 percent less chances to be stunted in comparison to the SC children. It also appears that non-low birth weight children have 33 percentages of lower chances of being wasted compared to the reference category i.e. low birth weight children. Mothers of higher BMI levels reduce wasting levels significantly up to 57 percentages. Children having birth order of 5 and above has 21% higher chances of being wasted in comparison to the reference category i.e. birth order of 2 or less. As compared to the poor income households, the middle and rich families have significantly lesser chances to have wasted children (respectively 11 and 33 percentage lower).

6. Social Exclusion, Multiple deprivations and the level of Child Undernutrition among the Scheduled population in India:
From the above discussion it is clear the types of caste/tribe is an important determining factors of child undernutrition in the country along with income, maternal nutritional status, birth weight and birth order of the baby and mother's education level. The last section also precisely suggests that inequality in child undernutrition is mainly because of income inequality, educational inequality and other forms of socio-economic disparities. Now, the entire issue of social inequalities can be addressed through the overarching social realities i.e. prevailing multidimensional inequities across the different social groups in India. In order to understand take a glimpse of Table no.5.

Table:5 Socio-Economic Background of Different Social Groups In India: (2005-06)

Selected Variables	SC	ST	OBC	OTHERS	TOTAL
Percentage of LBW children	23.5	23.3	21.3	20.6	21.5
Mother's Nutritional Status					
Thin	43.6	46.3	38.2	33.8	39.0
Normal	52.1	52.2	55.1	54.8	54.1
Obese	4.4	1.5	6.6	11.5	6.9
Birth Order					
2 or less	45.0	38.8	47.2	58.5	48.9
3 to 4	32.6	34.9	32.7	27.2	31.4
5 or above	22.4	26.3	20.1	14.3	19.7
Children Vaccinated (<2 yrs)	29.8	23.5	30.0	40.9	32.3
Children Anaemic	72.5	77.1	70.2	64.1	69.7
Covered by ICDS	83.1	82.0	84.1	74.2	81.0
Received Nutrition	24.1	35.4	18.1	11.9	19.3
Mother's Educational level					
No Education	58.5	69.1	53.1	32.7	50.4
Primary	14.4	12.4	13.9	13.2	13.7
Secondary and above	27.1	18.5	33.0	54.2	35.9
Safe Water	81.7	62.9	78.7	84.2	79.3
Wealth Index					
Poor	59.1	77.2	46.9	29.0	47.7
Middle	18.5	12.8	22.6	19.1	19.8
Rich	22.4	10.1	30.5	51.9	32.5

Source: Calculated from NFHS-3 dataset

Child undernutrition in the developing countries scenario starts at the very early age of a baby. In India 21 percent children are born with the birth weight below 2.5 kg. Among the SC and ST these rates are found to be more than

23 percentages. For the others it is below the national average. Mother's nutritional status being a determining factor for it and among the SCs & STs this levels are quite higher compared to OBC and others. In rural areas the situation is even further worse for them. Higher Birth order has serious implications on intra-household allocations of goods and services. It has been found that most of the higher birth order children are mainly from the weaker social groups. Due to less access to medical facilities and lacks of awareness vaccination rates among them are also very low as compared to the non-deprived category of population. Children from the Scheduled population are also tending to be more anaemic. Though ICDS have higher levels of population coverage in India but still nutrition supplementation is highly inaccessible for the backward communities. Only 24 and 35 percent of them have received food from the angwanari centres. Percentages of uneducated mothers are very higher among the backward communities, which hinders the access to many govt. health services provided to them. Lastly and most importantly the poverty levels among the scheduled population in India are much higher as compared to others.

7. Conclusion: The status of child nutrition among the scheduled population is the reflection of multidimensional deprivation and incapability from different aspects of development and wellbeing. The overall deprivations among the SCs and STs are the results of larger socio-economic exclusions of the weaker segments of the population in the country. Therefore, reduction of undernourishment among the scheduled children would mean firstly, to address the issues of exclusion and deprivation in itself. Even after adaptation of inclusive and progressive policies for the scheduled population the benefits are seldom reaches to them. Therefore, the crucial task would be the proper implementation of all the different development programmes at the grass root level. It has observed that majority of children from deprived social groups are suffered from anaemia; scores of them do not receive any vaccinations in their early childhood, which makes them highly susceptible to different kinds of infections. Likewise the majority mothers are also found to be having lower nutritional status. Therefore, an important step to reduce the vulnerability of undernourishment among the young children would be to ensure the universal access to health care and ICDS facilities. It is also true that given the quality of ICDS services being delivered in most the rural areas of the country alternate strategies also need be adopted by Government. Direct cash transfer for the deprived section of the population can be a viable alternative to reduce the level of child undernourishment as well reducing the poverty levels for the disadvantaged social groups in the country.

Reference:
Alderman H. (2005), Linkages between Poverty Reduction Strategies and Child Nutrition: An Asian Perspective. *Economic and Political Weekly,* 40(46), 4837-4842.
Atkinson (1998), Social Exclusion, Poverty and Unemployment; in Atkinson A.B. and Hills J. ed. *Exclusion,*
Baraik Vijay K. and Kulkarni P. K.(2006), *Health Status and Access To Health Care Services*: *Disparities among the Social Groups in India;* working paper, (2006) Indian Institute of Dalit studies, 1(4), New Delhi.
Bharati P, Bharati S. et al (2009), Growth and Nutritional Status of Pre-School Children In India: Rural-Urban And Gender Differences, *Coll. Antropol*, 33(1), 7–21.
Harper C, Marcus R, and Moore K. (2003), Enduring Poverty and the Conditions of Childhood: Life Course and Intergenerational Poverty Transmissions, *World Development,* 31(3), 535–554.
Dasgupta P. (2007), *Poverty Traps: Exploring the Complexity of Causation, 2020 Focus Brief on the World's Poor and Hungry People*; Washington, DC: IFPRI
de Haan Arjan (1997), *Poverty and Social Exclusion: A Comparison of Debates*
Duffy K. (1995), *Social Exclusion and Human Dignity In Europe,* Council of Europe. *on deprivation*.
Employment and Opportunity, Centre for Analysis of Social Exclusion, CASE/4, London School of Economics.
Kabeer N (2006),Social Exclusion and the MDGs: The Challenge of 'Durable Inequalities' in the Asian Context, Institute of Development Studies, paper presented at the Asia 2015 Conference.
Mishra R. N. (2006), *Dynamics of Caste Based Deprivation in Child Undernutrition in India*. working paper, Centre for development studies, India (available at www.cds.edu).
Ramachandran P. (2007), Poverty Nutrition Linkages. *Indian Journal of Medical Research,* 126, 249-261.
Room Graham (1995), *Beyond the Threshold. The Measurement and Analysis of Social Exclusion,* Bristol: Polity Press.
Roy T.K, Kulkarni S. and Vaidehi Y. (2004), Social Inequalities in Health and Nutrition in Selected States. *Economic and political weekly*,39(7), 667-683.
Sen A. (2000), *Social Exclusion: Concept, application and scrutiny*; (2000) Social Development Paper, Asian

Development Bank.

Shiva Kumar A. K. (2007), Why are levels of child malnutrition not improving?. *Economic and Political Weekly*, vol. 42, no. 15, pp. 1337-1345.

Silver, Hilary (1995), Reconceptualizing Social Disadvantge: Three Paradigms of Social Exclusion in *Social Exclusion: Rhetoric, Reality, Responses*, edited by Gerry Rodgers, Charles Gore, and Jose Figueiredo, Geneva: International Institute for Labour Studies.

Sinha S. (2005), Reaching out to undernourished children: Social Inequities and   Policy Perspectives. Journal *of Health and Development*, 1(4),71-90.

Smith L. C. and Haddad L.(2000), *Explaining Child Malnutrition in Developing Countries: A Cross- Country Analysis*. International Food Policy Research Institute, Washington, D.C., pp. 5-7.

Smith, L.C. et al (2005), Why Is Child Malnutrition Lower In Urban Than Rural Areas? Evidence From 36 Developing Countries. *World Development,*33(8), 1285-1305.

Thorat S. (2003), *Caste, Exclusion/Discrimination and Deprivation: The Situation of Dalits in India*, Concept Paper for DFID, Delhi.

Thorat S. (2007) *Human Poverty and Socially Disadvantaged Groups in India,* (2007) UNDP, Human Development Resource Centre.

Thorat S. (2009), *Dalits in India: Search for a Common Destiny; Sage publication, New Delhi.*

Thorat S., Katherine S. New Man eds. (2010*), Blocked By Caste: Economic Discrimination In Modern India,* Oxford University Press, New Delhi.

CALL FOR PAPERS

The IISTE is currently hosting more than 30 peer-reviewed academic journals and collaborating with academic institutions around the world. There's no deadline for submission. **Prospective authors of IISTE journals can find the submission instruction on the following page:** http://www.iiste.org/Journals/

The IISTE editorial team promises to the review and publish all the qualified submissions in a **fast** manner. All the journals articles are available online to the readers all over the world without financial, legal, or technical barriers other than those inseparable from gaining access to the internet itself. Printed version of the journals is also available upon request of readers and authors.

IISTE Knowledge Sharing Partners

EBSCO, Index Copernicus, Ulrich's Periodicals Directory, JournalTOCS, PKP Open Archives Harvester, Bielefeld Academic Search Engine, Elektronische Zeitschriftenbibliothek EZB, Open J-Gate, OCLC WorldCat, Universe Digtial Library , NewJour, Google Scholar