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Financial Distress and Healthcare: A Study of Migrant Dalit Women Domestic Helpers in Bangalore, India

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Abstract

The Indian caste system originated in ancient India and gradually evolved concurrently with Indian history. Dalits in Indian history were considered as lower caste untouchables and were deprived of basic human rights. After the onset of modern economic development and the progressive initiatives taken by the government, the situation has improved considerably. The modern Indian state, since independence has been oriented towards providing reservations for Dalits in education and other public services. However, even with continuous efforts to eradicate the caste system and numerous measures to improve their lives, Dalits, specifically Dalit women, are still deprived of their basic needs. Many of them have moved to urban areas to earn their livelihoods and find employment mostly in the unorganized sector. Empowering these large numbers of Dalit women is a challenging endeavour, especially when they are deprived and mostly unaware of basic healthcare needs.

The present research paper aims to discover the factors influencing the migration of Dalit women. It explores the deteriorating quality of life experienced by Dalit women with increased out-of-pocket expenditures for healthcare. The paper suggests cost-effective practices for reducing healthcare payments for low-income Dalit domestic helpers. The researcher conducted a cross-sectional survey using an in-depth interview with 10 Dalit women working as domestics in Bangalore. A convenient sampling method was used to select the sample. Thematic content analysis with some grounded theory was used to analyse data. NVivo12 Pro software was used for qualitative data analysis. Observed results suggest poverty and caste discrimination were the main reasons for migration. Results indicate that better cost-effective healthcare facilities would improve the quality of life of Dalit women. However, empowering and entitling Dalit women is the greatest challenge.

Keywords: Financial Distress, Healthcare, Dalit women, migration, domestic helpers, Bangalore, Indian women, Dalit migration

Introduction

The origin of the caste system and untouchability in India is deeply rooted in the history of the country. Evidence of the facts can be gathered from archaeological sources and scholars who developed various competing theories. J. H Hutton in his work *Caste in India* explains the emergence of the caste system rooted in the division of labour, beginning with the pre-Aryan tribes of India, where ethnicity and hereditary occupations created a hierarchical society.

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Rigveda, a Hindu religious script, depicted theories of the social hierarchy from the creation of humankind: "*when they divided Purusha (man), his mouth became Brahman (Higher Caste); his two arms made into the Kshatriya; his two thighs the Vaishyas; from his two feet the Shudra (Lower Caste) was born* (Webster, 2009)". The term "Dalit" (lower caste) itself engenders several emotions in peoples' minds and there is embedded discrimination, which affects Dalits' mental, emotional, physical and psychological wellbeing. The most disturbing fact is that many are subjected to poor living conditions without being aware of their constitutional rights.

According to the World Health Organization, everyone is entitled to a decent standard of living to strive for good health through nutritious food, clothing, housing, medical care and other necessary care services (Article 25, Universal Declarations of Human Rights). Though the popular saying goes a "*health is wealth"*, the fact remains that for the majority if Indians, without wealth, one cannot pay for the good health.

Dalits, especially Dalit women, are deprived of the socio-economic and financial independence to access basic health care services. Unless one is economically empowered, access to a good and healthy life is very difficult. The very existence of the caste system and lack of financial stability push Dalit workers to migrate to cities for better living conditions. Migrant Dalit men find work mainly in the construction industry and service-based informal sectors while most migrant Dalit women work as domestic helpers to earn their livelihood.

Because of low literacy rates among Dalits, the awareness of government-run programs and initiatives to uplift the Dalit workers are not very effective. This adds to the burden on Dalits in terms of their spending on their personal health and healthcare needs, largely due to the caste-based discrimination prevailing in the country and problem of poverty which makes it difficult for the Dalit poor to avail health facilities (Ramaiah 2007). The researchers, in this study, are trying to understand the health issues of Dalit women migrant workers, one of the weakest sections of Indian society.

Dalits of Karnataka

The state of Karnataka was created on November 1, 1956. Originally known as the state of Mysore, it was renamed as Karnataka in 1973, with Bangalore, the largest city in the state as its capital. It ranks eighth in terms of the number of inhabitants, according to the 2011 census (Roy et al., 2015).

Karnataka's tribal population as percentage of total population in each of its 30 districts.
Source: Government of India, Census 2011.

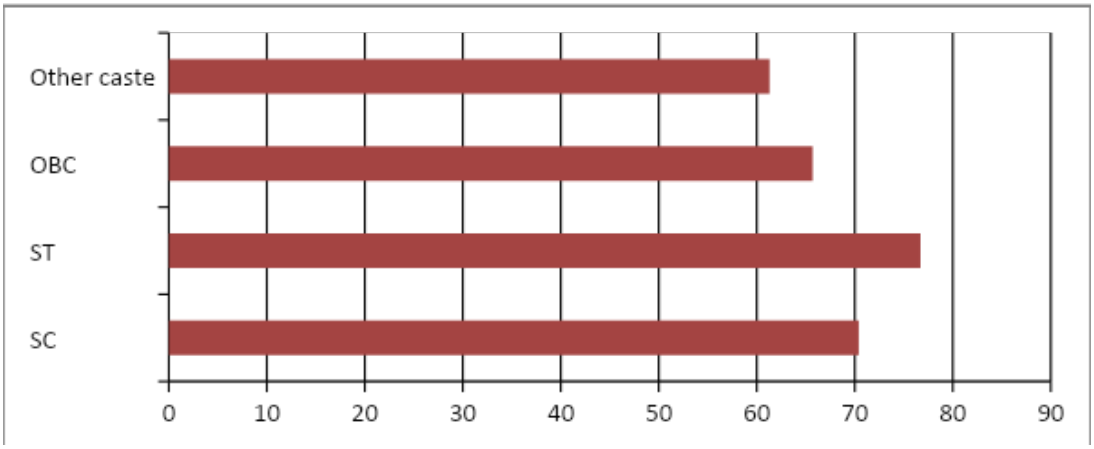
The above map shows the distribution of the tribal population in Karnataka according to 2011 census data. However, this map does not provide a clear picture of the migrant Dalit population in Bangalore. Other related studies clarify the number of struggling communities in Bangalore.

According to NFHS-4(National Family Health Survey-4) amongst Dalits, 74.4% of women reported problems in accessing health care. Dalit women die at an average age of *14.6 years* (National Family Health Survey-4 2015-16). One in four Dalit women in the 15-49 age category is undernourished.

Percentage (%) share of women reported with problems in accessing healthcare
Table-1

Category	**SC**	**ST**	**OBC**	**Other castes**
Percentage share	70.4	76.7	65.7	61.3

Graph- 1



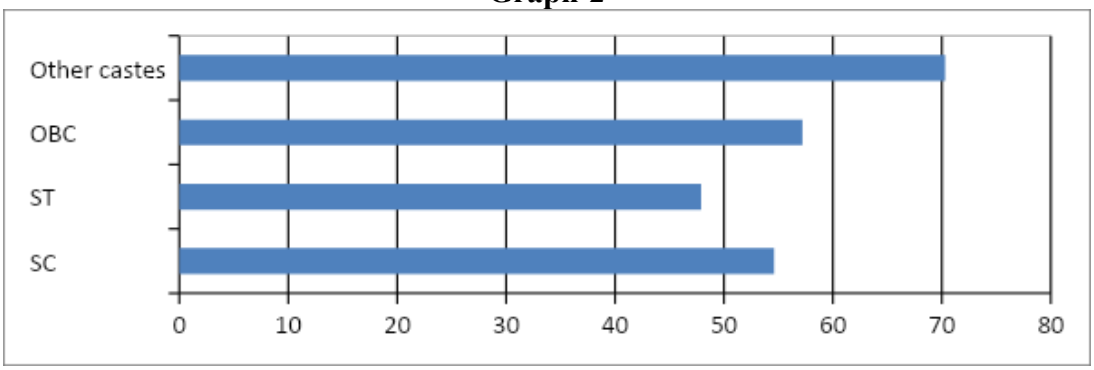
Source: NFHS-4

Table-2

The percentage share of women (age group 15-49) who received professional antenatal care

Category	**SC**	**ST**	**OBC**	**Other castes**
Percentage share	54.6	47.9	57.2	70.3

Graph-2



Source: NFHS-4

Challenges faced by Dalit women

- Economic and financial deprivation
- Lack of Education
- Poor Health
- Caste and untouchability-based discrimination
- Caste-based physical torture
- Sacred Prostitution (Devadasi)
- Discrimination based on gender

Dalits in Bangalore

Based on the 2011 census, 13.21% of the city's inhabitants belong to the Scheduled Caste/Scheduled Tribe (SC/ST) community. Among the 84.43 lakh[3] of the total population, 9.6 lakhs are Scheduled Castes and 1.54 lakhs belong to Scheduled tribes.

Table-3 City population and Dalits

City	Total Population	%SC	%ST	Total (SC%+ST%)
Bangalore	8443675	11.37	1.83	13.21
Chennai	4646732	16.78	0.22	17.00
Delhi	11034555	17.76	0.00	17.76
Kolkata	4496694	5.38	.24	5.62
Mumbai	12442373	6.46	1.04	7.50

Source: (Data from Census of India, 2011)

The above table shows that Chennai has the highest Dalit population and shows Delhi has no ST population, which clearly does not reflect the reality. Delhi depicts a different figure, due to the logistical problems in counting. In 2018, NEWS 18 conducted a sensational caste census in Bangalore, comprising of 19.5% - SC/ST, 16% - Muslims, 14% - Lingayats and 11% - Vokkaligas.

Selections from the Literature

Dalit Migration

Sonpimple, U. (2018). in his article, "Brought Up in the Margins of Modernity: Dalit women Migrants in Informal Urban Labour Markets in India", examined pull and push factors for migration from the perspective of Dalit women. The paper explored caste and gender discrimination and exploitation experienced by Dalit women migrants in Mumbai city through an in-depth interview of seven construction women labourers.

Maruthi. I. and Peter, P. (2018) in their research paper, "Rural Household Migration and Development of Dalit in Karnataka", explain the reason for seasonal migration of Dalits to urban areas. Migration happens in search of a job during slack periods of agriculture. Their research also identified the exploitation and discrimination faced by Dalits in the cities to which they migrated.

According to Sunam, R. (2014). international Dalit migration is increasing due to the economic and political scenario in their home country. The paper also analyses the socio-cultural dimensions of migration of Dalits and the caste-related problems of exploitation.

The current research paper seeks to build on these above studies by examining the major reasons for Dalit women's migration to Bangalore are being studied. Hence, we propose the following objectives:

Objective 1: To study factors influencing migration to Bangalore from the perspective of Dalit women

Financial Distress and Health Care

[3]A lakh is a unit in the Indian numbering system equal to one hundred thousand.

According to the National Cancer Institute, USA (September 2019), Financial distress and health care is a matter of increasing out of pocket expenditures due to the rising cost of health care. The report explains how financial distress decreases the quality of life of patients. It is clarified in the report that financial distress is more problematic than physical, emotional, and family distress.

According to Joe, W. (2015, p. 728-729) "Out-Of-Pocket (OOP) health care payments financed through borrowings or sale of household assets are referred to as distressed health care financing". His article explains the concept of financial distress and healthcare. The paper examines the incidence and correlated health financing in India.

George, S. (2015). examines the Dalit castes representation in the health service system among Dalit rural population. His paper is a clear indication of the demand and supply of health services.

In a study of hospital financial distress, recovery and closure, managerial incentives and political costs, examines the association of managerial incentives and political costs with hospital financial distress, recovery or closure (Liu et al., 2011, p. 31-40). Even though the paper deals with the financial troubles of hospitals, this study also offers an overview of financial distress and healthcare. The above studies indicate that financial distress and healthcare expenditures are closely related. We propose the second following objective:

Objective 2: To analyze financial distress caused by increased healthcare expenditures by migrant Dalit women.

Practices for reducing healthcare expenditures

Niek Stadhouders, Florien Kruse, Marit Tanke, Xander Koolman and Patrick Jeurissen (2019) studied the effectiveness of cost reduction policies in OECD countries. Despite the importance of health services in these countries, policies had very limited evidence for their effectiveness in reducing healthcare costs, and most of them were biased. The research paper suggests routine and rigorous evaluation of policies after implementation.

A White paper by the American College of Physicians (2009), suggested seven ways to reduce healthcare costs. They suggested implementing new technology in healthcare, innovative delivery methods, accurate pricing, lowering administrative cost, a good mix of physicians and removing unhealthy care practices.

According to Prinja S., *et al*. (2012), the increased funding for providing health services can be lowered with better quality delivery and by reducing inequalities in accessing healthcare by all, irrespective of region, religion, caste etc.

Objective 3: To suggest cost effective practices for reducing healthcare expenditure of the migrant Dalit Women

Domestic Helpers

Malhotra, R., Arembepola, C., Tarun, S., *et al.* (2013), in their research suggested efforts that can be taken by the governments of both foreign and home countries to improve the health, work conditions, and safety of this vulnerable group of women.

According to Rani, E., Saluja, R., (2017), domestic helpers face problems such as no formal contracts with the employee, lack of organization, poor bargaining power, no legislative

protection, inadequate welfare measures, no weekly holidays, maternity leave and health care benefits.

Summary of Objectives

1. To study factors influencing migration to Bangalore from the perspective of Dalit women
2. To explore financial distress caused by increased healthcare expenditures by migrant Dalit women.
3. To suggest cost-effective practices for reducing healthcare expenditures by migrant Dalit women.

Methodology

Participants

A cross-sectional survey using an in-depth interview was used as a part of qualitative analysis. Convenience sampling method was used to select 10 Domestic helpers who are migrant Dalit women from various parts of Karnataka to Bangalore. As per the census statistics, Bangalore is one of the biggest cities after Chennai with a high Dalit population having a high migration rate. The researchers offered respondents an overview of the research; this was followed by face-to-face in-depth interviews with the respondents' consent.

The respondents were married migrant Dalit domestic helpers between the ages of 20-50 years. To obtain genuine information, respondents were informed that the result would be used only for research and academic purpose.

The duration of each structured interview was around 45-60 minutes, with each question asked in a more or less similar order by adjusting to each respondent's answer. All interviews were recorded, and key points noted.

Scope of study

The scope was limited to the study of financial issues of Migrant Dalit women working as domestic helpers in Bangalore, and the impact on their deteriorating health. It suggests some cost-effective practices the government can introduce to reduce financial distress.

Analysis

We used a thematic content analysis with some grounded theory analyze the data. The researchers used a similar version of the three-step coding and analysis approach, which consisted of open coding, axial coding and selective coding (Strauss & Corbin, 2008). Each response was heard twice, and field notes were used to identify core concepts. Codes were assigned for the selected concepts, and sub-themes were developed by detailed coding. NVivo12 Pro software was used for this analysis.

Results

Ten participants were identified, and their responses recorded. All the respondents were from Karnataka. Eight were Hindus and two converted Christians; their education level was very

low, with only one respondent having completed primary education. All of them were married, and two identified "family issues". Most had migrated at least three years earlier.

Reasons for Dalit Migration

The interviews revealed four major factors or themes that influenced the migration of Dalit women to Bangalore: Poverty, Caste related discrimination, better job opportunities, accompanying spouse/parents. The following table elaborates themes that emerged in the narratives of the respondents.

Table - 4 Thematic Framework of the results

Themes	Sub-themes
1. Poverty - Low productivity - Seasonal agriculture - Not enough work	**Low productivity:** Arid rural regions from where most of the Dalits are migrating, have some of the lowest agricultural productivity. This is due to a high reliance on rainwater for their agricultural cultivation. **Seasonal farming:** Most of the crops that are cultivated in rural Karnataka are seasonal in nature, so Dalits who are working on these farms are unemployed and without income during off season. **Not enough work:** Structural changes in the agricultural sector has reduced the manpower requirements and favoured a move towards mechanized farming.
2. Caste related discrimination • Exploitation • lower wages • Discrimination in jobs	**Exploitation:** Caste-based exploitation still prevails in Karnataka. Many Dalits are being exploited physically, sexually and emotionally. **Lower Wages:** Dalits usually receive lower wages and marginal work. **Job Discrimination:** India still continues caste-based job classification, especially in rural areas. Dalit women are considered as very low caste and treated differently.
3. Better Job Opportunities • Informal sector • Increased wages	**Informal sector:** Informal job market in Bangalore is capable of absorbing all migrants. **Increased Wages:** Compared to the rural areas, working in the city offers better wages for migrant Dalits.
4. Accompanied Spouse/Parents	Many Dalit women migrate to Bangalore accompanying their husbands or their parents

Source: Primary Data collected by interview

Problems of Migrant Dalit Women

The in-depth interviews outlined three major problems migrant Dalit women face in their workplaces and in the city: Discrimination and inadequate legal protection; lack of assistance measures by the government and health problems. The respondents raised many workplace concerns and emotional problems due to the lack of support from their families, employers and legal authorities. Most importantly, the health issues that developed due to lack of care lead to increased expenses.

Table - 5 Thematic frameworks of the results

Themes	Sub-themes
1. Discrimination and inadequate legal protection • Harassment at work • Low wage as Dalit • No bargaining-power	**Harassment at work:** Respondents opened up and explained the harassment they face at their workplace. Some of them even complained of sexual exploitation. Lack of support from their family and fear of losing the job prevents them from complaining. **Low wages as Dalit:** Many employers pay Dalit women lower wage than others. **No bargaining power:** Fear and lack of education prevent most of them from bargaining for their wages.
2. Lack of measures by the government • Legal protection • Social security	**Legal Protection:** Largely due to the prevailing corrupt practices in the legal system, Dalit women find it difficult to get proper legal protection. **Social security:** They are not eligible or unaware of welfare and social security measures. Lack of identity proofs and documents makes it difficult for Dalit women to avail these benefits.
3. Health Problems -Fatigue and ill health	**Fatigue and ill health:** Body aches, injuries, respiratory problems, allergic reactions, pregnancy-related issues, menstrual hygiene issues and other health-related issues

Source: Primary Data collected by interview

Financial distress due to increased healthcare expenditure

Researchers identified three major problems related to increased out-of-pocket expenditures related to healthcare: lack of knowledge about personal healthcare, lack of health insurance, borrowings for healthcare expenditures. To balance their income, most of the Dalit women either neglect their health conditions or borrow money, which eventually increases their financial distress. Moreover, they are faced with caste-based discrimination in healthcare services.

Table - 6 Thematic Framework of the results

Themes	Sub Themes
1. Lack of knowledge about personal healthcare • Unhygienic living conditions • Improper self-care • Caste discrimination in healthcare services	**Unhygienic living conditions:** Due to the high cost of living in cities, migrant Dalits choose to live in low-cost housing that lacks basic sanitation facilities. **Improper self-care:** Dalit women lack basic knowledge of personal hygiene and give little importance to their own health care needs. **Caste discrimination in healthcare services:** Dalits face discrimination in receiving healthcare facilities, despite the government's policies.

2.Lack of health insurance	Migrant Dalits are unaware of the government insurance schemes and social security measures. Lack of documentary proof doubles the agony of the migrant population.
3. Borrowings for health expenditures • From friends and employers • Loans • Social fundraising	**From friends and employers:** Dalit women borrow money from friends and employers to pay for their medical expenses. **Loans:** Dalits with necessary documents borrow money from organized sectors; others support their expenses by borrowing money from the unorganized sector. This leads to greater financial woes. **Social fundraising:** NGOs and social workers provide help to Dalit women through cloud funding and social fundraising.

Source: Primary data collected through interview

Cost-Effective Healthcare Practices

All respondents suggested the need for Government insurance schemes and innovative policies to reduce the financial burdens they due to increased health care expenditures. They demand that the government and private hospitals work on implementing cost-effective practices in medical treatment. The research study stresses the need for government sponsored insurance policies, and the acceptance of these across all hospitals.

Major solutions for reducing the financial burden for Migrant Dalit Women:

- Policies for controlling the cost of treatment.
- Special Government Insurance for all migrant Dalit women domestic helpers.
- Mass awareness and education program about the Government social security measures to reduce the financial burden.
- Awareness programs about caste-based discrimination, rights and gender equality at their workplaces run by local Government bodies, NGO's and social workers.
- Public Private Participation (PPP) programs for treatment, awareness, and personal hygiene.
- Co-operative healthcare facilities arranged specially for the migrant population.

Public-Private Participation in Healthcare and Allied Services

A Public-Private Partnership (PPP) model creates a partnership between public and private healthcare facilities and providers. The government can work together with private providers to provide services to increase health awareness and providing health education, cost-effective services, free medicine, and free check-ups to migrant Dalit women. This model is successfully implemented in various other sectors like roads, airports, telecom, irrigation, education etc. It should be implemented for healthcare.

Summary of Findings

The following are the major findings based on the in-depth interview and observation done by the researchers.

- Poverty, caste-related discrimination, better job opportunities, accompanying spouse/parents are the major reasons for the migration of Dalit women.
- Low productivity and seasonal unemployment in the agriculture sector in rural areas drive the migration to cities like Bangalore.
- Economic and financial deprivation, lack of education, poor health, caste and untouchability-based discrimination, caste-based physical torture, sacred prostitution, gender-based discrimination are some of the major challenges faced by the Dalit women.
- Bangalore City offers job opportunities to migrant Dalits largely in the informal sector. Dalit women mainly work as domestic helpers.
- Unhygienic living conditions and improper self-care increases the health risks of Dalit women.
- Body aches, injuries, respiratory problems, allergic reactions, pregnancy-related issues, menstrual hygiene issues are the major health problems faced by Dalit women.
- Most of them are not eligible or not aware of welfare and social security measures. Lack of identity proof and documents makes it difficult for them to avail these benefits.
- Huge medical expenditure leads to financial toxicity for the migrant Dalits. It also leads to physical, mental, emotional distress.
- Irregular income, job loss, illness add to the financial woes of the migrant women.
- Many employers complain about increased illegal activity and theft by the migrant population, and that is one major source of Dalit discrimination.

Suggestions

- Proper PPP initiatives will work wonders in providing quality and economical healthcare to this vulnerable population.
- PPP also should be extended to allied services including awareness programs and educating Dalit women
- Increase the financial assistance by the government and provide a separate Ayushman Bharath (Public health insurance scheme) funding for the migrant population.
- Co-operative system including small clinics and hospitals and special provisions for migrant Dalit women.
- Include all eligible patients in the public insurance scheme.
- PPP initiative or NGO operation to provide necessary documents for migrant Dalits.
- Provide affordable and hygienic accommodation facilities.
- Acceptability of Govt. insurance by private hospitals

Conclusion

In India, most of the rural population depends on agriculture and allied activities. The rural areas of Karnataka are still dependent on rain and seasonal cultivation. This creates poverty and unemployment and drives migration to cities like Bangalore. The situation of Dalits in the city is worsened due to the prevailing caste-based discrimination and poor standard of living. Migrant Dalits, particularly the women, face health issues and lack exposure to basic healthcare

facilities. The healthcare sector in India is undergoing a phase of reform propelled by the development of the country. The government is trying to focus on providing health security provisions to all individuals with a highly innovative, affordable, and accessible healthcare system. The main challenges are in terms of logistics, lack of awareness, government apathy and rudimentary delivery channels in providing medical services. The government has to focus on the good health and wellbeing of its citizens and should try to expedite the dispersal of funds and services to the people.

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Data sharing statement: Our qualitative data are not available to be shared as we did not received consent from respondents for data sharing when the study was undertaken. Nevertheless, readers are welcome to send questions to the corresponding author: Nimble O J. Email: nimblevivek@gmail.com.

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