Locational Disadvantage and Deprivation of SC/ST People in Rural Madhya Pradesh

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Abstract: Locational disadvantage can take the form of social exclusion from many everyday activities, services and facilities like lack of education, recreation, health, etc. The remoteness or isolation of an area makes it physically difficult for its inhabitants to participate in broader socio-economic processes of the society. The social exclusion of these castes and their locational disadvantage magnifies the multiplicity of deprivations faced by them and their children, in terms of constraining their overall human development and curtailing their opportunities and capabilities. This paper attempts to bring out the effect of locational disadvantage of SC/ST people in rural Madhya Pradesh in terms of availability of infrastructural facilities analysing the data from Census of India, 2011.

Keywords: Locational Disadvantage, Deprivation, Exclusion.

1. Introduction

Locational disadvantage can take the form of social exclusion from many everyday activities, services and facilities like lack of education, recreation, health, etc. The remoteness or isolation of an area makes it physically difficult for its inhabitants to participate in broader socio-economic processes of the society. SC/ST population is generally found to be concentrated in a particular area with many small villages inhabited by various sub-caste group divisions within SC/ST caste group. These villages are also not concentrated rather scattered over a large distance. The social exclusion of these castes and their locational disadvantage magnifies the multiplicity of deprivations faced by them and their children, in terms of constraining their overall human development and curtailing their opportunities and capabilities.

Objective

The objective of this paper is to find the effect of locational disadvantage faced by the excluded caste groups like SC/ST in rural Madhya Pradesh.

Methodology

This paper analyses the educational and health infrastructure present in the SC/ST concentrated villages the state of Madhya Pradesh and in Satna district in particular. The deprivation of children is multifaceted when there is lack of institutional factors. From the Village Directory, Census of India, 2011 all the villages are categorized into four broad categories i.e. villages having low SC/ST population (<26 percent), villages having medium SC/ST population (26-50%), villages having high SC/ST population (51-75%) and villages having more than 75 percent of SC/ST population.

Hypothesis

Locational Disadvantage of the excluded caste groups aggravates the social exclusion and deprivation faced by them and their children.

2. Literature Review

Social exclusion should be seen as an institutionalized form of inequality, the failure of a society to extend to all sections of its population, the economic resources and social recognition which they need in order to participate fully in the collective life of the community (Sonowal, 2008). Infrastructural indicators reveal the disparity between the levels of access to various facilities such as paved roads, power supply, bus and railway services, post office, banking facilities and so on between the tribal dominated and not dominated areas. Areas with tribal concentration uniformly display a lower proportion of villages having access to these facilities (IHD-UNICEF, 2011). “The question of exclusion of many has to be addressed. Unless investments in high-quality physical and social infrastructure are simultaneously made that connect outlying areas with the mainstream of growth, inequality will continue growing, and inclusive growth will remain a distant dream” (Krishna & Bajpai, 2011).

3. Analysis

Table 1 gives the educational infrastructure in the villages of Satna and Madhya Pradesh based on the concentration of SC/ST population.
The locational disadvantage of the SC/ST habitats is an impediment to education of their children. Looking at the villages of Satna district where the SC/ST population is concentrated by more than 75 percent, locational disadvantage can be seen in terms of unavailability of the schools. The gap in availability of schooling facility between villages that are SC/ST dominated and others increases as one goes up from primary to middle to secondary school levels.

Comparing the availability of middle schools in Satna villages within 5 kms distance with respect to concentration of SC/ST population shows that in villages with less than 26 percent of SC/ST population, the availability of middle schools is about 12 percentage points higher as compared to the villages with 75 percent or more concentrated population. No secondary school whether government or private is found in the villages with 75 percent or more concentration of SC/ST population. Also, a 5-percentage point difference is found between the availability of secondary school within 5 kms of the villages concentrated by 75 percent or more SC/ST population (38.5%) than in less than 26 percent concentrated villages (43.7%). If we compare the availability of senior secondary schools within 5 kms from the villages, then it shows that the percentage is twice in less than 26 percent SC/ST dominated villages than in more than 75 percent concentrated villages. Looking at the state data, the villages in MP with 26 percent or less SC/ST concentration have a higher percentage of middle, secondary and senior secondary schools than those present in more than 75 percent concentrated villages. Hence, lack of educational institutions and long travel to attend schools become dissuading factors for SC/ST children and pushes them towards deprivation.

Table 2 gives the health infrastructure in the villages of Satna and Madhya Pradesh on the basis of the concentration of SC/ST population.

The health status of Satna district in terms of the availability of facilities is generally quite poor, with only 9 percent of SC/ST concentrated villages reporting any TB clinic within 5 km, while it is 19 percent in less than 25 percent concentrated villages. While allopathic hospitals, dispensaries, Maternity and child welfare center and PHSC’s within 5 kms of the villages is almost half in highest SC/ST concentrated villages than the least concentrated villages.
Relatively, MP is better in terms of having health facility in SC/ST concentrated villages. The impact of not having educational or health facilities within a radius of 5 km, is further compounded by inaccessibility due to poor transportation and infrastructural facilities.

4. Conclusion

Locational isolation of SC/ST population is found to play an important role in pushing these people more towards deprivation due to lack of education and health institutional factors.

5. Future Scope

This paper can further be extended by comparing the health and educational infrastructure available to other caste groups in the nearby vicinity.

References