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 India, Malnutrition

## **Unheard Voices of India: The Crisis Affecting Dalit Women**

*“Communities, countries, & ultimately the world are only as strong as the health of their women.”*  
 - Michelle Obama

### **Introduction**

It can be seen throughout the world that the strength of a nation is greatly dependent on the quality of the lives of its female population. In India, in part due to the after-effects of lockdowns during the Covid-19 pandemic, the majority of the Dalit population is facing a malnutrition crisis. Within this demographic, malnutrition has the greatest impact on the female population, who suffer from anemia and, as stated by a United Nations study, experience much shorter lifespans than the national average.

To stop the suffering of this vulnerable and extremely marginalized population, confronting the social, political, dietary, educational, and economic roots of the problem may be the best solution. To solve these issues, India should address the discrimination of Dalits who are sanitary workers, change cultural practices that disproportionately affect a woman's health and nutrition, further fund and improve government programs such as Anganwadi centers and rations, introduce nutrient-rich foods as staples to Dalit diets, reduce cases of nutrient deficiencies for women of all stages of life by improving supplement programs, educate Dalit populations to improve compliance, & provide Dalit women with better healthcare.

### **Confronting Social Discrimination**

The word Dalit is Hindi for “oppressed”, “crushed”, or “broken”, and refers to the group of people officially known as Scheduled Caste (SC) and associated with the dehumanizing term “untouchable”. They consist of about 16.6% of the country's population (Agoramoorthy, Hsu, 2020). The majority of Dalits (70-80%) live in rural areas and the rest, in urban areas.

In cities, they are migrant workers and the primary workforce behind the sanitary sector. Although the government outlawed bigotry based on caste many decades ago (Untouchability Offenses Act of 1955, later the Protection of Civil Rights Act in 1976) spillovers of prejudice remain, as evidenced by the fact that as of 2019, over 54,000 active duty scavengers, 90% women, are contracted by the government to take upon menial jobs such as cleaning sewers without proper equipment (Agoramoorthy, Hsu, 2020). This is despite the fact that the practice of hiring active duty scavengers is banned by the government itself. In addition, these workers were exploited by the government during the pandemic. “...Marginalized safai karamcharis [sanitary workers]... risked their lives to clean public spaces, collect and dispose of contaminated and non-segregated garbage and waste”, reported Amit and Sukhadeo Thorat, journalists for Outlook India. These workers deserve to be recognized for the dangerous work they do and to be paid well enough that they can afford to feed themselves and their families.

Within the patriarchal structure of their communities, Dalit women are excluded, facing the most social discrimination (Agoramoorthy, Hsu, 2020). Some cultural practices regarding the role of women in a household interfere with Dalit women getting the nutrition they need. Uneven food allocation as well as the practice of women eating only after all other family members have eaten have led to a significant disparity between the nutrition of males in a household vs. females. These practices need to be discouraged so that Dalit women can have access to the nutrients they need.

### **Improving Government Programs**

Many of these women who are in dire need of help were unable to get it during the pandemic. A part of the Integrated Child Development Services Scheme (ICDS) and managed by the Ministry of Women and Child Development (MWCD), Anganwadi centers are places that provide hot, home-cooked meals to expecting and nursing mothers as well as young children. They are generally located in the

poorest section of a community. The abrupt closure of India's Anganwadi centers during state-wide lockdowns shows that the hunger crisis associated with the pandemic has had an enormous and unequal impact on Dalit women. Steps to take to solve this issue would be reopening all centers with further improvements. Meals should be nutritionally balanced and approved by nutritionists to combat common deficiencies that negatively impact pregnancy and lactation, such as iron deficiency, which may lead to anemia.

The meals should also be available to India's elderly population. India's elderly population is rising in numbers and suffers from many nutrient deficiencies. Despite the fact they have equal need for these free meals as young children and mothers do, currently, they do not have access to them (Sarkar). All of these improvements can be made by further funding from the government. IndiaSpends reports that the Indian government continues to underspend on nutrition. According to Dipa Sinha, an assistant professor at Ambedkar University, "Allocations for Anganwadi service... are grossly inadequate and also [are] not even keeping pace with inflation." These centers should be funded well enough to satisfy the needs of larger populations and keep up with the rising inflation rate.



Anganwadi worker Savitri Joshi with supervisor Chandramma providing take-home rations (Akshay T, The World Bank)

The government has taken other measures to help these populations. The National Food Security Act (NFSA) gave cash transfers to pregnant and lactating women of 6,000 rupees, or roughly \$75, per year. Due to the government replacing it with the Pradhan Mantri Matru Vandana Yojana scheme and cutting the funding allowed for this program by 48%, this limited amount, which could only buy a certain quality and amount of nutritious foods like fruits, vegetables, dals, rice, and dairy items, has only reduced further from what it was in 2019. This is the opposite of what should have been done, considering the increased risk of anemia during the pandemic and rising inflation rates.

In addition, conflicts and corruption within forest departments have left many rural women unable to receive their cash transfers at all. This population of women is the most vulnerable of an already vulnerable population, and their struggles should not be left unheard. To aid in post-pandemic recovery, the government should establish more funding to cash transfer initiatives as well as provide rations of iron-rich foods to Dalit populations in need. Additionally, wellness checks should be established to ensure the money provided goes to the right people and communities.

While in the past, government rations consisted of both rice and dals, currently, due to budget cuts that occurred during the pandemic, government rations now only provide rice. This limited diet contributes to malnutrition. The absence of proteins, fatty acids, vitamins, and minerals leads to fatigue and greater susceptibility to illness and disease. To ensure the health of all who are eligible for government rations, they should include fruits, vegetables, dairy, and proteins as well.

### **Anemia in Pregnant Women**

More than 60% of India's female population is anemic, partially due to this poor allocation of nutrition. (Suchitra) According to the Global Nutrition Report, in 2016, India ranked a dire 170 out of 180 countries commonly suffering from anemia. In India, the most common cause of anemia is iron

deficiency. This already negative situation had worsened due to the pandemic as many studies conducted in the last two years have shown women are eating less and with less variety (Suchitra). Because of this, these women, most notably those that are pregnant or lactating, are suffering severe malnutrition-related issues. Bodily changes such as pregnancy and lactation are when a diet full of iron is most vital. But for Dalit women, Sylvia Karpagam, doctor and public health researcher in Karnataka, India, says, “when a young woman from a marginalized community gets pregnant, she is *already* malnourished because of her caste, class, and gender disadvantages.”

In an exclusive interview, Dr. N. Divya Alamelu, an assistant professor in the department of Obstetrics and Gynecology at Mahatma Gandhi Medical College and Research institute in Pondicherry, explained how malnourishment can have severe consequences for pregnant women. During delivery, iron deficiency leads to excessive blood loss and postpartum hemorrhage, contributing to a higher rate of mortality for both the mother and the infant. In addition, mothers are susceptible to infection and at an increased likelihood of lactation failure (Alamelu, personal communication, 2022).



Ranjita Majhi, pictured with her son (Mohnaty, 2021)

Ranjita Majhi is a Dalit woman from Odisha who took a loan of 30,000 rupees just to give birth in a hospital due to health complications related to her severe anemia. After four days, she lost her child. While the district hospital is reportedly unsure of how this loss happened, activist Roshnara Mohanty suggests it was likely due to malnutrition (Suchitra). Unfortunately, this is the story of many Dalit mothers and children living in poverty. As these deaths would have been prevented by access to proper nutrition, steps should be taken to ensure such losses do not occur in the future. In Dalit populations, most commonly consumed foods are not fortified like the bread, cereal, and grains of most industrialized nations. Instead, they are grown locally, making other sources of iron like supplements a necessary staple in preventing iron deficiency.

### **Introducing Nutrient-Rich Staple Foods**

Price fluctuations of staple crops continue to happen due to disruptions in agriculture supply chains. The prices of cereal grains, vegetables, and pulses especially are at a high (Pingali, Seth). To help supply iron to deficient populations, as an alternative to iron supplements, biofortified pearl millet may be a possible solution. Dr. Mahalingam Govindaraj, 2022 winner of the Norman E. Borlaug Award for Field Research and Application, is a scientist who, for over a decade, has directed the development and dissemination of high-yielding, high-iron, and high-zinc pearl millet varieties. These biofortified crops have already contributed to better nutrition for many communities in India.

Dr. Saurabh Mehta and Dr. Samantha Huey are scientists looking for a way to combat maternal malnutrition. They enacted trials to see the impact of several biofortified crops, including pearl millet, on target groups living in slums. The results are promising. While it may not be “a magical solution” as Mehta stated in an interview with The Borgen Project, it is one step closer to solving micronutrient

malnutrition (Eicher, 2022). If biofortified pearl millet replaces some portions of rice and wheat in government supplemental rations, Dalit women may have access to the nutrients they need.

Karnataka, a state within India, is noted to have a considerably lower amount of anemia cases in its population when compared to other states. Dr. Alamelu discussed in an interview that this is due to a staple ingredient in their diet called ragi, or finger millet. She states, “ragi is rich in many key nutrients... iron, calcium, proteins, vitamin C, vitamin E, B-complex vitamins, fiber, and antioxidants.” If ragi, which is cheap as well as healthy, also replace part of governmental rations, there will be a higher likelihood of Dalit women getting adequate nutrients in their daily diets.

### **Dietary Supplements**

Ferrous sulfate is the most common iron supplement given to women of all ages. Starting from school-age children, a government program is already in place to provide access to these free supplements. But Dr. Alamelu explained that ferrous sulfate has been associated with many side effects that discourage women from taking them consistently. The pronounced metallic taste and side effects of possible gastritis and constipation, as well as a lack of education on how these supplements may positively affect one’s health, lead to many women not taking the free supplements prescribed to them. Dr. Alamelu suggests newer types of supplements can ensure better compliance. *Ferrous ascorbate*, *ferrous pyrophosphate*, *carbonyl iron*, and *ferric citrate*, are all iron supplements that have been known to have a better taste and fewer side effects.

Protein helps in iron absorption, yet it is another nutrient that Dalit diets are commonly lacking. Supplying protein supplements to those who would otherwise not get enough of it in their diet would help reduce protein deficiencies as well as iron deficiency.

Despite the fact that India, as a nation, is the largest producer of milk, in the elderly female population, dietary calcium deficiency is a serious problem. This deficiency leads to a decrease in bone health and even osteoporosis. Dalit women are particularly at risk, as they typically do not have enough dairy products in their diets. There are currently no supplement programs for this population as there are for pregnant women, but if one were created, it would greatly help raise the quality of life for the elderly female population of India.

### **Spreading Awareness and Proper Monitoring**

To help spread awareness of how supplements can positively impact one’s health, volunteers may be the key. In a nation where medical practitioners are in high demand, getting a medical education has become increasingly difficult. Aspiring medical students in India have shown true dedication toward preparing for medical exams and applying for seats in medical colleges. They study for years and take rigorous coaching programs. In urban areas alone, there are hundreds of thousands of students enrolling to take the National Eligibility Entrance Test (NEET). Yet, for the roughly 780,000 students who clear the NEET, there are only about 87,000 seats available in medical colleges. Even getting more than 90% on the NEET may not guarantee a seat in a medical college (Rampal).

As there is much competition for these limited seats, students are looking for more ways to prove their eligibility. Volunteering opportunities may offer a solution for these students as well as provide a way to spread awareness among less educated communities. In the US, volunteering opportunities are valued much more than they are in India, and due to this, many medical students participate in them both in high school and college. Similarly, if colleges in India encourage volunteering as a way of enhancing one’s application, hundreds of thousands of students would be willing to do so. They, as well as any citizen willing to help, can assist in spreading awareness by educating poorer populations about the dangers of nutrient deficiencies and how they impact the body, helping distribute supplements to those who need them, and educating this population on how, despite minor side effects, supplements are good for their health.

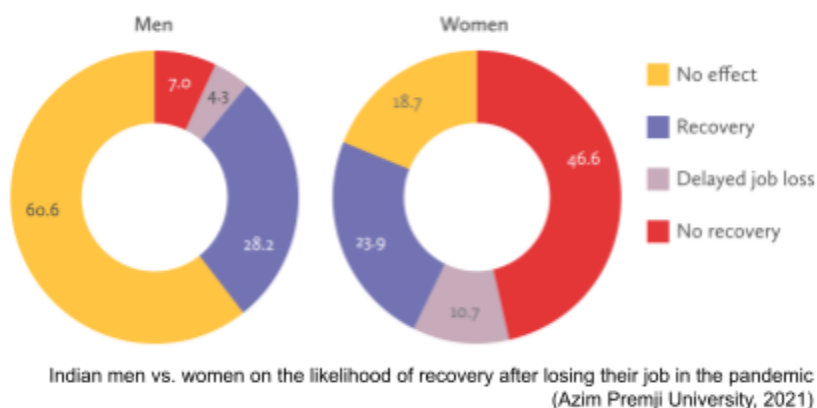
Village health nurses (VHN) are nurses located in rural areas who often assist pregnant women. However, they are often not trained enough to effectively monitor the women under their care and ensure they take the supplements that are prescribed (Alamelu, personal communication, 2022). A program to

teach these village health nurses to better monitor pregnant women would ensure rural women get the same level of care as those living in urban areas. To fund these initiatives for rural populations, the National Rural Health Initiative (NRHM) may offer a solution. It aims to sponsor better health outcomes for people living in rural areas.

### Accounting for Economic Disparities

Dalits have to rely so much on government rations due to a problem that much of the world is facing: unemployment. According to The State of Working in India, during lockdowns, only 28%- 29% of women in India were able to retain employment, and overall, about 33% lost their job and could not get it back. This number can be compared to the significantly less percentage of between %10-%14 men who faced that situation. It can be also noted that the research conducted by this university states, “men were eight times more likely to return to work compared to women.” (Azim Premji University 2021) For the rest of these women, only 23.9% were likely to recover from this job loss.

This especially impacted lower-class women, namely those of Dalit backgrounds, as their manual jobs were unable to be continued during a pandemic, which caused a livelihood crisis. The majority of the Dalit population are landless wage laborers, and between the loss of their already alarmingly low wages, rent, and paying for necessities, being financially unable to contribute as much to their families led to an inability to maintain a nutrient-dense diet. Eggs, meat, poultry, and milk products were the first to become inaccessible, as they are the most expensive. (Suchitra) To make up for this, the need for more nutritious government rations is greater than ever before.



### Potential for Progress

If progress is made, the sharp disparity between upper-caste and Dalit women shows how much their lives can be improved. On average, Dalit women die 15 years younger than upper-caste women. A life of poor nutrition, hard labor, and lack of access to healthcare plays a major role in this difference. Healthcare especially is often too expensive to consider as an option, to the point of having to take out sizable loans just to give birth and not being able to consult a doctor despite experiencing constant headaches and pain (Suchitra). If nutrition is improved and healthcare is more accessible, the life expectancy of a woman in this population may be increased by years, even a decade.

### Conclusion

The pandemic, their status in society, and their inability to get access to proper education, food, and healthcare have had a clear impact on the Dalit population. Now, the country of India has the potential to ensure the wellbeing of its people by changing views and cultural practices that disproportionately affect a woman's health and nutrition, further funding and improving government rations and Anganwadi centers, reducing cases of nutrient deficiencies in all stages of life by improving supplement programs, making nutrient-rich staple foods more accessible, educating Dalit populations to improve compliance, and providing Dalits with better quality healthcare.

You do not have to be a government official or a medical professional to help. Spreading awareness about malnutrition in this population and educating them on how supplements benefit their health can help improve the lives of many Dalit women. Currently, Dalits are without a voice, unable to contact the community for their rights and resources. Their problems must be brought to light, or this already overlooked population will continue to face malnutrition and preventable death.



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