

Introduction

Discrimination impacts upon a range of wider determinates of health such as education, work, income and housing¹. Caste is a fundamental determinant of social exclusion and development, International human rights organisations suggested that worldwide over 260 million suffers from this exclusion². The 3,000-year-old caste system is one of the oldest social hierarchies and it is the foundation of Hindu society³ has four divisions 'Brahmins' priests; 'Kshetriyas' warriors; 'Vaishyas' merchants; and 'Sudras' the servants. Underneath these castes lies 'Ati-Sudra'; Dalits, also known as untouchables⁴. High castes had freedom and high ritual status whereas people from lower caste were restricted in attending schools, temples, courthouse and furthermore, they were restricted in trading their goods, labour and were stigmatised through the practice of untouchability⁵. Dalits have been prevented from establishing equal relationships in social, educational, political and economic domains in comparison to higher-caste people⁶. The Dalits are especially vulnerable and isolated due to this notion of untouchability in the caste system⁷. A large number of Dalit in rural areas in India are deprived from or are refused access to health services due to their social status⁸. Despite legislation outlawing the caste system in Nepal from 1962, discrimination in accessing health services still continues due to a general lack of state-run services, as well as denial and discrimination in the provision healthcare to Dalit who seek health services⁹.

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Editorial

Uptake of Health Services by People from the Dalit Community

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Abstract

Studies and reports on uptake of health services in Nepal and other low-income countries often focus on limitations due to physical factors, such as travel distance to health facility, or lack of medical facilities or electricity at the health care centre or focus on resources, such as lack of service providers, or lack of appropriately trained staff.

In this editorial article, we highlight the importance of discrimination as a reason for people not seeking available health care. Discrimination is particularly a barrier to service usage among the most deprived people in society, such as the Dalit community in Nepal and South Asia more generally. We discuss the caste-based discrimination in Nepal and its effects on health outcomes of those groups who experience such discrimination.

Objectives

This review aims to investigate caste-based inequity in health care utilization in South Asia, particularly focusing those at the bottom of the caste hierarchy, the so-called Dalit communities.

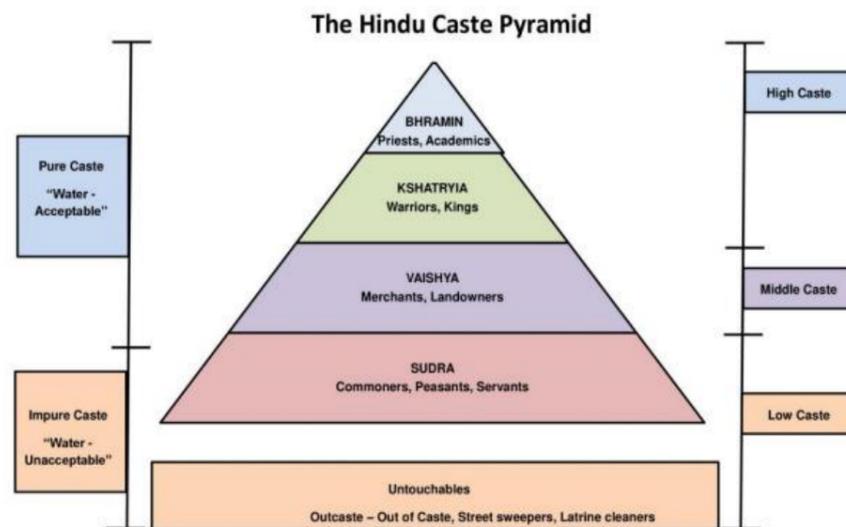
Methods

A systematic review in accordance with the PRISMA, Database: CINAHL, Medline, SocINDEX, PubMed, Nepjol, JSTOR, ASSIA and EBSCO Discovery Service (EDS). Papers were critically appraised using CASP checklist and McGill checklist. The protocol was registered in PROSPERO¹¹.

Results

Nine papers that met inclusion criteria were finalized for the purpose of this systematic review. Table 4 shows a summary of the appraised papers. Of the nine selected papers, two were qualitative studies, three quantitative and four were mixed method. The selected South Asian studies were carried out between 2000 and 2019, mainly in India (n=7) and Nepal (n=2). These studies assessed caste-based discrimination in the health care sector.

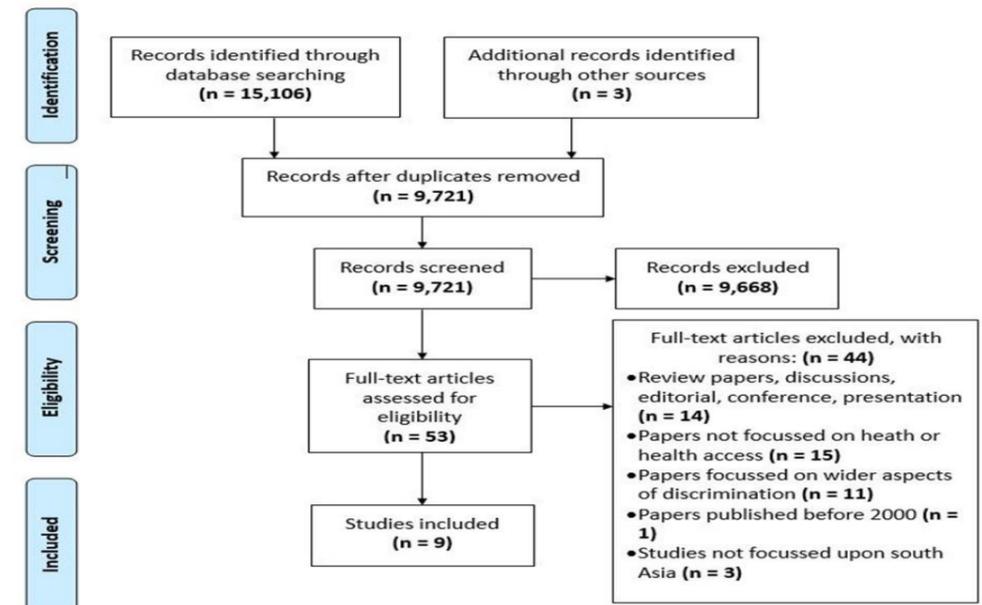
Themes: **Stigma, Poverty, Beliefs/cultures and Healthcare.**



Discussion

Research in different countries and participants agreed that a connection between socio-economic differences influences the level of health disparities¹⁰ noted that low socio-economic status and holding less land is associated with poor health outcomes. Due to Dalits low status in Nepal and India their lower access to education and good quality jobs results in lower household income¹⁰. Dalit women are doubly disadvantaged due to their low caste status as well as the lower status of women in Hindu society. Dalits have lower occupational mobility, less land, poorer education and worse job. The SDGs, no poverty, good health and wellbeing, quality education, gender equality and specially goal 10, reduced inequality for all, irrespective of age, sex, disability, race, ethnicity, origin, religion, economic or other status will not be able to achieve without dealing caste discrimination².

PRISMA - Flow Diagram for Systematic Review



Conclusion

Research on Dalits often evidence domestic violence, risk presence in everyday life, poor education, employment and health hierarchies and inequalities caused due to interconnection structure of caste, class and gender. Class and caste inequalities have become more severe in affective and determining opportunities to access to healthcare that can be visible in both sides in terms of care provider as well as seekers. Double discrimination, women's interactions with education, income and standard of living is limited which leads them and their health very much dependent on existing gender relations. Dalits women's problems are in addition to general weaknesses in health systems making accessing health care difficult not only for Dalits.

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