Caste and Provision of Public Goods in India

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Abstract—The empirical regression results, on the basis of latest data show that even after controlling the effect for other control variables, the public expenditure on education and health was negatively correlated with the population of SC/ST. Consequently, the basic infrastructure (like pucca building, number of classrooms, laboratory for students and teachers and boundary wall in school premises) and facilities (like drinking water, urinal, playground, electricity, computer, medical check-up of students) in schools were negatively correlated with the population of SC/ST. Similarly, in health, the basic infrastructure (like availability of sub-centres, primary health centres and community health centres) and facilities (like electricity, water supply, telephone connections, computer, operation theatre, number of beds to admit patients) in public health institutions were negatively correlated with the population of SC/ST. The availability of general infrastructure (road and national highway in 100 square kilometres), and basic amenities in house premises (drinking water and sanitation) were also negatively correlated with the population of SC/ST.

Index Terms—India, caste discrimination, population of scheduled castes (SCs)/ scheduled tribes (STs), public expenditure and provision of public goods.

I. INTRODUCTION

The Nobel Laureate in Economics Prof. Amartya Sen observed that "unlike other developed countries like USA, UK and Japan, India is trying to become a global economic power with an illiterate and unhealthy labour force. Further he compares the healthcare in India and China and concludes that between 1980 and 2004 China performed better and under democratic system it is difficult to bring any change in India" [1]. Whereas, his counterparts have found that social heterogeneity explains the policy differences adopted by a particular country/ or group of countries [2]. Further, another study provides evidence for lower provision of public goods in ethnically diversified regions of USA [3]. Therefore, huge social heterogeneity in India (division of society into thousands of castes and sub-castes) may help to explain poor provision of key public goods like education and health. SCs and STs in India have suffered discrimination and deprivation for centuries, therefore, it is assumed that population of SC/ST may be negatively correlated with provision of public goods.

The paper is organized into five sections. Section second, presents the review on existing literature. Section third, deals with constitutional provision for SCs and STs in education and health. Section fourth, presents method, data sources and empirical results on caste discrimination in public expenditure and in provision of public goods. Section

fifth concludes.

II. LITERATURE REVIEW

Although, the constitution of India under article 15 prohibits discrimination on the basis of religion, race, caste, sex, place of birth and any of them [4]. However, despite constitutional prohibition, large number of empirical studies show caste based discrimination against SCs and STs in multiple spheres, for modern democratic India. Caste discrimination and prejudice against them in democratic India is combined in to three groups, which are described below.

A. Caste Discrimination in Education

In 2001, the supreme court of India ordered all states to provide free cooked meals to all primary school children. The scheme is known as mid- day meal (MDM). Dreze (2003) found complete exclusion for SCs as cook and helper in almost 60% of sample villages [5]. Another study found four types of discrimination. First, if cook was from low castes (SCs/STs) high castes children refused to eat food. Second, SCs and STs Children were required to sit separately, third and fourth, though was less prevalent, about 9% villages reported that separate food was cooked and food was inferior or insufficient [6]. Similarly, it was found that SCs and STs Students face discrimination in access to drinking water, in sitting in classrooms, the teachers and fellow students also did not cooperate and behave nicely [7]. Therefore, even after controlling for school attendance, education level and income of the parents, low learning was found for SCs and STs Children as against learning for high castes children [8]. Thus, the educational institutions which are supposed to play their role as an agent of social change are not free from caste prejudices.

B. Caste Discrimination in Health

The study investigated the effect of caste on health outcomes in India and included four variables to test his hypothesis. These are, first, average age at death, second, health status of elderly people, third, status of treatment, those who are ill and fourth, prenatal and postnatal care. After controlling for the effect of other variables, he found that average age at death was about 5 and 7 years lower for STs and SCs respectively. Similarly, poor health for elderly was 2.6 points higher for SCs when compared with comparable figures for others. Further, elderly among SCs and STs those were suffering from illness were less likely to take treatment respectively by 9.0 and 10.6 points. And SCs and STs Women were less likely to receive pre and postnatal care when compared with high castes women [9]. Likewise, another study show that 97% SCs children suffer from untouchability, as pharmacists do not touch them

while dispensing medicine. And 91% and 87% children reported that Lab technician make them wait more and do not speak gently respectively. Similarly, more than 90% children reported that local level health visitor, do not enter the house, spend less time and do not touch while dispensing medicines [10]. The recent study provides more insight- SCs children comparatively suffer more discrimination where health workers are from high castes [11].

C. Caste and Economic Discrimination

The study examined per acre yield of high castes and low castes farmers and found higher yield for low castes (SCs and STs) farmers in low caste dominated villages; and lower yield in high castes dominated villages. The author observed that high castes household (mostly the owner of water) did not easily trade water with low castes farmers, which negatively affect yield [12]. Another study enquired the caste gap in net farm income per acre of land cultivated, and found that between 3 and 13% of income inequality between low and high caste farmers was due to caste bias. Discrimination against SC/ST farmers in access to tube wells, electricity, markets for selling produce were major causes of inter caste inequality in income [13]. Though, most of the SCs are landless labourers in rural India [14]. Further, among them those can afford to buy land; faced discrimination in buying land for agriculture and for building houses [15]. Another study estimated earning differences between SC/ST and Non-SC/ST workers for urban India. The large part of earning differences (85%) was due to differences in human capital endowment between SC/ST and Non-SC/ST; however, 15% earning differences was contributed by caste discrimination against SC/ST workers [16]. Similarly, it was found that equally qualified SC/ST and Muslims had 33% and 67% less chances of getting call for interview respectively than that of non-SC/ST/OBC groups [17]. In addition to this, study show wide spread employment and wage discrimination against SCs for rural India too [18]. These groups also suffer from caste discrimination in social, religious and political spheres [19]-[23].

Although, literature on caste shed light on wide spread caste discrimination, against SCs and STs, for modern democratic India. However, existing literature do not investigate the relationship between population of SC/ST and provision of public goods. Whereas lower provision of public goods may itself perpetuate vicious circle among them [3]. Therefore, present paper is an attempt to investigate relationship between population of SC/ST and provision of public goods across states in India. The paper may contribute to literature by providing an alternate explanation for higher deprivation of SCs/STs in modern India.

III. THE CONSTITUTIONAL PROVISIONS FOR SCs AND STs IN INDIA

Many provisions have been made in the constitution of India to promote the level of development among SCs and STs and to protect them from social exploitation/injustices. Article 14 of constitution of India guarantees equality before law. The article 17 abolishes the practice of untouchability. Article 21a makes provision for free and compulsory education for all children in the age group of six to fourteen. Article 46 makes provision to promote the educational and economic interest of SCs and STs, and protect them from all forms of exploitation. Article 330 provides reservation for them in parliament and state assemblies and article 335 reserves seat in government services [4].

IV. METHOD AND DATA

To measure the effect of caste (population of SC/ST) on provision of public goods across states in India, ordinary least square multiple regression is used. To control for the effect of other factors, some control variables (like income per capita, size of state in square kilometres, distance of state from national capital and access to sea) are used. 11 states (which altogether consist less than 7% of total population) are categorised as special category states for the purpose of union transfer. In addition to this, data on per capita income is not available for two tiny states. Therefore out of 35 states and UTs, regression results are based on 22 states which altogether constitute more than 93% of total India's population [24]. Latest data from The Ministry of Human Resource Development [25], The Central Bureau of Health Intelligence, the Government of India [26], All India School Education Survey, hereafter AISES [27], the National University of Educational planning and Administration (NUEPA) [28], the National Family Health Survey (NFHS) [29], Rural Health Mission (RHM) [30], The Ministry of Road Transport and Highway [31] and census of India [24], are used for regression analysis. All data are available online.

A. Empirical Results- Public Expenditure on Education and Health

Even after controlling the effect for income and other control variables, per person and per student expenditure on education, and per person expenditure on health, was negatively correlated with the population of SC/ST (table I). For description of variables and descriptive statistics, see Appendix table V and VI.

TABLE I: SUMMARY TABLE OF REGRESSION RESULTS ON PUBLIC EXPENDITURE ON EDUCATION AND HEALTH

Sl. No.	Dependent variables	Independent variables					R-square	Obs.
		Pop SC/ST	Income	Size km2	Distance	Access to sea		
1	2	3	4	5	6	7	8	9
Public expenditure on education								
2	Exp. as % of	-0.03 (0.034)	-0.01 (0.01)	0.003	0.001*	-1.1 (1.00)	0.44	22

	SGDP			(0.003)	(0.001)			
3	Per person exp.	-15.4 (10.796)	8.21** (2.994)	-0.2 (1.104)	0.5** (0.170)	-278.6 (303.1	0.71	22
4	Per student exp.	-19.3 (16.370)	11.0** (4.541)	-0.34 (1.674)	0.63** (0.258)	-291.1 (460.0)	0.67	22
Expenditure on health								
2	Exp. as % of SGDP	-0.03 (0.019)	-0.001 (0.005)	-0.0004 (0.0017)	0.0004 (0.0003)	-0.4 (0.489)	0.39	22
3	Per person exp.	-23.3 (18.14)	8.3 (5.084)	-0.7 (1.72)	0.43 (0.286)	-228.3 (472.5)	0.58	22

*** 1% level significance, ** 5% level significance, * 10% level significance, Data in parenthesis show standard error.

B. Empirical Results on Provision of Public

goods- The regression results on the basis of data from AISES for 2009-10, for all schools (primary, upper primary, secondary and higher secondary taken together) show negative correlation between infrastructure and basic facilities in school (like number of classrooms, availability of laboratory for students' and for teachers', boundary wall in school premises, drinking water, playground, electricity,

urinal for students' and separate urinal for girls') and the population of SC/ST (Table II). The different data sources show similar negative relationship between population of SC/ST and infrastructure and basic facilities in schools. Further, the pattern of negative correlation was similar for different grades of schools. Description of variables and descriptive statistics for table II, III and IV are available with the author.

TABLE II: SUMMARY TABLE OF REGRESSION RESULTS ON INFRASTRUCTURE AND FACILITIES IN SCHOOL, ALL SCHOOLS.

AISES 2009-10							
Dependent variables	Independent variables						
	Pop SC/ST	Income	Size km2	Distance	Access to sea	R-square	Obs.
Pucca Building	0.20 (0.210)	9.07 (7.23)	0.009 (0.020)	-0.005 (0.003)	5.81 (5.295)	0.39	22
Laboratory for students	-0.20 (0.453)	0.0002 (0.0002)	-0.008 (0.043)	-0.016** (0.007)	23.43* (11.42)	0.53	22
Laboratory for teachers	-0.48 (0.558)	0.0003* (0.0002)	-0.05 (0.053)	-0.01 (0.008)	7.76 (14.05)	0.61	22
Boundary-wall	-0.59 (0.495)	0.0003* (0.0002)	-0.04 (0.048)	-0.02** (0.007)	16.14 (12.47)	0.70	22
Drinking water	-0.33* (0.176)	4.2 (6.05)	-0.005 (0.017)	-0.003 (0.003)	1.04 (4.434)	0.45	22
Playground	-0.75 (0.468)	0.0003 (0.0002)	0.017 (0.045)	-0.008 (0.007)	7.07 (11.795)	0.55	22
Electricity	-0.91 (0.642)	0.0006** (0.0002)	0.009 (0.062)	-0.009 (0.009)	23.7 (16.17	0.72	22
Urinal for students'	-0.011 (0.449)	0.0002 (0.0002)	0.02 (0.043)	-0.008 (0.007)	13.31 (11.324)	0.37	22
Separate Urinal for Girls'	-0.21 (0.508)	0.0002 (0.0002)	0.02 (0.049)	-0.007 (0.007)	10.13 (12.799)	0.34	22
Medical-check-up	0.42 (0.741)	0.0007 *** (0.0003)	0.12 (0.071)	0.007 (0.011)	-9.54 (18.66)	0.41	22
Frequency of medical check-up	0.20 (0.359)	0.0002 (0.0001)	0.01 (0.034)	-0.005 (0.005)	-6.58 (9.05)	0.45	22
Vaccination	0.56 (0.744)	0.0006** (0.0003)	0.098 (0.071)	0.02 (0.01)	-6.7 (18.72)	0.36	22

1% level significance, ** 5% level significance, * 10% level significance, Data in parenthesis show standard error.

The Sub-centres (SCs) are the first contact point in rural India (similar to GP in UK system), and Primary health centres (PHCs) are referral unit working between SCs and community health centres (CHCs). The regression results on health show that even after controlling the effect for other control variables, availability of SCs and PHCs, within 3 kilometres and 10 kilometres respectively, were negatively correlated with the population of SC/ST. Further, except one variable, (SCs without all- weather road) negative variables of health infrastructures (like sub-centres without electricity and sub-centres without water supply), were positively correlated with the population of SC/ST. At PHCs level too, the negative variables of health infrastructure (like PHCs

without water and PHCs without electricity) were positively correlated with the population of SC/ST. Whereas, the positive variables (like PHCs with telephone, Computer, referral transport, operation theatre, and PHCs with at least 4 beds to admit patient), were negatively correlated with the population of SC/ST (table III). The poor infrastructure and facilities in SC/ST dominated region/ states was not limited to education and health. The availability of general infrastructure (like road and national highway in 100 square kilometres), drinking water and tap water, and sanitation in house premises (availability of latrine and drainage) was also negatively correlated with the population of SC/ST (table IV).

TABLE III: SUMMARY TABLE OF REGRESSION RESULTS ON HEALTH INFRASTRUCTURE AND FACILITIES

Sub-centres (SCs)							
Dependent variables	Independent variables						
	Pop SC/ST	Income	Size km2	Distance	Access to sea	R-square	Obs.
Sub centres within 3 KM	-0.58 (0.387)	-0.17 (0.08)	-0.09 (0.032)	-0.004 (0.006)	8.43 (9.85)	0.46	22
Sub-centres without all-weather road	-0.07 (0.20)	-0.08 * (0.02)	0.008 (0.02)	0.003 (0.003)	-11.07 ** (5.20)	0.57	22
Sub-centres without water	0.41 (0.46)	-0.18 * (0.10)	-0.002 (0.04)	0.003 (0.007)	-15.60 (11.87)	0.56	22
Sub-centres without electricity	0.23 (0.50)	-0.28 ** (0.11)	-0.04 (0.05)	0.0003 (0.008)	-14.58 (12.91)	0.59	22
Primary health centres (PHCs)							
PHCs within 10 KM	-0.42 (0.34)	-0.08 (0.07)	-0.06 (0.03)	-0.001 (0.005)	14.63 (8.65)	0.51	22
PHC without all-weather road	-0.42 * (0.28)	-0.08 (0.06)	0.009 (0.02)	0.004 (0.0040	-7.13 (6.71)	0.35	21
PHCs without water	0.79 ** (0.30)	-0.05 (0.07)	-0.03 (0.03)	0.004 (0.004)	-5.63 (7.04)	0.57	21
PHC without electricity	0.44 *(0.27)	-0.05 (0.06)	-0.03 (0.02)	0.002 (0.004)	-3.30 (6.26)	0.41	21
PHCs with telephone	-1.36 ** (0.62)	0.49 *** (0.14)	0.20 *** (0.06)	0.02* (0.009)	-3.72 (15.93)	0.74	22
PHCs with computer	-1.01 (0.74)	0.63 *** (0.17)	0.23 *** (0.07)	0.04 *** (0.01)	-31.84 * (19.10)	0.67	22
PHCs with referral transport	-0.61 (1.04)	0.38 * (0.23)	0.12 (0.10)	0.01 (0.02)	-6.45 (26.77)	0.31	21
PHCs with labour rooms	0.89 (0.75)	-0.03 (0.17)	0.07 (0.07)	0.003 (0.01)	26.92 (19.43)	0.41	22
PHCs with OT	-1.06 (0.91)	0.09 (0.21)	0.17 ** (0.08)	0.0003 (0.01)	15.92 (21.54)	0.41	21
PHCs with 4 beds	-1.33 *(0.88)	-0.23 (0.20)	0.16 ** (0.08)	-0.005 (0.01)	17.05 (20.70)	0.49	21

*** 1% level significance, ** 5% level significance, * 10% level significance, Data in parenthesis show standard error.

TABLE IV: SUMMARY TABLE OF REGRESSION RESULTS ON INFRASTRUCTURE, DRINKING WATER AND SANITATION.

Dependent variables	Independent variables						
	Pop SC/ST	Income	Size km2	Distance	Access to sea	R-square	Obs.
Road in 100 KM	-1.5 (10.791)	5.43* (3.170)	-0.8 (1.017)	-0.06 (0.165)	-175 (278.5)	0.43	21
Road per 100,000 populations	1.86 (5.492)	1.46 (1.613)	0.31 (0.517)	0.15* (0.084)	-66.4 (141.7)	0.28	21
NH in 100 KM	-0.04 (0.051)	0.02 (0.021)	-0.009* (0.005)	0.0004 (0.0008)	-0.33 (1.323)	0.55	21
NH per 100, 000 populations	-0.39 (0.470)	0.02 (0.140)	-0.002 (0.044)	0.009 (0.007)	-6.5 (12.129)	0.27	21
Drinking water	-1.27*** (0.348)	0.11 (0.100)	-0.06* (0.033)	-0.01* (0.0053)	3.9 (8.95)	0.77	22
Tap water	-0.46 (0.505)	0.58*** (0.145)	0.05 (0.047)	-0.0009 (0.008)	10.3 (12.97)	0.76	22
Improved drinking water	-0.24 (0.225)	6.35E (8.76E)	-0.02 (0.044)	-0.006 (0.006)	6.01 (11.547)	0.40	17
No latrine	0.84* (0.427)	-0.21* (0.125)	0.05 (0.040)	0.002 (0.007)	-2.8 (11.01)	0.69	21

*** 1% level significance, ** 5% level significance, * 10% level significance, Data in parenthesis show standard error.

V. CONCLUSION

Given wide spread caste discrimination against SCs and STs in modern India, anti-discrimination and reservation policies are essential. However, more or at least equal provision of public goods for SC/ST may play significant role in bridging the development gap, as large gap between SC/ST and non-SC/ST is due to differences in human capital endowment [116]. Present paper is limited to public goods in education and health. Therefore other public goods (like general cleanliness, drainage and waste disposal, play area for children near house premises, availability of electricity for domestic use, supply and consumption of Iodised salt, availability of post office, police station and number of police personnel) may be interesting variables for future study. Further, the district, sub-district and village level studies may shed more light on the subject.

Appendix

TABLE V: DESCRIPTION OF DEPENDENT VARIABLES, ON EXPENDITURE ON EDUCATION AND HEALTH.

Dependent variables	Description
Education	
Exp. as % of total exp.	State-wise expenditure on education as % of total public expenditure of state
Exp. as % of SGDP	State-wise expenditure on education as % of state GDP
Per person exp.	State-wise total expenditure on education divided by total population between age 6-24.
Per student exp.	State-wise total expenditure on education divided by population between age 6-24, enrolled in educational institutions.
Health	
Exp. as % of total exp.	State-wise expenditure on health as % of total public expenditure of state.
Exp. as % of SGDP	Total expenditure on health as % of state GDP.
Per person exp.	State-wise total expenditure on health divided by total population.

TABLE VI: DESCRIPTIVE STATISTICS OF DEPENDENT VARIABLES ON EXPENDITURE ON EDUCATION AND HEALTH BY STATES.

Independent variables	Descriptive statistics					
	Mean	Median	Min.	Max.	Std. Dev.	Obs.
Public expenditure on education						
Exp. as % of total exp.	20.30	22.51	0.44	26.08	6.59	22
Exp. as % of SGDP	3.25	3.07	0.03	7.02	1.57	22
Per person	644.00	525.53	94.59	3051.4	578.4	22

exp.					9	5
Per student exp.	741.08	638.70	108.22	3332.44	621.08	22
Public expenditure on health						
Exp. as % of total exp.	5.00	4.75	3.6	9.6	1.31	20
Exp. as % of SGDP	0.96	0.83	0.49	4.00	0.70	22
Per person exp.	905.05	665.50	257.00	3849.00	803.18	22

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