

**Demanding Accountability for Well-being, Dignity
and Justice for Dalit Women**

**A Case Study of Jagrutha Mahila Sanghatan
Raichur District, Karnataka (India)**

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EXECUTIVE SUMMARY

Introduction and conceptualization:

Health is increasingly being conceptualized as being socially determined. In the case of marginalized communities, social determinants of health are not confined only to the bio-medical factors that cause disease and morbidity alone. Most fundamentally, such disease and morbidity are themselves a product of the structural barriers that they face. Most often these structural barriers are experienced as discrimination and are referred through the concepts of marginalization and social exclusion. Such processes result in gross disadvantages to health, well-being, dignity and justice of many marginalised groups to. The axes of marginalization and discrimination are embedded in the socio-cultural – political structures of society such as gender, caste, patriarchy, ethnicity, disability etc. among others. Multiple axes of marginalization and their intersectionality have compounding effect on the lives, dignity and wellbeing of the marginalized. Social exclusion, in this sense, is not an outcome that of marginalization, but the very configuration of unequal power relationships resulting in collective oppression and subordination of the subaltern communities. It shapes the societal structures which determine the quality of life that marginalized groups live and the 'health' they enjoy. In this paper we define health as inclusive of the broadest contours of well-being, dignity and justice.

The mobilized and organized subordinated groups have seen health care as part of the systemic oppression that they face. The response of such communities in demanding accountability for health care has included a broader sense of accountability to dismantle the structures that create such inequities and disempowerment. Empowered Dalit communities in India illustrate such a proposition. Even as many oppressed and subaltern groups have begun the process of liberating themselves from the societal shackles and from the exclusion that they faced from the governance of public spaces and services, they have also been able to unpack the various layers or multiple axes of discrimination that keep them further oppressed. The nuances of accountability that they articulate are markedly different from those who see the health care system alone and the understanding of health and health care goes much beyond the confines of biomedical understanding.

The discrimination experienced by Dalit women is considerably more acute as compared to Dalit men. The complex contours of gender, patriarchy, caste and class intersect in different forms of social distinction for these marginalised women within the oppressed Dalit communities also. The denial of basic human rights they face are both in the private spaces of their households, communities, caste and other identities, in the public and private spaces that overlap/co-exist in their village and rural communities, and in the formal spaces of governance and institutions of public services. Such mobilized and conscientized communities provide a rich experience of the varied

contours of the practices of accountability and their institutional manifestations. On the other hand, they also offer the experience of addressing and demanding accountability.

Jagrutha Mahila Sanghatan (JMS) is a case-study of 'Dalit', 'Madiga' Women who are also agricultural labourers. In a very feudal societal context of Raichur in Karnataka State, the case-study conceptualises Dalit Madiga women as 'thrice oppressed / discriminated' in the structures of caste (Dalits), class (agricultural labourers) and patriarchy (women). Dalit woman as 'thrice oppressed' was advocated by Ruth Manorama, a prominent Dalit and women's rights activist. Dalit women are also referred to as 'Dalits among the Dalits'.

Methodology:

This case-study is written based on the qualitative research methodology. The methods of document analysis and in-depth interviews with key informants and focus group discussions with the current and erstwhile group of women leaders are the primary sources of data.

The case study draws on series of historical archived documents of JMS in its existence ever since 1999, various review reports and apart from relying on the extensive external documentation and publication done on the work of JMS. Additionally the JMS case study reflects deliberations of key informants like organisational leaders, facilitators and associates with women's collectives, service providers and officials in the local public service institutions conducted as interviews and reflections surfacing from in-depth

group discussions conducted with the present and past community groups and community women leaders.

Dignity, wellbeing and Accountability:

The case-study unfolds the process of conscientisation, resistance and liberation that this subaltern group ushered in rural societal and governance institutions of two blocks in the district of Raichur, viz. Manvi and Sindhanur. It covers the life-span of JMS from 1999-2016. The JMS is still active though the contours of its work and processes have undergone modification.

JMS demanded accountability both from the households, societal structures and the public governance system. The analysis is located in their three-fold experience of caste (as Dalits and Madigas, the lowest sub-caste among Dalits), class (as agricultural labourers) and patriarchy (as women). The case-study describes the various forms of systemic discrimination and social exclusion faced by the Dalit women in socio-cultural, economic and political spheres which in terms of health care result in poor health outcomes. Discriminatory and exclusionary practices in health care can be in several forms like negligence or denial in admission to medical treatment, poor quality medical treatment, neglect by service providers, being uncared or not included in the processes of health programmes or not being examined on account of social identity of the citizen (patient) seeking health care. These result in serious denial of health entitlements and violations of health rights. The discrimination also takes the form of

extreme targeted caste and gender based violence in form of sexual exploitation, domestic violence, social boycott, unpaid work and alienation from public and social spaces of the Dalit women.

The process of accountability is located in the collective power that Dalit women exhibited to break the culture of silence. The lived experiences of Dalit women reveal that their vulnerability and disadvantages are enhanced and perpetuated by the 'culture of silence'. It describes the evolution of the marginalised women into active citizens starting from the nondescript village of Pothnal in Manvi taluk of Raichur district in Karnataka. The collective identity of women took shape as the collective of Dalit women agricultural labourers through various strategies.

The principal focus of work of JMS has been the social-economic and cultural empowerment of Dalit women agricultural laborers in Hyderabad-Karnataka region through the Community Based People's organization known as Jagrutha Mahila Sanghatan (JMS). It began as a collective voice against the ubiquitous nature of caste violence that woman in the community faced and spreading of empowered Dalit women units across to more than 50 villages of Raichur district. Gradually its identity grew as a collective engaged in the protection and promotion of human rights of Dalit Women through socio-economic-cultural empowerment of Dalit women and Dalit communities in Karnataka.

The case explores how JMS, which translates to ‘a collective of arising women’ over a period of 16 years has straddled the terrain of being an ‘unorganized Dalit Madiga women’s group’ to a collective claiming dignity and well-being; and being visible by shunning the “culture of silence.” the demand for accountability and the strategies forged are on the twin principles of *sangharsh* (struggle for rights and dignity) and *navnirman* (reconstruction). These con-jointly harness their collective strength to address caste, class and patriarchy-based oppression and violence to demand greater accountability and responsiveness both from the community and from the State.

Key Contributions:

Expanded dimension of health: This case study expands the scope of health and accountability in the context of the most marginalized and locates it in the larger dimension of health as well-being, dignity, a human right and fundamentally an issue of social justice.

Enhanced understanding of accountability: The accountability is conceptualized as a process whereby it is community based, begins and continues with the ownership of Dalit women. It is not a demand for a few services or some incremental change in some piecemeal programmes that are announced by the government. The processes of accountability is a continuous process of restoring dignity and a quest for social justice. Health care system and its barriers are integral part of and the manifestations of the systemic barriers that Dalit women face. Hence, to make health system accessible to

Dalit women, overcoming barriers of discrimination and oppression has to be process that goes hand-in-hand.

Collective power as part of the process of accountability: In contrast to the technocentric tools of accountability, the systemic oppression banks upon the social power and social capital of collective power. The process of demanding accountability is intrinsic to building autonomy, ownership and control over their own collective decision making. This case story narrates how Madiga women have battled an uphill struggle for justice, equality and dignity with their fair share of gains, challenges, and part roadblocks in the process of social mobilisation and collectivisation, in interrogation of the structures of oppression and usage of organised power to confront head on violence related to caste and gender.

Inter-sectoral and multi-pronged strategies: The alteration of fundamental power equations require differently conceived strategies. JMS has used the strategies of 'resistance' of oppression and violence as an important tool to re-imagine accountability in the public consciousness of people and officials. The strategies have taken the form of public demonstrations, picketing, confronting officials and leaders, demanding action and reforms in various institutions of governance and justice such as gram panchayats, primary health care centres, police stations and the like. Strategic alliances and forging of social solidarity with larger struggles of labour movement and various state and national level networks also is a key strategy used for sustaining the movement.

Making health system responsive and community –centric and rendering primary health care system responsive and sensitive to Dalit women involved public health dialogues and public demonstrations in PHCs on the one hand and also building a cadre of local traditional healers and validating their traditional health knowledge. The mass support also was garnered by touching the lives of people by healing their suffering through local remedies. Similarly, process of conscientizing communities about systemic oppression was taken up through the issue of child and bonded labour that was prevalent. Education for liberation was undertaken by making a bridge school for Dalit children working as child labourers and providing them alternative, creative and safe learning space.

Sustained processes for accountability: Unaccountability towards the poor, embedded in the discrimination and societal inequity, needs sustained process of resistance and confrontation. The behaviour of public institutions including that of health care is reinforced socially and culturally over a period of time. The impunity of the systems of public governance is reinforced over a period of time where the privileged (from upper classes, castes and men) collude and the oppressed feel too powerless to question oppression. Through the organized power and solidarity, the process of accountability begins with breaking the culture of silence at every instance of violation and in each and every space, both private and public. JMS case-study alludes to such a sustained process and its impact on changing the mind-sets in local governance institutions such as

Panchayats or public service delivery institutions such as PDS shops or PHCs. The strategies to such a process cannot be formulaic but are locally formulated and decided.

Reinventing citizenship as part of the accountability process: The marginalization is a process of excluding citizens from the participatory governance process and more fundamentally is a process of rendering them 'non-citizens'. In an expanded understanding of health, dignity, wellbeing and accountability, the JMS reinforces the idea of reinventing citizenship through empowerment as part of the accountability process. The results of accountability process are not certain tools or events but a sense of dignity and affirmation that the disempowered community feels. Such process cannot be episodic event or a linear process. It is a spiral process of dialectics of continuous struggles, experiencing setbacks and retreats at time and continuously sustaining the process of resistance and claiming rights.

Conclusion:

JMS which began at the turn of the millennium (1999) has continued to show its collective power over sixteen years. It has also seen rapid changes in the societal, economic and political spheres. The case-study also describes its challenges and the primary 'struggle to survive' as a collective due to various predatory elements. The challenges of fostering such community spaces suffer due to the lack of financial resources to non-elite and subaltern groups and to issues where there are no sensational and spectacular results. As there is configuration of solidarity among the oppressed, there is also a re-configuration of oppressive forces of caste, class and patriarchy which is bolstered by the dominant political and economical eco-system. The Dalit women have faced backlashes. The case-study as it describes and analyses the

journey, it also points to the need for community based collectives such as JMS to reinvent itself continuously to respond to the changing external and internal eco-system both of empowerment and disempowerment.

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