

## **The Impact of Caste on Well-being: Explaining a North-South Divide in India**

Santosh Mehrotra

Ph.d. (Econ., Cantab.)

Senior Adviser, Planning Commission, Government of India, New Delhi

[Santosh.mehrotra@nic.in](mailto:Santosh.mehrotra@nic.in)

### ***Caste and Well-being in India - ABSTRACT***

*Well-being in India is inextricably tied up with one's caste status, with lower castes usually having worse health, nutritional and educational outcomes. Improvements in well-being have also been tied up with the mobilization of lower castes. This paper compares the outcomes of caste mobilizations in two states of sub-continental India, one from the north (Uttar Pradesh) and another from the south (Tamil Nadu). For 15 years, Uttar Pradesh has had a movement to mobilize the 'dalits' and the other backward castes of the state. However, UP's lower castes had before the mobilization began, and still have, the worst social indicators in the state and in the country. Earlier in the last century Tamil Nadu also experienced a mobilization of the dalits and backwards, but managed to transform the social indicators in health, nutrition, fertility and education after independence. Thus, while UP's mobilizers of the dalits have focused exclusively on capturing power, the gains to the lowest castes have been entirely of a symbolic nature. This paper, after analysing the data from two National Family Health Surveys (1992, 1999), addresses the reasons why UP's indicators of well-being, including the health and education status of the lower castes, are much worse than in Tamil Nadu – despite the lower caste mobilization over the last decade and a half.*

Statements by scholars and policy-makers that improvements in well-being can only occur if there was political will among the ruling elite are a-plenty, but how that political will is constituted ultimately determines whether progressive social change actually occurs. This paper argues that while the ruling elite's political will in favour of social change is ultimately the source of changes in well-being of the under-privileged, the nature of social mobilization underlying the ruling elite behaviour is the ultimate determinant of whether actual changes in well-being occur, and how soon they occur. There are many historical cases of social mobilization, with little or no impact in indicators of well-being to show for it. This paper discusses two contrasting cases of such mobilization (from a northern and one southern state of India), and shows how contrasting the nature of the social mobilization of under-privileged groups was by political parties in each state. It argues that current-day outcomes in well-being are partly the result of such contrasts.

For 15 years, Uttar Pradesh has had a movement to mobilize the dalits and the other backward castes of the state. However, UP's lower castes had before the mobilization began, and still have, the worst social indicators or indicators of human well-being – not only compared to the upper castes in UP but compared to much of the rest of India. Earlier in the century Tamil Nadu also experienced a mobilization of the dalits and backwards, but managed to transform the indicators in health, nutrition, fertility and education. Thus, while UP's mobilizers of the dalits have focused exclusively on capturing power, the gains to the lowest castes have been entirely of a symbolic nature. If anything, the bursting into the open of caste-based electoral politics in the last 15 years has merely served to fuel populism in government policies. Symbolic acts of defiance of the established 'manuvadi' Aryan order have indeed been dominant in UP, without much tangible benefits for the poor and the oppressed to show for it. If anything, the mobilization seems to have merely benefited a small minority within the lowest castes – in the form of landholdings or reserved government jobs. In fact, populist budgets of the last 15 years have seriously undermined the capacity of the state to finance public investment in infrastructure or health and education services. The UP government's fiscal

deficit is one of the most serious in the country (Rao, 2005), and unless there is a moratorium on debt repayment its capacity to undertake public investment has been placed on hold on a semi permanent basis. Tamil Nadu's mobilization of the lower castes, on the other hand, offers an alternative scenario and a possible model for UP's leaders – though for UP to succeed, the current politics of mobilization for symbolic gains will have to be substituted by mobilization for real gains in human capabilities of the oppressed.

Section 1 compares the human development indicators, based on the National Family Health Survey of 1998-9 of the scheduled castes (SCs), scheduled tribes (STs), and other backward castes (OBCs) in UP with those of the upper castes in UP; but it also compares them by caste in Tamil Nadu. Remarkably, it also finds that the upper castes in UP have social indicators in most cases which are actually worse than those of the SCs in Tamil Nadu. This section also examines at the end how the social indicators have moved during the 1990s in UP (by comparing data from the National Family Health Surveys of 1992 and that of 1998/9. We examine whether social indicators in UP and India were converging in the 1990s – the period during which lower caste dominated parties predominantly held power.

Section 2 examines the technical interventions in health and education that resulted in the gains in human development for all caste groups in Tamil Nadu, not just the lower castes. Section 3 then examines some aspects of the social mobilizations in Tamil Nadu. Tamil Nadu was chosen because like UP, it experienced a large scale mobilization of the lower castes though in an earlier part of the last century – with remarkable results in terms of human development indicators. In other words, Tamil Nadu (like Kerala before it) offers a remarkable example of what a massive mobilization of the lower castes could potentially achieve – and what in the political process made it possible.

Section 4 summarises briefly what the nature of the concerns of the SC and OBC mobilization have been in UP over the last decade and half, as well as the so called programmes put in place. Section 5 concludes by summarising the argument of the paper and draws some policy implications.

## **1. UP and Tamil Nadu – Some striking contrasts in health, nutrition and educational outcomes by caste**

Before we examine the human development indicators by caste in UP, it is useful to establish the caste composition of the total population by states (based on National Family Health Survey, NFHS, data). Table 1 shows the distribution of the population by caste for UP, India and Tamil Nadu. There are some very strong contrasts between the states here, as well as between UP and the rest of India. UP (20.2%) and Tamil Nadu (23.5%) are similar in that both have a higher than average share of population that are SC (15-18%)– not that much higher, but certainly higher. In fact, Tamil Nadu has a slightly higher share of SCs in its total population than even UP (at least according to the NFHS II of 1998/9 we are using). The second fact – of greater significance – is that while about a third of the national population belong to the OBCs, in UP that share is about a quarter of the total population.<sup>1</sup> By contrast, nearly three-fourths of the total Tamil Nadu population consists of OBCs.

Finally, while neither UP nor Tamil Nadu have significant ST populations, the second source of contrast in the caste composition of the populations of the two states is the upper caste share. In Tamil Nadu it is barely 2.2%, while in UP it is 46.2% - even if the latter number differs from that reported by the NSS (according to which it is lower), there is little doubt that the upper caste is much more salient in the total population in UP than in India as a whole, and vastly more significant than in Tamil Nadu. In other words, regardless of the fact that the social mobilization of the lower castes began much later than in Tamil Nadu, the sheer size of the upper caste population in UP makes its social structure more impervious to change than in the rest of the country, and definitely much more so than in Tamil Nadu. However, the sheer size of the upper caste population cannot be the most important determinant of the dominance of the hierarchical 'manuvadi' social structure in UP, for even the most socially progressive state of India, Kerala, seems to have a very large upper caste population (in fact, nearly half of its

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<sup>1</sup> The NSS places the share of upper caste population in UP's population at 21.3% and that of OBCs at 33.4% (Srivastava, 2005 in this volume).

population, according to Table 1). What other factors might be more important is an issue we will turn to later in the paper.

There is also very sharp difference in UP between *rural and urban areas* in the caste composition of their populations. Two thirds of UP's urban population is upper caste, and only 30% of it is SC and OBC. On the other hand, in rural areas the lower castes (SCs, OBCs) are a majority (51%) , while upper castes are only two fifths of the total rural population. In some ways, thus, the lower-caste versus upper-caste conflict in UP is also something of a rural versus urban divide.

Although data about the availability of electricity, the source of drinking water, sanitation facility cannot be disaggregated by caste for the states, the contrasts between UP and Tamil Nadu in respects of these housing characteristics really stands out. We noted above that SC and OBC population in UP is largely rural based, while a majority of the upper caste population is urban – and we do have data for these housing characteristics. For access to electricity, while in Tamil Nadu 91% of the urban households and 73% of the rural ones have electricity, in UP the shares are 87% and 23% respectively. In other words, the majority of rural UP households are pretty much without electricity.

As regards the source of drinking water, while 73% of urban households in Tamil Nadu have piped water for drinking, only 43% of UP urban households do; in urban areas, 55% of UP households depend upon a hand pump, but only 16% in Tamil Nadu. What is remarkable is that in rural areas, two thirds of Tamil Nadu households have piped water; barely 6% of UP rural households do. Given that three-fifths of UP's rural population is lower caste, it is obviously the lower castes that have higher incidence of households without electricity, safe water and sanitation.

### *Schooling and literacy*

The educational level of SCs and OBCs is much lower than that of the upper castes in India, though the comparative situation is much worse in UP. A 1993 NCAER survey shows that in UP the literacy rate in the age group 7 and above is only 32.5% for

SCs and STs, but 48% for all Hindus – the corresponding shares for India are higher at 41% for SCs/STs and 53% for all Hindus (UP Human Development Report, 2002?).

It is true that a Unicef survey in UP showed that in the 1990s very considerable progress has been in all the poorer states in *enrolling all children*, including the lower caste children (Srivastava, 2005). If we take a ratio of 1 to indicate enrolment share equals share of the social group in the population, then in rural UP the SC ratio is 1 and the OBC ratio is 0.95, while that of upper castes is 1.07. In urban UP the SC ratio is 1.03, the OBC ratio 0.94 while that for upper castes is 1.02. These numbers indicate that enrolment rates are at near parity in the 6-13 age group. However, there still remains a sharp difference between the *educational levels by caste when the entire population, especially the over 15 age group* is taken into account. In UP 85% of SC women were illiterate in 1998/9, while only 73% in India were and 64% in Tamil Nadu were illiterate. The high enrolment rates of the youngest members of the lower castes noted in the previous paragraph do offer a ray of hope for the next generation, but without some kind of functional literacy programmes being offered for the millions of illiterate lower caste women, especially but not only in UP, there is little hope for the future for the entire cohort of over 15 year old lower caste women who are currently illiterate.

What makes matters worse is that a majority (nearly two thirds) of SC and OBC women are not regularly exposed to *any* media in UP; but in Tamil Nadu nearly three fourths of SC and OBC are. In other words, they don't read a newspaper or magazine at least once a week (hardly surprising if they are illiterate); but they don't even watch TV or listen to the radio at least once a week. The share of upper caste women with no exposure to media in UP is under half, and negligible in Tamil Nadu. Only 10% of rural residents live in villages that have a community television set, providing further evidence that exposure to electronic mass media is limited in rural UP (IIPS, 1999).

One aspect of the lack of autonomy that women suffer from in northern India is the age at first marriage. In the late 1990s median age at first marriage was 14.7 years in UP, when in India it was 16.4. It is true that median age at first marriage has risen in UP

over the past three decades. In rural areas, it is two years higher for women aged 20-24 than for women aged 45-49. Yet, *three-quarters of women age 20-49 in UP married before the legal minimum age at marriage of 18 years* for women, as set by the Child Marriage Restraint Act of 1978. What is particularly worrying is that median age at first cohabitation is still only 16 – i.e. at first cohabitation the girls are still children, and still below the legal age of marriage. The median age at first cohabitation is higher only because the formal marriage, in rural areas particularly, will precede the time when a wife starts living with her husband, which typically takes place after the *gauna* ceremony<sup>2</sup>.

By contrast, in Tamil Nadu the median age at first marriage as well as first cohabitation are both *above* the legal minimum age (and there is hardly any difference between the age at first marriage and first cohabitation). When girls are married while they are still effectively children, and their bodies have not fully matured, they are more likely to have a larger number of pregnancies, less spaced pregnancies, and they and their children are more likely to suffer from medical problems during pregnancy and after childbirth.

### *Health status and fertility*

In the late 1990s the total fertility rate in UP (3.99) was nearly double that of Tamil Nadu (2.19), and more than one child higher than that in the rest of India (2.85). On average, four children were born to every UP woman in the late 1990s, compared to the nearly five children born to them in the early nineties. What is really remarkable is that SC women in UP in the late nineties had 4.44 children on average, while Tamil SC women had half as many, or 2.25. In fact, for population growth to stabilize in any country, the total fertility rate should reach 2.1. In Tamil Nadu that fertility rate had already been nearly achieved at the end of nineties – the only state in India, other than Kerala, where this remarkable achievement has been made.

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<sup>2</sup> In urban areas there is almost no delay between marriage and cohabitation (IIPS, 1999).

The fact that the fertility rate in UP at the end of the nineties was double that of the rate required to stabilize the population is a striking indicator of the state of human development in UP.

However, the 'total *wanted* fertility rate' tells a story that speaks volumes for the failures of the state in providing a reproductive health service that is effective. Even SC women in UP wanted only 3 children, but they were having 4.44 children on average.

If the two topmost priorities of a reproductive and child health (RCH) programme in South Asia are (i) ensuring safe motherhood and improved child health; and (ii) raising contraceptive prevalence rates, then clearly those objectives are yet to be met adequately in UP, while they are largely being met in Tamil Nadu. *Barely 28 per cent of the state's women of reproductive age were using any form of family planning – modern or traditional – in the late 1990s. Compared to that, 48% of the nation's women were using some form of family planning, while in Tamil Nadu the share was even higher. Even SC women in Tamil Nadu and the rest of India were using some form of family planning to a greater extent than all UP (or even upper caste UP) women. This demonstrates that in some ways even SC women in Tamil Nadu have more autonomy than the average woman in UP.*

One indicator of the health of women and children is the proportion of births that are assisted by a health professional (i.e. a doctor, nurse, or midwife). A traditional birth attendant (or *dai*), who is not trained, is not seen as a safe method of birth delivery for either mother or child; nor is help during delivery from a friend or relative. All births in industrialized countries occur in the presence of a health professional, regardless whether they occur at home or at a health facility. In the late nineties, *barely 22 per cent of births in UP were under the supervision of a health professional. But 83% of births in Tamil Nadu were assisted by a health professional, and barely 10% by a traditional birth attendant, and only 6% by others (ie friends and relatives).*

It is remarkable that in Tamil Nadu 75% of SC women and 87% of OBC women delivered their children assisted by a health professional, but barely 17% of UP women of the scheduled caste did. SC women in Tamil Nadu were doing much better than even upper caste women in UP. This shows that all women had better reproductive health facility access and use in Tamil Nadu than in UP.

*Three-fourths of all UP pregnant women delivered their baby at home; barely 15% at a health facility. The proportions are completely in reverse for Tamil Nadu: three-fourths of Tamil women delivered their baby at a health facility, and only a fifth did so at home. Regardless of which caste you belong to in UP, the probability that the pregnant woman will give birth at home exceeds 3 out of 4.*

Not surprisingly the health indicators of UP's children are nearly twice as bad as those of Tamil children. A very large proportion of deaths of babies occur in the first week after birth (called neo-natal mortality, it accounts for an overwhelming share of all the infant deaths that occur during the first year after birth). For SC children, the Tamil Nadu infant mortality rate (IMR, or babies that die within the first year of birth) is 42 per 1000 live births, while in UP it is 110 – or two and a half times higher.

#### *Nutritional status*

The indicators of nutritional status of women are their mean height (those below 145cms in height are seen as under nourished and stunted) and their body mass index (those below 18.5 kg. per metre of their height squared are seen as under-weight). As expected, women in UP are doing much worse than women in Tamil Nadu. The nutritional status of women is of critical concern for the nutritional status of their children. That is because under-nourished, small, under-weight women are more likely to give births to low-weight babies. And low weight babies suffer from a life-long disadvantage, quite apart from suffering from greater probability of dying before the age of one.

South Asia has the worst child malnutrition rates in the world, and UP the worst malnutrition rates in India (Osmani, 1993; Smith and Haddad,...; Mehrotra, 2004). *Half of UP's children are under-weight, and over half are stunted.* However, just over a third of Tamil children are underweight, and only 29% of them are stunted. The caste differences in malnutrition are also greater in UP than in Tamil Nadu, with the lower castes naturally doing much worse.

### *Progress during the 1990s?*

Finally, let me turn to the progress in respect of human well-being (education, health and nutrition) that has been made in UP over the period that the dalit and OBC parties have been in power. We compared data for these indicators for two points of time in the 1990s – at the beginning and at the end of the decade. Naturally, in almost all indicators of well-being there has been some improvement. However, the real test to determine whether UP is catching up with the rest of India or actually lagging further behind is to estimate whether the rate of progress in UP has been greater than the rate of progress in the rest of India. Since UP is a well-known laggard in terms of human well-being compared to the rest of India, the concern is whether the state has been converging with India or not? For this reason, we adopted the following methodology. We estimated the percentage change over the 1990s for each indicator for UP and also for India. We then compared this difference between UP and India. What we compared was not the percentage point change, because that would be misleading, since larger percentage point changes are bound to occur if the initial value is worse, as it normally is for UP. What we compared rather was the relative magnitude of the inter-temporal improvement, i.e. the percentage change compared to the initial value at the beginning of the 1990s (comparable to the ‘difference in difference’ approach). If the percentage change (i.e. improvement) in the value of the indicator is greater for UP than for India, then one can say that UP was catching up with the rest of India; otherwise not. And since we know from the earlier discussion that it is the SCs and OBCs who have the worst social indicators in UP, catching up for UP really rests upon the progress that these under-privileged groups make over the period of their mass mobilization and their political parties being at the helm of power.

We know from Census 2001 data that UP's literacy rate increased by 13 percentage points, while India's national literacy rate also rose by 13 percentage points. However, given that UP started from a lower initial rate, UP's change amounts to a higher advance upon its initial status than for the rest of India. For education indicators (per cent illiterate and per cent children attending school) UP made faster advances than the rest of India. However, one should note two important caveats. First, this improvement occurred primarily because of additional resources coming to UP both from the central government as well as from donor sources (Srivastava, 2005a; Srivastava, 2005b; Mehrotra et al, 2005; Mehrotra, 2005). The 1990s was a decade which saw, for the first time since independence, very significant donor resources being pumped into elementary education. It was not locally mobilized resources within UP that were the source of this investment. If anything, elementary education spending in UP per capita continues to be one of the lowest of any state. Second, the absolute values in UP for the social indicators are so much worse in UP that a large percentage change is almost inevitable – given that the gap between UP and Indian values are so large.

In respect of most indicators other than elementary education, i.e. water and sanitation, health and nutrition, UP's progress did not exceed that of the rest of India, or the difference in progress was insignificant (for total fertility rate, drinking water, infant mortality, under five mortality, underweight children). In many cases, UP's progress was actually slower relative to that in India as a whole (stunted children, unmet need for family planning, households with toilet, age at marriage, unmet need for family planning). It was slightly better in UP than the rest of India for some indicators of reproductive health – per cent of women using any contraceptive, births delivered in a health facility, and deliveries assisted by health professional. Clearly, this record does not amount to a better performance in the 1990s in UP compared to the rest of India.

## **2. The technical interventions that account for the health transition and educational advances in Tamil Nadu**

Here we examine what accounts for the changes in well-being in Tamil Nadu – first in health and then in educational outcomes – in terms purely of the technical interventions involved. In the next section we will turn to the social determinants of these major policy interventions.

The Tamil Nadu success story in bringing total fertility rate (TFR) (2.0) and IMR (53) down seems to suggest that it had much to do with the success of its RCH programme.

The state government has shown remarkable initiative in its health policies. The state is better prepared than most others in implementing many components of the reproductive health programme that India launched in October 1997. For example, even before the Government of India announced the removal of method-specific family planning targets in major states in 1995 and from the entire country in 1996, the Tamil Nadu government had removed targets assigned to non-health personnel in the district of North Arcot as early as 1991-92 (Visaria, 2000). It went on to take a series of actions which account for the effectiveness of its public health system.

One related to the recruitment of Medical Officers. A major social change introduced in Tamil Nadu relates to the reservation policy in higher education. As a result, in the past 40 years higher professional education has become available to middle castes and classes from district towns. Consequently, a cadre of doctors with roots in small towns is willing to work in primary health centres in villages at commuting distance.

Employment as medical officers in the primary health centres is attractive on several counts. One, it allows private practice by medical officers under certain conditions. Two, 50% of the postgraduate seats in all branches of medicine are reserved for doctors who complete three years of service in the primary health centres or district hospitals. Three, 15% of the seats for medicine (leading to MBBS degree) and the dental (leading to a BDS degree) courses are reserved for rural schools. This increases the retention of medical officers in rural areas and assumes that people with a rural background would not resist being posted there.

Besides, doctors are recruited on a zonal basis. Tamil Nadu is divided into nine zones, with each zone comprising of two to three districts. Doctors are recruited through the Tamil Nadu Public Service Commission to work in the zone from where they hail for a minimum period of 10 years. Even after five years of completion of service in the primary health centres (PHC), the medical officer is placed in the same zone when released to work in a hospital (Government of Tamil Nadu, 1998).

To strengthen the logistics management system of health care, a Tamil Nadu Medical Services Corporation (TNMSC) was established in January 1995. It is the apex body for the purchase, storage and distribution of high quality drugs, medicines, sutures and surgical instruments for government medical institutions in the state. It also supplies equipment to hospitals and maintains its own CT scan centres in a few government hospitals.

The Corporation consults the WHO list of rational drugs and finalises every year the list of drugs and medicines required by government medical institutions in the state, based on the recommendations of a committee. Open tenders invited from reputed manufacturers are processed in a systematic manner. Drugs are made available at highly competitive rates by suppliers finalised by the corporation. Processing, placement and distribution of orders of drugs to the PHCs and dispensaries is done using the computer network. This is an almost exemplary programme of drug procurement. Given that out of pocket expenditures account for a higher share of total health expenditure in India than public expenditure does, and drug costs are a significant share of that private expenditure, this is a programme with significant externalities.

In addition, industrialists are encouraged to adopt and maintain primary health centres and government hospitals in the state at their cost. The state government has also actively involved the *donor community* in its quest for health for all. The state has received assistance from several donors, chief among them being DANIDA.

A reward and incentive system operates at both the individual and community level, and is applicable for the providers and clients. A woman health worker who

ensures that there is no infant death during a year in her area is rewarded with a gold sovereign. At the district level, the medical officer of a PHC registering the highest percent reduction in infant mortality rate in the area gets a rolling shield. The collector of a district also receives a rolling shield for achieving maximum reduction in IMR in the district. This kind of recognition for achievement in the public health system is demonstrated to have had a remarkable effect on morale and outputs in Brazil, starting with the poor north-eastern state of Ceara in 1989; so successful was the programme that other states adopted it throughout the 1990s.

Further, in order to reduce deliveries by untrained personnel, the woman health worker (VHN) in Tamil Nadu is paid Rs 50 for conducting a delivery at home in the rural areas. Also, VHNs are encouraged to refer complicated pregnancies to higher levels of care and are paid Rs 25 for timely referral. In order to cover the entire sub-centre area regularly, VHNs are given an advance for purchasing a cycle or two-wheeler.

To improve the availability of services, the Tamil Nadu government has introduced a 24-hour service in several primary health centres. To begin with, the block level PHCs were upgraded to function for 24 hours a day to provide delivery care to rural populace, and providing living accommodation to those who work night shifts. Most of the day and night PHCs have been provided with an ambulance to be available for emergency obstetric care.<sup>3</sup>

#### *Reasons for successes in education*

There are similar reasons for the successes of Tamil Nadu in the field of school education and literacy. Several factors account for the fact that in elementary education, Tamil Nadu is a high-achiever state, relative to other Indian states. First, the Tamil Nadu (or Madras state, as it was then called) literacy rate at the time of the first Census (1951) after independence (1947) was slightly higher than the national average literacy rate (around 18 per cent). There was a major shift in the Madras Presidency government's education policy from 1910 onwards. Spurred by the national movement under leaders

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<sup>3</sup> These paragraphs draw upon Visaria (1999).

like G.K. Gokhale, the government of India agreed to subsidize the opening of elementary schools in every village with more than 500 inhabitants. Hence a liberal recurring grant of Rs 5 million was sanctioned from Imperial subsidies that enabled the provincial government to subsidize district boards for the opening of such new schools. This was followed by the Madras Elementary Education Act 1920, as a result of which local authorities were given the responsibility for elementary education. The Act gave powers to levy a special tax to raise funds for education, and introduce compulsory primary education in selected areas based on their financial position. (Government of Tamil Nadu, 2003).

Second, like its neighbour Kerala, the state of Tamil Nadu was the beneficiary of early social movements after independence (see section 3 for details). The Dravidian movement, which began in Tamil Nadu, aimed at providing opportunities to all irrespective his/her caste or religion. Educating the people and eradicating superstition that plagued society, was one of its objectives.

Third, Tamil Nadu has pioneered various schemes to enhance enrolment in elementary education, such as Mid-day meals. Long before the national mid-day meal programme began in 1995, in 1982 the Tamil Nadu government introduced this programme to cover all rural children between the ages of 2 and 9. The government also provides textbooks free to all children upto class 8 in government and government-aided schools, as well free uniforms to all beneficiaries of the mid-day meal scheme.

Fourth, the Tamil Nadu government has been quite innovative in seeking out private support for government schools. In 1995 the government devised a scheme to honour private donors by naming the school after them, if they contributed at least 50 per cent of the expenditure to construct a primary school, or constructed two rooms for a school (Radhakrishnan and Akila, 2003).

Finally, as we noted above, the Tamil Nadu government has been successful in bringing down the infant mortality rate below the national average, and as a result the total fertility rate has also declined over time through behaviour change. As a result the

number of children at primary level in Tamil Nadu started declining in the 1990s. Thus, even if the government now maintains its current level of expenditure it should be able to improve the quality of the teaching-learning experience (Tilak and Nalla Gounden, 2005)

### **3. Social movements in Tamil Nadu and their implications for human development**

While the technical interventions that account for the health and educational status of the Tamil Nadu population are the proximate reasons for the level of human development in that state, the real explanation for the health, educational and nutritional status lie deeper in the social movements – and their lack in UP. The first half of the 20<sup>th</sup> century saw the rise of many mass movements to mobilize the lower castes in the southern states, especially in Madras presidency.<sup>4</sup> These movements can be credited with many of the social achievements characteristic of the three southern states – Kerala, Tamil Nadu and Karnataka.

In Tamil Nadu (E.V.R. Naicker) Periyar's non-Brahmanical movement took on full force in the 1930s and 1940s. It gathered people of all castes around it, and made the commitment to women's liberation a mass force. He organised powerful mass campaigns against religious superstition and rather than vanishing into the "mainstream," went on to found its own political parties.<sup>5</sup> However, the Dravidian movement in Tamil Nadu which followed was led largely by the OBCs, rather than the dalits. The shudras or OBCs formed a majority of the population (73% of the total, see Table 1), and exceeded the share of the dalit population by over three times. Not surprisingly, the OBCs retained the leadership of the anti-Brahmanism movement.

What is important is that the Dravidian movement became also a cultural movement, against Aryan-ism, and against the north of India in general. The dalits (or SCs) had their own contradictions with the OBCs, and were unlikely to be very engaged

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<sup>4</sup> Madras Presidency at the time consisted of parts of what is now Kerala, much of Andhra Pradesh, a small part of Karnataka, and of course, current Tamil Nadu.

<sup>5</sup> [www.ambedkar.org/gail/Dravidianmovement.htm](http://www.ambedkar.org/gail/Dravidianmovement.htm)

with this cultural element of the Dravidian movement. In fact, the dalits and the OBCs (especially in southern Tamil Nadu) – continue to engage in violent conflict till date.

Yet, the Dravidian movement and Periyar made “self-respect” a mass movement, building up a powerful force involving activists drawn from all castes and from both men and women. And, in projecting a “Dravidian” identity and rooting it in what was perceived of as the culture of the Tamil people, he succeeded in giving a powerful political thrust to this mass-based social alternative.<sup>6</sup>

After 1949, Annadurai and his followers split away from Periyar to form the Dravida Munnetra Kazhagam. (DMK). The DMK carried the mantle of the mass mobilization until the 1970s. However, Swami ( ) argues that the DMK adopted what he calls ‘sandwich’ tactics – meaning essentially that the ‘middle-level’ interests (both middle castes as well as middle class) were outflanked by an alliance between those at the top of the pyramid of power (mostly upper castes and Brahmins) with those at the bottom (dalits). By the end of the 1970s, however, the AIDMK had emerged, after a split occurred in the DMK. In other words, the attempt to unite the majority of Tamils against a common enemy failed because some groups saw themselves as more under privileged. Nevertheless, the poorest responded well to AIDMK’s promises to address the basic needs of the poorest. AIDMK’s success at doing this led to its retaining power for much of two decades from the mid 1970s.<sup>7</sup>

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<sup>6</sup> Perhaps this mass-based social mobilization was possible since the under-class was truly predominant in post-independence Madras state, which in turn was a historical legacy. Dharma Kumar (1965) had concluded that a large class of agricultural labourers and serfs was not a creation of the British, but had been part of the social structure of pre-colonial India. On both counts Dharma's work became controversial, among nationalists who believed colonialism was a synonym for evil, and among Marxists who saw caste as a mere “epiphenomenon” of class. Her *Land and Caste in South India* argued (as the Dalit intellectuals of today recognise — following Phule and Ambedkar) that pre-colonial society could sometimes be as brutally oppressive as British rule. And it is now a sociological commonplace that while caste sometimes operates in conjunction with class, one domain cannot simply be collapsed into the other.

<sup>7</sup> Subramaniam (1999) and Harris (2001) point out that under Karunanidhi, the dominant DMK leader after Annadurai, a tilt towards the emergent backward classes became stronger, thus alienating both the upper and the lower strata. On the other hand, AIDMK, they say gathered support among the SCs, those with

MG Ramachandran, the AIDMK leader, was most successful through the mid-day meal scheme, in presenting this image of the poor and women in particular. The evidence is there for all to see in the child and maternal malnutrition rates we saw in Tamil Nadu in section 1 – which are consistently better than in India on average, and of course, than UP. The Tamil Nadu economy is characterized by wage labour to a greater extent than most other Indian states, and because it has an especially high rate of participation of women in the wage labour force, such programmes were specially relevant for Tamil women.<sup>8</sup> The consensus of the literature seems to be that the electoral success of AIDMK over two decades derives from what Subramaniam calls ‘paternal populism’, characterized by a benevolent leader or a party or state, which promises to provide for the people through subsidized wage goods and protection from repressive elites. Regardless of its failure in uniting all the non-Brahmans, the social mobilization of the lower castes against the Brahmans has still left long-lasting imprints on the social indicators of Tamil Nadu – as we saw in the earlier section.

As in UP after 1989, the Congress lost power and control in Tamil Nadu – but much earlier on. The Congress began losing ground to the Dravidian parties early on. The Dravidian movement emerged as an expression of the socio-cultural grievances of some sections of society. This expression was fully politicised with the emergence of the DMK.

As Sri Lankan Tamil scholar, K. Sivathamby says:

*“There was a sort of social ferment. There was a sort of unfelt, unheard of, unrecognised strength of this whole movement. Nehru dismissed the movement. But within four years it became an important force. The crux of the problem faced by the Congress after independence was the inability of the Congress leadership in Madras to relate social problems to political demands. So the social contradictions were swept under the carpet. ...The southern leaders of the Congress failed to bring up this question [of social liberation]. Some of the Congress leaders themselves were very progressive in their*

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little or no property, and amongst women, and it created space both for upper castes, as MG Ramachandran actually repudiated anti-Brahmanism, and for non-Hindus.

<sup>8</sup> It is another matter, as S. Guhan and MSS Pandian (1992) have demonstrated, that the DMK actually taxed the poor so that the benefits which they derive from the noon meals scheme were to a large extent paid for by the poor through tax revenues.

*political views but were not so progressive on the social issues.* ” (Sivathamby, in interview to *The Hindu*, Volume 19 - Issue 22, October 26 - November 08, 2002).

The result was that Congress gradually lost out through the 1950s and 1960s to the DMK. Kaviraj (1991), for example, talks about the ‘neighbourly incommunication’ between the modernizing national elite (of the Congress), and the ‘vernacular’ masses. The DMK, on the other hand, succeeded in building a ‘common thinker we-ness...and a single political language’, which Kaviraj says was neglected by the Congress in Tamil Nadu. Harris ((2001) in fact, argues that nowhere else in India, except in the states in which the Communist Party of India (Marxist) has regularly won elections, has a political party been so successful in creating a body of shared meanings. This analysis also suggests that the Congress in UP suffered from the same weakness as in Tamil Nadu to create shared meanings, and has found itself almost completely marginalized in UP ever since the mass mobilizations over caste began.

The Dravidian movement in the State provided socio-political and cultural space for the deprived sections to assert themselves. While it is undeniable that the gainers in this process were largely the middle castes, the assertion by the deprived — including the Dalits — could hardly be divorced from this movement (Viswanathan, 2005).

#### **4. The programmatic bankruptcy of the caste-based mobilizations of UP**

We return now to our primary concern in this paper with UP. The previous two sections were intended to explore first the technical interventions and then the political mobilization that account for the indicators of well being in Tamil Nadu being so good. It is now possible to bring together the programmatic and political narratives of this paper. The real reason for the differences in well-being of the populations of UP and Tamil Nadu lie in the programmatic weaknesses of the mass mobilizations of dalits and OBCs that have occurred in UP since the end of the 1980s. These programmes have been described well by others (Pai, 2005; Verma, 2005). Suffice here to merely summarise the specific programmatic deliverables of the dalit and OBC parties over the last 15 years.

One can identify six planks to the programmes of the dalit party in UP, their main political party, the Bahujan Samaj Party, as manifested in its three governments in UP (of 1995, 1997 and 2003),<sup>9</sup> as well as the main political programme of reservations of the Samajwadi Party, the leading political party of the backward castes in UP.

1. *Education:* A range of scholarships were initiated for children up to high school; hostels were built for dalit students, especially girls in urban areas; ashrama-type schools and coaching centres were also begun.

However, these targeted interventions appear to be aimed at children who have at least cleared primary school, and completely ignore the dalit children who are out of school. It ignores also the quality of rural government schools generally, which is the main reason why even children who enroll drop out before they complete elementary schools as their teachers are regularly absent (PROBE, 1999; Mehrotra et al, 2005; Mehrotra, 2005). According to the 1991 census, the literacy rate among Scheduled Castes population in Uttar Pradesh was 26.85% as compared to 41.60 percent among the total population. However, literacy among Scheduled Caste females was very low. As compared to 25.31% literacy among all females, only 10.69 percent Scheduled Caste females were literate. By 2001, the overall literacy rate in UP was 55 per cent; even if we assume the SC literacy rate grew over the 1991-2001 decade by the same percentage points, it would still mean it stands at 40% for the SC population and 25% for the female SC population. Kerala and Tamil Nadu did not address their exclusion of SCs from the educational system by action targeted merely at SCs or lower castes. It happened because the government education system received the investments that led to all boats rising with the level of the water. Targeted action, aimed only at the SCs helps when the general educational system is providing quality education; and if there is still

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<sup>9</sup> The description of the programmes draws heavily upon Pai, 2004 and the UP Government Tenth Five Year Plan document.

exclusion for reasons of caste, religion or gender, then targeted action can help to pull up the excluded.

2. *Social assistance:* Assistance was provided to dalit families during sickness, marriage and other contingencies. Dalit women were provided with work under employment schemes and the target of the Indira Awas Yojana. Priority was given to SC members in the case of supply to sugar mills and farmers of the SC were nominated to all the cooperative sugarcane committees. Other economic measures included granting various contracts to SCs in stone quarries and cane crushing. However, these programmes do not display any real strategy to alleviate the poverty of the dalits. We saw in section 1 that UP's dalit children have a higher than average probability of being under nourished and stunted. We also saw that Dalit women suffer from very poor access to the public health system, and have far worse health indicators than the upper castes in a state which has among the worst health and nutritional indicators for any state in India. In fact, in the programmes aimed at the lower castes of UP, there is not even so much as a mention of a health or nutrition-related intervention, in contrast to the programmes of the Dravidian parties in Tamil Nadu.
3. *Job reservation:* A number of reserved posts were quickly filled and government included about 15 lower castes in the OBC category and promised them reservations. The constitution of the SC/ST Commission was completed. Many posts at the district level, such as police station in-charge, were reserved for dalits. Special courts for dalits were set up in all districts for the first time, which would try cases related to the Protection of Civil Rights Act. This is a legitimate programme, given that SCs are under-represented in government at appropriate levels. Due to low literacy levels, Scheduled Caste candidates cannot avail of the opportunity of employment even against reserved vacancies.

Though this information is somewhat dated, in 1991 SCs were well represented at the lowest levels of government service (Class D) – or at least proportionally represented at the lowest level. At all higher levels of government service they were under-represented. However, this merely underlines the point above that what is needed in order to correct this injustice is that the government school system, which is what is accessed most affordably by the poor SCs, needs to be transformed – but that is not part of the agenda of either the mass mobilization of the lower castes or the programme of the relevant political parties. The government school system was, however, targeted by the central government through higher allocations – but that was part of a national policy by other national political parties in power.

4. *Distribution of land:* Since the leaders of the dalit movement believe that the unequal distribution of land are the result of the inequities of the caste system, they do not advocate redistribution of land, but a social revolution. They argue that oppression by upper caste landlords is the fundamental reason why land relations are unequal and landless labourers are ill-treated. Hence, the argument goes, political power should be in the hands of dalits if the oppression is to be checked, and also unused lands and land released by landlords who owned more than the Land Ceiling Acts could then be distributed to the landless dalits. Accordingly, when the dalit party was in power 81 500 dalits were granted ownership of over 52 000 acres of land. Second, 158 000 dalits were given actual possession of the land granted to them. Third, 20 000 dalits were given about 15 000 acres of Gram Sabha land and all cases of illegal occupation of such land against them were withdrawn. Fourth, all tenants of more than 10 years tenancy were given bhumidari rights, which benefited many dalits and OBC farmers.

The poverty ratio of Scheduled Castes population with respect to total population at National and State level is given in the following table:

**Scheduled Castes Population living below Poverty Line**

Category	Poverty % (1993-94)	
	India	Uttar Pradesh
Total Population	37.4	40.85
Scheduled Castes Population	48.9	59.20

Source: UP Government, Tenth Five Year Plan.

The most important reason for the poverty incidence being higher among the SCs is that 88% of them live in rural areas and a full third (32%) of the rural SC male workers are agricultural labourers (Srivastava, 2005). While just a third (34.5%) of rural SC male workers are cultivators (i.e. own some land), by contrast, 61% of OBCs and 68% of upper caste rural male workers are cultivators. Land is clearly an asset that SC households in rural areas need. However, the effectiveness of the land distribution programmes of the UP governments have been challenged in the literature (Pai, 2004).

5. Area-based development: The Ambedkar Village Programme was launched in earnest by the first dalit party government in 1995 (although it had been initiated earlier in 1991 by the government of the backward castes party, the SP). It was meant to be an area-based programme to provide social services (link roads, drainage, drinking water, electrification) to villages where the dalits were 22-30% of the total population. Reservations for dalits in panchayat bodies and their politicization helped to implement this programme. Between 1991 and 1997-8 a total of over 25 000 Ambedkar villages were selected for these services. The idea was that central government funds for integrated rural development and a national rural employment programme, earlier spread thinly through all the districts of the state, were to be concentrated in villages with a proportionally higher SC population.

However, in the case of these programmes as well the benefits went into the hands of a small and already well-off section of the dalits. These better off dalits had taken advantage of the reservation of posts in the panchayats after the 73<sup>rd</sup> constitutional amendment (of 1993) resurrecting the panchayati raj institutions (Pai, 2004).

6. *Symbolic actions*: Another programme of activities of the dalit party in power was constructing memorials, naming roads, universities and districts after important leaders of the dalit movements, creating 16 new districts and naming them after saints and gurus of the dalits, constructing plazas and parks dedicated to the architect of the Indian Constitution, Ambedkar – all of which absorbed very significant sums of state funds in a state where the treasury was essentially bankrupt. Most remarkably, during the period of the tenure of the dalit party in power in 1997 alone, 15 000 statues of Ambedkar were installed. More than anything else, these symbolic actions were the public face of the problems with leakage and governance that has characterized the last 15 years of governments. In principle, symbolic actions can be the beginning of social revolution (and as we noted earlier, the Tamil mobilization was also about “maanam” – dignity), but such actions have to be followed by serious, well planned technical interventions. It is true that posting of SC officers in key positions particularly at district and even lower levels of governments had a salutary effect on the morale of the SC population. Nevertheless, transferring large numbers of the bureaucracy is still not a substitute for institutional change.

The fact that these programmes have not changed much in substance even now is indicated by the fact that the UP government’s Tenth Five Year Plan (2002-07), in its chapter on the Empowerment of Weaker Social Groups, is still following the same approach.

It is obvious that none of these programmes compare with what we have narrated in sections 2 and 3 about either the technical interventions or the content of the mass

mobilizations in Tamil Nadu. In fact, one of the two areas of similarity appears to be that both did focus on dignity ('maanam' in Tamil, and 'sammaan' in Hindi) of the dalits. Other than that, both the rhetoric as well as the reality of the programmes in UP was largely about capturing power, as though capturing power was an end in itself, rather than a means to a larger end.

The other area of similarity was the policy of reservations of government jobs and in institutions of higher education. Reservations were a perennial demand of the lower caste mobilizations in the Madras Presidency going back to the 1920s (starting with the Justice Party). That emphasis on reservations really emerged in UP only after the recommendations of the Mandal Commission, when the Government of India passed orders

in 1991 providing reservation of 27% vacancies to OBC candidates. More than any other party, the party of the OBCs in UP (the SP) took up cudgels on reservations on behalf of the OBCs, since the reservations for SCs/STs were already a constitutional requirement since the constitution of India came into existence in 1950. But as we have noted earlier, reservations merely benefit what in Indian parlance are called the 'creamy' layer of the OBCs, rather than the poor OBCs.

## **2. Conclusions and policy implications**

The central argument of this paper has been that the mass mobilization of neither the dalits nor that of the OBCs in UP has served very well the interests of the poor within either of these two sets of social groups. Despite the contradictions between the dalits and the OBCs in Tamil Nadu political parties that have prevailed historically, the mass mobilization was broad-based enough to create the space for an all-round advance in the well-being of the *entire* population of that state. It is true that the OBC and dalit population together in Tamil Nadu constitutes a much larger share of the total population of that state than these do in UP. However, the OBC and dalit population of UP still constitute a near majority (and possibly a full majority) of its population. The failure of the parties representing their interests is even more egregious for this reason.

Nevertheless, UP has been a citadel of ‘manuvadi’ culture in India, perhaps because 40 per cent of the Brahmins in the country live in UP. The strength of the Brahmins in the social and political life of UP makes for a more conservative social structure in UP, and more resilient to change. The dalit and OBC challenge will have to be, therefore, much more politically and programmatically astute than it has been so far.

The lesson of the social transformation in Tamil Nadu is that there are technical interventions needed to transform the health, nutrition and education of the poor (see section 2) Those interventions are the responsibility of the state government, since health and education are state subjects (although they are also on the concurrent list in the Indian Constitution). The state governments are the ones that account for nearly 90 per cent of total government expenditure on health and education. However, the point is that those technical interventions are unlikely to happen without a social mobilization – a la Tamil Nadu and Kerala.

Until these social mobilizations happen in the northern states that are lagging behind – the so-called BIMARU (Bihar, Madhya Pradesh, Rajasthan, UP) states – there is a role for the central government to trigger actions at the state level to ensure some empowerment of the lower castes in these states. With the exception of Madhya Pradesh (which has been far more successful at effective social service delivery compared to the other three Hindi-belt Bimaru states within the last decade), there is growing evidence that these state governments have been unwilling to devolve transfer functions and finance on basic health and education to the panchayati raj institutions (World Bank, 2004; Mahipal, 2004). It is only if the central government turns the screw on these state governments might they be more pro-active and make decentralization work, consistent with the spirit of the 1993 constitutional amendment mandating the creation of local government institutions. The central government could make fiscal transfers to state governments conditional upon functions and finance being devolved in the health and education sectors to the panchayats. Transferring these functions and finance will help make functionaries (teachers, doctors, auxiliary nurse midwives, nurses) at least partly responsive and accountable to their clients they are meant to serve, rather than to a superior official in a line ministry (Mehrotra, 2005a; Mehrotra, 2005b; Mehrotra et al,

2005; Panchamukhi, 2005). Such an institutional mechanism of accountability to local clients will help to empower the poor and the lowest castes – who are, as we have seen in this paper, excluded from access to basic services.<sup>10</sup>

The successes of Tamil Nadu state (and of course Kerala) in every aspect of human development – education, health, nutrition – is a constant reminder to all who care to study the history of human progress in these states, that mass mobilization by political parties interested mainly in capturing power is only meaningful to the masses if it leads to tangible advances in human well being and the capabilities of the poor. The masses reward such tangible advances in their well being with repeatedly returning such parties to power at the hustings.<sup>11</sup> On the other hand, failure on this count is punished mercilessly by the poor – as the merry-go-round of governments of lower-upper caste coalitions in Uttar Pradesh over the last 15 years has proven.

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<sup>10</sup> In fact, Kerala in the 1990s is an exemplary case of empowerment of panchayats and bottom up planning. As much as 40% of total plan resources are devolved in Kerala to the panchayats.

<sup>11</sup> The repeated wins of the Communist Party of India (Marxist) and the Left Front in West Bengal, the Dravidian parties in Tamil Nadu, the ten year term of the Congress party in Madhya Pradesh (which ended 2004), and the Left Front in Kerala are all evidence of this fact.

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