CHAPTER 6

# DEPRIVATION AMONG SCHEDULED CASTES IN SAMPLE AREAS

Poverty may be understood as the lack of human development. In the modern world, poverty is not considered as only an income issue but as a human development problem. Obviously, income forms one of the most important determining factors of the economic well-being of an individual. Inadequate income results in a penurious life of the population. But income does not form the only factor to determine the economic position or to identify the poverty level of the population. Inability to earn income is also an underlying factor for poverty. "Poverty cannot be eradicated merely by boosting income. It will also take a broad expansion of basic human capabilities and the productive use of those capabilities" (Human Development Report 1996). Poverty can be seen as the deprivation of basic capabilities. Money income is an influencing aspect of capability determination of the individual. The income and capability are related to various factors like age, gender, health condition, etc of individuals.

This chapter deals with the capability deprivation and economic deprivation domain among the sample population.The present study uses the abridged version of the indices of deprivation of British government but variables and subdomains have been altered according to the Indian context which reflects a different aspect of deprivation experienced by individuals living in sample areas. Political participation domain has also been included to find out the empowerment level among the sample population.

Figure 6.1 shows the deprivation domains and their various indicators employed in the study. The present study used these variables for understanding the extent of deprivation of Rural-urban sample SC population.

Fig: 6.1

Deprivation Domain and Indicators Used For the Present Study
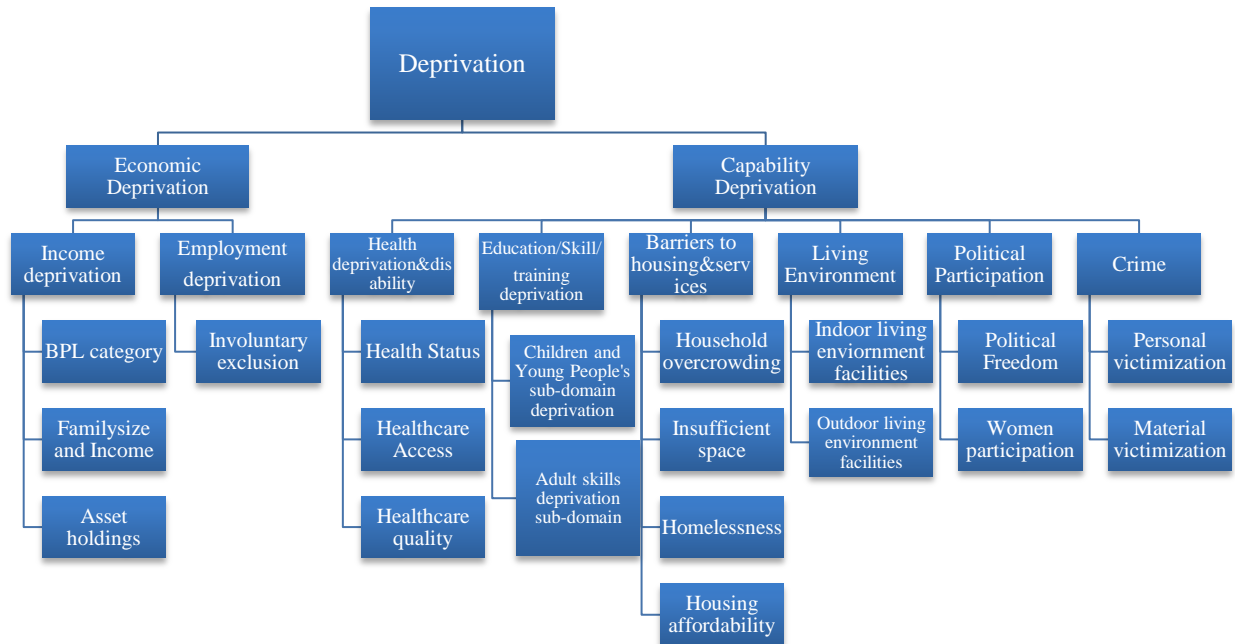
6.1 Deprivation

Deprivation means unfulfilled need in any aspect of economic or social well-being caused by lack of resources. Indices of deprivation are a useful tool for identifying the deprived areas within a country

6.2 Economic deprivation

Economic deprivation means the inability to secure or afford necessities for survival of individuals. Economic deprivation is a state of income inequality wherein income generated by an individual is not enough to cover his basic needs. Economic deprivation has increased the gap between rich and poor where the rich becomes richer and the poor become poorer. Scheduled caste being the most vulnerable section of the Indian population is often subjected to economic deprivation. Here the present study attempts to find out the extent of economic deprivation of SC caste population among sample areas.

6.2.1 Income deprivation

Low income means who are out of work &those in work with low earnings. In this study Income, deprived families are those families which fall under these 3 categories. The indicators of income deprivation are as follows:

- BPL category(% of population living under poverty line)
- Family size more than 4 and Income below 5000
- No landownership

If all the three indicators are satisfied then those families are considered as deprived, if at least one indicator is satisfied they are considered as a somewhat deprived category. Not deprived means the absence of 3 indicators.

Table 6.1

% distribution of sample households based on Income deprivation (last five years)

Category	Rural	Urban
Deprived	89	85
Somewhat deprived	8	11
Not Deprived	3	4

Source: primary survey

The survey revealed that 89 % of sample SC households in the rural area and 85% in the urban area falls under the deprived category. 8% of sample SC household in the rural area and 11 % in urban is considered as somewhat deprived. Therefore Income deprivation is more affected to rural SC households than Urban SC households.

6.2.2 Employment deprivation

The Employment Deprivation Domain measures the proportion of the working-age population in an area that is involuntarily excluded from the labour market. This includes people who would like to work but are unable to do so due to unemployment, sickness or disability, or caring responsibilities etc.

Table 6.2

% distribution of sample population based on Employment deprivation (last five years)

Category	Rural		Urban	
	Male	Female	Male	Female
Deprived	74	88	63	52
Not deprived	26	12	37	48

Source: primary survey

Table 6.2 shows % distribution of sample population based on involuntary exclusion from employment in last five years. Deprived are those who faced involuntary exclusion from job market at least once in last five years due to various reasons. Excluded individuals may enter into same /another job opening in a random sphere of time. 74% of rural male and 88 % rural female have undergone employment deprivation in last five years. 63% of urban male and 52% of the urban female has also faced employment deprivation. In the rural area, females confronted deprivation more than males but in the urban area, female deprivation is less than that of males. This paradox is due to the fact that many females remain unemployed voluntarily. They don't even wish to work and earn individually. They are engaged with household chores with a traditional notion that females are destined to do household responsibilities and males are liable for outdoor works.

Table 6.3

% Distribution of sample population based on reasons for exclusion (last five years)

Category	Rural		Urban	
	Male	Female	Male	Female
Ill-health /health related	12%	16%	10	9
Family circumstances	11%	34%	-	23
Mental/work harassment	2	11	-	13
Wage problem	5	12	-	4
Disguised unemployment	19	22	11	13
Underemployment	7	15	5	12
Others	6	2	1	3

Source: primary survey

Table 6.3 shows the % distribution of sample population based on reasons for exclusion in last five years. Family circumstances form the basis of employment deprivation among the majority of SC females in both rural (34%) and (23%) urban areas. Disguised unemployment is seen among 19% rural SC males, 22% of rural SC females, 11 % of urban males and 13% of urban females. Exclusion from job market is experienced due to ill-health for 12% males and 16% females in rural area and 10% males and 9% females in the urban area. It is evident from the table that employment deprivation is seen more in rural areas than in urban area. Other reasons include lack of skill, disputes, transportation problem etc.

6.3 Capability deprivation

A person's capability to live a good life is defined in terms of the set of valuable 'beings and doings' like being in good health or having loving relationships with others to which they have real access.Expanding capabilities increase well-being and shrinking capabilities decrease well-being. The *capability poverty* is typically lack of capabilities related to satisfying basic needs of food, nutrition, health, shelter, etc. Having a cell phone can enable the capability of connectivity, but only if the person uses it properly. Mere ownership of the cell phone doesn't tell what the person can do with it; a blind and deaf person may not be able to use it. Therefore, the important point is not the possession of a commodity or its features, but the capability to use it. For understanding the various capabilities of wellbeing of the sample population like Capability of connectivity, Capability of being educated, doing work and skill enhancement, Capability of Usage of physical gadgets, Capability of being healthy &well nourished, Capability to free from diseases, Capability of free movement, Capability to live in a good shelter, Capability of political participation/to live in political freedom/contest elections, following domains have been identified and analyzed. With these domains s and their indicators capability deprivation of Scheduled Caste population of the sample, areas have been enumerated.

6.3.1 Health Deprivation and disability

This Domain identifies different areas of the health condition of individuals whose quality of life is impaired by poor health or who are disabled etc.

❖ Health dimension includes

A. Health status
B. Health care access
C. Health care quality

A. Health status

Health status indicates whether any health issue caused for a work absence or affected usual duties. Table 6.4 shows the health status of the sample population.

Table 6.4

% distribution of sample population based on Health status (last five years condition)

Health condition	Rural		Urban	
	Male	Female	Male	Female
Normal	25%(60)	24%(60)	20%(40)	19%(48)
Minor	30%(72)	40%(100)	43%(86)	39%(98)
Moderate	38%(92)	23%(57)	26%(53)	33%(83)
Severe	7%(17)	13%(32)	11%(22)	9%(22)

Source: primary survey

Minor- includes health issues which don't need continuous medication, /maybe cured with simple medication /no need of prolonged hospitalization/no serious effect on health and life of the individual/ curable diseases

Moderate- shows health problems which need continuous medication but no need for prolonged hospitalization and it may not have serious effect on the health/life of individual//curable diseases

Severe- indicates health issues with continuous medication, prolonged treatment or hospitalization//danger to health and life//less possibility for cure

Only 25% rural male and 24 % of rural females and 20% of urban males and 19% of urban females are in good health (normal category). Here rural area sample population exceeds urban area sample population in the normal health category. In the rural area, 7 % of SC males and 13% of SC females and 11% urban SC males and 9% of urban SC females are suffering from severe health issues. Here rural SC females outnumber to that of urban SC females.

Table 6.5

% Distribution of sample population based on various vital statistics (last five years condition)

| Category	Rural	Urban
Intrauterine death	1	-
Accident, death/severe injury	1	-
malnourishment	20	5
Underweight children below 5	52	40
Senile condition (bed ridden)	2	1
Unattended delivery	-	-
Death at young age	-	-
Abnormal death/suicide	-	1
Others	4	1

Source: Primary survey

All deliveries for the past five years have been undergone at hospitals, both in rural and urban areas. No accident deaths have been reported but one individual in the rural area has been injured severely. Only one intrauterine death has been reported in the rural area. In the rural area, there are 52 underweight children and in the urban area, it is 40. It may be because of unhealthy feeding mothers, lack of taking nutritious food etc. Other reasons include death in old age, mood and anxiety disorders. More entries on vital statistics have been recorded to rural sample population than urban samples.

B. Health care access

Health care access stands for the availability of proper health care resources to individuals to maintain a healthy life. There should be adequate level of availability of healthcare facilities with affordability (low cost) and physical proximity (nearby distance). Fig 6.2 shows the distribution of household based on the system of treatment.

Fig 6.2

Household preference of the system of treatment
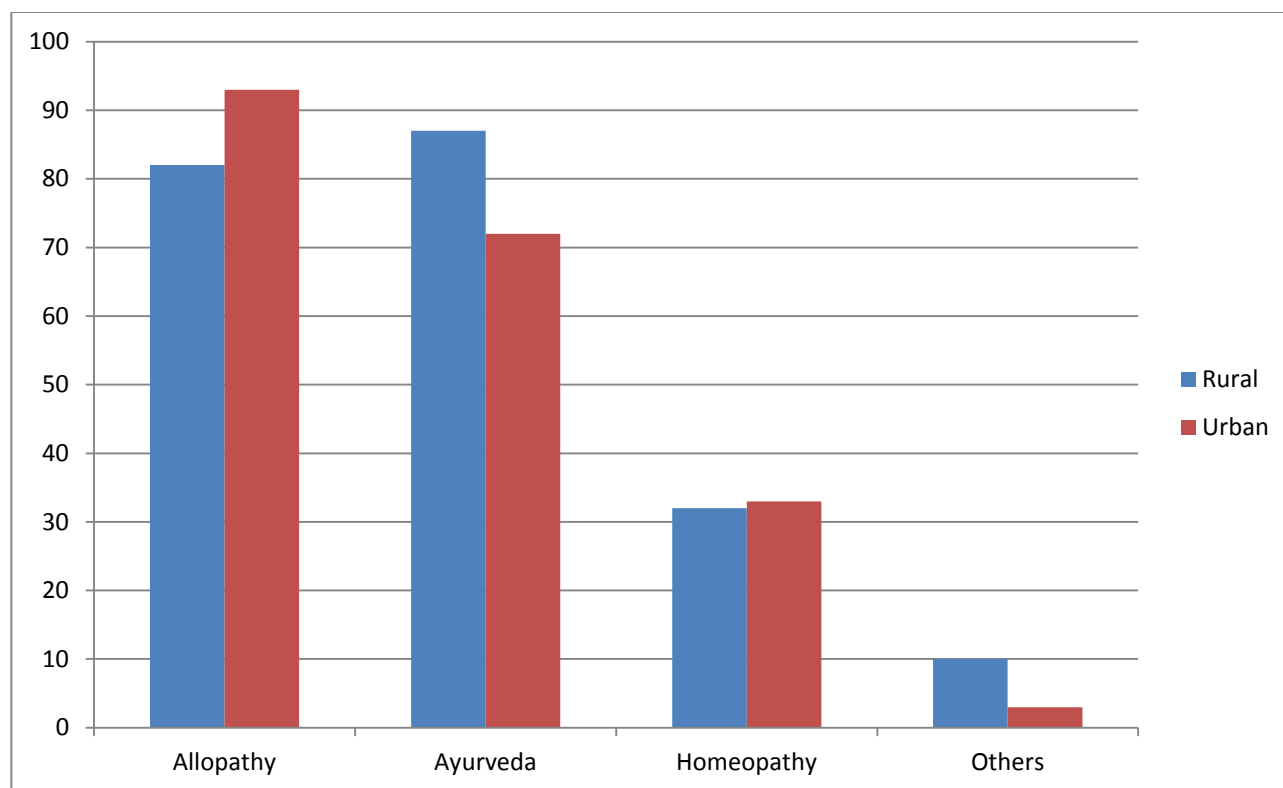
The survey revealed that allopathic treatment is most preferred among sample households in rural (84%) and urban (93%) areas. It is followed by Ayurvedic treatment (rural 82% and urban 72%). Homeopathic treatment is also preferred by 32% in rural area and 33% among urban SC population. Others include the indigenous system of treatment like naturopathy, Sidda, Unani.

Table 6.6

Availability/proximity of healthcare facilities to sample population (within 6 km)

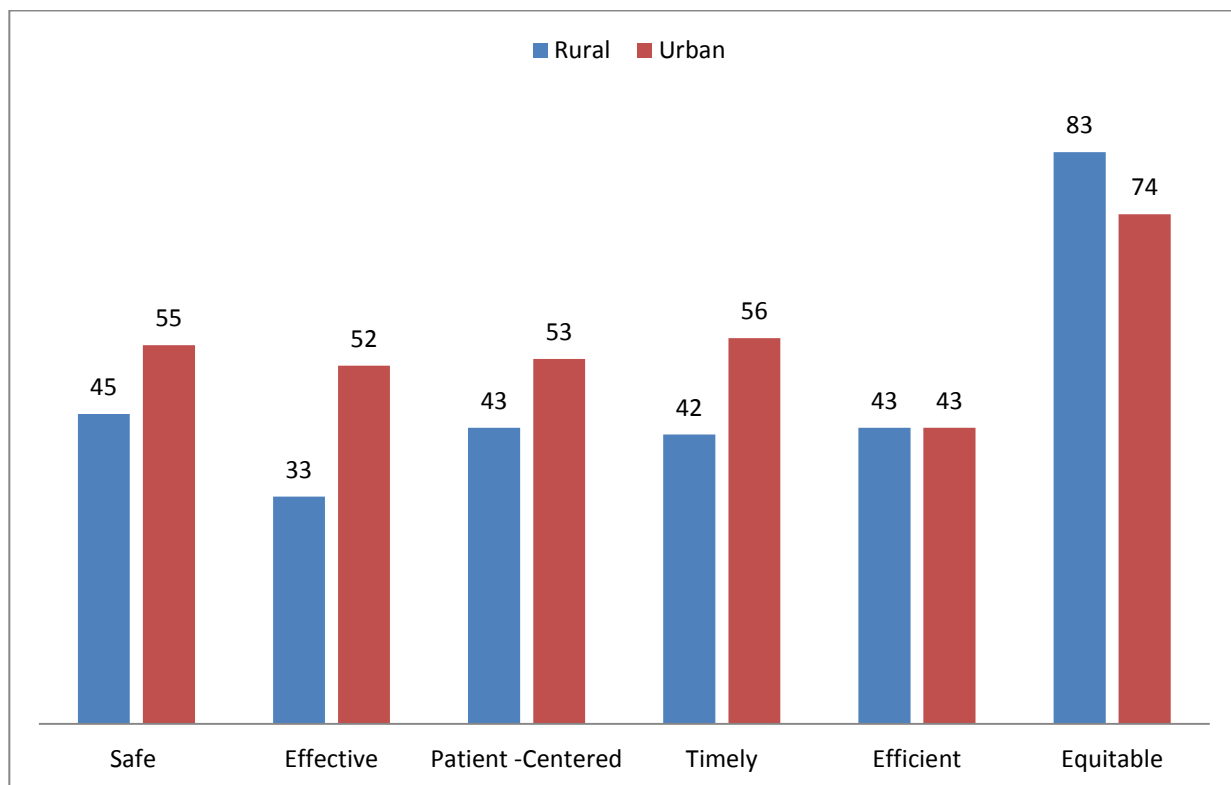| Health care facilities	Rural		Urban	
	Available	Not Available	Available	Not Available
Private hospital		✓	✓	
Public health center	✓		✓	
Govt Ayurvedic hospital		✓	✓	
Pvt Ayurvedic Clinic		✓	✓	
Govt Homeopathy hospital	✓			✓
Pvt Homeo clinic		✓	✓	
Govt Medical college		✓		✓
Free medical camps	✓		✓	

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Table 6.6 shows the availability of healthcare facilities to sample population households. It is evident from the table that the urban area households are having more healthcare facilities than rural households. But there is no medical college near to both areas. The treatment in government healthcare centers is free but private treatment requires payment.

C. Health care quality

Figure 6.3 shows the satisfaction/quality domain statement of healthcare facilities available to sample SC population.

Fig 6.3

% Distribution based on healthcare quality domain statement of sample households

Source: primary survey

Majority of sample population considers the available health care facilities as *equitable* (rural 83%,urban 74%) and ranks *Efficient* by 43% sample SC population in both rural &urban areas, *safe* (rural45%,Urban 55%)*, Effective*(rural33%,Urban 52%) *, Patient-Centered* (rural43%,Urban 53%) *, Timely* (Rural42%,Urban 56%).

Safe: Avoiding harm to patients from the care that is intended to help them.

Effective: Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and misuse, respectively).

Patient-centered: Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.

Timely: Reducing waits and sometimes harmful delays for both those who receive and those who give care.

Efficient: Avoiding waste, including waste of equipment, supplies, ideas, and energy.

Equitable: Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

❖ **Disability/differently abled**

Table 6.7 shows the distribution of differently-abled persons in sample SC households.

Table 6.7

Distribution of Differently abled persons in sample SC households

Individuals	Rural	Urban
Male	10	6
Female	15	8

Source: primary survey

The table reveals differently abled persons in the rural area (males-10, females 15) exceed than that of the urban area (males-6, females 8).

Table 6.8

Distribution of households in terms of differently abled family members

Category	**Frequency of households**
Rural	20
Urban	14

Source: primary survey

Table 6.8 shows the distribution of households in terms of differently abled family members. There are 20 such SC sample households in the rural area and 14 households in the urban area.

Table 6.9

Distribution of Sample Population in terms of type of Disability

Type of disability	Rural		Urban	
	Male	**Female**	**Male**	**Female**
Hearing	-	-	-	3
Visual	3	-	2	-
speech	-	-	1	-
In movement	5	7	1	-
Mental retardation	-	1	-	1
Mental illness	-	-	-	1
Multiple disability	2	2	1	-
Any other	-	5	1	3
Total	10	15	6	8

Source: primary survey

Table 6.9 shows the distribution of Sample Population in terms of the type of disability. *Any other* includes problems with hand, leg, fingers of hand and leg etc. Differently abled persons in rural area outnumber the same in urban area.

Table 6.10

**Age-group classification of differently abled among Sample population**

Age group	Rural	Urban	
Below 15	12	9	dependent
15-59	8	4	breadwinner
59 &above	5	1	dependent
total	25	14	

Source: primary survey

Table 6.10 demonstrates the Age-wise classification of differently abled individuals among the SC sample population. In the rural area, 17 in the dependent category and 8 in working age are differently abled. In the urban area, 10 dependent and 4 working-age individuals are in the differently-abled category.

Fig 6.4

Whether the quality of life impaired due to poor-health /disability of individuals in sample households?
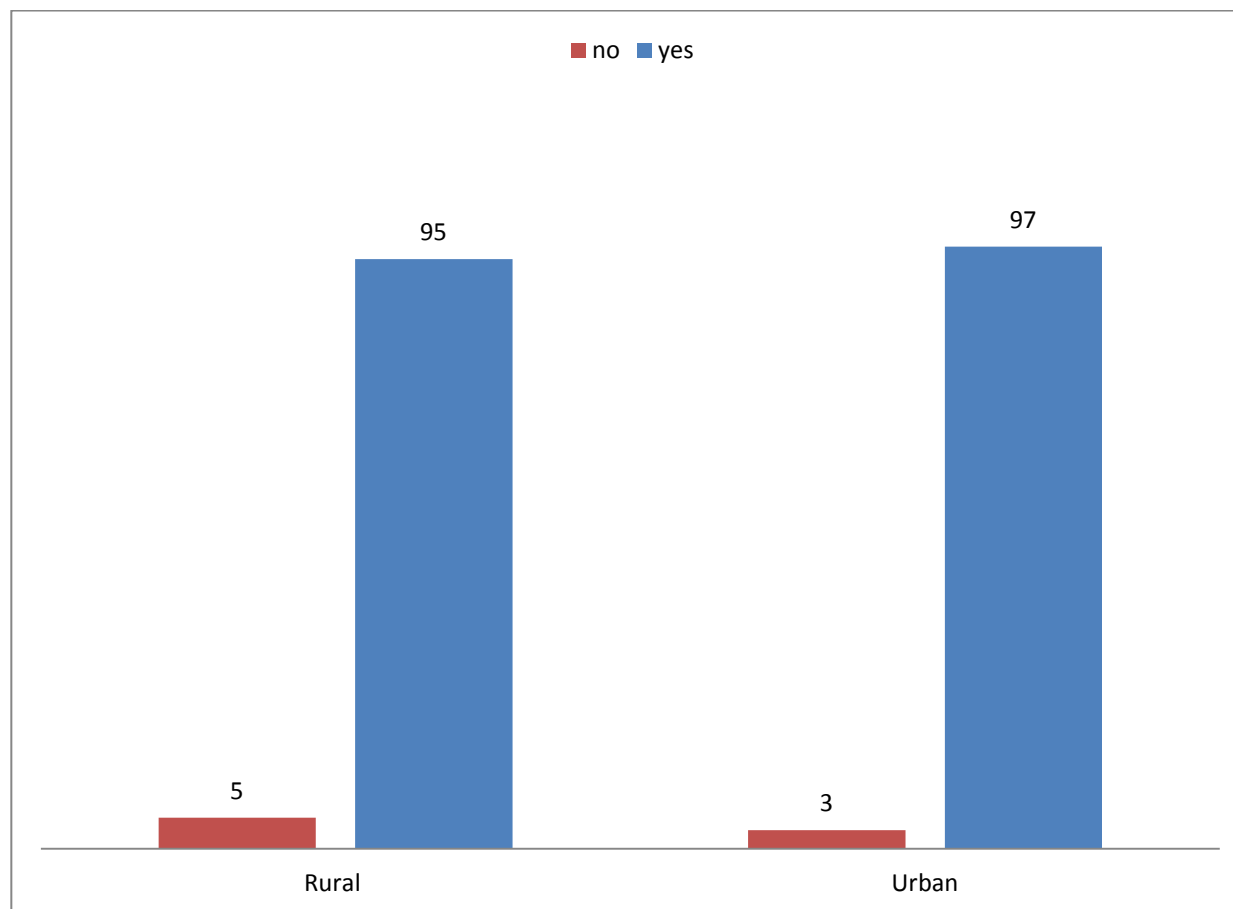
Source: primary survey

95% of rural households with differently abled individuals consider their quality of life has been impaired and 97 % of urban consider the same.

6.3.2 Education/Skill/Training Deprivation

❖ **Children and Young People's educational deprivation**

It comprises the total number of School dropouts of school going age (up to age 18) children and non-entry to higher education by young people (18-25 age group) involuntarily due to various reasons.

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Table 6.11

Children and Young People's educational deprivation indicators

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Category	Rural			Urban		
	Male	Female	Total	Male	Female	Total
No of School dropouts (school going age)	3	4	7	-	3	3
Non-entry to higher education (involuntary)	8	13	21	8	9	17
Total	11	17	28	8	12	20

Source: primary survey

Table 6.11 indicates the Children and Young People's educational deprivation indicators. The Number of school dropouts is higher among rural sample population (7) than urban (3). The total female drop out in both areas is 7. The indicator *Non-entry to higher education* (involuntary) is also higher in rural sample SC population (21) than urban (17) sample population. In both cases females outnumber males. So it is evident that females are more deprived than males and rural population is more deprived than urban sample SC population.

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Table 6.12

Reasons for drop-outs &non-entry to higher education

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Reasons for dropouts	Rural		Urban	
	Male	Female	Male	Female
Financial problems	3	7	2	4
Distance to educational institution	1	-	-	-
Failure	4	5	3	-
Sense of alienation	1	-	-	-
Marriage	-	5	-	6
Other reasons	2	-	3	2
Total	11	17	8	12

Source: primary survey

Financial problems, failure, marriage etc caused for the non-entry to higher education and dropouts among sample SC population. Other reasons include work for earnings, family responsibility, lack of interest, poverty, ragging etc.

❖ **Adult skills deprivation sub-domain**

This domain measures the lack of attainment and skills in the local population relating to adults and is made up of the following indicators –

- Indicator A-*Adult skills*: The proportion of working age (25-59) adults with no or low qualifications
- Indicator B- *Language proficiency*(Command in mother tongue) -: The proportion of working-age adults who cannot write/read mother tongue (Malayalam)well
- Indicator C - *lack of knowledge of using electronic gadgets* like mobile/computer/laptop etc

Table 6.13

% distribution of sample population based on Adult skills deprivation indicators (working population)

Category	Rural		Urban	
	Male	Female	Male	Female
Indicator A	18	40	15	32
Indicator B	1.2	15.8	2.3	8.7
Indicator C	81	88	76	82

Source: primary survey

Table 6.13 shows the % distribution of sample population based on Adult skills deprivation indicators (working population). In chapter 5, it is understood that sample SC population possess electronic gadgets like mobile phone, computer etc. So it enables the capability of connectivity to them but the majority are incapable of using it. Majority of the adult population have little knowledge about the exact usage of mobile phones. Some simply use it for calling purpose only. So they lack the capability of usage.

The % of Sample SC Female population with no/low qualifications in both areas is higher than their male counterparts. SC Females outnumber SC males in all adult skill deprivation indicators of working population. The rural area sample population is more deprived than urban samples in respect to all the three indicators of adult skill deprivation domain.

Table 6.14

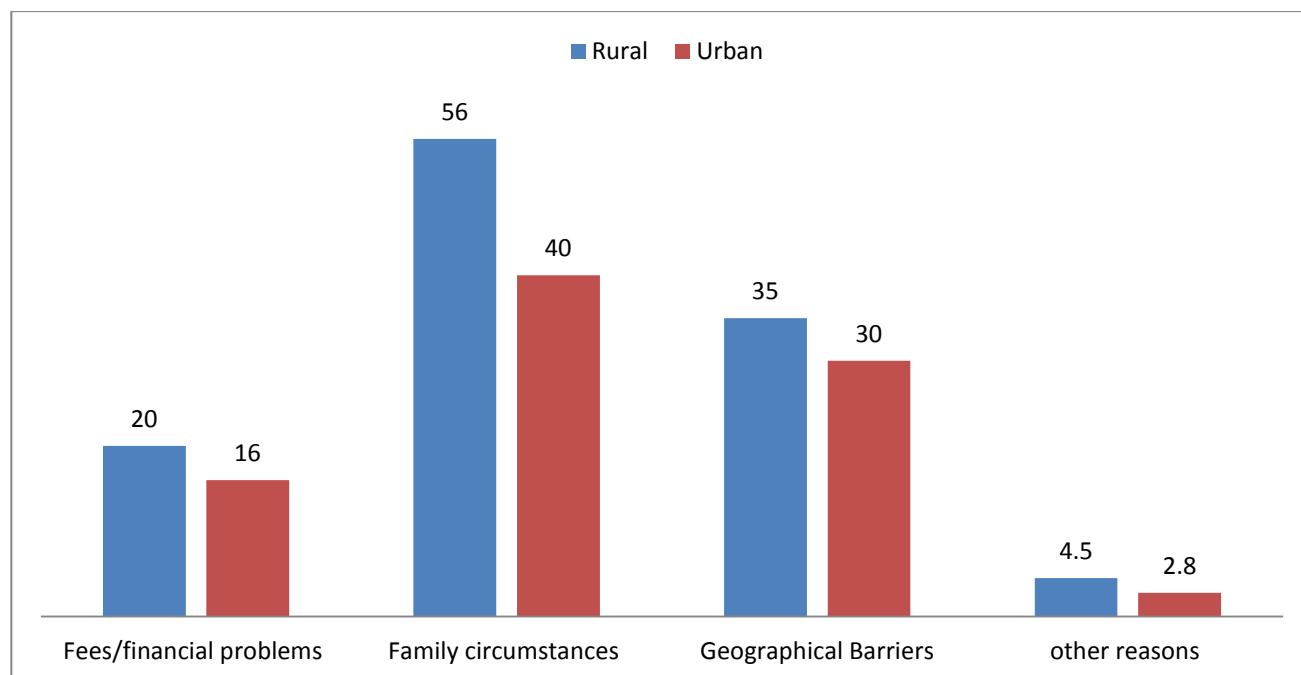**Distribution of sample working population based on Proficiency in other languages**

Languages	Frequency					
	To read/write		To listen/understand		To speak	
	Rural	Urban	Rural	Urban	Rural	Urban
English	6	10	2	13	-	2
Tamil	-	-	23	11	20	8

Source: primary survey

Table 6.14 shows the distribution of sample working population based on Proficiency in other languages.

Fig 6.5

% distribution of sample population based on Barriers experienced in educational attainment/skill enhancement in sample areas

Source: primary survey

Fig 6.5 shows % distribution of sample population based on barriers experienced in educational attainment/skill enhancement in sample areas. Family circumstances, Fees/financial problems, Geographical Barriers etc are the barriers experienced by sample population in educational/skill attainment. Other reasons include marriage, political reasons, illiteracy etc.

Table 6.15 shows the % distribution of female population facing hurdles for employment/Skill enhancement.

Table 6.15

**% Distribution of female population facing hurdles for employment/Skill enhancement**

Category	Frequency	
	Yes	No
Rural	92	8
Urban	88	12

Source: primary survey

In the rural area, 92 % are facing various hurdles for employment/Skill enhancement and 88% in urban are facing the same. The rate is higher in both areas; still, the % of rural area females is more than that of urban SC females.   Figure 6.6 shows various hurdles on their way to employment/Skill enhancement.

Fig 6.6
Various Hurdles faced by Female population in sample areas for employment/skill advancement

Source: Primary survey

135
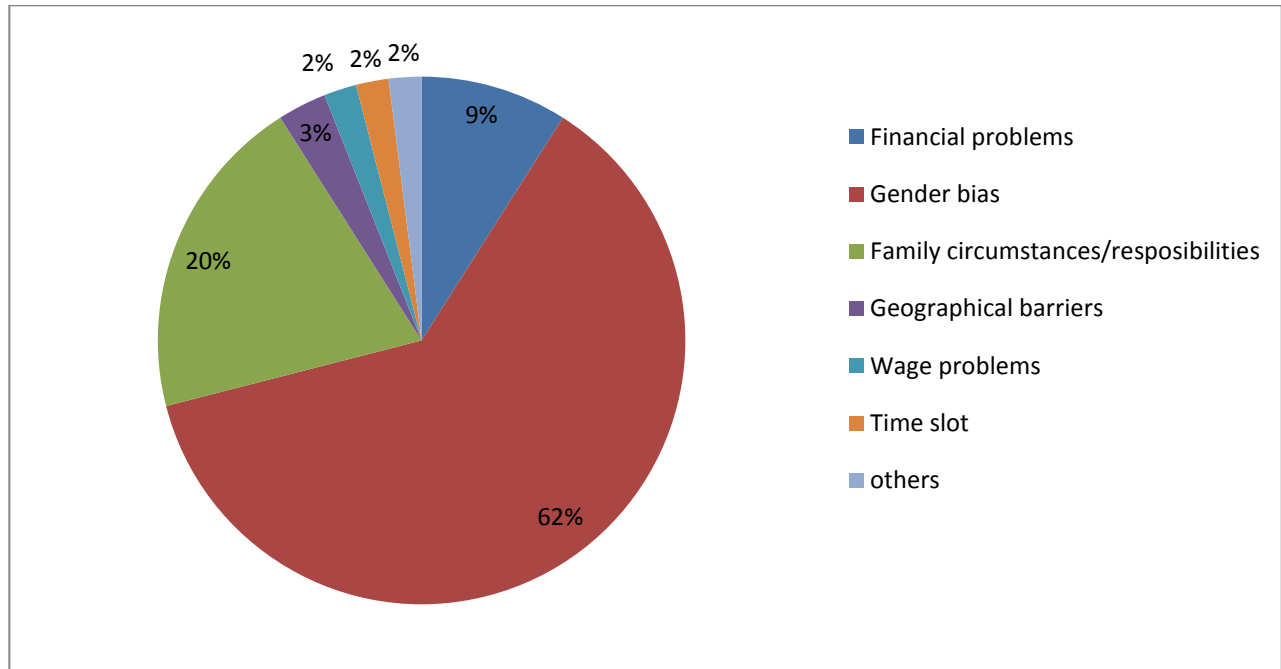
Financial problems, Gender bias, Family circumstances/responsibilities, Geographical barriers, Wage problems, Time slot, other reasons (security problem, lack of skill) etc. are the major problems faced by females in both sample areas.

6.3.3 Barriers to housing & services

It consists of two subdomains barriers to housing and geographical barriers to services.

❖ **Barriers to Housing**

The Barriers to Housing sub-domain measures issues relating to access to the housing such as affordability (inability to afford), overcrowding, homelessness, insufficient space to meet the household's needs etc.

Fig 6.7

% distribution of sample population based on barriers to housing and services
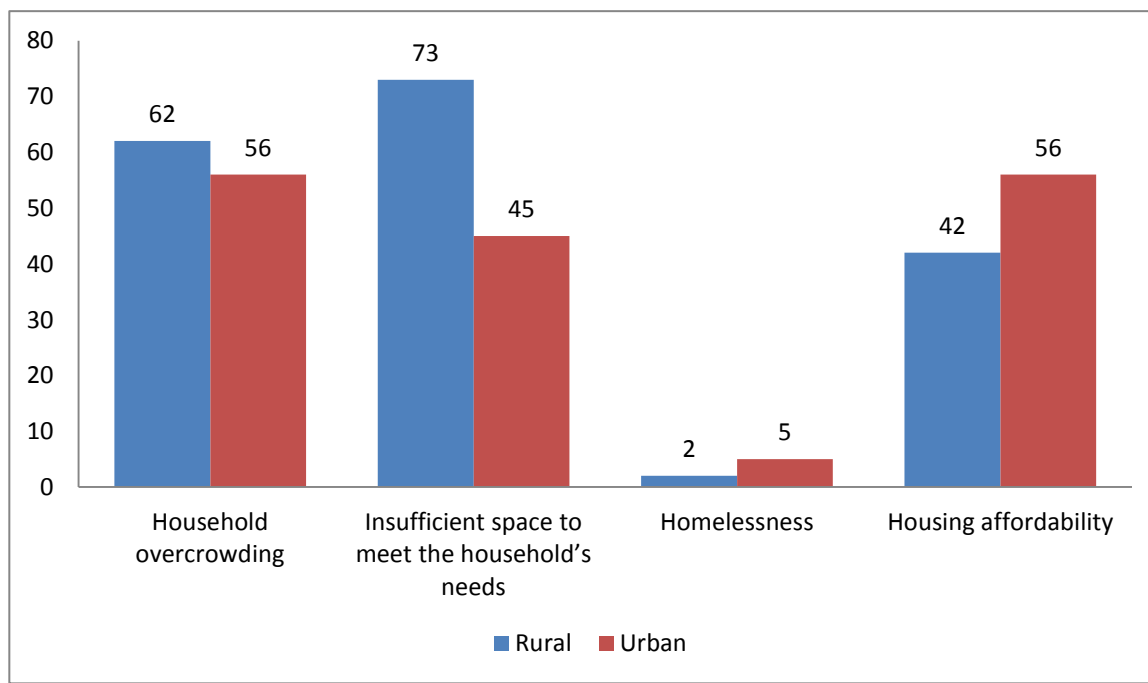
Source: primary survey

Homelessness is the condition of people without a permanent dwelling, such as a house or apartment. People who are *homeless* are most often unable to acquire and maintain regular, safe, secure and adequate housing

❖ **Geographical barriers to services**

Geographical barriers to services subdomain relate to the physical proximity of local services and it is shown in table 6.16.

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Table 6.16

Physical proximity to local services

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Category	Average distance from sample household in Kilometers					
	Hospital	School	General Store/rati on Shop	Post office	Nearest town	Police Station
Rural	6	3	1.5	2.5	5	7
Urban	3	2	1.2	1.8	.85	3.5

Source: primary survey

Table 6.16 point out the Physical proximity of local services to SC sample households. For the urban area sample households all major facilities are available within 3.5 km but for the rural area, it is around 6 km. So accessibility to essential services is more favourable to urban area sample households than rural area Sample households. Physical distance from services and facilities create a difficulty for frequent travel in rural areas than urban.

6.3.4 Living Environment

❖ **Indoor living Environment facilities**

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Table 6.17

Housing condition

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Type of housing	Rural	Urban
Kutcha	-	-
pucca	17	25
Semi pucca	83	75

Source: primary survey

The structure of households shows that there are no kutcha houses in both sample areas. The majority are having semi-pucca (rural 83%, urban75%) and pucca houses (rural 17%, urban 25%).

Kutcha   : Both walls and roofs are made by using materials like bamboo, mud, grass, wood
              etc.

Pucca   : Both walls and roofs are made of materials like burnt brick, cement, stone etc.

Semi pucca   : If either walls or roofs are made of a pucca material, the quality of the house is
              semipucca.

Table 6.18

Satisfaction ranking of quality of housing of sample households

Quality of housing	Rural	Urban
Excellent	17	25
Good/satisfactory	83	75
Poor	-	-

Source: primary survey

Table 6.17 indicates Satisfaction ranking of quality of housing of sample households. None has ranked poor quality of housing in both areas.

Table 6.19

Indicators and results of Indoor living Environment subdomain

Indicators	Result
Housing condition	The structure of households shows that there are no kutcha houses in both sample areas. The majority are having semi-pucca and pucca houses. So the housing conditions of sample households are good. (details in Table 5.26&Table 6.17)
Energy efficiency / Fuel poverty	10% in rural and 23% in urban are using only LPG for cooking but 90% of rural and 77% of urban is using a mix of LPG, wood, and kerosene for cooking purpose. In rural areas, .01 households use leaves, hay, cow dung as fuel occasionally but they are also using LPG/kerosene/wood. (Table 5.24)
Electricity	All households in both areas are electrified. (Table 5.24)
Sanitation facility	All households in both areas are having bathrooms in their home/premises. (Table 5.24)

Source: Primary data

❖ **Outdoor living Environment facilities**

Table 6.20

Source of Drinking Water

Category	Drinking water facility				
	Own well	Neighbours	Public Tap/well	Private water connection tap at home	Water service by local body(summer)
Rural	49	23	62	-	-
Urban	36	32	51	3	89

Source: primary survey

In the rural area, 49 % have own well and 23% depend on neighbours well and 62 % depend on public tap/well for drinking water and in the urban area it is 36%, 32%, and 51% respectively. In the summer season, there exists extreme water shortage in urban sample areas and water is provided by the corporation through tanker lorry. Some households are forced to buy water by making payment during the summer season. Water shortage is a serious issue faced by the population in both areas but it is severe in the summer season in urban areas.

Table 6.21

Indicators and results of Outdoor living Environment subdomain

| Indicators	Results
Air quality	The air quality of both areas is satisfactory. But urban sample SC population is more prone to polluted air as the number of vehicles is high and less number of trees in the urban sample area.
Freshwater availability	In the rural area, 49 % have own well and 23% depend on neighbours well and 62 % depend on public tap/well for drinking water and in the urban area it is 36%, 32%, and 51% respectively. Water shortage is a serious issue faced by the population in both areas but it is severe in the summer season in urban areas (6.20).
Road Traffic Accidents (injury to pedestrians, cyclists etc)	Minor Accidents occurred more in the urban area than the rural area. But one has severely injured in the rural area by road accident.
Transportation facility	In urban sample area, there are frequent buses, auto, taxi, railway station (within 8 km) available to SC sample population. But for rural sample households, there is only limited number of buses in their route. There is no railway station in the rural sample area.
Pollution (Smoke, ditches etc)	Pollution of water, air is more in the urban area.

Source: Primary Survey

Fig 6.8

Satisfaction level of living environment of Rural sample household

Rural households satisfaction level

■ Satisfied ■ not Satisfied ■ no comments

3%

41%

56%
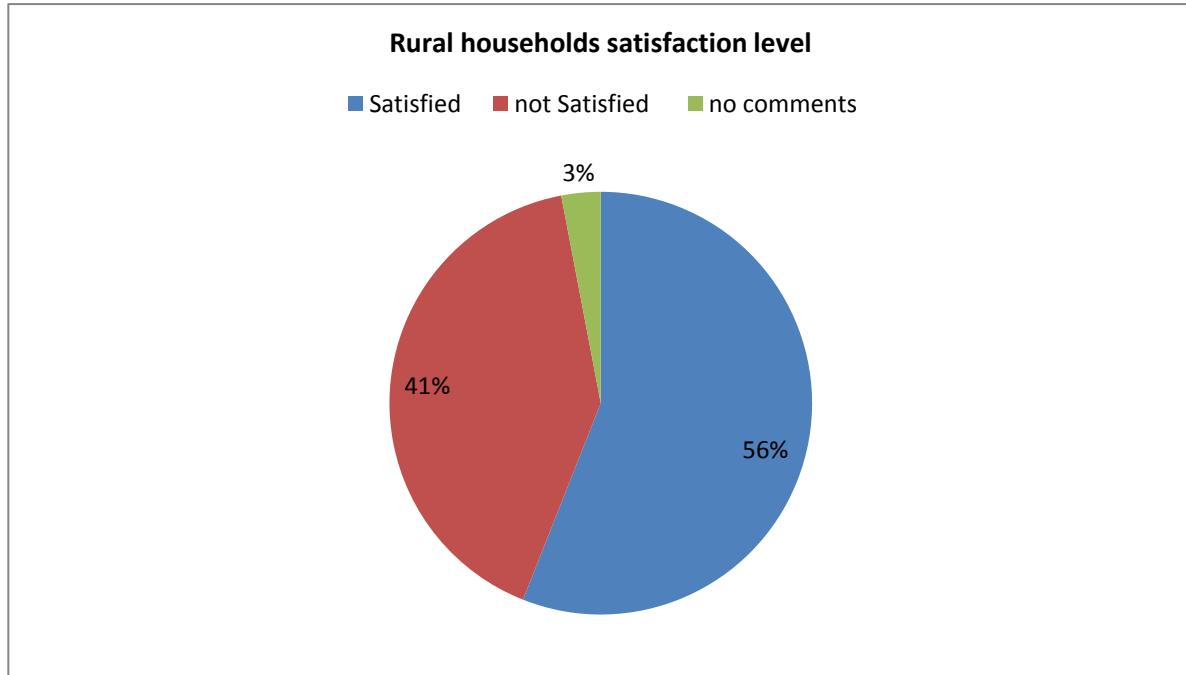
Source: primary survey

Fig 6.9

Satisfaction level of living environment of Urban sample household

Urban households satisfaction level

■ Satisfied ■ not satisfied ■ no comments

4%

42%

54%
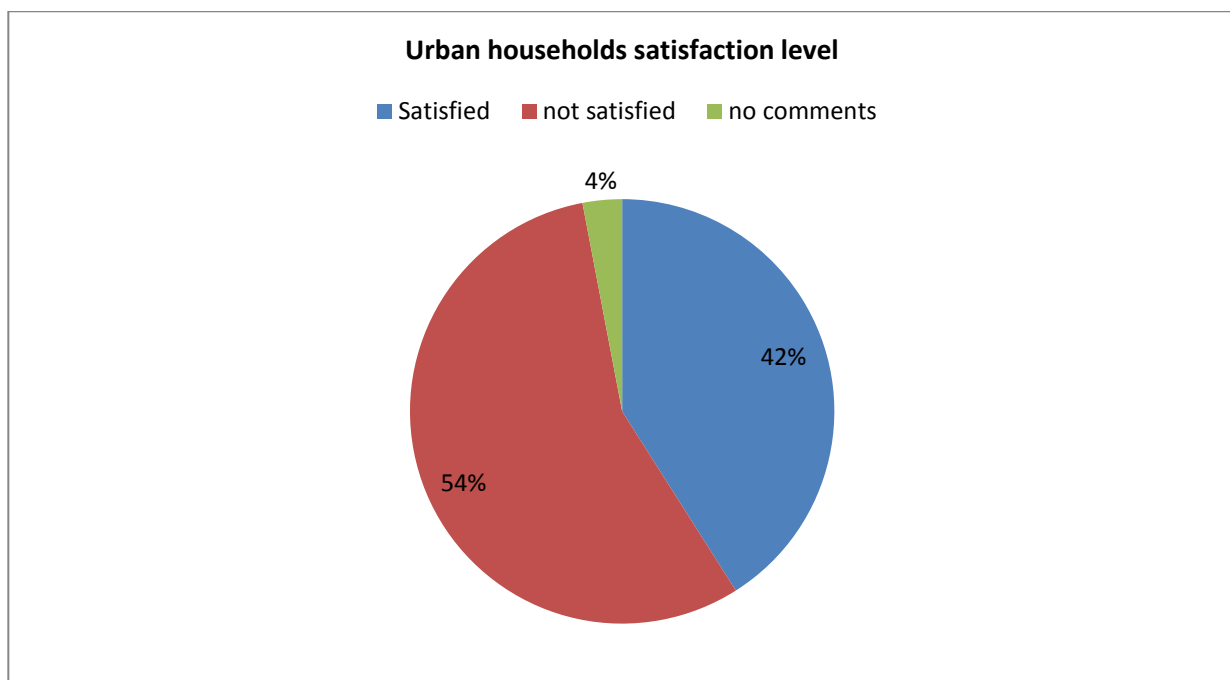
Source: primary survey

6.3.5 Political participation

This domain manifests the political freedom and SC women participation in decision making. It understands the capability of political freedom, the capability to contest on elections, held posts etc.

❖ **Political freedom**

All among the Sample SC population in both rural and urban areas possess Aadhar card as it is mandatory for obtaining old age pensions, government funds, scholarships etc. It is also noted that all voting-age individuals among sample population have taken election ID card. None under study had ever contested in elections in both rural and urban areas. And also none has any political position or posts in a political party in both areas. But among the sample SC households, 75 % in rural and 73 % in urban has at least one party member in their household. The majority have their political affiliation to CPIM (62%), CPI (25%) & others (13%). Working population (comprising both areas) has Memberships in trade union groups like CITU - Centre of Indian Trade Unions (Communist Party of India (Marxist)-(80%), AICCTU - All India Central Council of Trade Unions (Communist Party of India (Marxist-Leninist) Liberation)(4%),AITUC - All India Trade Union Congress (Communist Party of India) (14%), and 2% on other labour unions . Among SC women in rural 26 % and urban 32 % have memberships in political parties. The rest have their own political affiliations but have not taken any official memberships.

❖ **Women's Participation in Decision Making**

Women's empowerment must be seen as a process wherein we must consider Women's awareness, consciousness, choices with live alternatives, resources at their disposal, voice, agency, and participation. These are all related to the enhancement of Women's capabilities and decisions they take individually or collectively for themselves. Women representation is limited and inadequate in political parties, trade unions and in other positions of political power as well as in decision-making processes in professional bodies. Women representation both in mass organizations and high-level committees of political parties is not up to the expected level.

Among Rural SC women, only 12 % considers that they have a voice in their family affairs, 8 % on family budget, 7 % on family planning and it is 20%, 14%, 10% for their urban counterparts respectively.

Table 6.22

Political participation/ seat reservation for SCs in sample areas

Name of local body	Name/ Type of election	Year of election	No of SC reserved constituency/wards	Name of the position	Gender of contestant
Thrissur corporation-urban	Election to local-self govt bodies	Nov 2015	4 wards (2 reserved for SC women)	Councilor	2-male 2female
Kavassery panchayat-rural	Election to local-self govt bodies	Nov 2015	4 wards (2 reserved for SC women)	Ward member	2-male 2female

In last five years, 2014 election to loksabha and 2016 election to Kerala legislative assembly took place. The last Election to the Local Self-government Institutions in Kerala (Panchayat Elections) was held in October-November 2015. Elections to the local bodies were held in two stages. The latest Assembly elections were held on May 16, 2016.

Kerala Panchayat Election 2015 First Phase Polling

First phase polling of Kerala Panchayat Election 2015 was on 2nd November 2015 with seven districts of Kerala. Kollam, Idukki, Kozhikode, Wayanad, Kannur, and Kasargod were the seven districts that contested the first phase of General Election 2015.

Kerala Panchayat Election 2015 Second Phase Polling

Second Phase polling of Kerala General Election 2015 was on 5th November 2015 with seven districts of Kerala. Alappuzha, Kottayam, Pathanamthitta, Ernakulam, Thrissur, Palakkad and Malappuram were the seven districts of Kerala that contested on 5th November 2015.

6.3.6 Crime

The crime domain measures the risk of personal and material victimization against SC sample population and it is shown in table 6.23.

Table 6.23

Distribution based on victimization against sample SC population

Indicators	Personal victimization		Material victimization	
	Rural	Urban	Rural	Urban
Burglary	-	-	2	-
Theft	1	-	-	1
Criminal damage	-	-	-	-
Violent crime	-	-	-	-
Any other felony	-	-	-	-

Source: Primary Survey

Among both areas, ill-treatment due to crime rate is very low. In both rural and urban area only one household has victimized of theft and in the urban area, two households had victimized by burglary. None has faced any criminal damage, violence etc in last five years.

- **Capability poverty measure**

HDR of 1996 reported that income poverty does not complete the picture of massive poverty issue. The report stated that just as human development encompasses aspects of life much broader than income, so poverty should be seen as having many dimensions. As a result, the report introduced a new, multidimensional measure of human deprivation called the capability poverty measure, (CPM). The CPM focuses on human capabilities, just as human development index does. Instead of examining the average state of people's capabilities, it reflects the percentage of people who lack basic, or minimally essential human capabilities, which are ends in themselves and are needed to lift one from income poverty and to sustain strong human development.

The CPM considers the lack of three basic capabilities.

The first is the lack of being well nourished and healthy, represented in this case by the proportion of children under five years who are underweight.

The second is the lack of capability for healthy reproduction, shown by the proportion of births unattended by trained personnel.

The third is the lack of capability to be educated and knowledgeable, represented by female illiteracy. The composite index emphasizes deprivation of women because it is now well known that the deprivation of women adversely affects the human development of families and of society.

The CPM considers the lack of three basic capabilities

1. Lack of being well nourished and healthy, (measured by the proportion of children under five years of age who are underweight.)
2. the lack of capability for healthy reproduction   (the proportion of births unattended by trained personnel)
3. lack of capability to be educated and knowledgeable (shown by female illiteracy)

CPM= 1/3 (proportion of underweight children) + 1/3 (proportion of unsafe delivery) + 1/3 (proportion of female illiterates)

Table: 6.24

Capability poverty measure of scheduled caste population among sample areas

Capability poverty measure in rural area	=	33.3
Capability poverty measure in Urban area	=	22.3

Source: Primary Survey

The CPM of scheduled caste population among rural area is 33.3 and that of the urban area is 22.3. It reveals that capability poverty measure of rural SC is more than that of Urban SC. Among both rural and urban area there was no unsafe delivery in last five years ie delivery attended by untrained personals or midwife. All deliveries were conducted at hospitals under the care of trained doctors. In the rural area, SC female illiteracy is more than that of the urban area and it is reflected in the CPM of rural area.

- **Human deprivation index**

It is based on the deprivation of income, health, and educational aspects. Indicators on three aspects of deprivation have been considered for constructing the human deprivation index, they are income deprivation, health deprivation, and education deprivation. Human deprivation index includes three equally – weighted indicators, they are poverty line, infant mortality rate, and illiteracy. Income deprivation is measured by the population living below poverty line, health deprivation is measured by infant mortality rate and educational deprivation is measured by illiteracy rate. Based on the poverty line (percentage population living below the poverty line), infant mortality rate (Number of infants dying under one year of age in a year per 1000 live births) and illiteracy rate.

Human deprivation index= 1/3(% of people below poverty line) +1/3 (infant mortality rate) + 1/3 (illiteracy rate)

Table: 6.25

Human deprivation index of scheduled caste population among sample areas

Human deprivation index in rural area	=35.33
Human deprivation index in urban area	= 32

Source: Primary Survey

Here the deprivation rate of Urban SC (32) is less than that of rural (35.3) SC population. There was no infant mortality among SC population in the sample areas for the past 5 years. Majority of sample SC population among both areas are under BPL category.

- **Discriminant Analysis**

    To find the significant discriminating variables affecting deprivation among rural and urban areas the Discriminant analysis has been used.

Wilks' Lambda

Test of Function(s)	Wilks' Lambda	Chi-square	df	Sig.
1	.635	88.660	6	.000

If the Wilk's lambda value is closer to zero, the more variable contributes to the discriminant function. Ideally, the value should be near to zero. Since the significance value is less than .05 the model adopted is significant.

Eigenvalues

Function	Eigenvalue	% of Variance	Cumulative %	Canonical Correlation
1	.576[a]	100.0	100.0	.604

a. First 1 canonical discriminant functions were used in the analysis

The Eigenvalue indicates the proportion of variance (57.6%) explained. A large Eigenvalue is associated with a strong discriminant function. The canonical Correlation, closer to 1 is the better. In this case value of 0.604 is good. A high correlation indicates a function that discriminates well.

The output below indicates that all 200 cases were used in the analysis.

Classification Processing Summary

Processed		200
Excluded	Missing or out-of-range group codes	0
	At least one missing discriminating variable	0
Used in Output		200

Classification Results[a]

			Predicted Group Membership		
		Area	0	1	Total
Original	Count	0	47	53	100
		1	2	98	100
	%	0	47.0	53.0	100.0
		1	2.0	98.0	100.0

72.5 % of original grouped cases correctly classified which is good. The Discriminant function evolved from the analysis is good enough to classify Rural and urban discrimination score. The classification matrix and hit ratio replace R^2 as the measure of model fit.

Standardized Canonical Discriminant Function Coefficients

	Function
	1
debt position	-.538
land ownership	1.019
cooking fuel	1.070
housing condition	-.670
insufficient space to meet households need	-1.150
housing affordability	.972

Discriminant loadings are calculated for every independent variable, even for those not included in the discriminant function. The weights represent each variables contribution to the discriminant function. It also represents the unique impact of each independent variable and not restricted to only the shared impact due to multicollinearity. Loadings exceeding ±.40 are considered substantive for interpretation purposes.

The coefficients indicate the weight of each variable in calculating the deprivation score. A negative score indicates indirect relationship and positive indicates a direct relationship.

Discriminant Score Z = 1.019 (land ownership)+ 1.070(cooking fuel)+.972(housing affordability)-.538(debt position)-.670(housing condition)- 1.150 (insufficient space to meet household needs)

Functions at Group Centroids

Area	Function
	1
0	.755
1	-.755

Function at group centroid indicates the average discriminant score for subjects in the two groups.

The deprivation score is interpreted by discriminant score Z. The deprivation score of both rural and urban samples was compared. The mean score calculated is given in Table of functions at Group centroids. After discriminant analysis, the significant discriminating variables among rural and urban samples are found.

Following are the relevant discriminating variable among the entire variable used to calculate the deprivation index.

- debt position
- land ownership
- cooking fuel
- housing condition
- insufficient space to meet
- households need
- housing affordability

Conclusion

It is found that both rural and urban SC households are deprived in various domains. But rural area population is more deprived when compared to urban area. It is noted that both economic and capability deprivation is recorded more on rural sample SC population. SC female in both areas is deprived than their male counterparts in various domains.