

CASTE MATTERS: PERCEIVED DISCRIMINATION AMONG WOMEN IN RURAL INDIA

Apurv Soni¹, Jasmine Khubchandani¹, Nisha Fahey¹, Nitin Raithatha², Anusha Prabhakaran², Nancy Byatt¹, Tiffany A Moore Simas¹, Ajay Phatak², Milagros Rosal¹, Somashekhar Nimbalkar², Jeroan J Allison¹

¹University of Massachusetts Medical School; ²Pramukhswami Medical College, Karamsad, India

Purpose: To examine the relationship of caste and class with perceived discrimination among pregnant women from rural western India.

Methods: A cross-sectional survey was administered to 170 pregnant women in rural Gujarat, India, who were enrolled in a longitudinal cohort study. Everyday Discrimination Scale and Experiences of Discrimination questionnaires were used to assess perceived discrimination and response to discrimination. Based on self-reported caste, women were classified to three categories with increasing historical disadvantage: General, Other Backward Castes (OBC), and Scheduled Caste or Tribes (SC/ST). Socioeconomic class was determined using standardized

Kuppuswamy scale. Regression models for count and binomial data were used to examine association of caste and class with experience of discrimination and response to discrimination. Results: 68% of women experienced discrimination. After adjusting for confounders, there was a consistent trend and association of discrimination with caste but not class. In comparison to General Caste, lower caste (OBC, SC/ST) women were more likely to 1) experience discrimination (OBC OR: 2.2, SC/ST: 4.1; p-trend: 0.01), 2) have a greater perceived discrimination score (OBC IRR: 1.3, SC/ST: 1.5; p-trend: 0.07), 3) accept discrimination (OBC OR: 6.4, SC/ST: 7.6; p-trend: < 0.01), and 4) keep to herself about discrimination (OBC OR: 2.7, SC/ST: 3.6; p-trend: 0.04).

Conclusion: The differential experience of discrimination by lower caste women in comparison to upper caste women and their response to such experiences highlight the importance of studying discrimination to understand existing caste-based disparities.

Contact:

Apurv Soni
Clinical and Population Health Research
University of Massachusetts Medical School
Apurv.Soni@umassmed.edu