

I. INTRODUCTION

The fundamental issues of democracy are social exclusion and inclusion; social exclusion is a persistent problem in all societies. Some groups of people due to their colour, caste ethnic identity, and religious beliefs are systematically denied access to opportunities and resources necessary for their survival and sustenance. Discrimination hampers democracy, development and social integration. In contrast social inclusion is participatory, empowering, and requires numerous kinds of affirmative actions designed to remove discrimination, marginalisation and deprivation (Battacharyya, Sarkar and Kar, 2010).

Similar to India, in South Asian countries like Nepal and Sri Lanka, the caste system forms a large part of the society. The system continues to be a part of Indian society, though to a lesser extent, and basically it is a way of dividing people into different social classes. The Brahmins occupy the highest status (Priests and teachers), Kshatriyas are warriors and rulers, Vaisyas classified as farmers, merchants, and artisans. The sudras are labourers; untouchables who are also known as Harijans or Dalits, are not in the caste system, therefore they are outcastes. Initially, the system was created to promote the harmonious working of society, but eventually the society was highly fragmented into communal groupings. In trying to make sense of these groups the Portuguese first suggested caste identities. The British expanded on that idea to promote order in Indian society (Battacharya et al., 2010).

Even though India has been emancipated; stratification based on caste system is debilitating the development of the country. Dalits are marginalised, are vulnerable to exclusion, prevented from meaningful participation in the society and they are also thought as powerless. These are some of the assumptions hampering the holistic development of country (Sangeeth, 2016).

Out of the 180-220 million Dalits, 40 million are essentially doing slave labour as they must clear off the debts of their ancestors (Ninian, 2008). Many are forbidden to hold jobs because they are untouchable, a person with basically no rights. These people are taught to expect nothing in life but to work all day in

the Sun with a hope that someone will buy their labour or produce. However, the higher castes often refuse to touch anything an untouchable has touched. This practice is due to people's fear for even a glance at an untouchable could pollute their status in a higher caste position and bring them down to a lower caste in their next life (Standing, 2007). Because of this discrimination and work bondage, it is difficult for many people of a lower caste to have a steady income, therefore keeping them in extreme poverty.

Devi (1999) observed that untouchability is a name applied broadly to persons in the lowest classes by orthodox Hindus of a higher caste. In south India the idea of untouchability has been taken to extreme levels, it is a case of inapproachability rather than untouchability. This concept would hurt one's self respect and cause inconvenience to such an extent, that children take a long route to school, to avoid the number of high caste people on the way.

Balagopal (2005), in his article "Justice for Dalits among Dalits" analyses the hierarchy among the Dalits, he emphasises that some untouchables are untouchables for other untouchables. It is the '*Arunthathiyars*' who are considered the lowest among the Dalits in the caste ladder in the Indian society.

Pragati (2005) highlights from her study that; the Arunthathiyars are socially placed in the lowest strata. They are conventionally forced to engage in most menial jobs, such as conservancy work, mending foot wear, leather work, and removal of animal carcass, playing drums during funerals, burning the dead bodies and engage in daily wage work. The Times of India (TOI, May 29, 2018) reports that the civic body appointed 25 non-dalit workers from backward community who were just Class X or XII pass outs and some were even school drop outs. These 25 candidates were given administrative posts, while the children of deceased conservancy workers, who had completed MBA, MCA, BE and other graduation courses were asked to join as sanitary workers. The National Commission for '*Safai Karmacharis*' (Hindi term for conservancy workers) has unearthed the documents that proved the discrimination, and they have asked the city police to review documents and file a complaint against the concerned officials.

Karuppusamy (2010) estimates about 60 lakh Arunthathiyars in Tamil Nadu, with only 10 percent of them owning a small piece of land and others are landless labourers. The Arunthathiyars work as temporary coolies on minimum wages in agricultural farms, stone quarries, and brick industry. For a few months every year, they are jobless and hence migrate to urban areas and other villages in search of jobs. Due to extreme poverty they go into debt, the community for generations were involved in the menial jobs with low income, and therefore their development is observed to be at a snail pace.

Research into poverty has traditionally been considered the exclusive domain of economists and poverty has been basically described in terms of inadequate incomes and low levels of consumption. In the recent past however, various indicators of human development have been identified that include health and nutrition, education and literacy, gender equality and empowerment.

Khan (2002) highlights that the global United Nations conferences and summits of the 1990's have led to a comprehensive and holistic vision of development, which was centred on the human being. While poverty eradication was the ultimate goal, the other goals and targets were set for addressing hunger, advancing education and health for achieving progress in key development areas. These goals, which have been endorsed by world leaders in the Millennium Declaration, clearly reflect the importance given to human resource development, health and education as key to the development process. Health is a state of complete physical, mental and social well-being, 'Health' encompasses good physical and mental health (WHO, 2007).

Health and education are the two pillars and mutually reinforcing factors on which the well-being of individuals is structured for a better future. Health that encompasses nutrition and good mental health, along with education becomes the tripod for change and development. However, the behavioural scientists found that the poor are not ready or willing for change and development, due to psychological barriers (Arulmani, 2000). Apart from the psychological, the social and political barriers also play a major role, as a result the people do not enjoy

their rights and the 'culture of poverty' continues as a vicious circle as seen in the lives of Arunthathiyars.

The first major development - enhancing tool is education and is seen as essential to people's chances in life. Those who have gone to school are healthier and less likely to live in poverty (UNESCO, 2008; World Bank, 2006; Hannum and Buchmann, 2005). Unfortunately the educational status of Arunthathiyars, according to a study by Krishnasamy (2011), only 1.75 percent people are literates, and the rest of 98.16 percent are illiterates, The school curriculum is tailored for the urban middle class, and that many Arunthathiyars occupied in agriculture and scavenging find difficult to cope with it (Reddy and Sinha, 2010).

Celeti (2015) in his study on Arunthathiyar community explored the role of dependency in curtailing their educational opportunities through bondage. The Arunthathiyar community continues to be engaged in unstable employment and bondage, because of structured relationship with the upper caste communities. The relationship is based on the high degree of power asymmetry, all the allocated resources are distributed to upper communities, and they have huge authoritative resources. The entire process of managing resources and allocating work dictates how the Arunthathiyars should conduct their lives with their authoritative landlords.

Nutrition is the next significant indicator of the health and overall status of a human being in particular and community in general. Malnutrition is a major health problem of our country; assessment of nutritional status is one of the most important health indicators of a population group. Various studies have confirmed that malnutrition exists among the poorest section of our country in which children are victims (ICMR, 2007).

Chatterjee and Sheoran (2007) confirmed that in rural India the Dalits are the marginalised, landless poor agricultural labourers attached to rich landowners from generations. They are also casual labourers doing all kinds of work that is available. Physical segregation of their settlements is common in the villages

forcing them to live in the most unhygienic and inhabitable conditions. All these factors affect their health status, access to healthcare, and quality of health service received. There are high rates of malnutrition reported among the marginalised groups. Ratinam (2012) has observed that due to poverty the Arunthathiyars have just one square meal a day, the servings of the rest of the two meals may be short of quality and quantity.

According to WHO (2007) mental health is not just the absence of mental disorder. It is defined as a state of wellbeing in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to her or his community. It has been estimated that twenty seven percent of the world's absolute poor live in India indicating that our country has the largest single concentration of poor in the world (Misra, 2000). It has been well documented that growing up under these conditions, is linked to the development of personality characteristics, motivational dispositions and skill deficits which make the young in the community vulnerable to manifold problems of achievement and mental health (Misra and Mohanty, 2000). The mental health or behavioural problem is attributed to 20 percent of the worlds adolescent population, and 50 percent of the behavioural and psychological problems have their onset during the adolescent period (UNICEF, 2011).

Khalid, Hasan, and Ossama (2009), identified the prevalence rates of mental disorders among children and adolescents range from one percent to 51 percent, with a mean rate of 15.8 percent for adolescents. In developing countries the prevalence of mental disorders among adolescents attending primary health care facilities ranges between 12 percent and 29 percent. Several studies indicate that prevalence rates of the individual disorders: depression, anxiety and stress are growing among adolescents.

With psychological, social and political barriers playing a major role affecting the development of Arunthathiyars, they do not seem to be equipped with qualities, dispositions, skills, motivations and values linked to upward

mobility when compared with the more privileged. Social activists have observed intergenerational maintenance of social positions; the adult's attitude of withdrawal and indifference to change seems to be passed on to the younger generation. In all societies, adolescence is about growing up, about moving from the immaturity of childhood into the maturity of adulthood, of preparation for the future (Steinberg, 2008). Hall as cited by Lerner and Steinberg (2009), made adolescence a period of "*storm and stress*," a time of universal and inevitable upheaval.

However, the early conceptualizations of adolescence as a period of stress and turmoil for most or all adolescents have significantly changed, and the present views on adolescent development with a positive outlook have evolved considerably. Adolescence is not only a period of growth and maturity; they are the building blocks of future society. The World Health Organization (2005) defines 'adolescence' as 10 to 19 years and a period that is challenging to adult society. Adolescents account for one fifth of the world's population and have been on an increasing trend. In India they form 21 percent of the population (Planning Commission's Population projections, Census of India 2011). This implies that about 253 million Indians are adolescents (133 million male, 119 million female). Out of which 44 million (23 million male, 21 million female) are from Dalit community.

The present study is focused on adolescents as UNICEF (2011), affirms that adolescents are as worthy of care and protection as young children, and as worthy of consideration and participation as adults. It is for the world to recognize both what it owes to them and the singular dividends that investing in this age of opportunity can generate for the adolescents themselves and for the societies in which they live.

Adolescents are a significant human resource that needs to be given ample opportunity for holistic development towards achieving their full potential. Not only are needs of the adolescents related to their physical development, but also to their emotional and psycho-social development are to

be met. Adolescence is the most important transition period of life, with intense turmoil due to the cognitive, biological and social changes. This is the period of psychological transition, as a child confined to the family, now as grown up will enter the societal life. Furthermore, adolescence is a sensitive period with high risk of conduct disorders and antisocial behaviour (Veeraraghavan, 2006). Research has shown that a favourable environment facilitates holistic development of adolescents into mature and productive human resource. Several negative influences, affecting the socio cultural growth of adolescents, are preventable (NIPCCD, 2008).

Relevant to the physical, emotional and psychosocial developmental needs of adolescents the present study focuses on education, nutrition and mental health. The key to social development is education; it paves the way for the individuals to achieve self sufficiency and self actualization. This in turn makes them confident to exploit their potential and participate in the broader decision making process (Sunita, 2001). Good nutrition and dietary behaviour are important during adolescence to achieve full growth potential and appropriate body composition, to promote health and well being, and to reduce the risk of chronic diseases in adulthood (Ramya and Thomas, 2015). Successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to change and to cope with adversity is symbolic of good mental health (Knopf, Park, and Muyle, 2008).

Adolescents have the capacity to identify approaches or solutions that will best accommodate their personal circumstances or needs. Because adolescents usually have the best knowledge about their lives and their needs, accommodating their participation rights has benefits. Knowing how young people perceive problems and understanding the reasons behind certain behaviours enables the facilitators to be more responsive to the needs of the targeted population. Involving adolescents in appropriate and meaningful ways can have a dramatic impact on their ability to live positively with hope for the future (WHO, 2014). Adolescence is an important period of life with specific health and developmental needs and rights, subsequently it is the time to develop

knowledge and skills, learn to manage emotions and relationships, and acquire abilities that will be important for enjoying the adolescent years and assuming adult roles (WHO 2018).

With this background the researcher coined the concept of the current study, focussed on an in-depth assessment of academic, nutritional and mental health status of adolescents of a most vulnerable population – the Arunthathiyars and the determining or influencing factors. The study also aimed at facilitating the adolescents to understand the process of analysing and finding solutions which is imperative to overcome the problems. Creating the space and time for the adolescents would be special and very useful, to think and act beyond their daily routine.

Rationale of the study

Arunthathiyars are the most marginalized group among the dalit community, in spite of existing laws the atrocities against them persists. There were quite a number of studies carried out on Arunthathiyar community as a whole, but the studies on adolescents are either nonexistent or meagre. The present study would open up a new chapter in the literature related to Arunthathiyars.

This study is of interest to the researcher mainly due to the fact that there is limited or no literature available on Arunthathiyars, particularly of the adolescents (11– 19 years). According to the professor of Loyola College, “The Arunthathiyar caste is low, that they have not been studied” (Celeti, 2015). This study tries to understand the concept of ‘low status’ from the perspective of adolescents. Further, the study would bring out and showcase positive factors prevailing in the community, in terms of existing culture, family and human relationships, and understand the challenges and struggles in day-to-day life for their survival. The findings of the current study also hopes to be presented at the policy level for the betterment of adolescents in particular and the Arunthathiyar population in general.

In this context the SPSS (Sensitization to Problems and Seeking Solutions) programme was coined to make the adolescents aware of the most crucial problem related to education, personal life and nutrition. They would be supported with appropriate inputs to seek solutions and also build knowledge and skills that would help them to better their lives and wellbeing. To sensitize people to a particular problem or situation is to make them aware of it. Thus creating an opportunity to develop an awareness of adolescents own social situation, as well as to gain confidence will help them deal with challenges of life.

OPERATIONAL DEFINITIONS

The terms of relevance to the current study were operationally defined as follows

Arunthathiyars

The Article 341 of the Indian Constitution notifies a list of 76 Scheduled Castes and Arunthathiyars are one among them. Based on the Hindu caste system the Dalits or Scheduled Castes as they are known are placed at the bottom of the caste hierarchy. In Tamil Nadu the dalits are further categorized as Pallar, Parayar and Arunthathiyars. Among these three groups the Arunthathiyars are the lowest and are discriminated not only by other castes but also by other dalit groups.

SPSS (Sensitization to Problems and Seek Solutions) Programme

The SPSS abbreviated is defined as below

Sensitization – Intervention programme to make the adolescents (11 – 19 years) aware or conscious of the existing situations in their lives.

Problems – List out, analyse and identify the core problems in education, nutrition and mental health

Seek Solutions – Explore or find out answers by adolescents themselves, information on available resources, simple skills and practices to be demonstrated to address the core problems.

PROBLEM STATEMENTS AND RESEARCH QUESTIONS

The world in general and India in particular is focussed on youth and their potentials, since it is a period of life with specific health and developmental needs and rights. By empowering today's youth, we will lay the groundwork for a more sustainable future for generations to come. Adolescents account for one fifth of the world's population and have been on an increasing trend. In India they form 21percent of the total population, this implies that about 253 million Indians are adolescents. Out of which 44 million (23 million male, 21million female) are from Dalit community. In Tamil Nadu the Arunthathiyars population account to 60,00,000, this is the highest as compared to other southern states. The western districts in Tamil Nadu are densely populated, yet the adolescents were not concentrated either by the families, the community, government, civil society or the researchers. The most important aspects being education, nutrition and mental health for not only the survival, but also to lead a good life and contribute to their wellbeing. Therefore the present study themed "Adolescents of Arunthathiyar population – An exploratory study" was framed because:

- a) Adolescent's contribution to the nation is important for the development of the society and country is increasingly felt by all countries
- b) A scientific approach to understand the adolescent, from the point of his needs and moods due to the complexity of various developments becomes increasingly necessary.
- c) Adolescent or an Arunthathiyar in general deserves respect as a human being, beyond the barriers of caste, gender and status
- d) "Dignity of labour" and not "Caste based labour" realized and practiced by every citizen amounts to a healthy society
- e) Studies relevant to the wellbeing of the Arunthathiyar adolescents must be carried out for the individual as well as national development.

Since, Tamil Nadu in general has the largest and Coimbatore in particular has a dense population of Arunthathiyars, a good understanding of the needs and priorities of their adolescents becomes essential through close observation and research, in order to plan and implement suitable measures for their wellbeing. Therefore the present study is an eye opener to all stakeholders to make their contributions for the overall development of the community and the wellbeing of the adolescents.

Research questions

With a theoretical knowledge of the pathetic life of Arunthathiyars gained by working with some of the women activists, and compilation of the literature, the objectives of the present study led to generation of the following research questions:

1. What kind of family, community and school environment do the Arunthathiyar adolescents live in Coimbatore district ?
2. What kinds of problems are faced by adolescents related to education in Coimbatore district?
3. Do the socio-economic factors influence the academic achievement of the selected adolescents ?
4. Do the socio- economic factors influence the nutritional status of the selected adolescents
5. Do the socio-economic factors influence the mental health status of the selected adolescents?
6. What kind of perceptions do adolescents have on their socio-economic status?
7. Do the adolescent's perceptions influence their academic, nutritional and mental health status?
8. Are the adolescents aware of their problems and can they find solutions for their wellbeing?

OBJECTIVES

The objectives formulated for the study are as given below

General objective

Explore the key factors influencing the overall wellbeing of adolescents in Arunthathiyar population

Specific objectives

- Assess the socio economic and cultural profile of Arunthathiyar adolescents in the selected district.
- Characterize the personal and family profile of Arunthathiyar adolescents in the selected taluk
- Appraise the academic status and identify the determinants of academic achievement
- Understand the nutritional status and categorize its determinants
- Recognize the mental health status and trace its determinants and
- Implementation of SPSS programme and assess the efficacy of the programme

HYPOTHESIS

1. The socio-economic factors do not influence the academic achievement of the selected adolescents
2. The socio- economic factors do not influence the nutritional status of the selected adolescents
3. The socio-economic factors do not influence the mental health status of the selected adolescents
4. Academic achievement is not affected by their perception on socio-economic status

5. Nutritional status is not affected by their perception on socio-economic status
6. Mental health is not affected by their perception on socio-economic status and
7. The SPSS intervention programme does not have an impact on the well-being of adolescents.