

Caste, religion, and mental health in India

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Background

“He opened the drawer absent-mindedly, took out the weekly magazine he had bought a few days earlier and began turning the pages. He paused to look the page with a colour photograph spread – a large number of people climbing up the dome and pulling it down.

He felt a searing pain run through his body. He felt sad and humiliated, he felt like bursting into tears. He wished someone would offer him consolation – some words of solace, even if they were insincere. He recalled his daughter’s remark – ‘A brick has come to Shivcharan chacha’s house.’”

-- Husainul Haq, *Neev ki Eent* (1992)

Background

“I knew that there was something that was pulling me down each day but I couldn’t quite name it, nor did I know the fact that it was a medical condition. From my own experiences I have realised that mental health of a lower caste person is not considered important; you are often told ‘to be thick with your emotions when you are from the community’. People, including therapists, have told me that caste oppression is a brutal fact and you have to make peace with it.”

-- Divya Kandukuri, Mental health and caste, 2018

Motivation

- Contribute to the conversation about the extent and consequences of inequalities
- Marginalized groups in India constitute a large proportion of global population
- Inform theories of social disadvantage and health

Data

- WHO-SAGE (Study of Global Ageing and Adult Health) 2007-08
 - Representative for 6 states in India
 - Uttar Pradesh, Assam, Rajasthan, Maharashtra, Karnataka, West Bengal
 - Analytical sample: 10,125 respondents
 - For adults aged above 18 in these states
 - Asked self-reported mental health questions

WHO-SAGE Questions

- Overall in the last 30 days, how much of a problem did you have with feeling sad, low, or depressed?
- Overall in the last 30 days, how much of a problem did you have with worry or anxiety?
 - Options: none, mild, moderate, severe, or extreme

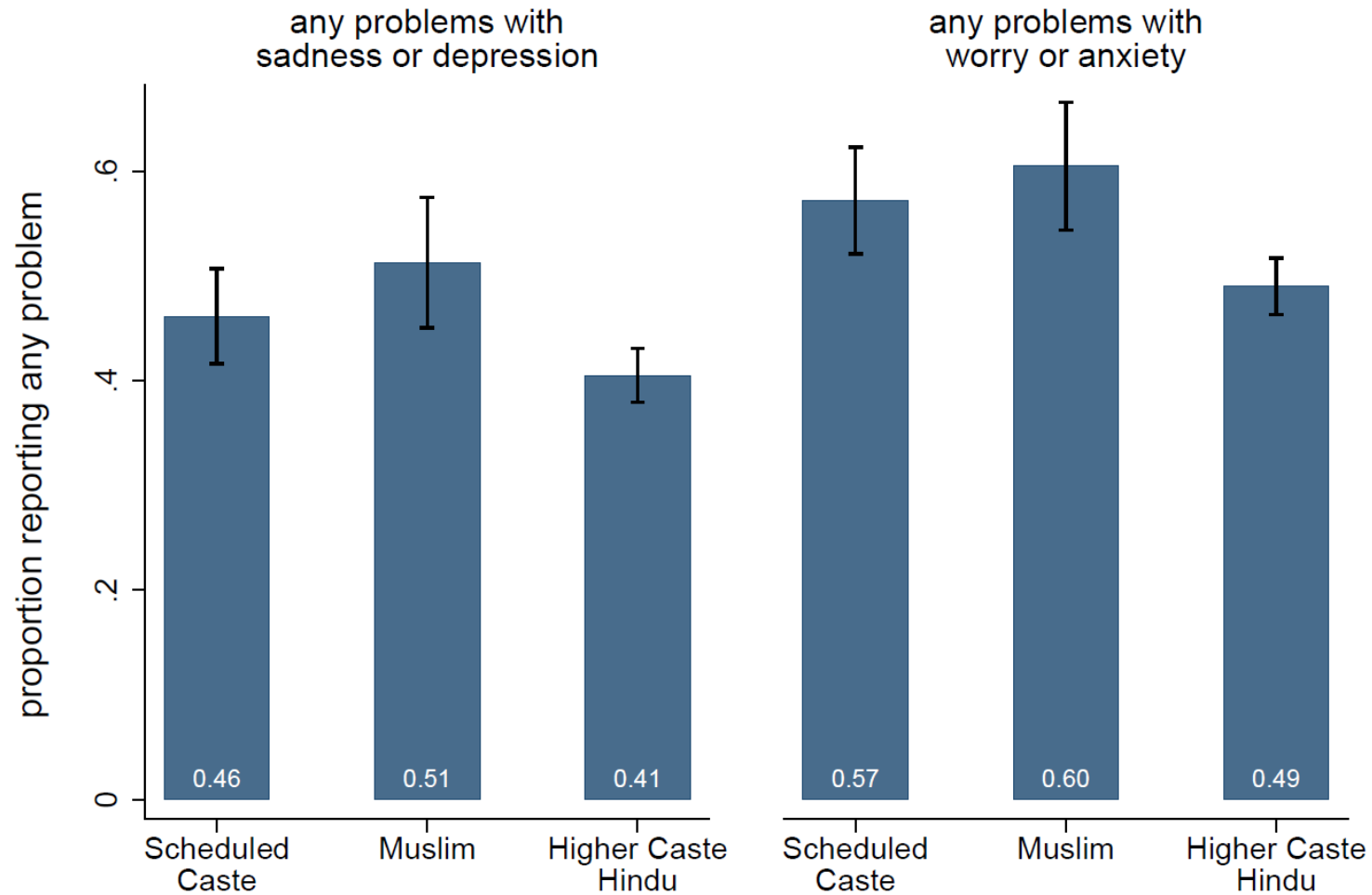
Research Questions

- Do marginalized social groups (Dalits / Muslims) have worse mental health?
 - Compared to higher-caste Hindus
 - (NB: this group includes OBCs)
- Can these differences be explained by differences in economic status?
 - NB: Cannot rule out discrimination even if health disparities are “explained”

Empirical strategy

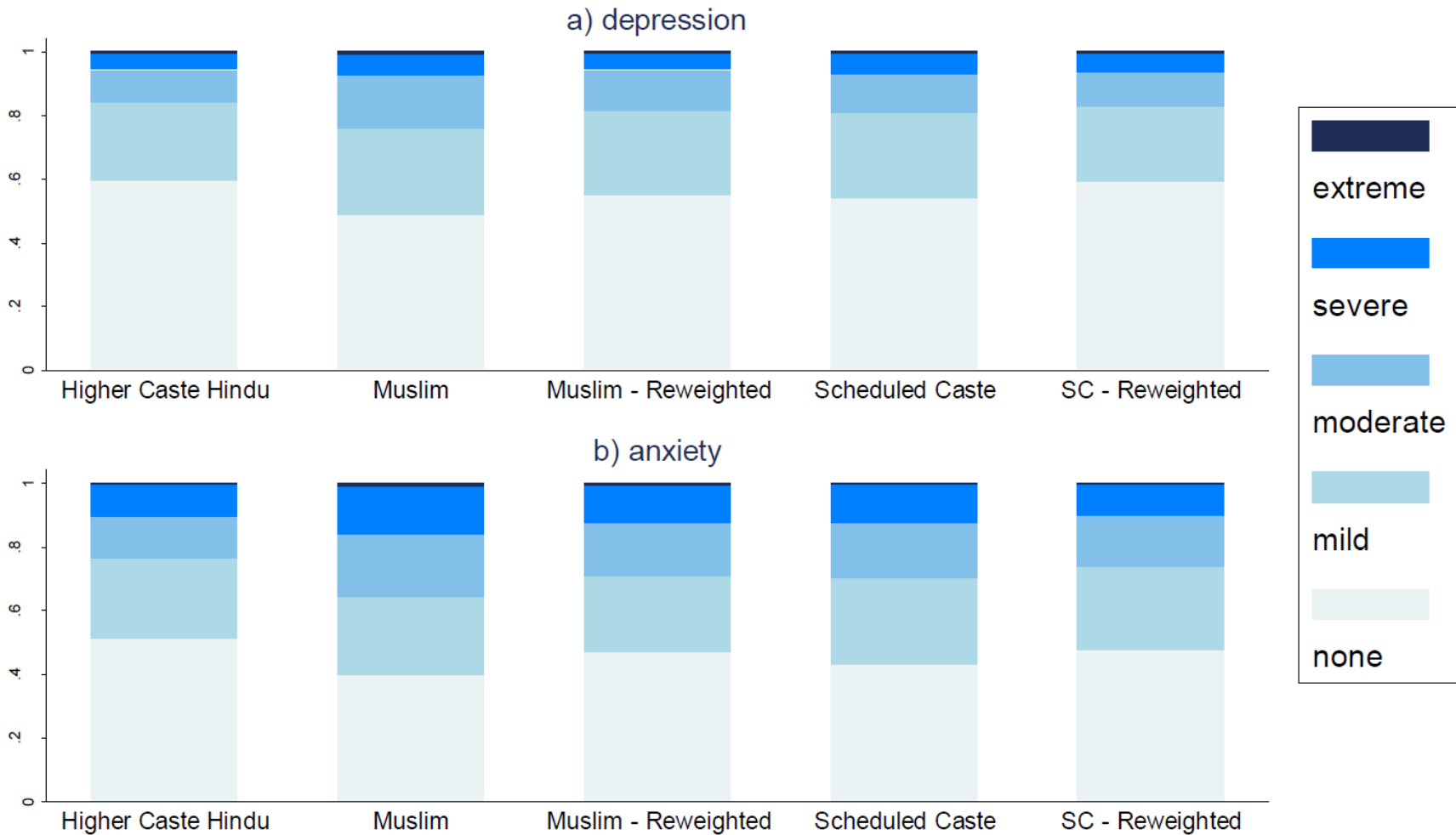
- Non-parametric reweighting standardization
 - Generate counterfactual distributions of mental health outcomes among Dalits and Muslims
 - Matches on the full distribution of SES variables, not just the means, as regression would
- Parametric ordered logit regression
 - Standard inference procedure that allow us to estimate standard errors and confidence intervals
 - We use survey weights, and cluster our standard errors at the level of the primary sampling unit

Results



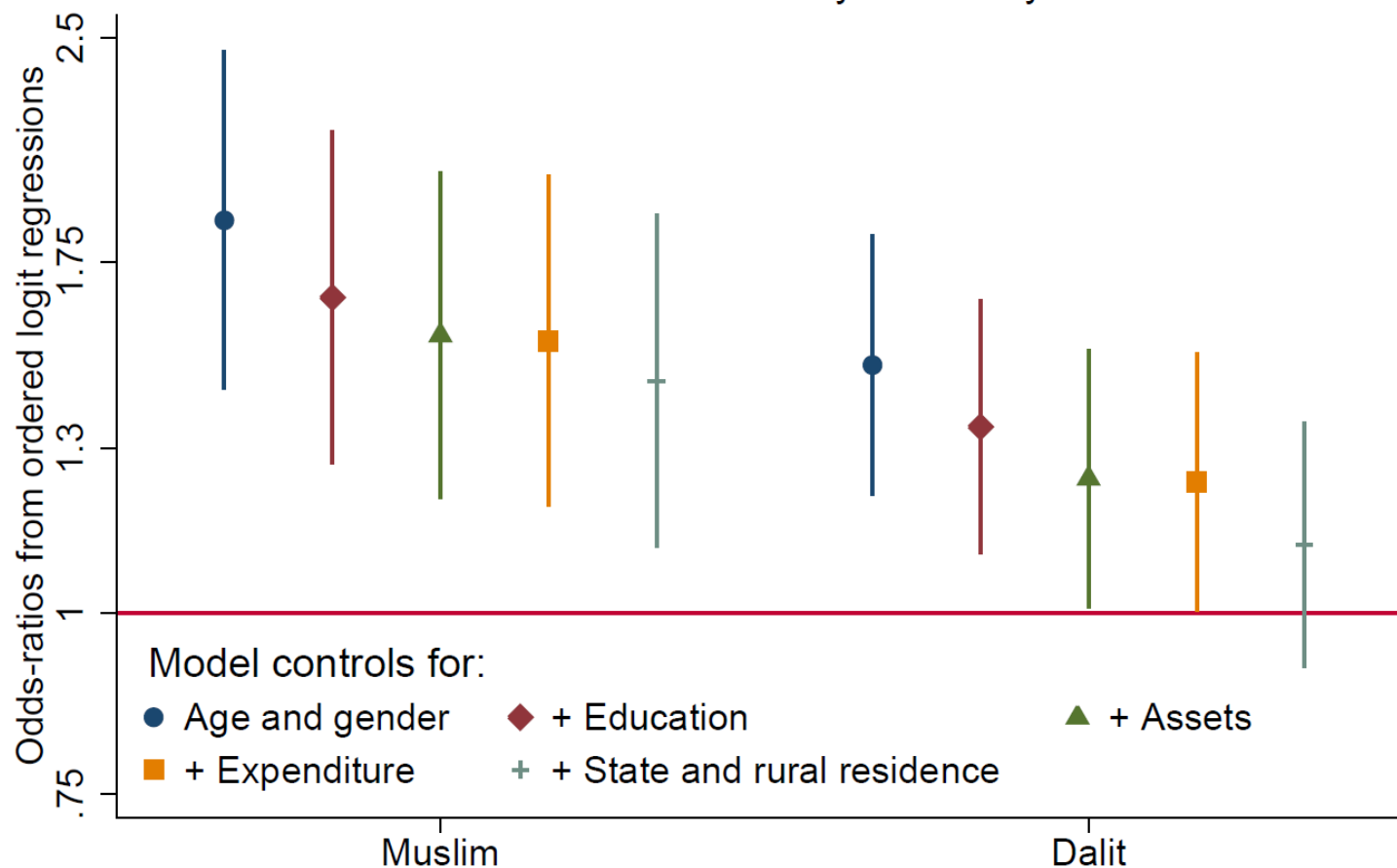
Results

Reweighted distributions of mental health measures
for Muslims, Scheduled Castes, and Higher Caste Hindus



Results

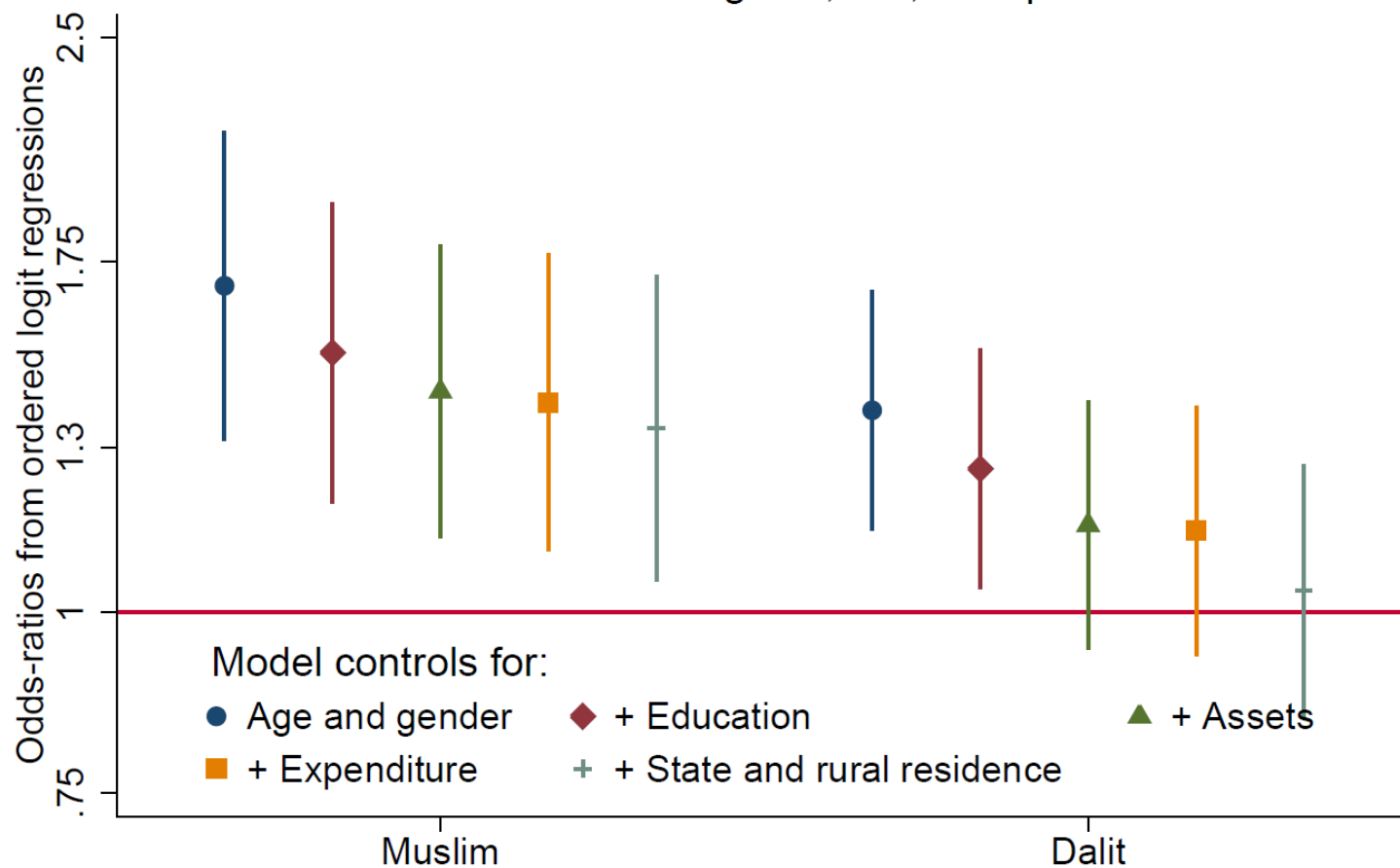
Problems with worry or anxiety



Regressions account for clustering at the level of the primary sampling unit and survey weights.
All models control for previous model's controls as well.

Results

Problems with feeling sad, low, or depressed



Regressions account for clustering at the level of the primary sampling unit and survey weights.
All models control for previous model's controls as well.

Robustness

- Similar results with other mental health measures
- Robust to controls for asset counts, years of education, and interactions
- Similar results with dichotomized outcomes and logistic regressions
- Observed in both men and women, across states

Limitations / further work

- Important to quantify
 - Disparities after excluding OBCs
 - Mental health among *Adivasis*
 - Disparities more recently, and over time
 - The role of discrimination, exploitation, and violence

Contributions

- Population-level evidence that Dalits and Muslims have worse mental health
- Point to the need for stronger stances against discrimination and violence

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ORIGINAL RESEARCH



Caste, Religion, and Mental Health in India

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Abstract

The relationship between mental health and social disadvantage in low- and middle-income countries is poorly understood. Our study contributes the first population-level analysis of mental health disparities in India, where the two marginalized groups that we study constitute a population larger than that of the USA. Applying two complementary empirical strategies to data on 10,125 adults interviewed by the World Health Organisation's Survey of Global Ageing and Adult Health (WHO-SAGE), we document and standardize gaps in self-reported mental health between the dominant social group (higher caste Hindus) and two marginalized social groups (Scheduled Castes and Muslims). We find that differences in socioeconomic status cannot fully explain the large disparities in mental health that we document, especially for Muslims. Our results highlight the need for research to understand the causes and consequences of mental health disparities in India, and for policies to move beyond redistribution and address discrimination against Scheduled Castes and Muslims.

Keywords Health disparities · Mental health · Social inequality · India · Caste · Religion

Introduction

A large, multi-disciplinary literature in social epidemiology, public health, and medical sociology has been concerned with documenting and understanding disparities in health by race, ethnicity, gender, socioeconomic status, and caste.

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