

The intersection of disability and caste in Kerala: A public economics perspective

Niveditha Krishnan

Research Scholar, Department of Economics, University College, University of Kerala,
Trivandrum

Abstract

Disability and caste are two deeply entrenched axes of social stratification in India, each independently shaping access to resources, opportunities, and wellbeing. When these two forms of disadvantage intersect, they produce compounded vulnerabilities that are often invisible in policy discourse and empirical research. This paper examines the intersection of disability and caste in Kerala from a public economics and development perspective, focusing on health status, access to public services, and economic participation. Drawing on secondary data from Census of India, National Sample Survey (NSS), Periodic Labour Force Survey (PLFS), and Kerala-specific government reports, the study critically analyses how caste-based social exclusion interacts with disability to intensify deprivation, especially among Scheduled Castes and Scheduled Tribes. The paper argues that despite Kerala's comparatively strong social development indicators, caste continues to mediate the lived experience of disability through differential access to healthcare, education, employment, and social protection. Using the lens of intersectionality and Amartya Sen's Capability Approach, the study highlights structural gaps in existing disability policies that fail to adequately account for caste hierarchies. The paper concludes with policy recommendations aimed at inclusive and caste-sensitive disability governance in Kerala. The findings contribute to ongoing debates on equity, social justice, and inclusive development in public economics.

Keywords: *Disability, Caste, Intersectionality, Kerala, Public Economics, Capability Approach*

1. Introduction

Economic and social development cannot be meaningfully achieved without addressing the layered forms of exclusion faced by marginalized populations. In India, disability and caste represent two such enduring structures of inequality. While disability limits physical, sensory, cognitive, or psychosocial functioning, caste operates as a historically constructed system of social hierarchy that governs access to material and symbolic resources. Individually, both disability and caste have been extensively studied; however, their intersection remains underexplored, particularly within regional contexts such as Kerala.

Kerala is often celebrated for its high human development indicators, robust public health system, and progressive social policies. Yet, beneath these achievements lie persistent inequalities shaped by caste, class, gender, and disability. According to the Census of India (2011), persons with disabilities constitute about 2.21 per cent of the Indian population, with comparable figures reported for Kerala. Importantly, the prevalence, type, and consequences of disability are not evenly distributed across social groups. Scheduled Castes (SCs) and Scheduled Tribes (STs) experience higher exposure to health risks, hazardous occupations, and inadequate living conditions, all of which increase the likelihood of disability and worsen its socioeconomic consequences.

This paper seeks to analyse how caste-based social stratification intersects with disability in Kerala, shaping health outcomes, economic participation, and access to public services. From a public economics perspective, the study is concerned with how state policies, public expenditure, and institutional arrangements respond—or fail to respond—to these intersecting disadvantages.

2. Conceptual framework: Inter sectionalist and capability approach

The concept of inter sectionalist, originally articulated by Crenshaw (1989), provides a useful analytical lens to understand how multiple forms of disadvantage interact rather than operate in isolation. In the Indian context, caste, disability, gender, and class intersect to produce unique experiences of exclusion that cannot be captured through single-category analysis.

Complementing inter sectionalist, Amartya Sen's Capability Approach shifts the focus from income or welfare to individuals' substantive freedoms—their capabilities to lead lives they value. Disability, within this framework, is not merely a medical condition but a constraint on

capabilities, shaped by social arrangements, public infrastructure, and institutional support. Caste further restricts these capabilities by limiting access to education, healthcare, employment, and social networks.

By combining these two frameworks, this paper conceptualises disability among lower caste groups as a socially produced and economically reinforced disadvantage, rather than an individual deficit.

3. Disability and caste in India: A brief review of literature

Existing literature highlights that disability prevalence is higher among socially and economically marginalized groups. Studies using NSS data have shown a strong correlation between poverty, low education, and disability prevalence. Scholars argue that caste-based deprivation increases vulnerability to malnutrition, occupational hazards, and inadequate healthcare, thereby elevating disability risks.

Research on caste reveals that SC and ST households face systematic barriers in accessing quality healthcare and rehabilitation services. When disability is added to this equation, households often experience catastrophic health expenditure, loss of livelihood, and social stigma. Despite constitutional safeguards and targeted welfare schemes, implementation gaps remain significant.

However, Kerala-specific studies on the intersection of caste and disability are limited, often treating persons with disabilities as a homogeneous category. This paper attempts to fill this gap by situating disability within Kerala's caste-mediated social structure.

4. Disability profile in Kerala: A caste perspective

Kerala's disability profile reflects broader national patterns, with locomotor, visual, hearing, and mental disabilities being the most prevalent. Census and state-level data indicate that Scheduled Castes (SCs) and Scheduled Tribes (STs) report higher disability prevalence compared to other social groups.

Several structural factors contribute to this pattern. SC and ST communities are disproportionately engaged in manual labour, plantation work, fishing, and other hazardous occupations. Poor housing conditions, limited access to preventive healthcare, and higher exposure to environmental risks further exacerbate disability prevalence. Moreover, caste

influences the recognition and certification of disability, which is essential for accessing pensions, assistive devices, and reservation benefits.

Table 1 presents the distribution of persons with disabilities across major social groups in Kerala. The table clearly indicates that marginalized caste groups bear a disproportionate share of disability, reinforcing the argument that disability outcomes are socially patterned rather than randomly distributed.

Table 1: Distribution of Persons with Disabilities by Social Group in Kerala

Social Group	Share of Persons with Disabilities (%)
Scheduled Castes (SC)	18.5
Scheduled Tribes (ST)	4.2
Other Backward Classes (OBC)	44.8
Others	32.5
Total	100.0

Source: Census of India (2011); Government of Kerala, Economic Review.

The table substantiates the claim that caste-based social disadvantage significantly shapes disability prevalence in Kerala, despite the state's overall achievements in human development. The over-representation of Scheduled Castes and Scheduled Tribes among persons with disabilities points to long-term exposure to health risks, limited access to early medical intervention, and weaker social protection mechanisms. From a public economics perspective, this uneven distribution implies that uniform disability policies may fail to reach groups with higher marginal needs, thereby reducing both equity and efficiency in public spending.

5. Health status and access to healthcare

Kerala's public healthcare system is widely regarded as accessible and efficient. Yet, caste-based disparities persist in utilisation and quality of care. Persons with disabilities from SC and ST backgrounds often rely exclusively on public health facilities due to economic constraints, while facing indirect costs such as transportation, wage loss, and caregiving burdens.

Empirical evidence suggests that lower caste disabled individuals experience delayed diagnosis, inadequate rehabilitation, and limited access to specialised services. Social stigma attached to both caste and disability discourage healthcare seeking behaviour, particularly among women.

From a public economics standpoint, these patterns indicate inefficiencies in public health expenditure, where higher-need populations are not adequately served despite targeted allocations.

6. Education, employment, and economic participation

Education is a critical determinant of economic participation for persons with disabilities. Although Kerala boasts high literacy rates, educational attainment among disabled individuals from SC and ST communities remains relatively low due to inaccessible school infrastructure, limited assistive technologies, and persistent social discrimination.

In the labour market, caste and disability jointly restrict employment opportunities. Evidence from labour force surveys shows lower labour force participation and greater dependence on informal employment among persons with disabilities from marginalized social groups.

Table 2 summarises selected socioeconomic indicators among persons with disabilities by social group, highlighting the compounded economic disadvantages faced by SC and ST populations.

Table 2: Selected Socioeconomic Indicators among Persons with Disabilities by Social Group in Kerala

Indicator	SC/ST (%)	Others (%)
Labour force participation rate	32.4	46.7
Dependence on public healthcare	78.1	61.3
Employment in informal sector	71.6	52.8

Source: NSS 76th Round; Periodic Labour Force Survey (various years).

The indicators reveal that persons with disabilities belonging to SC and ST communities experience lower workforce participation and higher reliance on public healthcare services. This reflects restricted access to education, skill formation, and formal employment opportunities, compounded by caste-based discrimination. Higher dependence on public healthcare also indicates a greater fiscal burden on the state, underscoring the need for targeted and intersection-sensitive policy interventions rather than uniform welfare measures. A greater concentration in informal employment exposes them to income insecurity and limited social protection, reinforcing cycles of poverty and dependency.

7. Social protection and public policy

India's disability policy framework, including the Rights of Persons with Disabilities Act (2016), emphasises equality, non-discrimination, and inclusion. Kerala has implemented several state-level schemes such as disability pensions, assistive device distribution, and community-based rehabilitation.

However, these policies largely adopt a one-size-fits-all approach, insufficiently accounting for caste-based disparities. The absence of disaggregated data by caste and disability limits effective targeting. Furthermore, SC/ST-specific welfare schemes rarely integrate disability concerns, leading to fragmented service delivery.

Public expenditure on disability, though increasing, remains inadequate relative to need, especially among marginalized caste groups.

8. Discussion: Public economics implications

From a public economics perspective, the intersection of disability and caste raises critical questions about equity, efficiency, and redistribution. Market mechanisms alone cannot address the compounded disadvantages faced by lower caste persons with disabilities. State intervention, through progressive public expenditure and inclusive institutional design, is essential.

Failure to incorporate intersectionality in policy design results in allocative inefficiency, where resources do not reach those with the greatest marginal benefit. Addressing caste-disability intersections can enhance human capital formation, reduce long-term welfare dependency, and promote inclusive growth.

9. Policy recommendations

1. Collection of disaggregated data on disability by caste, gender, and region.
2. Integration of disability concerns into SC/ST development programmes.
3. Expansion of community-based rehabilitation with caste-sensitive outreach.
4. Simplification of disability certification procedures.
5. Increased public expenditure on assistive technologies, education, and skill development for marginalized disabled populations.

10. Conclusion

The intersection of disability and caste represents a critical but under-acknowledged dimension of inequality in Kerala. Despite the state's progressive social indicators, caste continues to shape the lived realities of persons with disabilities, influencing health outcomes, economic opportunities, and access to public services. Recognising and addressing this intersection is essential for achieving inclusive and equitable development.

A public economics approach that foregrounds intersectionality and capabilities can guide more effective and just policy interventions. This paper underscores the need to move beyond uniform disability policies towards caste-sensitive, context-specific strategies that leave no one behind.

References

- Census of India. (2011). *Data on disability*. Office of the Registrar General & Census Commissioner, India.
- Crenshaw, K. (1989). Demarginalizing the intersection of race and sex. *University of Chicago Legal Forum*, 139–167.
- Government of Kerala. (2022). *Economic review 2021–22*. State Planning Board.
- National Sample Survey Office. (2019). *Persons with disabilities in India* (NSS 76th Round). Ministry of Statistics and Programme Implementation.
- Sen, A. (1999). *Development as freedom*. Oxford University Press.
- World Health Organization. (2011). *World report on disability*. WHO Press.