

Breaking Chains and Healing Lives: A Study of Dalit Women's Health through Baby Kamble's *The Prisons We Broke*

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Abstract

This research delves into the repercussions of colonialism on women's health and caste dynamics in India, focusing on Dalit women's experiences within the penitentiary system, as depicted in Baby Kamble's memoir *The Prisons We Broke*. Applying an intersectional approach and critical health theory, the study seeks to examine the interplay between caste, gender, and additional factors such as the socio-economic background in shaping the health and well-being of incarcerated Dalit women. The literature discussed highlights the repulsive conditions and scarcity of resources these women encountered during pregnancy and other feminine health conditions. By probing the intersections of caste, gender, and socio-economic determinants within the prison environment, this article amplifies the often-muted voices of Dalit women. Through a meticulous analysis of Kamble's literary work, we contribute to the appreciation of the resilient human spirit. It advocates for a more equitable society encompassing both men and women.

Keywords: healthcare, autobiography, intersectional, gender discrimination, Dalit women

Introduction

India is a complex and multicultural society that contains a diverse number of people belonging to different ideologies, beliefs, and cultures. This can be observed in different dimensions like caste, religion, culture, region, gender, language, and class. This kind of division is quite common in other parts of the world as well, where people are often divided and differentiated from each other based on different parameters and are put into different nomenclatures. This issue arises when these constraints dictate every aspect of an individual's life. The caste system divided people based on their birth, forcing some into a life of subjugation. People were divided into four Varnas: Brahmins, Kshatriyas, Vaishyas, and Shudras. These were hierarchical, airtight compartments with no possibility of social progress for the lower classes. The Untouchables (Dalits/ Harijans) were unable to access temples, streets, wells, or toilets; they were obliged to stay in restricted areas and were chastised, beaten, and killed if they broke these rules.¹

Untouchability has plagued Mahar since childhood. Its impact will contaminate all social groups:

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¹Arjun Dangle, *Poisoned Bread: Translations from Modern Marathi Dalit Literature* (Hyderabad: Orient BlackSwan, 2009), p. xxi.

the lady of the house would go to the village shop. Standing in the courtyard, keeping a distance from the shopkeeper, she would pull her Pallav over her face and then, using the most reverential and polite terms of address, she would beg him with utmost humility to sell her the things she wanted. ‘Appasab, could you please give this despicable Mahar woman some shikakai for one paisa and half a shell of dry coconut with black skin?’... Chabu hey you can’t you see the dirty Mahar woman standing there? Do not you touch her? Keep your distance. ‘Immediately our Mahar woman gathering her rags around her tightly so as not to pollute the child, Take care little master! Please keep distance. Don’t come too close. You might touch me and get polluted.’²

They were forced to survive on the leftover crumbs given to them by the upper caste with no hope of emancipation. Their existence was limited to that of subhuman or dehumanised individuals, and they were segregated from mainstream culture, and forced to live a life of great agony and pain. Apart from caste, the other major division that lies in Indian contemporary society happens to be the division based on gender. India is a male-dominated society and has been this way for millennia. The persistence of the patriarchal system has subjugated women for far too long and is still a primary cause of women’s suffering across the nation. According to the Indian patriarchal setup, women are considered an inferior gender, categorised as second to men. They are bound by notions of femininity and religion, and are considered to be mere tools at the disposal of men. All these ideas are products of the patriarchal system, which expects women to behave in a way that is appealing to men. The concept of ideal women is used to suppress and hinder growth. Women are falsely portrayed as weak, emotional beings better suited to the household, and their intellectual capability is disregarded and ignored. Crimes against women such as domestic violence, female feticide, child marriages, miscarriages, and rapes all have to some extent, the influence of patriarchy. Hence, women are forced to live a life of suppression, inferiority, and societal pressure.

‘Dalitness’ is a method for accomplishing a sense of social identity. It is all about valuing one another’s capabilities. Dalit authors have uncovered the barbarities and biases of society against them. Dr B. R. Ambedkar was the first to start the fight against this caste system. According to Ambedkar, it is not appropriate to say that the ranks or the caste system were made by God. Many researchers were enticed to credit the beginning of this rank system to the sage Manu because the *Laws of Manu*, a strict text, legitimised the caste system. Remarking on this view, Ambedkar said that even before Manu, the castes had existed. He understood that it is better not to combine the caste system with religion to improve the condition of the rank system. He writes:

Preaching did not make the caste system, nor will it unmake it...While the four castes – Brahmins, Kshatriyas, Vaishya’s, and Shudras – came to be developed following particular conditions, the caste system and later the class system were given religious sanction in the Hindu texts which were written by the Brahmins.³

² Baby Kamble, *The Prisons We Broke* (Hyderabad: Orient BlackSwan, 2008), p.14.

³ Dangle, *Poisoned Bread: Translations from Modern Marathi Dalit Literature*, p. xx.

The text accentuated that it was the god who made the class system, not man. “The Brahmins spread the theory that they themselves were born from the mouth of Brahma, the Kshatriyas from his shoulders, the Vaishyas from his thighs and the Shudras from his feet.”⁴

Consequently, the most powerful caste was the Brahmins; then the Kshatriyas and so on. The political, social, monetary, and strict limitations were set in the Brahmins’ religious texts that were enforced by rulers. Hence, following the obligations allocated to a rank in the texts became a commitment of religiosity as well as compliance with an imperial request. In other words, “Religion and the state joined hands and bound the lowest class, namely the Shudras, into cultural and social slavery and larger into untouchability.”⁵

Suppression of Dalit Women

In the case of Dalit women, however, the situation becomes even worse. The lives of Dalit women are doubly marginalised. Firstly, based on their caste and then based on their gender. They are suppressed and ostracised by the upper caste for being born into an inferior caste, then by their people and others for being a weaker gender according to patriarchy. Abuse and oppression of Dalit women in India have been the focal issue in all kinds of Dalit writings, such as Dalit poetry, drama, novels, and autobiography. Torment, sorrow, disappointment, embarrassment, and rebellion are normal topics in Dalit literature. Dalit literature acquaints individuals with the caste-based social hierarchy prevalent in India, shedding light on its ramifications such as untouchability, the distressing nature of this system, and the systematic victimisation it perpetuates. Therefore, it can be said that: “Dalit is not a caste but a realization and is related to the experiences, joys, sorrows, and struggles of those in the lowest stratum of society.”⁶

Autobiography emerged as a primary medium for Dalit writers during the 1970s for the expression of Dalit consciousness. It provided the writers with the opportunity to write their own experiences and memories and store them in a documentary form. It gave firsthand insight to readers of their personal experiences and struggles in their own words through their own perspectives. These writings were produced due to the arrival of the first generation educated class of Dalits in the Indian literary landscape. The writers belonging to this generation wanted to portray their own experiences, presenting their world, which was filled by exploitation and marginalisation of multiple kinds. The majority of Dalit writers select ‘memoir’ as a primary medium for expressing their feelings and experiences. They narrated the hardships of the lives of Dalit women with honesty and true-to-life experiences in memoirs. The heartbreaking and authoritative depiction of women characters who experience the harsh healthcare, socioeconomic, educational, and cultural situations prevalent in those days makes the Dalit women’s autobiographies special. However, gender prejudice and women’s inequality are vital issues everywhere in the memoirs of both male and female Dalit writers. The memoir of the Dalit women provides a firsthand insight

⁴ Dangle, *Poisoned Bread: Translations from Modern Marathi Dalit Literature*, p. xx.

⁵ Dangle, *Poisoned Bread: Translations from Modern Marathi Dalit Literature*, p. lii.

⁶ Dangle, *Poisoned Bread: Translations from Modern Marathi Dalit Literature*, p. lii.

into their lives and uncovers how they were marginalised and segregated from the mainstream of society. Dalit women writers like Baby Kamble, Bama, Yashica Dutt, and others shone light on the pathetic economic and social conditions of Dalit women in their respective writings, not just due to the cruelty of caste and patriarchy but also due to the unhygienic surroundings in which they live. They wanted to depict Dalit women as they had seen them, facing the struggles of life.

A Theoretical Framework

Critical theory incorporates scientific traditions that promote objectivity and subjectivity to make the social construction of healthcare more appropriate, effective, and comprehensive. Critical views in healthcare convert the system into an integrated multidisciplinary model that provides more complete patient care and emancipates societal changes at all three levels.

Kimberlé Crenshaw coined the term intersectionality in 1989. Intersectionality refers to the ways that various social identities, such as gender, sexual orientation, race, and class interact to produce individual instances of oppression and discrimination.⁷ Sharmila Rege's work has influenced the growth of intersectionality theory in India. Rege's intersectional theory explains how gender, caste, class, and race intersect to affect individual's lives. Rege's intersectionality theory provides a framework for comprehending how various social identities, including gender, caste, class, and race, overlap and interact with one another to influence individual's lives. Rege is an Indian feminist sociologist, known for her research on the lives of Dalit women. Her writings are useful in analyzing the hardships faced by Dalit women in India and how caste and gender interact to influence these struggles. She claimed that when examining social disparity, it is not sufficient to concentrate exclusively on one component of identity, such as gender, as doing so can obscure the ways in which other identities as well as class or caste, also play a role in an individual's experiences with oppression and marginalization. For instance, discrimination against Dalit women in India may be based on their caste as well as their gender, which might worsen current health disparities. Rege stated that by taking on an intersectional perspective, one might better comprehend the intricate ways in which many oppressions overlap and influence one another to shape individuals' lives, and also to create more potent plans for combating social inequality and advancing social justice.⁸

The health and hygiene of Dalit women is the most significant issue that society neglects, and the situation continues to grow worse today. Rege's work continues to be a crucial foundation for comprehending and eliminating social inequality. It has had a considerable influence on feminist action and study in India and elsewhere. Her primary focus lies in highlighting how important it is to prioritise the perspectives and lived realities of marginalised communities. This approach is valuable in analysing the ways in which Baby Kamble's work both challenges and amplifies the viewpoints of Dalit women, while also challenging popular societal notions of

⁷ Kimberlé Crenshaw, "Mapping the Margins: Intersectionality, Identity Politics and Violence against Women of Color," *Stanford Law Review*, vol. 43, no. 6 (1991), pp. 1241-1299.

⁸ Sharmila Rege, *Writing Caste/ Writing Gender: Narrating Dalit Women's Testimonies* (Delhi: Zubaan India, 2006).

women in India. As Rege's work suggests, intersectionality is essential for comprehending the reality of marginalised populations. This approach examines how both gender and caste in combination influence Dalit women's encounters with miserable health facilities, and how all these aspects worsened the life of Dalit women in terms of both their mental and physical health.

Baby Kamble, *The Prisons We Broke*

Baby Kamble's *Jina Amucha*, translated as *The Prisons We Broke* (1986), was the first effective attempt by a Mahar woman to pen an autobiography about her life. It is crucial to consider the struggles of women's characters in dealing with poverty, caste oppression, and poor medical care. This text revolves around the plight she faced as a Mahar belonging to the Maharashtra region at the hands of the upper caste. She stands for her community and argues, "Anyway, for me, the suffering of my community has always been more important than my own suffering. I have identified myself completely with my people. And therefore, *Jina Amucha* was the autobiography of my entire community."⁹ She uses her life as a source to bring out the crude and unrefined representations of Dalit life to show the extent of damage that was inflicted by caste hegemony. The work can also be viewed as a testimony that carries the experiences of her life and the brutality of caste. It features the orthodox practices of the upper castes, the dehumanization of the Dalits, the condition of women, and also the role of religion. Her primary focus, however, stays on the treatment of Dalit women who are twice marginalised, both on account of gender and caste and how badly they were treated at the time of their menstruation, before and after post-partum and several other health issues they faced only because of their caste and gender.

Dalit Women's Health in *The Prisons We Broke*

Kamble talks about several illnesses that Dalit women in India frequently suffer from: endometriosis, menstrual hygiene, miscarriages, poor nutrition, and many other infectious disorders. She also investigates how caste-based prejudice affects Dalit women's health, such as how they frequently lack access to health services or receive poor care by medical professionals because of their low social standing. Kamble also emphasises how Dalit women may have poor health outcomes because of poverty and illiteracy, since they may lack the tools or knowledge required to maintain good health.

She explains how the denial of access to essential healthcare treatments to Dalit women can have terrible health repercussions. For instance, many Dalit women are anaemic, which can result in a lot of other health issues. Additionally, Kamble adds that due to a lack of access to sanitary facilities and clean water, Dalit communities are particularly vulnerable to infectious diseases like tuberculosis.¹⁰ This work gives a first-hand experience into the lives of Dalits and

⁹ Kamble, *The Prisons We Broke*, p. 157.

¹⁰ Shazia Nigar, "India's Dalit women lack access to healthcare and die young," *Asia Times*, 15 June (2018). At: <https://asiatimes.com/2018/06/indias-dalit-women-lack-access-to-healthcare-and-die-young/>.

brings out the realistic and unrefined experiences of their life. It offers an accurate description of women's lives, and motivates individuals to understand the position of women in a Dalit community. In the context of Indian society, menstruation is commonly perceived as a social and cultural taboo. The absence of awareness and limited social support contribute to the development of worry and panic. Her focus is on Dalit women, who are double marginalised due to gender and caste, and how they were treated during menstruation, before and after giving birth. When the mother-in-law gets her monthly cycle started, she spends the whole day by the river, and then all household chores are done by the daughter-in-law, but; "when the daughter-in-law got her menstrual period for the first time, Sasu would become terribly agitated and keep a close watch on her daughter-in-law and her son. She would watch them with the eyes of a hawk, and would not let them even glance at each other."¹¹ The mother-in-law had a constant fear that her son would start to fall for his wife, and was extremely envious of her youthfulness. Kamble raises the question of women thoroughly, by pointing out how they suffer at the hands of the upper caste, and then in their own households. She reveals instances, such as how the mother-in-law beats her daughter-in-law, after marriage, so to save her life the daughter-in-law has to beg in front of the upper caste community.

Kamble describes how denying access to critical healthcare due to their caste can harm health. This work presents a firsthand account of Dalit existence and its rawness. It is important not only for its descriptions but also for revealing women's unexplored emotions. It accurately describes Dalit women's lives and inspires understanding. Some of them have never availed themselves of sanitary pads throughout their lifetime due to two primary reasons, the exorbitant expense associated with their acquisition and the lack of accessibility to these products. In turn, they only choose to utilise aged and deteriorated fabric during their menstrual cycles. In September 2021, the World Health Organisation has prioritised the awareness and adoption of menstruation health and cleanliness as a matter of global public health agenda. Significant efforts have been undertaken by the World Health Organisation and the UN Special Programme on Human Reproduction to prioritise the inclusion of menstruation within global health discourse. Health is not just the absence of illness, but rather is a whole condition of physical, mental, and social well-being.¹²

According to Sharmila Rege, Dalit women are subjugated differently from upper-caste women and Dalit men.¹³ Rege claims caste, gender, and class identities cause Dalit women's subjugation. In her study, she stated that oppression is caused by several social identities. Dalit women endured oppression differently than upper-caste and Dalit men. Kamble supports Rege's claim with her text, in which she said, "Our women offer their entire lives to the service of Mother Earth. But when they themselves become mothers, what do they get? After having given birth to their children, they have to tie up their bellies and lie down helplessly."¹⁴ Back then, there was no food in the house, not even rice water to satisfy the new mother's needs. A terrible void remains

¹¹ Kamble, *The Prisons We Broke*, p. 95.

¹² World Health Organization, "WHO statement on menstrual health and rights," 22 June (2022). At: <https://www.who.int/news/item/22-06-2022-who-statement-on-menstrual-health-and-rights#:~:text=Secondly%2C%20to%20recognize%20that%20menstrual,study%20and%20work%20in%20an>.

¹³ Sharmila Rege, "Dalit Women Talk Differently: A Critique of Difference and Towards a Dalit Feminist Standpoint Position", *Economic and Political Weekly*, vol. 33, no. 44 (1998).

¹⁴ Kamble, *The Prisons We Broke*, p. 57.

inside the new mother after the baby is born. After giving birth, the woman needed soft, light meals for her stomach. But where would Mahars get such food? The poor woman would simply wrap up her stomach and lie down on rags, her body filled with aches and pains while the hunger residing within chewed at her.

Discrimination, inequality, a poor background, and a lack of knowledge are just a few of the challenges Dalit women in India face while trying to get high-quality medical treatment. As a result, they have much lower health outcomes than women from other social classes. The National Commission for Women (NCW) is a government organisation in India that was established on 31 January 1992, to safeguard women's rights. Since 2005, the NCW has conducted annual research to evaluate the state of maternal wellness among Dalit women in India. According to the study done by the National Commission for Women, it was revealed that Dalit women had a higher risk of dying in between or after childbirth than women who belong to other social classes. In addition, they are more prone to anemia, malnutrition, and other medical conditions. Rege's work serves as a significant instance of intersectionality being applied to enhance marginalised populations' health. One can better comprehend the problems these groups experience and create more successful policies to solve them by knowing how various social identities connect. She has used the concept of intersectionality in so many ways to help Dalit women's health. Her studies on the well-being of Dalit women have contributed to a greater understanding of the difficulties they experience. She has collaborated with policymakers to create initiatives and regulations that accommodate the health requirements of Dalit women. She has instructed medical staff on how to treat Dalit women with cultural sensitivity. She also stated, "Dalit women's experiences of caste oppression are different from those of upper-caste women. They are subjected to both caste and gender-based discrimination, which makes their lives even more difficult."¹⁵

This survey also revealed that Dalit women lack access to medical services. They are more likely to give birth on their own, and without an experienced midwife's supervision, they have a lower probability of getting prenatal or postnatal attention. Most of the Dalit women live in rural areas, which frequently lack or have inadequate healthcare facilities. They come from a poor background, which might make it challenging for them to pay for medical treatments. They frequently experience societal discrimination from medical professionals, who might choose not to treat them or give them poor care. Due to this, they seek help from inexperienced midwives for their delivery, which harms them physically. As one can see from this quote of Kamble, "The ignorant midwives would keep thrusting their hands into the poor girl's vagina to see how far the baby had progressed. Invariably, the vagina would get swollen, obstructing the baby's path."¹⁶

They are more likely to have poor reproductive and sexual health consequences due to early marriage, pregnancy during teenage years, unprotected abortions, and STDs. These consequences are frequently the result of several factors, such as illiteracy, poverty, and societal stigma. For instance, marriage at a young age is more frequent among Dalit females, which can result in teenage pregnancies and deliveries. They are at a greater risk of experiencing obstacles to

¹⁵ Rege, *Writing Caste/Writing Gender*, p. 10.

¹⁶ Kamble, *The Prisons We Broke*, p. 9

education that can make it challenging for them to understand their bodies to make wise choices regarding their reproductive and sexual health. Rege's intersectional approach is used by Human Rights Law Networks to improve Dalit women's health. The Indian government has unveiled a series of initiatives meant to improve the health of Dalit women. One of these initiatives is the Janani Suraksha Yojana (JSY), which offers pregnant women free prenatal treatment and birthing services. They take these initiatives for the benefit of Dalit women, started campaigns to offer legal assistance and counselling to those who have been victims of any kind of violence, and also working to increase public awareness regarding the health problems Dalit women confront.

A woman who belongs to the middle-class is only oppressed by men, and she has access to education, healthcare services, and many more facilities that a Dalit woman does not have on a normal basis. Due to poverty, Dalit women have no right to go to school because of their financial conditions. Whenever they get sick, instead of going to the hospital, they follow their traditional ways to heal themselves, which are sometimes proven to be hazardous to their health. Poverty and lack of education are two of many reasons that play a significant role in the health of a Dalit woman. Feminist waves come and go, but no one cares for them, not even those who need their support. This can be justified with the help of Rege's quote,

The dominant feminist movement in India has failed to adequately address the needs of Dalit women. This is because the movement has been largely middle-class and upper-caste, and it has not taken into account the ways in which caste intersects with gender to create unique forms of oppression for Dalit women.¹⁷

Instead of speaking for their rights, Kamble demonstrates how mothers-in-law function as exploitative agents, inciting their sons to use violence against their wives. They behave horribly towards their daughters-in-law, rather than supporting them when they are suffering post-partum trauma and other medical difficulties. Kamble explains:

The other world had bound us with chains of slavery. But we too were human beings. And we too desired to dominate, to wield power. But who would let us do that? So, we made our own arrangements to find slaves-our very own daughters-in-law! If nobody else, then we could at least enslave them.¹⁸

Rege states that violence, particularly sexual violence, is more prevalent among Dalit women, which can be harmful to their physical and emotional health. The mother-in-law has a significant impact on her son's marriage. She has a constant fear that her son would begin to love his wife. Rege raises the question of how women suffer at the hands of the upper caste and then in their own homes. She reveals instances such as how the mother-in-law beats her daughter-in-law after marriage: "When the cock crowed at three in the morning, the Sasu would make her, dragging her

¹⁷ Rege, *Writing Caste/Writing Gender: Narrating Dalit Women's Testimonies*, p. 40.

¹⁸ Kamble, *The Prisons We Broke*, p. 87.

by her hair.”¹⁹ The bond between husband and wife is very restrictive and authoritarian. The men may have their wives’ noses cut off and their legs set with an iron rod in a large piece of heavy wood at the command of their mothers. These kinds of traditions are particularly common among the Mahars. Domestic abuse is widespread.

Husbands, flogging their wives as if they were beasts, would do so until the sticks broke with the effort. The heads of these women would break open, their backbones would be crushed, and some would collapse unconscious.²⁰

And after this, nothing new happens; without any treatment, women all must wake up and do all the household chores again without any complaints, because if they do so, they will get the same treatment from their husbands again. Their condition is even worse at the time of their delivery. Inside their bodies after the delivery, there would be multiple cuts and wounds that swell with terrible suffering. Blood continues to flow in the absence of cotton pads. “The girl would be fortunate if her family could find even some dirty rags for her. This was the level of their poverty.”²¹ All this happens due to illiteracy and poverty. These poor women are not aware that using dirty clothes causes several types of urinary tract infections, which in the future may convert into cancer. But we cannot only blame them; society forced them to do all this. Rege states, “Dalit women are more likely to experience poverty, malnutrition, illiteracy, and violence than other women in India. They are also more likely to die in childbirth.”²² The traditional ways of healing after pregnancy harm them to a large extent. Dalit women doubly face discrimination and their belief in their traditional ways of healing after pregnancy extremely harms them. Both the parents of a new mother doing their best to provide calm to their daughter after her delivery. For her bath, the mother would heat a few gallons of water while the father digs a hole in an isolated corner of the hut. They live in miserable conditions, and nobody advises them about using soap.

They would massage her as well, but of course, without any oil. This went on till she started sweating profusely. Then they would spread dry paddy upon the floor. That would be her bed for the next twelve days. She was made to lie naked upon it, her sari spread over her as a cover... Women would spit on their palms and clean the baby’s face with the saliva... After that, they gave bath to the baby until it was fully tired; both water and fuel were free of charge, anyway! So, there might even be two baths a day.²³

Conclusion

Research emphasises the significance of hearing Dalit women’s voices, which are frequently silenced, and fighting for their liberties and well-being. It stresses the need for a fairer society that tackles the multiple forms of oppression experienced by marginalised people. By recognising the

¹⁹ Kamble, *The Prisons We Broke*, p. 94.

²⁰ Kamble, *The Prisons We Broke*, p. 98.

²¹ Kamble, *The Prisons We Broke*, p. 59.

²² Rege, *Writing Caste/Writing Gender*, p. 39.

²³ Kamble, *The Prisons We Broke*, p. 59.

struggles and challenges of Dalit women, society may attempt to end the caste system and gender discrimination and make sure everyone has access to high-quality healthcare. Therefore, it can be observed that Kamble's autobiography does not just function as a comprehensive portrayal of her own identity. In her work, she portrays the hardships experienced by women, which are predominantly attributed to the patriarchal structure. Just as the establishment of the caste system legitimised discriminatory practices, patriarchy perceives women as subordinate and reliant on males. Throughout history, it has been observed that men have exerted dominance over women since ancient times. This autobiography provides a comprehensive analysis of the multiple factors contributing to the challenges faced by women. Kamble asserts that the root cause of women's disadvantaged circumstances lies in illiteracy. She argues that by acquiring education and engaging in self-discovery, women may attain a sense of dignity. She publishes her autobiography with the dual purpose of asserting her writerly identity and raising awareness about the various forms of prejudice faced by Mahar women, including those based on gender, caste, and class. Furthermore, she motivates the female members of her society to challenge the traditional patriarchal standards to assert their individuality. By bringing attention to the experiences of Dalit women within the justice system and their larger health issues, this research adds to the body of information already in existence. It demands a revolutionary strategy that acknowledges the amalgamation of social class, gender, and social and economic variables in influencing Dalit women's lives. The research emphasises the dire need for societal and policy changes that improve the health inequalities and structural injustices experienced by Dalit women in India by analysing Baby Kamble's autobiography. In the end, it promotes a society that is more diverse and egalitarian and supports the freedom and worth of every person, regardless of caste or gender.