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Navigating Mortality in the North-Central Indian Corridor: A Statistical Analysis of Drivers Among Ravidassia Youth (19–30)

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Abstract

Materials & Methods: This cross-sectional study analyses a primary mortality dataset (N=100) documented between 2020 and 2023 across seven North-Central Indian states/UTs. Data was sourced through community-based networks within the Ravidassia community. Descriptive statistics were applied to a subset of 36 individuals aged 19–30 to identify mortality patterns, including accidental, biological, and psychosocial factors.

Findings: Within the youth subset (n=36), the mean age of mortality was 25.36 (sigma = 3.32), with a stark male predominance (86%). Primary causes included External Trauma (n=14), specifically road traffic accidents and agrarian hazards such as electrocution. Fatalities of Undetermined Intent (n=10) and Substance-Related Disorders (n=4) represent significant mortality categories. Furthermore, Disease Complications (n=5), such as early-onset diabetes and Pulmonary tuberculosis—exacerbated by suboptimal clinical management—indicate critical health vulnerabilities. The modal age of 30 represents a mortality concentration accounting for 36% of the total dataset.

Conclusion: The findings reveal a multifaceted public health crisis within the Ravidassia community. High premature mortality, driven by occupational hazards, suboptimal clinical management, and psychosocial stressors, suggests deep-seated structural vulnerabilities. These results underscore the urgent need for enhanced agrarian safety, improved healthcare retention, and community-led health frameworks. Prioritizing these protective environments is essential to mitigate premature loss and safeguard the community's future potential.

Keywords: *Ravidassia Community; Premature Mortality; Occupational Hazards; Suboptimal Clinical Management*

Introduction

The socio-religious and epidemiological landscape of the North-Central Indian corridor is currently defined by a profound and multifaceted public health crisis that disproportionately affects the Ravidassia community. This community, which draws its spiritual and social identity from the egalitarian teachings

of the 15th-century Satguru Ravidass, stands at a critical juncture where historical marginalization intersects with modern developmental hazards (Kanaujiya, 2025). While the community has shown remarkable resilience and achieved significant strides in social and political spheres—most notably through the emergence of a prosperous diaspora and a burgeoning class of educated professionals—the internal health dynamics of its youth remains a subject of grave concern. A comprehensive analysis of a primary mortality dataset encompassing 100 individuals documented between 2020 and 2023, with a specific focus on a subset of 36 individuals aged 19–30, reveals that premature mortality is driven by a complex synergy of external trauma, substance-related disorders, and chronic disease complications exacerbated by systemic clinical failures.

Historical Identity and the Vision of Begumpura

To understand the contemporary mortality patterns within the Ravidassia community, one must first examine the historical and sociological foundations of their identity. The Ravidassia religion, or the Ravidas Panth, is rooted in the radical egalitarian movement's 15th-century renaissance, where Guru Ravidas advocated for a society free from the burdens of inherited inequality (Kanaujiya, 2025). Central to this philosophy is the concept of "Begumpura," literally meaning a "city without sorrow," where no discrimination, fear, or suffering exists (Madhopuri, 2019). Historically identified with the Chamar community, the Ravidassias moved beyond the limitations of traditional social structures. Rather than seeking a place within existing frameworks, they established their own religious institutions to cultivate a unique spiritual identity and independent sacred spaces (Kumar, 2025).

The formalization of the Ravidassia as a distinct religious identity gained momentum following the 1947 partition and was further solidified in the early 21st century. A pivotal turning point occurred in May 2009, when an assassination attack on their visiting living Guru, Sant Niranjan Dass, and his deputy Ramanand Dass in Vienna served as a catalyst for a formal separation from mainstream Sikhism (Reuters, 2009). This event reinforced a sense of autonomous identity, leading to the official announcement of the new religion on 29 January 2010 at Seer Govardhan, Varanasi. This geographical location, the birthplace of Guru Ravidas, now serves as the Shri Guru Ravidass Janam Asthan, a major pilgrimage site that symbolizes the community's reclamation of social and spiritual space (Singh, 2010).

The demographic distribution of the Ravidassia is concentrated in the North-Central corridor, particularly in Punjab, where they constitute a significant portion of the Scheduled Caste population. In the 2011 Punjab census, over 3 million people were counted as Ravidassia or Ad-Dharmi, representing 11.15% of the state's population (Singh, Rift over sub-quota: tough job ahead for parties in Punjab, 2024). Their socio-economic profile is increasingly diverse; while many are still involved in traditional leather tanning, shoemaking, and agricultural labor, a substantial number have entered government service, the medical profession, and prominent political roles. This upward mobility is supported by a vibrant diaspora in Europe and North America, which actively contributes to the development of Dera infrastructure, schools, and charitable hospitals in India. However, this progress is countered by a persistent "mortality paradox" where social advancement does not always translate into immediate health longevity for the youth.

The Statistical Landscape of Youth Mortality

The cross-sectional study of 36 youth fatalities within the 19–30 age group provides a granular view of the challenges faced by the "productive generation". The mean age of mortality within this subset was 25.36 years, with a standard deviation of 3.32. This indicates a tight concentration of deaths in the mid-twenties, a period typically characterized by peak physical health and economic entry. A striking feature of this dataset is the 86% male predominance, reflecting a broader national trend in India where young men are exposed to higher levels of occupational and behavioural risks.

Demographic Indicator	Statistical Value

Youth Subset Population (n)	36
Mean Age of Death	25.36 years
Standard Deviation	3.32
Male Mortality Proportion	86%
Modal Age of Dataset (N=100)	30 years

The concentration of deaths at the modal age of 30 suggests that the third decade of life is a period of maximal vulnerability. Nationally, individuals from Scheduled Castes (SC) have a life expectancy that is approximately 4 to 6 years lower than that of privileged groups. For SC men, the life expectancy at birth was estimated at 63.1 years, compared to 68.0 years for the "other" category (Kumari, 2020). These disparities are not merely confined to infancy or old age but are distributed across the entire life course, driven by preventable factors that truncate the lives of young adults.

External Trauma: Agrarian and Road Hazards

External trauma stands as the most frequent driver of mortality in the studied cohort, accounting for 14 out of the 36 deaths. These fatalities are predominantly linked to the occupational realities of the North-Central Indian corridor, where agriculture remains a primary, yet increasingly hazardous, source of livelihood.

Road Traffic Accidents (RTAs): The Modern Epidemic

The landscape of road safety in India has reached a critical juncture, with 2024 statistics recording approximately 1.8 lakh fatalities, a disproportionate 66% of which involve the productive age group of 18-34 years. For the Ravidassia community, which constitutes a significant demographic in regions like Punjab and Haryana, these figures represent more than just a public health crisis; they reflect a profound socio-economic threat to the "demographic dividend." Research indicates that youth from marginalized backgrounds often experience higher vulnerability due to a confluence of factors, including the high usage of motorized two-wheelers for daily commuting and economic activities, where non-compliance with helmet mandates—responsible for 30,000 annual deaths—remains a significant risk. Furthermore, with over-speeding contributing to nearly 68.1% of fatalities, the intersection of risk-taking behaviour among young riders and the lack of robust safety infrastructure in rural and peri-urban hubs inhabited by Ravidassia populations necessitates urgent intervention. As these accidents frequently claim the lives of primary breadwinners, the resulting "poverty trap" underscores the need for culturally sensitive road safety policies that address the specific occupational and geographical realities of Ravidassia youth to mitigate the staggering loss of life on national and state highways (Dash, 2025).

In the North-Central corridor, RTAs are often more than just "accidents"; they are the result of specific systemic failures.

Mixed Traffic Streams: High-speed highways often intersect with local village paths. It is common to see heavy long-haul trucks sharing space with slow-moving tractors, animal carts, and pedestrians.

The "Golden Hour" Deficit: In rural regions, the lack of immediate trauma care means that survivable injuries often become fatal. The transition from the accident site to a tertiary care centre frequently exceeds the critical first hour.

Visibility and Infrastructure: Many rural roads lack proper lighting, reflective signage, or dedicated lanes for agricultural machinery, making nighttime travel exceptionally dangerous.

Electrocution Fatalities in Rural India: Unnatural Deaths, Systemic Neglect, and Unsafe Practices

In rural India, electrocution fatalities are frequently misclassified as accidental or even "natural" deaths, obscuring their fundamentally unnatural and preventable nature. While infrastructural deficiencies such as poorly maintained power lines, exposed transformers, and unsafe agricultural connections constitute a primary risk, individual-level carelessness in the use of electrical equipment further compounds the danger. The unsafe handling of pumps, improvised wiring, un-insulated tools, and the use of damaged or substandard electrical devices—often in wet or poorly regulated environments—significantly increases vulnerability to fatal electric shocks. The routine classification of these deaths as accidents diffuses responsibility among electricity departments, local administrations, and users themselves, resulting in minimal accountability and weak enforcement of safety norms. Consequently, rural electrocution deaths are normalised as misfortune rather than recognised as outcomes of combined systemic neglect and hazardous practices, allowing preventable fatalities to persist largely unchecked.

The tragic incident in rural north-central India, where six out of thirty-six youths from a Ravidassia village died due to electrocution, highlights a broader national crisis of preventable electrical fatalities rooted in systemic neglect and unsafe practices. India has witnessed alarmingly high numbers of electrocution deaths over the past decade, with nearly 113,000 people losing their lives from electric shocks between 2011 and 2021, averaging about 30–34 fatalities per day according to National Crime Records Bureau (NCRB) data, and showing a rising trend in recent years (Dash, 2025).

British Safety Council India

This pattern is mirrored in many rural areas where poorly maintained overhead lines and informal connections intersect with unsafe use of electrical equipment, such as un-insulated tools and improvised wiring, increasing the risk of fatal shocks. The concentration of deaths among youths further underscores gaps in safety awareness and training within rural settings. Official classifications of such deaths as accidents often obscure underlying infrastructural and governance failures, while community practices and individual carelessness in handling electrical devices compound these risks. Framing these fatalities solely as misfortune detracts from recognizing them as outcomes of combined systemic neglect and hazardous practices, allowing preventable deaths to persist unaddressed.

Psychosocial Stressors and Mortality of Undetermined Intent

A significant portion of the youth mortality subset (n=10) is categorized under "Undetermined Intent" . In forensic pathology, this classification signifies that the circumstances of death do not clearly indicate whether the act was accidental, suicidal, or homicidal (Gray, D., 2014). However, when viewed through a sociological lens, these deaths are often the culmination of severe psychosocial stressors that plague the Ravidassia youth (Kanaujiya, 2025).

The Burden of Perceived Stress

A survey conducted among the Ravidassia community in 2025 revealed a high prevalence of moderate to severe stress, affecting 65.6% of the population. Among youth who have attained some level of secondary education (high school diplomas), this figure rises to a staggering 83.3% (Kanaujiya, 2025).

Perceived Stress Level	Percentage (General Community)	Percentage (High School Diploma Holders)
Mild Stress	34.4%	16.7%
Moderate Stress	57.4%	75.0%
Severe Stress	8.2%	8.3%

This 'stress burden' is fuelled by a triad of factors: academic pressure, economic hardship, and institutional alienation. For many Ravidassia youth, education is seen as the only escape from prescribed labour roles. However, the intense competition for government jobs and prestigious entrance exams (such as JEE and NEET), coupled with the realization of systemic barriers, creates a state of chronic anxiety (Kanaujiya, 2025). The shift from joint to nuclear families and the pressure to succeed financially to support aging parents further compound this psychological strain.

Substance-Related Disorders and Overdose

Substance abuse accounted for 4 deaths in the youth subset, though its actual contribution to the "undetermined" and "trauma" categories may be higher. Punjab has recorded the highest number of drug overdose deaths for two consecutive years, with 89 deaths in 2023. Madhya Pradesh and Rajasthan follow closely with 85 and 84 deaths, respectively (Gopal, N. 2025).

The substance abuse epidemic in the North-Central corridor is characterized by the use of heroin, pharmaceutical opioids, and illicit liquor (Gopal, N. 2025). Studies in Punjab indicate that the prevalence of substance abuse among youth (11–35 years) can be as high as 65.5%.21 Heroin abuse is particularly dangerous, with many users transitioning to the intravenous (IV) route, increasing the risk of overdose and infectious diseases like HIV and Hepatitis (Sharma, B. 2017). The social determinants of this epidemic include unemployment, illiteracy, and the state's role as a transit route for international drug trafficking (Sharma, B. 2017).

Chronic and Infectious Diseases: The TB-Diabetes Nexus

The dataset identifies disease complications as a primary cause in 5 youth deaths. These deaths represent a significant epidemiological shift where marginalized communities are now facing a "double burden" of infectious diseases like Pulmonary Tuberculosis (TB) and non-communicable diseases (NCDs) like early-onset diabetes (Koya, S. F. 2022).

The "Thin-Fat" Phenotype and Early-Onset Diabetes

South Asian Indians, and particularly those from historically disadvantaged groups, exhibit a unique metabolic profile known as the "thin-fat" phenotype.25 This is characterized by a low body mass index (BMI) but a high proportion of visceral fat, leading to insulin resistance at a younger age than in Western populations (Wells, J. C., 2016).

The prevalence of diabetes among Scheduled Tribes (ST) and Scheduled Castes (SC) has seen a sharp increase in recent years.28 According to NFHS-5 data, diabetes prevalence among ST men rose from 7.1% (NFHS-4) to 14.2%, and among SC men, it reached 15.3% (Maiti, 2023). For Ravidassia youth, this risk is exacerbated by a "nutrition transition" where traditional coarse grains are replaced by high-glycaemic polished rice and wheat provided through the Public Distribution System (Maiti, 2023).

Suboptimal Clinical Management of TB

Tuberculosis remains a devastating threat to the Ravidassia community, particularly in tribal and rural areas of Madhya Pradesh. Among the Saharia tribe in Gwalior, the prevalence of pulmonary TB was recorded at 3,294 per 100,000—one of the highest in the world (Bhat, 2017).

The mortality observed in the youth subset is often not due to the disease alone but to suboptimal clinical management. This includes:

While the health system provides regular access to molecular testing, a lack of community awareness regarding the critical nature of the disease often prevents individuals from utilizing these services until symptoms become severe.

The Non-Integrated Clinical Sector: Approximately 50% of TB patients in India seek care in the unaffiliated private healthcare sector. While these clinics often host competent practitioners, the care remains fragmented and disconnected from national notification systems, making long-term monitoring difficult.

Treatment non-adherence is primarily driven by behavioural and physiological challenges rather than structural barriers; patients frequently abandon their medication prematurely after initial physical improvement, mistakenly equating the absence of symptoms with a total cure. This issue is critically compounded by the severe side effects of antitubercular drugs—such as nausea, joint pain, and hepatotoxicity—which often discourage patients from completing the long-term regimen once their primary symptoms have subsided.

TB-DM Comorbidity: Diabetes triples the risk of developing TB and significantly worsens the prognosis. In India, nearly 20% of TB patients also suffer from diabetes, and these patients have nine times higher odds for treatment failure (Koya, S. F., 2022).

Risk Factor for TB	Statistical Impact / Odds Ratio
Malnutrition (BMI < 18.5)	OR = 3.81, (Bhat, J., 2017).
History of Asthma	OR = 3.46, (Bhat, J., 2017).
Diabetes Mellitus	1.9x higher mortality risk, (Koya, S. F., 2022).
Smoking	66% of male TB deaths linked to tobacco, (Pai, M., 2016).

Forensic and Legal Barriers to Understanding Mortality

The high rate of "undetermined" deaths underscores a significant gap in the Indian medico-legal system (Aggarwal, T., 2025). In many cases, the police inquest—the initial inquiry into an unnatural death—is insufficient to identify the true cause (Parmar, P. B., 2022). For instance, a study in Rajasthan showed that while cause-of-death remained undetermined in 3% of cases after a police inquest, subsequent forensic autopsy reduced this to 0.86% (Parmar, P. B., 2022).

The implementation of the Bharatiya Nagarik Suraksha Sanhita (BNSS) aims to strengthen death investigations, but several challenges remain:

 Lack of Psychological Autopsy: There is no standard protocol in India for conducting psychological autopsies, which are essential for identifying the hidden drivers of self-harm in cases of undetermined intent (Jain, I., 2025).

 Under-reporting of Fatal Injuries: Studies suggest that fatal injuries are under-reported in national statistics by as much as 10% to 20% (Joos, O., (2021).

 Delayed Forensic Facilities: In rural areas of the North-Central corridor, the distance to forensic labs and the lack of trained forensic pathologists result in the loss of critical evidence (Joos, O., (2021).

Policy Interventions and Protective Frameworks

To mitigate the premature loss of life within the Ravidassia youth, a multifaceted intervention strategy is required. These strategies must address the environmental, biological, and psychosocial determinants identified in the mortality dataset.

Enhancing Agrarian Safety through Solarization

A critical intervention for reducing electrocution and mechanical trauma is the widespread adoption of the PM-KUSUM (Pradhan Mantri Kisan Urja Suraksha evam Utthaan Mahabhiyan) scheme.

Component B of this scheme focuses on the installation of standalone solar pumps, which offers two distinct benefits for the Ravidassia farmer:

1. Elimination of Electrical Hazard: By moving away from high-voltage grid connections to localized solar power, the "shock risk zone" is eliminated.
2. Reliability and Income: Solar pumps provide reliable daytime power for irrigation, reducing the need for expensive and hazardous diesel pumps, and allowing for the sale of surplus power back to the grid.

Community-Led Health Models

The reliance on top-down healthcare delivery has historically failed to reach the most marginalized communities (Soman, B. 2025,). Successful models like the "Vaccine on Wheels" (VOW) and Mobile Medical Units (MMUs) have demonstrated that bringing healthcare to the doorstep can significantly increase immunization rates and early disease screening in rural and tribal areas (Patel, J., 2024).

Furthermore, training ASHAs (Accredited Social Health Activists) as community-based peer educators is essential for managing chronic conditions like hypertension and diabetes (Riddell, M. A.,2021). Despite consistent warnings from healthcare workers, treatment adherence remains low within the Ravidassia community. While the government has implemented targeted schemes, there is a critical need for culturally sensitive awareness campaigns to bridge the gap between service provision and community participation.".

Mental Health and Substance Abuse Prevention

Addressing the psychosocial crisis requires the integration of mental health services into the primary healthcare framework. The VISHRAM (Vidarbha Stress and Health Program) model, which trains community health workers to provide mental health support, offers a scalable solution for dismantling the stigma associated with mental illness in marginalized communities (Kalra, D., 2025).

For substance abuse, the focus must shift from criminalization to public health management. Expanding the number of Outpatient Opioid Assisted Treatment (OOAT) centres in rural Punjab and Madhya Pradesh is crucial for providing addicts with safe alternatives and rehabilitation.

Synthesized Conclusions and Recommendations

The statistical analysis of the Ravidassia youth mortality subset (n=36) reveals a community in the midst of a silent epidemiological transition. The predominance of external trauma (39%) and deaths of undetermined intent (28%) suggests that the environment and the mind are as much a threat to longevity as biological pathogens. The modal concentration of deaths at age 30 serves as a stark reminder of the "missing productive years" that hinder the socio-economic advancement of the community as a whole.

To safeguard the future of the Ravidassia youth, the following strategic shifts are recommended:

1. Standardization of Agrarian Safety: Mandatory safety features on power threshers and tractors, coupled with state-sponsored training for unorganized labourer’s, must be prioritized. The aggressive expansion of PM-KUSUM Component B should be treated as a public health imperative to eliminate electrocution risks.
2. Integrated TB-DM Screening: The National TB Elimination Program (NTEP) must institutionalize universal screening for diabetes among all TB patients, particularly in the North-Central corridor. This must be supported by strengthening the laboratory infrastructure in rural Primary Health Centres (PHCs).

3. Formalization of Forensic Inquests: The legal system should adopt standardized "Psychological Autopsy" protocols for all deaths categorized as "Undetermined Intent" to better understand the role of stress and self-harm.

4. Strengthening Community Resilience: Leveraging the strong identity and global network of the Ravidassia community to fund and manage community-led health frameworks. The "Begumpura" vision should be utilized as a cultural framework for promoting mental well-being and social support systems.

5. Regulating the Private Health Sector: State governments must enforce stricter adherence to clinical standards in the private sector to prevent the "suboptimal management" that leads to premature mortality from curable diseases.

By addressing these structural vulnerabilities through a combination of technological innovation, policy reform, and community empowerment, it is possible to mitigate the premature loss of life and realize the utopian vision of a society without sorrow for the Ravidassia youth. The North-Central Indian corridor, currently a site of significant mortality risk, has the potential to become a model for equitable and inclusive public health transformation.

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