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Unveiling Implicit Bias: Psychological Perspectives on Marginalized Communities in India

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ABSTRACT

Despite various measures aimed at promoting equality, marginalized groups in India continue to face pervasive social exclusion across critical sectors such as education, employment, and healthcare. While structural discrimination has garnered significant attention from scholars and policymakers alike, implicit bias—a form of unconscious predisposition that influences perceptions and decision making—has received far less attention. This paper explores the interplay between implicit bias and systemic exclusion, revealing how stereotypes held by educators, healthcare providers, and employers exacerbate existing inequalities. Data indicates alarming disparities, ranging from differential treatment in academic institutions, corporations, and the healthcare sector, where individual experiences are underpinned by caste and religion. The findings also underscore the necessity of addressing both individual and institutional biases to foster equitable environments for marginalized groups. By developing comprehensive strategies that incorporate bias awareness, this research advocates for a holistic transformation of Indian societal structures and recognizes the mitigation of implicit biases as essential for achieving genuine equality and empowering marginalized communities.

Keywords: Implicit bias, marginalized communities, psychology, healthcare, education, employment

Introduction

Despite constitutional guarantees of equality, India remains one of the most stratified societies in the world (Vyas et al., 2022). Marginalized social groups like Dalits, Adivasis, and Muslims continue to face social exclusion across various settings, even with the affirmative action framework established post-independence. While data has long documented the impacts of structural discrimination on these groups, perspectives on psychological bias, especially the influence of implicit bias, have not received the same attention.

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Bias refers to a predisposition— positive or negative—towards an individual or a group. Implicit bias, however, operates without conscious awareness, where associations between disparate attributes influence perceptions, actions, behavior, and decision-making. In India, implicit bias can reflect, reinforce, and co-create structural exclusion and othering (Tripathi and Das, 2023). This is especially concerning in the context of healthcare, education, and employment. Within these settings, internalized stereotypes can be unconsciously held by healthcare providers, corporate supervisors, educators, and admission committees, which impedes their decision-making. This not only exacerbates existing inequalities, but also adversely impacts the socio-economic status of marginalized populations.

While concrete evidence of implicit bias in India remains limited, existing data strongly suggests its pervasiveness. For example, recent figures reveal that fewer than 5% of applicants from Scheduled Castes (SC), Scheduled Tribes (ST), and Other Backward Castes (OBC) were granted PhD admission at IIT Delhi, with four departments not even having a single candidate from reserved categories (Ram, 2024). Decades prior, the Thorat Committee Report also evidenced both direct and subtle forms of discrimination experienced by SC and ST students at the All India Institute of Medical Sciences (Thorat et al., 2007). The report revealed that 76% of marginalized students believed that their papers were not properly evaluated, 84% felt that assessments during practical examinations and vivas were unfair, and 85% noted that students from SC backgrounds did not receive sufficient time with the examiners. Moreover, 84% reported that their grades were negatively impacted due to their caste background.

Implicit bias in healthcare also holds particular relevance in India, a country where one in four individuals reported being explicitly discriminated against by medical professionals based on caste and religion (Oxfam India, 2021). In addition, workplaces are also well-documented environments where implicit biases are rife. This includes affinity bias, where individuals tend to favor those who share similar backgrounds. In fact, Donker et al. (2012) examined the board members of the top 1,000 private and state-owned firms in India to reveal that an alarming 93% of these members belong to a single demographic group.

This paper examines the prevalence of implicit bias within these three social spheres—education, employment, and healthcare—to elucidate the detrimental effects implicit bias exerts on the lives and experiences of marginalized communities. While explicit bias, such as overt discrimination based on caste, gender, and religion, is still a significant challenge in India, understanding implicit bias can ultimately contribute to a more comprehensive approach to social justice, facilitate a holistic transformation, and ultimately impart deeper systemic change over time.

Background

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Implicit bias has been defined and debated by scholars throughout history, with early notions focusing on the unconscious formation of stereotypes, and its effects on behavior, judgment, and decision-making (Shiffrin and Schneider, 1977; Greenwald and Banaji, 1995; Brownstein, 2018). Previous scholarship has highlighted the misconception that professional norms in journalism diminish the concern surrounding implicit bias (Boyer, 1981; Kalra and Boukes, 2021). Similar norms exist in healthcare, education, and employment, engendering a false assumption that these sectors are also immune to bias.

Arora (2024) echoes a similar observation, noting that there is a common misconception that higher-education institutes like universities are “caste-neutral” in India. Within the healthcare system, research has evidenced that implicit bias can persist throughout the healthcare ecosystem–through clinicians, administrators, faculty, and staff–which not only affects communication between the patient and healthcare provider, but also influences clinical decision-making and exacerbates health inequities (Vela et al., 2022; Shah and Bohlen, 2024).

Implicit bias in hiring has also been widely documented. Bertrand et al. (2005) note that it can occur especially when there is ambiguity about a decision, such as deciding who among equally qualified candidates will make a good employee. Their proposed Implicit Association Test (IAT) is widely used today to measure implicit biases and predict discriminatory choices. Goldsmith et al. (2006) also explored social identity theory to explain discrimination, noting how individuals appear to hold an affinity bias that favors in-groups, or higher-status out-groups. Additionally, the educational system is also a notable site where implicit biases held by teachers can significantly impact learning outcomes, classroom dynamics, and the overall well-being of a student (Tripathi and Das, 2023).

However, the nature of implicit bias makes it difficult to detect and quantify its influence in real-world conditions. Despite this, as Kang (2024) notes, even small-to-moderate effect sizes of implicit bias can have significant cumulative impacts on individuals' lives over time and, when considered across larger populations, lead to substantial societal effects. While its subtlety complicates detection and quantification, acknowledging and addressing these biases is essential for fostering more equitable environments and ensuring that all individuals have access to equal treatment and opportunities.

Discussion

Implicit bias is a significant concern within India’s social contexts. Behind the myth of merit, modern workplaces in India continue to “recruit, retain, and reproduce” talent along caste lines (Dhanuja, 2024). This is particularly evident in higher-level positions, where it was previously found that just 3.8% of the directors are from an OBC background, while SCs and STs account

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for a meager 3.5% of the directors (Donker et al., 2012). Conversely, Bhalla et al. (2022) highlight that the likelihood of entering a merger-and-acquisition deal increased when two firm directors shared the same caste identity, reinforcing a cycle of exclusion for underrepresented groups.

Even when a candidate's social background is not explicitly known, implicit bias manifests through identifiers such as their surname, skin color, communication skills, and residential area, all of which unconsciously influence decision-making. Thorat and Attewell (2007) observed a similar trend in an experiment involving three equally qualified resumes, where, for every ten interview invitations received by a resume with an upper-caste Hindu name, only six were granted to Dalit candidates and three to Muslim candidates.

This trend extends into government recruitment as well. For instance, in the highly coveted civil service examination, efforts are made to prevent implicit bias by concealing candidates' names, religion, and socio-economic background during written tests. A certain percentage of seats are also reserved for SCs, STs, OBCs, Persons with Disabilities (PwBD), and Economically Weaker Sections (EWS), a crucial aspect of India's affirmative action policies. However, fostering genuine equity in this setting still falls short as candidate details are later disclosed during the interview stage (Dhillon, 2021). Expecting interviewers to be “caste-neutral”, Swaran Ram Darapuri, an ex-senior police officer and one of the few Dalits to make it to the Indian Police Service, claims, is unrealistic. Recounting his firsthand observation, he notes that the examiners’ attitude shifts, “subtly but significantly”, once candidates’ surnames are revealed. Blind recruitment may act as a preventative mechanism against bias here. However, given the multitude of overt caste indicators in India, it is not foolproof.

The reality is more complicated in the education sector. Rakshit and Sahoo’s (2023) study evidenced that stereotypical beliefs of teachers have significant cognitive and non-cognitive outcomes on school students. Tripathi and Das (2023) also note that gender, ethnicity, and religion greatly impact learning outcomes. In higher education too, subtle cues—such as inquiries about surnames or entrance exam ranks—serve as mechanisms that proliferate implicit bias. Such identifiers, Handa (2024) highlights through qualitative findings, are so commonplace that they often go unnoticed. This ranges from professors' tendency to casually call students by their surnames in class, which may be inconsequential for those who come from privileged backgrounds, but effectively tells the entire class which caste a student belongs to. Another such example is being asked for ranks in introductory sessions, which also reveals one’s background due to the affirmative action framework in place, creating a shift in classroom dynamics. Hence, while the architecture of Indian higher education is frequently scrutinized for perpetuating systemic inequities, it is equally imperative to address the implicit biases that underpin these structures in order to create an equitable learning environment for all.

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Caste and creed affect lived experiences across India, and healthcare institutions and health policies are no exception. Aside from having to travel longer distances to access healthcare, Dalit and tribal communities often report enduring longer waiting times, experiencing interruptions from providers while articulating their health concerns, and receiving lesser consultation time (Shaikh et al., 2018; Patel, 2023; Singh, 2023). Lines between explicit and implicit bias are not always distinguishable in such settings, which further complicates redressal. Singh (2023) notes that in the case of STs, their appearance, sense of dressing, and language, are often attributed to lower literacy rates, which potentially explains the differential treatment they receive. Channels for marginalized patients to report experiences of bias can guide institutional change, but it is not without challenges. As George (2019) finds, even in a village with a strong sense of Dalit consciousness, many Dalit patients do not even attribute such treatment to caste differences, which further problematizes the delivery and redressal of equitable health services.

Ultimately, these findings highlight a profound nexus between implicit biases and societal structures in India. Often, this takes the form of a mutually reinforcing relationship between implicit bias and structural elements of health, education, and employment systems. The distinction between unconscious biases and overt discrimination is often subtle, yet both contribute to a multidimensional framework of exclusion that adversely affects marginalized communities.

While systemic strategies to address these inequities have garnered significant attention, it is essential to develop approaches that simultaneously target both individual and institutional biases. Such strategies should not only emphasize equal opportunity but also prioritize the creation of safe and inclusive environments within these structures. This dual focus can facilitate a more holistic transformation of the three aforementioned systems, ensuring that marginalized groups are not only granted access but also supported in navigating spaces in India that have been, and continue to be, unwelcoming.

Conclusion

Understanding and addressing implicit biases are crucial steps toward achieving true equality. Hence, recognizing that biases are universal and often unconscious is the first step in mitigating their effects.

In India, implicit biases deeply influence various aspects of life for marginalized communities, particularly within the spheres of education, employment, and healthcare. Despite legal protections and affirmative action policies, entrenched social hierarchies and subconscious prejudices continue to perpetuate inequality within the country. Addressing implicit biases in such a setting requires comprehensive reforms in the education system. Training programs for

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educators and administrators focused on implicit bias can help them recognize and mitigate subconscious prejudices rooted in cognitive processes. Incorporating social justice and caste history into the curriculum from an early age can also reshape the cognitive frameworks of students, fostering a more inclusive mindset. Implementing blind admissions processes can reduce the prevalence of stereotypes and biases based on caste and other social markers, ensuring fairer selection processes.

In the corporate sector, enforcing affirmative action policies and increasing transparency in hiring and promotion practices are crucial. Regular training on implicit biases can create awareness and reduce discriminatory behaviors by targeting the unconscious attitudes that influence decision-making. In addition, support networks for marginalized employees can provide an added layer of safety, helping address microaggressions and fostering a more inclusive workplace culture.

Public awareness campaigns and media representation are also key in changing societal perceptions and attitudes, as they can influence the implicit associations held by individuals. Additionally, media and cultural representations that challenge stereotypes can play a key role in reshaping societal narratives and reducing implicit biases. Encouraging dialogue and interaction between different social groups can further help break down prejudices, foster mutual understanding, and promote positive intergroup relations.

Lastly, continued research into implicit biases and their impacts is also crucial for informed policy-making. By implementing these measures, India can move towards a more inclusive and equitable society where implicit biases are recognized, addressed, and ultimately reduced, by drawing upon a deeper understanding of the psychological underpinnings of prejudice and discrimination.

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