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13. Marginalized Groups in India - Health Status

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Abstract

Marginalization is a symbol that refers to processes by which individuals or groups are kept at or pushed beyond the edges of society. The term outsiders may be used to refer to those individuals or groups who are marginalized. This research paper is an endeavour to study the health status of marginalised groups and communities - women, children, scheduled castes, scheduled tribes, persons with disabilities, migrants and also the health status of aged in India. The paper also aims to highlight the discrimination and exploitation of these marginalised groups especially in terms of their health. Further, study is carried out about how the rights of these marginalised groups are violated within the society. In India there are multiple socio-economic disadvantages that members of particular groups experience which limits their access to health and healthcare. Some of the prominent factors on the basis of which individuals belonging to marginalised groups are discriminated in India, i.e., structural factors, age, disability, mobility and stigma that act as barriers to health and healthcare. Sometimes each group faces multiple barriers due to their multiple identities. For example, in a patriarchal society, disabled women face double discrimination of being a women and being disabled. Besides this there are certain groups in Indian society that are subject to discriminatory treatment and feel marginalized. They need special attention to avoid exploitation. The rights of disabled and migrants have been violated and sometimes they are discriminated and medical personnel are not ready to treat them because they are unable to pay such a huge amount for medicines. No proper attention has been given towards their health condition. Finally it can be said that the health status of these marginalised groups in India are very poor as compared to other sections of population. This paper is based on the secondary sources such as reports, journals, books, articles and online sources.

1. Introduction

The concept of marginality was first introduced by Robert Park (1928). Marginalization is a symbol that refers to processes by which individuals or groups are kept at or pushed beyond

the edges of society. The term *outsiders* may be used to refer to those individuals or groups who are marginalized. The Encyclopaedia of Public Health defines marginalization as, "to be marginalized is to be placed in the margins and thus excluded from the privilege and power found at the centre". Ghana S. Gurung and Michael Kollmair mention that the concept of marginality is generally used to analyse socioeconomic, political, and cultural spheres, where disadvantaged people struggle to gain access to resources and full participation in social life. In other words, marginalized people might be socially, economically, politically and legally ignored, excluded or neglected and therefore vulnerable to livelihood change. A great majority of people in the developing nations are under the line of poverty. They are deprived of adequate access in the basic needs of life such as health, education, housing, food, security, employment, justice and equity. Chandrima Chatterjee and Gunjan Sheoran mention that the issues of sustainable livelihood, social and political participation of the vulnerable groups exists as the major problem in these developing nations- particularly in India. Governments have failed to guarantee people's rights in the implementation level. People who belong to the vulnerable groups are unable to acquire and use their rights. In this background, the International Covenant on Civil and Political Rights (ICCPR) and the International Covenant on Economic, Social and Cultural Rights (ICESCR), have guaranteed the rights to sustainable livelihood, social, political and economic development for all especially those disadvantaged. Many countries have ratified these covenants. In the year 2000, the committee on economic, social and cultural rights offered explicit details of all the possible instances of violation that individuals and groups within a nation are likely to suffer from besides listing out obligations for the state to protect and fulfil the right of everyone to the enjoyment of the highest attainable standard of physical and mental health through the general comment. Despite international commitment, individuals and groups experience differential access to food, education and health in India. The health rights of vulnerable groups remain detached from the state systems i.e. policy, programme and practice. Human rights are universally applicable to all. The process of identifying vulnerable groups within the health and human right generated from the pressing reality on the ground that stemmed from the fact that there are certain groups who are vulnerable and marginalized lacking full enjoyment of a wide range of human rights, including rights to political participation, health and education. Vulnerability within the right to health framework means deprivation of certain individuals and groups whose rights have been violated from the exercising agency. Certain

groups in the society often encounter discriminatory treatment and need special attention to avoid potential exploitation. This population constitutes what is referred to as vulnerable or what is now-days called marginalized Groups. Vulnerable groups are disadvantaged as compared to others mainly on highest attainable standards of health. Vulnerable groups are disadvantaged as compared to others mainly on account of their reduced access to medical services and the underlying determinants of health such as safe and potable drinking water, nutrition, housing, sanitation etc. For example, persons with disabilities often don't get employment or adequate treatment or people living with HIV/AIDS, face various forms of discrimination that affects their health and reduces their access to health services.

Various Marginalized Groups and Their Problems

Most vulnerable marginalized groups in almost every society can be summarized as below:

1. Women
2. People with disabilities
3. Schedule Castes (Dalits)
4. Scheduled Tribes
5. Elderly or Aged People
6. Children
7. Sexual Minorities

2. Women

Chandrima Chatterjee and Gunjan Sheoran mentions that in Indian societies women face double discrimination being members of specific caste, class or ethnic group apart from experiencing gendered vulnerabilities. **Women** have low status as compared to men in Indian society. They have little control on the resources and on important decisions related to their lives. The early marriage and childbearing, miscarriages, multiple pregnancies create serious health hazards for women's. About 28 per cent of girls in India get married below the legal age and experience pregnancy. These have serious repercussions on the health of women. It has been noted earlier that women in India who are uneducated and poor are the most vulnerable to disease and ill health during their lifetime. They experience different types of mortality including reproductive problems, aches, pain and injuries; weakness, nutritional problems, fever, respiratory problems; problems in the gastro intestinal tract; skin, eye and ear problems and

residual category of 'other' problems. The institutional delivery is lowest among women from the lower economic class as against those from the higher class. In recent years, studies on domestic violence in the country have systematically debunked the myth of the home as a safe haven. Violence against women in India cuts across caste, class and other divides. Nationally it is estimated that 21% of women have experienced beatings or physical mistreatment 'by husband, in laws or other persons since the age of fifteen. B. L. Nagda, mentions that violence against women includes violence that occurs within the family or within the community in general. The main factor of violence is the inequality between men and women and discrimination faced by women in their day-to-day life. Now-a-days the violence against women can be conceptualised as an issue of power and social control over women. Nagda (2001) conducted a community survey of 230 women in tribal areas of Rajasthan and found that among tribal women, 62 percent women were physically beaten by their husbands at least once a month. Majority (83%) of females reported was verbally abused by their husbands, in-laws and other family members at least once a week. About 39 percent women suffered mental and physical tortures in the family. Sometimes in extreme forms of violence the victim may be killed. Further, Nagda (2001) reported that more than two-thirds of the tribal women were abused by their husband, having fights regularly in evening and being insulted, taunted and criticised. Despite of this the majority of wives who suffered in domestic violence are also suffering in many health hazards like reproductive tract infection/STD, depression anaemia, blood pressure, somatic disorders and broken family etc. Thus, violence against women's has a major impact on women's physical and mental health and effects their sexual and reproductive health, unwanted pregnancies, the transmission of STD / HIV, forced abortion and finally violence affected women's can have fatal consequences, including suicide, homicide, and maternal mortality. Women's face violence that significant impact on their physical and mental health. During infancy and growing years a girl child faces different forms of violence like infanticide, neglect of nutrition needs, education and healthcare. In Rajasthan and particularly in the tribes of the state, health status of women is very poor and the number of pregnancy related deaths in the tribal areas is higher in the state. The maternal mortality rate in the state is higher in comparison to the country as a whole. Malnutrition is widespread among the tribal girls and women. In reality tribal women's observe unequal access to basic health services. The terrible poverty, lack of nutritious food, and safe drinking water, lack of sanitation and hygienic accommodation, hostile life created problem of

health among the women in tribal areas. Thus the violence against women is a widespread cause of physical and psychological harm or suffering among women, as well as a violation of their right to health. The committee on the elimination of discrimination against women requires states to, among other things, enact and enforce laws and policies that protect women and girls from violence and abuse and provide for appropriate physical and mental health services; in connection with pregnancy, childbirth and the post-natal period, including family planning and emergency obstetric care. Health-care workers should also be trained to detect and manage the health consequences of violence against women, while female genital mutilation should be prohibited. Sexual and reproductive health is also a key aspect of women's right to health. The most productive years of a woman's life are the reproductive years. The absence of maternity entitlements often means that a woman worker has to leave her job to have a child. With the near absence of any effective primary health care system in the country, most women are forced to have children at home without any medical care. A majority of the women and their families in India are unable to bear the burden of hospitalization costs. Even when they opt for hospitalization, additional medical expenses and loss of employment makes women economically vulnerable. Absence of maternity entitlements also means that a woman is unable to take care of her nutritional needs before and after the pregnancy and get adequate rest, and is compelled to start working soon after child birth. Social security for the unorganised workers must ensure that maternity entitlements including paid leave are available to all women, whether employed or not, in terms of hospital and medical expenses and these maternity entitlements include paid maternity leave of at least 12 weeks. The absence of child care provisions means that the burden of work on women is increased tremendously, affecting their health and work participation. For women workers, their own health and ability to work is usually the only resource they can fall back upon. They are the most vulnerable in this regard because their health and nutrition needs are the lowest priority within the family. Women in the poorest households are the least likely to receive medical attention. Besides this, the discrimination against the girl child is systematic and pervasive enough to manifest in many demographic measures for the country. For the country as a whole as well as its rural areas, the infant mortality rate is higher for females in comparison to that for males. This infant mortality rate is slightly in favour of females in the urban areas of the country (as a whole) but, urban India is marked by greater

access to abortion services and unwanted girl children often get eliminated before birth.(we explain only women. Bcoz Words Limitation our ideas more clear in conclusions)

3. Conclusions

Thus it can be concluded that vulnerable groups are defined as those who are subject to unfair treatment or are, relative to other age groups or sections of society, more dependent on others and therefore find it difficult to maintain their subsistence on their own and protect their rights. Besides this, certain groups in society are also subject to discriminatory treatment and feel marginalized. They need special attention to avoid exploitation. In India the women, children, scheduled castes and scheduled tribes, persons with disabilities, migrants and aged are regarded as marginalised or vulnerable groups. These people are socially, economically, politically and legally ignored and excluded in Indian society. It has been seen from the data that in Indian patriarchal society the women's especially the rural and tribal face domestic violence, physical and sexual abuse, nutritional and psychological problems which has a profound effect upon their health status. The health status and utilisation patterns of ST's and SC's give an indication of their social exclusion as well as an idea of their linkages between poverty and health. The economically dependence, politically powerless and culturally subjugated of ST's and SC's to upper castes affects their overall lifestyle and access to food and health etc. Besides this tribal become mostly the victims of malnutrition, parasitic diseases including malaria, diarrhoea, respiratory disorders etc and genetic disorders including sickle cell anaemia thalassaemia, STD, HIV AIDS and so on. From a human right perspective, all citizens should receive adequate health, education, food and nutrition, housing, participation, equal treatment, and freedom from discrimination and violence. However these marginalised groups (STs, SCs, children, disabled and elderly) are often marginalized over looked in the public delivery system and also subject to multidimensional problems whose underlying factors are intertwined. Sometimes these people have to suffer from double jeopardy. Despite of this the rights of disabled and migrants have been violated and sometimes they are discriminated and medical personnel are not ready to treat them because they are unable to pay such a huge amount for medicines. No proper attention has been given towards their health condition. Finally it can be said that the health status of these marginalised groups are very poor as compared to other sections of population. No doubt the Indian government has framed and established the laws and rights for these marginalised groups at different times but due to lack of proper attention towards their rights and improper

implementation of their laws they have to face number of problems in Indian society. Thus there is the need of some new policy measures to make their health status good and to prevent them from discrimination and exploitation in our society.

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