



# Social Exclusion and Inclusion in India: Issues and Challenges of Marginalized Sections in 21<sup>st</sup> Century

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## ABSTRACT

This paper discuss about the issues and challenges of Marginalized section on social exclusion and social inclusion in India in 21st century in this context social exclusion is a process of blocking the development of the marginalized communities disintegrating people and communities in to mainstream of development, with a series of institutionalized social systems. A great majority of people in the developing countries 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. Issues of sustainable livelihood, social and political participation of the vulnerable groups exists as the major problem in the developing nations. In the framework of socio-economic analysis of poverty, inequality and backwardness of certain sections or groups of society, the main underlying assumptions related to social and economic handicaps rooted in social, economic, and religious institutions have rendered these groups severely disadvantaged. The most affected population is Dalits who lag in all spheres of developmental activities. Dr .Ambedkar therefore with his visionary mission provided a comprehensive framework for development of people in general and Dalits in particular. It is a need of hour for discussing marginalized sections those who are facing socially exclusion to get back to society through social inclusion.

**Key Words:** Social Exclusion, Social Inclusion, Marginalized Section,

## INTRODUCTION

A great majority of people in the developing countries 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. Issues of sustainable livelihood, social and political participation of the vulnerable groups exists as the major problem in the developing nations. In the framework of socio-economic analysis of poverty, inequality and backwardness of certain sections or groups of society, the main underlying assumptions related to social and economic handicaps rooted in social, economic, and

religious institutions have rendered these groups severely disadvantaged. The Indian society is highly stratified and hierarchical in character. The stratified and hierarchical nature of Indian society involves institutional processes that economically and socially exclude, discriminate, isolate and deprive some groups on the basis of characteristics like caste, ethnicity or religious background. These groups constitute a vast section of India's population and include low caste untouchables, tribals, and religious minority groups they together account for about one fourth of India's population (equivalent to about 250 million). A vast majority of marginalised sections in the developing nations are under the threat of development. They are deprived of adequate access to basic needs of life such as health, education, housing, food, security, employment, justice and equity. In addition, the marginalised sections are unable to acquire and use their rights. Issues of sustainable livelihood, social and political participation of these groups exists as the major problem in the developing nations. In recognition of the unique problems of the Dalits, Tribal and other religious minorities, the Indian government has consistently developed policies for their economic, social and political empowerment. 'Positive interventions', 'affirmative measures', and accompanying policy processes were initiated for an encompassing empowerment of these social group over half a century ago. Though these policies have brought some positive change, however, the process of transformation has been extremely slow and inadequate to minimize the handicaps and disabilities of the past and in reducing the gaps between them and the rest of the Indian society. These social groups continue to suffer from a high degree of poverty, and social and economic deprivation. Therefore, policy processes need to exhibit a radical shift in their focus to improve the ownership of income earning capital assets, agricultural assets, employment, human resource and health situation. Appropriate remedies need to be incorporated against discrimination to ensure equity participation of the marginalized communities in the private and the public sectors for inclusive development.

## WHAT IS SOCIAL EXCLUSION?

Social exclusion is a form of discrimination. It occurs when people are wholly or partially excluded from participating in the economic, social and political life of their community, based on their belonging to a certain social class, category or group. In India, social exclusion occurs on the basis of identities including caste, ethnicity, religion, gender and disability.

## SOCIAL EXCLUSION IN INDIAN CONTEXT

In India social exclusion is practiced on the base of caste and untouchability based exclusion were a group of people being excluded or denial of the rights and opportunities which the majority enjoys. According to the valid text of India the society is divided in to four varans or the division of group of people on the base of their birth such as the chaturvarnya or the division of the society in to four classes a hierarchy based the Brahmins should cultivate the knowledge, that the kshatriya should bear arms, the vaishya should trade and the shudra should serve all the above three classes.(Ambedkar 1944) The Brahmin flattered the Kshatriya and both let the Vaishya live-in order to be able to live upon him. But the three agreed to beat down the Shudra. He was not allowed to acquire wealth lest he should be dependent of the three Varnas. He was prohibited from acquiring knowledge lest he should keep a steady vigil

regarding his interests. He was prohibited from bearing arms lest he should have the means to rebel against their authority. That this is how the Shudras were treated by the Tryavarnikas is evidenced by the Laws of Manu.

According to (Manusmriti) A Brahman is purified by water that reaches his heart, a kshatriya is purified by water that reaches his throat, a vaishya by water taken in to his mouth and a shudra by water touched with the extremity (of his lips) Let him ask a Brahman on meeting him after (his health with the word)kushala, a kshatriya with a word anamaya a vaishya with a word khsma and a shudra with a word anarogya. Due to chaturvarnya the shudras could not receive education, they could not think out or know the way to their salvation they were condemned to be lowly and not knowing the way of escape and not having the means of escape they became reconciled to eternal servitude, which they accepted as they inescapable fate. (Ambedkar 1944) this is what according to adam smith capability deprivation is called.

### **IMPACT OF SOCIAL EXCLUSION:**

**Social exclusion results in the following main consequences**

- ❖ It leads to various kinds of deprivations—economic, educational, cultural and social.
- ❖ It leads to the impoverishment of human life and develops a poorer sense of well-being.
- ❖ It leads to inequality, poverty, unemployment and involuntary migration.
- ❖ It leads to social stigmatization and marginalization.
- ❖ It develops fear complex among the excluded.
- ❖ It puts various restrictions on the excluded about their free and full participation in the economic, cultural and political activities.
- ❖ On the whole, it puts an intense negative impact on the quality of life.

### **MEANING OF SOCIAL INCLUSION**

Is the process of improving the terms on which individuals and groups take part in society—improving the ability, opportunity, and dignity of those disadvantaged on the basis of their identity.

### **MEANING OF MARGINALIZED GROUPS AND MARGINALIZATION**

In general, the term ‘marginalization’ describes the overt actions or tendencies of human societies, where people who they perceive to be undesirable or without useful function, are excluded, i.e., marginalized. These people, who are marginalized, from a GROUP or COMMUNITY for their protection and integration and are known as ‘marginalized groups’. This limits their opportunities and means for survival. Peter Leonard defines marginality as, “. . . being outside the mainstream of productive activity and/or social reproductive activity”.

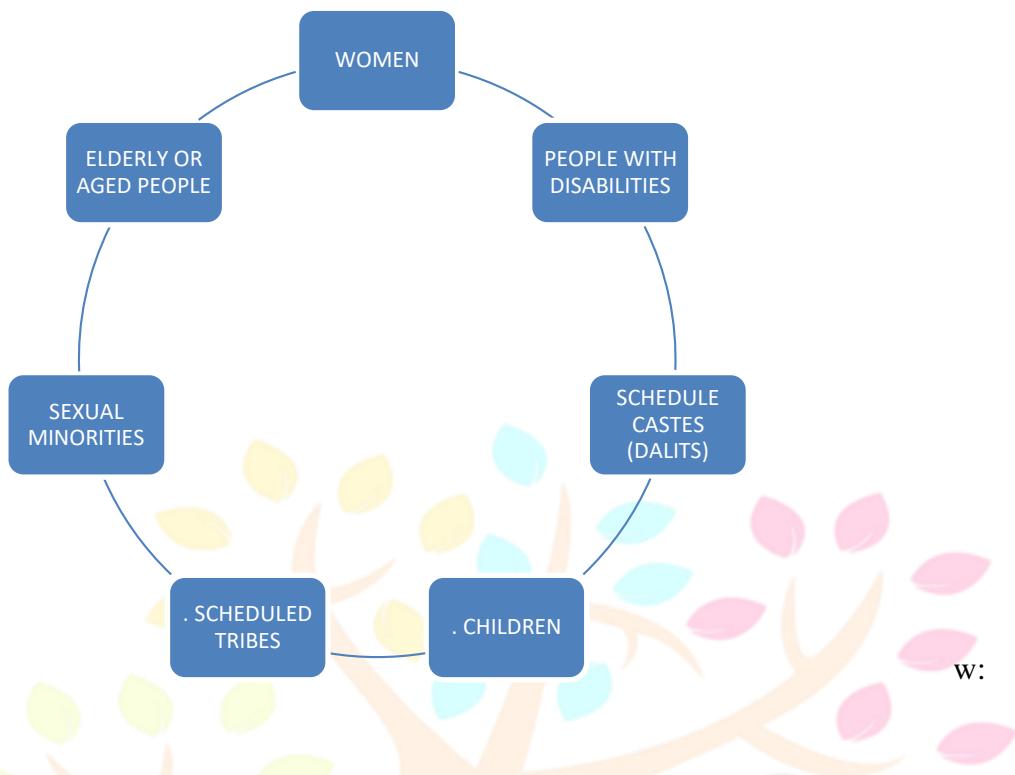
### **CHARACTERISTICS OF MARGINALIZED GROUPS:**

- ❖ It suffers from discrimination and subordination.
- ❖ They have physical and/or cultural traits that set them apart, and which are disapproved of, by a dominant group.
- ❖ They share a sense of collective identity and common burdens.
- ❖ They have shared social rules about who belongs, and who does not.
- ❖ They have a tendency to marry within the group.

❖ Thus, marginalization is complex as well as a shifting phenomenon linked to social status.

## VARIOUS MARGINALIZED GROUPS AND THEIR PROBLEMS

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



### 1. WOMEN

Under different economic conditions, and under the influence of specific historical, cultural, legal and religious factors, marginalization is one of the manifestations of gender inequality. In other words, women may be excluded from certain jobs and occupations, incorporated into certain others, and marginalized in others. In general, they are always marginalized relative to men, in every country and culture. Women (or, men) don't present a homogeneous category where members have common interests, abilities, or practices. Women belonging to lower classes, lower castes, illiterate, and the poorest region have different levels of marginalization than their better-off counterparts.

### 2. PEOPLE WITH DISABILITIES

People with disabilities have had to battle against centuries of biased assumptions, harmful stereotypes, and irrational fears. The stigmatization of disability resulted in the social and economic marginalization of generations with disabilities, and, like many other oppressed minorities, this has left people with disabilities in a severe state of impoverishment for centuries. The proportion of the disabled population in India is about 21.9 million. The percentage of the disabled population to the total population is about 2.13 percent. There are interstate and interregional differences in the disabled population. The disabled face various types of barriers while seeking access to health and health services. Among those who are disabled women, children and age are more vulnerable and need attention.

### **3. SCHEDULE CASTES (DALITS)**

The caste system is a strictly hierarchical social system based on underlying notions of purity and pollution. Brahmins are on the top of the hierarchy and Shudras or Dalits constitute the bottom of the hierarchy. The marginalization of Dalits influences all spheres of their life, violating basic human rights such as civil, political, social, economic and cultural rights. A major proportion of the lower castes and Dalits are still dependent on others for their livelihood. Dalits do not refer to caste but suggest a group who are in a state of oppression, social disability and who are helpless and poor. Literacy rates among Dalits are very low. They have meager purchasing power and have poor housing conditions as well as have low access to resources and entitlements.

Structural discrimination against these groups takes place in the form of physical, psychological, emotional and cultural abuse which receives legitimacy from the social structure and the social system. Physical segregation of their settlements is common in the villages forcing them to live in the most unhygienic and inhabitable conditions. All these factors affect their health status, access to healthcare and quality of life. There are high rates of malnutrition reported among the marginalized groups resulting in mortality, morbidity, and anemia. Access to and utilization of healthcare among the marginalized groups are influenced by their socio-economic status within society.

Caste-based marginalization is one of the most serious human rights issues in the world today, adversely affecting more than 260 million people mostly reside in India. Caste-based discrimination entails social and economic exclusion, segregation in housing, denial, and restrictions of access to public and private services and employment, and enforcement of certain types of jobs on Dalits, resulting in a system of modern day slavery or bonded labor. However, in recent years due to affirmative action and legal protection, the intensity of caste-based marginalization is reducing.

### **4. SCHEDULED TRIBES**

The Scheduled Tribes like the Scheduled Castes face structural discrimination within Indian society. Unlike the Scheduled Castes, the Scheduled Tribes are a product of marginalization based on ethnicity. In India, the Scheduled Tribes population is around 84.3 million and is considered to be socially and economically disadvantaged. Their percentages in the population and numbers, however, vary from State to State. They are mainly landless with little control over resources such as land, forest, and water. They constitute a large proportion of agricultural laborers, casual laborers, plantation laborers, industrial laborers etc. This has resulted in poverty among them, low levels of education, poor health and reduced access to healthcare services. They belong to the poorest strata of the society and have severe health problems.

### **5. ELDERLY OR AGED PEOPLE**

Aging is an inevitable and inexorable process in life. In India, the population of the elderly is growing rapidly and is emerging as a serious area of concern for the government and the policy planners. According to data on the age of India's population, in Census 2001, there are a little over 76.6 million people above 60 years, constituting 7.2 percent of the population. The number of people over 60 years in

1991 was 6.8 percent of the country's population. The vulnerability among the elderly is not only due to an increased incidence of illness and disability but also due to their economic dependency upon their spouses, children, and other younger family members. According to the 2001 census, 33.1 percent of the elderly in India live without their spouses.

The widowers among older men form 14.9 percent as against 50.1 percent widows among elderly women. Among the elderly (80 years and above), 71.1 percent of women were widows while widowers formed only 28.9 percent of men. Lack of economic dependence has an impact on their access to food, clothing, and healthcare. Among the basic needs of the elderly, medicine features as the highest unmet need. Healthcare of the elderly is a major concern for society as aging is often accompanied by multiple illnesses and physical ailments.

## **6. CHILDREN:**

Children Mortality and morbidity among children are caused and compounded by poverty, their sex and caste position in society. All these have consequences on their nutrition intake, access to healthcare, environment, and education. Poverty has a direct impact on the mortality and morbidity among children. In India, a girl child faces discrimination and differential access to nutritious food and gender-based violence is evident from the falling sex ratio and the use of technologies to eliminate the girl child. The manifestations of these violations are various, ranging from child labor, child trafficking, to commercial sexual exploitation and many other forms of violence and abuse.

With an estimated 12.6 million children engaged in hazardous occupations (2001 Census), for instance, India has the largest number of child labourers under the age of 14 in the world. Among children, there are some groups like street children and children of sex workers who face additional forms of discrimination. A large number of children are reportedly trafficked to the neighbouring countries. Trafficking of children also continues to be a serious problem in India. While systematic data and information on child protection issues are still not always available, evidence suggests that children in need of special protection belong to communities suffering disadvantage and social exclusion such as scheduled castes and tribes, and the poor (UNICEF, India).

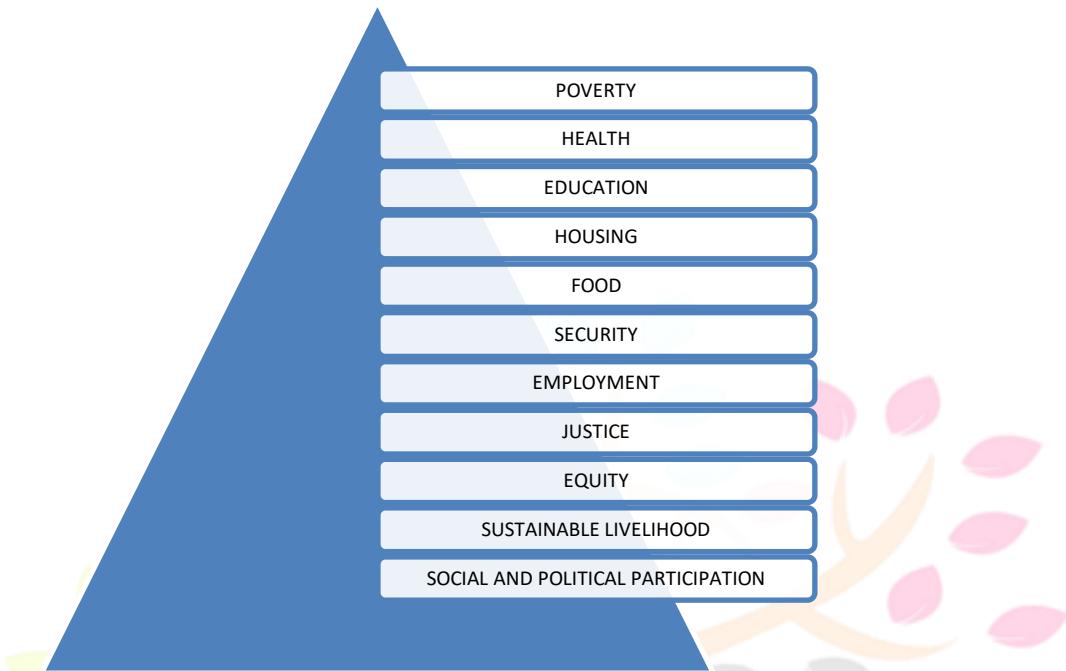
## **7. SEXUAL MINORITIES:**

Another group that faces stigma and discrimination are sexual minorities. Those identified as gay, lesbian, transgender, bisexual, kothi and hijra; experience various forms of discrimination within the society and the health system. Due to the dominance of heteronormous sexual relations as the only form of normal acceptable relations within the society, individuals who are identified as having same-sex sexual preferences are ridiculed and ostracized by their own family and are left with very limited support structures and networks of community that provide the conditions of care and support. Their needs and concerns are excluded from various health policies and programs.

The best way you can help end exclusion and isolation is to work on being a strong ally. That means educating yourself on the privileges your own group enjoys to better understanding the perspectives of members of marginalized communities.

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## MAJOR CAUSES / (NEED) FOR SOCIAL EXCLUSION OF MARGINALIZED PEPOLE



## STRATEGIES FOR SOCIAL INCLUSION OF MARGINALIZED PEOPLE

### 1. Start paying attention to what you say.

Most people already know to avoid generalizations and stereotypes. But most of us are still guilty of using language that causes offense even if we don't mean to. Commonly used words like "gay," "crazy" or "lame" are actually exclusionary, offensive and derogatory.

### 2. Be willing to accept correction.

Even the most well-meaning people make mistakes and have misunderstandings about others. When someone points out your errors, offer a sincere apology and be ready to learn from the experience. It will earn you much more respect than responding with defensiveness or anger.

### 3. Be intolerant of intolerance.

Are you willing to confront derogatory and hateful speech online? What about in person? What if the person is a friend or relative? The risk of staying silent is sending the message that discrimination and intolerance are values that you are willing to tolerate.

### 4. Seek out marginalized voices and perspectives.

Go online and look for activists, bloggers, authors, artists and other voices from marginalized communities. Their personal stories and experiences will greatly inform your point of view. If you have the opportunity to spend time with someone from a marginalized group, your most important job is to listen to them and learn.

## **5. Educate your own community.**

Your voice is most effective within your own group since you are in the best position to confront its stereotypes and misunderstandings, some of which you may have overcome yourself. You also have a special access to them as an audience that other communities do not. Use it!

## **SUGGESTIONS FOR MARGINALIZED PEOPLE FOR SOCIAL INCLUSION**

It is indeed unfortunate that a welfare state, founded on the principles of equality, social justice and democracy should display such inequities in health and access to health care. It is the ‘usual suspects’ - rural India, the women’s, children’s, the lower castes (especially the scheduled castes), the scheduled tribes, the less developed states and regions of India, that show poor health status and restricted access to healthcare. Women’s health needs are numerous- nutrition, general morbidity, reproductive health, disability, mental health, occupational health,—and are interrelated.

- Adoption of comprehensive and gender sensitive primary healthcare to address women’s diverse health needs and to overcome the many limitations that they experience in accessing healthcare.
- Strengthen public healthcare. For the poor and the marginalised, the public sector is the only sector that can potentially provide qualified and affordable care. In the rural interiors of the country, it is usually the only sector having qualified personnel.
- Provisions for financial support during childbirth so as to promote the health of mother social security for unorganised workers must include childcare provisions from the point of view of women workers.
- Provisions aimed at ensuring protection and promotion of nutritional needs of mother and child must be included such as time breaks for nursing once the mother rejoins work.
- Women’s should be protected from domestic violence, physical and sexual abuse.
- More and more anganwadi centres and ICDS centres should be established especially in tribal and rural areas to prevent the children’s and women’s from malnutrition.
- There is a need to provide the easily accessible, affordable healthcare services for these groups to improve their health indicators.
- The bias in the distribution of health care facilities and services between the states as well as between the rural and urban areas should be removed.
- Social security for migrants working in the unorganised sectors is important which can help them during the time of diseases, injuries and other kinds of ailments.
- Sexual harassment and violence at the workplace is a threat faced by all women workers. Social security for unorganised workers must ensure that complaint and redressal mechanisms against sexual harassment at the workplace following the Vishakha guidelines are put in place, keeping in mind the specific concerns of unorganised women workers.
- Increase public awareness on the right to health of the vulnerable groups and engage in community education and mobilization.

- Review the health information and services that are available to protect the health of the poor, vulnerable or otherwise disadvantaged groups, including their quality, accessibility, affordability and acceptability.
- Identify disadvantaged/marginalized groups; their health status and needs in different situations.
- Children are the future of any nation, and large number of children in the workforce at present implies fewer educated or skilled workers in the future. A high percentage of child labour also implies the loss of welfare in society, as more young children have to enter the labour market. This should be removed.
- Identify the unmet need, particularly those resulting from adverse discrimination. Examine the curricula of medical and other health professional training schools and advocate for the inclusion of health and human rights of vulnerable groups in medical education.
- States should enable women to have control over and decide freely and responsibly on matters related to their sexuality, including their sexual and reproductive health, free from coercion, lack of information, discrimination and violence.
- There should be proper implementation of laws regarding the health of these marginalised groups.

## CONCLUSION

From the foregoing discussion it may be concluded that the concept of social exclusion is a process of blocking the development of the marginalized communities disintegrating people and communities into mainstream of development, with a series of institutionalized social systems. The most affected population is Dalits who lag in all spheres of developmental activities. Dr .Ambedkar therefore with his visionary mission provided a comprehensive framework for development of people in general and Dalits in particular. For the country to progress in all ways, economically, politically, socially, financially, and administratively, it is vital that the marginalized communities should be provided with opportunities that would lead to their empowerment. There have been disparities amongst the communities and regions on the basis of factors such as per capita income, poverty, industrial growth, agricultural growth, literacy and transport and communications; improvements need to be initiated in these areas in order to generate empowerment opportunities for the marginalized communities.

The main factors that need to be underscored to bring about empowerment of the marginalized communities are education and literacy, health and family welfare, labour and employment, women and child development, rural development and urban development; advancements in these areas would certainly bring about empowerment of the marginalized communities. Besides the identification of factors that bring about empowerment of the marginalized communities, there are certain factors that prove to be barriers such as poverty, unemployment, illiteracy, inequality, health and welfare. Family planning and welfare programs should be organized in such a manner that the requirements of the consumers must be adequately met. There have been provisions of micro-finance and other programs that meet the financial requirements of the marginalized and the economically backward sections of the society such as loans and grants, income generation projects,

disability benefits, assistances, interest rates, pensions, provision of loans to women who belong to the other backward classes and loans for educational, training and skill development programs. Empowerment opportunities for the marginalized sections of the society would contribute in the advancement of the country as well as eradication of all kinds of problems such as poverty, illiteracy, inequality and unemployment. For the country to progress in all ways, economically, politically, socially, financially, and administratively, it is vital that the marginalized communities should be provided with opportunities that would lead to their empowerment.

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