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A Review of the Literature on the Effects of Health Policies on Marginalized Section in India

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ABSTRACT

India is a country with a vast population and one can find different categories of people. In it, one important segment of people which exist is the marginalized section. These are those people who are deprived of basic healthcare facilities and needs. They have to undergo worse situations at times. But for their well-being and upliftment, the government of India has come up with different health policies which improve their health conditions and help them attain easy survival. However, these policies are just stated and their implications cannot be seen in every place where marginalized people exist. So this paper throws light on the plight of marginalized sections and the implications of healthcare policies for them which are created by the government

Keywords: health policies, marginalized, government, healthcare facilities



Introduction

Health care and well-being have turned out to be the basic need of individuals. Looking into different cultures and individuals it can likely be noticed that there is a need for clinical intervention to remediate their injuries and illnesses as communities take advantage of the wellness initiatives and disease deterrence programmes being initiated. These efforts which are created to promote the well-being of people fall under the heading of health policy. This broad category can be further classified into discrete policies such as those linked to mental health care and health care affordability. Health policy creates the entire healthcare landscape which comprises both patients and providers.

India's National Health Policy, 2017 has clearly mentioned that the goal is the attainment of the highest possible level of health and well-being for all at all ages, through a preventive and promotive healthcare orientation in all developmental policies, and universal access to good quality healthcare services without anyone having to face financial hardship as a consequence. This can be achieved by increasing access, improving quality and lowering the cost of healthcare delivery. The policy understands the necessity of Sustainable Development Goals (SDGs). As with this the country can promote global well being. (NHP, 2017).

The main purpose of India's National Health Policy is to generate optimal conditions for maximizing the potential of each person's health all through their lives so as to attain adequate standards of quality of life.

Further bringing into the picture marginalized people; these are the communities which have been ignored and deprived of facilities. They are not treated equally and as a result, sufferings are a part of their life. Though every country had their own categorization in terms of marginalized people, but in broader terms, as stated in a UN Report, women and girls are more likely to be considered under this category. They are generally poor, paid less salary, and even get limited opportunities for growth and a better career (UN News, 2017).

Talking about marginalized section in India, as stated by Hindustan Times Scheduled Castes (SCs), Scheduled Tribes (STs), and Muslims combined have a total population of 450 million which results in listing them as the largest marginalised social groups in the world. This section of people every day goes through marginalisation, violence, exclusion, and



discrimination. It can be noticed that researchers have paid attention to the inequality received by this segment in terms of education but in terms of health, there is no light thrown on the inequality experienced by them. The same can be noticed by looking into life expectancy disparities in India for this section (Priya and Paikra, 2023).

Further talking about healthcare policies for marginalized people in India, there are different policies are practices which are followed by every state but some of the major ones which are created and being practised in the country are PM Ujjwala Yojana, PM SVANidhi Scheme, Jal Jeevan Mission, Direct Benefit Transfers (DBT), PM Garib Kalyan Anna Yojana, PM KISAN, PM Fasal Bima Yojana. All these policies have different aspects which work on the upliftment of marginalized sections in different phases of life. Some focus on providing healthcare to women during pregnancy and maternity care while some aim towards providing basic facilities, knowledge about contraceptive pills, HIV Aids and so on (MyGovTeam, 2022)

Therefore, the government of India has put up with great initiatives to lift up marginalized sections. They have come up with different means to help people develop a healthy lifestyle and attain resources by getting in touch with government centres which are created for their wellbeing. But there still exists a gap when it is about implications or providing facilities to people. So, the research literature mentioned below throws emphasis on the implication of healthcare policies towards the marginalized group.

Review of Literature

Balarajan et al. (2011) analysed Health care and equity in India. India's health care system goes through a great challenge where they have to understand and respond to the needs of the suffering section of the society. Though it can be noticed that there is an increase in the facilities of various sections such as improvement in health care and perking up the socioeconomic status but still there lies the gender dominance. This is compounded by high out-of-pocket expenditures, with the rising financial burden of health care falling overwhelmingly on private households, which account for more than three-quarters of health spending in India. The major reason for people falling into poverty is the expenditure on health care facilities. It can likely be noticed that around 39 million people fall towards the



poverty zone every year. This paper further has explained the major challenges that is there is no symmetry in regards to delivery of service. To the more the paper has also explained about the financial concerns and the protection which is required for the same to help people. So, there is a need to provide proper access to health care facilities for all the sections in India. These are the adoption of equity metrics in monitoring, evaluation and strategic planning, investment in developing a rigorous knowledge base of health systems research; development of the more equity-focused process where quick decision is taken when it is about health reforms and accountability for the same is held by the government. The implementation of these principles, together with the strengthening of public health and primary care services, provides an approach to ensuring more equitable health care for India's population.

Borhade (2011) studied Migrants' (Denied) Access to Healthcare in India. In most countries, it can be noticed that migrants who are from the international zone are given more importance than the ones who are from the internal zone. There is a lot of differentiation which is being done in terms of respect, status and even facilities which are basic needs. But still left with no option, people have to go through internal migration as the basic means which people have to go through for their livelihood and it can be noticed they are not given adequate health facilities, education provision, no proper living place and even wages are quite less than the actual pay rate. Migrated people basically turn into those marginalized sections which are deprived of facilities and all kinds of amenities. So basically, the migrants have to go through suffering such as poor health status and poverty in all other aspects. There is a need to have a population health approach which would put together strategies and policies which are for the welfare of the people. The best possible options which can improve the status of the migrants are good health policies which provide certain provisions such as health checkups, free medication, general awareness of diseases and so on. There is a need to improve the existing programmes, especially in regard to meal provision or education for the well-being of these people.

Lakshminarayanan (2011) examined the Role of government in public health: Current scenario in India and future scope. The new agenda for Public Health in India includes the epidemiological transition, demographical transition, environmental changes and social determinants of health. Based on the principles outlined at Alma Ata in 1978, there is an



urgent call for revitalizing primary health care in order to meet these challenges. The role of the government in influencing population health is not limited to the health sector but also to various sectors outside the health systems. This article is a literature review of the existing government machinery for public health needs in India, its success, limitations and future scope. Health system strengthening, human resource development and capacity building and regulation in public health are important areas within the health sector.

Contribution to the health of a population also derives from social determinants of health like living conditions, nutrition, safe drinking water, sanitation, education, early child development and social security measures. Population stabilization, gender mainstreaming and empowerment, reducing the impact of climate change and disasters on health and improving community participation and governance issues are other important areas for action. Going for promotion of public health well being is a politically challenging strategy but such collective movement can bring great changes.

Khanday and Akram (2012) in the study Health Status of Marginalized Groups in India have explained that the marginalized section in India is not just confined to vulnerable groups who do not have basic needs or people with special disabilities rather women of rural and tribal areas are also included in the same. The study concluded that these groups should be given equal treatment in terms of education, job and health facilities. Moreover, there should be coming up of special provisions or proper setups should be there by which the marginalized section can be given priority in terms of health issues. Women are ignored and always given a backseat which certainly does not promote equality. So bringing little changes can bring huge differences. Though policies exist for marginalized sections but women are not able to attain its benefit.

Haddad, Mohindra, Siekmans, Mak and Narayana (2012) studied the “Health divide” between indigenous and non-indigenous populations in Kerala, India: Population-based study. The study depicted that there is the formulation of policies and programmes which promote the social well-being of people especially the social tribe and marginalized section of society. But it is being observed that programmes are there for the people and are not targeted to the right group which means there is a lack of proper implications. They are not given the right facilities and the specific needs of vulnerable groups are not looked out.



Poverty and other determinants of healthcare are not actually looked into. So, there is a special need that the capacity of those vulnerable groups should be improved so that their disadvantage can be turned into an advantage.

Rathi (2017) reviewed Inequalities in the financing of healthcare in India. The study has explained that the healthcare system of India has a lot of inconsistencies and inequalities which is affecting the people. Not only in terms of facilities but even in terms of financing there are hindrances which make things difficult. Though there is the proper formulation of policies but funding is not adequate. Only around 5% of the GDP is allocated to healthcare which is not the right move as health is the basic provision which should be given more importance for the wellbeing of the people. As per the study the budget is allocated to salaries, inverse care law and so on. The one which is allocated to public health findings is not rightly given to the marginalized section rather the powerful makes benefit of it. So there needs to be a proper allocation of finances so that the marginalized section is given the right provisions.

Sangeeth (2018) in the study Inclusive Development of Marginalized Population through Social Policy Initiatives-Reflections to Future Development have explained that the Dalit's development can be comprehensive when more welfare programmes are planned and effectively carried out further. It can also be noted from this study that development and welfare programs for the upliftment of Dalits are quite less. There is a need for welfare programmes for promoting well-being and it certainly serves as a signal to the people to be continuously engaged in research and social work administration for further development by eliminating vulnerability among Dalits. The promotion of human welfare should be there and with this motto, the condition of Dalits and marginalized groups would certainly improve. They would be given a chance to come in upfront and avail of the facilities just like other humans. So, in the case of Dalits, the policies for their upliftment are not up to the mark.

Haddad, Narayana and Mohindra (2020) studied Reducing inequalities in health and access to health care in a rural Indian community: An India-Canada collaborative action research project. The study revealed that insufficient public action in vulnerable communities is a major restriction for the health of poor and marginalized groups in low and middle-income countries (LMICs). The south Indian state of Kerala is known for the comparatively



reasonable provision of public resources but still, when it comes to the marginalization of vulnerable communities, this place cannot be left out. In Kerala, women's lives are controlled by gender-based inequalities and certain aboriginal groups are marginalized such that their health and welfare lag behind other social groups. The study further revealed that there are large inequalities existing among different social groups.

Specifically, the sufferers are the lower-caste women and Paniyas (a marginalized indigenous group), for whom inequalities can be seen in different zones such as education, employment status, landholdings, and health. They are likely to get any kind of state support, which has broader implications for the entire country. A community-based health solidarity scheme (SNEHA) by coming up of local women was developed and implemented which explained certain benefits to health equity in the community-although inclusion of the Paniyas was still a dispute. So, there is a not just lack of policies but there is a need to come up with certain policies and perks for the well-being of people.

Lahariya (2020) reviewed the study Health & Wellness Centers to Strengthen Primary Health Care in India: Concept, Progress and Ways Forward. It can be likely understood from this study that universal health coverage can only be attained by going for a strong primary health care system. Due attention should be given to strengthening and giving the best kind of health care services in India through these health and wellness centres. Further due to the COVID-19 pandemic the need to promote and have adequate healthcare facilities has increased. The pandemic made India realize that low-income especially the marginalized section has suffered a lot during the pandemic and they are generally neglected in healthcare facilities. So, promoting health and wellness centres where free medical aid and camps are there for marginalized people can lead to betterment in society. Here the policies are not being worked out by the government rather there are private centres which promote the well-being of the people.

Prasad (2020) in the study Health Care Access and Marginalized Social Spaces: Leptospirosis in South Gujarat explained that most rural poor people have trouble making use of healthcare services. The reason for the same is not just a lack of trust in biomedicine but because of the malfunction of the state to take cognizance of social spaces in regard to health care policies. Further, the biomedical approach to human suffering is evidently insufficient,



particularly in developing countries. Findings of a study of the leptospirosis epidemic in Gujarat have depicted that the quick supply of drugs, the opening of particular wards in the hospitals, and the increased portion of the equipment, doctors, and health workers, during the 1997-99 epidemics have not been successful in saving the lives. The development of services and equipment provisionally during epidemics at PHCs and community health centres was not an aid in regards to improving the reputation of these institutions overnight.

Sharma, Singh, Mehra and Akthar (2020) studied the Evaluation of an integrated health and livelihood development program for marginalized communities in India. Here women and adolescents are considered in the marginalized section. The findings indicate that this peer-led intervention has shown an improvement in maternal, child, and adolescent health and nutrition practices and livelihood opportunities among marginalized populations in India. A noticeable change was seen in some of the practices like institutional delivery, breastfeeding, uptake of antenatal care among women, and knowledge about sexual and reproductive health among adolescents. These results are reliable with the presented confirmation on community-based interventions for improving health practices among marginalized populations in India. However, a lack of change in a number of the indicators, such as information about HIV testing during pregnancy, consumption of contraceptives, and iron-folic acid consumption among women was noticed.

Isaacs (2022) researched on the Strategies to Facilitate Mental Healthcare Access in Marginalised Local Communities: Case Studies from India and Australia. As per this study marginalized people face unmet needs, especially in regard to mental health services. There are several components when one talks of mental health such as understanding what exactly mental illness is. Even lack of services and resources is also one cause of issues of mental health. Especially in regard to Indian communities, there were no services at all for mental health so new implementation needs to be done. There is a need to develop crucial services in regard to service models for marginalized communities. They are overcoming the concerns related to mental health literacy, de-stigmatizing the services, rendering services which are culturally safe and ensuring financial sustainability. So there is a great need to overcome the issues related to mental health.



Monteiro (2022) studied Intersections of caste, class, and gender in healthcare sanitation work in India: Social work imperatives for restructuring marginalized women's care work. From this study, it could be understood that housekeeping and sanitary workers are vital for the healthcare of the people. In this occupation, in India mostly oppressed caste or backward classes are there. The work is not counted as a standard one so these people are treated as lower groups and marginalized sections of society who are deprived of basic facilities. This paper focuses on creating ethics which could result in providing facilities to these sections. There should be integrity promotion and well-being care camps for the people belonging to this section so that they could experience a healthy life without being deprived of any facilities. The government has initiated a number of policies but there is no implementation. It can be noticed that they are not just denied equal status or access to facilities but even the healthcare policies which are created for them are not implemented properly.

Conclusion

Thus, from this data, it can likely be understood that policies which are created for the well-being of marginalized people in terms of health are not being implemented effectively. There is a lack of provision or there are no proper centres for the people to avail it. Not just this, there is a lack of awareness also among people which gives these policies no value. However, in some places of India it can be noticed that there is a need for formulation of new healthcare policies which just do not provide facilities but create awareness so that birth control, prevention of infectious diseases and such diseases could be brought to control. So overall the healthcare policies of India need a lot of upliftment in terms of adding new prospects or bringing awareness to the public so that the real suffered can attain the benefit of the same.



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