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REVIEW ARTICLE

Marginalization Scenario in India: A Multidimensional Cross Sectional Study

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ABSTRACT

Marginalization is a multifaceted phenomenon occurring at both global and local levels. Entire societies can be marginalized within the global order, while specific classes and communities experience marginalization within dominant social structures. In India, marginalized groups have historically suffered due to factors such as caste, religion, gender, age, untouchability, and disability. These factors directly and indirectly affect their occupations, livelihoods, health, and education. This article examines the persistent social and legal challenges these communities continue to face. The research utilizes secondary data from diverse sources, including books, existing research studies, government archives, and bibliographical resources. Marginalization prevents participation in social life, leading to further isolation. Crucially, this article explores the psychological impact of marginalization, emphasizing its role in societal well-being and suggesting pathways toward freedom, equality, and justice. Social exclusion leads to discriminatory experiences in daily life, increasing vulnerability to risky behaviors such as commercial sex work, begging, drug use, and even suicidal ideation. Integrated approaches and strategies at all societal levels are essential to improve social inclusion and access to social services. It is important to note that even in developed countries, poverty, exclusion, and stigmatization remain a reality for certain populations.

KEYWORDS

• Marginalization • Untouchability • Disabilities • Livelihood • Social inclusion

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INTRODUCTION

The term marginalization has been used to describe a variety of situations resulting from the combinations of social exclusion, political subjugation, legal sanctions, migrations, poverty, and so on, in different parts of the world (Thorat and Nidhi, 2009). The concept of marginality is said to have been introduced in 1928 by Robert Park (Dunne, 2005). Marginalization is essentially a form of exclusion of an individual or group/ community from meaningful participation in society. This exclusion manifests in different spheres essentially displaying the characteristics of deprivation in one form or the other (Young, 2000). Marginality can be of various types, i.e. social, cultural, political, and so on. While social and cultural marginalities are basically informal, political marginality is fully a legal form. Cultural marginality exists when a group does not fully share knowledge, beliefs, customs, etc, of the main society. Social marginality is the result of indifferent treatment of a group by the dominant groups (Patil, 2002). Some of the marginalization results from the displacement of people from their original social, cultural, economic and political habitat (Roy, 2002).

In India, various terms like weaker sections, deprived sections, disadvantaged people, underprivileged sections, below poverty line, and so on, are in vogue to denote the groups of people who have suffered from social stigma, economic deprivation, segregation and severe poverty conditions (Bhattacharya and Baski, 2002). These factors almost always act hand in hand and boost each other leading to a syndrome, which may aptly be described as a situation of marginalization. People who are marginalized have relatively little control over their lives, and the resources available to them. This results in crippling their contribution to society. They are prevented from participating in local life, which in turn leads to further isolation. This has a tremendous impact on development of human beings, as well as on society at large (Patil, 2002).

METHODOLOGY

The study is based on descriptive research design by using case study analysis. The research is done by reviewing the secondary data collected from various sources like books, existing research studies, archives of government records and various bibliographical sources.

Historical background of Marginalized Groups

Richard Morrock in his 'Heritage of Strife' the effects of colonialist "Divide and Rule" strategy upon the colonized peoples "defines "divide and rule" as the "conscious effort of an imperialist power to create and/or turn to its own advantage the ethnic, linguistic, cultural, tribal, or religious differences within the population of a subjugated colony" (Dattani, Mahesh, 2000). The basic tactics of "divide and rule" as practiced by Western colonialists were to create differences within the conquered population; to exploit those differences for the benefit of the colonial power and then to politicize those differences so that they were carried over into the post-colonial period. The creation of differences can come about in several ways: first by playing one ethnic group against another; secondly, by throwing hostile ethnic groups together; thirdly, by magnifying linguistic or cultural differences; and fourthly by religious conversion (Lal Dena, 2014).

Meaning of Marginalized Groups

In general, the term 'marginalization' describes the overt actions or tendencies of human societies, where people who they perceive to 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 social reproductive activity". Latin observes that "Marginality" is so thoroughly demeaning, for economic well-being, for human dignity, as well as for physical security. Marginal groups can always be identified by members of dominant society, and will face irrevocable discrimination. These definitions are mentioned in different contexts and show that marginalization is a concept which needs discussion. Marginalization has aspects in sociological, economic, and political debates. Marginalization may manifest itself in forms varying from genocide/ethnic cleansing and other xenophobic acts/activities at one end of the spectrum, to more basic economic and

social hardships at the unitary (individual/ family) level.

Marginalized Groups in India

Marginalization of Schedule Castes and Schedule Tribes

Marginalization of certain groups or classes occurs in most societies including developed countries and perhaps it is more pronounced in underdeveloped countries. In the Indian context, caste may be considered broadly as a proxy for socio-economic status and poverty. In the identification of the poor, scheduled caste and scheduled tribes and in some cases the other backward castes are considered as socially disadvantaged groups and such groups have a higher probability of living under adverse conditions and poverty. The health status and utilization patterns of such groups give an indication of their social exclusion as well as an idea of the linkages between poverty and health (Nayar, K.R., 2007). Caste in Indian society is a particular form of social inequality that involves a hierarchy of groups ranked in terms of ritual purity where members who belong to a particular group or stratum share some awareness of common interest and a common identity. Structurally the lower castes were economically dependent on the higher castes for existence. The Scheduled Caste (lower castes) remained economically dependent, politically powerless and culturally subjugated to the upper caste. This kind of dominance of higher castes on the lower castes effects their overall lifestyle and access to food, education and health (District Level Household Survey, 2002-04). In a caste-dominated country like India; Dalits comprise more than one-sixth of the Indian population (160 million approx.), and stand as a community whose human rights have been severely violated. 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 health service received. The scavenger community among the Dalits are vulnerable to stress and diseases with reduced access to healthcare. Studies on nature of exclusion and discrimination faced by Dalit children in using public health services in rural areas are very limited; however there is indirect evidence which is reflected in indicators related to health. Mortality, for example, is an important indicator of health status and it is seen in India, infant mortality rate for Dalit children is high (88 per 1000) when compared to children from the other social group (69 per 1000) (Nidhi, Sadana., 2009). Structural discrimination directly impedes equal access to health services by way of exclusion. The negative attitude of the health professionals towards these groups also acts as a barrier to receiving quality healthcare from the health system. The scheduled tribes and the scheduled castes face structural discrimination within the Indian society. Unlike the scheduled castes, the scheduled tribes are a product of marginalization based on ethnicity.

Marginalization with Reference to Dalit Women

Dalit women are attempts at vulnerable conditions in India and part of the marginalization where they come as a scheduled caste in India. The population of Dalit women in India is 9.79 million, which is 48.59% of the total Dalit population in India. The total female population in India is 58.7 million, of which 16.68% is the Dalit population. Of this, 7.4 cr live in rural areas and 2.3 cr in urban settlements in 2011. The marginalization of Dalit women affects all areas of their lives and violates basic human rights such as political, social, civil, cultural and economic rights. They become vulnerable to sexual violence and exploitation because of their gender and caste. Dalit women also fall victim to heinous social and religious practices such as *devadasi/yogini* (temple prostitution), leading to sexual exploitation in the name of religion. Additional discrimination faced by Dalit women due to their gender and caste is clearly reflected in the disparate achievements in human development indicators for this group. In all indicators of human development, such as literacy and longevity, Dalit women perform worse than Dalit men and non-Dalit women. Thus, the problems of Dalit women are different and unique in many ways and they suffer from the 'triple burden' of gender bias, caste discrimination and economic deprivation (www.theglobaljusticenetwork.org, 2022). 'Woman' in India is not a homogenous

category; it is characterized by differences in health status, educational attainment, economic performance measured by human development indicators, especially in the case of women belonging to Scheduled castes (Dalits) and Scheduled Tribes and Muslims (2022). In the traditional scheme of the caste system, the untouchables, who are at the bottom of the caste hierarchy, were deprived of all rights and, being at the bottom of the social and economic hierarchy, suffered the most from the anti-social spirit and violence from the upper caste Hindus (Vaijanath, L., 2022). They were denied the right to property, education and civil and cultural rights and limited to so-called "polluting" occupations and manual work. In addition, the untouchables also suffered from the concept of 'untouchability', which is unique to them (https://blog.ipleaders.in/condition-dalits-india). Because of this unique stigma of untouchability, the untouchables are considered impure and polluting and have suffered physical and social segregation and isolation. . This isolation and segregation led to suppression of their freedom and limitation of physical and social mobility, resulting in denial of equal access in various spheres of society, culture and economy (Vaijanath, L. 2022).

On average, about 1,000 cases of sexual exploitation of Dalit women are reported annually (Table 1). According to the National Crime Records Bureau (NCRB), 1,576 cases of rape of women were reported in the country during 2012 as compared to 1,557 cases in 2011, which is an increase of 1.2 percent in the incidence of rape (Table 1). The number of atrocities that are not reported to the police and that remain unregistered is far greater. The cases that get registered are severe, and women who register are courageous women.

Table 1: Incidences of Rape against Dalit Women over the Years (evidence from the NCRB)

Year	No. of Dalit Women
1999	1000
2000	1083
2001	1316
2002	1331
2003	1089
2004	1157
2005	1172
2006	1217
2007	1349
2008	1457
2009	1346
2010	1349
2011	1557
2012	1576

Source: *National Crime Records Bureau, Government of India, 1999–2012.*

Women of Marginalized Communities

Among the marginalized communities the most susceptible are women folk which faces severe forms of discriminations that denies them to access to the progress and development. It directly or indirectly affects them in the field of occupation, livelihood and education. A brutal environment is setup where women folk are prevented from participating in social life which in turn leads to their further isolation. Women education refers to every type of education that aims at their all-round development including general education in schools and colleges, professional and technical education, health education etc. Education is a strong medium for creating consciousness about their rights and empowerment. Education ensures socio-cultural and economic development of women in society. Our nation will progress remarkably if we have educated mothers. Women education will change the social fabric of society by bringing about socio-economic development, prosperity, improved life and health, dignity and honor etc. The importance of women education has been highlighted in the fundamental rights and duties and also in directive principles of our constitution. Various commissions and committees also recommended measures for women upliftment. Thus, women education occupies top most priority among the various actions to be taken to improve the status of women. Despite various measures taken by the Government of India for women education, women belonging to marginalized communities are still backward in the field of education, high literacy rate among them is

still a dream. Problems like parental attitude, parental illiteracy and ignorance, poverty, poor school environment, early marriages, preference for male child education, lack of infrastructure and communication facilities, etc leads to poor literacy and dropout rates among women. The total number of women educational institutions during 1946-1947 in the country was 28,196.

Table 2: Education of Girls (1946-1947)

Levels of Education	Number of Girls Enrolled
Primary	56,090
Secondary	6,02,280
College	2,903
Total	41,56,742 (6,61,273)

Source: *Radha Dua, 2008*

Marginalization Third Gender in the light of the Transgender

The term "third gender" in India encompasses diverse groups such as Kinnar, Hijras, Kothis, Aravanis, Jogappas, and Shiv-shaktis, who have historically contributed to the rich tapestry of Indian culture. Despite their significant cultural heritage, the third gender community has faced systemic exclusion and marginalization due to the prevalent heteronormative societal norms. The term "transgender" refers to individuals whose gender identity or expression does not align with the sex assigned to them at birth. This diverse community encompasses individuals who may express their gender identity through various means, including clothing choices, behavior, and mannerisms that reflect their internal sense of gender. Some transgender individuals undergo hormone therapy and sex reassignment surgery to align their physical bodies with their gender identity, rejecting the binary constructs of 'male' and 'female' and opting for terms such as 'transgender,' 'genderqueer,' or 'genderfluid.'

Despite their significant presence within society, the third gender population has long been disregarded and overlooked, evident in the lack of recognition by the Indian Census until 2011. The collection of data on their employment status, literacy rates, and caste was a groundbreaking step towards acknowledging their existence. However, discrimination, disrespect, and social marginalization continue to plague the transgender community, leading to high rates of unemployment and limited access to public spaces. They often face rejection and are denied entry into essential facilities such as hospitals, hotels, and malls. Moreover, the prevalence of violence against the third gender, including sexual abuse, expulsion from their parental homes, and cyberbullying, has remained a persistent issue.

Alarming statistics highlight the vulnerability of the transgender population, with a reported 53 percent of anti-LGBTQ homicides in 2012 involving transgender women. Financial instability further exacerbates their plight, as many are forced into begging as their primary source of income, rendering them more susceptible to poverty and exploitation. The hidden nature of their community perpetuates a cycle of underreporting and neglect of crimes committed against them, driven by the fear of ridicule and indifference from society. With the rise of the digital era, cyberbullying and hate speech on their social media profiles have added another layer of adversity to their lived experiences. The description of the NALSA judgement was further elaborated in the Navtej Singh Johar vs Union of India (2018), here the Supreme Court look upon concepts like 'constitutional morality' to put forward a rectification for otherwise heteronormative society (Gupta, N. K., 2022).

Marginalization of Children

In India, children's vulnerabilities and exposure to violations of their protection rights remain spread and multiple in nature. The manifestations of these violations are various, ranging from child labour, 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, for instance, India has the largest number of child labourers under the age of 14 in the world. Those children working in the brick kilns, stone quarries, mines, carpet and zari industry suffer from occupation related diseases (Babu B. V., Kusuma Y.S., 2007).

Marginalization of Old Aged

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. Lack of economic independence

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 the society as ageing is often accompanied by multiple illnesses and physical ailments. Pain in the joints, followed by cough and blood pressure, piles, heart diseases, urinary problems, diabetics and cancer are the common ailments reported among elderly (National Sample Survey Organisation (NSSO) Report, 1998). One out of two elderly in India suffers from at least one chronic disease which requires life-long medications. Providing healthcare to elderly is a burden for especially poor households. Visual impairment, hearing problem, loco-motor problem (difficulty in walking) and problems in speech are common forms of disability among elderly. Senility and neurosis is common mental illness reported among elderly (Ranjan Irudaya, 2006).

Muslim and Marginalization

Muslims are lagging behind in terms of various development indicators such as basic amenities, literacy rate and public employment. The Muslim constitute 14.2% of Indian population (as per 2011 Census) and are the second majority after the Hindus but Muslims are considered as a marginalised community as they have been deprived of the benefits of the socio-economic development over the years which is details in table 3.

Table 3: Status of Religion in India

Religion	Percentage (%)
Hindu	79.80
Muslim	14.23
Christian	2.30
Sikh	1.72
Buddhist	0.70
Jain	0.37
Others religion	0.66
Not stated	0.24

Source: *Census of India, 2011*

A High Level committee under the Chairmanship of Justice (Retired) Rajinder Sachar was constituted by the Prime Minister's Office for preparation of a comprehensive report on the social, economic and educational status of the Muslim community of India. The committee examined the social, economic and educational status of the Muslim community in India. The report discusses in detail the marginalisation of this community. The committee suggests that on a range of social, economic and educational indicators the situation of the Muslim community is comparable to that of other marginalised communities like Scheduled castes and Scheduled tribes. Economic and social marginalisation experienced by Muslims has other dimensions too. Like other minorities, distinct Muslim customs and practices apart from what is seen as the mainstream. Some may wear a burqa, sport a long beard, wear a fez, leading for ways to identify all Muslims-they tend to be identified differently and some people think they are not like the 'rest of us'-thus leading to marginalisation. This social marginalisation of Muslims has led to them migrating from places where they have lived, often leading to the ghettoisation of the community. Sometimes, this prejudice leads to hatred and violence.

Religion and Cultural Marginalization

Man is a social animal having a great sense of social inclusivity. Religion influences our perceptions of social exclusion and inclusion around the world. Due to the global expansion of religion's influence on people's lives, the global resurgence of newly imposed standards, laws, and restrictions has occurred. Demographically, and particularly in terms of its impact on societal conditioning, it has been a significant factor. Many people consider religion a critical component of who they are, what they believe, the community in which they live, and the overall purpose in their lives. Another way to say this is that as a result of its cultural foundations, the same religion has also given rise to other types of marginalisation in other cultures and nations. Everywhere you look, marginalised groups are under discussion because of their social, ethnic, economic, and cultural obstacles. Marginality must be dealt with globally, regardless of form. Religious, ethnic, linguistic, and other minority groups tend to be more marginalised in many countries. There are also counter-cultures in mainstream cultures and religions. They are generally people from disadvantaged backgrounds, minorities. They are suffering

from poverty, social isolation, and political disenfranchisement. Their marginalisation can vary on a continuum ranging from less to more intense. Societies are typically split into two classes: one class is very powerful, and the other class is destitute.

Certain aspects of caste identity, such as caste-based social marginalisation and the practice of untouchability, are still practised in today's Muslim-dominated communities in Pakistan and Bangladesh (Wessler, Heinz, 2020). Hindu holy writings, as well as traditional Hindu texts and laws, have set standards and ethics for life, culture, religion, and belief. As a result, societal inequalities such as untouchability have become canonical. The four varna system of Hinduism divides people into four groups based on their birth varna: Brahmanas (priests), Kshatriyas (warriors), Vaisyas (traders), and Shudras (slaves) (laborers). Varna is a common translation for "caste," while there is a more accurate Indian term for "caste," jati, which is also used. There are hundreds of jatis that designate group identity about the purity of food consumption (shared table) and endogamous marriage, according to Max Weber's laws of commensality and connubium.

People throughout the world are talking about marginalized groups, a serious global problem that must be addressed. Religious, ethnic, linguistic, and other minorities are frequently marginalised in many countries. Within mainstream cultures or religions, there are subcultures. They are frequently underprivileged members of minority groups. They are impoverished economically, socially, and politically, and they are isolated from the majority. On opposite ends of the spectrum, most countries and cultures have powerful and impoverished people, with varying degrees of power and poverty in the between. People with more authority have more independence, social status, and life security. Fear, uncertainty, and unfairness have no place in the lives of the poor. The degree of poverty economic, social, or cultural determines the form and nature of marginality (Pannikar K.N., 2011).

Several communities have expressed concern about asserting ethnic, linguistic, religious, and cultural identity and autonomy. Only majoritarian groups gain from the modernisation process as a result of the majoritarian system of administration, and they make up the bulk of the socio-political fabric. Minority groups are still marginalised, underprivileged, and on the outskirts of society (Gorringe, Hugo, 2005).

Marginalization with Disabilities

Disability poses greater challenges in obtaining the needed range of services. Persons with disabilities face several forms of discrimination and have reduced access to education, good health employment and other socio-economic opportunities. In India, there is an increase of proportion of disabled population. Disability includes loco-motor disability, visual, mental, speech and hearing, learning disabilities etc (Chaudhari, Leni, 2006). It has been noted that there are more than 650 million people worldwide suffering from one or another form of disability (two thirds of whom live in developing countries), most have long been neglected and marginalized by the state and society. They are victims of physical, sexual, psychological and emotional abuse, neglect, and financial exploitation, while women with disabilities are particularly exposed to forced sterilization and sexual violence.

Marginalization with Patient Groups

Improving patient safety is at the forefront of healthcare policy and practice across the globe (IOM. In: Kohn LT, Corrigan JM, Donaldson MS, 2000), but may be especially challenging for marginalised groups of patients (McLeish J., 2002; Shulman C, Hudson BF, Low J, Hewett N, Daley J, Kennedy P, *et al*., 2018; Lecko C., 2013). The European Network for social inclusion and health defines marginalisation as the "position of individuals, groups or populations outside of 'mainstream society'" (Schiffer KSE., 2008). Marginalised patients experience severe health inequities which can result in poorer health status, higher premature morbidity and increased risk for patient safety incidents in comparison to the general population (Aldridge RW, Story A, Hwang SW, Nordentoft M, Luchenski SA, Hartwell G, *et al*., 2018 and (McLeish J., 2002; Shulman C, Hudson BF, Low J, Hewett N, Daley J, Kennedy P, *et al*., 2018; Lecko C., 2013). There are several reasons underlying these poor health care outcomes among marginalised patients. At the macro-level for example, marginalised people may have no voice on healthcare policy planning and/or resource allocation because they are "systemically excluded

from national or international policy making forums" (Schiffer KSE, 2008; Siddiqui FR, 2014). At the meso-level, poor or non-inclusive organisational service designs can lead to gaps in service provision for marginalised patients (Shulman C, Hudson BF, Low J, Hewett N, Daley J, Kennedy P, *et al*., 2018). Finally, at the micro-level, marginalised people may experience barriers to communication regarding their health care needs and treatment due to impairment or personal context (e.g. language barriers or sensory, learning or age related disability) (van Rosse F, de Bruijne M, Suurmond J, Essink-Bot ML, Wagner C., 2016; Xu X, Chen L.,2019) or as a consequence of perceived (Goodman A, Fleming K, Markwick N, Morrison T, Lagimodiere L, Kerr T, 2017) or actual stigma enacted (e.g. labelling of some homeless patients as 'difficult' leading to barriers in accessing care) (Shulman C, Hudson BF, Low J, Hewett N, Daley J, Kennedy P, *et al*., 2018; Håkanson C, Ohlen J., 2016).

Factors Affecting Marginalization

Proclivity to Cultural Aggravates Marginalization

The spirit of cultural inclination aggravates marginalisation. Some society did not accept the changes opted by western cultural for erosion of their cultural values to be like limited. Same way, some of the people do not want change in their culture.

Proclivity to Language Aggravates Marginalization

Mother organisation in Tripura emphasise intellectual deliverance in English for onward development but even language subjects are being taught in Bangala. Even English and Sanskrit languages are being taught in Bangala/navakhalli/shilehette dialect etc. Sanskrit language even in exams is written and evaluated in Bangala. How funny the language learners learn the all languages' mother in local dialect. What an irony! Some of the publically influential and socalled intellectual persons demand delivery in local dialect or Bangala neglecting, the demand of the time and development oriented spirit of mother organisation. Typical traditional methods hinder competitive spirit of local lobbies' leadership and preference to language aggravates marginalization (Swami , B., 2014).

Table Manners and Etiquettes Aggravate Marginalization

The food habits remain same for the ancestral patterned cultural spirit within. No Prioress of Chaucer is able to teach table manners and etiquettes to the people for spirit of negative values like hatred, deception, and selfishness, false proud, anger etc. the sticking to ones culture enables one to be marginalised. For example, a vegetarian is marginalised in culture of non-vegetarian. When all eat non-veg then if one person eats vegetarian food he is marginalised. Likewise, if all are using fork and spoon but one person does not he may be considered marginalised.

Disinterestedness for Education Invigorates Marginalization

If all the students are studying to get good marks but some poor students, non-gifted students, slow learners study only for the sake of either stipend or to score 30% marks only to get pass somehow will suffer the spirit of marginalization. Alike, if one works very hard and gets exemplary marks it may further invigorates the spirit that how this marginalised student got these many marks. The spirit for regionalism and king of pond spirit within further may infuse the spirit of marginalised in the heart and mind of that hardworking student (Swami, B., 2014). There are many truths, which demand to be unveiled in this regard seriously. Thus, we can say the education system and its approach too invigorates spirit of marginalisation.

RECOMMENDATION

1. Regular training and sensitisation for police personnel as well as periodic review and assessment of the implementation of relevant acts (such as in India, the Prevention of Atrocities Act and the Caste-based discrimination and Untouchability Act) at the local, district and national levels.
2. National Human Rights Institutions in every caste-affected country are encouraged to bring out an annual White Paper to appraise their performance in relation to caste and gender-based human rights violations.
3. Governments should take into account the situation of women and girls in all

measures taken to address caste-based discrimination and should adopt specific provisions to ensure the human rights of women and girls affected by caste-based discrimination. Particular attention should be paid to combating intersecting forms of discrimination in the sectors of education, employment, health care, access to land and personal security.

4. Ensuring adequate representation of transgender individuals in the National Council is imperative, granting them a substantial voice in the policy-making process. This inclusive approach would facilitate a more comprehensive understanding of the challenges and needs of the transgender community, enabling the formulation of more relevant and effective policies.
5. Providing space for marginalized groups in constitution building and securing rights in the final document will not in itself lead to the rights of marginalized groups being observed. Ensuring such rights are observed and valued will rely on an investment in strategies to overcome exclusion. Key among these are broader public education campaigns to reverse generations of internalized patriarchal values of superiority, discrimination and exploitation.
6. Those who seek to procure rights through litigation must enhance their understanding of the judicial culture they are dealing with. Activists developed a strategy that prioritized the issues most likely to secure public and judicial support. More contentious and difficult issues were reserved for negotiation at a later stage, once the judiciary and the public had become more familiar with and enlightened about the issues at stake.

CONCLUSION

Some of the dominant tribes have developed a negative attitude of superiority in comparison to their fellow tribes, which has given a rise to the feeling of relative deprivation. Perhaps the essence of democracy as well as cultural pluralism which India represents, lies on a basic mantra, that is, "we live together means we share together". In order to translate this possibility into a reality, perhaps, the dominant tribes that have progressed a lot, have to share additional responsibility, to ensure that in our collective onward march, we take special care of our own brethren whose voices have remained unheard so far, and that will be the biggest challenge to all of us irrespective of ethnic divide.

In the conclusion, it must be imbued with original ideas for the development of their personality by inculcating human values since, this is important need of the hour and then the rest will follow automatically. The poor need courage, the life of the people left neglected is made to suffer in society. They need courage to survive to endure, to fight the daily fight of survival and the assertion of the marginalised consciousness through literature is one fight more to make the society aware of its hidden, dark truths that need to be confronted in order to change and transform into a better and equalitarian tomorrow.

REFERENCES

1. Aldridge R.W., Story A., Hwang S.W., Nordentoft M., Luchenski S.A., Hartwell G., *et al*. (2018) Morbidity and mortality in homeless individuals, prisoners, sex workers, and individuals with substance use disorders in high-income countries: a systematic review and meta-analysis. *Lancet.* 391:pp. 241–50.
2. Babu B.V., Kusuma Y.S. (2007) *"Tribal Health Problems; Some Social Science Perspectives"* in Mohammad Akram (ed.) Health Dynamics and Marginalized communities, Rawat Publication, India, pp. 67-76.
3. Bhattacharya, Kumkum and Baski Boro, (2002) The various experiences of being marginalized, *The Journal of the Anthropology Survey of India*, Volume 51, Number 1, March 2002, P. 9.
4. Census of India (2011) Ministry of Home Affairs, Govt. of India, New Delhi.
5. Chaudhari, Leni (2006) "Disability, Health and Human Rights", Centre for Enquiry into Health and Allied Themes (CEHAT), India (Mumbai), p. 4. Online Available:www.cehat.org.
6. Condition-dalits-india/. (n.d.). Retrieved from https://blog.ipleaders.in/condition-dalits-india/
7. Dattani, Mahesh (2000) Collected Plays. Penguin books India Pvt. Ltd. New Delhi.
8. District Level Household Survey (2002-04) International Institute for Population Sciences, Mumbai: India p. 98.
9. Dua, Radha (2008) Women Education: Issues

and Concerns, APH Publishing Corporation, New Delhi.

10. Dunne, J. Robert (2005) *Marginality: A Conceptual Extension*, in Rutledge M. Dennis (Ed.), Marginality, Power, and Social Structure: Issues in Race, Class, and Gender Analysis, Research in Race and Ethnic Relations, Volume 12, Elsevier, London.

11. Gorringe, Hugo (2005) "'You build your house, we'll build ours': The Attractions and Pitfalls of Dalit Identity Politics." *Social Identities* 11, no. 6: pp. 653-672.

12. IOM (2000) In: Kohn L.T., Corrigan JM, Donaldson MS, editors. To Err is Human: Building a Safer Health System. Washington DC: National Academy of Sciences.

13. Lal Dena, (2014) Historical Perspectives of the process of Marginalization: A Study of the hill people's experience in Manipur.

14. Lecko C. (2013) Patient safety and nutrition and hydration in the elderly. UK: The Health Foundation; pp. 1-23.

15. McLeish J. (2002) Mothers in EXILE: Maternity experiences of asylum seekers in England.

16. National Sample Survey Organisation (NSSO) Report (1998) "Report on Morbidity and Treatment of Ailments", 52nd Round, Report No. 441, Government of India.

17. Nayar, K.R. (2007) "Social exclusion, caste & health: A review based on the social determinants framework", *Indian Journal of Medical Research*, Centre of Social Medicine & Community Health, Jawaharlal Nehru University, India, pp. 355.

18. Nidhi Sadana, (2009) "Dalit children in rural India: issues related to exclusion and deprivation", *Indian Institute of Dalit studies*, Vol. III, No. 5, New Delhi, India, p. 9.

19. Gupta Nikhil K. (2022) "Ruptures and resurgences: Marking the spatiality of transgender identity in India since the enactment of Transgender Persons Act 2019" Frontier in Political Science.

20. Pannikar K.N. (2011) Identity and Politics, *Frontline.*

21. Patil, S. (2002) Marginalized communities in southern India: Demography, traditional occupations and social status as criteria for identification, *Journal of Anthropological Survey of India*, 51: pp. 169-170.

22. Ranjan Irudaya (2006) "Population Aging and Health in India", Centre for Enquiry into Health and Allied Themes (CEHAT), Mumbai, India.

23. Roy, Sanjay K. (2002) Bengali refugees in India and their rights, *The Journal of the Anthropological Survey of India*, Volume 51, Number 1, March 2002, p. 83.

24. Schiffer K.S.E. (2008) Marginalisation, social inclusion and health. Amsterdam: Found Regenboog AMOC Correlation Netw.

25. Shulman C., Hudson B.F., Low J., Hewett N., Daley J., Kennedy P., *et al*. (2018) End-oflife care for homeless people: a qualitative analysis exploring the challenges to access and provision of palliative care. *Palliat Med.,* 32(1): pp. 36–45.

26. Siddiqui F.R. (2014) Annotated bibliography on participatory consultations to help aid the inclusion of marginalized perspectives in setting policy agendas. *Int J Equity Health.* 13(1): p. 124.

27. Swami , B. (2014) Marginalisation of Tribal in Tripura, An International Refereed *e-Journal of Literary Explorations,* Gwalior, Vol. 2, Issue II, pp. 276- 282.

28. Thorat S.K., and Sadhan Nidhi (2009), Caste and Social Exclusion Issues Related to Concept, Indicators and Measurements. *EPW.* p. 44.

29. Vaijanath, L. (2022) Understanding of Marginalization with Reference to Dalit Women in India, *International Journal of Research Publication and Reviews,* Vol 3, no 10, pp. 1136-1139.

30. van Rosse F., de Bruijne M., Suurmond J, Essink-Bot ML, Wagner C. (2016) Language barriers and patient safety risks in hospital care. A mixed methods study. *Int J Nurs Stud.* 54: pp. 45–53.

31. Wessler, Heinz. (2020) "From marginalisation to rediscovery of identity: Dalit and Adivasi voices in Hindi literature." *Studia Neophilologica* 92, no. 2: pp. 159-174.

32. Xu X., Chen L. (2019) Influencing factors of disability among the elderly in China, 2003–2016: application of Bayesian quantile regression. *J Med Ec*on. 22(6): pp. 605–611.

33. Young, I.M. (2000) *'Five Faces of Oppression'*, in M. Adams (ed), Readings for Diversity and Social Justice, Routledge, New York, pp. 35-49.