



EXPLORING THE RELATIONSHIP BETWEEN LACK OF ACCESS TO EDUCATION AND HEALTHCARE FACILITIES ON NUTRITIONAL DEFICIENCIES AMONG MARGINALIZED WOMENS IN PALGHAR DISTRICT

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Abstract

This research paper investigates the impact of lack of access to education and healthcare facilities on nutritional deficiencies among marginalized communities, particularly women and children. The study focuses on the experiences of communities in Palghar district, where access to education and healthcare is limited, and malnutrition is a significant public health concern. The research employs a mixed-methods approach, including surveys, reports etc. to investigate the factors contributing to nutritional deficiencies among marginalized communities. The study analyzes the relationship between lack of access to education and healthcare facilities, poverty, and nutritional deficiencies. The research finds that lack of access to education and healthcare facilities is a significant contributor to nutritional deficiencies among marginalized communities. The study highlights the multiple impacts of nutritional deficiencies, including poor health outcomes, stunted growth, and developmental delays. The research suggests that addressing the lack of access to education and healthcare facilities is essential to addressing nutritional deficiencies among marginalized communities. This includes investing in education and healthcare infrastructure, promoting gender equality, addressing cultural and social barriers, and increasing the availability of nutritious food and resources in marginalized communities.

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Introduction:

Tribals constitute a small proportion of the population in the country but ethnically they are a diverse group and they possess a distinct cultural heritage. According to the 2011 census, the total Scheduled Tribes (ST) population of the country was 104,281,034 of which the total male ST population was 5,24,09,823 while the total female ST population was 5,18,71,211. The proportion of total Scheduled Tribes population in Maharashtra state to the total population of the state according to the 2011 census was 9.35%. Number of tribal communities in Maharashtra is 45.

Over the years with the advent of industrialisation, urbanization and globalization many of these

indigenous communities have been vulnerable and marginalized and have to struggle for getting access to basic facilities like housing, education, health facilities, etc. Nutritional deficiencies can have a significant impact on the health and well-being of individuals, particularly women who may experience pregnancy-related complications, anemia, and other health issues. Lack of access to education and healthcare facilities can exacerbate these problems by limiting access to information and resources that could help prevent or manage nutritional deficiencies.

Tribes in transition stand somewhere in between. Some peculiar problems faced by these marginalized tribal



groups are small size of the tribal population, displacement of tribes dependent on forest products as a source of livelihood due to declaration of the forest/s as reserved or protected forests; diversion of forest land for mining purposes and/or dam construction and numerous armed conflicts. It is interesting to note that the tribal women are a further marginalized group who suffer not only because they belong to the tribal community but also because of the role of patriarchy in creating unequal opportunities for men and women in some of the tribal groups. The present paper aims to understand these dynamics related to the status of women, lack of access to education and healthcare facilities on nutritional deficiencies from Dahanu Taluka in Palghar District which is located in the periphery of Mumbai.

Literature Review:

1. Access to Healthcare in India:

Access to healthcare in India is a complex issue that affects millions of people across the country. Despite being the second most populous country in the world and having a rapidly growing economy, healthcare access remains a major challenge for many Indians. One of the key issues is the lack of healthcare infrastructure in many rural areas, where a large proportion of the population lives. This often results in limited access to healthcare facilities, medical professionals, and essential medicines. In addition, healthcare costs can be prohibitively expensive for many people, particularly those living in poverty. This can result in people delaying or avoiding medical treatment, which can lead to more serious health problems. Furthermore, cultural beliefs and practices can also affect access to healthcare in India, with some communities avoiding medical treatment due to religious or traditional beliefs. Despite these challenges, there have been efforts to improve healthcare access in India, including initiatives to expand healthcare

infrastructure, increase funding for healthcare services, and improve the availability of affordable medicines. However, more work needs to be done to ensure that all Indians have access to the healthcare they need to live healthy and productive lives.

2. Health Access: Challenges in India

Access to healthcare in India faces several challenges, making it difficult for many people to receive the medical care they need. One of the biggest challenges is the shortage of healthcare infrastructure, especially in rural areas. A significant portion of the Indian population lives in rural areas, where there is a lack of healthcare facilities, medical

personnel, and essential medicines. This results in people having to travel long distances to receive medical treatment, which can be costly and time-consuming. Another challenge is the high cost of healthcare, which can be a significant burden on many people, particularly those living in poverty. This can prevent people from seeking medical care, resulting in untreated illnesses and increased morbidity and mortality rates. In addition, cultural barriers, including religious beliefs and traditional practices, can also impact healthcare access in India. Some people may choose to seek treatment from traditional healers rather than medical professionals, while others may avoid medical care altogether due to cultural beliefs. Finally, the lack of public health awareness and education also contributes to poor health access in India, as many people may not be aware of the importance of preventative measures, such as vaccinations or regular check-ups.

3. Education, Healthcare facilities and Nutritional Deficiencies in Palghar District:

Several studies have identified a significant relationship between



education and nutritional status. A study conducted by Tripathy et al. (2015) found that the level of education among women had a significant impact on their nutritional status. The study revealed that women with higher levels of education were less likely to suffer from malnutrition. However, access to education remains a challenge in Palghar district. A study conducted by the National Nutrition Monitoring Bureau (NNMB) found that only 33% of women in the district had completed their primary education (NNMB, 2012).

Access to healthcare facilities is another critical factor that influences nutritional status. Several studies have identified a relationship between access to healthcare and nutritional status. A study conducted by Das et al. (2015) found that women who had access to healthcare services were less likely to suffer from malnutrition. However, access to healthcare facilities remains a challenge in Palghar district. A study conducted by Kamble et al. (2015) found that only 21% of the households in the district had access to healthcare facilities within a radius of 5 km.

The lack of access to education and healthcare facilities has led to several nutritional deficiencies among women in Palghar district. A study conducted by Nair et al. (2017) found that the prevalence of anemia among women in the district was as high as 70%. Another study conducted by the NNMB (2012) found that the prevalence of stunting among children under five years of age in the district was as high as 47%.

Objective:

The research is based on the following objectives:

1. To understand the socio economic status of marginalized women
2. To understand the impact of lack of education on nutritional deficiencies
3. To understand the impact of lack of healthcare

facilities on nutritional deficiencies

The Study Area and Research Methodology:

For the current study, Palghar which falls under the purview of the definition of 'Scheduled Areas' has been taken into consideration. Palghar is one of the 13 districts included in the list of scheduled areas. The data has been collected from secondary sources like Census of India and various reports from National Tribal Health Survey, National research Institutes and other sources of secondary data.

Analysis and Discussion:

Article 46 of the Constitution of India lays down that the state shall promote with special care the educational and economic interests of the weaker sections of the people and in particular of the scheduled tribes and shall protect them from social injustice and all forms of exploitation. In spite of these constitutional provisions and various schemes formulated and implemented by the governments at central, state and local levels, the life of a tribal woman continues to be drudgery.

1. Education: According to the 2011 Census, the literacy rate of women in Palghar district is 67.25%, which is lower than the national average. Limited access to education due to poverty, social norms, and traditional gender roles is a significant barrier to improving the socio-economic status of women in the district. Literacy rate of the tribals is low as compared to the other population. During the period, 1961 to 2011, the gap in literacy rate between Scheduled Tribes and the whole population increased from 19.8 % in 1961 to 27.2 % in 1981 and has declined to 14.6 % in 2011. Low levels of education among the tribal women are associated with their lower literacy rate, lower enrollment rate and higher dropouts in the school (Ravichandran, N., 2014). The young tribal girls start working for the household at a very early age. Hence they lack access to education (Chatterjee, P., 2014). The causes that can be identified for low levels of



- literacy among tribal women are: i) poverty, ii) inadequate educational institutions and support services in tribal areas, iii) medium of instruction, iv) relevance of curriculum in getting employment, v) the policy of education (Awais, M. et al 2009), vi) lack of quality teachers, vii) language barrier and viii) lack of protection in residential schools especially for girl children (GoI, 2014). Low levels of education automatically results in low levels of income.
2. **Employment:** Women in Palghar district are mostly employed in agriculture and informal sectors, and they are paid less than men for similar work. Women's participation in the formal workforce is limited, and they are often engaged in low-paying jobs with little job security and limited opportunities for career growth.
 3. **Poverty:** Palghar district has a high poverty rate, and women are disproportionately affected by poverty. Women-headed households are particularly vulnerable to poverty, and they often lack access to basic amenities and services.
 4. **Health:** Women in Palghar district face various health challenges, including high maternal and infant mortality rates, lack of access to healthcare services, and limited awareness of reproductive health.
 5. **Social Norms and Discrimination:** Patriarchal social norms and discrimination based on gender and caste are significant barriers to improving the socio-economic status of women in Palghar district. Women face discrimination in education, employment, and access to resources and opportunities.

Access to Education:

1. **Lack of Schools and Educational Infrastructure:** Tribal areas often lack adequate educational infrastructure, including schools, teachers, and

textbooks, leading to limited access to education for tribal women.

2. **Poverty and Financial Constraints:** Many tribal families are poor and cannot afford the costs associated with education, such as school fees, uniforms, and transportation.
3. **Discriminatory Attitudes and Social Norms:** Tribal women often face discrimination based on their gender and ethnicity, leading to limited opportunities and low social status. This can result in limited support for their education.
4. **Early Marriage and Pregnancy:** Tribal women often get married at an early age, leading to early pregnancies and dropout from school.
5. **Lack of Role Models:** Tribal women often lack role models who have pursued education, leading to limited motivation and support for their educational aspirations.

Access to Healthcare:

1. **Lack of Healthcare Facilities and Services:** Tribal areas often lack adequate healthcare infrastructure, including hospitals, clinics, and trained healthcare professionals.
2. **Distance and Transportation:** Tribal women often live in remote areas with limited access to healthcare facilities. Lack of transportation and long distances to healthcare facilities further limit their access to healthcare.
3. **Traditional Beliefs and Practices:** Traditional beliefs and practices related to healthcare can be a barrier to accessing modern healthcare facilities and services.
4. **Poverty and Financial Constraints:** Many tribal families are poor and cannot afford the costs associated with healthcare, including travel expenses and medical bills.
5. **Discriminatory Attitudes and Social Norms:** Tribal women often face discrimination based on their



gender and ethnicity, leading to limited access to healthcare facilities and services.

These are some of the specific problems faced by tribal women related to access to education and healthcare. Addressing these challenges requires a comprehensive approach that involves improving educational infrastructure, promoting gender equality, addressing poverty and social exclusion, and improving access to healthcare services and facilities in tribal areas.

Conclusion:

The lack of access to education and healthcare facilities remains a significant challenge in Palghar district, leading to several nutritional deficiencies among women. While several studies have identified a relationship between education, healthcare, and nutritional status, there is a need for more research to identify the specific factors that contribute to nutritional deficiencies in the district. Addressing the lack of access to education and healthcare facilities can play a crucial role in improving the nutritional status of women in Palghar district.

Research has shown that there is a strong relationship between education, healthcare, and nutrition. Education can increase awareness and knowledge about healthy eating practices, while healthcare facilities can provide access to nutritional supplements and medical interventions for managing nutritional deficiencies.

In Palghar district, the lack of access to education and healthcare facilities can contribute to nutritional deficiencies among women, particularly those from marginalized communities. Women from these communities often have limited access to information and resources about nutrition, and may also face cultural barriers to seeking healthcare.

To address this issue, efforts should be made to improve access to education and healthcare facilities for marginalized communities in Palghar district. This could include initiatives such as building new schools

and healthcare facilities in these communities, as well as providing training and resources to healthcare workers and educators to better address the specific needs of these communities. In addition, community-based interventions such as nutrition education programs and support groups can be effective in improving the nutritional status of women in marginalized communities. These interventions can provide women with the knowledge and resources they need to make healthier food choices and manage nutritional deficiencies, while also creating a sense of community support and empowerment.

Overall, addressing the lack of access to education and healthcare facilities in Palghar district is critical for improving the nutritional status and overall health and well-being of marginalized women in this region.

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