



ADDRESSING SOCIAL INEQUALITIES: EXAMINING THE IMPACT OF GENDER-BASED DISCRIMINATION ON ACCESS TO EDUCATION AND HEALTHCARE

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ABSTRACT

This research aims to identify the impact of gender-based discrimination on women's access to education and healthcare in India. It examines how patriarchal norms, economic inequality, cultural stigma, and institutional failures collectively marginalise women. By employing the liberal, socialist and intersectional feminists' theories, the study highlights that discrimination not only limits the growth of an individual but also determines national progress by creating cycles of poverty, literacy and poor health. With the use of statistical data from national reports, it is revealed that there are significant gaps in female literacy, school enrolment, and maternal health, which reflect a systematic neglect of women's rights and autonomy in India. It concludes with policy recommendations which include gender sensitive budgeting, improved infrastructure, comprehensive sexual education, and stronger legal protections. By studying these barriers, this paper calls for reforms on an urgent basis to ensure that all women, especially those from marginalised sections of society, can fully access their fundamental rights and contribute towards a more equitable society.

INTRODUCTION

Social inequality refers to the unequal distribution of resources in society arising due to differences such as those of income, status, power, education, caste, religion and more. Many sociologists and philosophers since the inception of time have significantly contributed to the identification of the factors responsible for this inequality, as well as the effects of the same. These thinkers greatly emphasised class as the major driver of these inequalities, for instance, the theory of class distribution by Karl Marx, dividing the population into proletariat and

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bourgeoisie, wherein the bourgeoisie extracted wealth and power from the surplus of the labour work of the proletariat.

Gender based discrimination becomes a significant driver of these inequalities, as gender discrimination is embedded deep in patriarchal societies which grant men power and control over the resources and decision making in the society, in culturally driven societies this becomes even more rigid and thus further marginalising women to an extreme position of deprivation of resources, this leads women to face multiple layers of discrimination as it overlaps with the other facets of discrimination which may be prevalent in society. Thus, gender based discrimination is a deep societal issue that leads the marginalised sections to face further disadvantage, leading them to face violence and economic backwardness, due to a reduction in the productive capacity of the deprived individual.

All human beings are born free and equal in dignity and rights.¹ Through the evolution of the concept of human rights, certain aspects of a society are considered basic and crucial for the dignified development of an individual. Education and healthcare are two of the most important rights rendered to an individual for their development. These are not just social constructs that are to be rendered to an individual in a society, rather are the inherent rights of every person regardless of their social position. Health and education are the most important pillars of human development, extremely crucial for the development of individuals and society as well. Further, these are extremely interconnected; for an individual to attain full productive capacity, they need to be completely healthy and efficient, along with the presence of a rightful knowledge base to operate and experiment to foster development and growth. Only a healthy and educated population can face the upcoming challenges in a society with creativity, resilience and efficiency.

Gender based discrimination, thus, leads the deprived individuals to suffer more as it creates hindrances for individuals to attain education and healthcare, often doing more harm than just an absence. Further rendering them incapacitated by the lack of the most basic aspect for growth, permanently paralysing the capacities of an individual to grow and develop in society, perpetuating a cycle of disadvantages.

Despite numerous efforts of leaders all around the globe, the problem of gender inequality and sex based discrimination remains a big roadblock to the development of many countries,

1 Universal Declaration of Human Rights (adopted 10 December 1948 UNGA Res 217 A(III)) art 1

continually affecting the population, and hindering their growth and development. This discrimination not only affects an individual but also has equally negative consequences for the families and societies in which it takes place.

With this paper, we aim to determine,

- How does gender discrimination limit the ability of girls and women to attain education, and what are the effects of the same?
- What are the common barriers faced by women in accessing the fundamental necessities of education and health?
- What are the negative outcomes of gender based discrimination in healthcare access?

Thus, we aim to determine the various social, institutional, and economic, arising due to gender discrimination. And assess the impact of gender discrimination on education and health care access.

This study shall contribute to the determination of various barriers in a society which stem from gender based discrimination, further leading an individual of the deprived sections of society, namely women in this case, to live a life of misery, improper growth, loss of human resource, poverty, illiteracy, not only it leads the person to live a meagre life but also the families of such people suffer due to the same, along with the country that suffers from the loss, due to underdeveloped human resources which instead of contributing to the growth of a nation, become a liability. At the core, this article aims to contribute to the lives of countless women and girls who suffer due to discrimination, exploring the pathways for them to achieve better opportunities and the attainment of their fundamental rights, to enhance their potential and the quality of their lives.

THEORETICAL FRAMEWORKS

Since the inception of humanity, many philosophers have been credited for the in-depth analysis of women in society around the globe, determining their social positions and the impact of multilevel factors in contributing to their deprivation. Among the most discussed factors are patriarchy, and how women have been viewed in society, only in correlation to the household and her duties to serve as per the wishes of the men in the society and her family.

One of the earliest theorists in liberal feminism, Mary Wollstonecraft, is credited with asserting that women deserve the same fundamental rights and education opportunities as men, not for superiority or status, but to elevate virtue, reason and moral equality. 'A Vindication of the Rights of Women' (1792) is one of the first works in Western literature for the promotion of equal rights of women, written during the early years of the French Revolution. It directly challenges the ideas of the thinkers who believed in minimal rights for women. She claimed that women are not inherently inferior to men, but are rather portrayed so due to their lack of rights and education, which subjects them to be continually dependent. By advocating for equal education rights, her main aim was to create a population of women who were independent, strong and capable partners in society instead of being dependent. Mentioning how the writings of specific men throughout history have portrayed women to be "artificial, weak characters... and, consequently, more useless members of society,"

"Indoctrinated from childhood to believe that beauty is woman's sceptre,"² She emphasised the fact that women are not born, but are portrayed as weak and submissive, which is classic social indoctrination. Women are raised from childhood to be 'alluring mistresses', responsible for validating the egos of their male counterparts, rather than becoming rational beings, which reduces their social contributions. This gender based oppression is classified as a modern construct of slavery, wherein women are turned into convenient slaves for men, allowing for the degradation of women and corrupting the men, weakening the society's moral foundation.

She further elucidates that men are not the 'enemy', but rather the institution of systematic inequalities, which aims and views women as a tool of social control and feels the need for them to be oppressed. She promotes the coexistence of both genders through mutual respect and rational companionship.

She advocated for the application of the principles of liberty, equality, natural rights, and other enlightenment ideas to be equally distributed among women. She opines that a society cannot be truly uplifted until both men and women are equal and rational. She advocated for national plans for educating boys and girls together, as she believed shared education would cultivate mutual respect and understanding between the genders in society and equality in marriage as well.

² Mary Wollstonecraft, A Vindication of the Rights of Woman (first published 1792, Penguin Classics 2004)

Her vision has yet to be fully realised; women's rights globally continue to face challenges she identified over 230 years ago.

Betty Friedan, an American journalist, is popularly attributed to the second wave of feminism in the USA. One of her major contributions remains to be the *feminine mystique* (1963)³. In her works, she described what is 'the problem that has no name'. She emphasised the growing problem wherein women, belonging to families with material comfort and children still feel unhappiness, majorly due to their value being tied only to household and related chores, childbearing and taking care of them. All this led to a loss of identity among women, causing widespread dissatisfaction and unhappiness.

She referred to it as the problem with no name, as the society never acknowledged it to be a problem; rather, the media and the popular culture were playing a massive role in popularising the traditional role of women as housewives, and mothers. Women were left no room for introspection of their selves, aligning their roles strictly to that of homemakers. This led women to suffer from anxiety, depression and purposelessness, as they were expected to conform to the roles society had decided for them. She even highlighted how women were forced into early marriages and motherhood, costing them their education and careers. Friedan urged women, by highlighting the past struggles of women to seek equal rights and liberties, calling for women to reclaim their education, and career and find true liberty in their identity and purpose. She advocated for better provisions for women, such as better childcare, skill development and flexible working conditions for women. She called for equal opportunities for all and legal policy reforms for the upliftment of women.

On the other hand, socialist Marxist feminism theorists and intersectional theorists critiqued the commodification of education and healthcare, treating them as products and not rights, and how it affects women in society.

The socialist Marxist feminists argued that capitalism relies heavily on unpaid domestic labour while excluding them from the economic system. They criticised capitalist societies for prioritising profits over people. This leads to inadequate access for the working classes and women. They even called out to the capitalists' institutions for using education and healthcare as tools for maintaining class divisions and gender divides.

³ Betty Friedan, *The Feminine Mystique* (Dell Publishing 1963)

While the intersectional feminists argued and examined the impact of economic policies, where services like education and healthcare are privatised. They point out to intersection of social problems with sex-based discrimination as a contribution to severely disadvantaging women in society, and how systematic poverty, racism, and sexism determine what kind of education and healthcare. These systems are manufactured to intensify the inequalities, not end them.

Angela Davis is known for her work in examining how the historical movements for the liberation of women have intersected with race and class. She is purported to have studied the study of intersectionality of issues even before this term existed. Davis determined the importance of race, class and gender, how they are interwoven in the experiences of women, and how ignoring these can cause weakening of the feminist and social struggles.

In her book *Women, Race, Class*⁴ She focused on the struggles of women of colour in the US, examining the history of black women since the beginning, from the eras of the slave trade to women's rights movements.

She examines how slavery had surpassed the gender norms for black women, their womanhood was overtaken by the labour work, they were deprived of the rights of motherhood and freedom of choice, forcing contraception and sterilisation, separating mothers from their children, young girls being taken away from their families at a young age to be trained into being the perfect slave for her masters at a meagre age, robbed of their childhood and any opportunities of education and learning. Rape was institutionalised as a tool for control by the masters.

She examined the movement led by black women, which was so easily erased by the white leaders. How the labour struggles and suffrage debates ignored black women. She examined the efforts of radical feminists in shedding light on historical suspicions of population control, discussing forced sterilisation and the ignorance of the reproductive rights of black women.

Kimberlé Crenshaw, an American legal scholar, civil rights advocate, is best known for developing the concept of intersectionality in her 1989 essay *Demarginalizing the Intersection of Race and Sex*⁵. She examined the framework of how race, class, and gender create unique pathways for discrimination and privilege. She is credited as one of the founding scholars of

⁴ Angela Y Davis, *Women, Race & Class* (Vintage Books 1983)

⁵ Kimberlé Crenshaw, 'Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics' (1989) 1989(1) *University of Chicago Legal Forum* 139

the CRITICAL RACE THEORY, which is a movement in legal studies, to examine the role of law and legal institutions in maintaining social, economic and racial inequalities.

HUMAN RIGHTS PERSPECTIVE

Health and education are not just benefits or services, but fundamental rights of the people, essential for their dignity, equality and freedom. Many international frameworks, such as that of the United Nations, recognise them as immutable and eternal, that every individual is entitled to enjoy regardless of their race, caste or gender. It confers the right to enjoy the highest attainable standards of physical and mental health and education.

Under the Universal Declaration of Human Rights (UDHR) 1948, it is articulated that “everyone has the right to a standard of living adequate for the health and well-being of himself and his family.”⁶ Similarly, the International Covenant on Economic, Social and Cultural Rights (ICESCR)⁷ 1966, a multilateral treaty adopted by the UNGA, outlines that everyone has the right not only to be healthy but also to access the conditions and resources necessary to achieve it. Also, to always aim at achieving and conferring upon the people higher and better standards of health infrastructure, always striving for improvement.

It sets out a list of obligations for the ratifying states to ensure for progressive realisation of the right to health-

- 1) Ensuring survival rates and healthy growth of children, reducing stillbirths and infant mortality. It includes services such as prenatal and postnatal care, nutrition and a healthy environment.
- 2) Emphasis on improvement of environment and industrial hygiene, to improve environmental determinants of health such as availability of clean water, air, sanitation, and industrial practices to prevent health hazards and promote a healthy living and working atmosphere.
- 3) Prevention, treatment and control of epidemic, endemic and occupational diseases.
- 4) To ensure the establishment of proper access to health care for people, implying the availability and accessibility of healthcare without any discrimination.

⁶ Universal Declaration of Human Rights (adopted 10 December 1948 UNGA Res 217 A(III)) art 25(1)

⁷ International Covenant on Economic, Social and Cultural Rights (adopted 16 December 1966, entered into force 3 January 1976) 993 UNTS 3

These frameworks highly emphasise the availability of high-functioning healthcare systems and facilities, ensuring their accessibility without discrimination, while ensuring the simultaneous availability of the highest attainable standards, based on the resources in a society.

It is paramount for leading a life with dignity; it is not a mere right to access hospitals and medicines but to ensure that all humans lead a dignified life, free from any suffering and exclusion, which can be prevented. Health is the most basic foundation upon which all other rights and their enjoyment rely, such as that to learn, enjoy, participate, marry, earn a living, and so much more. When people suffer from chronic illnesses and their resultant disabilities, it robs them of their right to enjoy and lead a life similar to that of others, to pursue their goals or to enjoy their freedom.

Plato in his book “The Republic” famously quoted ‘Without health, life is not life; it is only a state of languor and suffering – an image of death.’⁸ This statement strongly asserts that health is not merely the absence of diseases, but a very important attribute to a dignified life. In societies with unequal access to healthcare reflects the systematic inequalities and discrimination in such a society. The government is responsible for ensuring adequate and equal distribution of access, as it is not a commodity, but a public good and a legal obligation under international law.

On the other hand, the right to education ensures that everyone can access quality, inclusive and equitable education throughout life. UDHR 1966 also establishes the fundamental right to education, asserting it as a universal human right and not a privilege. It lays down the importance of quality and consistent elementary education, directing the ratifying states to inculcate the provisions for imparting elementary education without any financial restraints. It is aimed at targeting illiteracy and inculcating skills in children at a young age. It aims not only for the development of the knowledge base of individuals but also to ensure full emotional, mental, social and ethical development of individuals, which makes them gain an insight into the real world, rendering them capable of surviving and growing.

⁸ Plato, The Republic (Desmond Lee tr, Penguin Classics 2007)

SOCIAL DETERMINANTS OF HEALTH AND EDUCATION

‘The soil determines the quality of the plants that grow in it’; similarly, the conditions in which people are born, grow, live, and work influence the capacity to grow, access, and enjoy rights and freedoms.

The World Health Organisation, in their “Commission on Social Determinants of Health final report”⁹ Focused on the unavoidable health outcomes that exist globally, and that achieving health equity should be the primary goal. It provides a comprehensive insight into the social determination of health, and it bifurcates them into 2 types, structural and intermediary determinants. The structural determinants, such as those of governance, economics, and social and cultural norms, shape the intermediary determinants, which are the material circumstances, behaviours, and health systems, which in turn directly affect health outcomes.

The report focuses on 3 areas of utmost importance and recommends actions in the same.

- 1) Improving daily conditions – it highlights daily circumstances that influence health outcomes such as that of early childhood development, healthy places to live, fair employment, justiciable and safe working environments and universal access to health care.
- 2) Tackle the inequitable distribution of power, money and resources- it focuses on the structural composition of a society that influences the access and quality of health care. It recommends the adoption of fair economic policies, equitable public sector investments like education, healthcare, and transportation, promoting gender equality and empowering marginalised sections of society. It emphasises the need to strengthen public policy and governance to ensure and promote equity.
- 3) Measure and determine the problem and assess the impact of action- it further suggests that data and consistent research are highly important for stabilised growth and hence promote consistent efforts by government to strengthen their global and national research, assessment of data and assessing the impact of reforms which may be sought, As it is not a matter of mere trial and error, rather, the resources and lives of people remain at stake, and each effort has to be carefully calculated and accountable.

⁹ WHO Commission on Social Determinants of Health, Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health: Commission on Social Determinants of Health Final Report (WHO 2008).

When it comes to education, the works of Pierre Bourdieu and Jean-Claude Passeron present a strong critique of the educational system and how social inequalities are often responsible for maintaining social differences and divisions. In their book “Reproduction in Education, Society and Culture (1977)”¹⁰ They interpret the most uncommon of the facts, which are disguised under the veil of education, to solidify class differences. They emphasise how schools are used to legitimise class structures, and how the cultural values of language, knowledge, and castes are commoditised by schools and the education system, thus allowing people who come from backgrounds like these with assets of language, money, and knowledge to have an undue advantage over the disadvantaged groups.

They think that the schools solidify these cultural standards as universal norms, which is interpreted as symbolic violence by them. This book can be highly attributed to understanding the determinants that impact the access to education in a society, as not only economic but also non-economic assets of class and social structure impact the access to education in a society. It also reveals that these phenomena end up creating a perpetual cycle of disadvantages, as it not only posits a disadvantage over some, it creates an identity in the young minds, coming from both advantaged and disadvantaged sections of society, solidifying the belief and existence of these class differences and differential social norms as the universal norm, which has to be accepted, the way it is, cursing the generations to come and exist.

STATISTICAL OVERVIEW AND INTERPRETATION

According to, the Government of India, Ministry of Statistics and Programme Implementation, National Statistical Office, Social Statistics Division’s statistical compilation of gender and related indicators, “Women and Men in India 2023”¹¹ Which examines and compares the gap between men and women of all ages in sectors of education, health and being at risk of becoming victims of crime.

The study shows that there is a 16.5% gender gap in literacy for persons of 7 years in rural areas and a 14.4% gap in urban areas. The gross enrolment ratio indicates that only 28.5% of females end up in higher education and graduation levels. The adjusted net enrolment rate by level of school education suggests that in India, there is still less than a 40% enrolment rate of

¹⁰ Pierre Bourdieu and Jean-Claude Passeron, *Reproduction in Education, Society and Culture* (Richard Nice tr, Sage Publications 1977)

¹¹ *Women & Men in India, 2023*, National Statistical Office, Ministry of Statistics and Programme Implementation, Government of India, New Delhi.

girls in higher education in India. The dropout rate by sex and level of schooling is still more than 12% for women in higher education and graduation levels. The study indicates that there are more than 70% of women in rural areas and 55% of women in urban areas are still illiterate, whereas about 63.6% of women do not have any formal education.¹²

These indicators show that girls in villages are being systematically denied access to even basic education. The fact that urban areas still show a 14.4% gap is alarming, especially when there is greater access to schools and infrastructure in cities in India. This gap signifies the presence of socio-cultural biases and deep-rooted patriarchy, where educating girls is still not considered a priority. It not only undermines a woman's personal development but also the economic development and community well-being of a country. The gross enrolment ratio indicators assert that there is a major bottleneck after the primary and secondary levels of education in the country, resulting in limited professional opportunities for women and reducing their representation in the skilled sectors of education and governance. As women without higher education are excluded from decision-making roles and economic empowerment, which reinforces the gender inequality all across the country, the dropout rates suggest that there are so many who never even reach college at all, which only promotes the widening gender gap as the level of education increases. India loses a large number of human resources when millions of girls are denied the chance to develop themselves. The dropout rates indicate social pressures, like early marriage, domestic responsibilities, safety concerns and financial strain, which push women out of school because of a lack of ability and systematic barriers, that restrict them from learning and growing.

The indicators of illiteracy in women suggest that more than half of India's population of women is excluded from the basic right of reading writing or basic numeracy, they have no formal education, which shows how deep-rooted the gender discrimination remains, especially in the older generations of this nation, these women face a multidimensional marginalisation in the sectors of economic, social and political growth, causing them to have limited employment opportunities, less autonomy in the social life and lower participation in policy decisions of the country and awareness of the rights conferred on them.

These indicators from the studies can be attributed to certain barriers, which are commonly evident in the country, such as cultural norms and patriarchy, which assign girls the role of

¹² Women & Men in India, 2023, National Statistical Office, Ministry of Statistics and Programme Implementation, Government of India, New Delhi.

caregivers and brides, and not students or professionals, where education is seen as unnecessary or even threatening to these roles. Poverty and economic insecurity, wherein poor families prioritise the education of their sons, while the girls are pulled out of education or schooling to take care of the family or work to ensure an extra set of income.

Gender based violence and safety concerns of parents for their female child more often than not become causal ingredients for hindrances, due to poor development and infrastructure, parents are discouraged and even scared to send their girl child to a school, which might not be safe for them. These Indicators collectively suggest that girls are being denied their rights and opportunities to equal education. They reflect the real-life exclusions, power imbalances and lost opportunities for females in the population.

The indicators of health and relative study show that only 35% of females in the age group of 35- 39 were found to be fertile. The female infant mortality rate is as high as 28%, while the maternal mortality rate remains more than 80%. While the study of women currently married aged between 15- 49 and using any method of family planning, indicates that only 9.5% of women use any condoms, only 5.1% use contraceptive pills, and only 2.1% use any form of intrauterine devices or post-partum intrauterine devices.¹³

These statistics portray a concerning view of women's reproductive health in India, highlighting the deep-rooted neglect of women's health rights, in culture, access and policy, the low fertility rates among women aged 35 to 39 indicate that women in this health group may suffer from reproductive health issues such as untreated infections, poor nutrition lack of maternal healthcare, repeated pregnancies and stresses related to work or environment. The female infant Mortality rates indicate a gender-based neglect in postnatal care of female children or even female infanticide, in many cases; it reflects the issues of malnutrition, lack of healthcare infrastructure and inadequate delivery facilities and lower value placed on female infants. This not only suggests the presence of deep-rooted health hazards, but also widespread gender discrimination, limiting suicidal gender balance, and women's empowerment due to the reduced presence of women in the upcoming generations.

The maternal mortality rate indicators suggest that about 8 out of 10 women die due to pregnancy-related complications, which are completely preventable. This may include issues

¹³ Women & Men in India, 2023, National Statistical Office, Ministry of Statistics and Programme Implementation, Government of India, New Delhi.

such as haemorrhage, sepsis, unsafe abortions or even lack of emergency gynaecological care; it not only reflects failure of maternal health services, but also inadequacy of infrastructure, awareness, transportation and more.

The mere use of contraceptive methods indicates a lack of awareness, limited availability and affordability and the widespread social stigma that surrounds using or discussing birth control in India. A male-dominated society, where even the decision-making about sexual and reproductive matters falls into the hands of women, who bear the brunt of such decisions after all.

These statistics indicate the presence of various barriers in a society which cause these indicators to be so low. A woman having little to no understanding of fertility, contraception maternal care, and sexual and reproductive health remains a taboo. These gaps indicate a crisis of gender equality in healthcare, where the rights of woman are undermined, and their survival or autonomy is not prioritised. The society fails to address the barriers to safe motherhood and family planning; it reflects a society that fails to acknowledge the rights of women, keeping them disadvantaged from what is supposed to be their most productive years of life, into the most vulnerable years of any such woman.

While the crime indicators assert that, in the year 2022 the percentage of crimes against women concerning the crime, indicates about 7% rape, 19% kidnapping and abduction, 31% cruelty, 19% assault to outrage modesty of women, 2% insult to outrage modesty of women were recorded. About 65.9 in the age group of 18 to 39 years were victims of rape. While 31.9% of women have experienced emotional, physical and sexual abuse from their husbands.¹⁴

There were a total of 445256 crimes against women reported, out of which only 71% are disposed of for investigation. There were a total of 351183 cases sent to trial, with only a 1.61% conviction rate. About 23.3% of women who are currently between the ages of 20 to 24 were married before 18 years of age. The fertility rate among adolescent girls aged 15 to 19 is as high as 43%. It indicates the total suicide rate of India in 2022 to be about 12.4%, out of which the male-to-female ratio remains 2:5.¹⁵

¹⁴ Women & Men in India, 2023, National Statistical Office, Ministry of Statistics and Programme Implementation, Government of India, New Delhi.

¹⁵ Women & Men in India, 2023, National Statistical Office, Ministry of Statistics and Programme Implementation, Government of India, New Delhi.

In 2022, a total of 14409 cybercrimes were recorded against women, which included cyberstalking, threatening, blackmail, pornography, publishing obscene material, bullying, defamation, morphing and other cybercrimes.

These Numbers expose a contrast and an immediate need for action. It indicates systematic violence, gender based discrimination, digital exploitation and deep-rooted patriarchal values, which continue to define the lives of women and their experiences, justice and rights of the women.

The crimes of rape, Domestic violence, and assault are not only common but also normalised in today's world, a house that was supposed to feel like one of the safest places for a woman, now stands as the root cause of the suffering and marginalisation for them. It reflects a society that enables violence through silence, stigma and lack of accountability.

The perpetuation of rape upon women of ages 18 to 39, indicates their most economically and socially active period of life. It indicates the lack of safe spaces for women and a systematic failure in protection mechanisms like legal redress, fast-track courts or workplace safety.

The rate of marital abuse indicates the deep-rooted patriarchal beliefs, which use sexual violence as tools of control and punishment for women, targeting them for seeking a life of independence and freedom. It is often found that the victims of such violence often lack financial independence, making the means of escape from such a situation impossible. The poor conviction rate indicates a slow and inefficient justice system when it comes to gender-based crimes. All this instils fear in the victims, but it allows the perpetrators to run free without any guilt and impunity.

The child marriage Indicators suggest that despite the legal bans, these practices continue, not only robbing the young girls of their freedoms and opportunities but also creating vulnerability to violence and loss of autonomy.

Getting married at a young age reflects in the lack of sexual health, education and contraception access, which can be further seen in the fertility rates and the maternal mortality rates, creating a perpetual cycle of dependency, poverty and invisibility for women in such societies.

If only the perpetual physical abuse was enough, the oncoming wave of development in the fields of technology has given birth and intensified, a new generation of crimes against women,

which is the cybercrimes, the digital space, which is often considered as liberating and a new frontier for women to express themselves, is now become a breeding ground for gender-based violence. Women who become visible and vocal online are targeted and silenced in society, discouraging them from participating in education, work or activism online.

CONTEXTUALISING THE FINDINGS

In light of the research objectives that we raised at the beginning of this paper, it can now be outlined that gender discrimination limits the ability of girls and women to attain education, and the patriarchal values and beliefs assign domestic roles to women from a young age, undervaluing education for them. The social norms and beliefs in a society portray education as unnecessary for women, and even threatening to their traditional roles, as it might lead them to demand more, to become aware and demand what they are eligible for, what is immutable and fundamental to their being. Economic constraints make families prefer their sons over their daughters, prioritising the education of the male members who would, in turn, become the breadwinners for the family, while the women bear children and do as directed by the male members of the family. Gender-based violence and safety concerns present a dilemma to the families of young girls, which results in disrupting their freedom and their opportunities, discouraging their families from sending them to school or work.

In many cultures, early marriage and household duties interrupt or completely ruin the educational pursuits of young women, these limitations result, in a vast gender gap, creating a whole generation of women, who never get the opportunity to receive any higher education, fewer skills, lesser and lesser opportunities for employment, even fewer rights to participate in the governance and decision-making along with the unfortunate erosion of their self-worth and autonomy, limiting their confidence, the rights and ability to make life's choices for themselves.

The common barriers which are faced by women face in accessing education and fundamental necessities can be directly linked to the patriarchal values of the society, which undervalue a woman's potential, and the stereotypical gender roles, which restrict the role of women to traditional caregiving and household duties. The taboos and stigma revolving around the reproductive health and sexuality of women make it an untouchable topic in the eyes of society, causing women to suffer in silence.

The lack of proper institutional facilities, such as schools, proper infrastructure, means of transport, safe toilets and teachers directly affects the ability of a woman to attend these

institutions. The predominance of males in the health sector makes it culturally unfit to assess and resolve a woman's needs and problems. The poor rate of conviction and the elongated process of seeking justice make it even harder for a woman to enforce her rights, with the pre-existing barriers already operating in a society.

The unpaid and undervalued domestic labour renders women at a loss of time to gain any knowledge, a lack of social protection, and expensive facilities, making it even more difficult to access healthcare services, better child care or contraception.

Such discrimination gives rise to various barriers, which may be social, institutional and economic, which directly impact a person's ability to access education and healthcare.

The social barriers of early child marriage, gender-based violence, stigmatisation of reproductive and sexual desires, and the physical and mental development of the world affect her education and ability to access any other right or freedom, or even a dignified life.

The inadequacy of the justice system and inaccessibility of the health infrastructure and education systems reinforces the class and caste hierarchy. It not only undermines the rights and freedoms of the disadvantaged individual but also affects the economic growth and international reputation of the nation. It creates a perpetual cycle of uneducated, unhealthy mothers who are more likely to remain in poverty, unable to educate or keep their children healthy, which ends up cursing the generations to come. Women who did not have access to education or healthcare are more likely to end up raising their daughters in the same cycle, unable to support their children's education, recognise their illness or malnutrition or advocate for their children's lives, which creates a legacy of marginalisation, extremely hard to break or recover from.

POLICY RECOMMENDATIONS

This brings us to the most important conclusion that education and health are not separate issues. The inaccessibility of education and healthcare to girls and women is deeply interwoven forms of gender discrimination that fuel one another. The data presents an urgent and alarming need for broad measures to ensure that proper education and healthcare access can be provided to all individuals equitably. In light of the need for such policy recommendations, I hereby suggest certain measures that can prove to be useful in ensuring a more equitable distribution of resources in a society.

The government should focus on gender sensitive budgeting to allocate funds for the education of girls at all levels, allowing for girls, especially from marginalised communities to gain valuable education, along with a clear and transparent system to monitor how these funds are being used for the interest of women and girls as well as increased investment in healthcare, infrastructure for women in areas of maternal, prenatal and postnatal care, sanitation, transport and more.

The government should focus on reforms that surround the reproductive health of women and men in society, promoting and spreading knowledge about the use of contraceptive devices, family planning sexual education to people from the marginalised sections of society.

The establishment of comprehensive structures for the redress of survivors and the creation of support services for them. To integrate a system of mental healthcare services into maternal care, which shall ensure that prenatal and postpartum women are being taken care of not only in terms of their bodily well-being but also their mental well-being. Developing Systematic training of individual healthcare workers to provide respectful, confidential and stigma-free health services to the deprived individuals.

The maximum inculcation of gender and sex education and constant awareness in the school curricula from an early age, that is, the primary level onwards to ensure that children and young minds are aware of these factors from a young age to develop a sensitivity towards the differences between one another and learn to respect one another. Promotion of the elimination of any gender biases and inclusion of teaching materials, which empower the representation of women, LGBTQ+ persons and marginalised communities, which have been considered inferior by society. To establish a mechanism for training of school support, staff and administrators regarding gender sensitisation. Encouraging student initiatives such as gender clubs, awareness and analysis of these gaps, which promote a gender inclusive pedagogy, among the students.

Installation of a quick grievance redress mechanism and anti-sexual harassment committees in the formal and informal sectors to ensure a safer workplace environment.

There is a grave need for a mechanism to ensure that the budget provided to the local bodies for the placement of basic amenities and facilities in public, which include free transportation, cleaner toilets, hygienic environment, are being well taken care of and meet the standards requisite for such. Moreover, the provision of targeted schemes for the marginalised people to ensure their participation in policy, monitoring and the election processes is equally important.

The expected outcomes of these policy efforts will be visible in the increased female literacy and enrolment rates, reduced maternal deaths and mortality rates, enhanced reporting and conviction rates, greater economic participation and autonomy of women across different sectors of society and improved policy inclusion for multiple marginalised groups.

These efforts not only affect the marginalised sections of these societies, but they are highly interwoven with the economic indicators of society, and the development of these marginalised sections shall also bring growth and development to the society in terms of increased human resource availability and efficiency. Contributing to the increased levels of income and the development of the same.

CONCLUSION

The extensive impact of gender base discrimination on education and healthcare access reflects the deeply interwoven inequalities within our society and institutions. This paper highlights how patriarchy, cultural stigmas, economic differences and inadequacy of infrastructure systematically marginalise women and girls, refusing to give them fundamental rights and opportunities. The areas of health and education are so interconnected; the deprivation in one naturally leads to the deprivation in the other, creating a perpetual cycle of disadvantages that affect generations. The theoretical frameworks and the statistical indicators suggest that gender inequality not only limits the development of an individual but also erodes national growth by wasting the vast human potential, which could be present in a country. In this light, the policy measures must reach beyond the tokenism and establish gender-sensitive reforms that target the root causes of the inequalities and cultural biases and stigmas that revolve around women and their allied rights. Ensuring access to education and healthcare for women is not just a question of social justice but essential for sustainable development and consistent progress of the country. Substantial change will require extensive and panoramic Legal educational and healthcare reforms supported by accountability, awareness, and community participation. Only then can women be empowered with knowledge, health and autonomy, leading to a truly prosperous society. The study is a call to action to take apart the deeply entrenched barriers and create a future where equality is the reality and not an aspiration.