



Health & Nutritional Status of Women & Children

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Abstract

Health is an important factor that not only contributes to human well-being, but also aids in economic growth globally. What's more important is that women's health concerns are numerous and influenced by various factors like gender disparities, early marriage, domestic violence and sexual abuse, malnutrition, poverty, illiteracy and access to quality healthcare, which pose a major concern today.

Women form an important pillar of society and they are the primary caretakers in every country of the world. May 28 is observed as International Day of Action for Women's Health, where her health and her rights take the centre stage. We need to create awareness among this vulnerable, yet intensely committed section of the society.

Children are important assets of nation. Infant and child mortality rates reflect nation's socio-economic mirror and quality of life and are used for monitoring and evaluating population, health programs and policies. It is an outcome rather than a cause and hence directly measures results of the distribution and use of resources (Haines,1995). IMR, U5MR and MMR are important indicators to assess the health status of any society. IMR measures number of infants (<1 year) deaths per live births, U5MR means number of children (0-4 years) who died before reaching their fifth birthday per 1000 live births and MMR denotes the deaths of women aged 15-49years (reproductive age) due to maternal causes per 1,00,000 live births. As discussed earlier health is an important indicator and it assessed by IMR, U5MR and MMR. Thus to measure the health of society, first measure the IMR, U5MR and MMR because these are related to more than 50 % of population i.e. women and children.

In reports in 2003 and 2004, Drs. Sachs and Bajpai from the Earth Institute, emphasized that while India has strong economic growth and had made some progress towards the MDGs (poverty, education), the healthcare goals lagged significantly, with unacceptably high rates of maternal mortality, infant mortality and under nutrition. India's sheer size impacts the entire South Asia region's performance and Development strides vary; while there were over 670 million mobile phone connections in India gives the country particular importance. In late 2010, 665 million people did not have access to a private toilet or latrine, and over 75% of households' per capita calorie consumption is less than daily minimum requirements. (UNICEF,2009)

The cursory observation of IMR shows that countries like Australia and Canada have IMRs well below 10 per 1,000 live births; most of the African countries are struggling with mortality levels over 50 and in some cases 100 deaths per 1,000 live births. According to the United Nations estimates, 10 million infant deaths occur annually in the world. India accounts for a quarter of those. Thus any study of infant mortality has global significance. The mean IMR level in 1991 was around 79. This decreased to 72 by the year 2001. According to Economic Survey (2010-11), IMR is 53, U5MR is 64 and MMR is 212. Nearly 250 mothers will die of child birth in India in a day. Indeed, India contributes a little under a fourth of the world's maternal mortality (Deccan Chronicle, 24th October 2009, Hyderabad). At present 2.70 crore babies are born every year. Among them 20 lakh babies and 70,000 pregnant women were dying every year in India (Deccan Chronicle, 2nd November 2010).

India makes up only 2.4 percent of the world surface area of 135.79 million square kilometers, but accounts for almost 17 percent of the world's population and is home to over one third of the world's poor people. With a population of over one billion, India's progress towards meeting the goals will not only have a significant impact on its own people, but on the status of development in South Asia and the world at large. (Nirupam Bajpai, Jeffrey D. Sachs, and Nicole H., Volavka, 2005)

Millennium Development Goals were laid down in 1990 and in that time India's maternal mortality ratio (MMR) was 556 per 100,000 live births, considerably higher than the global MMR of 385. Of the 8 MDGs goal no 4 and goal no 5 are very significance in nature. Goal no 4 states that IMR should be (28) and child mortality Under 5 Mortality Rate (U5MR) should be 42 by 2015. Goal no 5 targets Improve maternal health and states that MMR should be 109. (UNICEF 2009)

Whether it is infant mortality or under-5 mortality, the health of infants in India resembles that of Bangladesh. In fact, Bangladesh ranks better in infant mortality with only 47 in every 1,000 live births whereas India's IMR is 54. Our peer country China who is more populated than us, has 22 U5MR. This is very important to our policy maker to review our health care system in lieu of staffing pattern, availability of health personnel, managed infrastructure and better access of health services. With all these, the awareness about health services for women and children is more important.

Status of the IMRs, U5MRs & MMRs :

India has experienced an impressive decline in infant mortality since the 1970s. From 130-140 deaths per 1,000 live births in the early 1970's, mortality levels have declined to as low as 60 deaths per 1,000 live births in 2000. This represents an annual rate of decline of around 2.6 percent. However the absolute levels of infant and child mortality are still too high (about 68 infant and 95 child deaths per 1,000 live births in 1998-99).

There was a wide inter-state and intra-state variation towards achieving health MDGs. While Kerala(12) and Tamilnadu (28) have achieved the targets, BIMARU states like Madhya Pradesh (70), Bihar (56), Rajsthan (63) and U.P. (67) and Orisa (69) are far behind. These states cover almost 50% of the total population.

Survey conducted by Ministry of Health & Family welfare illustrating that IMR is declining at national level. It has reduced 4 points to 33 in 2017 from 37 in 2015. The maximum IMR has been observed in Madhya Pradesh (47) and the minimum in Kerala (10). Female infants continue to experience higher mortality than male infants.

In 2017, U5MR for the country has shown a decline of 6 points over 2015 (37 in 2017 against 43 in 2015). There has been a decline of 1 point in male U5MR and 2 points in female U5MR during the period. In 2017, U5MR has decreased sharply in both rural and urban sector for all major states except in Tamilnadu (U) compared to 2015 year. And , it is highest for the state of Madhya Pradesh and stood at 61 for rural sector in 2017, while it is lowest for Kerala at 12.

In 2005, when the National Rural Health Mission was launched by the Ministry of Health and Family Welfare (MoHFW), Government of India, the MMR of the country stood at 254 per 100,000 live births. MMR remains high in India as compared to many developing nation. India contributed approximately 20% of all maternal deaths worldwide between 1996 and 2006; due to lower socio-economic status and cultural constrains as well as limiting access to health care. With targeted interventions and schemes in place, efforts were focused on improving women's health and lowering the maternal death rates significantly. A decade later, in 2015, the rates declined to 158 per 100,000 live births. In the latest Sample Registration Survey report of 2017, MMR of India stands at 122 per 100,000 live births. Nutritional status during pregnancy play important role for maternal death. Study suggests that severe anaemia accounts for 20% of all maternal deaths in India. Despite all the concerted efforts of MoHFW in trying to save the lives of our mothers, the struggle to reach the Sustainable Development Goals global target of <70 maternal deaths per 100,000 live births continues.

India has made impressive achievement in reducing MMR substantially over the years. Since 2015 the MMR estimates from SRS are available annually through collating sample of three consecutive years at a time. According to the latest SRS estimates (2015-2017), the MMR of India was 122 per one lakh live birth and the country is working towards the vision of ending all preventable maternal mortality and global MMR of 70 by the year 2030.(NHFS-4)

IMRs, U5MRs & MMRs are very sensitive indicators to any society. In india the states which are having best human development performer in term of literacy, income and better health services have achieved the target. Kerla, Tamil Nadu, Maharashtra and West Bengal are best example. It has been proved from several studies that literacy with socio- economic status of household direct related to better access of health services.(Yadav V.K.,2002). Further this

argument also justify with BIMARU states where literacy and income level is below national level, however these states are contributing 50 % population .

If we have strong desire to arrest the IMR, there is need to check the early neo-natal deaths. Early neo-natal deaths (deaths occurring to newborns within seven days of life) constitute as high as 51.6% of total number of infant deaths in 2007. The share of neo-natal deaths (deaths occurring to infants within the first month of life) is 65.5% of total number of deaths in 2007. Incidence of early neo-natal deaths during 2001 to 2007 in states like Chhatisgarh, Madhya Pradesh, Uttar Pradesh, Rajasthan and Orissa has not declined and a few of them is on rise. On the whole infancy deaths constitute 17.2% of total deaths in 2007. (MDG-India Country Report 2009) . The infant's deaths occurred mainly due to pneumonia, diarrhoea and anaemia.

Malnutrition still is a biggest problem in our country. NFHS-4 shows alarming situation, when we discuss about nutritional status of children. Report depicts that 35.7% children under 5 are underweight, 38.4% stunted and 58.5% (6-59 months) were anaemic.

According to Meg Towle, only 52.7% of women have a safe delivery (defined as one in an institution or at home attended by skilled health professional). Less than 20% had full antenatal care, which includes at least three antenatal care visits, one tetanus oxide shot, and the recommended dose of iron supplementation. Over half of married women are anemic, and one third of women are underweight. The lower rate of Institutional Deliveries leads to Maternal Mortality. When delivery will take place at home or by unskilled person (dai) , how can a mother will provided guidance or counseling on health, when she needs extra care and more attention. Maternal mortality occurs due to absence of adequate infrastructure and trained medical staff. India is also marked by particularly high unmet need for contraception, rampant unsafe abortion, young pregnancies (30% of women deliver before the age of 20), and minimal reproductive health support for younger women.

Globally, about 800 women die every day of preventable causes related to pregnancy and childbirth, and 20 per cent of these women are from India. Seven of the top 10 causes of death in women in India are NCDs, led by heart attacks, stroke and respiratory diseases. India's anaemia burden among women is widespread, with 53.1 per cent of non-pregnant women and 50.3 per cent of pregnant women being anaemic as per the NFHS-4 in 2016, where India carries the highest burden of anaemia despite having various programmes and policies for the past 50 years, since the launch of National Nutritional Anaemia Prophylaxis Programme in 1970.

The percentage coverage of institutional deliveries among all deliveries is quite bad as per statistics available for 2005-06 in the States of Bihar (19.9%), Jharkhand (18.3%), Chhattisgarh (14.3), and Mizoram (11.6%). Only 3 States have over 80% coverage in institutional deliveries in 2005-06 namely, Goa (93.3%), Kerala (99.3%) and Tamil Nadu (87.8%). Between 1998-99 and 2005-06, the number of States having over 80% coverage

has increased by only one. However, the number of States having less than 20% coverage has come down from 7 in 1998-99 to 4 in 2005-06. After a decade the situation is improving in term of Institutional delivery. Institutional delivery is another factor which may arrest the graph of Maternal Death and Infant mortality. Now women are more concern to their health issues and they tend to deliver their babies in hospitals. 78.9% deliveries have been took place in hospitals; out of them only 52.1% were in public places or government hospitals. (NFHS-4). Education plays an important role in accessing institutional health services. Report of NFHS-4 shows that mothers who have never attend (62%) the school is less accessing institutional health services compare to those who have more than 6 year schooling (90%).

According to National Family Health Survey-4; mothers who have had access antenatal check up in their first trimester is only 58.6%. Furthermore only 21% mothers had full antenatal care. This is an alarming situation that mothers have not been receiving complete health care services during their pregnancy and after delivery .

Conclusion:

Health is a function not only of medical care, but of the overall integrated development of society- cultural, economic, social and political. Women and children will always come last within the current world economic order. If they have to come first, the economic system must adjust to simple and basic needs like nutrition, safe water, shelter etc. Our health system has been paralysed. Hospitals are facing shortage of health personnel from paramedical staff, nurse to expertise doctor. Further health infrastructural status not up to date even in district level hospitals. There is need to focus to prevent Maternal Mortality and Infant Mortality to provide better health services to most vulnerable group of society(women & children). Fund allocation for health sector in budget should be increased. Women of reproductive age group should be informed about their maternal health by ASHA worker and nurses . To strengthen the health services to communities living in rural area, the last unit of health care centers upgraded at infra structure level. There is need to monitor the presence of health personnel in remote area by developing modern technique like thumb impression or cctv. Health counseling is another important step to aware our women about their health and nutritional issues. All these steps proved to be milestone in achieving healthy and prosperous society..

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