IJNRD.ORG ISSN : 2456-4184
INTERNATIONAL JOURNAL OF NOVEL RESEARCH AND DEVELOPMENT (IJNRD) | IJNRD.ORG
An International Open Access, Peer-reviewed, Refereed Journal

A COMPARATIVE STUDY OF WOMEN AND CHILD HEALTH: AMONG STATES OF INDIA

Dr. Kiran Devi

Assistant Professor, Department of Economics, Guru Jambheshwar University of science & Technology, Hisar-125001

Abstract

Development is multidimensional approach which include major changes in social structure, attitudes and national institutions. But economic growth is equally important to reduce the inequality and eradicate poverty. Worldwide women tend to be poor than men. She is more deprived in the health, education and nutrition. Women health is important because she has primary responsibility for child rearing. Paul Glewwe (1999) found that mother's basic health knowledge had a positive effect on her children's health. That's why cycle of poor health is transmitted generation to generation. There is needed to break the cycle of poor health. To make the biggest impact on development a society should be empower and invest in its women. High fertility rate adversely affects the health of mothers and children also. It increases the health-related risk of pregnancy and also increase the child mortality. No policy will be successful to control the fertility. It can be possible through the favorable conditions to delayed marriage and lower marital fertility. Health indicators of women and children in Haryana are below the average of India. Sex ratio is lowest in Haryana in comparison to other states of India.

Keywords: Women, Children, Education, Health

Introduction

According to International Monetary Fund (IMF) India rank fifth largest economy in nominal GDP and 3rd largest in Purchasing Power Parity (PPP). Now India is US$ 3.5 trillion economy in nominal prices and expected to grow at 6.5 -7.0 per cent for the ending year March 2023.Per capita income of India in 2017 is US$ 6590 in PPP terms. National Health Policy, 2017, recommended an increase in government's expenditure on health from existing 1.2 per cent to 2.5 percent of GDP by 2025. To follow these recommendations health expenditure has been increased from 1.6 per cent (2020-21) to 2.1 percent in 2022-23 budget estimates. Health is very important for the development of economy. Women are almost half population of the country. Around 8 million children were die due to preventable causes every year, and more than 350,000 women die due to pregnancy related complications.

The United States spent around 16.9 percent of GDP on health care and the next highest spending country is Switzerland which is 12.2 percent. After the United States and Switzerland, a group of high-income countries, including Germany, France, Sweden and Japan, spent around 11 percent of their GDP on health care. A large group of OECD countries spanning Europe, but also Australia, New Zealand, Chile and Korea, fit within a band of health spending of between 8-10% of GDP. According to the latest WHO data published in 2020 life expectancy in India is 69.5 in male and 72.2 in female.

Review of Litrature

World Health Organization (WHO), state that worldwide only 64 percent women receive over four sessions of prenatal care throughout their pregnancy. Thus, studies address the factors affecting maternal and child health status before and after pregnancy .Shibanuma A, Yeji F, Okawa S. (2018) found that Through out the pregnancy, delivery and post-delivery stages only 7.9% of women and children achieved the continuum of care through continuous visits to health facilities whereas most women and children not receive any type of care in maternal, newborn and child health. M. Shafigur Rahman, Munthaha,et al.(2019) revealed that prevalence of anemia is higher among both the children and women with low BMI compared to their healthy counterparts (Children: 56% vs 48%; women: 50% vs 43%).

Objective

1. To Visualizing Interstate Disparities Of Women And Child Health In India.
2. To suggest policy implications for the improvement of women and child health.

Methodology

This paper based on the secondary data collected from NFHS-5.

Selected indicators for women and Child Health:

- Sex ratio
- Total Fertility Rate
- Body Mass Index (BMI)
- Non-pregnant women age 15-49 years who are anaemic
- All women age 15-49 years who are anaemic
- All women age 15-19 years who are anaemic
- Infant mortality rate (per 1000 live births)
- Under-five mortality rate (per 1000 live births)
- Children age 6-59 months who are anaemic (<11.0 g/dl) (%)

Table: 1

Selected Indicators of women Health

Sr. No.	States	Sex ratio of the total population (females per 1,000 males)	States	Total Fertility Rate (number of children per woman)	States	Women (age 15-49 years) whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m2) (%)	States	Women (age 15-49 years) who are overweight or obese (BMI ≥25.0 kg/m2) (%)
1	Kerala	1121	Andhra Pradesh	2.98	Jharkhand	26.2	Punjab	40.81
2	Bihar	1090	Arunachal Pradesh	2.91	Bihar	25.56	Tamil Nadu	40.44
3	Tamil Nadu	1088	Assam	2.35	Gujarat	25.15	Kerala	38.12
4	Manipur	1066	Bihar	2.26	Chhattisgarh	23.08	Andhra Pradesh	36.25
5	Odisha	1063	Chhattisgarh	2.17	Madhya Pradesh	22.95	Goa	36.09
6	Jharkhand	1050	Goa	2.01	Odisha	20.82	Sikkim	34.71
7	West Bengal	1049	Gujarat	1.99	Maharastra	20.78	Manipur	34.06
8	Telangana	1049	**Haryana**	**1.91**	Rajasthan	19.55	**Haryana**	**33.05**
9	Andhra Pradesh	1045	Himachal Pradesh	1.87	Uttar Pradesh	19	Himachal Pradesh	30.43
10	Himachal Pradesh	1040	Jammu & Kashmir	1.87	Telangana	18.77	Karnataka	30.14
11	Meghalaya	1039	Jharkhand	1.86	Assam	17.64	Telangana	30.09
12	Karnataka	1034	Karnataka	1.85	Karnataka	17.15	Uttarakhand	29.73
13	Goa	1027	Kerala	1.82	Tripura	16.22	Jammu & Kashmir	29.33

14	Mizoram	1018	Madhya Pradesh	1.82	**Haryana**	**15.09**	Mizoram	24.22
15	Uttar Pradesh	1017	Maharastra	1.8	Andhra Pradesh	14.83	Arunachal Pradesh	23.87
16	Uttarakhand	1016	Manipur	1.79	West Bengal	14.81	Maharastra	23.43
17	Chhattisgarh	1015	Meghalaya	1.76	Himachal Pradesh	13.91	Odisha	22.97
18	Assam	1012	Mizoram	1.75	Uttarakhand	13.86	West Bengal	22.73
19	Tripura	1011	Nagaland	1.72	Goa	13.83	Gujarat	22.64
20	Rajasthan	1009	Odisha	1.71	Punjab	12.68	Tripura	21.54
21	Nagaland	1007	Punjab	1.7	Tamil Nadu	12.57	Uttar Pradesh	21.34
22	Arunachal Pradesh	997	Rajasthan	1.68	Nagaland	11.05	Madhya Pradesh	16.58
23	Sikkim	990	Sikkim	1.67	Meghalaya	10.84	Bihar	15.93
24	Madhya Pradesh	970	Tamil Nadu	1.66	Kerala	10.08	Assam	15.16
25	Maharastra	966	Telangana	1.64	Manipur	7.23	Nagaland	14.44
26	Gujarat	965	Tripura	1.63	Sikkim	5.77	Chhattisgarh	14.11
27	Jammu & Kashmir	948	Uttar Pradesh	1.41	Arunachal Pradesh	5.69	Rajasthan	12.9
28	Punjab	938	Uttarakhand	1.3	Mizoram	5.29	Jharkhand	11.85
29	**Haryana**	**926**	West Bengal	1.05	Jammu & Kashmir	5.23	Meghalaya	11.48
	India	**1020**	**India**	**2.0**	**India**	**18.7**	**India**	**24.0**

Source: National Family Health Survey-5

Table: 2

On the basis of the above table-1 highest and lowest rate is observed and cite in the below table.

sex ratio		**Total Fertility Rate (number of children per woman)**		**Women (age 15-49 years) whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m2) (%)**	
Highest	**lowest**	**Highest**	**lowest**	**Highest(%)**	**lowest(%)**
Kerala (1121)	Haryana (926)	Andhra Pradesh (2.98)	West Bengal (1.05)	Jharkhand 26.2	Jammu & Kashmir 5.23
Women (age 15-49 years) who are overweight or obese (BMI ≥25.0 kg/m2) (%)					
Punjab(40.81) Highest percentage		lowest percentage in Meghalaya (11.48)			

Table:2 shows that according to National Family Health Survey-5 Kerala has highest sex ratio (1121) and lowest in haryana (926). Highest Total Fertility Rate (number of children per woman) in Andhra Pradesh is 2.98 and lowest in West Bengal (1.05). fertality has been declining at an acceltating rate throughout the world. Highest percentage of Women (age 15-49 years) whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m2) is Jharkhand (26.2) and lowest in Jammu & Kashmir (5.23). Punjab(40.81) has Highest percentage of Women (age 15-49 years) who are overweight or obese (BMI ≥25.0 kg/m2)21 (%) and lowest percentage in Meghalaya.

Improving the status of women… is essential for the long-term success of population programmes. Experience shows that population and development programmes are most effective when steps have simulteously been taken to inprove the status of women (United Nations 1995a: para 4.1)

Sr. No.	**States**	**Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) (%)**	**States**	**All women age 15-49 years who are anaemic (%)**	**States**	**All women age 15-19 years who are anaemic (%)**
1	West Bengal	71.68	West Bengal	71.39	Jammu & Kashmir	76.19
2	Tripura	67.36	Tripura	67.15	West Bengal	70.8
3	Jammu & Kashmir	67.25	Jammu & Kashmir	65.89	Gujarat	68.98
4	Assam	66.35	Assam	65.86	Tripura	67.88
5	Jharkhand	65.67	Jharkhand	65.3	Assam	67.01
6	Gujarat	65.06	Gujarat	64.98	Jharkhand	65.75

7	Odisha	64.36	Odisha	64.28	Bihar	65.68
8	Bihar	63.55	Bihar	63.52	Odisha	65.45
9	Chhattisgarh	61.17	Chhattisgarh	60.82	Telangana	64.65
10	Haryana	60.57	Haryana	60.41	Haryana	62.26
11	Andhra Pradesh	58.99	Andhra Pradesh	58.83	Chhattisgarh	61.44
12	Punjab	58.84	Punjab	58.65	Punjab	60.3
13	Telangana	57.77	Telangana	57.62	Andhra Pradesh	60.07
14	Madhya Pradesh	54.73	Madhya Pradesh	54.66	Rajasthan	59.38
15	Rajasthan	54.67	Rajasthan	54.35	Madhya Pradesh	58.11
16	Maharastra	54.53	Maharastra	54.24	Maharastra	57.15
17	Meghalaya	54.41	Meghalaya	53.79	Himachal Pradesh	53.2
18	Tamil Nadu	53.56	Tamil Nadu	53.41	Tamil Nadu	52.94
19	Himachal Pradesh	53.35	Himachal Pradesh	53.02	Uttar Pradesh	52.91
20	Uttar Pradesh	50.62	Uttar Pradesh	50.42	Meghalaya	52.54
21	Karnataka	47.83	Karnataka	47.76	Karnataka	49.39
22	Uttarakhand	42.42	Uttarakhand	42.56	Arunachal Pradesh	48.48
23	Sikkim	42.07	Sikkim	42.05	Sikkim	46.68
24	Arunachal Pradesh	40.82	Arunachal Pradesh	40.27	Goa	44.49
25	Goa	38.9	Goa	38.95	Uttarakhand	40.93
26	Kerala	36.51	Kerala	36.34	Mizoram	34.92
27	Mizoram	34.8	Mizoram	34.77	Nagaland	33.92
28	Manipur	29.3	Manipur	29.44	Kerala	32.53
29	Nagaland	29.29	Nagaland	28.88	Manipur	27.92
	India	**57.2**	**India**	**57.0**	**India**	**59.1**

Table: 3

Anaemic women in NFHS-5

Source: National Family Health Survey-5

Table: 4

On the basis of the above table-3 highest and lowest % is observed and cite in the below table.

Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) (%)		**All women age 15-49 years who are anaemic (%)**		**All women age 15-19 years who are anaemic (%)**	
Highest	**lowest**	**Highest**	**lowest**	**Highest(%)**	**lowest(%)**
West Bengal (71.68)	Nagaland (29.29)	West Bengal (71.39)	Nagaland (28.88)	Jammu & Kashmir (76.19)	Manipur (27.92)

Table: 5

Child Health Performance on the basis of selected indicators

Sr. No.	**States**	**Infant mortality rate (per 1000 live births)**	**States**	**Under-five mortality rate (per 1000 live births)**	**States**	**Children age 6-59 months who are anaemic (<11.0 g/dl) (%)**
	India	**35.2**		**41.9**		**67.1**
1	Uttar Pradesh	50.36	Uttar Pradesh	59.84	Gujarat	79.69
2	Bihar	46.76	Bihar	56.44	Jammu & Kashmir	72.69
3	Chhattisgarh	44.24	Chhattisgarh	50.4	Madhya Pradesh	72.65
4	Madhya Pradesh	41.29	Madhya Pradesh	49.2	Rajasthan	71.48
5	Uttarakhand	39.1	Uttarakhand	45.55	Punjab	71.07
6	Jharkhand	37.88	Jharkhand	45.44	Haryana	70.43
7	Tripura	37.56	Tripura	43.28	Telangana	70.02
8	Odisha	36.31	Odisha	41.08	Bihar	69.43
9	Haryana	33.34	Meghalaya	39.96	West Bengal	68.99
10	Meghalaya	32.26	Assam	39.12	Maharastra	68.9
11	Assam	31.93	Haryana	38.71	Assam	68.38
12	Gujarat	31.22	Gujarat	37.64	Jharkhand	67.45
13	Andhra Pradesh	30.25	Rajasthan	37.55	Chhattisgarh	67.24

14	Rajasthan	30.25	Andhra Pradesh	35.19	Uttar Pradesh	66.42
15	Punjab	28.03	Nagaland	33.03	Karnataka	65.52
16	Telangana	26.44	Punjab	32.74	Tripura	64.25
17	Himachal Pradesh	25.63	Manipur	30.03	Odisha	64.24
18	Karnataka	25.4	Karnataka	29.51	Andhra Pradesh	63.19
19	Manipur	24.99	Telangana	29.39	Uttarakhand	58.8
20	Nagaland	23.44	Himachal Pradesh	28.94	Tamil Nadu	57.43
21	Maharastra	23.22	Maharastra	28.03	Arunachal Pradesh	56.56
22	West Bengal	21.98	West Bengal	25.35	Sikkim	56.43
23	Mizoram	21.3	Mizoram	24.04	Himachal Pradesh	55.35
24	Tamil Nadu	18.64	Tamil Nadu	22.31	Goa	53.2
25	Jammu & Kashmir	16.26	Arunachal Pradesh	18.82	Mizoram	46.39
26	Arunachal Pradesh	12.87	Jammu & Kashmir	18.53	Meghalaya	45.07
27	Sikkim	11.18	Sikkim	11.18	Manipur	42.77
28	Goa	5.63	Goa	10.6	Nagaland	42.74
29	Kerala	4.42	Kerala	5.19	Kerala	39.4

Source: National Family Health Survey-5

Table: 6

Below table observed on the above table: 5

Infant mortality rate (per 1000 live births)		**Under-five mortality rate (per 1000 live births)**		**Children age 6-59 months who are anaemic (<11.0 g/dl) (%)**	
Highest	**lowest**	**Highest(%)**	**lowest**	**Highest(%)**	**lowest**
Uttar Pradesh 50.36)	Kerala (4.42)	Uttar Pradesh (59.84)	Kerala (5.19)	Gujarat (79.69)	Kerala (39.4)

Source: National Family Health Survey-4&5

Conclusion

Women's health is very important factor to improve the health status of children. Sex ratio is lowest in Haryana whereas, women who are anemic pregnant and non-pregnant are highest in West Bengal. Children health is very poor in Uttar Pradesh and Bihar. More access to health and education of women leads to delay in marriage; knowledge of family planning will reduce the child mortality and maternal mortality risk. Kerala is performing well on the front in health women as well as children.

Suggestions

- Maternal and child mortality can be reduced through family planning, reproductive health care, improved nutrition, improved delivery of vaccinations and safe drinking water.
- Prenatal health education will be provided to enhance the outcomes for both mothers and their children.
- With more access to education for women leads to later marriage, raise the ability to provide healthier life and reduce the child mortality.

Future Research Direction:

Micro level studies on the basis of rural and urban areas will be helpful for policy implications separately.

Reference

1. Glewwe P., Why does mother's schooling raise child health in developing countries? Evidence from Morocco,Journal of Human Resourses 34 (1999):124-159.
2. Pirjani, R., Moini, A., Heshmati, J. et al. Mothers and their children's health (MATCH): a study protocol for a population-based longitudinal cohort. BMC Pregnancy Childbirth **21**, 297 (2021). https://doi.org/10.1186/s12884-021-03732-6
3. John Gary, Secondary Education Directorate of Western Attica, Greek Ministry of Education, Greece, Journal of Health Education Research & Development, Volume 10:4, 2022
4. Shibanuma A, Yeji F, Okawa S the Ghana EMBRACE Implementation Research Project Team, et al ,The coverage of continuum of care in maternal, newborn and child health: a cross-sectional study of woman-child pairs in Ghana
5. BMJ Global Health 2018;**3:** e000786.
6. **M.Shafigur Rahman, Munthaha,et al., Association between malnutrition and anemia in under-five children and women of reproductive age: Evidence from Bangladesh Demographic and Health Survey 2011,2019**
7. (United Nations 1995a: para 4.1) qouted in gender and Development, 2nd Edition, Momsen, Janet, Routledge Taylor & Francis Group, London and New York (2010)
8. **https://www.who.int/data/nutrition/nlis/info/malnutrition-in-children**
9. https://www.everywomaneverychild.org/images/content/files/global_strategy/full/20100914_gswch_en.pdf
10. https://www.oecd-ilibrary.org/docserver/592ed0e4-en.pdf?expires=1675247241&id=id&accname=guest&checksum=E588F86003D932622AC4101188DC6588
11. https://www.worldlifeexpectancy.com/india-life-expectancy