

Vol 6 Issue 10 July 2017

ISSN No : 2249-894X

*Monthly Multidisciplinary
Research Journal*

*Review Of
Research Journal*

Chief Editors

Ashok Yakkaldevi
A R Burla College, India

Ecaterina Patrascu
Spiru Haret University, Bucharest

Kamani Perera
Regional Centre For Strategic Studies,
Sri Lanka

Review Of Research Journal is a multidisciplinary research journal, published monthly in English, Hindi & Marathi Language. All research papers submitted to the journal will be double - blind peer reviewed referred by members of the editorial Board readers will include investigator in universities, research institutes government and industry with research interest in the general subjects.

Regional Editor

Dr. T. Manichander

Advisory Board

Kamani Perera Regional Centre For Strategic Studies, Sri Lanka	Delia Serbescu Spiru Haret University, Bucharest, Romania	Mabel Miao Center for China and Globalization, China
Ecaterina Patrascu Spiru Haret University, Bucharest	Xiaohua Yang University of San Francisco, San Francisco	Ruth Wolf University Walla, Israel
Fabricio Moraes de Almeida Federal University of Rondonia, Brazil	Karina Xavier Massachusetts Institute of Technology (MIT), USA	Jie Hao University of Sydney, Australia
Anna Maria Constantinovici AL. I. Cuza University, Romania	May Hongmei Gao Kennesaw State University, USA	Pei-Shan Kao Andrea University of Essex, United Kingdom
Romona Mihaila Spiru Haret University, Romania	Marc Fetscherin Rollins College, USA	Loredana Bosca Spiru Haret University, Romania
	Liu Chen Beijing Foreign Studies University, China	Ilie Pinteau Spiru Haret University, Romania
Mahdi Moharrampour Islamic Azad University buinzahra Branch, Qazvin, Iran	Nimita Khanna Director, Isara Institute of Management, New Delhi	Govind P. Shinde Bharati Vidyapeeth School of Distance Education Center, Navi Mumbai
Titus Pop PhD, Partium Christian University, Oradea, Romania	Salve R. N. Department of Sociology, Shivaji University, Kolhapur	Sonal Singh Vikram University, Ujjain
J. K. VIJAYAKUMAR King Abdullah University of Science & Technology, Saudi Arabia.	P. Malyadri Government Degree College, Tandur, A.P.	Jayashree Patil-Dake MBA Department of Badruka College Commerce and Arts Post Graduate Centre (BCCAPGC), Kachiguda, Hyderabad
George - Calin SERITAN Postdoctoral Researcher Faculty of Philosophy and Socio-Political Sciences Al. I. Cuza University, Iasi	S. D. Sindkhedkar PSGVP Mandal's Arts, Science and Commerce College, Shahada [M.S.]	Maj. Dr. S. Bakhtiar Choudhary Director, Hyderabad AP India.
REZA KAFIPOUR Shiraz University of Medical Sciences Shiraz, Iran	Anurag Misra DBS College, Kanpur	AR. SARAVANAKUMAR LAGAPPA UNIVERSITY, KARAIKUDI, TN
Rajendra Shendge Director, B.C.U.D. Solapur University, Solapur	C. D. Balaji Panimalar Engineering College, Chennai	V. MAHALAKSHMI Dean, Panimalar Engineering College
Awadhesh Kumar Shirotriya	Bhavana vivek patole PhD, Elphinstone college mumbai-32	S. KANNAN Ph.D , Annamalai University
	Awadhesh Kumar Shirotriya Secretary, Play India Play (Trust), Meerut (U.P.)	Kanwar Dinesh Singh Dept. English, Government Postgraduate College , solan

More.....



DEPRIVATION OF HEALTH AMONG SCHEDULED CASTE CHILDREN: A STUDY BASED ON NATIONAL FAMILY HEALTH SURVEY

Shailendra Singh

Ph.D Research Scholar, Department of Sociology,
Babasaheb Bhimrao Ambedkar Central University, Lucknow,
Uttar Pradesh, India.



ABSTRACT:

This paper examines the deprivation of health outcome and health care access among the Scheduled Caste (SC) Children. The health status is assessed using a set of measurable indicators that reflect various dimensions which reasonably reliable data are available. These include indicators of mortality and nutrition status broadly called health outcomes and access to utilization of preventive, promotive and curative service broadly called health care. This paper is based on Nation Family Health Survey (NFHS). NFHS I, II, III collected information on the large number of aspect related to health condition, health care and health service utilization, especially for child in India. In this analysis we find that infant mortality, Neonatal mortality, child mortality, post-natal mortality and under five mortality rates are much higher among the scheduled castes children in comparison to other social groups. Majority of SC children are undernourished and anemia is also quite high among them. In respect of health care access, a lower proportion of children from the SCs received preventive, promotive and curative services against serious but preventable diseases as compared to Children from 'other' social group. The health status of scheduled caste children is very low and they are deprived of good health and access to health care services in India.

KEYWORDS: Deprivation, Health Status, Health Care Access and Scheduled Caste.

INTRODUCTION:

The preamble of the World Health Organization (WHO) succinctly underscores the enjoyment of the highest standard of health as a fundamental right of every human being. Caste or racial origin affects people's health in at least two distinct ways, health status and health care accessⁱ. The present paper is an attempt to unravel the health status of one of the India's most exploited communities, the Scheduled caste. Scheduled castes are those castes/races, which have been or may in future be specified in a list in accordance with Article 341 of our Constitution.ⁱⁱ The term, 'Scheduled Caste' was adopted while drafting the Constitution of India in 1947. The Indian caste system based on the notion of purity and pollution believed that the Scheduled Caste is impure and polluted. The people of these castes are considered as untouchables. They remain at the bottom of social hierarchy. Due to their place within the caste system, this group has suffered discrimination and exclusion in all its dimensions for centuries.ⁱⁱⁱ This group has been historically deprived to access and entitlements not only to economic rights but also to social needs such as education, health and housing.^{iv} Discrimination and exclusion in access to sources of income (land, capital and education) has led to high levels of economic deprivation and poverty among SCs.^v

Children of the schedule caste are facing a similar situation. Focus of this paper is on the health status of scheduled caste, only those health indicators that shows a significant difference between the SCs and other communities. Health condition of scheduled caste children is quite poor and they are more deprived than the other sections of society.^{vi} Child mortality rate, Infant Mortality rate and Under-five mortality rate are higher for children belonging to SCs as compared to 'others'. Malnutrition is a major factor responsible for high mortality. Majority of SCs children is undernourished and anemia is also quite high among scheduled caste children.

In respect of health care access, children from the SCs had a limited access.^{vii} A lower proportion of children from the SCs received vaccination and a dose of Vitamin A against serious but preventable diseases as compared to Children from 'other' social group. The SCs children had a lower coverage of three doses of DPT, polio and measles as compared to the 'other' social group. SCs children have been relatively deprived of recent advances and improvements in child survival.

HEALTH STATUS OF SCHEDULED CASTE CHILDREN

"Health is Wealth" a popular saying in almost every family world over. WHO has defined health as 'a state of complete physical, mental, and social well being and not merely absence of disease. This definition was accepted in the Alma Ata Declaration of Health by the World Health Assembly in 1978, according to which primary healthcare is a key to attaining 'Health for all by 2000'^{viii}. The present paper is an attempt to unravel the health condition of the Scheduled caste children. The health conditions are assessed using a set of measurable indicators like an infant mortalities rate, child mortalities rate, U-5 mortality rate and nutritional status that reflect various dimension of health.

MORTALITY RATES

Mortality has been an important, universally accepted and widely used indicator of the health conditions of any population, as well as a clearly understood that health outcome. The key indicator of early childhood mortality is Neonatal Mortality Rate (NNR), Post neonatal mortality Rate (PNNR), Child Mortality Rate, Infant Mortality Rate (IMR) and Under-five Mortality Rate (U-5MR).^{ix}

Table 1: Mortality rate by Social groups in India

Indicator	Social Groups	NFHS-1 (1992-93)	NFHS-2 (1998-99)	NFHS-3 (2005-06)	Declining Trend
Neonatal Mortality Rate (NNR)	SC	45	40	35.0	5
	ST	43	35	29.0	6
	OBC	NA	35	26.4	9
	Others	34	29	27.5	2
Post neonatal Mortality Rate (PNNR)	SC	35	20	15	5
	ST	11	22	14	8
	OBC	NA	15	15	0
	Others	23	13	8	5
Infant Mortality Rate (IMR)	SC	107	83	71	12
	ST	90	84	63	11
	OBC	NA	76	61	15
	Others	82	61	55	6
Child Mortality Rate (CMR)	SC	47	25	15	10
	ST	49	23	10	13
	OBC	NA	16	12	4
	Others	35	14	6	8
Under-5 Mortality Rate (UMR)	SC	149	119	94	15
	ST	135	126	99	27
	OBC	NA	103	78	25
	Others	111	82	68	14

Source: IIPS, National Family and Health Survey-I, II and III

NA: Not Available

According to collected data (Table-1), health condition of scheduled caste children is very poor comparison to other social group in India. Mortality rate among the Scheduled caste children is very higher as compared to 'others', but over the past years it has been showing a declining trend. In this analysis we also find that declining trend is not similar in all social groups. Available data is revealing that declining trend of Mortality Rate is not higher among the SCSs children comparison to other social groups and their health condition is not improving as fast as other social group in India.

NUTRITIONAL STATUS

Nutrition is a prerequisite for good health and the well being of any population. In particular, its play an important role in physical and mental growth of children. In India majority of children are suffering from malnutrition and anemia. Malnutrition is a major factor responsible for high morbidity and high mortality among India children. The anthropometric measurement in NFHS I, II, III survey shows that nearly half of the children have weight and height too low for their age compared to the international standards, and are classified as 'undernourished and stunted'.^x

Table 2: Nutritional Status of Children by Social Group in India

Indicator	Social Groups	NFHS-1 (1992-93)	NFHS-2 (1998-99)	NFHS-3 (2005-06)	Declining Trend
Undernourished	SC	58	54	47	1
	ST	57	56	57	3
	OBC	NA	48	43	5
	Others	52	44	33	11
Stunted	SC	58	52	53	+1
	ST	53	53	53	0
	OBC	NA	40	48	+8
	Others	51	43	40	3
Wasted	SC	19	16	21	+5
	ST	22	22	27	+5
	OBC	NA	20	20	0
	Others	17	15	16	+1
Anemia	SC	NA	51	43	8
	ST	NA	59	47	12
	OBC	NA	57	40	17
	Others	NA	44	34	10

Source: IIPS, National Family and Health Survey--I, II and III

NA: Not Available

According to collected data (Table-2) SCs children are more malnourished than other section of social groups. Deprivation is very great among SCs children. They are also facing an anemia problem in a high level. In this analysis we find that Majority of SCs children are undernourished and anemia is also quite high among scheduled caste children. SCs children have been deprived of recent advances and improvements in child survival.

ACCESS TO CHILD HEALTH CARE

The present section provides information and discusses the childhood health care access among the SCs children. Early childhood health care includes preventive care such as immunization, promotive care, like nutrition, as well as curative care.

PREVENT CARE: CHILD IMMUNIZATION STATUS

The vaccination of children against six serious but preventable diseases (Tuberculosis, Diphtheria, Pertussis, Tetanus, Poliomyelitis, and Measles) has been a cornerstone of child healthcare system in India. As

part of the National Health Policy, the National Immunization Programme has been implemented on a priority basis.^{xi}

According to collected data (Table-3) these targets have not been achieved across social groups with children from the SCs and STs Social group fairing the worst. Immunization coverage among SCs children is much below in comparison to other section of society and relatively gap also found.

Table 3: Child Health Care Access by Social Group in India

Indicator	Social Groups	NFHS-1 (1992-93)	NFHS-2 (1998-99)	NFHS-3 (2005-06)	Access Trend
All recommended dose of vaccination	SC	27	40	39	-1
	ST	25	26	31	15
	OBC	NA	46	40	-6
	Others	38	45	53	8
Vitamin A supplement	SC	NA	27	24	-3
	ST	NA	26	21	-5
	OBC	NA	26	23	-3
	Others	NA	31	29	-2
Diarrhea taken to health provider	SC	61	64	60	+5
	ST	52	52	54	+5
	OBC	NA	63	57	0
	Others	62	68	64	+1
ARI taken to health provider	SC	64	60	73	8
	ST	50	50	57	12
	OBC	NA	67	68	17
	Others	68	68	70	10

Source: IIPS, National Family and Health Survey- I, II and III

NA: Not Available

Promotive Care: Vitamin A Supplementation

Vitamin A deficiency is one of the most common nutritional deficiency disorders in the world, affecting more than 250 million children worldwide (Bloem et al., 1997).^{xii} The National Programme on prevention of blindness targets children under age five years and administers oral doses of Vitamin A every six months starting at age nine months.

According to collected data (Table-3), the picture was quite dismal, because more than half of the children had not received at least one dose and condition of scheduled caste children is very poor comparison to other social group in India. With respect to a comparative scenario across social groups, it is observed that the proportion of children who received Vitamin A dose were far lower for the SCs and STs Social groups in compared to the children from the 'other' social group indicating social disparities as well in the coverage of this programme.

Curative Care: Treatment for Diarrhea and Acute Respiratory Infection

This section discusses the prevalence and treatment of Acute Respiratory Infection (ARI) and diarrhea. Diarrhea is the most important killer of children under age five worldwide. Oral or intravenous rehydration is most commonly given treatment. The Government of India has, therefore, initiated the ORTP as one of its priority activities. Acute Respiratory Infection (ARI) and primarily pneumonia is also a major cause of illness among infants and children and the leading cause of childhood mortality throughout the world (Murray and Lopez, 1996). Early diagnosis and treatment with antibiotics can prevent a large proportion of ARI/pneumonia deaths.

According to collected data (Table-3), the tendency to seek treatment was slightly lower among all section of society. STs were not as successfully in obtaining treatment in case of diarrhea and ARI but deprivation

of SCs is not very high in the case of common childhood illness such as diarrhea and ARI

CONCLUSION

Children are the most important assets of a country because they will be tomorrow's youth and provide the human potential required for a country's development. A happy and healthy child is a symbol of the development of any society. In India, health condition of SCs children is quite poor. The health indicators reveal that Infant Mortality, Neonatal Mortality, Child Mortality, Post Natal Mortality and Under Five Mortality Rate is much higher among the scheduled castes children in comparison to other social groups. Malnutrition is a major factor responsible for high mortality. Majority of SCs children are undernourished and anemia is also quite high among scheduled caste children. In respect of health care access, children from the SCs had a limited access. A lower proportion of children from the SCs received vaccination and a dose of Vitamin A against serious but preventable diseases as compared to Children from 'other' social group SCs children have been relatively deprived of recent advances and improvements in child survival. A few aspects in which the deprivation for SCs is not very high are the immunization coverage and the degree of treatment- seeking in the case of common childhood illnesses such as diarrhea and ARI.

REFERENCE

- i. Ramaih A (2007) Dalits' Physical and mental Health: status, Root causes and Challenges. Tata Institute of Social Sciences, Mumbai, India. p 1.
- ii. Thorat Sukhadeo (2010) Caste and Social Exclusion: Issues Related to Concept, Indicators and Measurement. Children, Social Exclusion and Development Working Paper Series Volume 2 No.1. Indian Institute of Dalit Studies and UNICEF, New Delhi, India..
- iii. Nayar K R (2007) Social Exclusion, Caste & Health. India Journal Medical Research 126.
- iv. Baroah Vani K (2009) Inequality in Health Outcomes in India: The Role of Caste and Religion. Ed. Thorat S Blocked by Caste: Economic Discrimination in Modern India. New Delhi: Oxford University Press.
- v. Acharya Sanghmitra (2010) Access to Health Care and Patterns of Discrimination: A Study of Dalit Children in Selected Villages of Gujarat and Rajasthan. Children, Social Exclusion and Development Working Paper Series Volume 2 No.1. Indian Institute of Dalit Studies and UNICEF. New Delhi: India.
- vi. Baru Rama (2010) Inequities in Access to Health Services in India: Caste, Class and Region. Economic and Political Weekly vol xlv no 38. 49.
- vii. Das R K (2000) Child Health and Immunisation. Economic and Political Weekly Vol - XXXV No. 08-09.
- viii. Sadana Nidhi. (2009). Dalit Children in Rural India: Issues Related to Exclusion and Deprivation. Development working Paper Series Volume 3, No.5 .Indian Institute of Dalit Studies.
- ix. Thorat Sukhadeo (2009) Dalits in India: Search for a Common Destiny. New Delhi: Sage Publication.
- x. Thorat, Sukhadeo. (2009). Dalits in India: Search for a Common Destiny. New Delhi: Sage Publication.
- xi. National family Health Survey-II (1998-99) International Institute of Population Sciences. Mumbai: India; ORC, MACRO, Calverton, Maryland, USA. p 203
- xii. National family Health Survey-II (1998-99) International Institute of Population Sciences. Mumbai: India; ORC, MACRO, Calverton, Maryland, USA. p 216.
- xiii. Sadana Nidhi (2009) Dalit Children in Rural India: Issues Related to Exclusion and Deprivation. Development working Paper Series Volume 3, No.5 .Indian Institute of Dalit Studies.
- xiv. National family Health Survey-II (1998-99) International Institute of Population Sciences. Mumbai: India; ORC, MACRO, Calverton, Maryland, USA. p 216.



Shailendra Singh

Ph.D Research Scholar, Department of Sociology, Babasaheb Bhimrao Ambedkar Central University, Lucknow, Uttar Pradesh, India.

Publish Research Article

International Level Multidisciplinary Research Journal For All Subjects

Dear Sir/Mam,

We invite unpublished Research Paper, Summary of Research Project, Theses, Books and Books Review for publication, you will be pleased to know that our journals are

Associated and Indexed, India

- ★ Directory Of Research Journal Indexing
- ★ International Scientific Journal Consortium Scientific
- ★ OPEN J-GATE

Associated and Indexed, USA

- DOAJ
- EBSCO
- Crossref DOI
- Index Copernicus
- Publication Index
- Academic Journal Database
- Contemporary Research Index
- Academic Paper Database
- Digital Journals Database
- Current Index to Scholarly Journals
- Elite Scientific Journal Archive
- Directory Of Academic Resources
- Scholar Journal Index
- Recent Science Index
- Scientific Resources Database

Review Of Research Journal
258/34 Raviwar Peth Solapur-
413005, Maharashtra
Contact-9595359435

E-Mail-ayisrj@yahoo.in/ayisrj2011@gmail.com