

Social group disparities in access to healthcare facilities in India and Its Selected States: A bar Diagrammatic analysis

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Abstract: *In this paper I want to explore the social group disparities in access to health care facility in India and its selected nine states. For the purpose of determine the access to health care facility I choose six health related indicators namely, infant mortality rate (IMR), child mortality rate (CMR), under-five mortality rate (U5-MR), anaemia among women, child vaccination and delivery status of women between 1998-99 to 2005-06. Our results revealed that there are large scale inter-social group and inter-state disparities in different indicators of child and female health. There is also some evidence of deprivation of socially weaker sections and the females cutting across different social groups. While there is a general sign of deprivation by states and social groups in terms of various health indicators, the absolute position of general category is not very satisfactory.*

Keywords: *Social Groups, Access to Health, Disparity in Health, India, Bar Diagram.*

I. Introduction

In this paper I want to explore the social group disparities in access to health care facility in India and its selected nine states. For the purpose of determine the access to health care facility I choose six health related indicators namely, infant mortality rate (IMR), child mortality rate (CMR), under-five mortality rate (U5-MR), anaemia among women, child vaccination and delivery status of women between 1998-99 to 2005-06. I choose nine states on the basis of higher and higher Scheduled Caste (SC) and Scheduled Tribe (ST) concentration of population. These states are Himachal Pradesh, Punjab, Rajasthan, Madhya Pradesh, Orissa, West Bengal, Gujarat, Andhra Pradesh and Karnataka. I shall examine the access to health care facility by relative position of our selected health indicators between 1998-99 to 2005-06. I have measure the social group disparities of the access to health care facility by vertical bar diagrammatic approach.

II. Data and Methodology

My study is entirely based on last two rounds of National Family Health Survey (NFHS) namely NFHS - II and NFHS - III by National Institute of Population Survey (IIPS) and Ministry of Health and Family Welfare, Government of India. I have been applied vertical Bar Diagrammatic approach to explain the social group disparities in different selected health indicators of child and women by states.

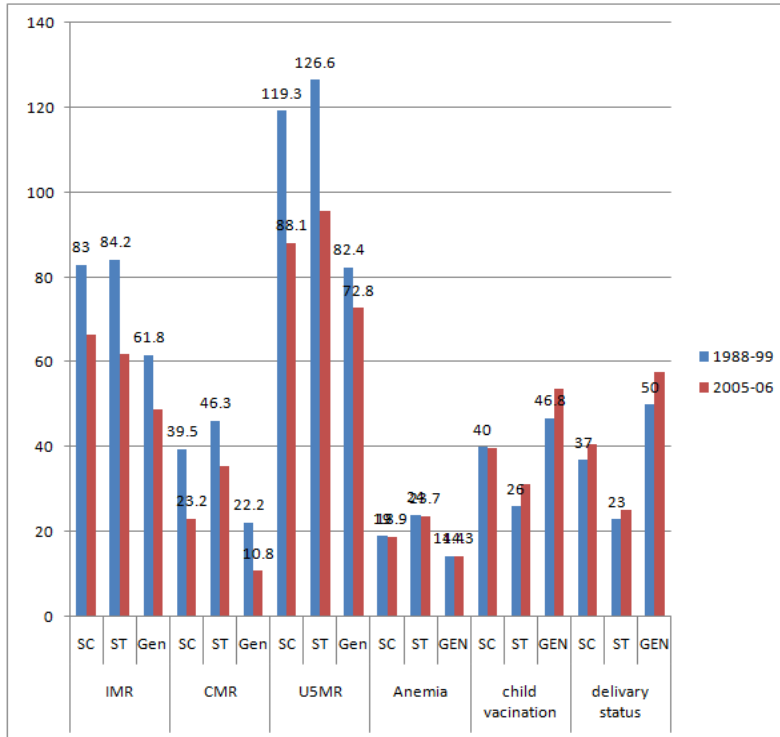
III. Results and Discussion

At the national level if it seen that the position of the GEN category of households regarding IMR, CMR and U-5MR remain better than the SCs and STs category in the periods 1998-99 and 2005-06. Within this it is observed that the disparity levels between SCs and STs Groups of households for different health indicators in are not much pronounced. However, the position regarding anaemia, child vaccination and delivery status of women is more or less similar for three social groups. Also most of the indicators indicate some improvement between the two time periods though the position regarding anaemia remains unchanged.

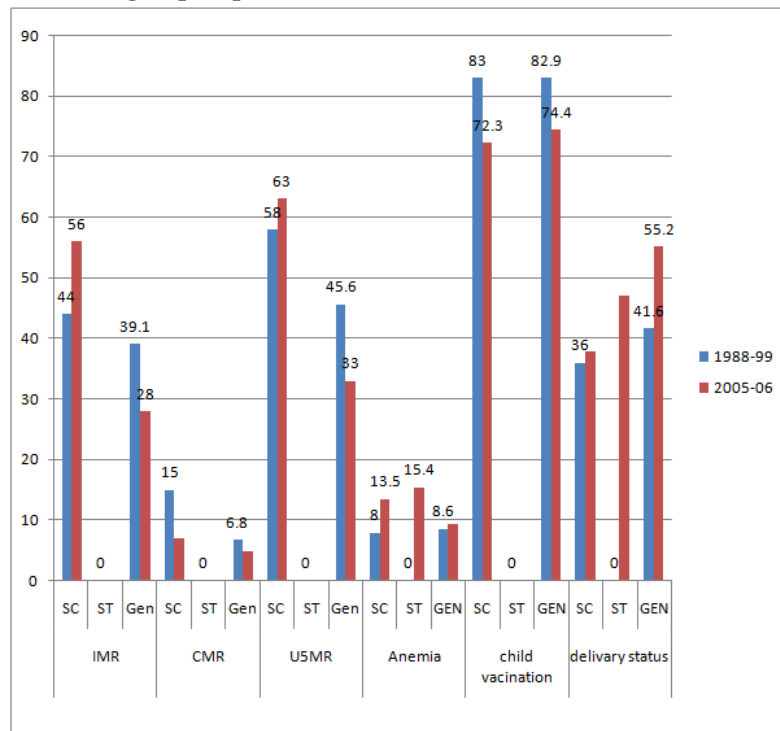
Going by different selected states separately it is seen that there exist large disparities between the GEN category of households and relative to SCs and STs Categories. More over for indicators like IMR, U-5MR and anaemia- the conditions of SCs households have deteriorated. In case of Rajasthan the performance level of the relevant social groups differ significantly but the overall situation has become better 2005-06 with a decline in disparity levels. For Madhya Pradesh the situation of SCs has become relatively worse for some indicators in 2005-06. Moreover the U-5MR is highly warring with inter group disparities prevailing. We come to Orissa there seems to be improvements in child vaccination and delivery status 2005-06. The Bar Diagram for West Bengal indicates on an average social group dispraise has declined over time as well as there have been significant improvement in child and female health care. The picture for Arunachal Pradesh points to a high deprivation of the STs Communities compare to other two social groups. The situation regarding anaemia particularly one of high concern. The GEN category of HHS in Manipur could maintain more secure position regarding various health indicators over time. In Meghalaya the social group disparity appears to be much more

pronounced compare to Arunachal Pradesh what is surprising is that in spite of the relatively advanced states. The position of Gujarat regarding IMR, CMR, U-5MR and anaemia is nothing diagrammatically different from other states. These disparities scenario among social groups have depicted in the following Bar Diagrams.

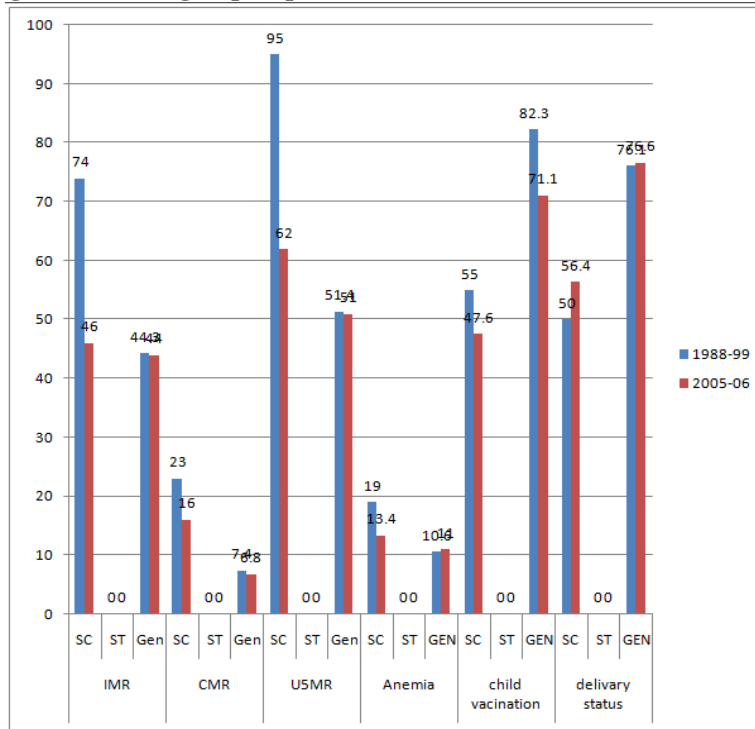
Bar Diagram 1: Social group disparities in access to healthcare facilities in India



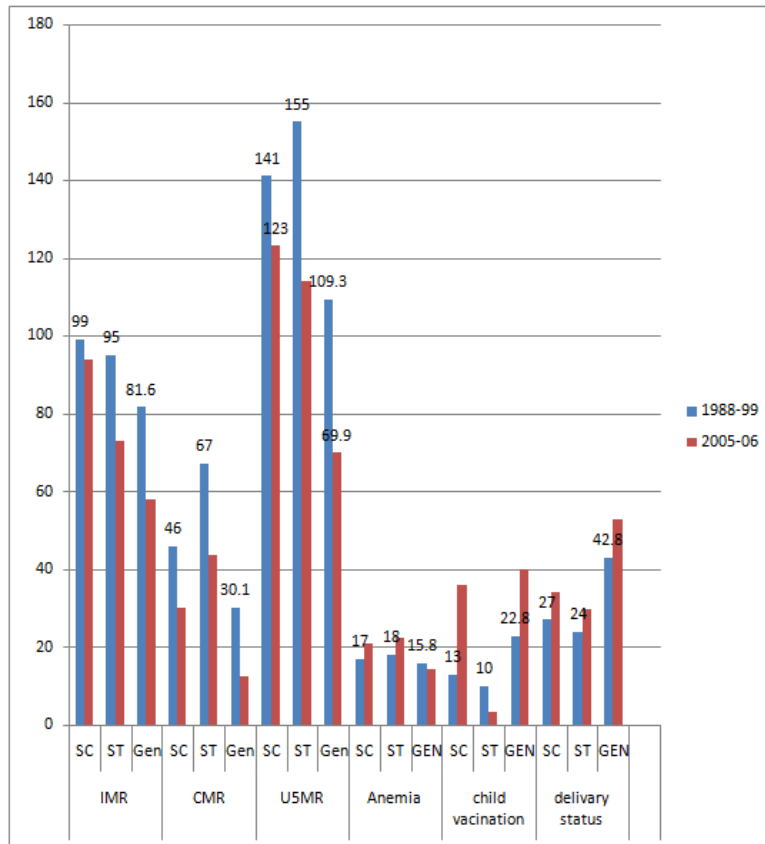
Bar Diagram 2: Social group disparities in access to healthcare facilities in Himachal Pradesh



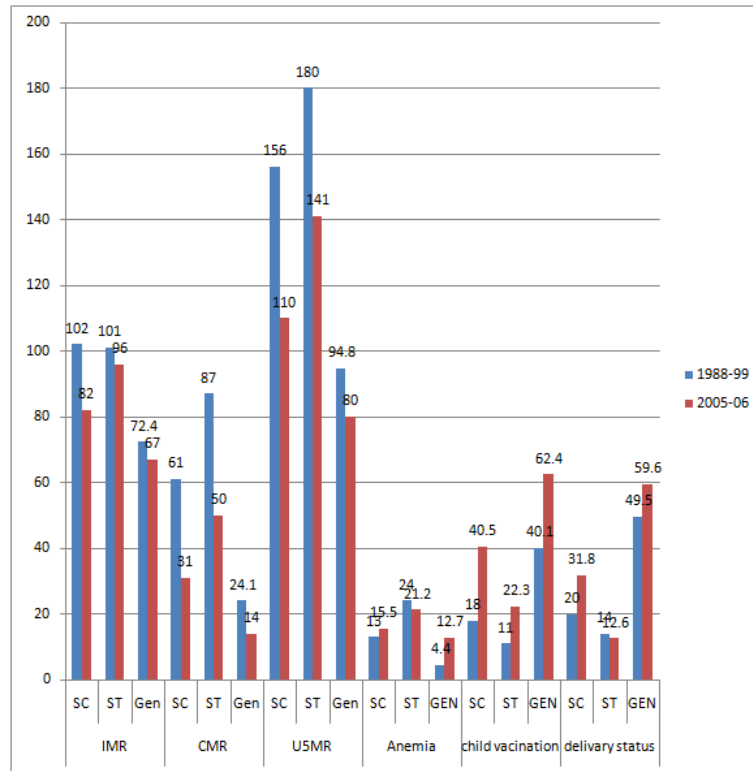
Bar Diagram 3: Social group disparities in access to healthcare facilities in Punjab



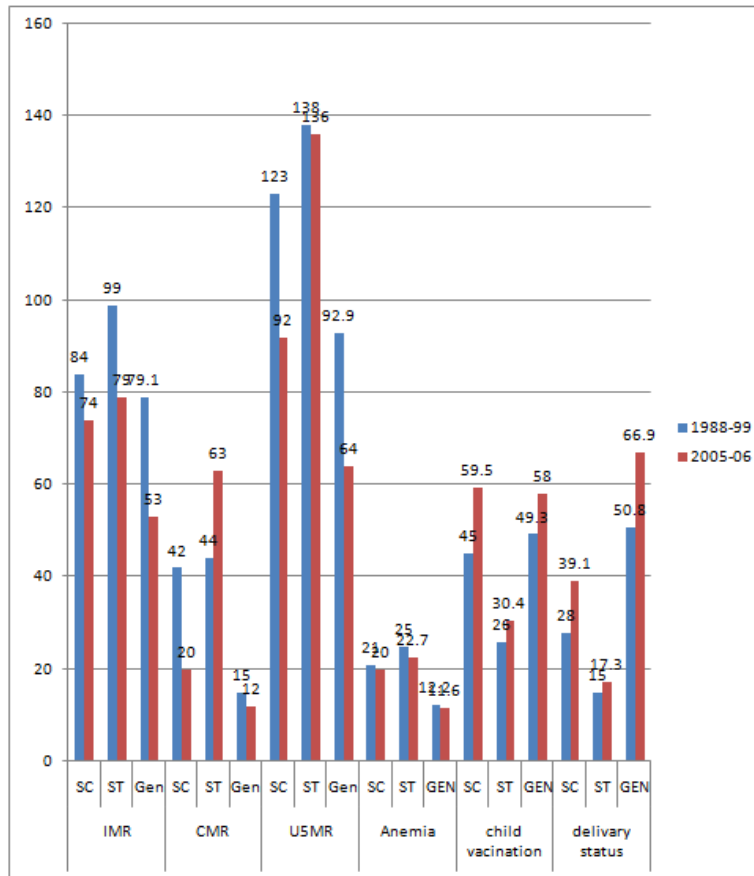
Bar Diagram 4: Social group disparities in access to healthcare facilities in Rajasthan



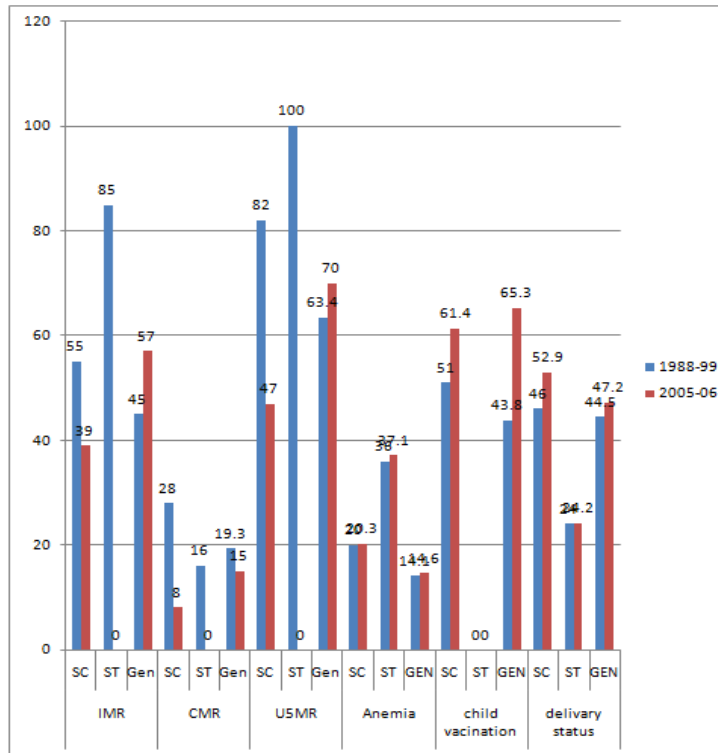
Bar Diagram 5: Social group disparities in access to healthcare facilities in Madhya Pradesh



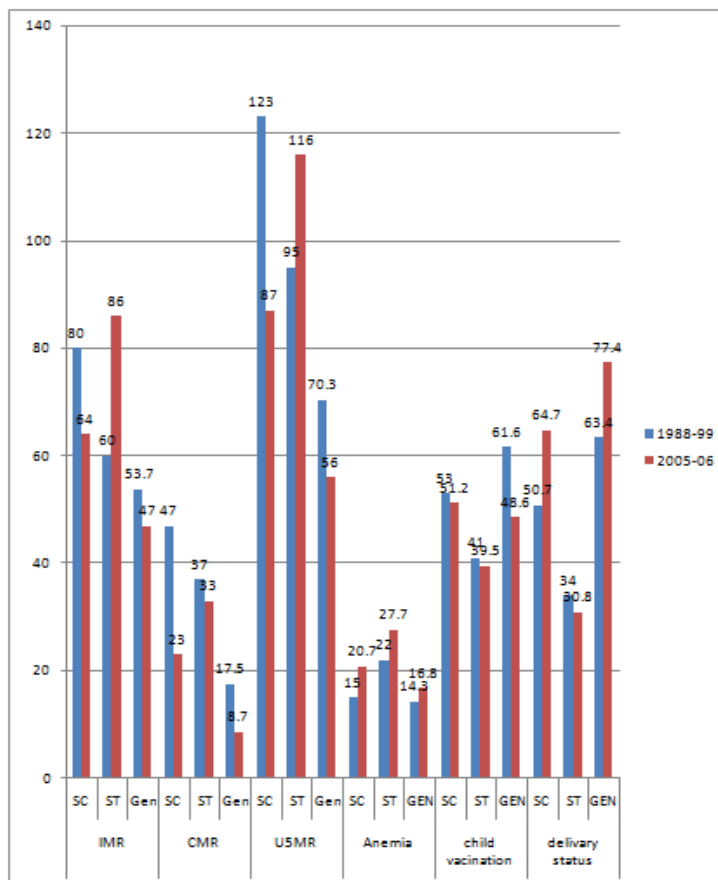
Bar Diagram 6: Social group disparities in access to healthcare facilities in Orissa



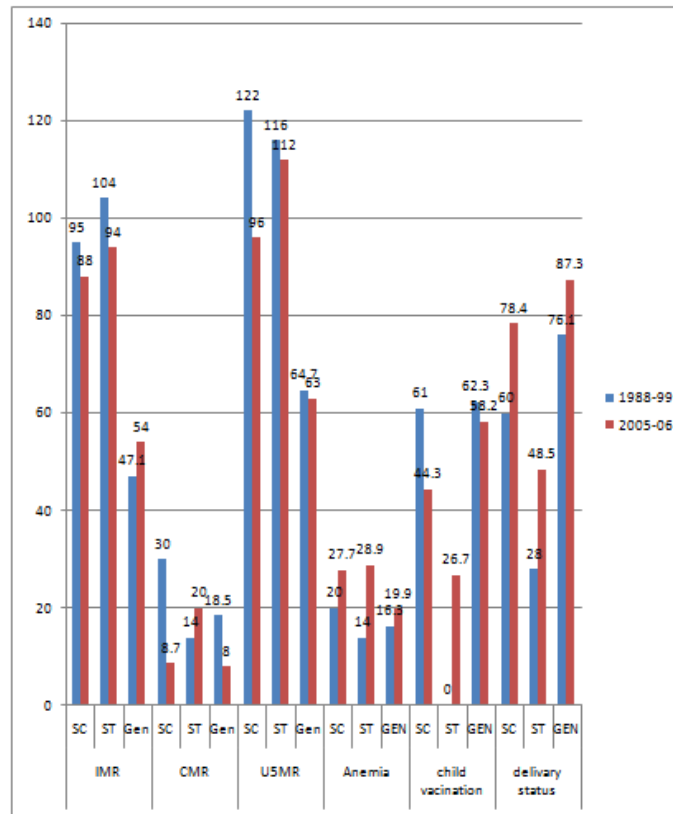
Bar Diagram 7: Social group disparities in access to healthcare facilities in West Bengal



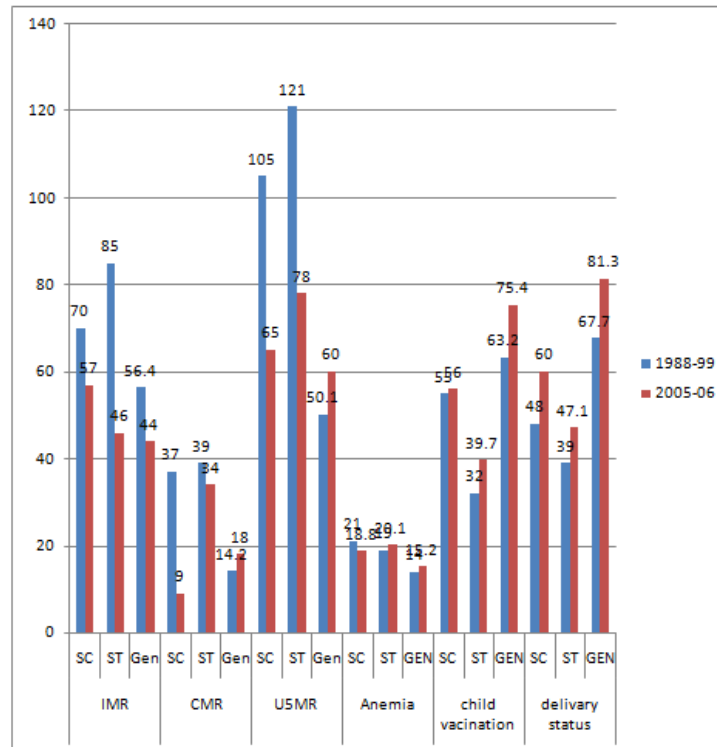
Bar Diagram 8: Social group disparities in access to healthcare facilities in Gujarat



Bar Diagram 9: Social group disparities in access to healthcare facilities in Andhra Pradesh



Bar Diagram 10: Social group disparities in access to healthcare facilities in Karnataka



IV. Summary and Conclusions

The demographic and ethnic characteristics of states subjected to the Bar-Diagram analysis appear to be important in influencing the interstate social group disparities in different health measures. In the period considered by us the states seem to be affected in terms of social group disparities proportionately more with the relative concentration levels of different social groups. For example Madhya Pradesh is among the maximum suffering states as far as deprivation of STs is concerned regarding various measures of child mortality. In general, however the STs group of people remained the most deprived regardless of the health indicators considered. The disparities between the SCs and STs Sections also indicate a relatively high degree of deprivation for the latter group in most of the states in terms of child mortality. Interesting the evidence is not sufficient to suggest that the GEN category of households is performing very well relative to other groups. This is confirmed throughout in terms of different measures of child mortality, anaemia among women, nutrition status of women, antenatal care and child vaccination. The immediate economic intuition that one may draw from this is that deprivation in health may assume large proportions due to economic constraints facing the households independent of social group characteristics.

The picture of state wise inter- group disparities revealed from our Bar-Diagram analysis points to the fact that the health status of women in the SCs and STs Categories have improved in West Bengal over time which may be partly attributed to the institutional intervention in the regime of the left led government. However, the government, intervention in public health in general has not been the very satisfactory. This is observed indirectly from the fact that the majority of states still survive below the national average level of different indicators. Moreover, the existing gaps between the weaker section and the relatively better placed social groups are alarming for such indicators as under-five mortality, anaemia and child vaccination.

Going by the disparity ratios, we see that while both SCs and STs Groups suffer deprivation, an intra SC – ST Deprivation also remains present, sometimes at worrying level. This points to the need for making health programmes more target- oriented and the emphasis should be more on bridging the gaps in inter social group disparities with in state rather than simply on reducing inter states disparities. In fact the comparative picture regarding SC – ST disparity is revealed more sharply taking the states in pairs. The progress in child vaccination has picked up over the years but it should be implemented more vigorously even in advanced states. The advanced states have been successful to reduce social group disparities which perhaps are due to increased economic entitlements and a redistributive effect of economic growth rather than any systematic public intervention. While the possibility of “trickledown” effect in improving the health profile cannot be ignored, our analysis also suggests the urgency to combine institutional efforts with measures to raise income so as to ultimately raise the access to good health at the household level.

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