Chapter 8: Summary of Findings, Conclusions and Policy Recommendations

8.1: Summary

In today's world it has been widely recognized that health of people and especially of women and children is basic to human development and investment in people must be made with special attention to health improvement. In spite of rapid advancement in scientific knowledge and technology and development of resources, the vast majority of people and especially mothers and children are forced to live under sub-human condition. Planned efforts have been started to improve their lot, but the actual situation is far from being satisfactory. Preservation of woman and child health is an urgent socio-economic need of the day. A healthy mother gives birth to healthy children who, in turn, would be the asset to the nation. Healthy women have an important bearing to the health of all members of the family. As there is a close correlation between education, poverty and health, a family managed by educated and healthy mothers may have some advantages to the income and health of prospective children and better domestic hygiene and overall socio economic benefits.

Despite the programmes initiated and extended during the planning era, some glaring inadequacies prevail in the general health scenario and especially in the arena of women and children health care facilities in India and West Bengal. There is a tendency for the available health facilities, although they are not adequate enough, to be concentrated in the urban areas. Even after sixty two years of attaining independence, there has not been any proper provision of clean water supply and environmental sanitation and also to preserve the health of women and children. Focusing on the state of West Bengal we find significant lacuna persisting in health and medical care facilities for women and children. We have crossed the target year of "Health for All" in 2000 and in the meantime, "Reproductive Health for All" by the year 2015 has been announced. Against this background, we attempt to undertake an economic analysis to consider all these questions. We also make an assessment of the progress achieved

so far in the health field specified for women and children. The study considers the relevance, strength and weakness of the health system with special reference to the overall development of health for women and children on the basis of a field survey of Panskura II (Kolaghat) community development block in Purba Medinipur district West Bengal and also indicates guidelines to be followed in future for the development of the system.

The hypotheses are as follows:

A) The women and children health status of India is in a very poor position not only internationally but also in comparison with different South Asian countries like Sri Lanka, Nepal, and Maldives etc.

B) The women and children health status of West Bengal is not in a sound position in comparison with some major Indian states like Kerala, Gujarat, Haryana, Maharashtra, Punjab etc.

C) Women and children health status (both in international and national level) is determined by not only demographic factors but also by many socio-economic factors.

D) Non-economic factors rather than economic factors play a more important role in determining women and children health status.

The objectives of the thesis are,

A) To evaluate the women and children health status at international, South-Asian and national level.

B) To attempt a broad review of the health care delivery system.

C) To identify different economic and non-economic factors which determine women and children health status in different levels.

D) To asses the relative importance of different types of women and child health determinants.

To understand the importance of women and child health, at the beginning, while examining the international scene, we have considered countries of different development levels, different income levels and different HDI levels. As women and child health parameters, a number of indicators of health e.g. life expectancy at birth for female, probability at birth of surviving to age 65, maternal mortality ratio (MMR), infant mortality rate (IMR) and under five morality rate (U5MR) have been discussed. It was observed that the status of both women and children's health vary widely among these countries. Such fluctuations in health status have often been hypothesized to have their source in the variable levels of several economic and non economic factors like per capital GDP, adult literacy rate, gross enrolment ratio, population with sustainable access to improved water source and sanitation, birth attended by trained health personnel etc. Simple tabular analysis has shown this hypothesis to be broadly true. It has also been seen that fluctuations are much greater when the countries are classified according to HDI level rather than development or income levels, highlighting he fact that non-economic factors might play an important role too, together with economic factors. The scenario for different South Asian countries, also shows that women and child health status depends on different socio economic factors. Though for South-Asian countries we have got some additional determinants like public expenditure on health, number of physician per lakh population, immunization against T.B. and measles. A simple correlation analysis has shown that at both international and South-Asian levels, female and child mortality are inversely correlated with economic and non economic factors. But the degree of

association is stronger and significant for non economic factors than the economic factors. These results shows that while for a sound female and child health, both economic factors (per capital GDP, per capital health expenditure. etc) and non economic factors (education, immunization, provision of improved sanitation and water source etc.) are responsible, the importance of non economic factors is much greater. The government must invest on basic education, sanitation, provision of water, immunization etc., not only because such investments will improve human development levels, but also because better educated and physically fit people will be able to prevent most of the diseases at an early stage.

In order to examine as to what extent there observations are valid in the Indian context, we have continued our analysis by considering fifteen major Indian states (covering more than 80% of Indian population). For explaining women and child health status in India, we have taken into account a number of health parameters like maternal mortality ratio, IMR, U5MR, women with anaemia, women with any reproductive health problem, women with BMI below 18.5, children suffering from different diseases (ARI, fever, diarrhoea, anaemia), child nutritional status, etc. According to women and child health status in India, Kerala, Punjab, Haryana, Tamil Nadu and Karnataka are in comparatively much better position than the overall Indian level. On the other hand, states like Andhra Pradesh, Uttar Pradesh, Bihar, Madhya Pradesh, Rajasthan, Orissa, etc are in a much poorer position. Except in some cases, the position of West Bengal is comparatively lower than all India level. The factors responsible for fluctuations in these health parameters have been categorized as before into two groups: economic and non-economic. Correlations as well as regression analysis have established the fact that non-economic factors are more influential in controlling women and child health in India. So government should take care of non-economic factors as first priority. It is true that fund is necessary for strengthening both economic and non-economic

factors but it should be kept in mind that a better educated, healthier and better accommodated person is always more likely, not only to fight against diseases, but even to prevent most of the diseases.

The nature and magnitude of women and child health problem in India and West Bengal is somehow different for their respective demographic features and health related facilities. Though the relative positions of India and West Bengal are more or less equivalent regarding sex ratios, percentage of urban population to total population, human development index, human poverty index, for some cases they are different. Population density is much lower in India while gender development index is comparatively lower in West Bengal. Apart from these demographic features, there are so many factors in reality which may be responsible for differences and child health status and factors may be classified into two groups: economic and non-economic. In cases of economic factors, only regarding public spending on health as percentage of GDP India's position is much better than West Bengal, otherwise all the factors like per capita consumption expenditure, percentage of population above poverty line, incidence of employment etc. are more or less same in India and West Bengal. Among non-economic factors, adult literacy rate, housing condition, child immunizations are better in West Bengal, though regarding number of health centres per lakh population and mothers' health care, India's position is comparatively better. All these are reflected in women and child health status. Except female morbidity, in all aspects of female and child health, West Bengal has occupied a relatively better position than overall India.

In the next step, the district-wise analysis in West Bengal (based on adult health index, child health index, income index and education index) has shown that among seventeen districts of West Bengal, Kolkata and Howrah are in sound positions regarding health status of both

adult and child. Districts like Purulia, Bankura, Malda, Koch Bihar, are not capable of maintaining a standard health status. Statistical results have established that educational level is the most important factor (after income) for such differentiation in health status. The position of Medinipur is somehow moderate among the districts.

Educational level is one of the strongest predictor of the health of the State and reflects the disparity between wealthy and poor districts. So to maintain a decent status of health, state government has a lot to do on an urgent basis. It has to ensure basic education for all its citizens in order to enable them to manage their health status efficiently. Further, the government has to secure a minimum subsistence level of income for each and every family so that they can purchase nutritious foods, necessary medicines, etc. Apart from this the state government has to strengthen health infrastructure at different levels of administration. A reoriented and restructured health infrastructure will reach the benefit of different central and state health programme to every person. As a result funds allocated for health sector will be utilized optimally and no fund will remain unutilized. Without a larger measure of decentralization and greater awareness among the people through motivation generation and improved referral system, health facilities cannot be improved and socio-economic scenario of the area can not have substantial upliftment.

For evaluating women and child health status at micro level we have selected nine villages of Kolaghat block and have chosen 156 households from those villages at random. From the information, collected in this way, we have seen that the health status of women and children depends various factors like household educational level, household living condition, household occupational structure, household economic condition, nutritional level, etc. We have divided all the determinants into two categories: economic factors and non-economic

factors, like our previous analysis. Simple correlation and regression analysis have shown that non-economic factors are more influential in controlling fluctuations in women and child health status which has already been seen in international, south-Asian, national, state and district level. In the second stage, we have used a maximum likelihood probit model to find out the impact of determinants individually on women and child health status. From this analysis, it has been observed that for female health important determinants are adult years of schooling, female years of schooling, household infrastructural condition, female income, and household per capita income; for child health these variables are adult years of schooling, child nutritional status, birth order, mother's income, and household per capita income. Finally, we have established that apart from all these determinants overall development levels of villages can play a vital role in maintaining women and child health status. So, if the government wants to secure sound health status for both women and children, at first, it has to ensure different social aspects of human life and then to implement different employment and income generation programmes.

8.2: Conclusions

In the introductory chapter it has been mentioned that four hypotheses would be tested in course of the development of the major theme of the present study. Our examination of the health care system of India, West Bengal and the study area leads us to conclude that these hypotheses are true to a very large extent.

With the present alarming growth of population, it is unrealistic to expect the state of health of nation to improve, poverty to be eradicated and unemployment problem to be solved. With over one billion population, it is indeed a disturbing thought that we have over 350 million

people who live below the poverty line and go to bed hungry every night despite substantial increase in food production in the last two decades.

At present, 204 million people in the country are undernourished and more than 350 million people living below the poverty line are vulnerable to natural disasters. Also more than 50 percent of pregnant women are anaemic, and a third of the children born in the country has low birth weight, having the risk of impaired health and brain development. A vast majority of Indian mothers and children remain hungry while going to bed at night. About one third of children aged less than 16 are child labour (*NHDR 2001*). The neglect of health care sector is reflected by allocation of mere 2 percent of GDP to health. A large number of women and children remain totally untouched by either legislation or programmes chalked out exclusively for their welfare. In World Development Report, 2004, the World Bank had cautioned that India would not be able to reduce poverty and improve human development by 2015 without socio-economic reforms in respect of better quality services in health, education, water, sanitation and electricity. At the World Food Summit at Rome, it was proposed to provide food security to all, along with access to safe and nutritious food and to reduce the number of undernourished to half by 2015. A FAO report, however, says that the target to reduce this number of hungry people by half by 2015 would not be even met by 2030. It is unfortunate that the right to food has not been given the proper priority. In view of the fact that a third of our population is halved due to poverty and nearly one third of our children are under-nourished, the task of ensuring food and nutrition to this vast population by enabling the poor to purchase food through creation of employment opportunities is most challenging.

India has more than 400 million uneducated people, with mounting problems of unemployment in this period of liberalization and privatization, lack of shelter, prevalence of poverty and malnutrition and especially lack of access of women and children to basic health care facilities. There is no priority in policy planning to eliminate chronic hunger and rural poverty. It is essential that we have to exhibit a firm commitment towards the success of family welfare measures at the National and State levels and this needs to be linked with massive efforts for increasing crop yields and its proper distribution along with sustainable socio-economic development, environmental upgradation, empowerment of women as well as social and gender equity and poverty eradication programmes.

It must be realized that human resource development includes not only education and training, but also preservation of health and nutrition of women and children. On the other hand, it is necessary to appreciate that the effective delivery of health care services would depend largely on the nature of education, training and appropriate orientation towards community health of all categories of medical and health personnel and their capacity to function as an integrated team, each of its members performing given tasks within co-ordinated action programs. In a word, all health care and human development programmes must ultimately constitute an integral component of the overall socio-economic process in the country in order to ensure a sound level of health for the women and children in our country.

8.3: Policy Recommendations

The strategy of achieving sustainable economic development along with population stabilization and human development consists mainly of addressing the needs of maternal and child health care. But the actual position is that we still have a long way to go to achieve it.

There have been many deficiencies and lapses in the general health field and health care planning for women and children. Under the present socio-economic set up, in order to arrest further deterioration in the situation and to improve the state of affairs as well as to develop human resources, a health policy geared to the real needs of women and children should move to the direction as noted here-under.

It is a fact that a large number of India's women population are victims of inequality in food intake and malnutrition, executive bias forwards male child utter neglect of female child during infancy, lack of elementary and child bearing at early age, miscarriage, multiple pregnancies, risky abortions- all contribute to higher maternal motility rates. Again, excessive natural and perinatal deaths, lack of proper health care during infancy, low birth weight, lack of nutrition all are hindrances for growth and survival of children in Indian economy.

The following points are to be mentioned as priorities for action.

- Identification of the vulnerable women and children suffering from endemic hunger and malnutrition should have to be made. Protein calorie malnutrition and energy deprivation and hidden hunger leading to malnutrition and micronutrient deficiencies should be eliminated. This can be done by strengthening already existing interventions such as the government includes the important elements of maternal and reproductive health through the implementation of the provision of antenatal doses of tetanus toxoid vaccine and supply of folic acid tablets, cure of anemia of pregnant and high trained health personnel, provision of postnatal care including three postnatal visits and identification and treatment of sexually transmitted diseases. Provision of nutritious diet for pregnant women along with micronutrients, could be added to the programme.

- All the adult persons should be educated at least up to primary level, so that they gather minimum conscious level.

- Safe drinking water and environmental hygiene have to be ensured.

- Proper health care along with management disposal or use of the human excreta is indeed a very basic and difficult challenge for our country and our study area as well with a rapidly increasing population. This is an extremely dangerous situation for the nation's health as most people use open spaces for this purpose. People are even seen easing themselves in the streets. The problem of open defecation in the rural areas and proper disposal and management of human excreta from the latrines in urban areas is a formidable task for the government and civic bodies. It is necessary to pay serious attention to this widely prevalent and disgusting situation.

- Purchasing power of people should be improved through sustainable livelihoods and greater market access to farm products is to be assured through giving special attention to women and children.

Kolaghat Thermal Power Station is situated in our study area. Pollution has been a major problem for the people here since long because ash created by the thermal station acts as a major source of health hazards, especially asthma and bronchiole diseases. In an attempt to reduce pollution being created by ash, adequate measures should be immediately taken to remove this and thereby create congenial environmental atmosphere and thus prevent pollution and health hazards in general and especially for women and children

Coming specifically to women's health empowerment of women, gender equity are urgently required to develop the health of women and take decisions to protect their reproductive and sexual health and take proper care for their children. Proper arrangement should be made for professional training for women which may lead to increased efficiency and income. An all-out attempt in the field of family education with the spread of at least elementary education among women and financial security is very urgent in the context of the policy tending towards improving reproductive and sexual health and overall health status of the family. They should also be provided better health and nutrition facilities. The following suggestions are made.

- The village self-help health groups have to be utilized for implementation of RCH programme. Already some actions have been taken in this regard.
- Birth control materials would have to be supplied adequately.
- Adequate number of childcare centers in remote rural areas and urban slums would have to be established.
- For the successful result, relating to fertility disease transmission, the Govt. should initiate innovative health package measures for relatively lower aged women (e.g. adolescent girls) and extend facilities for safe abortion at all levels.
- It is also necessary to establish adequate number of maternal delivery centers at the block and district levels to enable the mothers to attend them when childbirth problems are complicated.
- Couple lying below the poverty line should be encouraged to adopt birth control measures.

As regards improvement of child health the following are a few suggestion:

- delivery in presence of a medical health personnel.

- render sufficient midwifery services for the new born.
- it is necessary to make compulsory arrangement for birth registration. Hundred percent coverage in the matter should be a must for reaping beneficial effects in the wider context.
- It is also required to offer adequate advice for adopting birth control measures after immediate birth.
- It is also necessary to ensure hundred percent vaccinations for measles, tetanus and other water-born diseases and organize mass campaign for eradication of polio and other such diseases.
- The ICDS programme should be extended properly to have a wider and better coverage to include all children of age 6-9 years.

In order to build up a congenial and proper atmosphere, health infrastructure and proper atmosphere, health has to be restructured and strengthened at the village health centre levels and unmeet needs of the mothers and children have to be made on priority basis. Along with improvement of other facilities arrangement should be made for accommodating and improving referral transportation system. Local well-to do people should be encouraged to start ambulance services at the village and block levels. Stress should be laid upon for making arrangements for providing loans from financial institutions for opening medical shops for first aid and emergency purposes. Again, in order to have appreciable result the efficiency of health personnel engaged in woman and child health care activities, should be increased by offering them time to time adequate in service training. It is required for women, pregnant mothers and infants to make easy access into health care activities when they feel necessity. It is also necessary on the part of the govt. and the public as well to make

proper supervision of the day-today activities of the health personnel engaged in health care services.

Mention may be made of the National Health Policy (NHP) 2002, which has important landmarks in the future health development for the country. The first National Health Policy was formulated inn 1983 and since then there have been marked changes in the determinant factors in relating to the health sector. Some of the policy initiatives outlined in the NHP 1983 have yielded results, while in several other areas; the outcome has not been as expected. Under the present socio-economic and cultural set up of India, it is expected that better results would follow in the health filed of the recommendations of the National population Policy 2000 and NHP 2002 are fully acted upon.

Initiatives over the last fifty-five years have not brought about significant changes in improving the lot of women and children. Family welfare progammes are limited in scope for women and children. The answer to overall health improvement for women and children and reproductive health of women and health care for children lies in developing a holistic perspective and to achieve any degree of success, inter and intrasectoral linkages have to be established and programmes would have to be worked out in accordance with these linkages of the productive sectors must play supportive roles to protect and build a strong family as well as the very base and basis of the socio-cultural and socio-economic superstructure of the country. This is particularly true for couple living below the poverty line.

Even after sixty-two years of attaining independence in India we painfully stress upon the need to formulate and successfully implement on hundred percent basis a pro-poor development strategy to offer everybody the fullest benefit of it. The pillars of this strategy are to build an investment climate that facilitates investment and growth and empowering

poor people and especially woman to participate in that growth. There is also the urgent need to create a vision of an economy and polity that would provide a basic minimum health services to all. Non-governmental agencies will have a big role to play in all these matters.

Indeed, we are living a shameful socio-economic condition, which may be characterized as 'poverty amidst plenty'. In the new millennium in this 'republic of hunger' (i.e. India, as coined by some), millions of common people are becoming victims of poverty, hunger and malnutrition and simultaneously some people in the same country, under the umbrella of privatization and globalization are gaining fabulously. In the context of this, the poor should be given entitlement cards for their basic needs through public distribution system; employment guarantee and health cover for the needy and vulnerable and especially for women and children. The centre and the state (West Bengal) should infuse dynamism into the health sector to accrue real benefits to the women and children. All this can bring about noticeable changes in the overall health scenario and improve the fate of the women and children in particular and the health of the Indian economy and can usher in a new dimension to attain development with a human face. Recently International Health Security was observed on the 7^{th} day of April 2007, whose theme was-"Invest in health, build a safer future". Policy makers at all levels should strictly bear in mind this and act accordingly.