UNIT 8 HEALTH OF WOMEN, CHILDREN AND VULNERABLE GROUPS

Structure

8.0 OBJECTIVES

After reading this Unit, you will be able to:

- understand health and healthcare related issues of women and children in India;
- know the existing health challenges and government's effort to address healthcare issues of women and children in India;
- identify the vulnerable groups and their health related issues, and

- make an overview and assessment of the prevailing situations related to healthcare needs of the Elderly and Persons with Disabilityin India and government initiatives.

8.1 INTRODUCTION

Health is a basic human right of all. The Universal Declaration of Human Rights established a breakthrough in 1948, by stating in Article 25: 'Everyone has the right to a standard of living adequate for the health and wellbeing of himself (herself) and his (her) family….'. The Preamble to the World Health Organisation (WHO) also affirms that it is one of the fundamental rights of every human being to enjoy 'the highest attainable standard of health'. Alma Ata declaration of 1978 set the target of achieving the goal of 'health for all' by 2000.The Millennium Development Goals (MDGs) have incorporated five out of eight goals to health needs of the population. As per Sustainable Development Goals (SDGs), out of the 17 identified goals to be achieved by 2030, many goals are there to achieve health needs of the population especially deprived population. The concern shown by global agencies like United Nations and WHO help us to understand that health is a basic human right of all, irrespective of sex, age, ethnicity, race, national identities and no amount of discrimination, inequality, prejudice or deprivation could stop any section of human population from enjoying the health rights as basic human rights.

Health is a state of wellness. Health is necessary for the biological, mental, psychological, social, cultural, spiritual, economic, and political well-being of all human beings. Health enhances capability and functioning of human beings. Inequalities in the field of health are the most basic form of inequalities and needs to be addressed urgently. Health is an indicator and necessary condition for all paradigms of development (Akram, 2014a). Although several diseases and ailments are common world over, the systems of medicine and therapies are multiple. The physiological, mental, social and cultural needs of people often vary as per their age, gender, socio-economic situations and other macro level realities of life and hence health and healthcare needs of different sections of population also may vary. Situated within thedemographic and social-contextual background, this lesson tries to understand the health and healthcare issues of women, children and other vulnerable groups in India.

8.2 HEALTH OF WOMEN: MAJOR ISSUES

Health of women is one critical area that remained at the core of the Fourth World Conference on Women which was convened by the United Nations during 4-15 September 1995 in Beijing, China. Going beyond this, many health issues of women also found their reflection in the goals and targets of the United Nations' Millennium Development Goals (MDGs) to be achieved by the year 2015. Out of the eight goals, four addressed issues related to women and two specifically addressed health of women. Further, in 2015, the United Nations General Assembly adopted a set of new Sustainable Development Goals (SDGs) to build on MDGs' progress and advance human, economic and sustainable development by 2030. Equality, health and empowerment of all women and girls is a core agenda of these SDGs.

Women are susceptible to many illness or disease and healthcare issues just like men. Most of the communicable and non-communicable or chronic and acute diseases inflict both women and men and the trajectories of treatment and care are followed as per the diagnosis reports for such common or gender neutral ailments. However, some specific ailments or diseases are gender specific and the courses of diagnosis and treatment depend upon the gender specific requirements, for example, the problems of breast cancer and prostate cancer are gender specific. Going beyond these gender neutral or gender specific ailments and disease, there are several life situations and experiences which are witnessed by women only. Maternity experience is one such experience which is applicable in case of women only. Reproductive health is another approach to address some of the common issues related to maternal health but the focus here is on the process of reproduction and sexuality and very often it also includes issues which are beyond the scope of maternal health.

Maternal health refers to the health of women during pregnancy, childbirth and the postpartum period. Although motherhood is often a positive and fulfilling experience, for many women it is associated with suffering, ill-health and even death (Akram, 2014b). Throughout human history, pregnancy and childbearing have caused death and disability in both women and neonatal. Death of the mother during childbirth or issues related to this is often identified as maternal death or maternal mortality. Pregnancy and childbirth are of course not diseases (WHO, 2009). But, they carry risks because of the varying and embedded complications, practices, processes, beliefs, life conditions and the immediate environment. These risk scan be reduced by health care interventions such as the provision of maternal and public healthcare, antenatal and postnatal care, supplementary nutrition, family planning, safe abortion and improvement in other reproductive conditions.

A much discussed and important aspect of health of women is reproductive health. The term 'reproductive health' was first adopted at the International Conference on Population and Development (ICPD) held in Cairo, Egypt in 1994 and heralded a major shift in thinking and approach to population issues – from pure population control through family planning, to a much wider field encompassing not only fertility control but safe sex and pregnancy free from coercion, discrimination and violence. In the ICPD Programme of Action, 'Reproductive health' is defined as: "a state of complete physical, mental and social well-being and...not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed [about] and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of birth control which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant."

Check Your Progress I

1) Why do we need to study health of women?

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2) What are the main components of reproductive health of women?

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8.3 SELECTED INDICATORS OF HEALTH OF WOMEN IN INDIA

8.3.1 Maternal Mortality Ratio (MMR)

The Maternal Mortality Ratio is the number of women who die from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy and childbirth or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, per 100,000 live births. Such deaths are affected by various factors, including general health status, education and services during pregnancy and childbirth. According to the Annual Report 2018-19, Ministry of Health and Family Welfare (MoHFW), Government of India, "Maternal Mortality Ratio (MMR) in India was exceptionally high in 1990 with 556 women dying during child birth per hundred thousand live births. Approximately, 1.38 lakh women were dying every year on account of complications related to pregnancy and child birth. The global MMR at the time was much lower at 385. There has however, been an accelerated decline in MMR in India. MMR in the country has declined to 130 (SRS 2014-16) against a global MMR of 216 (2015)" (p. 29). Assam continues to be the State with the highest MMR (237) followed by Uttar Pradesh/Uttarakhand (201) and Rajasthan (199).

8.3.2 Institutional Delivery, Proportion of Births Attended by Skilled Health Personnel and Increase in Cesarean Section (CS) Deliveries

In order to reduce maternal mortality and infant mortality, it is extremely important that all births take place in healthcare institutions with proper healthcare facilities for the mother as well as newborn and births be attended by skilled health personnel. The proportion of births attended by skilled health personnel is the percentage of deliveries attended by personnel trained to give the necessary supervision, care and advice to women during pregnancy, labour and the post-

partum period; to conduct deliveries on their own; and to care for newborns. Skilled health personnel include only those who are properly trained and who have appropriate equipment and drugs. Traditional birth attendants, even if they have received a short training course, are not to be included. Institutional deliveries in India have risen sharply from 47 per cent in 2007-08 to over 78.9 per cent in 2015-16 (NFHS-4) while safe delivery has simultaneously climbed from 52.7 per cent to 81.4 per cent in the same period.

The States of Kerala, Lakshadeep and Puducherry have achieved 100 per cent coverage in births attended by skilled health personnel, in 2015-16 as per NFHS-4. A total of 13 States reported that more than 90 per cent of the births were attended by skilled health personnel. The NFHS-4 data also reveal that the growth in institutional delivery is followed by a twofold increase in Cesarean Section (CS) deliveries from 8.5 per cent in 2005-06 to 17.2 per cent in 2015-16. Many States have witnessed high growth in CS deliveries and some of these States are Andhra Pradesh (40.1%), Kerala (35.8%), Tamil Nadu (34.1%), Jammu and Kashmir (Now UT) (33.1%) and Goa (31.4%). Unexpected growth in CS deliveries is also a cause of concern (Muzaffar and Akram, 2019).

8.3.3 Antenatal and Postnatal Care

Antenatal care (ANC) refers to pregnancy-related health care, which is usually provided by a doctor, an auxiliary nurse midwife (ANM) or another health professional. Ideally, ANC should monitor a pregnancy for signs of complications, detect and treat pre-existing and concurrent problems of pregnancy, and provide advice and counselling on preventive care, diet during pregnancy, delivery care, postnatal care and related issues. The main purposes of ANC are to prevent certain complications, such as anaemia, and identify women with established pregnancy complications for treatment or transfer. Postnatal check-ups, healthcare that the mother and the infant receive during the first few weeks after delivery, are particularly important for births that take place in non-institutional settings. Recognizing the importance of postnatal check-ups, three postnatal visits are generally recommended.

8.3.4 Iron and Folic Acid Supplementation to Pregnant and Lactating Women for Prevention and Treatment of Anaemia

After the first trimester of pregnancy, every pregnant woman during ANC is also given iron and folic acid (IFA) tablets for six months, after the first trimester of pregnancy and six months post-partum. Pregnant women, who are found to be clinically anaemic, are given double the dose of IFA. In terms of prevalence of anemia among pregnant women (15-49 years), as per NFHS 4, Jharkhand is the worst performing state having the highest percentage (62.6) of such prevalence followed by Bihar (58.3%), Haryana (55.0%), Madhya Pradesh (54.6%), Tripura (54.4%) and West Bengal (53.6%).

8.3.5 Comprehensive Abortion Care

According to the MoHFW's Annual Report 2018-19, comprehensive abortion care is being provided as it is an important element in the reproductive health component of the RMNCH+A strategy as 8 per cent (2001-03 SRS) of maternal deaths in India are attributed to unsafe abortions. Revised guidelines have been issued for service delivery in India in 2019.

8.3.6 Screening and Care for STIs and RTIs

Screening and care for Sexually Transmitted Infections (STIs) and Reproductive Tract Infections (RTIs) are being provided at health facilities as they constitute an important public health problem in India. A policy decision has been taken for universal testing of HIV and syphilis in pregnant women. As per HMIS report for FY 2018-19, over 80 lakh pregnant women are screened for syphilis and approximately 1.86 crore pregnant women have been screened for HIV.

Check Your Progress II

1) Elaborate the situation related to Maternal Mortality Ratio (MMR) in India.

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8.4 HEALTHCARE OF WOMEN IN INDIA: SOME IMPORTANT GOVERNMENT PROGRAMMES

8.4.1 Janani Suraksha Yojana (JSY)

Janani Suraksha Yojana (JSY) is a safe motherhood intervention under the National Health Mission (NHM). It is being implemented with the objective of reducing maternal and neonatal mortality by promoting institutional delivery among pregnant women. JSY is a Centrally Sponsored Scheme, which integrates cash assistance with delivery and post-delivery care. The scheme has identified Accredited Social Health Activists (ASHAs) as an effective link between the Government and pregnant women.

8.4.2 Janani Shishu Suraksha Karyakram (JSSK)

Building on the phenomenal progress of the JSY scheme, Government of India launched Janani Shishu Suraksha Karyakaram (JSSK) in 2011. The initiative entitles all pregnant women delivering in public health institutions to have absolutely free and no expense delivery, including caesarean section. The entitlements include free drugs, consumables, free diet during stay, free diagnostics and free blood transfusion, if required. This initiative also provides free transport from home to institution, between facilities in case of a referral and drop back home. Similar entitlements were put in place for all sick newborns accessing public health institutions for treatment till 30 days after birth. In 2013, the scheme was expanded to cover complications during ante-natal and postnatal period and also sick infants up to 1 year of age.

8.4.3 Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)

The Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) has been launched by the MoHFW in 2016. Under PMSMA, all pregnant women in the country are provided fixed day, free of cost assured and quality Antenatal Care. As part of the campaign, a minimum package of antenatal care services (including investigations and drugs) is being provided to the beneficiaries on the 9th day of every month. The Abhiyan also involves private sector's health care providers as volunteers to provide specialist care in government facilities.

8.4.4 Scheme for Promotion of Menstrual Hygiene among Adolescent Girls in Rural India

Scheme for Promotion of Menstrual Hygiene was launched by MoHFW, to promote Menstrual Hygiene among adolescent girls in the age group of 10-19 years in rural areas as part of the Adolescent Reproductive Sexual Health (ARSH) in RCH II, with specific reference to ensuring health for adolescent girls. The major objectives of the scheme are: to increase awareness among adolescent girls on Menstrual Hygiene; to increase access to and use of high quality sanitary napkins to adolescent girls in rural areas; and to ensure safe disposal of sanitary napkins in an environmentally friendly manner.

Check Your Progress III

1) Make an assessment of the government initiatives taken to improve the health of women in India.

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8.5 HEALTH OF CHILDREN: GLOBAL AND NATIONAL FRAMEWORKS

WHO, in a paper titled as "Early child development – Child health and development" says: The early childhood years are a period of not only great opportunity but also of great vulnerability? The Nurturing Care Framework (WHO, UNICEF & World Bank Group, 2018) was launched at the time of the World Health Assembly in 2018 to provide a roadmap for action. The framework builds on state-of-the-art evidence about how child development outcomes are influenced and how they can be improved by policies and interventions. Nurturing care is characterised by a stable environment that promotes health and optimal nutrition, protects children from threats, and gives them opportunities for early learning, through affectionate interactions and relationships. Main components of Nurturing Care, as per WHO Guidelines, are: good health; adequate nutrition;

responsive care giving; opportunities for early learning; and, security and safety. Goal number 4 of the MDGs talks about reducing child mortality. Further, out of the 17 identified goals of SDGs to be achieved by 2030, first three goals talk about ending poverty, ending hunger and ensuring health for all respectively and focus is definitely on children also.

As per Census of India 2011, the share of children (0-6 years) accounts 13 per cent of the total population in the Country. The child health programme under the National Health Mission (NHM) comprehensively integrates interventions that improve child survival and addresses factors contributing to infant and under-five mortality. It is now well recognised that child survival cannot be addressed in isolation as it is intricately linked to the health of the mother, which is further determined by her health and development as an adolescent. Therefore, the concept of Continuum of Care, that emphasises on care during critical life stages in order to improve child survival, is being followed under the national programme. The newborn and child health are now the two key pillars of the Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) Strategic Approach, 2013.The goals for child health in India as envisaged by National Health Policy 2017 and SDG 2030 are presented in Table 8.1.

Table 8.1: Child Health Goals under NHP-2017 and SDG-2030

Child Health Goals under NHP-2017 and SDG-2030			
Child Health Indicator	**Current status**	**NHP 2017**	**SDG 2030**
Neonatal Mortality Rate (NMR)	24	16 by 2025	<12
Infant Mortality Rate (IMR)	34	28 by 2019	—
Under 5 Mortality Rate (U5MR)	39	23 by 2025	d”25

Source: Sample Registration System (SRS) 2016, NHP 2017 & SDG 2030

Check Your Progress IV

1) Why do we need to study the situations related to health of children in India?

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8.6 HEALTHCARE OF CHILDREN IN INDIA: MAIN PROBLEMS AND GOVERNMENT PROGRAMMES

8.6.1 Main Problems and Causes of Child Mortality

The MoHFW's Annual Report 2018-19 talks about the main problems and causes of child mortality and newborn health in India. The major causes of child mortality in India as per the SRS reports (2010- 13) are: Prematurity and low birth weight (29.8%); Pneumonia (17.1%); Diarrhoeal diseases (8.6%); other non-communicable diseases (8.3%); Birth Asphyxia and Birth Trauma (8.2%); Injuries (4.6%); Congenital anomalies (4.4%); ill-defined or cause unknown (4.4%); Acute bacterial sepsis and severe infections (3.6%); Fever of unknown origin (2.5%); and, all other remaining Causes (8.4%). Beside these causes, malnutrition is a contributory factor in 45 per cent child deaths.

8.6.2 Nutrition Related Interventions

Malnutrition is considered to be the underlying cause of 45 per ent of child deaths: 35.7 per ent of under-5 children are underweight, 38.4 per ent are stunted and 21.0 per ent are acutely malnourished (wasted). More importantly, 7.5 per ent of children are suffering from severe acute malnutrition, as per the last available national survey (NFHS 4, 2015-16). Further, only 41.6 per ent newborns initiated on breastfeeding within one hour of birth while 54.9 per ent children breastfed exclusively till 6 months of age (NFHS 4, 2015-16).Complementary feeding started for only 42.7% children on time (more than 6 months of age) and 58.4 per ent of children in age group 6 to 59 months are anaemic (NFHS 4, 2015-16).

8.6.3 Rashtriya Bal Swasthya Karyakram (RBSK)

According to the Annual Report 2018-19, MoHFW (p. 436), RBSK provides child health screening and early interventions services by expanding the reach of dedicated mobile health teams at block level. These teams also carry out screening of all the children in the age group 0–6 years enrolled at Anganwadi Centres twice a year and 6-18 years at government school and government aided schools once a year. RBSK covers 30 common health conditions including screening, confirmation and management. Many of these conditions are very critical and if left unaddressed, they could negatively impact the critical period of brain development of the child permanently e.g. treating congenital heart disease, congenital deafness, congenital cataract, developmental delay during infancy. RBSK also provides screening of all newborns at all the delivery points for birth defects. RBSK provides early intervention Centre at all districts to prevent or minimise disability. The strategic interventions to address birth defects, diseases, delays and deficiencies are: screening of children under RBSK; establishment of District Early Intervention Centres (DEICs); and, Birth Defects Surveillance System (BDSS) is being established.

8.6.4 Immunization and Vaccination

The Expanded Program of Immunization (EPI) was introduced globally in 1974. The initial EPI program in India was limited to Bacillus Calmette Guerin (BCG),

diphtheria, tetanus toxoids, whole cell pertussis (DTwP), oral poliomyelitis, and typhoid vaccines, and chiefly covered urban areas. The Universal Immunization Program (UIP), introduced in 1985, improved immunization coverage and extended the focus beyond infancy. Typhoid vaccine was excluded from the schedule, and measles vaccine was added. Vitamin A supplementation was added in 1990, and the Polio National Immunization Days introduced in 1995. Some states introduced hepatitis B vaccine in 2002 and a pentavalent vaccine in 2011. UIP is an essential part of the Child Survival and Safe Motherhood Program since 1992, the Reproductive and Child Health Program (RCH-I) from 1997, and the RCH-II and National Rural Health Mission since 2005(https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4928529/).

Under the Universal Immunization Programme, Government of India is providing vaccination to prevent seven vaccine preventable diseases i.e. Diphtheria, Pertussis, Tetanus, Polio, Measles, severe form of Childhood Tuberculosis and Hepatitis B, Hiaemophilus influenza type b (Hib) and Diarrhea.

Check Your Progress V

1) Explain the importance of nutrition related initiatives to improve the health of children in India.

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8.7 HEALTH OF VULNERABLE GROUPS

Vulnerable groups include those sections of population who have limited access to the overall development benefits because of their demographic, physiological, socio-economic, spatial, geographical and other contextually defined limitations. In demographic terms children, old aged people and women are considered vulnerable. In physiological terms, people with any kind of disability are considered vulnerable. Similarly, in socio-economic terms poor and especially those who are living below poverty line are more vulnerable. Rural people are more vulnerable than urban population. Scheduled Caste, Scheduled Tribes and Backward Classes are constitutionally identified deprived people considered as very vulnerable groups. Very often, people working in occupations more exposed to environmental or job related hazards are also defined as vulnerable groups. Some ethnic and minority groups, slum dwellers, unorganized workers are also defined as vulnerable groups in specific contexts.

Health statistics shows that the health outcome of these vulnerable groups are poor because of several interrelated factors related to lack of food and nutrition, unavailability of safe drinking water, unhygienic living conditions, poor access

to healthcare and medical facilities, illiteracy, lack of awareness, and more susceptibility to communicable diseases especial malaria, tuberculosis, diarrhea etc. We have already examined health of women and children in first two section of this Unit. You will read about health of rural people in other lessons. Similarly, one lesson on communicable and non-communicable disease have examined the situations related to affected people at length there. We will try to add some new insights related to health and healthcare of two least discussed vulnerable groups here.

8.7.1 Health of Elderly People in India

The elderly population (aged 60 years or above) in India accounted for 7.4 per cent of total population in 2001 and it increased to 8.6 per cent of total population as per Census 2011. Further composition of elderly population of India is given in Table 2. Both the share and size of elderly population is increasing over time. From 5.6 per cent in 1961 it is projected to rise to 12.4 per cent of population by the year 2026. Most common disability among the aged persons was locomotor disability and visual disability as per Census 2011. Prevalence of heart diseases among elderly population was much higher in urban areas than in rural parts.

Table 8.2: Elderly People in India

Population Aged 60+ (in millions)			
Rural/ Urban	**Male**	**Female**	**Total**
Rural	36.0	37.3	73.3
Urban	15.1	15.5	30.6
Total	51.1	52.8	103.9
Share of Elderly Population in Total Population (%)			
Rural	8.4	9.2	8.8
Urban	7.7	8.5	8.1
Total	8.2	9.0	8.6

Source: Central Statistics Office, Ministry of Statistics and Programme Implementation (MSPI), Government of India (www.mospi.gov.in)

http://mospi.nic.in/sites/default/files/publication_reports/ElderlyinIndia_2016.pdf

The MoHFW launched the National Programme for Health Care of the Elderly (NPHCE) during the year 2010-11, in the 11th plan period, to address various health related problems of elderly people. It covers all elderly people (above 60 Years) in the country. It intends to provide free, specialized health care facilities exclusively for the elderly people through the State health delivery system. The State Government/Union Territory furnish programme Implementation plan in the prescribed format to avail the facility for implementation of the programme as per the guidelines and terms and conditions. Main Strategies of healthcare of elderly people in India:

i) **Preventive and Promotive Care:** The preventive and promotive health care services such as regular physical exercise, balanced diet, vegetarianism, stress management, avoidance of smoking or tobacco products and

prevention of fall, etc. are provided by expanding access to health practices through domiciliary visits by trained health workers. They will impart health education to old persons as well as their family members on care of older persons. Besides, regular monitoring and assessment of old persons are carried out for any infirmity or illness by organizing weekly clinic at PHCs.

ii) **Management of Illness:** Dedicated outdoor and indoor patients services will be developed at PHCs, CHCs, District Hospitals and Regional Geriatric Centres for management of chronic and disabling diseases by providing central assistance to the State Governments.

iii) **Health Man Power Development for Geriatric Services:** To overcome the shortage of trained medical and para-medical professionals in geriatric medicine, in service training will be imparted to the health manpower using standard training modules prepared with the help of medical colleges and regional institutions. The post graduate courses in geriatric medicine will be introduced in Regional Geriatric Centres for which additional teaching and supportive faculties are provided to these institutions.

iv) **Medical Rehabilitation and Therapeutic Intervention:** By arranging therapeutic modalities like therapeutic exercises, training in activities of daily life (ADL) and treatment of pain and inflammation through physiotherapy unit at CHC, district hospital and Regional Geriatric Centre levels for which necessary infrastructure, medicine and equipment are provided to these identified units.

v) **Information, Education and Communication (IEC):** Health education programmes using mass media, folk media and other communication channels are being promoted to reach out to the target community for promoting the concept of healthy ageing, importance of physical exercise, healthy habits, and reduction of stress. Camps for regular medical check-up are being organised at various levels where IEC activities are also specifically promoted.

8.7.2 Health Concerns of Persons with Disabilities in India

Disability poses greater challenges in obtaining the needed range of services. Persons with disabilities face several forms of discrimination and have reduced access to education, good health employment and other socio-economic opportunities. They are victims of physical, sexual, psychological and emotional abuse, neglect, and financial exploitation, while women with disabilities are exposed to several problems including sexual violence. Persons with disabilities face various challenges to the enjoyment of their right to health. For example, persons with physical disabilities often have difficulties accessing health care, especially in rural areas, slums and sub-urban settings; persons with psychosocial disabilities may not have access to affordable treatment through the public health system; women with disabilities may not receive gender-sensitive health services.

As per Census 2011, in India, out of the 121 Cr population, about 2.68 Cr persons are 'disabled' which is 2.21 per cent of the total population. Ministry of Statistics and Programme Implementation (MoSPI), Government of India, has prepared a very comprehensive report on persons with disability with the title "Disabled Persons in India: A Statistical Profile 2016" and the data presented here is taken

from this report. Among the disabled population 56 per cent (1.5 Cr) are males and 44 per cent (1.18 Cr) are females. In the total population, the male and female population are 51 per cent and 49 per cent respectively. In the case of total population, 69 per cent are from rural areas while the remaining 31 per cent resided in urban areas.The Census 2011 revealed that, in India, 20 per cent of the disabled persons are having disability in movement, 19 per cent are with disability in seeing, 19 per cent are with disability in hearing, 6 per cent have disability related to Mental Retardation, 18 per cent have any other disability, 7 per cent are with disability in speech, 3 per cent have mental illness and 8 per cent have multiple disabilities. Further, the Census 2011 also informs that the highest number of disabled persons is from the State of Uttar Pradesh. Nearly 50 per cent of the disabled persons belonged to one of the five States namely Uttar Pradesh (15.5%), Maharashtra (11.05%), Bihar (8.69%), Andhra Pradesh (8.45%), and West Bengal (7.52%).

In an era where 'inclusive development' is being emphasised as the right path towards sustainable development, focussed initiatives for the welfare of disabled persons are essential. The National Policy for Persons with Disabilities (2006) recognizes that Persons with Disabilities are valuable human resource for the country and seeks to create an environment that provides equal opportunities, protection of their rights and full participation in society. A number of International commitments and guidelines came into effect in the recent past targeting the welfare of the disabled persons. India is a signatory to the 'Declaration on the Full Participation and Equality of People with Disabilities in the Asia Pacific Region' (2000). India has ratified the 'UN Convention on the rights of Persons with Disabilities' (2008). India is also a signatory to the 'Biwako Millennium Framework '(2002) for action towards an inclusive, barrier free and rights based society.

There are several Acts and Legislations for taking care of the needs of the persons with disabilities: (i) The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995; (ii)The Rehabilitation Council of India Act, 1992; (iii) The National Trust for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act, 1999; (iv) Mental Health ACT 1987; and, (v) The Rights of Persons with Disability Act, 2016 (The Rights of PWD Act, 2016 replaced the PWD Act 1995).

In order to ensure rehabilitation, empowerment and overall development of PwDs, government adopted National Policy Statement in the year 2006. The National Policy recognizes that PwDsare valuable human resource for the country and seeks to create an environment that provides them equal opportunities, protection of their rights and full participation in society. The focus of the policy is on the following:

i) **Prevention of Disabilities:** Since disability, in a large number of cases, is preventable, there will be strong emphasis on prevention of disabilities.

ii) **Rehabilitation Measures:** Rehabilitation measures can be classified into three distinct groups:

   a) Physical rehabilitation, which includes early detection and intervention, counselling and medical interventions and provision of aids and appliances. It will also include the development of rehabilitation professionals.

b) Educational rehabilitation including vocational education; and

c) Economic rehabilitation for a dignified life in society.

iii) Women with disabilities require protection against exploitation and abuse. Special programmes has been developed for education, employment and providing of other rehabilitation services to women with disabilities keeping in view their special needs.

iv) **Children with disabilities:** Disabled children are the most vulnerable group and need special attention. The Government would strive to ensure right to care, protection and security for children with disabilities; ensure the right to development with dignity and equality creating an enabling environment where children can exercise their rights, enjoy equal opportunities and full participation in accordance with various statutes; and, ensure inclusion and effective access to education, health, vocational training along with specialized rehabilitation services to children with disabilities. Ensure the right to development as well as recognition of special needs and of care, and protection of children with severe disabilities.

v) **Social Security:** Disabled persons, their families and care givers incur substantial additional expenditure for facilitating activities of daily living, medical care, transportation, assistive devices, etc.

The Department of Empowerment of Persons with Disabilities (DEPwD) implements various schemes to provide benefit to the PwDs. Some of the specific ongoing schemes are: Deen Dayal Disabled Rehabilitation Scheme (DDRS); Assistance to Disabled Persons for Purchase / Fitting of Aids / Appliances (ADIP); District Disability Rehabilitation Centres (DDRCs); National Fellowship for Students with Disabilities (RGMF); Pre Metric scholarship and Post Metric Scholarship for students with Disability; National Overseas Scholarship for students with disabilities; and, Trust Fund for Empowerment of Persons with Disabilities.

Check Your Progress VI

1) Why do we need to talk about the health of the vulnerable groups in India?

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2) Explain the health problems of the elderly population in India.

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3) What are the initiative taken by government to improve the living conditions of persons with disability in India?

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8.8 LET US SUM UP

This lesson has helped us to understand the basic health problems of women, children and some of the vulnerable groups like elderly people and persons living with disability in India. Health is a necessary and basic human right of all sections of human population. Different sections of society witness different types of health issues and hence it is necessary to understand their problems in a contextual way. The health issues of women and children have attracted the attention of global agencies in last few decades. It is very important to understand the specific health problems of different sections of society for initiating appropriate policy intervention. Improvement in the maternal and reproductive health condition of women are necessary not only for ensuring good health to women but also to achieve healthy future generations. The government initiatives are helping the nation to strengthen the health conditions of all segments of the society. The health related and other needs of the elderly population are often ignored. They have to suffer a lot because of such conditions. A proper policy guideline helps us to understand that very often preventive and promotive healthcare is more productive than clinical care especially in the context of elderly population. Disability of any kind creates great hurdles in human life and it is the collective responsibility of the society to take care of the problems of the persons with disabilities. The governmental and civil society cooperation is very necessary to make this world a better place for the living experiences of all vulnerable groups. This lesson has provided you very update information on health and healthcare issues of different categories of people and it will also help you to become a more sensitive person in your practical life.

8.9 KEY WORDS

Maternal health: Maternal health refers to the health of women during pregnancy, childbirth and the postpartum period. It intends to improve the health and living experience of the women undergoing pregnancy and minimise the suffering and risks caused during the process.

Reproductive health: A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its functions and processes. It is also related to safe sex life, capability to reproduce and the freedom to decide if, when and how often to do so.

Maternal Mortality Ratio: It is the number of women who die from any cause related to or aggravated by pregnancy or its management (excluding accidental

or incidental causes) during pregnancy and childbirth or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, per 100,000 live births.

Antenatal care (ANC): It refers to pregnancy-related health care, which is usually provided by a doctor, anauxiliary nurse midwives (ANM) or another health professional. Ideally, ANC should monitor a pregnancy for signs of complications, detect and treat pre-existing and concurrent problems of pregnancy, and provide advice and counselling on preventive care, diet during pregnancy and delivery care.

Vulnerable groups: It generally refers to those sections of population who have limited access to the overall development benefits because of their demographic, physiological, socio-economic, spatial, geographical and other contextually defined limitations.

Elderly population: People aged 60 years or above in India.

8.10 REFERENCES AND SUGGESTED READINGS

Akram, M. (2014a). *Sociology of Health*, Jaipur: Rawat Publications

Akram, M. (2014b): "Maternal Health in India: An Overview," in *Maternal Health in India: Contemporary Issues and Challenges*, Mohammad Akram (ed), Jaipur/ Delhi: Rawat Publication, pp 19–44.

Cockerham, W.C. (2007). *Social Causes of Health and Disease*, Cambridge, UK: Polity Press.

Indian Academy of Pediatrics Committee on Immunization (IAPCOI). Consensus recommendations on immunization and IAP immunization timetable 2012. (2012) *Indian Pediatr.* ;49: 549–64.

McKenzie, J.F., Pinger, R.R. and Kotecki, J.E. (2005). *An Introduction to Community Health*, London: Jones and Bartlett Publishers.

Muzaffar, N. Akram, M. (2019), "Alarming Rise of Caesarean Section Deliveries: A Case Study of Kulgam". *Economic and Political Weekly,* Vol. LIV No. 24, pp. 55-59

Nagla, M. (2018). *Sociology of Health and Medicine,* Jaipur: Rawat Publications

National Family Health Survey India, 1992–93 (NFHS-1),"

National Family Health Survey, 2015– 16 (NFHS-4): (2017). International Institute for Population Sciences, Mumbai.

WHO. (2009). Women and Health: Today's Evidence Tomorrow's Agenda.

WHO report on "NURTURING CARE FOR EARLY CHILDHOOD DEVELOPMENT" https://www.who.int/health-topics/child-health#tab=tab_1 file:///C:/Users/falcon5/Downloads/9789241514064-eng.pdf

WHO Report on "Early child development - Child health and development"https://www.who.int/health-topics/child-health#tab=tab_1

Guidelines for vaccinations of a normal child in Indiahttps://www.ncbi.nlm.nih.gov/pmc/articles/PMC4928529/#ref1

Government of India Reports and Website

- Annual Report 2018-19, Ministry of Health and Family Welfare (MoHFW), Government of India
- Elderly in India 2016, Central Statistics Office, Ministry of Statistics and Programme Implementation (MoSPI), Government of India

  http://mospi.nic.in/sites/default/files/publication_reports/ElderlyinIndia_2016.pdf
- Situation Analysis of The Elderly in India (June 2011), Central Statistics Office, Ministry of Statistics & Programme Implementation, Government of India

  http://mospi.nic.in/sites/default/files/publication_reports/elderly_in_india.pdf
- NATIONAL PROGRAMME FOR HEALTH CARE OF THE ELDERY (NPHCE)

  https://main.mohfw.gov.in/major-programmes/other-national-health-programmes/national-programme-health-care-elderlynphce
- Disabled Persons in India: A Statistical Profile 2016, Ministry of Statistics and Programme Implementation, Government of India

  http://mospi.nic.in/sites/default/files/publication_reports/Disabled_persons_in_India_2016.pdf

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