



ANALYSIS OF THE WOMEN AND CHILD HEALTH IN RAJASTHAN

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Abstract: Rajasthan has become the first state in the country to implement Right to Health and Universal Health Insurance. Along with this, free checkup and free medicine scheme is already operational in the state. Women and child health conditions in the state are poor as compared to the national level according to most of the health indices but there have been significant improvements in the conditions in recent years through various schemes run by the central and state government. Improvement in maternal mortality rate, infant mortality rate, access to health facilities and nutrition level has been observed. Analyzing the achievements made by the state in the field of health in the last two decades, we find that there has been an increase in the incidence of non-communicable and lifestyle related diseases and there has been a significant increase in health awareness as a result of improvement in the education level of the people. Despite this, the number of screening tests to predict cancer and other serious diseases in the state is very low. People do not go for regular health check-up. Government schemes of free checkups and free medicines have reduced the burden of healthcare expenditure on the people. Due to the legal and technological innovations made by the state government in the health sector, in the near future, Rajasthan will attain a leading position in terms of availability and accessibility of health facilities in the country.

Index Terms - Health and Wellness in Rajasthan, Child and Maternal Health, Health Insurance Scheme

I. INTRODUCTION

According to the Lancet Commission (2015), the burden of chronic and non-communicable diseases as well as reproductive, nutritional and infectious diseases has increased due to an aging population and changes in social health determinants. According to the commission, better health of women is essential for sustainable development. According to the 2011 census in Rajasthan, out of a total population of 6.85 crore, the number of females was 3.29 crore and the number of children in the age group of 0 to 6 years was 1.06 crore. An overview of the health indicators related to this large population reveals that according to the Sample Registration System data, the maternal mortality rate in Rajasthan during 2011-13 was 244 per 100,000 live births, which is much higher than the national average of 167. Similarly, in 2011, the infant mortality rate in the state was 52 per 1000 live births, which was much higher than the national average of 44. It is clear from the data that the condition of women and child health in Rajasthan was worse than the national level. Without improving this situation, Rajasthan cannot progress in the economic and social fields. Analyzing the achievements made by Rajasthan in various indicators of women and child health from 2005-06 to 2022, the areas in which more efforts need to be made have been underlined.

II. LITERATURE REVIEW

According to a survey conducted by Banerjee et al. (2004) regarding the availability of health services in Udaipur district of Rajasthan, the availability of public health facilities in the area is limited and their quality is very low. Most of the health facilities in the area are provided by unauthorized private medical practitioners. The poor quality of public facilities has an adverse effect on the health of the people. According to Nagda (2004) the child and infant mortality rate is very high due to severe respiratory infections, anemia and diarrhoea. Only 10% of children receive full immunization. Due to their primitive customs and beliefs, about 50% of pregnant mothers in tribal areas do not seek antenatal care and 86% of deliveries take place at home. Most of the women are victims of severe malnutrition. According to Iyengar et al. (2009), a slow decline in maternal mortality ratio has been observed in Rajasthan. This is due to lack of human resources in rural areas despite massive maternal health services by the government. Unnithan Kumar et al. (2008), studying a slum in Jaipur city of Rajasthan, concluded that migration of poor rural population to urban areas in search of employment results in slums where women do additional work. They are able to provide

relatively more food items to the children but at the same time the highly polluted and harmful environment there along with the serious health hazards have a negative effect on the health of the children. Migrant women laborers are relatively less likely to receive the benefits of family care after delivery as compared to rural women. Casebolt et al. (2022) found an association between disability and contraceptive use in Rajasthan.

III. OBJECTIVES OF THE STUDY

The purpose of the presented research paper is to analyze the condition and direction of women and child health in Rajasthan at present. Apart from this, the achievements and successes achieved by Rajasthan in the above field in the last two decades have to be studied. Through this analysis, it will be possible to identify those dimensions of women and child health in which more work needs to be done. In this way, through this research paper, it is to suggest necessary measures for a healthy and happy Rajasthan by studying various aspects related to the health of women and children which is the basis of the future population of Rajasthan.

IV. RESEARCH METHODOLOGY AND DATA SOURCES

In the presented research paper, data related to women and child health in Rajasthan, have been obtained from reports related to the state in different rounds of the National Family Health Survey. In this research paper, percentage data related to maternal and child health, adult health, lifestyle related diseases, personal hygiene of women, etc. have been analyzed and concluded on the basis of proportionate increase in them. The data related to the free medicine and check-up schemes run by the Government of Rajasthan and Bhamashah and Chiranjeevi Health Insurance Scheme have been obtained from the respective website of the Government of Rajasthan.

V. RAJASTHAN'S PERFORMANCE IN INDICATORS RELATED TO WOMEN AND CHILD HEALTH

Rajasthan is the largest state of India with 10.4 percent area and it is the seventh largest state in terms of population. The achievement achieved by Rajasthan in the field of health is the result of continuous efforts made by it in the field of health. This has led to expansion of child and maternal health facilities in Rajasthan. There has been a significant improvement in various health related indicators. This is confirmed by the figures of various rounds of National Family Health Survey (NFHS), Sample Registration System, RGI, SDG Index.

i. Progress on Maternal and Child Health

According to the data of the first, second, third, fourth and fifth rounds of the National Family Health Survey, there has been continuous improvement in the indicators of maternal and child health care. The percentage of women who availed health facilities at least 4 times for care during pregnancy increased from 41.2 per cent in 2005-06 to 55.3 per cent in 2019-21. In addition, the percentage of pregnant mothers who consumed iron folic acid for 100 or more days also increased from 12.8% to 33.9%. Since there is a lack of hemoglobin in adolescent girls and the problem of anemia is found in abundance. Therefore, the increase in the proportion of pregnant mothers using iron folic acid undoubtedly reflects the improvement in women's health.

ii. Improvement in delivery indices

There has been a steady increase in the number of institutional deliveries in Rajasthan during the last two decades. Most of the births are taking place under the supervision of trained and skilled health workers. This has resulted in a significant reduction in maternal and child mortality during child birth. The percentage of institutional delivery was 32.2 per cent in 2005-06, which increased to 84 per cent in 2015-16 and 94.9 per cent in 2019-21. Out of the total institutional deliveries, the percentage of cesarean section deliveries has also increased from 3.8% to 10.4%. Of these, the proportion of caesarean section in private health facilities is 26.9 per cent while the proportion of caesarean section in public health facilities is 7.2 per cent. The increase in the proportion of caesarean section is an important decision to be taken by the doctor keeping in mind the health of both the fetus and the mother in complicated situations, which is indicative of the increasing medical facilities.

In terms of child health, the percentage of children aged 12 to 23 months who received full immunization has increased from 26.5% in 2005-06 to 54.8% in 2015-16 and 80.4% in 2019-21. In this way, the proportion of children below 2 years of age who have been fully vaccinated has increased by 3.5 times. This increase in vaccination will improve the health indices of the state by enabling the future generation to fight diseases like measles, polio, diphtheria, tetanus, cholera etc. The percentage of children aged 9 to 35 months receiving Vitamin A supplements during the last 6 months of NFHS survey has increased 5 times in 2019-21 as compared to 2005-06. Of note is that children under the age of 2 have received most vaccinations from public health facilities. During the year 2019-21, 98% children got their vaccination done from public facilities while only 1.6 percent children from private facilities. In this way, there has been a wide expansion of public facilities in the field of maternal and child health and its positive results can be seen in these figures.

iii. Increase in treatment of pediatrics

The proportion of children under 5 who suffered from diarrhea and were given ORS increased from 16% in 2005-06 to 64% in 2019-21. Similarly, the percentage of children with diarrhea who were given zinc also increased from 17.5% in 2015-16 to 27.2% in 2019-21. The percentage of children suffering from diarrhea who have access to health centers has also increased significantly, from 56.4% in 2005-06 to 79.7% in 2019-21. Similarly, the percentage of children under 5 years of age who had acute respiratory infection (ARI) or fever and who had access to health facilities has also steadily improved. Their proportion has increased from 68.9% in 2005-06 to 71.1% in 2019-21.

There has been a significant increase in the proportion of children being breastfed within the first hour of birth, from 13.3% in 2005-06 to 40.7% in 2019-21. But there are still 59% of children who are not breastfed within the first hour of birth. Breastfeeding in the first hour plays a very important role in building the child's immunity. Similarly, the percentage of children exclusively breastfed from birth to 6 months has also improved from 33.2 per cent in 2005-06 to 70.6 per cent during 2019-21.

iv. Improving nutritional status in children

There has also been a significant decline in the percentage of children under the age of 5 who are stunted. It has decreased from 22.5% to 16.8% during 2005-06 to 2019-21. Similarly, the percentage of children under 5 years of age who are wasted, that is, whose weight is not according to height, has also decreased from 22.5% to 16.8% during 2005-06 to 2019-21. Similarly, the percentage of children under 5 years of age who are underweight has also decreased from 36.8% to 27.6% during the same period. Not increasing height according to age and not increasing weight according to age indicates the symptoms of malnutrition in children. Thus, the improvement in these indices definitely reflects the improvement in the nutrition of the children.

v. Improvement in infant and child mortality

The state of Rajasthan has registered a decline in the infant and child mortality rate during the year 2005-06 to 2019-21. The infant mortality rate declined from 65 per thousand live births to 33.3 per thousand live births during this period. There has been a significant decrease of 35 points in this. This is much higher than the SDG 3 global target of 12 per thousand live births by 2030. Similarly, the under-5 mortality rate has also come down from 85 per thousand live births during the same period to 37.6 per thousand live births in 2019-21, which is higher than the target of 25 per thousand live births by the year 2030 of the Sustainable Development Goal. The infant mortality rate and child mortality rate in urban areas are much lower than in rural areas.

vi. Decline in maternal mortality

Rajasthan has registered a steady decline in the maternal mortality rate. According to the Sample Registration System data, it was 244 maternal deaths per one lakh live births in 2011-13, which decreased to 199 in 2014-16. After this it has decreased to 186 in 2015-17 and 164 in 2016-18. This is much higher than the 70 maternal deaths per lakh set in the Sustainable Development Goal for 2030. The continuous decline in maternal mortality rate is the result of successful implementation of Janani Shishu Suraksha Karyakaram, Janani Suraksha Yojana and Pradhan Mantri Surakshit Matritva Abhiyan.

vii. Anemia

Anemia refers to a decrease in the oxygen-carrying capacity of the blood in the human body, mainly due to a drop in the number of red blood cells or a decrease in the amount of hemoglobin in the blood. Children under 5 years of age with hemoglobin less than 11 grams per deciliter and non-pregnant women aged 15-49 years with hemoglobin less than 12 grams per deciliter and pregnant women with hemoglobin less than 11 grams per deciliter, then they are considered anemic or anemia patients. In men, people in the age group of 15 to 49 years, whose hemoglobin content is less than 13 grams per deciliter, then they are also considered as anemia patients. The prevalence of anemia among both pregnant and non-pregnant women in the age group 15-49 is very high and has not shown significant decline.

Anemia among non-pregnant women in the age group of 15 - 49 was 52.6% in 2005-06 which decreased to 46.8% in 2015-16 but again increased to 54.7% during 2019-21. During this period, cases of anemia have increased in both urban and rural areas. The problem of anemia among pregnant women has seen a decline of about 15 percentage points during 2005-06 to 2015-16 but has not shown a significant decline after 2015-16. The problem of anemia is highest among adolescent girls and it has been increasing continuously during the past years. In 2015-16, 49.1% of women in the age group of 15 to 19 years in Rajasthan were anemic and this increased to 59.4 percent during 2019-21. Men also have the problem of anemia and this disease is found more in men in the age group of 15 to 19 years. It is 34% among adolescent males, with an increase of about 12 percentage points during 2015-16 to 2019-21.

viii. Improving nutritional status

Body mass index i.e. BMI is used to measure the nutritional status of adults in the age group of 15 to 49 years. If the BMI value is less than 18.5 kg per square meter, then such a person is considered thin and if the BMI value is more than 25 kg per square meter, then he is considered obese. The proportion of women aged 15 to 49 who are stunted has decreased from 33.6 per cent in 2005-06 to 27 per cent in 2015-16 and 19.6 per cent in 2019-21. The proportion of men with thinness has come down from 33.8% to 14% over the same period. The decline in the percentage of men and women with BMI below normal is an indicator of improvement in nutritional status. But the percentage of adult women who are obese has increased from 10.2 per cent in 2005-06 to 14.1 per cent in 2015-16 and then declined to 12.9 per cent in 2019-21. In this way, there has been a slight decline in the problem of obesity in women. On the contrary, the problem of obesity in men is continuously increasing. In 2005-06, 8.4 per cent adult men

were obese and the proportion has increased to 13.2 per cent in 2015-16 and 15 per cent in 2019-21. This increase in obesity indicates the continuous change of men from physical labor to mental labor. The movement of human labor from primary and secondary sectors to tertiary sectors confirms this.

ix. Personal hygiene in women

According to data from the fourth and fifth rounds of the National Family Health Survey, the percentage of women aged 15 to 24 who use hygienic products during their periods increased from 55.2 percent in 2015-16 to 84.1 percent in 2019-21. Significant progress has been observed in rural areas in which it has increased from 47.9% to 81.9% during the same period. Despite significant progress, 19% of women in rural areas and about 8% of women in urban areas use unsafe methods during their periods. To improve the situation, the state government has started the Udaan scheme from November 2021 to provide free sanitary napkins to 1.2 crore girl students and women of the state through schools, colleges and Anganwadi workers.

x. Knowledge and use of methods of family planning

The proportion of women aged 15 to 49 who were married and using family planning methods increased from 45.2 per cent in 2005-06 to 72.3 per cent in 2019-21. Female sterilization is still the most popular method of family planning. Vasectomy, IUD/PPID, contraceptive pill and condom use are not very popular. The percentage of interaction between health workers to give information about family planning methods to women or user women to tell health workers about the side effects of methods is continuously increasing, which shows the positive result of the efforts made by the government in this direction.

xi. Decline in child marriage percentage of women

Child marriages make women pregnant at an early age and consequently lead to many health complications such as death during childbirth, anemia and the birth of an unhealthy child. The prevalence of child marriage in Rajasthan has been high due to widespread poverty, illiteracy and social conservatism in rural areas. As a result of the positive efforts made in the field of education and strict implementation of the provisions of the Prohibition of Child Marriage Act 2006 in the last two decades and due to the successful implementation of various schemes of the government, the rate of child marriage has decreased rapidly. While 65.2 percent of women aged 20 to 24 were married before the age of 18 in 1998-99, their proportion declined to 35.4 percent in 2015-16 and to 25.4 percent during 2019-21. There has been a significant decrease in the rate of child marriage in both urban and rural areas during this period. This proportion decreased by 19.1 percentage points in urban areas and 33 percentage points in rural areas during the above time period.

xii. Decline in fertility rates

In Rajasthan, there has also been a significant decline in the average number of children per woman i.e. fertility rate. The Total Fertility Rate increased from 3.6 children per woman in 1992-93 to 3.8 children per woman in 1998-99, which continued to decline thereafter to 2.4 children per woman in 2015-16 and 2.0 children per woman during 2019-21. The fertility rate of the year 2019-21 is less than the replacement rate i.e. replacement rate of 2.1. The total fertility rate in urban areas has come down to 1.7 children per woman. The above decline in total fertility rate indicates a stable population in Rajasthan in future.

xiii. Blood sugar and high blood pressure in adults

High blood sugar and high blood pressure are indicators of lifestyle diseases. The percentage of women over the age of 15 with high blood sugar who have a blood sugar level of more than 141 milligrams per deciliter is steadily increasing. It was 4.7 percent in 2015-16, which has increased to 6.7 percent in 2019-21. Similarly, the proportion of men with high blood sugar in the age group above 15 has increased from 8.1 per cent to 8.3 per cent in 2019-21.

The proportion of men and women above 15 years of age with hypertension has also increased during 2015-16 to 2019-21. The proportion of men with hypertension increased from 11.9% to 16.1% while that of women increased from 6.4% to 13.1% during the above period. There has been a rapid increase in the cases of hypertension in both urban and rural areas, but the increase in urban areas is higher than in rural areas.

xiv. Awareness about HIV/AIDS in adults

The proportion of men and women aged 15 to 49 who have extensive knowledge about HIV/AIDS is steadily increasing. Proportion of women having comprehensive knowledge about HIV/AIDS has increased by 8 percentage points during 2005-06 to 2019-21 and stands at 26.8% in 2019-21 while the proportion stands at 36% for men in 2019-2.

xv. Cancer screening test

The proportion of men and women aged 30 to 49 who have ever had a screening test for cancer is less than 1%. Women are mainly prone to cervical cancer, breast cancer and oral cancer. Screening test gives information about cancer in its early stages, so that it can be cured by proper treatment. But the percentage of screening tests is very low.

xvi. Tobacco and Alcohol use

Consumption of tobacco causes cancer of the mouth, throat and lungs and consumption of alcohol gives rise to kidney related diseases. There has been a marginal decline in the proportion of females aged 15 years and above who consume tobacco in 2019-21 as compared to 2005-06, while the trend of tobacco consumption among males has also decreased during this period. About 45% of men still consume tobacco in rural areas. The percentage of females aged 15 years and above who consume alcohol is less than 1 per cent in 2019-21 but the proportion of such males is 11% which was 19.1% in 2005-06. The proportion of males consuming alcohol is higher in rural areas than in urban areas.

VI. MAJOR HEALTH SCHEMES OF THE GOVERNMENT OF RAJASTHAN

i. Chief Minister Free Medicine Scheme and Chief Minister Free check-up Scheme

Chief Minister Free Medicine Scheme was started in the year 2011 in Rajasthan, under which now a total of 2707 types of medicines and surgicals are being provided free of cost to all the citizens of the state at public health centers. Chief Minister's free check-up scheme has been implemented in a phased manner since 2013 to provide free disease diagnosis test to the poor families of the state. Maximum 90 tests are done free of cost at the medical college level. A total of 40.44 lakh tests have been done from April 2013 to January 2022 and 17.51 lakh people have been benefited from this scheme. Chief Minister's free medicine and check-up schemes have increased the access of poor population of Rajasthan to better medical facilities.

ii. Bhamashah Health Insurance Scheme / Chiranjeevi Health Insurance Scheme

In Rajasthan, in the budget of the year 2014-15, the poor families who were the beneficiaries of the National Food Security Scheme and the National Health Insurance Scheme were provided Rs. 30,000 for the treatment of common diseases and Rs. 3 lakh for the treatment of serious diseases as in-dore patient. Under this insurance scheme, 1045 packages for common ailments and 500 packages for critical ailments were available to the patients, whose benefits were available in government health institutions and empaneled private health institutions. According to an estimate, 4.5 crore people were to be benefited from this scheme which was 67% of the population of the state.

From May 1, 2021, the Chiranjeevi Health Insurance Scheme has been started by the Rajasthan government, in which all residents of Rajasthan will get cashless medical insurance up to Rs 10 lakh and additional accident insurance of Rs 5 lakh which is further increased to Rs. 25 lakh and Rs 10 lakh respectively in budget 2023-24. The above insurance cover will be available free of cost to the national food security card holders, beneficiary families under the Socio-Economic Census 2011, marginal farmers, contract workers in various government departments and corporation boards and Covid-19 subsidized families, as their insurance premium will be paid by the state government. The rest of the families will get the benefit of the above insurance scheme at a premium of ₹ 850 annually. There are 1576 medical tests and treatment packages covered under the Chiranjeevi scheme. By January 2023, the number of registered beneficiary families in this scheme was 1.37 crore.

iii. Rajasthan Government Health Scheme / RGHS

In the year 2021, the Rajasthan Government has started the Rajasthan Government Health Scheme for its employees and officers, retired personnel, present and former public representatives, in which at a nominal premium payment, a cashless medical insurance will be available of up to Rs. 10 lakhs in case of hospitalization and of up to Rs. 20000 for OPD treatment to the above categories of persons.

After the above two schemes, every person of the state has the best opportunity to get an insurance cover of up to Rs. 10 lakhs by the state government. Together, both the schemes are undoubtedly a great effort towards realizing the goal of universal health insurance.

VII. CHALLENGES AND SOLUTIONS RELATED TO WOMEN AND CHILD HEALTH IN RAJASTHAN

Looking at the above description of various health related indicators, it becomes clear that maternal mortality rate, infant mortality rate are still very high. Along with this, the rate of people undergoing screening tests to identify serious diseases like cancer is very low, due to which the death rate caused by these diseases remains very high. The problem of anemia in women and especially adolescent girls has decreased but still more than 50% of women and more than 70% of children are victims of anemia. Cases of high blood pressure and high blood sugar are on the rise, reflecting the growing trend of lifestyle-related diseases. More than 40% of males in the state consume tobacco and over 11% of males consume alcohol, which is a high proportion. Between 15 and 30% of children under the age of 5 are malnourished. Modern methods of family planning are less popular among the people. The rate of child marriage is still more than 25% for men and women. All the above points indicate obstacles in the progress of Rajasthan women and child health. In order to solve all the above problems, different schemes being run by different departments should be operated by establishing excellent coordination and inter-relating their goals, making a consolidated action plan and ensuring time-bound action to achieve the target in the stipulated time period. For this, along with promotion, the government should also ensure strict compliance of the law. Apart from this, health related index is dependent on some other factors like hunger, poverty, gender inequality, lack of clean drinking water and sanitation, lack of clean energy. Therefore, there is a need for immediate permanent reforms in these areas also through effective policy measures.

VIII. CONCLUSION

Significant progress has been made in various health indicators as a result of meaningful efforts made by the Rajasthan government. There has been a significant decline in maternal mortality rate, infant mortality rate and improvement in the nutritional level of children has also been observed. There has been an increase in the cases of institutional delivery and pre and post-natal care in the state. Proportion of children receiving vaccination has increased rapidly. Along with this, the percentage of children suffering from diarrhea, acute respiratory infection and fever who have accessed health facilities has also increased.

As a result of folic acid tablets distribution to pregnant women, the problem of anemia has decreased in them but at the same time, there has been an increase in cases of anemia in non-pregnant women. There has also been a significant improvement in the personal hygiene of women, but even today, about 20% of women in rural areas use unsafe methods. There has been an increase in the cases of diabetes and hypertension and the number of test takers for cancer screening is negligible. The benefit of universal health insurance is available to all on payment of a nominal premium. Thus, Rajasthan has undoubtedly achieved the role of a leading state in good health and well-being. But at present new challenges have appeared in the form of increasing number of lifestyle related diseases which need to be addressed by implementing appropriate policy and programs by the government.

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