

AN OVERVIEW OF THE CHILD HEALTH STATUS OF JHARKHAND

Dr. Aditya Kumar

TGT Economics

DOI: 10.46609/IJSSER.2024.v09i04.008 URL: <https://doi.org/10.46609/IJSSER.2024.v09i04.008>

Received: 28 March 2024 / Accepted: 10 April 2024 / Published: 18 April 2024

ABSTRACT

This study analyses child health status of Jharkhand. The phase of first six years of life is known as Early Childhood phase. Children are the future human capital of a state or country. This study focuses the status of child health in Jharkhand and compared to national averages. It does not seem possible to provide good health care facilities to the 40 million (approx) people of Jharkhand with this infrastructure. The status of NNMR, IMR and U5MR in urban areas of Jharkhand are better than the national average. The indicators related to child mortality in rural areas shown high value in comparison to national average but these are near to national averages.

Keywords: NNMR, U5MR, IMR, BMI, and Health Infrastructure.

INTRODUCTION

Jharkhand has a physical area of 79,714 km square and a population of about 3.3 crores in 2011, making it the 16th biggest state in India.¹ There are 24 districts in Jharkhand. The population of Jharkhand is estimated to be 40.10 million in 2023.² This study analyses child health status of Jharkhand. The phase of first six years of life is known as Early Childhood phase. Children are the future human capital of a state or country. So, child health is an important issue of any state or country. The status of child health of a state is explained by some indicators like Neonatal Mortality Rate (NNMR), Infant Mortality Rate (IMR), and Under Five Mortality Rate (U5MR) etc. These are the important indicators of health and development of a state. Neonatal Mortality Rate (NNMR) is the death rate that the number of children who died in the first 28 days of life. The calculation of NNMR is based on per 1000 live births in a specific period. Infant Mortality Rate (IMR) is the rate that the number of infant children who died before reaching first birthday. It is the number of infant deaths per 1000 live births. Under Five Mortality Rate (U5MR) is the number of children who died before reaching the age of five. It is expressed as rate per 1000 live births. The performance of Jharkhand is poor in terms of various indicators of health sector and is lagging behind the all states average of India.³ This study focuses the status of child health in

Jharkhand and compared to national averages. It also discusses drawbacks and suggestions for improvement. It also analyses the govt. policies regarding health in Jharkhand.. Table 1 shows basic health status of Jharkhand.

TABLE – 1: KEY HEALTH INDICATORS OF JHARKHAND

Health Indicators	Jharkhand	India
Infant Mortality Rate (IMR)	27	30
Neonatal Mortality Rate (NNMR)	21	23
Under Five Mortality Rate (U5MR)	34	36
Crude Death Rate (CDR)	5.3	6
Crude Birth Rate (CBR)	22.3	19.7
Maternal Mortality Rate (MMR)	71	113
Still Birth Rate	1	4
Total Fertility Rate (TFR)	2.5	2.2
Sex Ratio at Birth	923	899
Life Expectancy at Birth	69.1	69.4

Source: Health Dossier 2021- Jharkhand⁴

METHOD

The study is based on the analysis of the secondary data collected mainly from the Census, NFSH-4 and 5, RHS, NRHM and budget documents of the state government of Jharkhand. Simple statistical tools such as bar diagram, percentage, average, table and graphical analysis have been used.

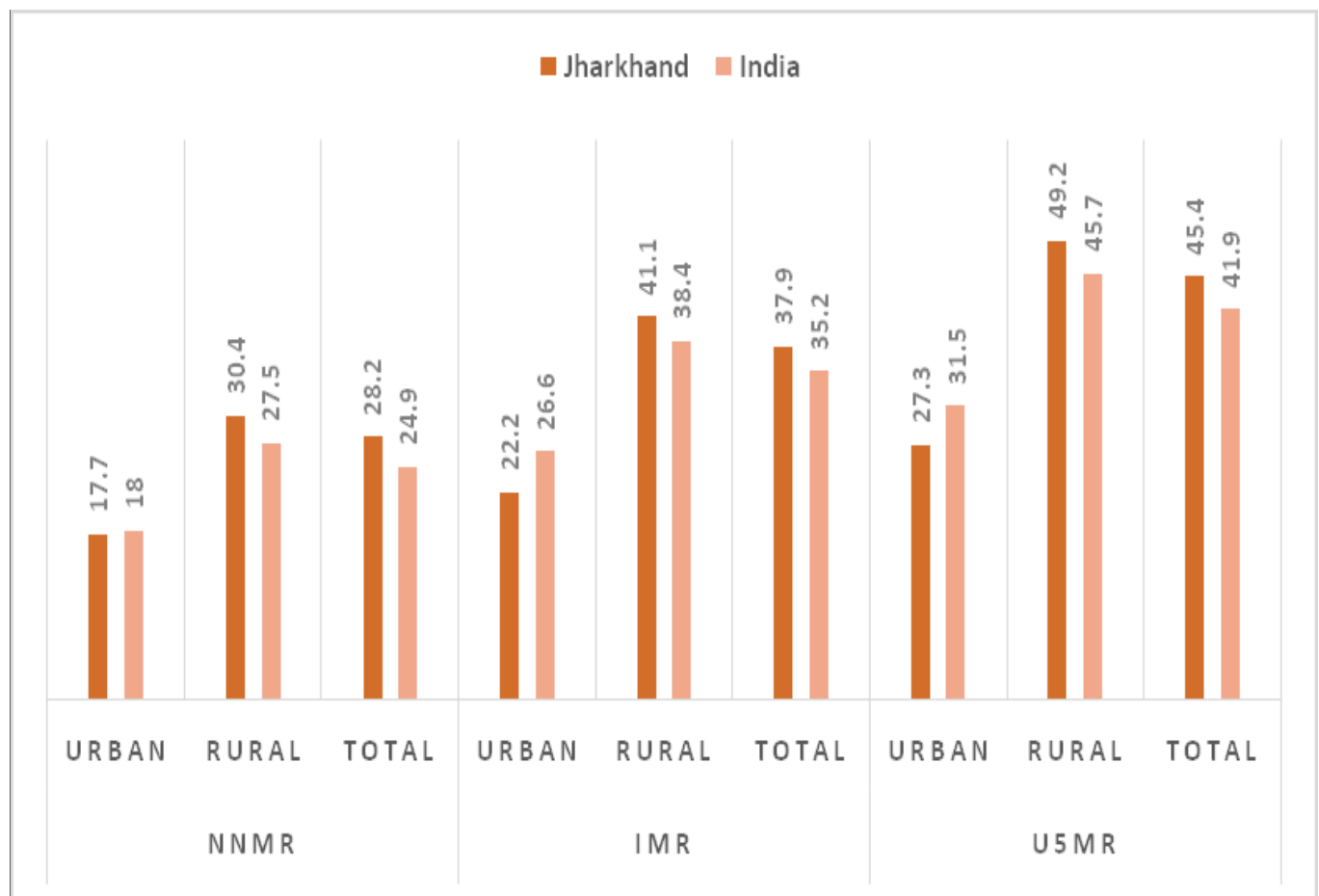
OBJECTIVES OF THE STUDY

- To inspect the status of child health in Jharkhand.
- To associate the status of child health indicators of Jharkhand with the national average.
- To highlight the health infrastructure in Jharkhand
- To scrutinize the trends of state government expenditure on health sector.

STATUS OF CHILD HEALTH IN JHARKHAND

Health is a holistic state of physical, mental and social well-being. The government of Jharkhand deals effectively with the child health through various related departments. The Ministry of Health and Family Welfare was conducted the National Family Health Survey (NFHS-5) in 2019-21. It has shown improvement in child health. NNMR, IMR and U5MR of Jharkhand show the improvement in NFHS-5. The status of child health in the state of Jharkhand has made important developments. Figure 1 shows some improvement in different child mortality rates.

FIGURE – 1: AREA-WISE NNMR, IMR AND U5MR OF JHARKHAND AND INDIA



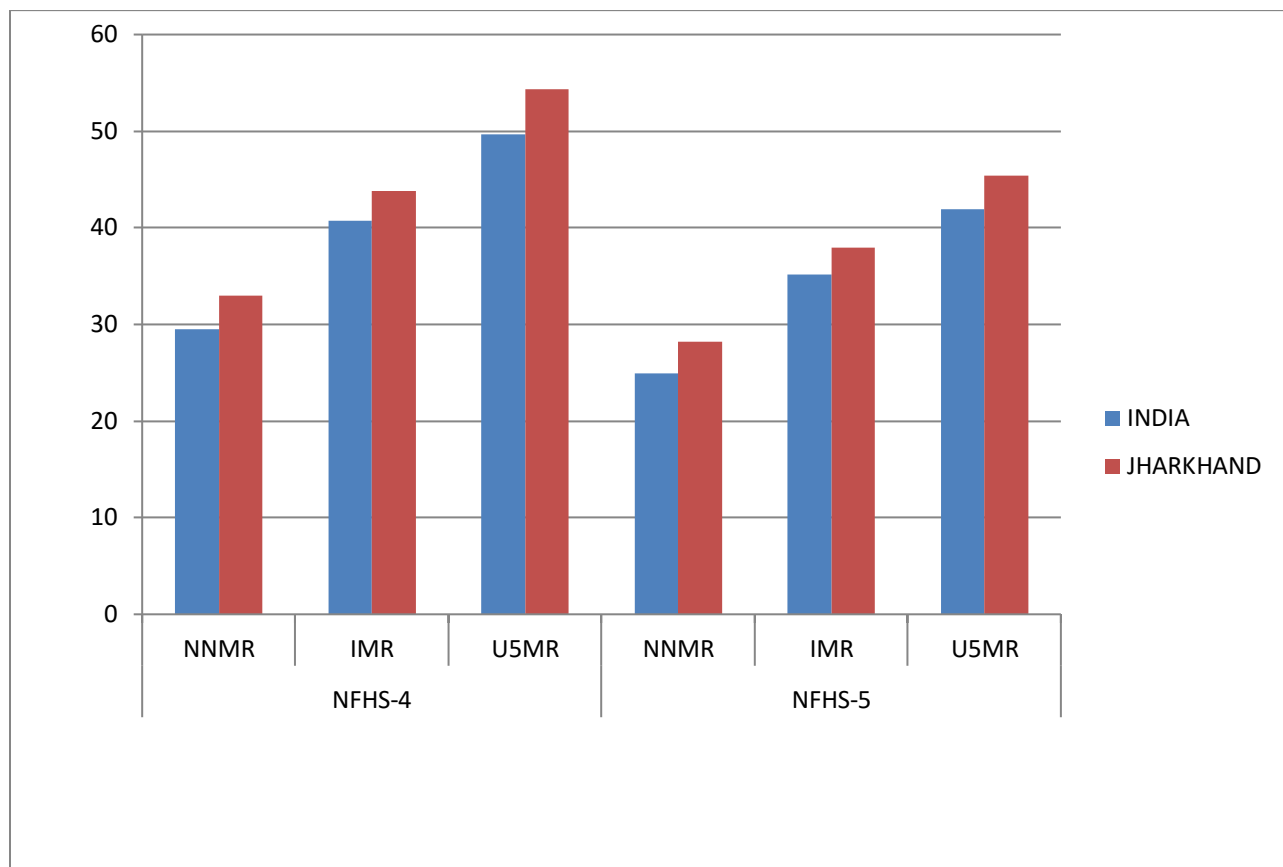
Source:NFHS-5(2019-21)

In figure 1, The status of NNMR, IMR and U5MR in urban areas of Jharkhand are better than the national average. The indicators related to child mortality in rural areas shown high value in comparison to national average but these are near to national averages.

NFHS-WISE NNMR, IMR AND U5MR OF JHARKHAND AND INDIA

To understand the real health situations, data is analyzed in different ways. In this discourse, the data related to NNMR, IMR and U5MR of Jharkhand and India are analyzed in different way as figure-2

FIGURE-2: NFHS-WISE NNMR, IMR AND U5MR OF JHARKHAND AND INDIA



Source: NFHS-5(2019-21) and NFHS-4 (2015-16)

Figure 2 shows the improvement in NNMR, IMR and U5MR of Jharkhand and India from NFHS-4 to NFHS-5 because all bars in NFHS-5 are smaller than the bars of NFHS-4.

TREATMENT OF CHILDHOOD DISEASES IN JHARKHAND

The new born babies or infant are seriously affected by some diseases like jaundice, diarrhea, fever, pneumonia, acute respiratory infection etc. These diseases are very normal problem in case of elder person after expansion and development of health facilities but these are savior in case of child. Table-2 shows enhancement in this area of concern.

TABLE-2: TREATMENT OF CHILDHOOD DISEASES (CHILDREN UNDER AGE 5 YEARS) IN JHARKHAND

Indicators	NFHS-5 (2019-21)			NFHS-4 (2015-16)
	Urban	Rural	Total	Total
Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	6.5	7.3	7.2	6.9
Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	55.2	55.7	55.6	44.8
Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	42.2	26.4	28.9	19.1
Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	66.9	58.3	59.7	56.7
Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	1.6	2.2	2.1	3.2
Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	68.4	58.2	59.8	67.2

Source: NFHS-5(2019-21) and NFHS-4 (2015-16)

It is clear from the Table 2 that the indicators related to treatment of childhood diseases of Jharkhand has the improvement from NFHS-4 to NFHS-5. Zinc intake by children of urban areas in Jharkhand has shown more improvement in comparison to rural areas of Jharkhand. It is similar in Children with fever or symptoms of ARI. It means health facilities are enhanced during 2015-16 to 2019-21. The data indicates that rural areas need special attention.

HEALTH INFRASTRUCTURE IN JHARKHAND

Health infrastructure of any state or country is the strong pillar in delivering health facilities to the public of that state or country. It is the backbone of health sector. Poor health infrastructure is the obstacles in the process of socio-economic development of a state or country. It leads to step down in ranks of a state in a country. The current health infrastructure of Jharkhand must be addressed through Table-3.

TABLE-3: HEALTH INFRASTRUCTURE OF JHARKHAND

PARTICULARS	REQUIRED/ SANTIONED	IN-POSITION	SHORTFALL/ VACANTS
No. of District Hospitals	-	23	-
No. of Sub-Divisional Hospitals	-	13	-
No. of Govt. (central and state) Medical College	-	07	-
Sub-centres (SCs)	6998	3848	3150
Primary Health Centres (PHCs)	1115	291	824
Community Health Centres (CHCs)	278	171	107
Health Worker (Male) at SCs	3848	1743	2105
Health Worker (Female)/ANM at SCs and PHCs	8628	5702	2926
Allopathic Doctors at PHCs	361	317	44
Specialists Doctors(Surgeons, OB&GY, Physicians & Paediatricians) at CHCs	712	212	500
Radiographers at CHCs	178	120	58
Pharmacists at PHCs and CHCs	550	272	278
Lab. Technicians at PHCs and CHCs	668	426	242
Anaesthetists at CHCs	178	28	150
Nursing Staff at PHCs and CHCs	1685	1426	259
Health Assistant at PHCs	582	25	266
AYUSH Doctors at PHCs	97	37	60
AYUSH Doctors at CHCs	171	114	57
Eye Surgeons at CHCs	178	10	168

Source: RHS 2021-22

Table-3 shows a lot of vacancies or shortfalls in health infrastructure of Jharkhand. It does not seem possible to provide good health care facilities to the 40 million (approx) people of Jharkhand with this infrastructure. However, there has been considerable progress in health infrastructure in recent years. But this is not enough. The target of better child health facilities in Jharkhand cannot be achieved through lack of SCs, PHCs, CHCs, Nursing staffs etc.

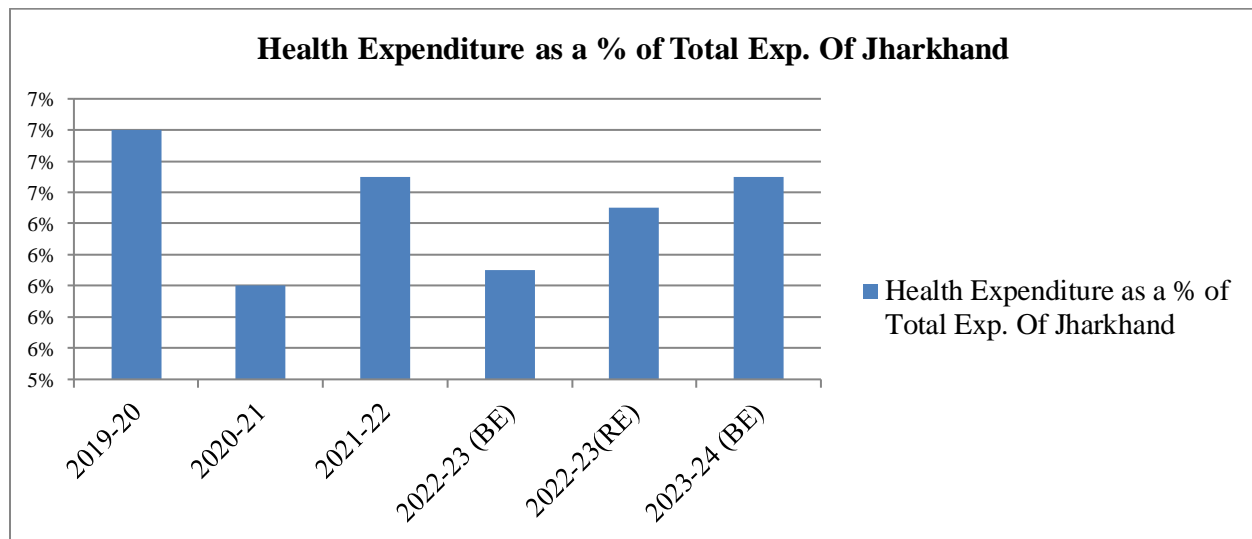
HEALTH CARE POLICIES IN JHARKHAND

All the health related programmes run by the Govt. of India are operated in Jharkhand like National Health Mission, Ayushman Bharat, PMJAY, Rastriya Bal Swasthya Karyakram, Janani Shishu Suraksha Karyakram etc. The Govt. of Jharkhand is making every possible effort to implement all the health schemes of the centre and self to provide better facilities of the people of Jharkhand. It is also running programme SAANS for capacity building.

BUDGETARY ALLOCATION TO HEALTH IN JHARKHAND

The Govt. of Jharkhand is determined to provide quality health facilities in Jharkhand. Its budgetary allocation is between 6 to 7 % of total budget expenditure like other states. Patterns of budgetary allocations to health in Jharkhand is showed through Figure-3.

FIGURE-3: PATTERNS OF BUDGETARY ALLOCATIONS TO HEALTH IN JHARKHAND



Source: Different Budget Documents of Jharkhand

FINDINGS AND SUGGESTIONS

- 1.NNMR, IMR and U5MR of Jharkhand show the improvement in NFHS-5. These indicators are performing very well in urban areas of Jharkhand in comparison to national averages.
2. According to the report of Health Dossier 2021, the state of Jharkhand performed better than national average.

3. The indicators related to treatment of childhood diseases of Jharkhand has the improvement from NFHS-4 to NFHS-5.
4. The child health care facilities cannot be provided through a lack of basic health infrastructure like SCs, PHCs, CHCs, Health Personnel etc. Rural Health Statistics 2021-22 indicates the lack of human resources. It badly affects the access of health facilities for the people of rural areas in Jharkhand. It is a matter of high attention. It must be addressed.
5. The budgetary allocations on health of the state government is stagnant as more than 6% of total budget expenditure since 2019. It should be increased and spent cautiously.
6. The modern technology must be adopted in delivering child health care facilities in rural areas of Jharkhand.
7. The implementation of child health programmes or other health schemes must be transparent. The information regarding health schemes should make people aware through ASHA didi, ward member, anganwadi sevika and local language posters, pictures etc .
8. The birth certificate and UID number of a new born baby should be generated online by health personnel at all the government and private health care centers.

CONCLUSION

Ensuring child health care facilities in Jharkhand, whose geographical terrain is dominated by forested and hilly areas, is difficult task. But, the Govt. of Jharkhand has made it easy to a great extent. However, giving a pleasant feeling is far from the goal. A lot of vacancies or shortfalls in health infrastructure of Jharkhand. In spite of this, NNMR, IMR and U5MR of Jharkhand show the improvement in NFHS-5. These indicators are performing very well in urban areas of Jharkhand in comparison to national averages.

REFERENCES

<http://hdl.handle.net/10603/500939>

<https://hmis.mohfw.gov.in/downloadfile?filepath=publications/Rural-Health-Statistics/RHS%202021-22.pdf>

https://nhsrcindia.org/sites/default/files/practice_image/HealthDossier2021/Jharkhand.pdf

<https://rchiips.org/nfhs/NFHS-4Report.shtml>

<https://thewire.in/health/economic-survey-2022-23-health-battles-won-lost>

https://main.mohfw.gov.in/sites/default/files/NFHS-5_PHASE-II_0.pdf

<https://www.censusindia.co.in/states/jharkhand>

<https://www.indiacensus.net/states/jharkhand>

Kumar Aditya (2021) "An Analysis of Women Empowerment Trough Gender Budgeting In India With Special Reference To Health And Education Sector" Vinoba Bhave Journal of Economics, Vol-VII (1), 2021.

Singh Umendra (2011). A Study of The Status of Health Sector in Jharkhand, International Research journal of Management Sociology & Humanities, <https://doi.org/10.32804/IRJMSH>.

Singh Umendra (2015), An Analysis of the Trends of Public Expenditure on Health Sector in India, Vinoba Bhave Journal of Economics, Vol-IV(2), ISSN-0975-7473.

Singh Umendra (2016)A Study of The Status of Basic Amenities in India with Special Reference to Jharkhand, International Education & Research Journal [IERJ], Vol : 2, Issue : 10, E-ISSN No : 2454-9916

Singh Umendra (2021). Social Sector Development in India: With special Reference to Health and Education services, <https://www.researchgate.net/publication/370287894>.

Singh Umendra (2022). Status of Women and Child Development in India A Comparative Study of The States of Bihar and Jharkhand, <https://www.researchgate.net/publication/378588755>.

Singh Umendra and Mishra (2023). Status of Women's Health in India: A Comparative Study of Bihar & Jharkhand States, International Journal of Scientific Development and Research, Volume 8 Issue 12. ISSN: 2455-2631