

Disparities in basic amenities & wellbeing

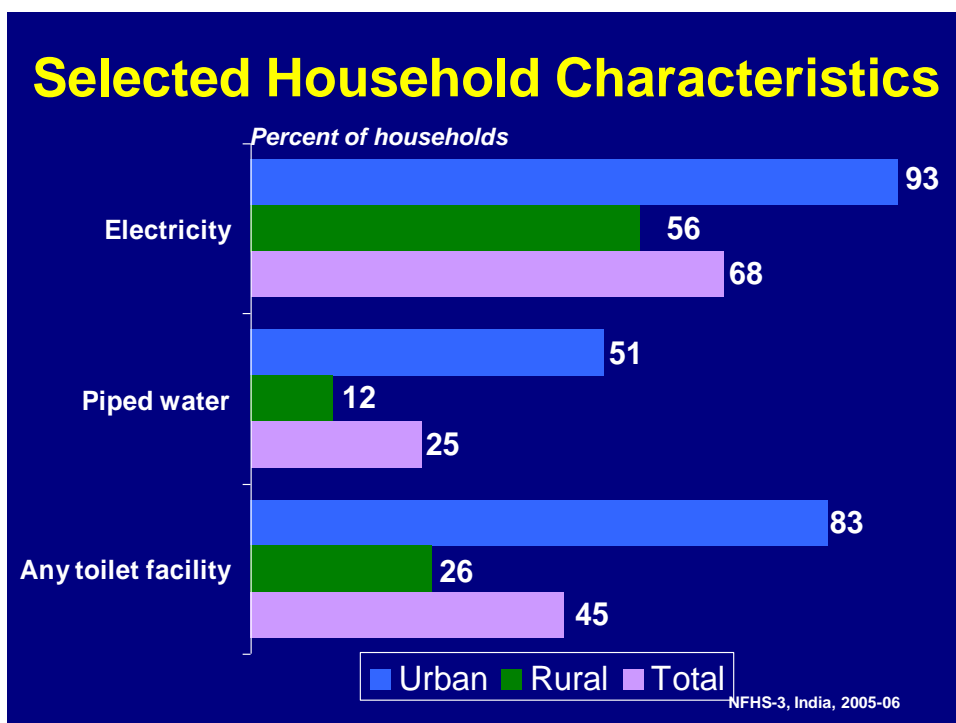
Synopsis by: K. Ramasubba Reddy

Abstract: *Let at least the XII Five Year Plan take care of the herein mentioned rural/urban, gender and regional disparities covering 75% of the population in providing amenities and enhancing the well being of less privileged people who are ill fed, ill clothed & ill housed with little wealth to talk about, than being obsessed about 9% or 10% GDP growth which benefits those who enjoy all the amenities are well fed, well clothed, well housed and well taken care of 25% of population of with increasing wealth. Then only inclusive goal objective can be achieved. Otherwise, planning is a meaningless exercise to a vast majority of our population benefitting only the privileged few.*

Rural/Urban Disparities in Provision of basic amenities

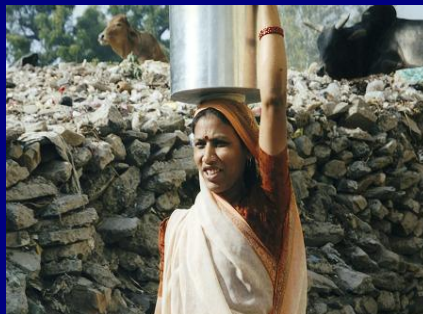
The most common improved source of drinking water for urban dwellers is piped water: 71 percent either have water piped into their living area or use a public tap. **By contrast, only 28 percent of households in rural areas have access to piped water.** Most people in rural areas obtain their drinking water from a tube well or borehole (53 percent). Fifty-three percent of urban households have an **improved toilet facility, compared with only 18 percent of rural households.**

Nationally, 45 percent of households have any toilet facilities, up from 36 percent at the time of NFHS-2. Forty-six percent of households live in a *pucca* house



NFHS-3 finds some improvements in the household environment since NFHS-2

- 68% of households have electricity, up from 60% in NFHS-2
- 88% of households use an improved source of drinking water
- Only 29% of households have improved toilet facilities



NFHS-3, India, 2005-06

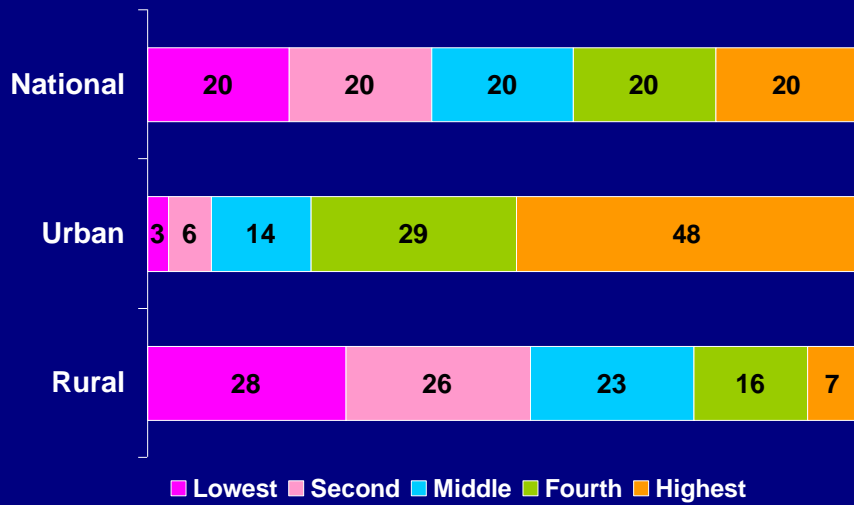
Wealth Index-Rural Urban Divide

What is the wealth index?

- Uses information on **33 household assets and housing characteristics**, such as ownership of consumer items, type of dwelling, source of water, and availability of electricity
- Combines this information into **a single wealth index**, using a scientific method of assigning weights to individual components
- The household population is divided into **five equal groups of 20% each (quintiles)** at the national level from 1 (lowest, poorest) to 5 (highest, wealthiest)

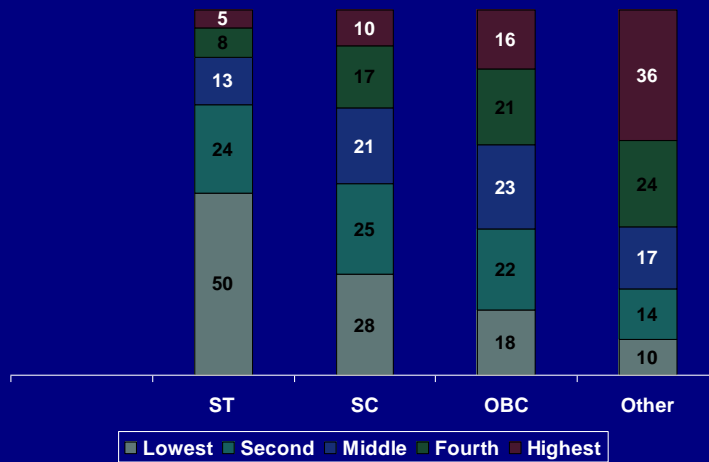
NFHS-3, India, 2005-06

Distribution of Households by Wealth Index and Residence



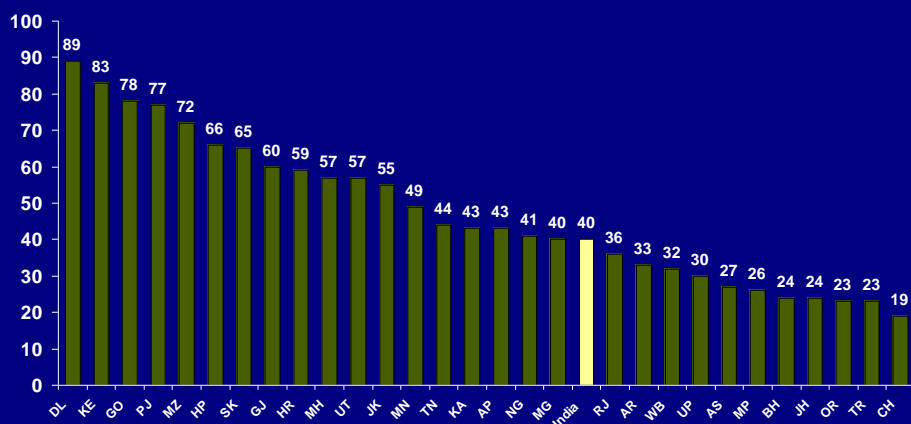
NFHS-3, India, 2005-06

Distribution of Households by Wealth Index and Caste



NFHS-3, India, 2005-06

Proportion of Households in the Highest Two Wealth Quintiles by State



NFHS-3, India, 2005-06

Nutritional Status-Regional & Rural Urban Divide

Infant and Child Mortality

The infant mortality rate in India is steadily declining. The NFHS-3 estimate of infant mortality is 57 deaths per 1,000 live births, compared with the NFHS-2 estimate of 68 deaths per 1,000 live births and the NFHS-1 estimate of 79. Still, more than one in 18 children die within the first year of life, and more than one in 13 die before reaching age five.

Infant and child mortality rates are higher in rural areas. In 2001-05, the infant mortality rate was 50 percent higher in rural areas (62 deaths per 1,000 births) than in urban areas (42 deaths per 1,000 births). Children whose mothers have no education are more than twice as likely to die before their first birthday as children whose mothers have completed at least 10 years of school.

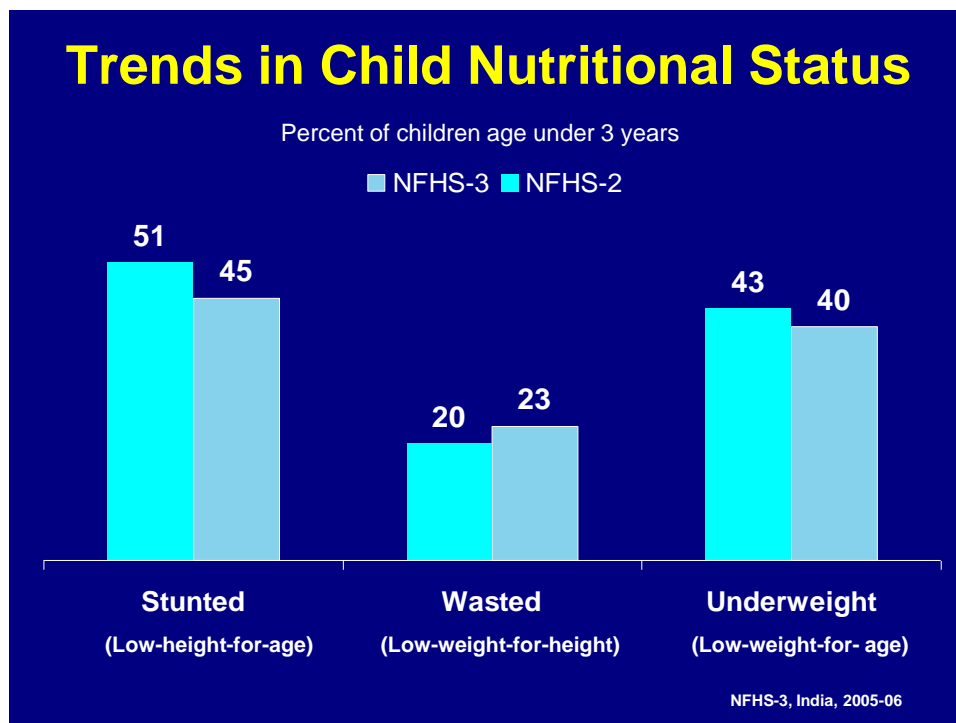
Almost half of children under five years of age (48 percent) are stunted and 43 percent are underweight. The proportion of children who are severely undernourished is also notable: 24 percent are severely stunted and 16 percent are severely underweight. Wasting is quite a serious problem in India, affecting 20 percent of children under five years of age.

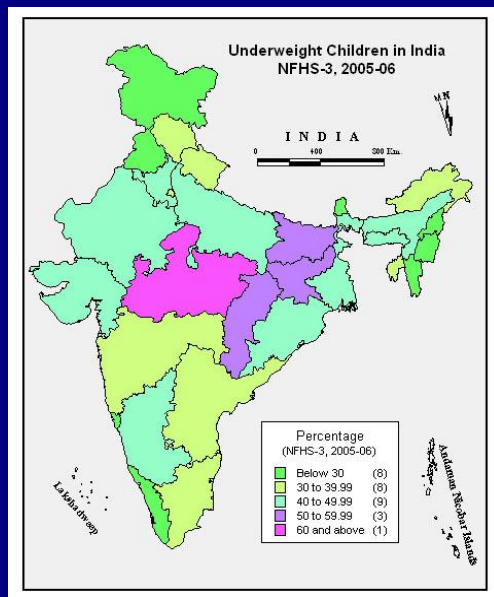
Undernutrition is substantially higher in rural areas than in urban areas. Even in urban areas, however, 40 percent of children are stunted and 33 percent are underweight.

Undernutrition is most pronounced in Madhya Pradesh, Bihar, and Jharkhand. Nutritional problems are also substantially higher than average in Meghalaya and (for stunting) in Uttar Pradesh. Nutritional problems are least evident in Mizoram, Sikkim, Manipur, and Kerala, and relatively low levels of undernutrition are also notable in Goa and Punjab.

Even in these states, however, levels of undernutrition are unacceptably high. Anaemia is very common in India. **Almost 7 in 10 children age 6-59 months are anaemic**, including 40 percent who are moderately anaemic and 3 percent who are severely anaemic.

Anaemia is considerably higher in rural areas, among children of women with no education, among scheduled castes and tribes, and among children in households in the lower wealth quintiles. Children's anaemia status is closely linked with the anaemia status of the mother. Although state differentials in the prevalence of anaemia are marked, a high prevalence of anaemia is found in every state. The only states in which less than half of children are anaemic are Goa (38 percent), Manipur (41 percent), Mizoram (44 percent), and Kerala (45 percent). The prevalence of anaemia among children 6-35 months has increased from 74 percent in NFHS-2 to 79 percent in NFHS-3. **This increase is largely due to a sharp increase in anaemia among young children in rural areas.**

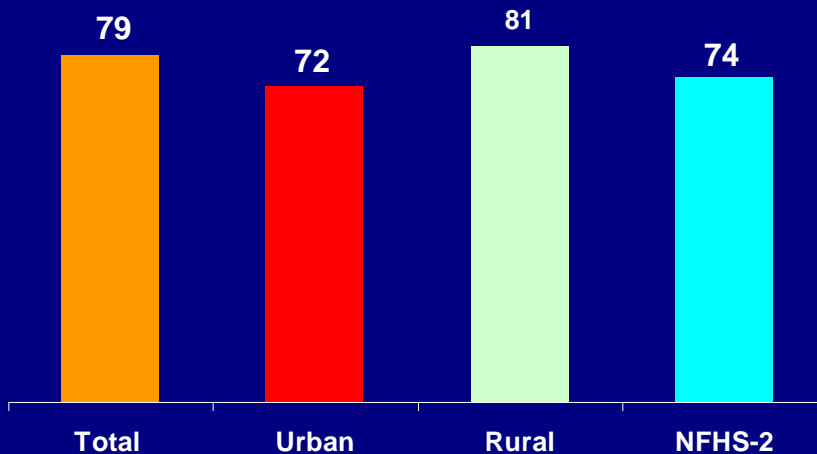




NFHS-3, India, 2005-06

Anaemia among Children

Percent of children 6-35 months with anaemia



NFHS-3, India, 2005-06

Regional Disparities in Women's and Men's Nutrition

More than one-third (36 percent) of women age 15-49 in India have chronic nutritional deficiency, including 16 percent who are moderately to severely thin. The proportion of ever-married women who are thin (33 percent) has decreased slightly from 36 percent in NFHS-2. Women who are undernourished themselves are also much more likely than other women to have children who are undernourished.

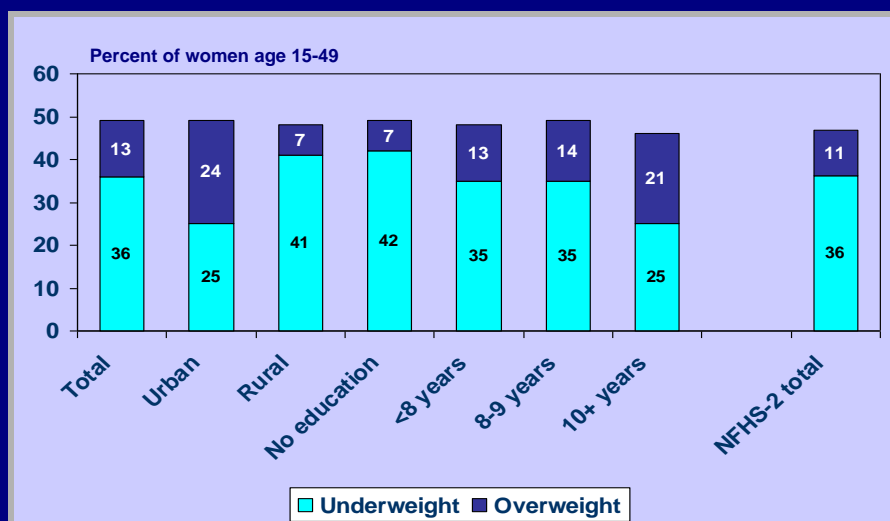
The proportion of women who are undernourished is highest in Bihar (45 percent), Chhattisgarh (43 percent), Madhya Pradesh (42 percent), and Orissa (41 percent). It is lowest in Sikkim (11 percent) and Mizoram (14 percent).

Nationally, 34 percent of men age 15-49 have chronic nutritional deficiency, and more than half of these men are moderately to severely undernourished. The highest proportion of undernourished men, two in five, are in Madhya Pradesh and Rajasthan.

Obesity, the other side of poor nutrition, is a substantial problem among several groups of women in India, particularly urban women, well-educated women, women from households with a high standard of living, and among Sikhs. **Fifteen percent of ever-married women are overweight or obese**, up from 11 percent in NFHS-2. Obesity is particularly prevalent for both men and women in Delhi, Kerala, and Punjab.

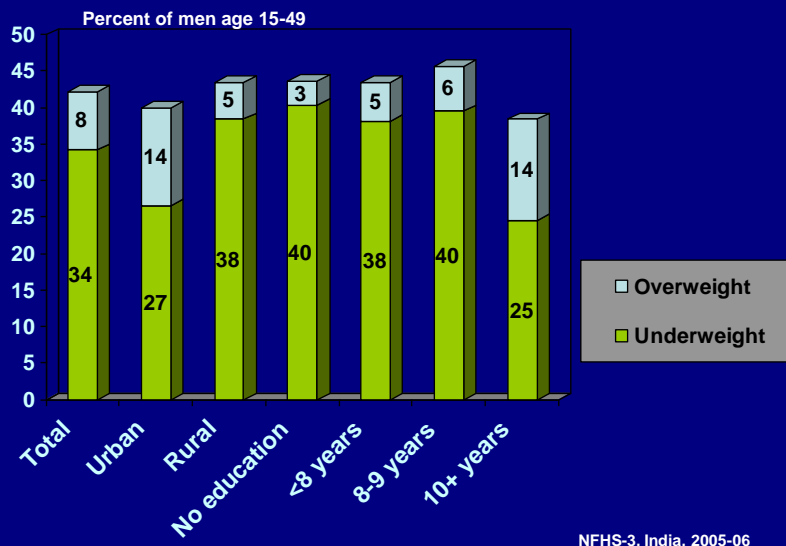
Anaemia is a major health problem for adults as well as children, **affecting 55 percent of women and 24 percent of men**. The prevalence of anaemia for ever-married women has increased from 52 percent in NFHS-2 to 56 percent in NFHS-3. Pregnant women are much more likely than nonpregnant women to be moderately to severely anaemic.

Malnutrition of Women by Residence and Education



NFHS-3, India, 2005-06

Malnutrition of Men by Residence and Education



Gender disparities in Literacy, Education, and Employment

Just over half (55 percent) of de facto women age 15-49 are literate, compared with 78 percent of de facto men in the same age group.

Literacy has increased substantially over time, with recent cohorts being more literate than older cohorts; nonetheless, NFHS-3 shows that even among those **in the age group 15-19, only 74 percent of women and 89 percent of men are literate.**

Education levels vary widely throughout India. The percentage of women who have at least 12 or more years of education ranges from 5 percent in Bihar; 7 percent in Tripura, Rajasthan, and Chhattisgarh; and 8-9 percent in Jharkhand, Orissa, West Bengal, Andhra Pradesh, and Madhya Pradesh, to 37 percent in Delhi.

The corresponding range for men is from 12 percent in Tripura to 38 percent in Delhi. Delhi, Manipur, Himachal Pradesh, Uttaranchal, Goa, and Kerala are the states with the highest proportion of persons who have completed at least 12 years of education.

Media Exposure

Nationally, 35 percent of women and 18 percent of men are not regularly exposed to newspapers/magazines, television, radio, or cinema. For both women and men, **media exposure is lowest in Jharkhand and highest in Delhi, Manipur, Goa, and Kerala.**

Forty-three percent of women age 15-49 are employed, compared with 87 percent of men in the same age group. Men's employment varies little by urban-rural residence; however, urban women are much less likely than rural women to be employed. The majority of employed women are agricultural workers (59 percent); whereas, no single occupation accounts for the majority of employed men. Similar proportions of employed women and men (7 percent, each) are in professional, technical, administrative, and managerial occupations. Two-thirds of employed women earn cash, compared with 91 percent of employed men.

Source: NFHS-3

Conclusion: Let at least the XII Five Year Plan take care of the herein mentioned rural/urban, gender and regional disparities covering 75% of the population in providing amenities and enhancing the well being of less privileged people who are ill fed, ill clothed & ill housed with little wealth to talk about, than being obsessed about 9% or 10% GDP growth which benefits those who enjoy all the amenities are well fed, well clothed, well housed and well taken care of 25% of population of with increasing wealth. Then only inclusive goal objective can be achieved. Otherwise, planning is a meaningless exercise to a vast majority of our population benefitting only the privileged few.

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