

## A Study Of Child Health Care Among Scheduled Castes



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### INTRODUCTION:

Children are the most precious aspects of any nation. A happy child is a symbol of the development of society and the progress made by mankind. A happy childhood is the basis for a stable and strong adulthood. Hence, right type of physical mental care, guidance, assistance and opportunities are required for their well being and proper growth. India is a country with 16% of scheduled castes. Scheduled castes are spread in all parts of India.

Scheduled castes are those castes/races which have been or many in future be specified in a list in according with article 341 of our constitution. The people of these castes are considered outcastes and categorised as untouchables. They remain at the bottom of social hierarchy and have been socially deprived, discriminated and exploited by the upper caste. In all states, the overwhelming majority of scheduled caste work outside the home. Most often as agricultural labours. Many scheduled caste people are also employed to do domestic in other non-scheduled caste agrarian household. These tasks include cleaning the cattle shed, sweeping the courtyard or other areas. They are working as construction, working in house as servant, municipal corporations, road broomou, breaking stones on road.

**Social, Economic and Education Status of Scheduled Castes:** The social economic and educational status of scheduled castes is very low. In India child health care problem in scheduled caste more than of other castes. Due to poverty and other causes. This people can not help living amidst squalor and dirt their houses are generally small, hardly any proper ventilation. Their poverty malnutrition make them fall an easy prey to various diseases with consequent heavy mortality.

Whenever children in scheduled caste fall ill they consult first of all 'Ojha' who are with doctor who tells their superstition and gullible clients about that so called causes of the illness and they then perform sacrifices for propitiate demons and evil spirits as suggested by the Ojha. Vaidis are also available in the villages. They use native herbs both for applying and for taking orally. They also recite some sort of 'mantras' The time of applying medicine these are their traditional

beliefs driving mainly from superstition these methods. So many times efficacious due to our suggestion and some sort of blind faith. Generally the scheduled caste people do not like to go to hospital because they can not afford to do so. They can not even afford to buy medicines. In Scheduled Castes children has a wrong food habits and a diet of very low nutritional value and calories. It is obvious the 90% scheduled caste children take poor food. The percentage of vitamins, proteins and minerals is miserably low in the food which is taken by the common children. Milk and fruits are taken only in day of sickness.

In all greater caste prevalence mortality among scheduled caste children are greater for epidemic and infection diseases. Naturally these disorders were equated with poverty and the high rates were ascribed to poor living condition inadequate diet, bad sanitation and ignorance. This leads to disadvantage in scheduled caste mother in child rearing. For example, more children are killed or severely injured in road accidents especially when their mother are preoccupied by illness or some other anxiety. Social and cultural factors contribute to poor result among scheduled caste. These women marry younger, conceive more often before marriage and bear more illegitimate children. Customary practices, which affect health are interwoven with these social, biological and economic factors, immunization, prevention of welfare, maternity clinics, supplementary food and vitamins for children. More over when children are sick, they are more likely to experience a delay before medical care is called for during which home remedies and vaidyas are tried. In India the child health problem in scheduled caste more than the other castes. The child health problem or impact in scheduled caste is not merely because of lack of medical facilities but because of general poverty and lack of balanced and nutrition diet to a longer proportion of the population.

### See Table 1

This table highlighted that infant mortality means the probability of dying of infant before the first birthday. The rate of infant mortality is much higher in case of SC (66.4) than the national rate of (57.0) as indicated by this table. In the neo-natal mortality rate is much higher among the scheduled caste as (46.3). The total neo-natal mortality

**Status of Key health indicators:**

| Health Indicators       | Other Castes (%) | Scheduled Castes(%) |
|-------------------------|------------------|---------------------|
| Infant mortality        | 57.0             | 66.4                |
| Neo-natal mortality     | 39.0             | 46.3                |
| Child mortality         | 18.4             | 23.2                |
| Pre-natal mortality     | 48.5             | 55.0                |
| Past-natal mortality    | 18.0             | 20.1                |
| Under five mortality    | 74.3             | 88.1                |
| Anti-natal care cheakup | 77.2             | 74.1                |
| Childhood vaccination   | 43.5             | 39.7                |

Source : Natinal family survey III (NFHS) India Vol- 1-1

(39.0).

The possibility of the child dying before fifth birthday is higher among the scheduled castes (88%) then the other caste. Only (39.7%) scheduled caste children have reported to be full immunsed where as the (43.5%) of immunised children's higher among the general castes.

**Finding:**

1. The social, economic and educational status in scheduled castes is very low then the other castes. 2. Living Condition of Scheduled Castes children is very poor and SCs Children has a wrong food habbits and poor diet.3. Scheduled caste people are not aware of their children health care because lack of knowledge and poverty. 4. The data indicate that SCs children die in longer number then other caste : mainly due to lack of timely care. 5. Children mortality rate in every age is very higher then the other castes. 6. The data has show that due to lack of sanitation facilities particularly in rural areas a large numebr of children have lost their lives. Most of there victims belong to SCs communities who have poor health and hygien condition.

**Suggestion:**

1. The suggestion ad recommendation on measures reqried to reach benefits in full to SC children to fulfill the head, entitlements and rights of survival, protection and empowerment of this marginalised group to have equality with other castes. 2. Addopting a right based approach rather then a welfare oriented one in education, health housing and living condition was emphasized.3. Establishing a commen school system with the concept of heighbourhood schools. Setting up residential schools for SCs children. 4. There is a need to educate the SCs people about the importance of hygiene, safe drinking water and basic santiation facilities, panchayants and local NGOs can be involved in this

process of awareness generation to make it a mass compaign. 5.Lack of awareness, poverty is major factor responsible for poor child health care among SC people. Their conditions can be improved through inclueating in them individualistic and moralistic values of self-denial, Temperance, forethought, thrift, sobriety and self-reliance. These values will help them in proper utilisation of the variou development schemes, which in turn lead to the stability/improvement in their lives.

**Conclusion:**

Children are the most important assets of a country because they will be tommorow's youth and provide the human potential required for a country's development. A happy and health child is a symbol of the development of any society. But child health care problem in scheduled caste more than the other castes. The health indicators reveal that infant mortality, Neo-natal mortality, child mortality, peri natal mortality, post natal mortality and under fife motality rate is much higher among the scheduled castes population in comparison to general castes. The data show that due to lack of sanitation facilities, poerty, and lack of awareness a large number of SCs children have lose their lives. Generally the scheduled caste people do not like to go to hospital because they can not afford to do so. In scheduled caste children has a wrong food habits and diet of very low nutritional value and calories 90% SCs children take poor food. The percentage of vitamins, proteins and meanrals is miserably of low in the food which is taken by the common children. Access to safe drinking water is essential for the good health and survival of the individual. But 27% of SC have safedrinking water. More then one third population of scheduled caste are living in below poverty line with minimum or no ecess to economic sources, food, clothing, education, health, housing the main indicator of prosperity.

So the ministry of health and family welfare should take up a concernred drive on reproductive health issue in those areas, where the literacy level of SC people is below (30%). there isa greater need of awareness generation among the SC people specifi-cally woman regading the anti-natal care, post-natal care and other areas of health and hygiene to protect of them from child mortality.

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