STATUS OF MCH INDICATORS OF FOUR NORTH EASTERN STATES OF INDIA: A COMPARATIVE ANALYSIS OF TRIBAL AND GENERAL POPULATION USING NFHS 4 & 5 DATA

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Introduction

	Arunachal Pradesh	Meghalaya	Mizoram	Nagaland
Land Area (sq. km.)[1]	83743	22429	21081	16579
Total population in million[1]	1.38	2.97	1.10	1.98
Population size—% of national population[1]	0.1	0.2	0.1	0.2
ST Population (As % of state population)	68.8	86.1	94.4	86.5

- The Constitution of India recognizes the special status of tribal people -the Scheduled Tribes - and provides safeguards to protect their rights and culture. However, despite their substantial number (104 million according to the Census, 2011), tribal people have remained marginal - geographically, socio-economically, politically, and therefore, in the national psyche.
- The different terrain and environment in which they live, different social systems, different culture and hence different health care needs were not addressed. Not surprisingly, health and healthcare in tribal areas remain unsolved problems.

Literature Review

“Pro-poor policies and improvements in maternal health outcomes in India” (M. Bhatia, L. K. Dwivedi, K. Banerjee, A. Bansal, M. Ranjan, and P. Dixit) –

- MMR has reduced in all regions of the country, from 1997 to 2017. This improvement is also observed with respect to maternal health indicators
- Low access to maternity health services is an important barrier, especially for the poor, in reducing maternal mortality in many low income settings
- Pro-poor policies and conditional cash transfers, on the other hand, have been essential in reducing the financial barriers to access
- Incentivization in the form of various national cash transfer schemes such as JSY has increased use of public health facilities

“Family Planning Practices among Tribal women: An insight from Northeast India (Mithun Mog, Shekhar Chauhan, Ajit KUMAR Jaiswal, Arobindo Mahato)” –

- Use of FP methods are in NE India by large are phenomenally low. This problem is compounded by inaccessible terrain and scattered settlements.
- Use of modern contraception higher than use of traditional methods
- A significant gap between knowledge and use of contraception presents in tribal and non-tribal women alike.

Research Question & Objective

Research Question(s):

a. What are the differences between the service uptake for MCH services of Tribal population of the selected northeastern states in comparison with the General population?

b. Is there a correlation between the observed trends and socio-demographic characteristics in these sates?

Objectives:

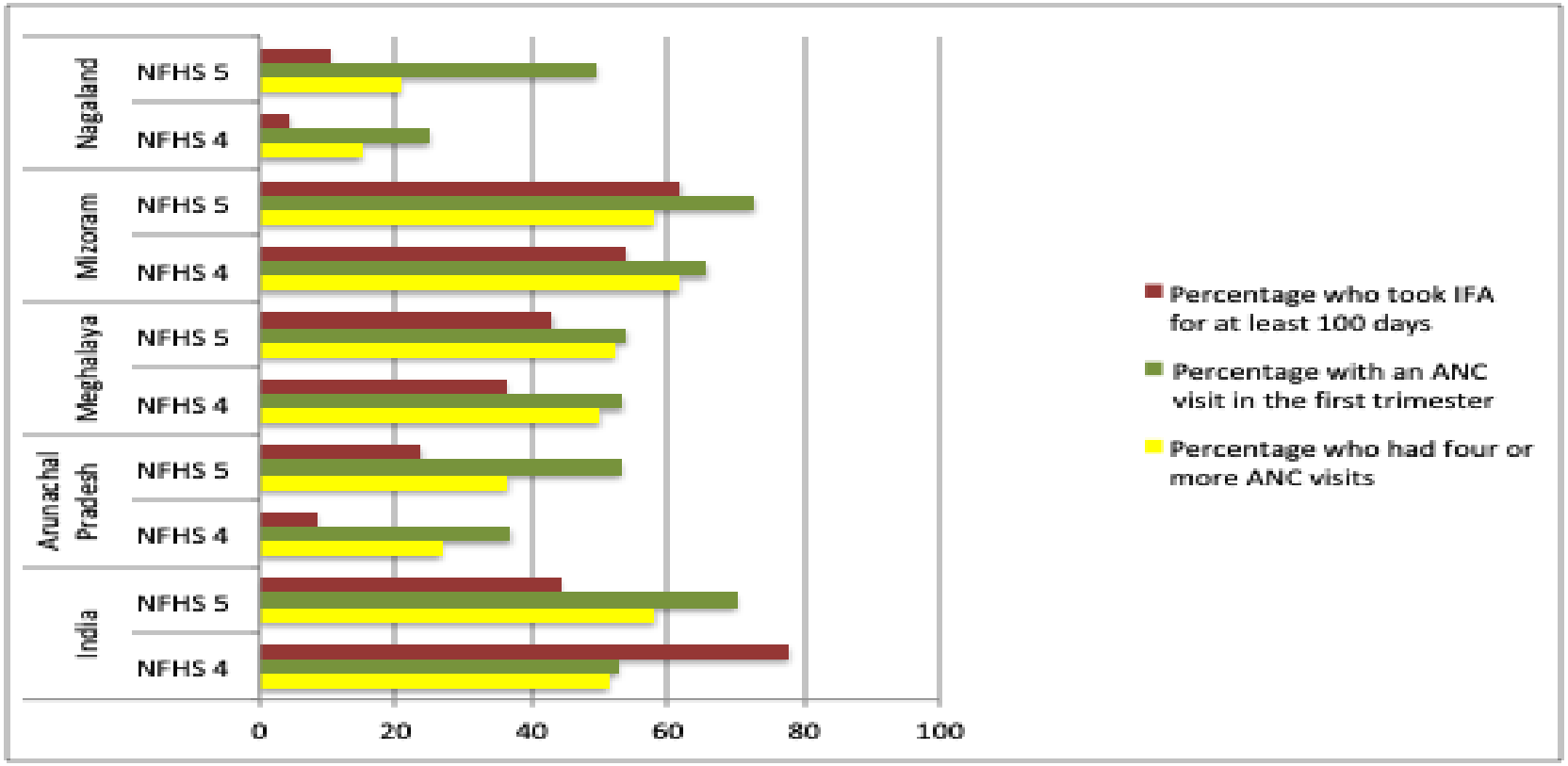
- To compare service uptake and utilization of the General vs. Tribal population of Arunachal Pradesh, Meghalaya, Mizoram and Nagaland
- To correlate these findings with the socio-demographic characteristics of the areas identified.
- Desk review of Public + Private intervention programs for Child Mortality, Maternal Health, Literacy, Nutritional Status in Arunachal Pradesh, Meghalaya, Mizoram and Nagaland

Methodology

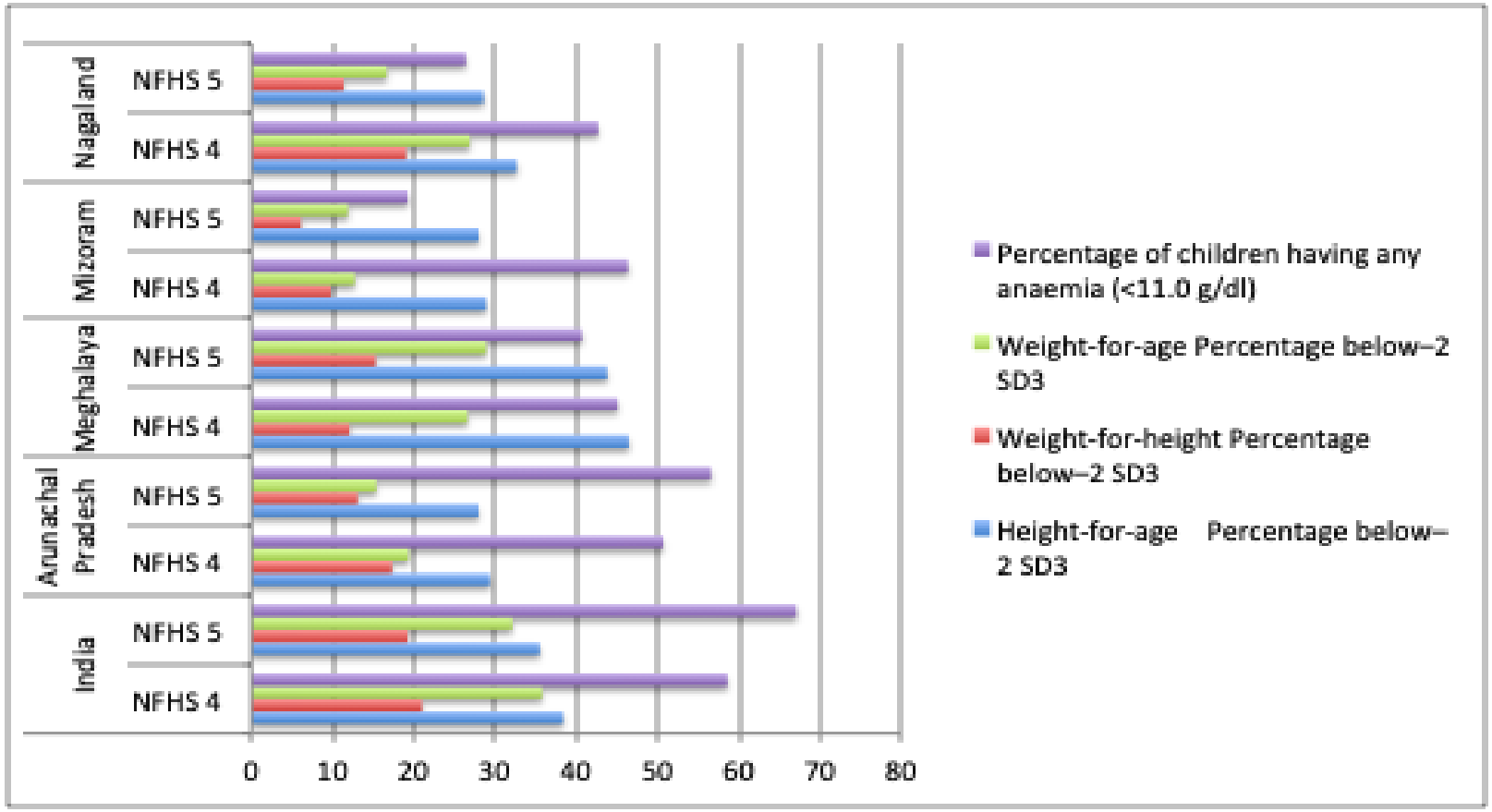
Sample Size:
The NFHS (4/5) data has been obtained from a sample size **of 74,26,324** subjects (as per Census 2011)

Study Setting:
Arunachal Pradesh, Meghalaya, Mizoram and Nagaland

Results: Maternal Health Indicators



Results: Child Health Indicators



Discussion

- As can be seen from the data above, all the 4 North-eastern states in all the 4 indicators are falling behind the national average but showing a significant increase from NFHS 4 to NFHS 5.
- This result, and India’s impressive performance with respect to maternal health outcomes, can be attributed to the various pro-poor policies and cash incentive schemes successfully launched in recent years. Community-level involvement with pivotal role played by community health workers has been one of the major reasons for the success of many ongoing policies.
- States' performance on other factors influencing wasting and increased BMI was mixed. For instance Meghalaya, which has the higher percentage of overweight children, saw factors like women's access to healthcare improve.
- A direct consequence of the improved antenatal indicators is reflected in the health of the children. This is also due to better breastfeeding practices, lower anaemia levels and higher consumption of Vitamin A rich food.

Recommendations

Recommendations are specifically for Nagaland:

- First, the state should ensure availability of adequate health personnel in designated health centres in each of the districts. With improvements in human resources for health the state can conceive plans for uplifting the quality of medical care and diagnostic services at public health facilities.
- Second, women empowerment is critical to achieve the transition from a demand side perspective. Most of the well-performing states have high levels of female literacy whereas in Nagaland only one in every three women in the reproductive age group (15-49) has completed 10 or more years of schooling. Such poor educational profile is further associated with a high total fertility rate and huge unmet need for family planning services.


THANK YOU