

STATUS OF VULNERABLE GROUPS/SPECIAL GROUPS

SPECIAL GROUPS

Women

Children

Elderly

Sick

Status of women

- In India, members of gender, caste, class, and ethnic identity experience structural discrimination that impact their health and access to healthcare.
- Women face double discrimination being members of specific caste, class or ethnic group apart from experiencing gendered vulnerabilities.
- Women have low status as compared to men in Indian society. They have little control on the resources and on important decisions related to their lives.

- In India, early marriage and childbearing affects women's health adversely. About 28 per cent of girls in India, get married below the legal age and experience pregnancy (Reproductive And Child Health – District level Household Survey 2002-04, August 2006).
- These have serious effect on the health of women. Maternal mortality is very high in India. The average maternal mortality ratio at the national level is 540 deaths per 100,000 live births (National Family Health Survey-2, 2000). It varies between states and regions, i.e., rural-urban.

- The rural MMR (Maternal Mortality Rate) is 617 deaths of women age between 15-49 years per one lakh live births as compared to 267 maternal deaths per one lakh live births among the urban population (National Family Health Survey-2, 2000).
- In most cases the deaths occur from preventable causes. A large proportion of women is reported to have received no antenatal care.
- In India, institutional delivery is lowest among women from the lower economic class as against those from the higher class.

- Women face violence and it has an impact on their health. During infancy and growing years a girl child faces different forms of violence like infanticide, neglect of nutrition needs, education and healthcare.
- As adults, they face violence due to unwanted pregnancies, domestic violence, sexual abuse at the workplace and sexual violence including marital rape and honor killings. The experience of violence and its impact on health varies according to the women's caste, class and ethnic identity.

Status of children

- Children and the elderly population face different kind of vulnerability. Mortality and morbidity among **children** are caused and compounded by poverty, their sex and caste position in society.
- All these have consequences on their nutrition intake, access to healthcare, environment and education.
- These factors directly impacts food security, education of parents and their access to correct health information and access to health care facilities.

- Malnutrition and chronic hunger are the important causes of death among children from poor families. Diarrhoea, acute respiratory diseases, malaria and measles are some of the main causes of death among children, most of which are either preventable or treatable with low-cost interventions.
- Tetanus in new-borns remain a problem in at least five states: Uttar Pradesh, Madhya Pradesh, Rajasthan, West Bengal, and Assam (UNICEF, India).

- Poverty has a direct impact on the mortality and morbidity among children.
- Neo-natal mortality is about two times higher among people with low standard of living while Under-5 mortality among children from lower economic class is five times than that of households with high standard of living.
- 73.4 per cent of children have some form of anemia (National Family Health Survey-2, 2000)

- In India, a girl child faces discrimination and differential access to nutritious food and gender based violence is evident from the falling sex ratio and the use of technologies to eliminate the girl child.
- Among children the health indicators vary between the different social groups. High mortality and morbidity is reported among children from Scheduled Castes, Scheduled Tribes and Other Backward Classes as compared to the general population.

- Infant mortality is higher among the rural population (Rural-62, Urban 42 per one thousand live births in the last five years, National Family Health Survey 3, Fact Sheets).
- The vaccination coverage is very poor among children who live in rural India. Vaccination coverage among children between 12-23 months who have received the recommended vaccines is only 39 per cent in rural India as compared to 58 per cent in urban India (National Family Health Survey- 3, Fact sheets).

- In India, children's vulnerabilities and exposure to violations of their protection rights remain spread and multiple in nature.
- The manifestations of these violations are various, ranging from child labour, child trafficking, to commercial sexual exploitation and many other forms of violence and abuse.
- With an estimated 12.6 million children engaged in hazardous occupations (2001 Census), for instance, India has the largest number of child labourers under the age of 14 in the world.

- Child labour in the agriculture sector accounts for 80 percent of child labour in India and 70 per cent of working children globally
(Jaswal, Patro, et al., 2006).

In, Sivakasi, an estimated 1, 25,000 children make the child labour force, comprising 30 per cent of the entire labour force.¹⁷ Those children working in the brick kilns, stone quarries, mines, carpet and zari industry suffer from occupation related diseases.

- In India, however there is a huge gap in the industry-specific and exposure-specific epidemiological evidence. Most of the studies are small-scale and community-based studies
- There is a large proportion of children in India who are living with HIV/AIDS. The most common sources of infection among children is the Mother-to-Child Transmission (MCTC), sexual abuse, blood transfusion, unsterilized syringes, including injectable drug use. (NACO,2006).

- Among children, there are some groups like street children and children of sex workers who face additional forms of discrimination.
- A large number of children are reportedly trafficked to the neighbouring countries. Trafficking of children also continues to be a serious problem in India.
- The nature and scope of trafficking range from industrial and domestic labour, to forced early marriages and commercial sexual exploitation.

- Moreover, for children who have been trafficked and rescued, opportunities for rehabilitation remains scarce and reintegration process becomes difficult.
- While systematic data and information on child protection issues are still not always available, evidence suggests that children in need of special protection belong to communities suffering disadvantage and social exclusion such as scheduled casts and tribes, and the poor (UNICEF, India

Status of elderly

- In India, the population of the **elderly** is growing rapidly and is emerging as a serious area of concern for the government and the policy planners.
- According to data on the age of India's population, in Census 2001, there are a little over 76.6 million people above 60 years, constituting 7.2 per cent of the population.

- The number of people over 60 years in 1991 was 6.8 per cent of the country's population.
- The vulnerability among the elderly is not only due to an increased incidence of illness and disability, but also due to their economic dependency upon their spouses, children and other younger family members.
- According to the 2001 census, 33.1 per cent of the elderly in India live without their spouses.

- The widowers among older men form 14.9 per cent as against 50.1 per cent widows among elderly women. Among the elderly (80 years and above), 71.1 per cent of women were widows while widowers formed only 28.9 per cent of men.
- Vulnerability among the elderly also depends on their living arrangement since the elderly are less capable of taking care of themselves compared to younger persons and need the care and support of others in several aspects.

- About 2.9 per cent of elderly in India live alone. More elderly women (4.1 per cent) live alone compared to elderly men (1.8 per cent).
- The significance of the living arrangement among the elderly becomes evident when seen in the context of their level of economic dependence (Rajan, 2006).
- Lack of economic dependence has an impact on their access to food, clothing and healthcare. Among the basic needs of the elderly, medicine features as the highest unmet need.

- Healthcare of the elderly is a major concern for the society as ageing is often accompanied by multiple illnesses and physical ailments.
- Pain in the joints, followed by cough and blood pressure, piles, heart diseases, urinary problems, diabetics and cancer are the common ailments reported among elderly. (National Sample Survey, 52nd Round, 1998).
- One out of two elderly in India suffers from at least one chronic disease which requires life-long medications.

- Providing healthcare to elderly is a burden for especially poor households (Rajan, 2006).
- About 29 per cent of the elderly populations in India are reported to have received no medical attention before death (National Sample Survey, 42nd Round, 1991).

- Among the elderly, the widows, poor and disabled constitute those who are more disadvantaged. Widows face structural disadvantages associated with gender and marital status.
- There is striking gender differential that exists in the ownership of property and assets and in the participation of their management.

- At all India level, aged women unlike those in other age groups suffer from lack of ownership of property and financial assets and participation in their management compared to aged men in both urban and rural India (National Sample Survey, 52nd Round, 1998).
- Lack of property ownership affects their access to resources like food, housing, health etc.

Status of sick

- Visual impairment, hearing problem, locomotor problem (difficulty in walking) and problems in speech are common forms of disability among elderly. Senility and neurosis are common mental illness reported among elderly (National Sample Survey, 52nd Round, 1998)
- Disability poses greater challenges in obtaining the needed range of services. Persons with disabilities face several forms of discrimination and has reduced access to education, employment and other socioeconomic opportunities. In India, there is an increase of proportion of disabled population

- The proportion of disabled population in India is about 21.9 million.
- The percentage of disabled population to the total population is about 2.13 per cent. There are two broad categories of disability, one is acquired which means disability acquired because of accidents and medical reasons the other is disability since the onset of birth.

- The disabled face various types of barriers while seeking access to health and health services.
- There are different types of disability and the needs of the disabled differ accordingly.
- Among those who are disabled women, children and aged are more vulnerable and need attention

- Mental illness is a prominent form of disability.²² Five out of ten leading causes of disability and premature death worldwide are due to psychiatric conditions.
- The other area of concern is the mental health of women and the elderly.
- Neurotic and stress related cases are reportedly higher among women than men though among men there is reporting of higher number of cases of serious illness.

- The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act 1995.
- Act came into force on Feb. 7, 1996. Mental illness has been considered in the Act, but there is no reference to any provision within the Act to be given or set aside for people with mental illness.
- The Act also does not assure the right to treatment.