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THE STUDY OF POVERTY AND HEALTH IN INDIA

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Introduction:

Health is now higher on the international agenda than ever before, and concern for the health of poor people is becoming a central issue in development. The nations of the world have agreed that enjoying the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief and economic or social condition.1 Beyond its intrinsic value for individuals, improving and protecting health is also central to overall human development and to the reduction of poverty. The Millennium Development Goals (MDGs), derived from the UN Millennium Declaration, commit countries to halving extreme income poverty and to achieving improvements in health by 2015.2 three of the eight goals are health related, calling for a two-thirds reduction in child mortality, a three-quarters reduction in maternal mortality, and a halt to the spread of HIV/AIDS, malaria and tuberculosis. In addition the eighth goal, redeveloping a global partnership for development, calls for developing countries to have access to affordable essential drugs.

Poverty and health:

The poor suffer worse health and die younger. They have higher than average child and maternal mortality, higher levels of disease, more limited access to health care and social protection, and gender inequality disadvantages further the health of poor women and girls. For poor people especially, health is also a crucially important economic asset. Their livelihoods depend on it. When a poor or socially vulnerable person becomes ill or injured, the entire household can become trapped in a downward spiral of lost income and high health care costs. The cascading effects may include diverting time from generating an income or from schooling to care for the sick; they may also force the sale of assets required for livelihoods. Poor people are more vulnerable to this downward spiral as they are more prone to disease and have more limited access to health care and social insurance Gender inequality is a major determinant of poverty and ill health. Poor women and girls are worse off, in relation to assets and entitlements, within the household and in society. Socio-cultural beliefs about the roles of men and women contribute to this inequality. Poor women and girls may experience even deeper disadvantage in access to resources for health, such as cash and financing schemes, services, and "voice". Some categories of women and children are especially vulnerable for example elderly widows, unsupported female- and child-headed households, and street children. Women are also major producers of health care through their roles as household managers and cares. But the health, including the reproductive health, of poor women and girls suffers from inadequate nutrition, heavy workloads and neglect of basic health care, factors aggravated by exposure to sexual abuse and interpersonal violence. All have a serious effect on

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human development and the formation of human capital. Action on gender inequalities is therefore an essential element of a pro-poor approach to health.

Objectives of the Study:

1. To explores the poverty and health for women and children.
2. To examine the block ward peoples condition and problems
3. To analyse the policy for women and children

Research Methodology:

This is a descriptive research paper, where secondary information produced by different authors and researchers has been used. For obtaining necessary information, various books, journals as well as websites have been explored by the researcher which has been mentioned in the reference section.

Programs that moderate the Effects of Poverty on Children:

poverty can increase children's exposure to a wide array of problems including inferior housing, insufficient food and poor-quality diets, deficient health care, inadequate parenting, and poor-quality childcare, and result in delayed physical, cognitive, and socio emotional growth. This article reviews the effectiveness of several in-kind assistance programs in mitigating the impact of poverty on children. In addition, a number of programs, discussed in the article by Robert Plot nick in this journal issue, attempt to reduce the prevalence of poverty through increased earnings, public cash transfers and tax credits, and private cash support from absent parents. The programs selected for this review comprise only part of a public safety net for children and their families and include large federally funded programs known to have effects on children, either because they are targeted directly to children or because benefits to low-income households with children account for a significant component of program expenditures. In general, the programs selected for review are also those designed to reduce the negative effects of poverty in such fundamental areas as food, Shelter, and health care.

The policy identifies coordinated action based on Seven Scheme:

An area for improving the environment for health:

- The Swachh Bharat Abhiyan
- Balanced, healthy diets and regular exercises.
- Addressing tobacco, alcohol and substance abuse
- Yatri Suraksha preventing deaths due to rail and road traffic accidents
- Nirbhaya Nari action against gender violence
- Reduced stress and improved safety in the work place
- Reducing indoor and outdoor air pollution

The policy also articulates the need for the development of strategies and institutional mechanisms in each of these seven areas, to create Swasth Nagrik Abhiyan –a social movement for health. It recommends setting indicators, their targets as also mechanisms for achievement in each of these areas. The policy recognizes and builds upon preventive and promotive care as an under-recognized reality that has a two-way continuity with curative care, provided by health agencies at same or at higher levels.

Approaches That Benefit the Poor:

Researchers generally agree that effective responses to health disparities can be found in many sectors, including health, education, finance, environment, agriculture, transportation, labor, and other sectors. A range of interventions, if carefully designed, can work toward reducing inequalities in health and health care.

Investing in Education:

Education especially universal primary education helps reduce health inequalities because it enables people to obtain safer, better jobs, have better health literacy, take preventive health care measures, avoid riskier health behaviors, and demand more and better-quality health services.

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The Promoting Health Benefits toward the Poor:

Because the poor tend to use health services less than the rich, public health programs may use "targeting" strategies to direct more benefits toward the poor. These strategies may identify who is poor and therefore eligible for certain benefits or they may direct programs toward certain areas where poorer people live, or address specific health problems that the poor tend to suffer. Programs using multiple approaches may be mosteffective.10 In places where governments charge user fees for public health services, the ability to administer waivers or sliding-scale fees is critical tote success of directing benefits toward the poor.

Promoting Primary and Essential Health Care:

The essential services approach means providing basic package of cost effective health Services to everyone. Though financed by the government, private-sector health providers may deliver the services.

Conclusion:

Support for effective national health systems is critical to shift more responsibility to partner countries to design and implement their health policies and programmers. Capacity building should go beyond the health sector. It requires viewing pro-poor health approaches in a larger context of political and economic restructuring, fiscal policy, administrative reform and the strengthening of participation and democratic systems. All these areas if investments in health and poverty reduction are to be sustainable.

References:

1. WHO (2001), Macroeconomics and Health: Investing in Health for Economic Development, Report of the Commission on Macroeconomics and Health, WHO, Geneva date: 12-10-2018 time:12:00 pm .
2. Ohls, J., and Beebout, H. The Food Stamp Program: Design tradeoffs, policy, and impacts. Washington, DC: Urban Institute Press, 1993, pp -10-15 .
3. Trippe, C., and Sykes, J. Food Stamp Program participation rates: January 1992. Alexandria, VA: U.S. Department of Agriculture, Food and Nutrition Service, Office of Analysis and Evaluation, October 1994, pp- 8-15.
4. Du S. et al. A new stage of the nutrition transition in China. Public Health Nutrition, 2002, 5(1A), 16–17.
5. WHO, "Macroeconomics and Health: Investing in Health for Economic Development," Report of the Commission on Macro economics and Health (Geneva: WHO, 2001). Date: 15-10-2018 time: 11:00 am

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