

## UNDERSTANDING IN WEALTH BASED CHILD HEALTH INEQUALITIES ACROSS INDIAN STATES

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### ABSTRACT

This article utilizes the National Family Health Survey rounds 1-5 data to illustrate an empirical assessment of wealth-related inequality in child health outcome in India. It undertakes a state-level analysis of wealth-group inequities by employing the widely accepted measures of health concentration indices. It finds that the poorer sections of the population suffer with more concentration in respect of child ill-health outcome with varied degree, associated with variation in wealth level and it persists over time with very nominal improvement. The analysis reveals that the degree of child health outcome inequalities escalates with the falling wealth levels of the population in most of the less-wealthier states. States with 'low wealth levels with high levels of health inequalities' understandably need huge public intervention but situation 'high levels of wealth along with high levels of child health inequalities' is not quite clear in wealth based inequality analysis and it might be reduced by improving other socio-economic factors like, educational opportunities, health-related behavior, and access to healthcare resources etc. Those two different groups have different needs and therefore, planning and intervention necessitates an understanding of the sources of inequality to arrive at efficient resource allocation and policy decisions.

**Keywords:** Child Health, Inequality, Wealth Related Inequality, Concentration Curve, Socio-Economic Status.

### I. INTRODUCTION

In India, with consistently high economic progress, the widening socio-economic disparities are posing serious challenges to health sectors. These challenges are related to the issues of growth with equity in health status and healthcare. The straightway macro level health status is measured in terms of life expectancy, mortality rates, fertility rates and many more which varies across different sub-section of population depending on the factors like income, nutrition, sanitation, safe drinking water, social infrastructure, medical care facilities, employment status, poverty, etc. It is revealed (MoHFW, 2022-23) that after a long time there is slight improvement in sex ratio (943 per 1000 persons in 2011 to 1020 in 2021) in comparison to a continuous fall