

Editorial

HEALTH STATUS IN INDIA

Experts generally believe that the level of health status of persons in a nation is a robust reflection of the state of development of the nation. Based on experience and logical thought process, it can be concluded with a fair amount of certainty that a nation with good health tends to be productive and that productivity tends to uplift economic and societal developments. Economic and societal developments, in turn, tend to improve the indicators of health status and quality of life. Void of the befitting and long-term considerations of such interactive process using scientific measures, analysis of indicators of economic development in isolation tends to project false and meaningless statistics (1).

Now, what is health, indeed? Since it is often overcast with too many intellectual and idealistic notions that are not testable under objective norms, it is essential to define health under a norm of minimum objective criteria. World Health Organization defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (2). Despite having an idealized tenet in this definition in providing terms for *a state of complete physical, mental and social well-being*, it is in fact a positive definition and can be structured with a set of health attainment indicators for minimal elements and a set of health attainment indicators for enrichment elements. In other words, indicators for absence of infirmity and disease should be first considered in order to define the health status in a given location. A generally important factor in the consideration of status of health in relation to the overall developmental process is the health among women and children in the total population (3). The merit of this doctrine is easily understood in terms of biological norms of growth potential, and growth succession in children and reproductive energy utilization in women. Under the above-mentioned norms and based on consideration of available indicators of health, it appears that the present state of health in India is poor.

Examination of available data for Indian women reveals very disturbing facts. It has been pointed out that women and men in India have nearly same life expectancy at birth (~60 years), while life expectancy at birth should be typically higher in females; it is indicative of systemic problems with women's health in India (3, 4). There is a deficit of at least 35 million girls and women in this country, and it largely stems from higher mortality

in females than males for every age group up to age 30 (3, 5). 64 women out of 100 cannot cross a BMI of 18.5 kg/m² and more than 50% women suffer from anaemia (4). Studies have revealed that a large section (~90%) of all pregnant women in India suffer from anaemia, and that severe anaemia accounts for 20% of all maternal deaths in India, the maternal mortality rate being at least 450 per 100, 000 live births in women of the age group 15–49 years (3–5). Severe anaemia increases the chance of dying from labour associated blood loss. Low nutritional status, persistent anaemia, high biological energy expenditure from very high reproductive burden (often under the scourge of son-preference) as well as heavy work load on women along with their generally low status in family, lack of prenatal care, poor state of surroundings of mother and place of delivery, and lack of education take toll not only on women's health, but also on infants' health in India (3, 5). Infant mortality rate in India is more than 70 per 1000 (6).

Indian children have among the highest proportions of malnutrition in the world; more than half of all girls and boys under 4 years of age are malnourished as revealed by the lag below 2SD from the expected, international reference values for weight-for-age and height-for-age (4). Also, more than 70% of Indian children are anaemic (4). In a revealing study, it has been observed that there exists a dismal state of nutrition among under-privileged boys and girls surviving on streets, and an overall high incidence of clinically discernible untoward physical status in Indian children (7).

Given the fact that the Indian population is now more than 1 crore with a

sex ratio of 933 females per 1000 males and with 35% of the population being children in the age group of 0–14 years, the above-mentioned figures are threatening. Furthermore, malnutrition in India is prevalent among all segments of the population and it is fittingly associated with a huge number of sufferers from communicable diseases like respiratory infection, malaria, viral hepatitis, cholera, and enteric fever (6). Despite a small but reassuring decrease in fertility rate and an increase in the expectation of life at birth, the facts that about 18 persons out of 100 are not expected to survive beyond age 40 years in a country with a population density of 324 per sq. km. and 1 bed per 1500 persons in rural health care infrastructure (4, 8) speak loudly about the poor status of the health sector in India.

Experts have noted another disturbing point in the modern trends of food and nutrient intake in India. Over last 10 years, the per capita cereal intake and calorie intake have declined, despite the facts that (i) there has been an increase in per capita total expenditure, (ii) per capita food expenditure has not decreased, and (iii) India ranks second position in the global map of highest production of rice, wheat and milk (8, 9). It has been actually observed that non-cereal food items as well as non-food items are increasingly making places in the consumption basket of the poor. This is quite alarming in view of a clear decline in the relative cereal prices. As a result, nearly half of the rural children and rural adult population suffer from malnutrition or energy deficiency. It is possible that decline in the intake of cereal precipitates food poverty (the proportion of households consuming less than the calorie norm) resulting in malnutrition-infection synergy

especially among poor persons in the country (9). Other factors like poor environment, man made and natural calamities, sexually transmittable diseases including AIDS, cruelty against children and women are also increasingly posing threats on an already existent poor health status in India (1, 3, 4, 6). On the face of it, there

is only 3.3% of total plan investment allocated for the health sector in India (6). A nation without comprehensive outlook, plan and proper investment for improving the health of her citizens cannot afford to stand developing. It is now imperative that due importance is given in this respect without further delay.

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