

Disparity in New Born Care Practices Reducing in Uttar Pradesh: Evidences from NFHS and DLHS

Authors : Gudakesh Yadav

Abstract : Uttar Pradesh, which is one of the largest states of India with unequal distribution of resources and different socioeconomic and cultural characteristics, level of different new born health care indicators varies a lot from one district to another district. State shared more than 21 percent of total live births of India; whereas, it accounts for 28 percent of total infant deaths of the country, with the 53 per thousand infant mortality rate. The present paper attempts to examine tempo-spatial changes in new born care practices during NFHS-1 to NFHS-3 and DLHS-2 to DLHS-3 in Uttar Pradesh and different regions. Descriptive statistics, rate-ratios, concentration index, multivariate and decomposition analysis has been used for the study. Findings of the study reveal that new born care practices have improved over the time in the state and across all the regions because of giving more emphasis on vulnerable groups like poor, rural, less educated mothers and scheduled caste & tribes but still it did not achieve the desired successes. Regional analysis of third rounds of DLHS shows that, coverage of institutional delivery was the lowest in the central region. Performance of the southern region was the lowest in terms of initiation of breastfeeding, keeping baby warm and dry after the birth. The study calls for proper follow up of new born children to accelerate new born and child health care service and prioritises increasing antenatal check-ups and institutional delivery, which helps to improve level of other new born care services. At the policy level there is need to reach vulnerable groups like scheduled caste and tribes, poor and uneducated, and new mother especially in rural areas. High focused district should be allocated for better implementation of new born care promotion programme in low performing districts. Partnership with the private sector health professional is necessary to reach the every part of population.

Keywords : decomposition, inequality, initiation of breastfeeding, institutional delivery

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