

## Wealth-Based Inequalities in Child Health: A Micro-Level Analysis of Maharashtra State in India

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**Abstract :** The study examines the degree and magnitude of wealth-based inequalities in child health and its determinants in India. Despite making strides in economic growth, India has failed to secure a better nutritional status for all the children. The country currently faces the double burden of malnutrition as well as the problems of overweight and obesity. Child malnutrition, obesity, unsafe water, sanitation among others are identified as the risk factors for Non-Communicable Diseases (NCDs). Eliminating malnutrition in all its forms will catalyse improved health and economic outcomes. The assessment of the distributive dimension of child health across various segments of the population is essential for effective policy intervention. The study utilises the fourth round of District Level Health Survey for 2012-13 to analyse the inequalities among children in the age group 0-14 years in Maharashtra, a state in the western region of India with a population of 11.24 crores which constitutes 9.3 percent of the total population of India. The study considers the extent of health inequality by state, districts, sector, age-groups, and gender. The z-scores of four child health outcome variables are computed to assess the nutritional status of pre-school and school children using WHO reference. The descriptive statistics, concentration curves, concentration indices, correlation matrix, logistic regression have been used to analyse the data. The results indicate that magnitude of inequality is higher in Maharashtra and child health inequalities manifest primarily among the weaker sections of society. The concentration curves show that there exists a pro-poor inequality in child malnutrition measured by stunting, wasting, underweight, anaemia and a pro-rich overweight inequality. The inequalities in anaemia are observably lower due to the widespread prevalence. Rural areas exhibit a higher incidence of malnutrition, but greater inequality is observed in the urban areas. Overall, the wealth-based inequalities do not vary significantly between age groups. It appears that there is no gender discrimination at the state level. Further, rural-urban differentials in gender show that boys from the rural area and girls living in the urban region experience higher disparities in health. The relative distribution of undernutrition across districts in Maharashtra reveals that malnutrition is rampant and considerable heterogeneity also exists. A negative correlation is established between malnutrition prevalence and human development indicators. The findings of logistic regression analysis reveal that lower economic status of the household is associated with a higher probability of being malnourished. The study recognises household wealth, education of the parent, child gender, and household size as factors significantly related to malnutrition. The results suggest that among the supply-side variables, child-oriented government programmes might be beneficial in tackling nutrition deficit. In order to bridge the health inequality gap, the government needs to target the schemes better and should expand the coverage of services.

**Keywords :** child health, inequality, malnutrition, obesity

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