

# **Disparities in Maternal and Child Health in India Present Scenario and Future Options**

Dr.K.Gangadharan

Head.

School of Development Studies

Kannur University Mob 09446740720

drkgangadharan@gmail.com

## **ABSTRACT**

The six decades of planned development carried out in the country and also the efforts of Millennium Development goals for the last decades has not resulted in a positive and conducive health care development among the marginalized sections in India especially among the Scheduled Caste and Scheduled Tribes. Though the coverage of neonatal, antenatal and post natal care is heading towards a high-level, the pattern has not changed much over the period and the conditions of ST and SC populations are still bleak compared to others. In almost all states that have substantial ST populations, the social gap is quite high. The present paper explores the typical features of healthcare development among SC ST communities and the present scenario of disparities in healthcares development especially in the segment of maternal and child health. To examine the objectives the data were collected from the Task Force Report on the Development of SC and ST, Planning Commission, Government of India, Annual report of The Ministry of Health and Family Welfare, Government of India, NFHS Report III and other published secondary sources on the Maternal and child health development in India. Examining the secondary sources of data, the results revealed that 1) the Maternal and child health status of SC/ST communities are very bleak compared that of other communities in India. 2) The study also reveals that the utilization of Maternal and Child health care services by these communities are also very less and poverty and illiteracy are the basic hurdles in attaining the maximum utilization. 3) The malnutrition and associated health problems are also very severe among the marginalized communities in India. Further discussion has been incorporated in the research paper. The paper also provides options for their healthcare empowerment and the methods for attaining the Millennium Development goals related to Maternal and child health.

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