Understanding wealth based inequalities in child health in India- A national level analysis using a decomposition approach
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Introduction:
India’s child health indicators such as NNMR, IMR, and under 5 mortality rates are declining but still are far away from MDGs. This study attempts to analyse the child health indicators; the extent of inequality in these indicators and further the possible factors which influence the inequality.

Data Sources and Methodology:
Data for the analysis comes from the District Level Health Survey (DLHS-3, 2007-08), a nationally representative data which covers ever married women of age 15-49 (N- 6,43,944) from 34 states and Union Territories of India.

The study attempts to estimate the inequalities in four types of major child mortality outcomes namely still births, neonatal mortality, infant mortality and child mortality (child less than 2 years old) by calculating the concentration index (CI) using the wealth score. The concentration index of the neonatal mortality and infant mortality has been analysed using a regression-based decomposition approach to arrive at the percentage contribution of the various determinants to the total inequality.

Results:
1. The analysis show that during the four year recall period (2004-08) there were 2,84,075 live-births, about 12,100 child deaths and about 3822 stillbirths. While the estimates of mortality are lower than national survey figures, they show that the percentage of neonatal deaths to infant deaths was 67%, which is line with other survey findings.
2. The CI results indicate that the inequality in mortality increases as we go from still birth (-0.135) to neonatal mortality (-0.158), with the highest level of inequality seen for infant mortality (-0.173) and mortality of child less than 2 years (-0.175).
3. The decomposition of CI for neonatal mortality (NM) and infant mortality (IM) showed that the major contributions to inequality for both the cases come from inequality in the use of safe sanitation facilities (NM-38%, IM-32%) followed by maternal education (NM-29%, IM-30%) followed closely by the wealth score itself (NM-23%,IM-26%).

Conclusion:
The majority of infant deaths happened during the neonatal period which needs special attention to improve child survival. There is persistent inequality in the still birth and child mortality indicators which point to the need for improving access to antenatal and child health care for the poor. The decomposition analysis indicates the need to focus on increased availability of safe sanitation facilities and improving the level of maternal education to address inequalities in child health.

Keywords: Child Health, Decomposition Analysis, Infant Mortality, India