Extended Abstract:

India is a signatory to UN's "Health for All" and it is committed to address the wide disparities in various dimensions of health such as incidence of diseases, disability, death, care seeking behaviour, diagnosis and treatment. Individual's age, economic status, ethnicity, caste, gender etc could lead such inequality in health. Among all these domains caste and economic status of the individual plays a significant role. Social stratification system determines the living condition, privileges, obligations and other cultural practices surrounding the life of a person which in turn affects their perception regarding health, knowledge of health care and accessibility of health care practices. Caste is also likely to influence the health behaviour of individuals. Caste differences may lead to disparities in accessibility, utilization and quality of health care services particularly in rural communities. Evidence from various studies suggests that not only caste results in poorer health status and negative health outcomes but economic status of the household which also greatly influences the utilisation of health care services.

Thus the poorer and the socially weaker sections of the society are at disadvantage condition in utilization of health care services and nutritional status. Although a large number of primary health centres and sub centres has been created in order to reach out the marginalised group and bridge the gap between the social groups and the rich and before as a part of government's 'Health for All' programme, most of the states in India still are far away from this goal. This paper attempts to examine the extent of inequalities of health and nutrition in the newly formed states of Uttarakhand, Jharkhand and Chhattisgarh with a special focus to social and economic groups. Further, it also assess the net effect of these groups on health and nutrition after controlling for other socio economic and other demographic characteristics of the individual.

Objective:

1. To examine the extent of differential in health and nutritional indicators by social groups
2. To examine the extent of economic differentiation in health and nutritional indicators.

Data Source:

This study uses the data from National Family Health Survey-3, a large scale sample survey that was carried out by International Institute for Population Sciences (IIPS) under the aegis of the Government of India; The NFHS-3 covered a sample of over 109,041 sample households, 124,385 women age 15-49. It provides estimates for the country as a whole and all the 29 states. The survey was conducted with the primary objective of providing reliable and comparable   estimates of fertility, infant mortality, contraceptive use , reproductive health, family size etc. for different states of India.

Apart from this, it also gives data on basic socio economic characteristics of household and women. The survey also provides information on social groups   namely, Scheduled castes (SC), Scheduled tribes (ST), Other backward classes (OBC) and Others.

Methodology:

The following indicators of the health and nutrition are examined in the present paper.

Full immunization, Under weight, Anemia, Full ANC, Safe Delivery

Bivariate analysis is used to carry out the extent of differential in health and nutritional indicators among the individuals belonging to different caste and income groups.

Besides **logistic regression** analysis is used to assess the influence of certain variables on the probability of occurrence of an event. 3 sets of separate logistic regression have been carried out for each of the health and nutritional indicator for women and child.

Findings and conclusion:

It found that there is greater inequality in   these health and nutritional indicators by distribution of wealth and by different social groups. Instead of Caste and wealth certain other factors also contributing to this such as   educational level of women, age of the women , Religion , Birth Order etc. In all the Indicators   ST's are lagging behind followed by SC's and General. The level of immunization, ANC and safe deliveries, the three main components of RCH services and also other nutritional indicators   varies directly with the wealth index in both the states of Jharkhand and Chhattisgarh whereas in Uttarakhand it is the poorer quintile who are lagging behind in all three RCH indicators . The results of logistic regression shows that caste is   not a significant predictor except for anemia of women. Where as Wealth   index has a significant predictor in many

indicators. Though inequality persist in all indicators both by caste and distribution of wealth, the extent of inequality is relatively higher for ANC and safe delivery as compared to other indicators for all the three states.. The implication is that more programmatic stress should be given to improve ANC and safe delivery for poorer section and also for the backward sections of the society.

Some Implications:

Some of the implications of our analyses can be stated as follows.

1. There is a greater disparity in the health and nutritional indicators by Caste and the economic status of the women. So there is a greater need to focus on the weaker and disadvantaged section of the society in the health care matter.

2. The more programmatic stress should be given to improve ANC and safe

delivery for poorer section of the society.

3. Besides more research is required to find out the reasons of not utilizing public health services.