

## **SESSION 6.1 (SOCIAL SECTOR INNOVATIONS: HEALTH/EDUCATION)**

### **Health for All (SDG 3) by 2030: An Indian Perspective**

T.C.James

### **Improving Health Practices for Achieving MDG: A Study on Role of Media and Communication in India**

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**Abstract:** Communication is an important means and mediating factor in empowering communities on their health and nutrition entitlements. By keeping a dialogue between the community and other key stakeholders, interpersonal communication processes can empower the vulnerable groups in terms of providing information and knowledge. Thus, the study tries to assess the interpersonal communication campaign factors that determined a positive change in the knowledge, attitude, behavior. But the research question is how communications campaign has become effective for promoting Mother and Child Health practices/behaviours among the disadvantaged communities in rural areas. This paper is based on empirical study conducted in six states from different regional parts of the country to understand influential and the probability factor due to intrapersonal communication in terms of measuring changes in knowledge and attitude. ANOVA & Co-relation result shows that publicity campaign in terms of interpersonal and oral mode has made a significant impact on awareness generation on breastfeeding, institutional deliveries, and family planning. But the peculiarities of cultural, linguistic, regional and even semiotic differences further complicated the problem understanding the message delivered under these schemes since the point for legitimacy and acceptance of new behaviours. Hence, behaviour change through interpersonal communication attempts to create an environment where positive behaviour change is acceptable.

# **Inequalities in the Utilization of Maternal Healthcare Services among the women of different Caste Groups and its Determinants: a Special Focus on Scheduled Tribes**

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**Abstract:** The paper focuses on the extent of inter and intra-group inequalities in utilization of maternal healthcare services among the women of socially stratified groups. Using the unit level data from National Family Health Survey 2005-06, the paper finds striking inequality within scheduled tribe (ST) women and low-inter caste inequality. In addition, we apply logistic regression to identify the determinants of the utilization of maternal healthcare services among ST and the other social groups. The cultural exclusivity of the North-Eastern tribal women acts as a huge barrier in the usage of the maternal healthcare facilities. The results of this analysis succinctly points out that while across-the board support policies of the government have failed to adequately redress the within group inequalities among the most vulnerable social group. However inequalities between the groups do not appear to be strong, thus challenging many myths of politics and social justice in the subcontinent.

## **Turnaround in Maternal and Child Healthcare of India: Role of Institutional Innovation and ASHA**

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**Abstract:** This paper examines the impact of institutional innovation in health care delivery system on the use of health care in India. With the launch of National Rural Health Mission (NRHM) and National Health Mission (NHM) the approach to health care delivery has changed from a top down model to bottom up and participatory system. The appointment of Accredited Social Health Activists (ASHA) and formation of Village Health, Sanitation and Nutrition Committee (VHSNCs) and Rogi Kalyan Samities (RKS) have helped bring a behavioural change among the rural health care users. The circular flow of information between the health practitioners (innovators) and users (rural

women and child) through ASHA, Anganwadi workers and ANM have facilitated interactive learning and further innovation in health care delivery system. The new institutional arrangement for healthcare provisioning has brought a turnaround in the health care use by the rural households. After the implementation of NRHM the rate of increase in institutional delivery and reduction in IMR and MMR has been substantially higher than the pre NRHM period. Thus, the paper concludes that the innovation in health delivery system has brought in a turnaround in the maternal and child health care of India.

## **Institutional Bearing on Determinants of Participation and Choice of Institutions in Higher Education: Evidence from in India**

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**Abstract:** The goal of equity, expansion and excellence in higher education in India is perfectly in keeping with the United Nation's resolution on Sustainable Development goal (2015) which aims at, among other things, 'a world with universal literacy, and equitable and universal access to quality education at all levels'. Towards this goal, institutional innovation in terms of education policies has been evolving ever since the independence of the country. Recently, the eleventh five year plan (2007-2012) increased the allocation for higher education by nine fold owing to the growing demand for tertiary education, despite high rate of graduate unemployment in India. Besides, the government is promoting an innovative policy of public-private partnership in higher education leading to an expansion of colleges including innovation universities, mostly in the private sector catering to professional/technical courses. This, however, has created a vast divide between technical and non-technical streams of education as well as raised the question of equity in access in the wake of greater private participation and the possible gradual exit of government from higher education sector. This is more so with the government promoting education loans in lieu of subsidised higher education.

This calls for a revisit into the determinants of participation in higher education in the light of labour market outcomes and a quest into the determinants of choice of higher education institutions, whether public or private. Using Logit model, the study first looks into the determinants of participation in higher education controlling for labour market conditions, college proximity and geographical characteristics, which are at the same time treated as three sources of omitted variable bias and thereby correcting for endogeneity problem. Further, using multinomial logit model, the study analyses the determinants of choice of institutions, whether public or private, in higher education.

The study uses the National Sample Survey (NSS) data on Social Consumption: Education 2014, which is a nationally representative data on household and individual level information on family education status, current participation status with details on type of institution, expenditure on education and household consumption expenditure.

The results show that demographic and geographic/regional characteristics i.e. rural-urban difference, labour market conditions and college proximity have a significant influence on the participation decisions of individuals regarding higher education. Analysing the choice of institutions it is found that there is significant negative participation in private aided and unaided institutions compared to public institutions in the case of females, lower income quintiles, and Socio-religious categories (SRC), especially scheduled tribes, scheduled castes and Muslims. The study finds its relevance in that it brings out the fact that even when the socially and economically disadvantaged groups and females in general are less likely to participate in higher education, they show greater preference for public higher education institutions, reiterating the role of government in ensuring equity through innovation at the policy level to establish inclusive institutions to enhance access to higher education for the marginalised and vulnerable groups.