

INTERNATIONAL JOURNAL FOR LEGAL RESEARCH & ANALYSIS (ISSN2582-6433)

VOLUME 2 ISSUE 5
(MARCH 2022)

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Website –

www.ijlra.com



IJLRA

INTERNATIONAL JOURNAL
FOR LEGAL RESEARCH & ANALYSIS

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INTERNATIONALJOURNALFORLEGALRESEARCH&ANALYSIS
SISSN

2582-6433 welcomes contributions from all legal branches, as long as the work is original, unpublished and is in consonance with the submission guidelines.



**RESEARCH PAPER ON
EFFECTS OF POVERTY ON HEALTHCARE OF WOMEN
AND CHILDREN.**

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ACKNOWLEDGEMENT

I would like to acknowledge Dr.Kavitha Shinde is for her remarkable guidance throughout the process of research being conducted for the purpose of this paper. I would like to thank the college institution Symbiosis Law School, Hyderabad for providing me this remarkable opportunity.

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SELECTION OF TOPIC

I have chosen the topic “Effect of Poverty on Healthcare of Women and Children” because it is one of the most important issues during the present. As many people live below poverty line in India by this research, I want to understand the areas where poverty effects healthcare even after the government providing free healthcare.

INTRODUCTION

Healthcare is one of the basic requirements for a human. This healthcare has a very important role to play in making the future of the nation. Healthcare system consists of hospitals, medicines, doctors, nurses, medical equipment etc. In a developing country like India healthcare should be its main aim but due to certain budget issues the spending made by the government is barely minimum. India spends 1.3% of its GDP on healthcare, much lower than the global average of 6%. With a population of one billion and such a small amount of health budget it is merely impossible to sustain a good healthcare system. In the upcoming future it is barely going to change as according to the National Health Policy, 2017 the government is going to allocate about 2.5% of GDP to the health budget. Even this is barely not enough to sustain health infrastructure of a country with about 1.3 billion people. The total health expenditure including the private sector is 3.9% of the GDP. Out of the total expenditure about one third expenditure is made by the public sector. This is a very low percentage compared to the Brazil where the government makes 46% of the health expenditure, even in China the government spends 56% of the health expenditure¹.

Poverty is a state of having very little or less income. As per the world bank data² around 22% of the Indians live below the poverty line and there are many who are above the poverty line but have bare minimum income to sustain their lives. As per the report of the world bank the poor people in India spend 6% of their total income on Education and Health together. It is very sad to see that the people who need the support of the healthcare the most have the least amount of spending on it. This poverty is leading them to more diseases due to living in unhygienic conditions and working in terrible environments, ultimately, they fall sick and have no money to get a good

¹Who Is Paying for India's Healthcare? , Nivedita Rao, the Wire, April 14 2018, <https://thewire.in/health/who-is-paying-for-indias-healthcare> .

²THE WORLD BANK, <https://www.worldbank.org/en/news/infographic/2016/05/27/india-s-poverty-profile> , MAY 27 2016.

treatment and has to suffer or die.

India is a country where most of the people live below the poverty line and the healthcare infrastructure is not upto the standards available to these people living below the poverty line. Health and poverty are inseparably knotted. India is a growing nation and women and children need the utmost attention for the future generation to prosper. In India most of the males don't have much influence over their children as most them are busy working to earn money for their families. Women on the other hand, raise the children along with working in a job or business or farming etc. We can say that women and children health are interlinked. Thus, poverty and health are taking a toll on the women and children living below the poverty line.

LITERATURE REVIEW

In the research paper "Impact of poverty on women health"³ written by May Cohen, it has been explained in detail about the factors and the reasons for poor health condition of the women living in poverty. Men and women both suffer under poverty and both of them get suffer from health issue but, in this paper, Dr. May Cohen had also referred on the factors as to how the poverty is affecting women's health more than men. One of the factors is "Feminisation of poverty" in this research with the help of government data of Canada the author explains that majority of the people under the poverty are women not men. She also explains that even if the "Feminisation of poverty" is an old problem but as per a recent article⁴ due to increase of independent living women, either by their choice or necessity, women's poverty is more visible. She also shows the factors as to how the women are less paid for the equal work and even the average salaries of women are not near to the average salary to that of the men. The author also gives the information that even though the country might be having a high average life span, the people especially the women living in lower socioeconomic groups exercise lesser lifespan and even die very early. The author also with the help of article explain that poverty has to be reduced to improve the health of the women living under the poverty. The poor people are in unfair practises of smoking and spend very less on healthcare but, the author is of the opinion that rather than blaming the society there

³ MAY COHEN, Impact of poverty on women's health,

⁴ Harman L. The feminization of poverty. Can Woman Stud 1992;12(4):6-10.

should be an alternative development to help them in achieving good health and also to take them out of poverty. On the part of the children the author explains that is natural for a child born in poverty to have a smaller lifespan. The children's health is linked to their mother, if the mother is sick a child is sick. The author wants the physicians to have a deep watch over the children as they may be carrying intergenerational diseases. The failure of the government to support the childcare to the poor people and lack of adequate child subsidised scheme are the major reasons for child health issues. At the end the author concludes that we must recognise the women and children, especially who are poor as our society and help them out of their problems by way of schemes, welfare etc.

In the research paper "Child Health and Development: A Longitudinal Perspective Conceptual Model" written by Keng-Yen Huang, Jean-Marie Bruzzese, Katelyn Kane and Sabrina Cheng, it is found by the authors that about 10 to 40% of the children are suffering from chronic or physical illness. The authors have reviewed the approaches that has been used to understand child health before and then they have made a conceptual model of on the basis of contextual and ecological perspective. In their research they have reviewed the general health approach, the disease approach and the categorical approach. As per the authors each of the approaches specify a particular part in detail but does not give a clear overview about the totality of the subject matter. The authors propose their own "The Development Child Health Model" which is almost gives a better overview of the subject.

IMPORTANCE OF THE TOPIC

Health is one of the most important aspects for a country. A health population can only show a sustained growth. A population suffering from diseases can never be productive. So, it is very important for a country to ensure that all its citizen live a healthy life and promote the growth of the nation. In the case of India 'one out of every five citizen is poor'⁵ and has no or minor healthcare services available to them. The data shown above is of 2016 and due to the on set of Covid pandemic a large portion of the population has

⁵ THE WORLD BANK, <https://www.worldbank.org/en/news/infographic/2016/05/27/india-s-poverty-profile>, MAY 27 2016.

again become poor. As per the article of The Print⁶, "Covid shrunk India's middle class by 32 million, pushed 75 million into poverty in 2020: Pew⁷", it can be clearly seen that the conditions of the poverty and health has deteriorated. Due to the high cost of medical expenditure about 7% of the population is pushed below the poverty line every year⁸. There is a need to write about the poverty and health of women and children, who are going to suffer the most due to this worsening condition. Thus, due to these deteriorated conditions of health and poverty this topic needs to be discussed and researched upon widely so that we can pull out the people who went back to poverty and lost good healthcare services during pandemic can be pulled back along with those who haven't got any help till now.

AIMS AND OBJECTIVES

These are the following aims and objectives for formulating this research paper:

1. To understand how poverty and healthcare are interlinked.
2. To study the impact of poverty on health of women and children.
3. To understand what are the reasons for poor healthcare in India even though there are government subsidies on health for the poor.
4. To suggest the ways to reduce the impact of poverty on healthcare.

HYPOTHESIS

Poverty has an adverse impact on the health of the women and children. Even though poverty effects everyone but women and children health are impacted most by poverty. It can be said that in any country poverty should not have any effect on the healthcare system. In India the public sector spends only 30% of the healthcare expenditure which means that 70% of the healthcare expenditure is made by consumers. In most of the developing countries the government spends the maximum on healthcare rather than private sector. The private sector treatment is very costly which is not available to the poverty ridden people. The government of India allocates 1.9% of the GDP to the

⁶ Covid shrunk India's middle class by 32 million, pushed 75 million into poverty in 2020: Pew, Kairvy Grewal, March 19 2021, <https://theprint.in/india/covid-shrunk-indias-middle-class-by-32-million-pushed-75-million-into-poverty-in-2020-pew/624544/>.

⁷ The Pandemic Stalls Growth in the Global Middle Class, Pushes Poverty Up Sharply, RAKESH KOCHHAR, March 18 2021, <https://www.pewresearch.org/global/2021/03/18/the-pandemic-stalls-growth-in-the-global-middle-class-pushes-poverty-up-sharply/>.

⁸ Who Is Paying for India's Healthcare? , Nivedita Rao, the Wire, April 14 2018, <https://thewire.in/health/who-is-paying-for-indias-healthcare>.

healthcare budget which is lower than 6% of the international average of 6% of GDP. As per the data it is evident that there needs to be at least 6% of GDP allocated to the healthcare budget of the government and 60% of the healthcare expenditure of the total India should be made by the government of India. With the rise in budget allocation the government needs to setup the hospitals and clinics to the interior parts of India, which are the rural areas. There should be a focus to on prevention and early checking of the diseases in the patients which will lead to less specialised treatment and save money of the consumers. Indeed, it can be expected that if the government expenditure and budget allocation on healthcare reaches the global standards, most of the health problems of women and children under poverty can be almost eliminated.

RESEARCH METHODOLOGY

The paper has been written using the doctrinal method of research by incorporating articles, research papers and books. Online blogs, news articles and journals have also been used in drafting this research paper. All the information used here has been provided with the credits to the source author.

AREA OF STUDY

The area of study for this research paper is limited to India but some sources are used of other countries which have explained the common problems of health and poverty with an universal explanation.

RESEARCH DESIGN

The paper uses analytical and descriptive as its research design. This paper tries to use data from journals, articles, newspaper, research papers etc to explain the reasons of poverty effecting the healthcare of women and children and explaining the ways to solve the healthcare problems of women and children in poverty. There is also a survey conducted by means of questionnaire. The results of the survey show what the general public think of how poverty affects the healthcare. By using the information collected the paper tries to describe and address the issue.

SAMPLING PROCEDURE

The sampling size has been confined to 12 members which includes the students of the institution.

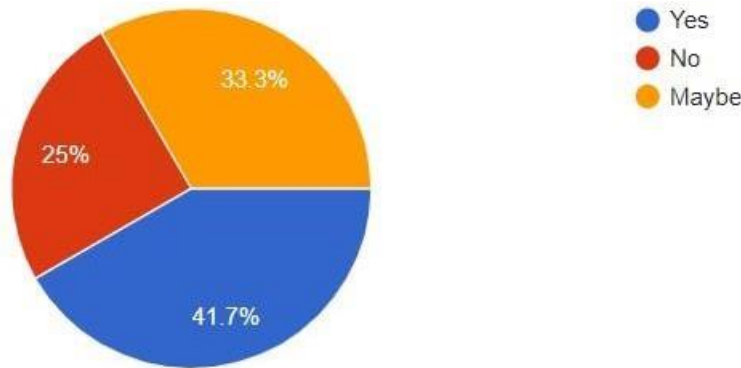
DATA COLLECTION

In this research paper both primary and secondary data collection method has been used. The required information is collected through a questionnaire, which was sent through google forms. Data has been collected from the articles of prominentwriters, journals and books. Other useful data has been collected through genuine sites and blogs which have been written by professional of the specific fields.

DATA ANALYSIS

The details and info have been collected; the data has been analysed by using statistical procedures. The interpretation is done manually and by means of computer.

1. Is poverty the main reason for healthcare problems?

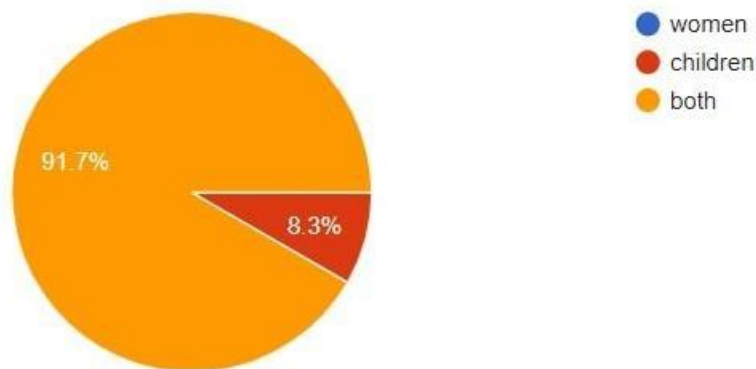


Sr. No.	Response	No of Respondents	Percentage %
1.	Yes	5	41.7%
2.	No	3	25%
3.	Maybe	4	33.3%
	Total	12	100%

According to this table, 41.7% of the respondents feel poverty is the main reason of healthcare problems, 25% of the respondents feel poverty is not the main reason for healthcare problems, 33.3% of the respondents feel poverty may be having effect on

health care problems.

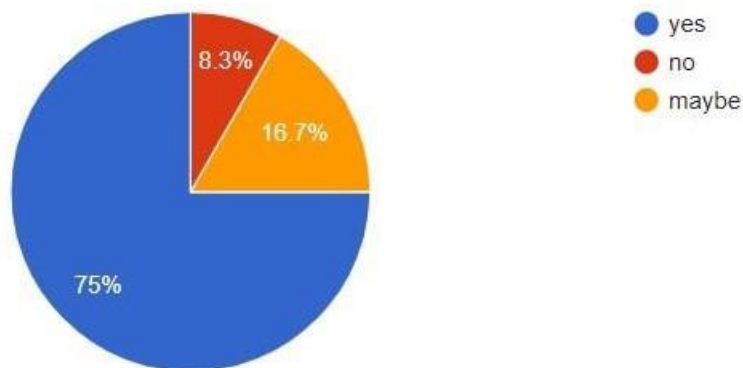
2. Who among the following suffers health issue the most due to poverty?



Sr. No.	Response	No of Respondents	Percentage %
1.	Women	0	0%
2.	Children	1	8.3%
3.	Both	11	91.7%
	Total	12	100%

According to this table, 0% of the respondents feel that poverty has most effect on women, 8.3% of respondents feel poverty has most effect on healthcare of children, 91.7% of the respondents feel both women and children suffer equal healthcare problems due to poverty.

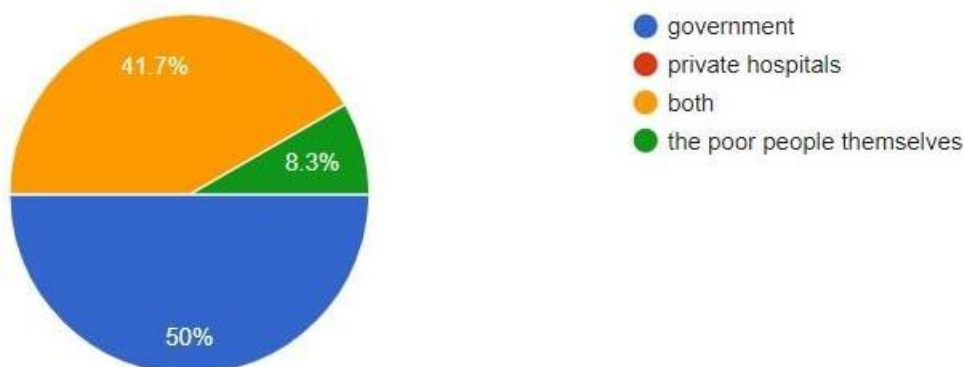
3. Should the government increase health budget and expenditure to tackle the issue of healthcare?



Sr. No.	Response	No of Respondents	Percentage %
1.	Yes	9	75%
2.	No	1	8.3%
3.	Maybe	2	16.7%
	Total	12	100%

According to this table, 75% of the respondents feel that government should increase budget and expenditure on healthcare to tackle healthcare issues, 8.3% of the respondents feel that government should not increase budget and expenditure to tackle healthcare issues, 16.7% of the respondents feel that government in increasing budget and expenditure on healthcare may be have an effect on tackling health issues.

4. Who is most responsible for poor healthcare of the people under poverty?



Sr. No.	Response	No of Respondents	Percentage %
1.	Government	6	50%
2.	Private hospitals	0	0%
3.	Both above	5	41.7%
4.	The poor people themselves	1	8.3%
	Total	12	100%

According to the table, 50% of the respondents feel that government is most responsible for the poor healthcare of the people under poverty, 0% of the respondents feel that private hospitals are responsible for the poor healthcare of people under poverty, 41.7% of the respondents feel that both government and private hospitals are responsible for the poor healthcare of people under poverty, 8.3% of the respondents feel that the poor people themselves are responsible for the poor healthcare of them.

CONCLUSION

The information received by the questionnaire circulated, it has been found that most of the people believe that the poverty is not the main reason for poor healthcare. The study

shows that both women and children are equally affected by the poor healthcare due to poverty. The government should increase its budget and spending on the healthcare system to tackle the bad health of poor people. Both the government and private hospitals are responsible for the bad healthcare of poor people in India. With this study we can accept that money is no the factor for poor healthcare of the people under poverty rather the premium prices charged by private hospitals and low budget and expenditure on healthcare by the government is a major factor for the bad healthcare of poor people in India.

REPORT WRITING

After analysing all the details obtained from the sources and surveys, it has been found that poverty is not the main reason of poverty in India. It is the high cost of healthcare facilities which makes it difficult for the poor people to spend on their healthcare. The government of India allocates less amount of money compared to the global standards. The expenditure on healthcare in India is made 70% by the consumer, who are the common citizen and only 30% expenditure is made by the government. As, it has been observed that global standards show that a government should spend at least 50% on the total health expenditure of the country. Thus, it can be seen that the government knows that it needs to spend more on the healthcare for which it has planned to spend 2.5% of GDP on health by 2025 but more effort from the government is needed to improve the budget allocation of healthcare facilities.

REFERENCES

1. Who Is Paying for India's Healthcare? Nivedita Rao, the Wire, April 14 2018, <https://thewire.in/health/who-is-paying-for-indias-healthcare> .
2. THE WORLD BANK, <https://www.worldbank.org/en/news/infographic/2016/05/27/india-s-poverty-profile>, MAY 27 2016.
3. MAY COHEN, Impact of poverty on women's health.
4. Harman L. The feminization of poverty. *Can Woman Stud* 1992;12(4):6-10.
5. Covid shrunk India's middle class by 32 million, pushed 75 million into poverty in 2020: Pew, Kairvy Grewal, March 19 2021, <https://theprint.in/india/covid->

[shrunken-indias-middle-class-by-32-million-pushed-75-million-into-poverty-in-2020-pew/624544/](https://www.pewresearch.org/global/2021/03/18/the-pandemic-stalls-growth-in-the-global-middle-class-pushes-poverty-up-sharply/).

6. The Pandemic Stalls Growth in the Global Middle Class, Pushes Poverty Up Sharply, RAKESH KOCHHAR, March 18 2021, <https://www.pewresearch.org/global/2021/03/18/the-pandemic-stalls-growth-in-the-global-middle-class-pushes-poverty-up-sharply/>.
7. Who Is Paying for India's Healthcare? , Nivedita Rao, the Wire, April 14 2018, <https://thewire.in/health/who-is-paying-for-indias-healthcare>.