Healthcare Inequalities Among Women and Children in Yadgir: An Evidence-Based Study

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Abstract

Healthcare inequality remains a critical challenge in India, particularly in rural and economically disadvantaged regions like Yadgir district in Karnataka. Despite various policy interventions and healthcare programs, maternal and child health disparities persist, exacerbated by inadequate healthcare infrastructure, poverty, illiteracy, and gender norms. This study examines healthcare inequalities among women and children in Yadgir, focusing on key indicators such as anemia prevalence among pregnant women, institutional deliveries, child malnutrition, and immunization coverage. Using secondary data from sources like the National Family Health Survey (NFHS), Census, and District Health Reports, the study highlights significant gaps in healthcare access and quality. The findings indicate that high anemia prevalence, low birth weight, poor immunization coverage, and malnutrition continue to affect maternal and child health outcomes. Despite the implementation of initiatives like Anemia Mukt Bharat and Janani Suraksha Yojana (JSY), infrastructural and socio-cultural barriers limit their effectiveness. The study underscores the urgent need for targeted policy interventions, improved healthcare accessibility, and community awareness programs to bridge these disparities. Addressing these challenges is essential for achieving equitable healthcare and improving the overall well-being of women and children in Yadgir district.

Key words: Healthcare, inequality, Anaemia,

Introduction:

Healthcare inequality remains a pressing issue in India, particularly in rural and underdeveloped regions such as Yadgir district in Karnataka. Despite numerous policy interventions and healthcare programs aimed at improving maternal and child health, significant disparities persist, affecting the well-being of women and children. Yadgir, one of the most socioeconomically disadvantaged districts in Karnataka, faces multiple health challenges, including inadequate healthcare infrastructure, high maternal and infant mortality rates, malnutrition, and poor access to essential medical services. These disparities are further exacerbated by poverty, illiteracy, gender norms, and limited awareness regarding maternal and child healthcare practices. Women and children are the most vulnerable groups affected by these healthcare inequities. Maternal health indicators such as antenatal care coverage, institutional deliveries, and postnatal care remain below national and state averages, leading to poor maternal health outcomes.

Similarly, child health indicators such as immunization coverage, nutritional status, and infant mortality rates reflect deep-rooted healthcare disparities. Malnutrition, a major concern in Yadgir, continues to hinder child development, with high levels of stunting and wasting among children under five. Additionally, preventable diseases such as diarrhoea and respiratory infections remain leading causes of child mortality due to inadequate healthcare access and poor sanitation facilities. The existing healthcare system in Yadgir struggles to meet the needs of women and children, primarily due to the shortage of healthcare professionals, lack of well-equipped medical facilities, and inefficient implementation of government programs. Although initiatives such as the National Health Mission (NHM) and Janani Suraksha Yojana (JSY) have been introduced to improve maternal and child health, their impact remains limited due to infrastructural constraints and social barriers. Furthermore, financial constraints prevent many families from seeking timely medical care, leading to adverse health outcomes.

This study aims to analyze the extent of healthcare inequalities among women and children in Yadgir district, using an evidence-based approach. By examining key health indicators, socio-economic determinants, and accessibility issues, this research seeks to highlight the gaps in the current healthcare system. Additionally, it will explore policy measures and strategic interventions that could bridge these gaps and ensure equitable healthcare access for all. Addressing healthcare disparities in Yadgir is crucial for achieving broader health equity goals and improving the overall well-being of women and children in the region.

Objectives of the study:

- To analyze the prevalence, causes, and impact of anemia among pregnant women in Yadgir district and assess healthcare interventions addressing this issue.
- To assess the availability and accessibility of maternal and child healthcare services in Yadgir district.
- To assess the prevalence, causes, and health implications of low birth weight (LBW) among newborns in Yadgir district and evaluate healthcare interventions addressing this issue.
- To assess the effectiveness of government interventions such as the Anemia Mukt Bharat initiative and other maternal health schemes in reducing anemia prevalence.

Methodology:

The research paper is based on secondary data. The data is taken from mission anthyodaya database and National Family Health Survey (NFHS), Census, and District Health Reports. different research report, websites, research papers, magazines, and author books.

Review of Literature:

Banerjee and Duflo (2011), India's rural health care system has challenges due to inadequate medical staffing, poor infrastructure, and restricted access to necessary medications. High rates of maternal and infant mortality result from these inequities, which disproportionately impact women and children. Sen and Dreze (2013) contend that in rural India, socioeconomic issues like gender bias, poverty, and illiteracy limit access to healthcare services. Timely medical care is frequently hindered by the financial strain on impoverished households. National Family Health Survey (NFHS-5, 2021), more over 50% of pregnant women in Yadgir suffer from iron deficiency, making anaemia prevalence a serious problem. According to the study, problems with accessibility and awareness have contributed to the poor success of government initiatives like Anaemia Mukt Bharat. Sharma and Kumar (2020) evaluate the impact of Janani Suraksha Yojana (JSY) in rural Karnataka. While institutional deliveries have increased, postnatal care remains inadequate due to infrastructure limitations. Gupta and Baru (2017). The lack of qualified healthcare workers in rural areas, such as Yadgir, is highlighted by The accessibility and quality of healthcare services for mothers and children are impacted by this disparity. Das and Mohanty (2016) talk about how gender prejudices and cultural norms restrict women's freedom to seek medical care. Women in Yadgir are frequently denied access to necessary maternity health services due to patriarchal customs. Women often wait to seek medical care because they need permission from male family members to enter medical facilities. Women's access to essential care is further restricted by social norms that frequently prohibit them from having candid conversations about reproductive health. Due to traditional beliefs, many people prefer home births, which lowers the chance of institutional deliveries. Women's lower literacy rates also make it more difficult for them to comprehend their rights and the resources available to them in the area of maternal health. Some women also refrain from using prenatal and postnatal care services out of fear of social criticism. To overcome these obstacles, specific community awareness campaigns, empowerment projects. The potential of telemedicine to overcome healthcare gaps in rural India is examined by Bhatia (2021). Although Yadgir's inadequate internet infrastructure continues to be a problem, the research indicates that digital healthcare solutions could increase access. Reddy (2020) draw attention to the low vaccination rates in Karnataka's impoverished districts, highlighting important obstacles such vaccine reluctance and logistical difficulties. Poor vaccination coverage is a result of a number of factors, including a lack of awareness, supply chain problems, and limited healthcare infrastructure. Further impeding immunization attempts are cultural attitudes and mistrust of medical interventions. Disparities in child health are exacerbated by these issues, which disproportionately impact underprivileged groups. Enhancing healthcare delivery, community involvement, and focused awareness initiatives are necessary to address these problems. Improving immunization programs in these districts is essential to lowering avoidable disease rates and improving child health outcomes, both of which would improve Karnataka's public health in the long run. UNICEF (2020), Yadgir and other rural Karnataka areas have

startlingly high rates of stunting and wasting. Although there are implementation issues, the paper highlights the importance of Integrated Child Development Services (ICDS) in combating malnutrition.

Healthcare Inequalities in Karnataka:

Yadgir district in Karnataka faces significant healthcare inequalities, making it one of the most underprivileged regions in the state. The district struggles with inadequate healthcare infrastructure, a shortage of medical professionals, and limited access to quality health services, particularly in rural and remote areas. These challenges disproportionately affect vulnerable populations, especially women and children, whose health indicators are among the worst in the state.

Maternal and child healthcare in Yadgir is a major concern, with high rates of maternal mortality, infant mortality, and malnutrition. Many women lack access to proper antenatal and postnatal care, leading to pregnancy-related complications and poor maternal health outcomes. Institutional deliveries remain low due to the unavailability of well-equipped healthcare centers and trained medical personnel. Additionally, the prevalence of anemia among women and adolescent girls is alarmingly high, further exacerbating health risks.

Children in Yadgir also face severe health challenges, including malnutrition, stunted growth, and susceptibility to preventable diseases due to poor immunization coverage and inadequate sanitation facilities. Many children suffer from infections and waterborne diseases due to a lack of clean drinking water and poor hygiene practices. Moreover, the absence of specialized pediatric care and nutritional support programs worsens their health conditions.

The lack of awareness about healthcare services and socio-economic factors such as poverty and illiteracy further deepen the health crisis in Yadgir. While government schemes and initiatives aim to improve healthcare access, their reach and effectiveness remain limited. Addressing these healthcare disparities requires urgent attention, increased investment in medical infrastructure, and enhanced public health initiatives to ensure equitable access to quality healthcare services for all residents of Yadgir.

Importance of Addressing Healthcare Inequalities in Yadgir District

Addressing healthcare inequalities in Yadgir is crucial for improving the overall well-being and socio-economic development of the district. Healthcare is a fundamental right, and ensuring access to quality medical services can bring multiple benefits to individuals, families, and communities.

1. **Reduction in Maternal and Infant Mortality:** Improving maternal and child healthcare services can significantly reduce maternal deaths and infant mortality rates. Access to skilled birth attendants,

prenatal and postnatal care, and emergency medical services can ensure safer childbirth and healthier newborns.

2. **Improved Child Nutrition and Growth:** Malnutrition is a major issue in Yadgir, leading to stunted growth and developmental problems among children. Strengthening nutrition programs, ensuring access to clean drinking water, and promoting proper sanitation can enhance children's overall health, cognitive development, and future productivity.

3. **Better Economic Productivity:** A healthy population contributes to a stronger workforce. When people are healthier, they can work more efficiently, leading to increased income levels and economic development in the district. Healthcare investments can break the cycle of poverty and improve living standards.

4. **Empowerment of Women:** Providing adequate healthcare services, including reproductive health and maternal care, empowers women by improving their overall health, reducing risks during childbirth, and allowing them to participate more actively in education and employment.

5. **Prevention of Diseases and Reduced Healthcare Burden:** Strengthening preventive healthcare services, such as immunization programs, awareness campaigns, and sanitation improvements, can reduce the prevalence of communicable and non-communicable diseases. This would lessen the burden on healthcare facilities and lower medical expenses for families.

6. **Social and Regional Equity:** Bridging the healthcare gap between urban and rural areas in Karnataka can ensure that people in Yadgir receive the same quality of healthcare as those in more developed regions. Equitable healthcare access can promote social justice and reduce disparities.

7. **Enhancement of Government Initiatives:** Many government programs aim to improve healthcare in backward regions, but their effectiveness depends on proper implementation and accessibility. Strengthening health policies, increasing funding, and ensuring efficient healthcare delivery can make these programs more impactful.

Health Status of Yadgiri District among the children and pregnant women

Table :1 Prevalence of Anemia Among Pregnant Women in Yadgir District:

Taluk	Number of pregnant women	Number of anemic pregnant women	Percent of anemic pregnant women out of total no. of pregnant women
GURUMITKAL	903	244	27.0210
HUNASAGI	1471	185	12.5765
SHAHAPUR	5337	543	10.1743

SHORAPUR	1170	166	14.1880
WADAGERA	3053	176	5.7648
YADGIR Taluk	3248	731	22.5062
Yadgir District	15182	2045	13.4699

Source: Mission Anthyodaya database

The table presents data on the number of pregnant women and the prevalence of anemia among them across different taluks of Yadgir district. It highlights the percentage of anemic pregnant women in each taluk, providing insights into the severity of maternal health issues in the region.

Among the six taluks, **Gurumitkal** has the highest percentage of anemic pregnant women at **27.02%**, followed by **Yadgir taluk** with **22.51%**. This indicates that nearly one-fourth of pregnant women in these areas suffer from anemia, which poses significant risks to maternal and child health. **Shorapur (14.19%)** and **Hunasagi (12.58%)** also show concerning levels of anemia, while **Shahapur (10.17%)** and **Wadagera (5.76%)** have comparatively lower percentages. However, even in taluks with lower prevalence, anemia remains a serious health challenge. At the district level, **13.47% of pregnant women in Yadgir suffer from anemia**, reflecting the overall burden of maternal malnutrition and inadequate healthcare access. Anemia during pregnancy can lead to complications such as low birth weight, premature delivery, and increased maternal mortality. The data underscores the need for urgent interventions, including improved nutrition programs, iron and folic acid supplementation, better healthcare access, and awareness campaigns to reduce anemia and enhance maternal health outcomes in Yadgir district.

Table :2 Coverage of Pregnant Women Under the ICDS Program in Yadgir District

Taluk	Number of pregnant women	Number of pregnant women receiving benefits under ICDS	Percent of pregnant women under ICDS program out of total no. of pregnant women
GURUMITKAL	903	244	54.48505
HUNASAGI	1471	185	60.63902
SHAHAPUR	5337	543	25.68859
SHORAPUR	1170	166	40.51282
WADAGERA	3053	176	18.01507
YADGIR Taluk	3248	731	26.75493
Yadgir District	15182	2045	30.6152

Source: Mission Anthyodaya database

The table presents data on the number of pregnant women in different taluks of Yadgir district and the percentage of those receiving benefits under the Integrated Child Development Services (ICDS) program. This program aims to provide essential nutrition, healthcare, and support to pregnant women to improve maternal and child health outcomes. Among the taluks, **Hunasagi (60.64%)** and **Gurumitkal (54.49%)** have the highest percentage of pregnant women benefiting from ICDS,

indicating better outreach and program implementation in these areas. **Shorapur (40.51%)** also shows a relatively good coverage rate. However, **Shahapur (25.69%)**, **Yadgir taluk (26.75%)**, and **Wadagera (18.02%)** have lower coverage, suggesting gaps in service delivery and accessibility. At the district level, only **30.62% of pregnant women in Yadgir are receiving ICDS benefits**, highlighting the need for improved implementation and awareness of the program. A significant proportion of pregnant women remain without access to these crucial services, which could impact maternal nutrition, prenatal care, and overall pregnancy outcomes. Strengthening ICDS outreach, increasing community engagement, and ensuring better monitoring of service delivery can help bridge this gap and improve maternal and child health in Yadgir district.

Table :3 Prevalence of Underweight Newborns in Yadgir District

Taluk	No. of newly born children	No. of underweight newly born children	Percentage of underweight newly born children
GURUMITKAL	528	44	8.333333
HUNASAGI	1350	205	15.18519
SHAHAPUR	1641	376	22.91286
SHORAPUR	1009	95	9.415263
WADAGERA	809	108	13.34981
YADGIR Taluk	1396	171	12.24928
Yadgir District	6733	999	14.83737

Source: Mission Anthyodaya database

The table presents data on the number of newly born children and the prevalence of underweight births across different taluks of Yadgir district. The percentage of underweight newborns highlights the extent of malnutrition and maternal health challenges in the region.Among the taluks, **Shahapur** has the highest percentage of underweight newborns at **22.91%**, indicating severe maternal and child health concerns. **Hunasagi (15.19%)**, **Wadagera (13.35%)**, and **Yadgir Taluk (12.25%)** also report high proportions of low birth weight infants. In comparison, **Shorapur (9.42%)** and **Gurumitkal (8.33%)** have relatively lower but still concerning percentages of underweight newborns. At the district level, **14.84% of newborns in Yadgir are underweight**, reflecting a widespread issue of poor maternal nutrition, inadequate prenatal care, and other socio-economic factors affecting birth outcomes. Low birth weight can lead to severe health complications, including higher infant mortality rates, increased risk of infections, and developmental delays. Addressing this issue requires strengthening maternal healthcare services, improving nutrition programs for pregnant women, ensuring better access to antenatal care, and increasing awareness about maternal and child health practices.

Table:4 Prevalence of Anemia Among Children Aged 0-5 Years in Yadgir District

Taluk	No. of children aged 0 to 6 years	No. of anemic children aged 0-59 months	Percentage of anemic children aged 0-59 months
GURUMITKAL	5604	284	5.0678
HUNASAGI	8648	248	2.8677
SHAHAPUR	10560	486	4.6023
SHORAPUR	7161	158	2.2064
WADAGERA	6478	206	3.1800
YADGIR Taluk	11965	443	3.7025
Yadgir District	50416	1825	3.6199

Source: Mission Anthyodaya database

The table presents data on the number of children aged 0 to 6 years across different taluks of Yadgir district and the percentage of anemic children aged 0-59 months. This data highlights the prevalence of childhood anemia, which is a major public health concern affecting early growth, cognitive development, and overall health.Among the taluks, **Gurumitkal** has the highest percentage of anemic children at **5.07%**, followed by **Shahapur (4.60%)** and **Yadgir Taluk (3.70%)**. **Wadagera (3.18%)**, **Hunasagi (2.87%)**, and **Shorapur (2.21%)** have comparatively lower rates of anemia but still indicate the presence of nutritional deficiencies.At the district level, **3.62% of children under five years suffer from anemia**, which, while seemingly low, still reflects concerns related to poor nutrition, inadequate iron intake, and limited access to healthcare and dietary supplements. Childhood anemia can lead to impaired physical and mental development, weakened immunity, and increased susceptibility to infections. To address this issue, there is a need for enhanced maternal and child nutrition programs, iron and folic acid supplementation, regular health check-ups, and improved awareness about balanced diets to ensure better health outcomes for young children in Yadgir district.

Table : 5 Child Mortality Rate Among Children Aged 0-5 Years in Yadgir District

Taluk	No. of children aged 0 to 6 years	No. of children that died aged 0-5 years	Percentage of children aged 0-5 years that died
GURUMITKAL	5604	188	3.354747
HUNASAGI	8648	219	2.532377
SHAHAPUR	10560	324	3.068182
SHORAPUR	7161	92	1.284737

WADAGERA	6478	141	2.176598
YADGIR Taluk	11965	284	2.37359
Yadgir District	50416	1248	2.475405

Source: Mission Anthyodaya database

The table presents data on the number of children aged 0 to 6 years across different taluks of Yadgir district and the percentage of children aged 0-5 years who have died. This data highlights the extent of child mortality in the district and indicates the urgent need for improved healthcare and nutrition interventions. Among the taluks, **Gurumitkal** has the highest child mortality rate at **3.35%**, followed by **Shahapur (3.07%)** and **Hunasagi (2.53%)**. **Yadgir Taluk (2.37%)**, **Wadagera (2.18%)**, and **Shorapur (1.28%)** have comparatively lower rates, but child deaths remain a serious concern. At the district level, the overall child mortality rate stands at **2.48%**, reflecting significant gaps in healthcare services, maternal and child nutrition, and disease prevention. High child mortality rates are often linked to factors such as malnutrition, poor prenatal and postnatal care, inadequate immunization, infections, and lack of access to quality healthcare. To reduce child mortality, it is essential to strengthen maternal and child health programs, ensure widespread immunization coverage, improve sanitation and hygiene, and enhance access to life-saving medical interventions for infants and young children in Yadgir district.

Table: 6 Prevalence of Wasting Among Children Under Five Years in Yadgir District:

"Wasted children" refers to a condition where a child is too thin for their height, indicating recent and severe weight loss due to insufficient food intake or illness, and is a life-threatening form of malnutrition.

Taluk	No. of children aged 0 to 6 years	No. of wasted children aged less than 5 years	Percentage of children aged less than 5 years that are wasted
GURUMITKAL	5604	896	15.98858
HUNASAGI	8648	284	3.283996
SHAHAPUR	10560	691	6.543561
SHORAPUR	7161	658	9.188661
WADAGERA	6478	666	10.28095
YADGIR Taluk	11965	1054	8.809026
Yadgir District	50416	4249	8.42788

Source: Mission Anthyodaya database

The table presents data on the number of children aged 0 to 6 years across different taluks of Yadgir district and the percentage of wasted children under five years. Wasting, a condition characterized by low weight for height, is a critical indicator of acute malnutrition and a major public health concern affecting child survival and development. Among the taluks, **Gurumitkal** has the highest percentage of wasted children at **15.99%**, indicating a severe malnutrition crisis. **Wadagera (10.28%)**, **Shorapur (9.19%)**, and **Yadgir Taluk (8.81%)** also report high levels of wasting, reflecting poor nutritional intake and inadequate healthcare services. **Shahapur (6.54%)** and **Hunasagi (3.28%)** have comparatively lower rates, but malnutrition remains a concern across the district. At the district level, **8.43% of children under five years are wasted**, signifying an alarming rate of acute malnutrition. Wasting is often caused by inadequate food intake, frequent infections, poor maternal nutrition, and lack of access to healthcare. It leads to weakened immunity, increased susceptibility to diseases, and higher child mortality rates. Addressing this issue requires urgent interventions such as improved maternal and child nutrition programs, expanded access to supplementary feeding initiatives, enhanced healthcare services, and increased awareness of proper child-feeding practices to ensure healthier growth and development in Yadgir district.

The proportion of pregnant women affected by anemia across various Gram Panchayats in Yadgir district.

1. Gurumitkal taluka various gram panchayats

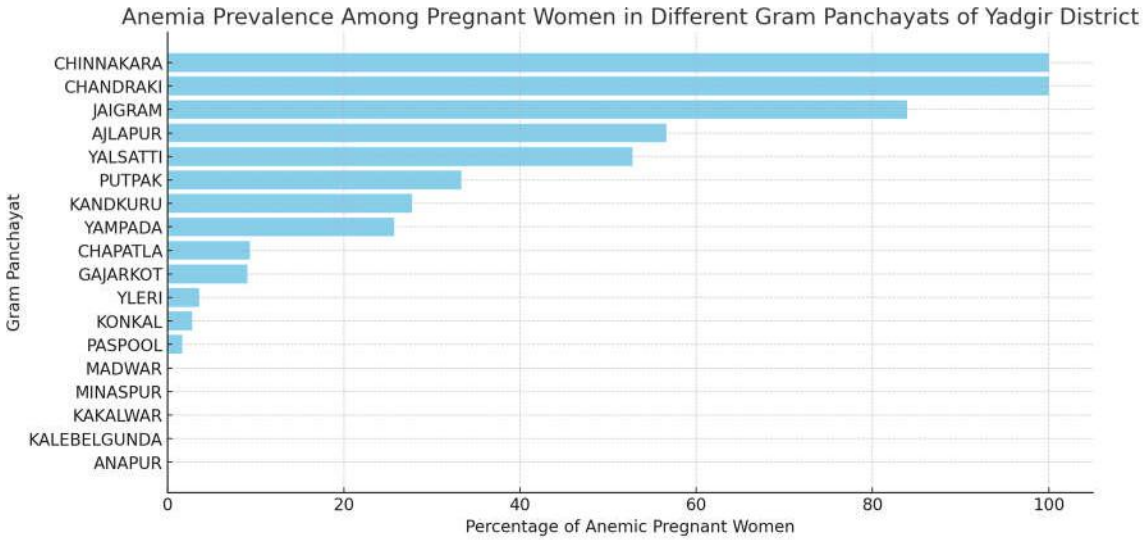

Figure 1. Percentage of anemic pregnant women in different Gram Panchayats of Gurmitkal taluk.

The bar graph illustrates the percentage of anemic pregnant women across various Gram Panchayats in Yadgir district. The data reveals significant disparities in anemia prevalence, with **Chinnakara and Chandraki** recording the highest levels at **100%**, followed by **Jaigram (83.93%) and Ajlapur (56.62%)**. Other Gram Panchayats, such as **Yalsatti (52.78%) and Putpak (33.33%)**,

also show concerning levels of anemia. Moderate prevalence is observed in **Kandkuru (27.78%) and Yampada (25.71%)**, while lower rates are recorded in **Gajarkot (9.09%), Chapathla (9.38%), Yleri (3.57%), and Konkal (2.78%)**. Notably, some Gram Panchayats, including **Anapur, Kakalwar, Kalebelgunda, Madwar, and Minasapur**, reported no anemia cases among pregnant women, which could be due to low data availability or a genuinely low prevalence. The variations in anemia rates suggest differences in healthcare access, nutritional awareness, and socioeconomic conditions across the district. Addressing this issue requires targeted interventions, particularly in high-prevalence areas, to improve maternal health outcomes.

2. Health Status in Hunasagi taluka various gram panchayats

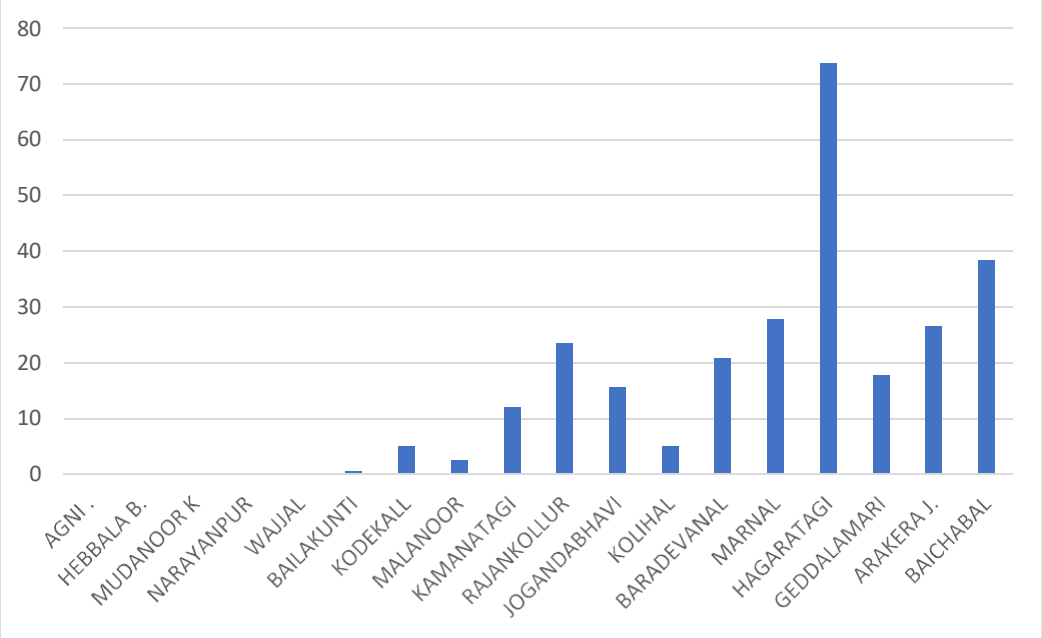

Figure 2. Percentage of anemic pregnant women in different Gram Panchayats of Hunasagi taluk.

The analysis of anemia prevalence among pregnant women reveals significant disparities across Gram Panchayats. **HAGARATAGI** has the highest prevalence at **73.68%**, indicating a major public health concern likely due to inadequate nutrition and healthcare access. In contrast, **AGNI**, **HEBBALA B.**, **MUDANOOR K**, **NARAYANPUR**, and **WAJJAL** report **0%** anemia, suggesting effective health interventions, though further data validation is needed. Moderate prevalence, ranging from **5% to 38.42%**, is observed in areas like **KODEKALL**, **MALANOOR**, **RAJANKOLLUR**, and **BAICHABAL**, pointing to the need for targeted improvements in maternal healthcare and nutrition. Overall, these findings highlight the need for tailored interventions across regions to address anemia and improve maternal health outcomes.

3. Health Status in Shahapur taluka various gram panchayats

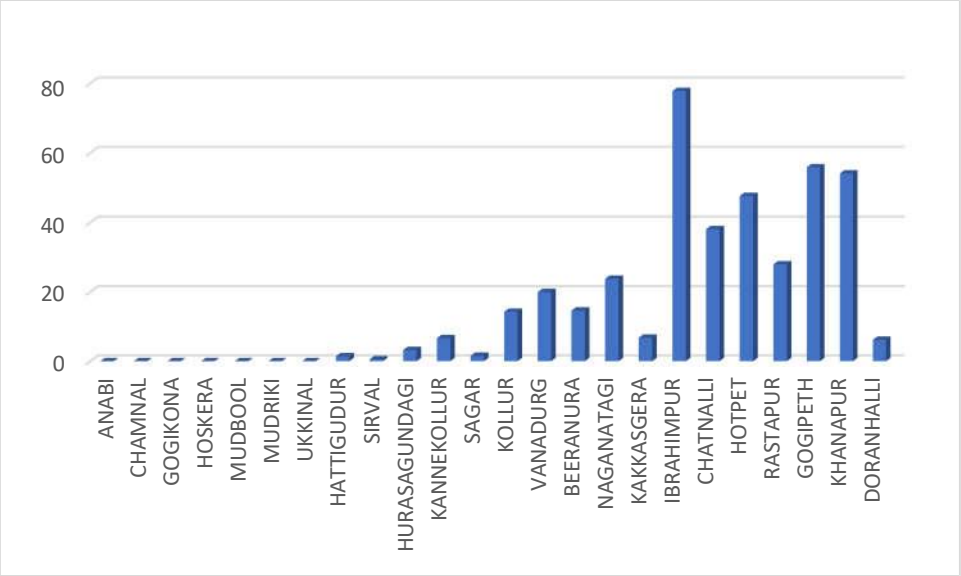

Figure 3. Percentage of anemic pregnant women in different Gram Panchayats of Shahapur taluk.

The analysis of anemia prevalence among pregnant women across Gram Panchayats reveals notable disparities. **IBRAHIMPUR** has the highest anemia rate at **77.78%**, signaling severe public health concerns that require urgent intervention. On the other hand, **ANABI**, **CHAMNAL**, **GOGIKONA**, **HOSKERA**, **MUDBOOL**, **MUDRIKI**, and **UKKINAL** report **0%** anemia, indicating effective health measures, though data validation is needed. Moderate anemia rates, ranging from **1.43% to 47.62%**, are observed in areas like **KANNEKOLLUR**, **KOLLUR**, and **RASTAPUR**, pointing to regional health challenges that need targeted improvements in nutrition and healthcare. These findings highlight the need for tailored interventions to address anemia across different regions.

4. Health Status in Shorapur taluka various gram panchayats

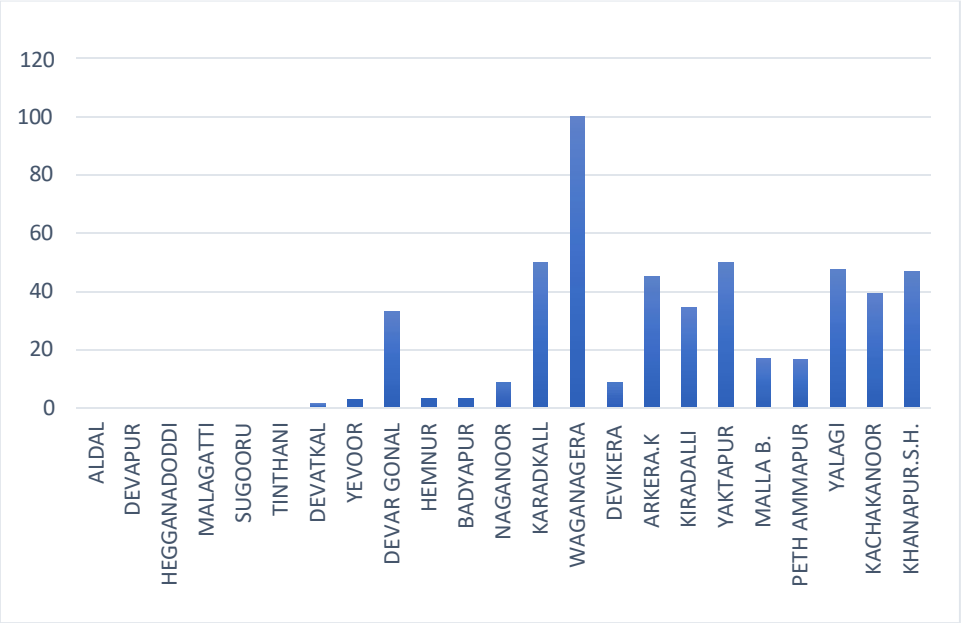

Figure 4. Percentage of anemic pregnant women in different Gram Panchayats of Shorapur taluk.

The data reveals significant variation in anemia prevalence among pregnant women across Gram Panchayats. **WAGANAGERA** has the highest prevalence at **100%**, indicating a severe health concern that requires urgent intervention. **ALDAL**, **DEVAPUR**, **HEGGANADODDI**, **MALAGATTI**, **SUGOORU**, and **TINTHANI** report **0%** anemia, suggesting effective health measures, though data accuracy should be verified. Moderate prevalence, ranging from **1.39% to 33.33%**, is seen in areas like **DEVATKAL**, **YEVOOR**, and **HEMNUR**, indicating the need for continued maternal health improvements. These findings highlight the importance of targeted interventions to address anemia across regions.

5. Health Status in Wadagera taluka various gram panchayats

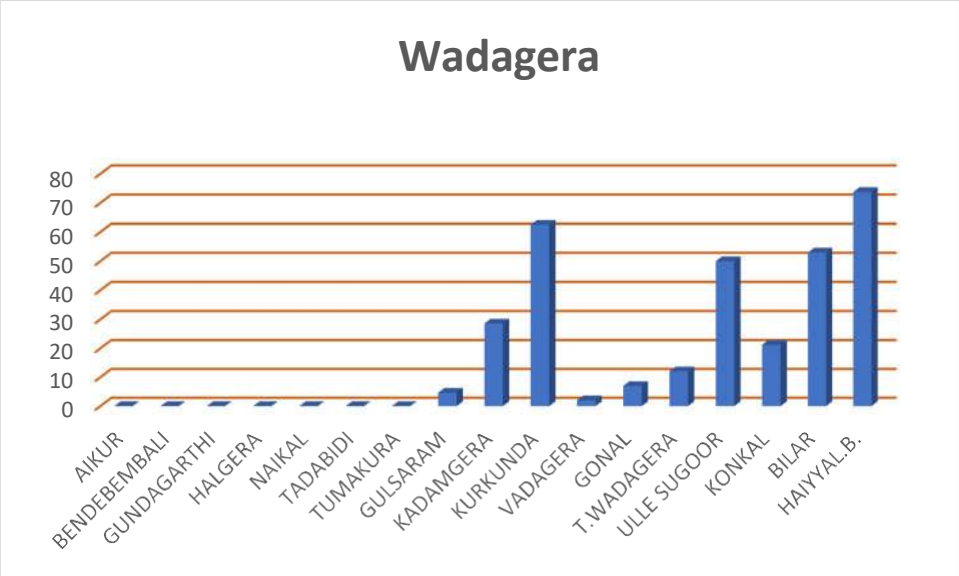

Figure 5. Percentage of anemic pregnant women in different Gram Panchayats of Wadager taluk. The data shows significant variation in anemia prevalence among pregnant women across Gram Panchayats. **HAIYYAL.B.** has the highest prevalence at **73.77%**, indicating a critical health issue that requires urgent intervention. **AIKUR**, **BENDEBEMBALI**, **GUNDAGARTHI**, **HALGERA**, **NAIKAL**, **TADABIDI**, and **TUMAKURA** report **0%** anemia, suggesting effective health programs, though data verification is needed. Moderate anemia levels, ranging from **2% to 62.5%**, are seen in areas like **GULSARAM**, **KADAMGERA**, and **KONKAL**, highlighting the need for continued improvements in maternal health. These findings emphasize the importance of targeted interventions across regions.

6. Health Status in Yadgiri taluka various gram panchayats

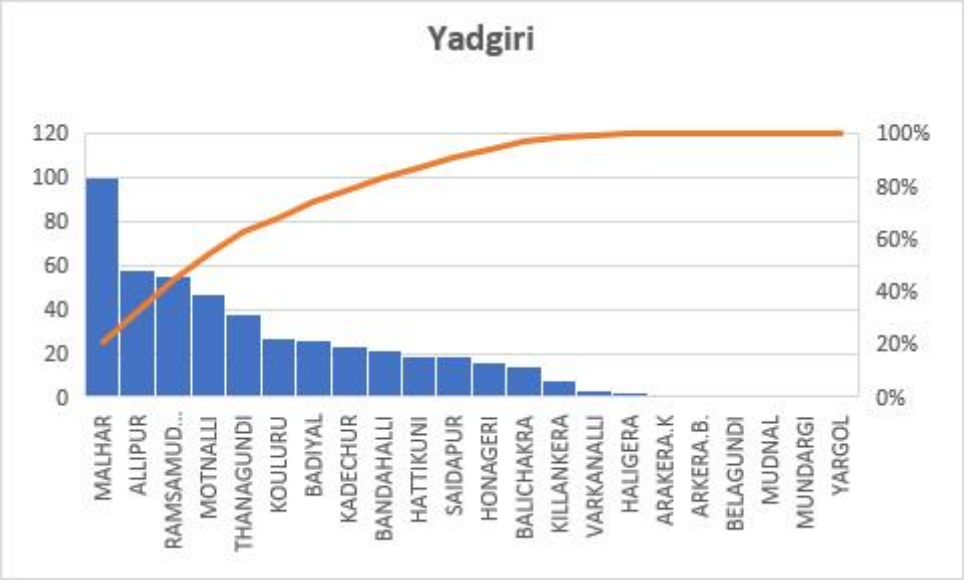

Figure 6. Percentage of anemic pregnant women in different Gram Panchayats of Yadgiri taluk.

The data reveals significant disparities in anemia prevalence among pregnant women. **KOULURU** has the highest rate at **27.22%**, indicating a critical health issue requiring urgent intervention. Several Gram Panchayats, including **ARAKERA.K**, **ARKERA.B.**, **BELAGUNDI**, **MUDNAL**, **MUNDARGI**, and **YARGOL**, report **0%** anemia, suggesting effective health measures, though data verification is needed. Moderate levels of anemia, seen in areas like **BALICHAKRA**, **HALIGERA**, and **MOTNALLI**, highlight the need for continued healthcare improvements. These findings stress the importance of targeted interventions to address anemia across regions.

❖ **Policy Implications and Recommendations :**

To address healthcare inequalities among women and children in Yadgir, it is crucial to adopt a multi-dimensional approach:

- **Strengthen maternal and child health programs** by focusing on prenatal care, nutritional support, and anemia prevention, implementing regular health camps, iron-folic acid supplementation, and education on proper nutrition in high-prevalence areas.
- **Expand access to healthcare services** by enhancing mobile health units, telemedicine, and strengthening primary health centers (PHCs) with necessary medical supplies, trained staff, and outreach programs for pregnant women and children under five.
- **Improve education and awareness on health and nutrition** through health education campaigns targeting rural areas, emphasizing balanced nutrition, maternal health, and

child immunizations, along with community-based programs and school health initiatives.

- **Address socioeconomic determinants of health** by integrating healthcare policies with broader development initiatives, improving living conditions, sanitation, and education in underdeveloped areas, and collaborating with local governments, NGOs, and international bodies for poverty reduction strategies that address health needs.
- **Enhance monitoring and data collection** for targeted interventions by developing a robust system to track maternal and child health indicators, conducting regular surveys and health audits to guide decision-making and resource allocation.
- **Involve and empower communities** by engaging local populations in the design, implementation, and monitoring of healthcare programs, while empowering women, community leaders, and local health workers to take an active role in healthcare delivery and health promotion.
- **Enhance collaboration between government and NGOs** by fostering stronger partnerships to maximize resource utilization, coordinate efforts, and reduce healthcare inequalities.

Conclusion:

Healthcare inequalities among women and children in Yadgir remain a significant challenge, despite the presence of various policy initiatives and health programs. The study highlights persistent disparities in maternal and child health indicators, including high anemia prevalence, low institutional deliveries, inadequate immunization coverage, and child malnutrition. These issues are exacerbated by poor healthcare infrastructure, socioeconomic constraints, and deep-rooted gender norms, which hinder access to essential health services. While initiatives like **Anemia Mukt Bharat** and **Janani Suraksha Yojana (JSY)** have made some progress, their impact is limited due to infrastructural and socio-cultural barriers. To achieve equitable healthcare in Yadgir, a multi-pronged approach is required—strengthening healthcare infrastructure, improving accessibility to maternal and child health services, and implementing community-driven awareness programs. Addressing these inequalities through targeted policy interventions and sustainable development efforts is crucial for enhancing the overall well-being of women and children in the district, ultimately contributing to improved public health outcomes in rural Karnataka.

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