eISSN 2581-8996
ONLINE
INTERNATIONAL JOURNAL OF ADVANCED RESEARCH IN MULTIDISCIPLINARY SCIENCES (IJARMS)
A BI-ANNUAL, OPEN ACCESS, PEER REVIEWED JOURNAL
Volume 08, Issue 02, July 2025

Addressing Socio-Economic Inequalities Through Sardar Vallabhbhai Patel's Framework: Maternal Health and Child Development in The Context Of ICDS.

Shalini Rao[1] & Dr Pramod Kumar Gupta[2]
[1]Research Scholar, Department of Sociology, University of Lucknow
[2]Associate Professor, Department of Sociology, University of Lucknow

Received: 20 July 2025, Accepted: 25 July 2025, Published with Peer Reviewed on line: 31 July 2025

Abstract

This research paper explores the socio-economic inequalities faced by women and children in the BIMARU states (Bihar, Madhya Pradesh, Rajasthan, and Uttar Pradesh) in India, focusing on maternal health and child development. Despite some improvements post-independence, the health and well-being of women and children remain significant concerns in these regions due to historical neglect, socio-cultural barriers, and inadequate healthcare infrastructure. The Integrated Child Development Services (ICDS) scheme, launched in 1975, was designed to address these issues by promoting maternal health, reducing infant mortality, and improving early childhood development through nutrition and education. However, the implementation and effectiveness of ICDS have been uneven across the BIMARU states. The study examines maternal and child health indicators, including antenatal care, neonatal and infant mortality rates, stunting, wasting, undernutrition, and pre-primary education attendance, using data from the National Family Health Survey (NFHS-5, 2019-2021). The paper identifies critical challenges such as poor access to maternal healthcare, high rates of anaemia and early marriages, and limited access to early childhood education, particularly in Bihar and Uttar Pradesh. Drawing on Sardar Vallabhbhai Patel's governance philosophy of decentralization, accountability, and inclusive development, the paper proposes policy recommendations to enhance the effectiveness of ICDS, with a focus on local empowerment, improved governance, and community mobilization. By aligning ICDS with Patel's principles, this research advocates for a more equitable approach to addressing maternal and child health disparities in these states, offering a path forward for improving socio-economic outcomes for women and children in BIMARU regions.

Keywords: *Socio-economic inequalities, maternal health, child development, ICDS, BIMARU states, Sardar Vallabhbhai Patel, policy recommendations, decentralization, public health.*

Introduction

The condition of women and children was very bad during the British rule in India and the situation could not improve to a great extent even after independence. During the colonial period, the British government focused only on economic benefits. Social welfare and public health were neglected and this affected women and children the most. Women and children faced many challenges in the success of health services, nutritional level, educational opportunities and social rights. Although some modern medical practices and institutional health services were introduced by the British, but these facilities were limited. Along with this, the conservative thinking prevalent in Indian society, child marriage, expectations of women and the social status of women made their health condition more complex, due to which they had to face negative consequences in the form of maternal mortality rate, infant mortality rate and malnutrition. While the maternal mortality rate was more than 1000 per 100000 live births in India in the 1930s and 40s because there was a huge lack of proper medical facilities during delivery, the infant mortality rate was about 180 to 200 per 1000 live births during 1930 to 1947, the cause of death in which was diarrhoea, pneumonia and malnutrition. Keeping all this in mind, after India's independence, Integrated Child Development Services was introduced in 1975, which could fight all these and with its contribution, it could benefit the proper

eISSN 2581-8996
ONLINE
INTERNATIONAL JOURNAL OF ADVANCED RESEARCH IN MULTIDISCIPLINARY SCIENCES (IJARMS)
A BI-ANNUAL, OPEN ACCESS, PEER REVIEWED JOURNAL
Volume 08, Issue 02, July 2025

development of women and children of India. On 2 October 1975, Integrated Child Development Scheme, which is the world's largest scheme, was funded by the World Bank and was brought forward by bringing forward early childhood primary education, whose aim was to promote the health and social development of women and children. Through this scheme, maternal mortality rate and infant mortality rate were to be reduced, and arrangements for the proper development of malnourished children by distributing nutrition to them and arranging for primary education of three- to six-year-old children were made. All these works were included in this scheme and the women providing these services were known as Anganwadi. Aangan means courtyard of the house. It means in the courtyard of the house of Anganwadi where the story of women's health and proper development of children was being written. Sardar Vallabhbhai Patel was always at the forefront for the development of women and child health. He believed that the progress of the nation is possible only when women are educated, healthy and self-reliant. He did not consider women to be confined to the home only but also considered them to be active participants in nation-building. He laid emphasis on health. He said that if women and children are not healthy, the coming generation will also be weak. Therefore, it is necessary to pay special attention to quantity and child health. While stressing on child development, he was of the view that children are the future of the nation. He stressed on the quality of their nutrition, education and health. He believed that the foundation of a strong nation is laid from childhood itself.

Objectives of the Study

1.To analyze the current status of child development indicators"—including neonatal mortality rate (NNMR), infant mortality rate (IMR), malnutrition (stunting, wasting, underweight), and pre-primary school attendance—in the BIMARU states (Bihar, Madhya Pradesh, Rajasthan, and Uttar Pradesh) using NFHS-5 (2019–21) data.

2 -To identify critical maternal health and nutritional challenges- in these states that contribute to poor early childhood outcomes, including undernutrition, low education access, and high mortality.

3. To examine the effectiveness of existing government interventions", particularly the Integrated Child Development Services (ICDS), in improving maternal and child health across the BIMARU region.

4.To explore the socio-economic and administrative reasons behind the developmental lag in child and maternal health in BIMARU states, including infrastructural gaps, poor governance, and socio-cultural factors.

5. To propose policy-level recommendations inspired by Sardar Vallabhbhai Patel's governance philosophy", focusing on decentralization, public accountability, and community mobilization, as a framework for strengthening ICDS implementation.

MATERNAL HELATH STATUS IN BIMARU SATATE IN 2019-22				
	UTTAR PRADESH	*BIHAR*	*MADDHAY PRADESH*	*RAJSTHAN*
Mother who had an antenatal checkup in the first trimester %	*62.5*	*52.9*	*75.4*	*76.3*
Mother who had at least 4 antenatal care visits %	*42.4*	*25.0*	*57.5*	*55.3*
Mother whose last birth was protected against neonatal tetanus%	*92.1*	*89.5*	*95.0*	*93.3*
Mother who consumed iron folic acid for 100 days or more when they were pregnant %	*22.3*	*18.0*	*51.4*	*33.9*

eISSN 2581-8996
ONLINE
INTERNATIONAL JOURNAL OF ADVANCED RESEARCH IN MULTIDISCIPLINARY SCIENCES (IJARMS)
A BI-ANNUAL, OPEN ACCESS, PEER REVIEWED JOURNAL
Volume 08, Issue 02, July 2025

Methodology - This study is based on secondary data. Analytical research method has been used. Data sources include use of NFHS 5 reports, NITI Aayog report and previously published books and articles. The nature of research is a mixture of both qualitative and quantitative.

Child Development status in BIMARU State (2020-21)				
In Percent	Uttar Pradesh	Bihar	Madhya Pradesh	Rajasthan
Neonatal mortality rate (NNMR) 1000live birth	24.9	46.8	29.0	20.2
Infant Mortality rate (IMR) 1000 live birth	35.2	34.5	41.3	30.3
Children under years who are stunted (height for age) %	35.2	42.9	49.2	31.8
Children under years who are wasted (weight for height) %	19.3	22.9	35.7	16.8
Children age 5 years who are under weight (weight for age) %	32.1	41.0	19.0	27.6
Children age years who attend pre-primary school during the school year 2019-20%	13.6	11.5	33.0	8.9

Analysis of Maternal Health Indicators in BIMARU States (2019–2022) -

An evaluation of maternal health indicators across the BIMARU states—Uttar Pradesh, Bihar, Madhya Pradesh, and Rajasthan—reveals considerable variation in access to and utilization of essential maternal healthcare services.

1. Antenatal Checkup in the First Trimester: The percentage of mothers receiving antenatal care (ANC) in the first trimester was highest in Rajasthan (76.3%) and Madhya Pradesh (75.4%), indicating relatively early engagement with health services. In contrast, Bihar (52.9%) and Uttar Pradesh (62.5%) showed lagging performance, suggesting delayed health-seeking behaviour or access issues during early pregnancy stages.

2. At Least Four Antenatal Care Visits: Madhya Pradesh (57.5%) and Rajasthan (55.3%) also led in the percentage of mothers completing the recommended minimum of four ANC visits, reflecting better follow-up and continuity of care. However, Bihar (25.0%) exhibited a significant shortfall, with only one in four mothers meeting this guideline, followed by Uttar Pradesh at 42.4%.

3. Protection Against Neonatal Tetanus: The coverage of tetanus protection for the last birth was relatively high across all four states, with Madhya Pradesh achieving the highest rate (95.0%) and Bihar the lowest (89.5%). This indicates substantial success in immunization outreach efforts, despite other maternal care gaps.

4. Consumption of Iron and Folic Acid (IFA) for 100 Days or More: Madhya Pradesh again showed superior outcomes (51.4%), suggesting better nutritional supplementation adherence during pregnancy. Uttar Pradesh (22.3%), Rajasthan (33.9%), and particularly Bihar (18.0%) had much lower rates, pointing toward potential challenges in IFA distribution, compliance, or counselling.

Variation Summary:

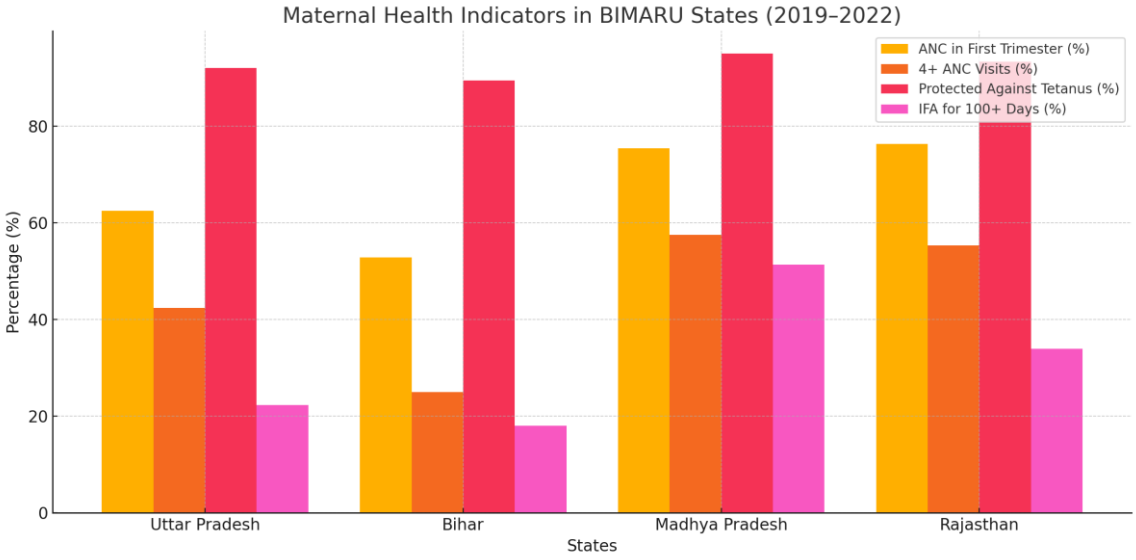
eISSN 2581-8996
ONLINE
INTERNATIONAL JOURNAL OF ADVANCED RESEARCH IN MULTIDISCIPLINARY SCIENCES (IJARMS)
A BI-ANNUAL, OPEN ACCESS, PEER REVIEWED JOURNAL
Volume 08, Issue 02, July 2025

Madhya Pradesh- consistently performed better across all indicators, especially in ANC visits and IFA consumption. Rajasthan- ranked closely behind Madhya Pradesh, particularly in early ANC and tetanus protection.

Uttar Pradesh- showed moderate performance, but IFA adherence remained notably poor. Bihar was the most underperforming state across most metrics, especially in ANC coverage and nutritional supplementation.

This variation highlights critical disparities in maternal health services among the BIMARU states. While some states like Madhya Pradesh and Rajasthan have made noticeable progress, Utta Pradesh and Bihar require targeted interventions to enhance early pregnancy care, follow-up visits, and nutritional support. Strengthening these areas is essential for improving maternal and neonatal health outcomes in these high-burden regions.

Maternal Health Indicators in BIMARU States (2019–2022)



This chart presents comparative data on key maternal health indicators across the BIMARU states (Bihar, Madhya Pradesh, Rajasthan, and Uttar Pradesh) for the period 2019–2022. Indicators include antenatal care initiation, number of ANC visits, tetanus protection, and iron-folic acid consumption

Analysis of Child Development Indicators in BIMARU States (2020–21)

The BIMARU states—Bihar, Madhya Pradesh, Rajasthan, and Uttar Pradesh—represent some of the most populous and socioeconomically challenged regions of India. A comparative analysis of child development indicators from 2020–21 reveals significant variations across these states in terms of health and early education outcomes.

1. Neonatal and Infant Mortality Rates

Neonatal Mortality Rate (NNMR): Bihar (46.8 per 1000 live births) reported the highest NNMR, nearly double that of Rajasthan (20.2). Uttar Pradesh and Madhya Pradesh also had high rates at 24.9 and 29.0 respectively.

This disparity suggests Bihar requires urgent neonatal care interventions, while Rajasthan demonstrates relative success Infant Mortality Rate (IMR): Madhya Pradesh recorded the highest IMR at 41.3, followed by Uttar Pradesh (35.2) and Bihar (34.5), with Rajasthan again performing better at 30.3.

eISSN 2581-8996
ONLINE
INTERNATIONAL JOURNAL OF ADVANCED RESEARCH IN MULTIDISCIPLINARY SCIENCES (IJARMS)
A BI-ANNUAL, OPEN ACCESS, PEER REVIEWED JOURNAL
Volume 08, Issue 02, July 2025

2. Nutritional Status of Children: Stunting (Height-for-Age): Stunting rates were highest in Madhya Pradesh (49.2%), followed by Bihar (42.9%) and Uttar Pradesh (35.2%). Rajasthan showed relatively lower stunting at 31.8%. High stunting indicates chronic undernutrition, with MP clearly in critical need of nutritional support programs.

Wasting (Weight-for-Height): Madhya Pradesh once again showed a troubling figure at 35.7%, significantly above the WHO critical threshold. Bihar (22.9%) and Uttar Pradesh (19.3%) also reflect acute malnutrition, while Rajasthan, at 16.8%, performs comparatively better.

Underweight Children (Weight-for-Age, age 5): Bihar leads again with 41.0%, indicating persistent nutritional deficiencies through early childhood. Uttar Pradesh (32.1%) and Rajasthan (27.6%) follow, with Madhya Pradesh unexpectedly lower at 19.0%, possibly due to reporting variation or programmatic interventions specific to this age group.

3. Pre-primary School Attendance: Early Education Participation: Madhya Pradesh is the only state with a comparatively high rate (33.0%) of children attending pre-primary education. The other states show alarmingly low participation: Uttar Pradesh (13.6%), Bihar (11.5%), and Rajasthan (8.9%). This gap in early education access may contribute to long-term disparities in learning outcomes and cognitive development.

Interstate Variations and Patterns

The data reflect wide interstate variations in both health and education indicators. While Madhya Pradesh shows the highest rates of stunting and wasting, it performs better in pre-primary education enrolment and underweight prevalence in 5-year-olds. Bihar consistently ranks poorly across most indicators, highlighting deep-rooted systemic challenges. Rajasthan, despite being a BIMARU state, outperforms its peers in health metrics but lags in early education.

The low maternal health and child development indicators in the BIMARU states (Bihar, Madhya Pradesh, Rajasthan, and Uttar Pradesh) are influenced by a combination of socio-economic, cultural, and healthcare system factors. Insights from the National Family Health Survey (NFHS-5) and related studies provide a comprehensive understanding of these challenges.

Key Factors Affecting Maternal Health in BIMARU States-

1. High Prevalence of Anaemia Among Women-Anaemia remains a significant concern, with 59.1% of women aged 15–49 years being anaemic. This condition increases the risk of complications such as low birth weight, premature births, and maternal mortality.

2.Early Marriages and Teenage Pregnancies-

Bihar reports that 40.8% of women were married before the age of 18, and 11% of girls aged 15–19 are either pregnant or already mothers. Early pregnancies often result in higher maternal and neonatal mortality rates.

3.Limited Access to Skilled Birth Attendance- Inadequate access to skilled healthcare professionals during childbirth contributes to higher risks of maternal and neonatal complications. This is particularly evident in rural areas where healthcare infrastructure is lacking.

4. Physical Violence During Pregnancy- Physical violence during pregnancy is prevalent, especially in rural areas. Such violence increases the likelihood of miscarriage, stillbirth, pre-term delivery, and low birth weight babies.

5.Nutritional Deficiencies-Malnutrition among women leads to undernourished mothers who are more likely to give birth to low-birth-weight babies, perpetuating an intergenerational cycle of undernutrition.

Key Factors Affecting Child Development in BIMARU States-

1. High Rates of Stunting, Wasting, and Underweight-The prevalence of stunting, wasting, and underweight children under five years old is alarmingly high in these states, indicating chronic undernutrition and inadequate healthcare.

eISSN 2581-8996
ONLINE
INTERNATIONAL JOURNAL OF ADVANCED RESEARCH IN MULTIDISCIPLINARY SCIENCES (IJARMS)
A BI-ANNUAL, OPEN ACCESS, PEER REVIEWED JOURNAL
Volume 08, Issue 02, July 2025

2.Limited Access to Early Childhood Education-Enrolment in pre-primary education is low, with only 13.6% in Uttar Pradesh, 11.5% in Bihar, 33.0% in Madhya Pradesh, and 8.9% in Rajasthan attending during the 2019–20 school year. This lack of early education affects cognitive and social development.

3.Increased Teenage Pregnancies-Teenage pregnancies contribute to undernutrition and developmental delays in children, as young mothers may lack the resources and knowledge to provide adequate care.

4.Socio-Economic Inequalities- Children from lower socio-economic backgrounds, especially those belonging to Scheduled Castes and Scheduled Tribes, face worse nutritional levels and limited access to education and healthcare services.

Sardar Patel's Policy Framework: Relevance Today

Sardar Patel advocated for:

1. Decentralized administration – empowering local leadership.

2. Strong institutional frameworks – ensuring governance continuity.

3. Public accountability and discipline – aligning civil service with citizen needs.

4. Unity in diversity – equitable development across regions.

ICDS as a Vehicle of Transformation ICDS provides a platform to deliver health, nutrition, and early learning services through Anganwadi centres. However, its impact in BIMARU states has been uneven due to systemic gaps in implementation, infrastructure, and monitoring.

Patel-inspired Reforms Using ICDS Framework

1. Decentralization and Local Leadership

- Empower Panchayati Raj Institutions (PRIs) to monitor Anganwadi centres.

- Strengthen local women's Self-Help Groups (SHGs) to co-manage nutritional supply chains.

2. Administrative Accountability

- Introduce digital dashboards at the block level for real-time monitoring.

- Reinforce civil service training inspired by Patel's standards.

3. Infrastructure and Resource Optimization

- Ensure convergence of ICDS with NHM and Jal Jeevan Mission.

- Allocate additional state-specific grants for infrastructure.

4. Community Mobilization and Education

- Launch awareness campaigns using local cultural narratives.

- Create parent collectives to support early education.

5. Equity-Driven Governance

- Implement social equity audits for inclusive ICDS coverage.

- Promote recruitment of local women from marginalized communities.

Conclusion: A Way Forward-

To overcome the challenges in BIMARU states, "Sardar Patel's policies of inclusivity, decentralization, and coordination" can be directly applied to the functioning of "ICDS services". Focusing on local empowerment, equitable development, and stronger healthcare systems, while fostering community awareness and participation, will help significantly improve maternal and child health outcomes. By aligning ICDS services with these principles, BIMARU states can make strides toward reducing maternal and child mortality, improving nutrition, and ensuring early childhood education for all children.

eISSN 2581-8996
ONLINE
INTERNATIONAL JOURNAL OF ADVANCED RESEARCH IN MULTIDISCIPLINARY SCIENCES (IJARMS)
A BI-ANNUAL, OPEN ACCESS, PEER REVIEWED JOURNAL
Volume 08, Issue 02, July 2025

Refrence-

1. International Institute for Population Sciences (IIPS) and ICF. (2021). *National Family Health Survey (NFHS-5), 2019–21: India Fact Sheet*. Ministry of Health and Family Welfare, Government of India. Retrieved from [https://dhsprogram.com/publications/index.cfm] (https://dhsprogram.com/publications/index.cfm)

2. Ministry of Women and Child Development. (2020). *Integrated Child Development Services (ICDS) Scheme*. Government of India. Retrieved from [https://wcd.nic.in/icds] (https://wcd.nic.in/icds)

3. Patel, V. B. (1991). *Sardar Vallabhbhai Patel: Selected Correspondence and Speeches* (Vols. 1–3). Nava Jivan Trust.

4. Down to Earth. (2021). *Physical violence during pregnancy high in rural areas: NFHS-5*. Retrieved from [https://www.downtoearth.org.in/news/health/physical-violence-during-pregnancy-high-in-rural-areas-nfhs-5-75218] ()

5. Times of India. (2024). *Need action to create safer, healthier environment for adolescent girls in state: Experts*. Retrieved from [https://timesofindia.indiatimes.com/city/patna/need-action-to-create-safer-healthier-environment-for-adolescent-girls-in-state-experts/articleshow/121035011.cms]).

6. Rao, K. D., Mishra, S., & Chatterjee, M. (2024).” Barriers to quality maternal and child health care in India: Evidence from rural areas*. *Journal of Health Policy and Planning, 39*(2), 112–125. [https://doi.org/10.1093/heapol/czaa116] (https://doi.org/10.1093/heapol/czaa116)

7. UNICEF India. (2023). *Maternal and Child Nutrition*. Retrieved from [https://www.unicef.org/india/what-we-do/nutrition] (https://www.unicef.org/india/what-we-do/nutrition)