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ENSURING MEASURES OF CHILD HEALTH AND NUTRITION IN INDIA: AN OVERVIEW

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Abstract

Health is the basic component of human development as well as wellbeing of the society. In India child accounts 40% of India's total population. To ensure their proper development as responsible adults, it is necessary to provide them better health and nutritional facilities. Malnutrition and mortality among the children are the major challenges of child health in India. As per Global Nutritional Report 2018, globally 15.08 crore under five children were stunted and 5.05 crore were wasted. In India 4.66 crore children were stunted and 2.55 crore were wasted. India is also among the countries which have more than 40 lakhs overweight children. In India under-five mortality rate and infant mortality rate (death per 1000 live birth) are 35.73 and 28.771 respectively. Infant mortality rate in India is higher than the rate of neighboring countries Sri Lanka, Nepal and Bangladesh. The main objectives of this paper are to study what types of measures undertaken by the government to ensure child health and nutrition and also study how these measures impacts on child health. The study is based on secondary data i.e., books, journals, newspaper, survey reports and other various published reports of the governments etc.

Keywords: Challenges, Ensure, Health, Malnutrition, Mortality.

Introduction

Better health status of the children is an important indicator of socio-economic development of a country. India is the second largest populous country in the world. As per 2011 census of India out of 121 crore of total population 13.59% (16.45 crore) population are in the age group 0 – 6 years and 30.67 (37.24 crore) are the age group 0 – 14 years (Statistical Appraisal 2018). An estimated 26 million of children are born every year in India (Usami & Ahmed 2017). Children are the supreme strength of productivity and they are the future workforce and intellectual property of a nation. To develop the children into responsible human resource, opportunities should be provided to their operative growth and development. Child health is to be a prime concern of all societies. Ensuring the healthy growth and development of the children are the important necessities of the society. For healthy development of the children, they have to be provided special health care to fulfilling their social and emotional and educational needs and prevented and treated malnutrition and infectious diseases.

India is among the countries in the world where malnutrition and infant mortality is alarming high. Though the child mortality rate in India have been improving last few decades, yet there are some states where child mortality (Infant, Neonatal, under five) rates are very high. In 2018 highest infant mortality rate was in Madhya Pradesh with 48 (death per 1000 live birth) (Simple Registration survey). "Young children specially 0-6 years have been continuously lost their lives due to inadequate nutrition and lack of proper health care" (Usami & Ahmed 2017). In 2018 estimated 8, 82,000 children under the five were death in India. Incomplete or no immunization also put the children risk of infection from diseases like – Polio, Measles etc. Different measures have been under taken by the government of India to ensure child health and nutrition since the time of Indian independence. Constitution of India guarantees fundamental rights to children and empower the states to make special provision to the children. The National Policy for Children (2013) recognized the survival, health, education, nutrition and protection and participation are the rights of every child of the country. As per Sustainable Development Goal set by UN, India has committed to reduced death rate of under five years by 25 (death per 1000 live birth) in 2030. India's own National Health Profile has set up an aim 23 by 2025 (Sharma 2019).

Objectives of the study

The main objectives followed in this study are

1. To study about the measures undertaken by the government to ensure child health and nutrition in India.
2. To study about the impacts of these measures on child health.

Methodology

Descriptive method has been followed to carry out the study. The study is based secondary data i.e., books journals and newspaper, records of census and other various published reports of the government.



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Discussion

Measures to Ensure Child Health and Nutrition

To ensuring child health and nutrition government has been undertaken various policies and programmes in different time, the vision and focuses of these policies and programmes have been changed over the years depending on the changing health status of children.

In 1974 The Government of India adopted the “National Policy for Children”. The policy has been given priorities to provide adequate services toward children before and after birth and the growing stage for physical, mental and social development. The measure suggested for comprehensive health programme, nutrition for mothers and children. In 1977 the “Family Welfare Programme” transformed from “National Family Planning Programme” which was launched 1952. The objectives of “Family Welfare Programme” were stabilization of population through responsible reproductive behavior, promote qualitative health care to mothers and children to ensure safe motherhood and child survival and also reduce the infant and maternal mortality rate.

Introduction of “Expanded Programme of Immunization” (EPI) in 1978 was a significant step for protection of child health in India. The objectives of this programme were reduction of morbidity and mortality, provide immunization service to all eligible children and pregnant women against the diseases of diphtheria, pertussis, tetanus, polio, tuberculosis, and measles. In 1985 this programme was change to the name as Universal Immunization Programme (UIP) and was carried out phase manner to cover all districts in the country by 1989-90. Later on, UIP become part of “Child Survival and Safe Motherhood Programme” in 1992. India launched “Child Survival and Safe Motherhood Programme” with the assistance of World Bank and UNICEF. The objectives of this programme were improving the status of infant and maternal mortality rate. This programme provides the service to continuation and expansion of immunization, Oral Rehydration Therapy Programme, Universalizing Prophylaxis scheme for control of anemia in pregnant women, Acute respiratory infection (ARI) management.

In order to improve the health status of women and children and fulfill the unmet need of family welfare services the government of India launched the “Reproductive and child health programme” in 1997. It incorporates all components covered under Child Survival and Safe Motherhood Programme and includes two additional components one is sexually transmitted diseases and other relating to reproductive tract infection. The second phase of RCH programme i.e., RCH II was launched 1st April of 2005. The main objectives of this programme were reduced total fertility rate, infant mortality rate, maternal mortality rate with a view to realizing the outcomes visualized in the Millennium Development Goals.

On 12th April 2005 “National Rural Health Mission” was launched by the government of India for improving health care delivery to the rural people. The goal of this Mission is to improve the availability and access to quality health care in rural areas especially vulnerable sections, the poor women and children. The “Universal Immunization Programme” (UIP) has been become an key area of NRHM (National Rural Health Mission) since 2005. Under the UIP now provides the vaccine against the diseases of tuberculosis, diphtheria, pertussis tetanus, poliomyelitis, measles, hepatitis B, Japanese encephalitis, rubella, pneumonia, diarrhea, pneumococcal diseases. In 2013 the “National Rural Health Mission” and “National Urban Mission” enclosed together as “National Health Mission” (NHM). The main focuses of the mission strengthening Reproductive, Maternal, and Neonatal, Child and Adolescent Health (RMNCHTA) and communicable and non-communicable diseases. NHM provide the health care to the children are immediate, routine newborn care and care of sick newborn, child nutrition, immunization, management of common neonatal and child illness.

In December 2014 “Mission Indradhanush” was launched by the government of India for immunization. Children up to the 2 years have been bright under this immunization programme to ensure full immunization with all available vaccines. More than 2.53 crore children have been immunized till August, 2017 under this programme in four phases. In October 8, 2017 “Intensified Mission Indradhanush” was launched by the government to immunize every child up to 2 years who have been left in the routine immunization of UIP.

“The Janani Suraksha Yojana” has been also playing a significant role to ensure the child health. This scheme was launched in April 2005 under the banner of National Rural Health Mission. The objectives of this scheme where reducing maternal and neonatal mortality by promoting institutional delivery among the poor pregnant women. The scheme was identified to Accredited Social Activist (ASHA) as effective link between government and poor pregnant women. ASHA has been performing the duties for promoting universal immunization, referred service for reproductive & child health and other health care services. They are playing a pivotal role in bringing down the infant mortality rate. In 2005 infant death was 58 per 1000 live birth when ASHA was launched under NRHM in 2021 it become 28.771. In September 2018 there were 10, 31,751 ASHA all over India (Kumar 2020).



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“India Newborn Action Plan” (INAP) was launched on 18th October 2014 in response to “Global newborn Action Plan”. The vision and plan of INAP are preventing newborn death, accelerate progress and scale up high impact yet cost effective intervention. INAP consist with the government of India’s specific attention on preventing still birth. In includes six pillars of intervention package with specific action to impact on still birth and newborn health. These are perception and antenatal care, care during labour and child birth, immediate newborn care, care of healthy newborn, care of small and sick newborn and care beyond newborn survival. As per annual report 2017-18, 712 special newborn care units have been set in district hospital and medical colleges to provide the round the clock services for sick newborn (Sharma 2019).

Under nutrition is a major challenge of child health survival in India. “Integrated Child Development Services” (ICDS) was introduced with the goals of to improve nutritional and health status of children 0-6 years and pregnant women to reduce the incidence of mortality, morbidity and malnutrition and school dropouts. ICDS services are provided through community-based workers at the Anganwadi Centres (AWC). ICDS provides six packages of services these are supplementary nutrition, preschool non formal education, nutrition and health education, immunization, health checkup referral services. The health-related services i.e. Immunization, health checkup and referral services are provided with NHM & Public Health infrastructure. Anganwadi worker (AWW), ANM and ASHA workers are provided these services in grass root level observing monthly village health and nutrition days at Anganwadi centres, monthly meeting by ANM and AWW at sub-centre level and joint trainings conducted by NHM etc. ICDC provide the food supplementation to preschool children between ages of six months to six years; provide nutrition education regarding appropriate infant and young children feeding. ICDS has started from small beginning in 1975 and has expanded rapidly, the number of AWC (Anganwadi Centre) increased from 4891 to 6.4 lakhs in 2004-05. In 2015-16 AWC had increased to 13.4 lakhs. In 2019 ICDS had a network of 7075 fully projects and 1373 lakhs anganwadi Centres all over the country. There were 13, 20,858 AWWs and 11, 82,201 AWHs (Anganwadi Helpers) working in India. (Aggarwal 2020). Currently this service includes 7.86 crore children’s beneficiaries (below six years).

Nutrition constitutes the foundation of human development by imparting immunity and thus reducing morbidity, mortality and disability (Jain 2020). Providing nutritious diet to the children and women to be very important to reduce the problems of malnutrition and break down the intergenerational cycle of malnutrition. The government of India had launched “National Nutritional Strategy” in August 2017. In March 8th 2018 “POSHAN Abhiyaan” (National Nutritious Mission) was launched to improve nutritional status of children up to six years, pregnant women and lactating mothers to reduction of low-birth-weight babies, stunt, level of underweight and anemia (Passi 2019). The POSHAN Abhiyaan is being implemented under the Ministry of Women and Child Development, aiming for malnutrition free India by year 2022. As part of this POSHAN Abhiyaan nutrition is provided to be a Jan Andolan and the month of September has been designated as POSHAN Maah (Lahoriya 2020).

Another scheme for providing nutritious food to school going children is “Midday Meal Scheme”. The scheme was started in India from 15 August 1995 under the name of “National Programme of Nutritional Support to Primary Education” (NP – NSPE). In October 2007 NP-NSPE was renamed as “Mid-Day Meal in School” known as “Mid-Day Meal scheme”. Under this scheme provide hot cooked appropriate meals to children of government aided primary and upper primary classes. During 2016-17, 978 crore children were benefited from hot cooked nutritious food in 1140 lakhs schools. To ensure safety and hygienic food grains and meals to the children 8.77 lakhs kitchen cum stores have been constructed and 25.38 lakhs helpers for cooked food had been engaged for “Mid-Day Meal Scheme” during 2016-17 (Sharma 2019). In September 2021 Union Cabinet has approved to rename Mid-May Meal scheme as “PM POSHAN or “Pradhan Mantri Poshan Shakti Nirman”. PM-POSHAN scheme has been launched for 5 years from 2021-22 to 2025-26 with a budget Rs. 1, 30, 794, 90 crores. It hopes that through this scheme 11.80 crore children will be benefited who are studying 11.20 lakhs school in all over India.

Status of Child Health

The status of child health in India determined by certain indicators such as **infant mortality, neonatal mortality, under- five mortality and nutritional status** of children. Infant mortality refers to the number of death of children into the age of 0-1 per 1000 live birth, neonatal mortality refers to the number of death of children during the period of 0-28 day per 1000 live birth and under five mortality means the number of mortalities per 1000 live birth before the fifth birthday. In India child mortality rate has been improving last few decades. According to UNICEF, World Health Organization, under- five mortality rate in India declined to 34 in 2019 which was 126 in 1990. Infant and neonatal death rate also declined to 28 and 22 respectively in 2019 which was 89 and 57 in 1990. “It was seen that the child mortality rate declined at a constant rate in last decades but after the introduction of NRHM the percentage of declining rate somehow more than before introduction of NRHM” (Usmani & Ahmed 2019).



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Another important indicator which determines the status of child health is nutritional status. Malnutrition is one of the challenges of child health in India. Malnutrition refers to deficiency, excess or imbalance intake of energy and or important by individual as compared to her health. The term malnutrition includes underweight, stunting and wasting as well as micronutrient and overweight, obesity and diet-related non-communicable diseases. As per the “National Family Health Survey” (NFHS-4, 2015-16) 35.7 percent children below five years were reported to underweight about 38.4 percent stunted and 21.0 percent were wasted. According to NFHS-3, 2005-06 indicates 42.5 percent children were underweight and 48 percent stunted (Aggarwal 2020). During the time of 1st Family health Survey 1992-93 the percentage of underweight and stunting were 53 and 52 respectively.

The measures adopted by the government to ensure child health and nutrition have been playing a significant role to improving the indicators of child health such as child mortality and nutritional status etc. Still their health status is not satisfactory in India. There are huge variations across the states in respect of both child mortality rate and the causes of child mortality. As per “Sample Registration System Report” in 2018 lowest infant mortality rate state was Nagaland with 4 against 1000 live birth followed by Mizoram, Sikkim, Kerala and Goa with 5,7,7 and 9 respectively. On the other hand, Madhya Pradesh and Uttar Pradesh had the highest infant mortality rate with 48 and 43 respectively. Assam and Chhattisgarh were 3rd highest with 41 of infant mortality rate. It has slight progress in 2019 with 46 in Madhya Pradesh, 41 in Uttar Pradesh and 40 in Assam.

In 2017 there were 1.04 million under five deaths in India of which 0.57 million were neo-natal death, down from 2.24 million under – 5 deaths including 1.02 million neo-natal deaths in 2000. “The causes of under – 5 death in 2017 were lower respiratory infection (17.9%), neo-natal preterm birth (15.6%), hemolytic diseases and neo-natal Jaundice and other neo-natal disorders (14.3%) diarrheal diseases (9.9%), neo-natal encephalopathy due to birth trauma (4.1%), neo-natal sepsis and other neo-natal infection, (2.5) measles (1.6%) and other communicable diseases (3.4%)” (Lancet2020). Similarly the causes of neonatal death were neo-natal preterm birth (27.7%) neo-natal encephalopathy due to birth asphyxia and trauma (14.5%), lower respiratory infection (11.0%), congenital birth defects (8.6%) neonatal sepsis and other neo-natal infection (6.1%), hemolytic diseases and neo-natal jaundice (3.2%), diarrhoeal diseases (2.7%), tetanus (0.7%), other neo-natal disorders (22.0%) and other causes (3.5%) etc. (Lancet 2020).

Since 2005 the rate of institution deliveries becomes double from 38.7% to 78.99% in 2015-16. Which helped to reduce the large number of infant death but newborn care infrastructure has not march with the increase of institutional delivery. National Rural Health Mission has created newborn care corners every point of birth. There has been huge investment and expansion of newborn care in the country. The infrastructure of these facilities has been well developed as well as delivery services have been also increased. Still some challenges have been facing to provide the quality-based services such as lack of adequate and skilled manpower, issue of functional equipment, admission overload, poor adherence to infection control, inadequate post-discharge care, inequitable access to both girls and boys etc. Lack of maternal education and awareness, lack of breast feeding, discrimination between boys and girls, poverty, unhygienic living environment are also some of the issues in child health.

Malnutrition is also a risk factor for under -five children death. Though during the last decades reduce the underweight and stunting rate of children still it remains a serious problem in child health. According the “Global Hunger Index (2020)” India has placed 94th position among the 107 countries which is calculated on the basis of child stunting, wasting and mortality rate. About 68.2% of all child death in India was attributed to malnutrition in 2017. In 2017 “prevalence of low born weight of children 21.45 percent, 39.3 percent child stunting, child wasting 15.7% child underweight 32.7% anemia of children 59.7% and overweight 11.59%” (Lancet 2019). The basic causes of malnutrition are inequitable food consumption, inequitable food distribution, poor maternal nutrition, sub-optimal infant feeding and child care practices, gender imbalance, poor sanitary and environment condition and restriction to access quality health care education etc. (Aggarwal 2020).

Conclusion

Thus, policies and programmes have been undertaken by the government of India to ensure child health and nutrition. As a result, during the last decade’s child health and nutritional status have been improving. However certain challenges are still remaining, all states across the country have not able to improve their child health status equally. There are also exist differences between rural and urban set up. Poverty, lack of maternal education and awareness, malnutrition, gender imbalance, lack of communication and qualitative medical facilities in rural areas, lack of adequate and skill manpower, lack of proper utilization of budgetary allocation, poor sanitization and unhygienic living environment some social customs and superstitious believes etc have been standing as challenges in child health. To remove these issues appropriate measures should be need to implement by the government so that all children in the country are equally able to get the opportunities of the basic needs of their healthy development. It is necessary to find out the vulnerable areas and try to provide special health care to the children in such areas. Maternal education as well as health and



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hygienic living environment are also important aspects to ensure child health and nutrition. It is an urgent need to make health care delivery more dynamic in remote areas and need to increase the number of manpower and health facilities in such areas as well as it is necessary to give attention in proper utilization of budgetary allocation. Awareness should be needed to provide against the superstitious believes and practices among the illiterate and under privilege section so that they can understand the necessity of the proper care of the child health.

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