

Improve Children Health – Best Investment for Better Tomorrow

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ABSTRACT

India is home to the largest number of children in the world. In recent years there has been an increased focus on issues that affect children and on improving their health. Healthy children are more ready and able to learn and, in the longer term, are more likely to become healthy adults who will contribute as a productive citizenry and workforce to the continued vitality of society. The major health problems in children are varied from infections, malnutrition, mental problems to sexual abuse and gender violence. The needs and care of children are very different at different ages. Despite many improvements, India lags far behind other industrialized nations in this and other measures of children's health. Today for measuring child health we use various indices but it is well known that there are no comprehensive, agreed-upon measures or indices as to what constitutes child health. The strategies for child health intervention focus on improving skills of the health care workers, strengthening the health care infrastructure and involvement of the community through behavior change communication to implement policies and programme more efficiently and achieve objective on time. It is seen that despite major gains over the past century, children's health varies widely across population subgroups and lags well behind that of many other industrialized nations. Unless we act now, our children will continue to fall farther behind, putting our society, economic prosperity, and national security at even greater risk.

Keywords: Child Health Issues, Strategies for Intervention, Surveillance

Abbreviations: WHO - World Health Organisation; NDC - National Policy for Children

Introduction

India is home to the largest number of children in the world, significantly larger than the number in China. In India, childhood has been defined in the context of legal and constitutional provisioning, mainly for aberrations of childhood. It is thus a variable concept to suit the purpose and rationale of childhood in differing circumstances. Essentially they differ in defining the upper age limit of childhood.[1]

Biologically, childhood is the span of life from birth to adolescence. According to Article 1 of UNCRC1 (United Nation's Convention on the Rights of the Child), "A child means every human being below the age of 18 years unless, under the law applicable to the child, majority is

attained earlier" [2]. The definition of the child as given by the UNCRC has definite bearing not only on child development programmes and on budgetary provisions for them, but also on production of statistics as applicable to different cross sections of children in terms of reference ages. The age-groups of 0-14 years, 15-59 years and 60 and above years form a commonly accepted standard in reporting demographic indicators.

Children are vital to the nation's present as well as its future. In recent years; there has been an increased focus on issues that affect children and on improving their health. It is in the national interest to have healthy children. Healthy children are more ready and able to learn and, in the longer term, are more likely to become healthy adults who will contribute as a productive citizenry and workforce to the continued vitality of society[3]. Children have begun to be recognized not only for who they are today but for their future roles in creating families, powering the workforce, and effectively contributing in development of the country. Mounting evidence that health during childhood sets the stage for adult health not only reinforces this perspective, but also creates an important ethical, social, and economic imperative to

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ensure that all children are as healthy as they can be [3]. Healthy children are more likely to become healthy adults. Health during childhood must be a major concern both because children are important in their own right and because the nation cannot thrive if it has large numbers of unhealthy adults.

Within this context, it is reasonable to ask what it means for children to be healthy and whether the country is adequately supervising and appraise the health of its children. Do current surveillance and monitoring approaches provide the sufficient information necessary to evaluate ongoing programmes and policies to ensure that common precedence and available resources are aligned with children's needs and deployed to optimize their health? Are there ways possible to get methods for sculpture policies and practices in better manner specially designed to make children healthier?

Child Health issues: Changing Trends

When we take a look at the changing scenario in child health in India over the twentieth century, the improvements are nothing short of breathtaking. In 1910, the infant mortality rate was 145.6 per 1,000 live births; by 2014 (SRS), the rate had dropped to 39 deaths per 1,000 live births [4].

In India, an estimated 27 millions of children are born every year. As per Census 2011, the share of children (0-6 years) accounts 13% of the total population in the Country [5]. Majority of these births took place in the

underprivileged rural and urban communities, where the parents are not always able to provide adequate care. Newborn and infant mortality rates are particularly high in such situations. An estimated 12.7 lakh children die every year before completing 5 years of age. However, 81% of under-five child mortality takes place within one year of the birth which accounts nearly 10.5 lakh infant deaths whereas 57% of under-five deaths take place within first one month of life accounts 7.3 lakh neo-natal deaths every year in the Country [5].

The World Health Organization (WHO) estimates that India is one of the highest ranking countries in the world for the number of children suffering from malnutrition. The prevalence of underweight children in India is among the highest in the world, and is nearly double that of Sub Saharan Africa with dire consequences for mobility, mortality, productivity and economic growth [6].

As per NFHS 3, 48% of children under age five years are stunted (too short for their age) which indicates that, half of the country's children are chronically malnourished. Acute malnutrition, as evidenced by wasting, results in a child being too thin for his or her height. 19.8% of children under five years in the country are wasted which indicates that, one out of every five children in India is wasted. 43% of children under age five years are underweight for their age[7].

The major child health problems in different age groups have been summarized in **Figure 1**.

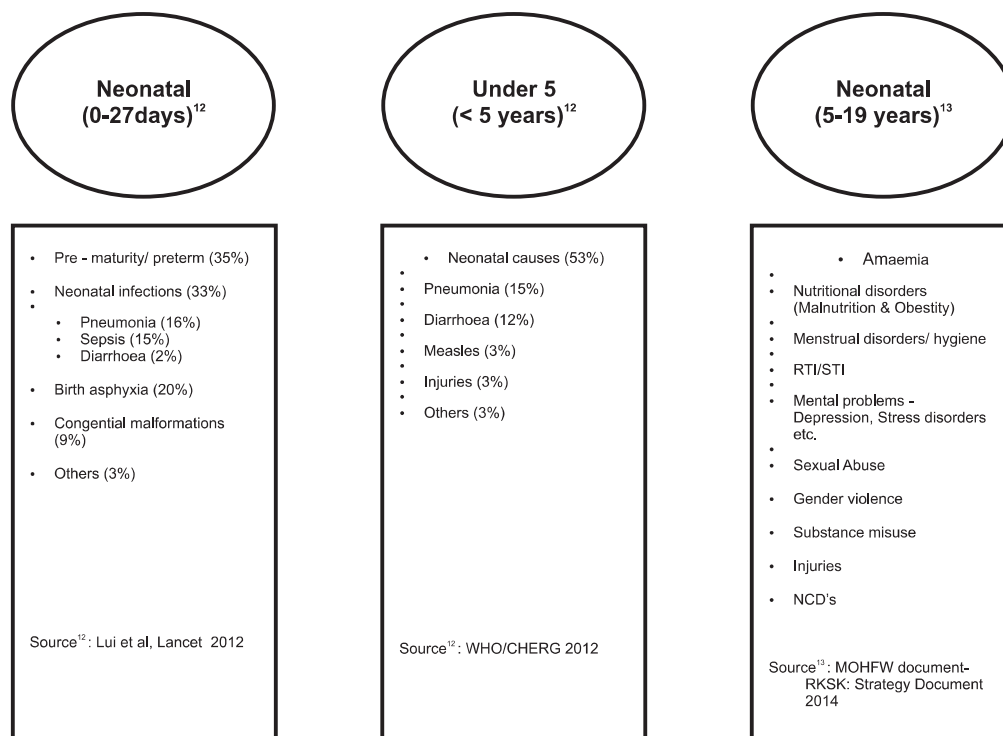


Figure 1: Major child health problems in India

Health Needs Of Children In Current Situations

The needs and care of children are very different at different ages. The important health needs at various ages can be considered as follows:

Newborn: Maternal nutrition and adequate antenatal care. Safe delivery, immediate care of the neonate and subsequent management during the first 1-3 months.

Infancy and pre-school period: Feeding and nutrition (supplements of iron, vitamins), immunization, proper management of common infections (diarrhea, respiratory, skin, eye, ear, parasitic), and attention to development.

Older children: Adequate nutrition, treatment of acute and chronic diseases (e.g. tuberculosis, malaria, water borne diseases).

Adolescents: Physical and emotional health, treatment of acute and chronic diseases, family life counseling.

Parents, grandparents, and other family members are usually committed to providing every possible facility to the children in their families, and to ensuring that they are always healthy and have the opportunities that they need to execute their potential. Yet it is considerably varied between communities in their commitment to the collective health of children and in the resources that they make available to meet children's needs. This is clearly reflected in the methods in which communities address the issues related to children, specifically concern to their health. If the family, community and country entertain efficiently and effectively with all these child health need only then we can expect a perfect society in future.

Why Urgent Action Needed

The past century has seen vast improvements in our children's health. The infectious diseases that once killed huge numbers of children have largely been conquered.

Dramatic improvements have occurred over the past several decades in such areas as reducing infant mortality, reducing mortality and morbidity from many infectious diseases and accidental causes, increasing access to health care, There have been steady increases in the proportion of immunized children, and both acute mortality and long-term disabilities resulting from certain infectious diseases have been greatly reduced.⁸ Yet despite these improvements, India lags far behind other industrialized nations in this and other measures of children's health. Some national indicators raise questions about the health of the nation's children and point to the need for continued appraisal. The children behind each of these statistics face serious barriers to

healthy childhoods and healthy, productive adult lives.

Children are generally viewed as healthy when they are assessed by adult standards, and there has been a great deal of progress in reducing childhood death and diseases [3]. But the country should not be blinded by these facts—several indicators of children's health point to the need for further improvement, children in the country do not fare as well as their counterparts in many other developing countries on many aspects of health, and there are marked disparities in health among children within the country. Recent improvements in children's health need to be sustained and further efforts are needed to optimize it. To accomplish this, the nation must have an improved understanding of the factors that affect health and effective strategies for measuring and using information on children's health.

Measuring Child Health – Think Differently

Today for measuring child health we use various indices but it is well known that there are no comprehensive, agreed-upon measures or indices as to what constitutes child health [9]. Some widely used indices to measure child health are summarized in **Figure 2**.

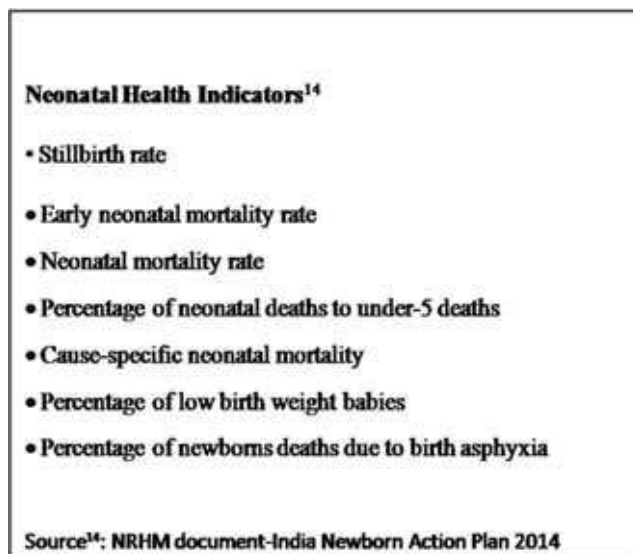


Figure 2: Neonatal health indicators



Figure 3: Under 5 health indicators

Adolescent Health Indicators¹³

- Reduction in malnutrition and IDA among adolescents
- Decline in HIV prevalence among adolescents
- Decline in experience of violence among adolescents
- Decline in prevalence of serious Mental Health Problems among adolescents
- Decline in substance misuse among adolescents
- Decline in incidence of NCDs among adolescents
- Percentage of adolescents who are overweight/obese (BMI >25.0 kg/m²)
- Percentage of adolescents with any anaemia (<12.0 g/dl)
- Percentage of adolescents married in age group 15–19
- Percentage of adolescents who are daily tobacco/alcohol users
- Prevalence of adolescents with diagnosed diabetes
- Prevalence of adolescents with diagnosed hypertension
- Proportion of adolescents aged 10-19 years, who suffered from major injuries (accident, fall or any other which restricted their locomotor function), during the past 12 months

Source¹³: NRHM document-RKSK: Operational Framework 2014

Figure 4 : Adolescent health indicators

As these indices reflect that major emphasis is on physical dimension of child health but we should not forget that this is only the tip of iceberg, other dimensions are also play crucial role especially in case of children's health.

It is evident that child health is the result of a dynamic set of factors [10]. A multitude of biological, behavioral, and environmental factors can either pose a risk to children's health or act in a protective or health-promoting capacity. For example; children's social environments can be characterized by a number of influences that can be viewed as safe, health-promoting, risky, or detrimental. Many factors (e.g., peers) can be either a risk to health or a protective factor, depending on the specific circumstances [3].

All these factors are responsible not only for changing trends but also for epidemiological transition of childhood diseases as well. The past century has witnessed dramatic changes in child and adolescent mortality and illness. One hundred years ago, infectious diseases were the leading causes of childhood disease and death. Today, social and environmental factors are the principal drivers of child health. Along with the old problems like persistence of communicable diseases, there is an urgent need to address the emerging issues like the threat of non-communicable diseases, HIV AIDS and other nutritional disorders[8]. Thus child health experts and advocates now focus on the precursors, promoters and precipitators of diseases, as well as how all these affects children's health and development throughout childhood and adolescence. So that we can approach and deal childhood health problems in a better manner.

The Nation's Investment in Children: Current Scenario

Earlier, the National policy for Children (NPC) 1974 recognized the need for national programmes for children so that they grow to become 'robust citizens, physically fit, mentally alert and morally healthy' Further, National Charter of Children adopted by India in 2004 underlined the intent to secure for every child right to enjoy a healthy and happy childhood and all root causes that negate the healthy growth of children To affirm this commitment, Government of India adopted in the NPC 2013, a long term, sustainable, multi-sectoral, inclusive and integrated approach for the development and protection of children i.e. 0-18 age group. Survival, health, nutrition, development, education, protection and participation are the key priorities of the policy. It reiterates the State's commitment to ensure equitable access to essential, preventive, promotive, curative and rehabilitative health care for all children[11]. Concurrent assessment of child health services under national health programmes highlight various areas of default and demands to deal the issue in a proper manner. In this view Important Thrust areas under Child Health programme are

Thrust Area 1 : Neonatal Health

- Essential new born care (at every 'delivery' point at time of birth)
- Facility based sick newborn care (at FRUs & District Hospitals)
- Home Based Newborn Care

Thrust Area 2: Nutrition

- Promotion of optimal Infant and Young Child Feeding Practices
- Micronutrient supplementation (Vitamin A, Iron Folic Acid)
- Management of children with severe acute malnutrition

Thrust Area 3: Management of Common Child hood illnesses

- Management of Childhood Diarrhoeal Diseases & Acute Respiratory Infections

Thrust Area 4: Immunisation

- Intensification of Routine Immunisation
- Eliminating Measles and Japanese Encephalitis related deaths
- Polio Eradication

The strategies for child health intervention focus on improving skills of the health care workers, strengthening the health care infrastructure and involvement of the community through behavior change communication to implement policies and programme more efficiently and achieve objective on time.

We Must Act Now

In brief, we find that despite major gains over the past century, children's health varies widely across population subgroups and lags well behind that of many other industrialized nations. Furthermore, although public health-care expenditures for children have grown steadily, this growth has come from expanded eligibility for publicly financed health insurance and substantial increases in the cost of health care. Rising health expenditures have coincided with the erosion of public investment in education, housing, and social services, all of which are thought to affect health, especially among the poorest children.

Unless we act now, our children will continue to fall farther behind, putting our society, economic prosperity, and national security at even greater risk. So it is the time of intense and dominant commands like

1. **Well equipped infrastructure Establishments to handle recent child health needs and provide direct care** – Attending infections on need, addressing new emerging chronic conditions by ensuring kids take medication when carried in eg. Asthma, Diabetes etc, first aid in case of injuries at play and school, maintenance of health records, good day care services as small retiring room in case of sickness etc.

2. **Regular and Periodic Health screenings** – Plan and schedule tests – nutritional status, sugar, vision, hearing, dental exams etc – Any early diagnosis will help us to manage problems more easily as well as avoid spending resources at a later date.
3. **Well Coordinated School Health Plan** – Inquire about medical facilities in school before admissions, Review of sanitation and hygiene facilities in school, Mid-day meal nutrition, coordinate with local medical authorities and NGOs to track and communicate epidemics and infections in local neighbourhood and early preventive measures for it.
4. **Awareness and Health Education** – Educate and aware the kids on age-relevant health topics – prevention measures, food nutrition, hygiene, open communication on medical condition, medication and side effects, safety measures etc.
5. **Proper coverage of allied health areas** – Training and awareness programmes should be conducted depending on resource availability and contextual importance – ragging, anger management, psychological counseling, smoking, alcohol, sex, drugs, suicide tendency etc.

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