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Original Article

## Tracking of Child Health in India: Policy, Governance and Perspectives

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### ABSTRACT

**Background :** The governance and policy landscape of child health in India within the framework of Sustainable Development Goals (SDG) 3, aiming to “ensure healthy lives and promote well-being for all at all ages.” With India’s substantial youthful population, addressing the health needs of children becomes paramount. The study meticulously traces the trajectory of child health, emphasizing the critical role of monitoring indicators like Infant Mortality Rate, vaccination coverage, and nutritional status. **Methods:** Employing a comprehensive approach, the study analyses data from the National Family Health Survey (NFHS) 3, NFHS 4, and NFHS 5, alongside the Sample Registration System (SRS) spanning the years 2017 to 2020. **Results:** The findings unveil positive trends in infant and child mortality rates, coupled with improvements in immunization coverage. Additionally, the results highlight persistent rural-urban differentials, underscoring continuous efforts to bridge these gaps through targeted initiatives. **Conclusion:** The study emphasizes the nation’s commitment to ensuring the well-being of its youthful population and contributes to the broader global objective of promoting healthy lives for all.

**Keywords:** *Child health, Sustainable Development Goals, Child immunization, Stillbirth, Infant mortality, Under 5 mortality, Perinatal mortality, and Neonatal mortality*

### INTRODUCTION :

Sustainable Development Goals (SDG) 3 marks a paradigm shift in global health objectives, striving to “ensure healthy lives and promote well-being for all at all ages.” Central to this ambitious goal is the critical measure of child health, embodying a nation’s steadfast commitment to the welfare and future prosperity of its youngest citizens.<sup>(1)</sup>In India, a nation characterized by a significant youthful population, the imperative to address the health needs of children is paramount. This paper embarks on a thorough examination of the governance and policy landscape covering child health in India, shedding light on initiatives designed to safeguard the well-being of the nation’s most precious demography.

Child health stands as a fundamental aspect of public well-being, intricately tied to the prospects of a nation. With an estimated 26 million children born each year, and a demographic share of 13 percent among the total population according to the 2011 Census, India’s

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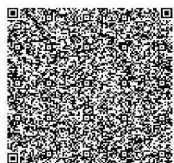
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commitment to monitoring child health indicators gains paramount importance.<sup>(2)</sup> Beyond statistical representation, these indicators—ranging from infant mortality rates to vaccination coverage and nutritional status—serve as fundamental benchmarks, reflecting the efficacy of public health initiatives and the nation's dedication to nurturing the health and development of its youngest citizens. This comprehensive exploration aims to trace the trajectory of child health in India, illuminating the multifaceted efforts that underscore the nation's dedication to ensuring a healthier and more resilient future.<sup>(3)</sup>

At the core of India's commitment to public health is the National Health Mission (NHM), acting as the architect of strategies aimed at enhancing various health outcomes. The pivotal role played by NHM is evident in its central focus on improving maternal and child health (RMNCH), aligning with the broader national health goals.<sup>(2, 4)</sup> SDG Goals 3, which targets the reduction of maternal, newborn, and child mortality, finds resonance in the mission's objectives. Over the years, the National Health Mission has evolved innovative strategies within its national program, ensuring evidence-based interventions reach diverse population groups. A shining example within this framework is the Integrated Child Development Services (ICDS) program, which stands as a transformative initiative, offering a range of services from nutrition provisions to health check-ups for young children.<sup>(4)</sup>

Furthermore, the Rashtriya Bal Swasthya Karyakram (RBSK) plays a crucial role in early intervention, screening, and management of health conditions among children. These initiatives operate in synergy with the Universal Immunization Program (UIP) and the National Nutrition Mission (Poshan Abhiyan), collectively aiming to fortify the health and nutrition foundation during the formative years.<sup>(5)</sup>

This paper aims to present a holistic perspective on the governance and policies surrounding child health tracking in India, highlighting the collaborative efforts that define the nation's commitment to shaping a healthier and more prosperous future for its children.

## MATERIALS AND METHODS

This paper's analysis is founded on three rounds of demographic survey-NFHS-3, NFHS-4 and NFHS-5 data, which were conducted during the period between 2005-2006, 2015-2016, and 2019-2020. This paper has

purposely excluded the NFHS-1 & NFHS-2 survey data collected between 1992-1993 and 1998-1999 for practical reasons. A key factor in excluding the NFHS-1 & NFHS-2 survey from the analysis was the brief span of time between 1992-1993 and 1998-1999, during which no significant policy or program changes occurred.<sup>(6)</sup>

The mortality indicators taken from NFHS various rounds were Infant Mortality Rate (IMR), Neonatal Mortality Rate (NMR), Under 5 Mortality Rate (U5MR). Also, the data from Sample Registration System (SRS) of 2017 to 2020 were considered for comparing trends of Peri-natal Mortality Rate and Still Birth Rate. We also laid emphasis on Child vaccination indicators from NFHS.

This study looked at the immunization status of children aged 12 to 23 months. If a child got three doses of diphtheria-tetanus-pertussis (DTP3) vaccination, three doses of polio vaccine, one dose of Bacillus Calmette-Guérin (BCG) vaccine, and one dose of measles vaccine, they were deemed completely vaccinated. If a child missed any or all of these immunizations, they were termed unvaccinated. In both NFHS surveys, vaccination status was determined using immunization cards or parental recollection if cards were not available.<sup>(7)</sup>

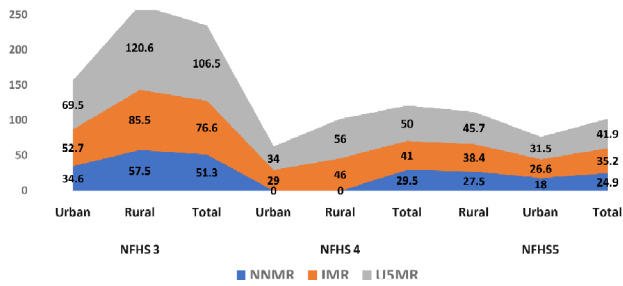
Charts were drawn and comparisons were made to study the patterns of Mortality indicators and trends were examined between survey time points. This study's participants were not engaged in its design. The paper is based on the study of secondary data from the NFHS 3-5 series that was made public. We were able to collect data directly from the yearly reports available from 2016 to 2020 for the sample registration system.

We did not need ethical approval for our research since we used publicly available papers, manuals, and questionnaires.

## RESULTS

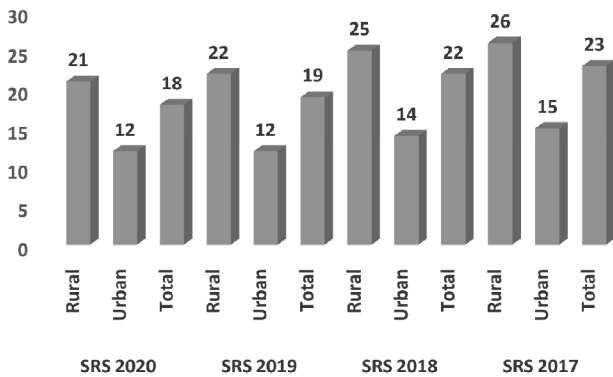
Almost all of the measures that were used to analyse infant and child mortality indicated rising trends showed that, in contrast to the 41/1000, 30/1000, and 50/1000 live births recorded during NFHS-4, the Infant Mortality Rate, Neonatal Mortality Rate, and Under 5 Mortality Rate in NFHS-5 were reported as 35/1000, 25/1000, and 45/1000 live births, respectively.<sup>(8)</sup> Figure 1

**Figure 1. Trends of IMR, NMR and U5MR from NFHS-3 to NFHS-5**



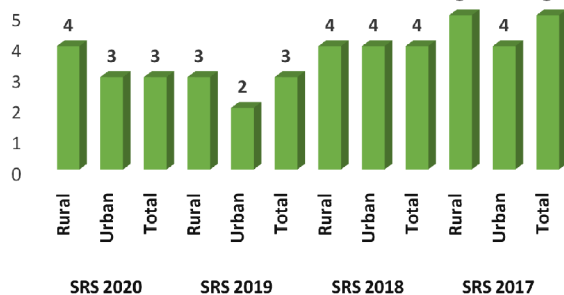
Similarly, from 23 per 1000 live births in SRS 2017 to 18 per 1000 live births in 2020, peri-natal mortality has also seen a favourable trend.<sup>(9)</sup> However, the yearly stillbirth rate recorded in the SRS varied throughout the course of the five-year period, averaging 3.8 stillbirths per 1000 births. It ranged from 5 stillbirths per 1000 births in 2017 to 3 stillbirths per 1000 births in 2019 and 2020.<sup>(9, 10)</sup>

**Figure 2: Trends in Peri-natal Mortality rate**



This significant influence on mortality data can be due to tremendous progress in postnatal check-ups of babies within 2 days of birth, which has been reported as 82 percent as compared to 27 percent in NFHS-4, a positive shift of 55 percent.<sup>(11)</sup>

**Figure 3: Trends in StillBirth Rate**



Surprisingly, rural Indians have historically had a higher mortality rate than urban Indians. Regardless of the amount of death, there are significant rural-urban infant mortality disparities at the national and state levels.

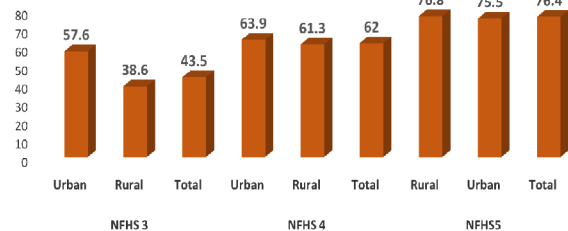
It was discovered that the rural-urban mortality gap was caused by a large divergence in socioeconomic and community-level characteristics.

It should be noted that there are ongoing efforts to reduce under-five mortality, particularly in rural India, through the intervention of various programs such as the National Health Mission and other initiatives such as Janani Shishu Suraksha Karyakram (JSSK), Rashtriya Bal SwasthyaKaryakram (RBSK), Poshan Abhiyan, and others.<sup>(12)</sup>

The rural-urban mortality disparity in under-five mortality has shrunk from 51 per thousand in NFHS-3 to 22 per thousand in NFHS-5. Despite the fact that rural under-five mortality is decreasing faster than urban under-five mortality, it remains greater in rural areas.<sup>(13)</sup>

Overall full immunization coverage in NFHS-3 was 44 percent which has gone up 61 percent in NFHS-4 and around 76 percent in NFHS-5 depending on data from the mother’s memory or the immunization card while information based only on vaccination card was included from NFHS-5, which was recorded 84 percent in NFHS-5.<sup>(14)</sup>

**Figure 4: Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall (%)**



**DISCUSSION**

The tracking of child health in India reveals a dynamic landscape marked by positive strides, reflecting the collective impact of governance and policy initiatives. The analysis of indicators such as the Infant Mortality Rate (IMR), Neonatal Mortality Rate (NMR), and Under-5 Mortality Rate (U5MR) showcases positive trends from NFHS-4 to NFHS-5. These declines underscore significant progress in reducing mortality risks during infancy and early childhood. Notably, the reduction in Peri-natal Mortality and Stillbirth Rates

further emphasizes advancements in prenatal care and fetal health.

## GOVERNANCE AND POLICY INITIATIVES:

The different programmes and policies were implemented to improve the child health in India by different stakeholders including community members.

**Integrated Child Development Services (ICDS):** The globally acclaimed ICDS program stands as a beacon in community-based child development. It continues to wield significant influence, positively impacting the health, nutrition, and education of children under six and their mothers. By fostering a comprehensive approach, ICDS addresses the holistic well-being of the community it serve. <sup>(15)</sup>

**Poshan Abhiyan:** Poshan Abhiyan emerges as a formidable initiative, dedicated to combating malnutrition. This program not only provides supplementary nutrition but also strives to promote healthy dietary practices and enhance healthcare infrastructure. Through a multi-pronged approach, Poshan Abhiyan aims to address the root causes of malnutrition, emphasizing the critical role of nutrition in overall child health. <sup>(16)</sup>

**Rashtriya Bal SwasthyaKaryakram (RBSK):** RBSK is designed to elevate the overall quality of life for children by providing comprehensive care within the community. Focused on early identification and intervention, RBSK has made commendable strides in addressing birth defects, diseases, deficiencies, and developmental delays. This program exemplifies a proactive approach to child health, ensuring timely interventions for a healthier start to life. <sup>(4)</sup>

**National Immunization Program (UIP):** The UIP has been a cornerstone in the reduction of child morbidity and mortality through routine immunizations. Acknowledging the importance of comprehensive coverage, the Government of India launched Mission Indradhanush, aiming to increase Full Immunization Coverage (FIC) to at least 90 percent. This initiative is a testament to the commitment to leaving no child without the protective benefits of vaccines. <sup>(5, 17)</sup>

**Janani Shishu Suraksha Karyakram (JSSK):** focused on ensuring the well-being of both mothers and newborns. JSSK plays a crucial role in facilitating institutional deliveries and postnatal care. By removing financial barriers and providing free and cashless

services, JSSK contributes to a safer and healthier environment for mothers and their newborns. <sup>(4)</sup>

## CHALLENGES IN CHILD HEALTH

Despite these commendable initiatives, India grapples with several challenges in child health- One of the foremost challenges lies in the persistent issue of inequitable access, particularly pronounced in remote and marginalized communities. A less than 36 percent of the Indian population has access to improved sanitation facilities, reflecting a substantial gap in basic necessities. The nation grapples with significant issues of poverty and malnutrition, with over 40 percent of children experiencing underweight conditions, and more than one in four babies born with low birth weight. In rural areas, the underweight prevalence among children under the age of 5 exceeds 45 percent. <sup>(18)</sup>

A significant hurdle arises from the inconsistent quality of healthcare services, particularly prevalent in rural areas. This inconsistency poses challenges in ensuring the uniform and effective delivery of interventions aimed at child health.

The effective monitoring and evaluation of child health programs demand robust data systems, presenting challenges in accuracy, timeliness, and completeness. The existing hurdles in data management necessitate concerted efforts to enhance the reliability and comprehensiveness of information.

Addressing behavioural change in communities regarding health practices remains a persistent challenge, requiring sustained awareness and education campaigns. Achieving a shift in behaviour necessitates not only disseminating information but also fostering a continuous and widespread understanding of the importance of health practices within communities. <sup>(3)</sup>

Insufficient infrastructure and a shortage of trained healthcare personnel in specific areas hinder the effective implementation of child health programs.

Overcoming the challenges in child health in India demands a comprehensive and targeted approach. To enhance access in marginalized communities, specific programs should be implemented, ensuring essential services reach remote areas. Improving healthcare quality in rural areas necessitates investment in infrastructure and ongoing training for healthcare personnel. To enhance data systems, the introduction of digital tools and training programs for healthcare professionals is crucial. Promoting behavioural change

requires community engagement and culturally sensitive communication campaigns. Addressing infrastructure and human resource gaps involves investing in healthcare infrastructure and implementing strategies to recruit and train personnel. A collaborative effort involving government agencies, non-profit organizations, communities, and international partners, along with continuous monitoring and adaptation of strategies, is essential for sustained progress in child health in India.

## CONCLUSION

India's child health landscape showcases both commendable progress and persistent challenges. While commendable progress has been made in reducing mortality rates and implementing vital programs, challenges such as inequitable access, healthcare quality variations, and data management persist. Navigating this landscape effectively demands a harmonized and adaptive strategy, bringing together government, organizations, communities, and global partners. This collective effort underscores the ongoing commitment needed to ensure the well-being of every child in India, aligning with the broader ambition of Sustainable Development Goals 3 - "Good Health and Well-being." It reinforces the dedication to achieving universal child health and development, a shared aspiration for a healthier and more resilient future.

## AUTHOR CONTRIBUTIONS

AJ and AH collected information, reviewed articles, and drafted the manuscript. SS conceptualized the study, drafted, edited, and reviewed the manuscript. All the authors provided critical input on the paper and approved the final draft.

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## CONFLICTS OF INTEREST

There are no conflicts of interest.

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