

The Unmet Need of Child Health Care- an Indian Perspective

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Introduction

India, the world's second-most populous country has one of the largest proportions of the pediatric population. Despite being one of the fastest-growing global economies, there is still a staggeringly wide gap in the paying capacities of the two extremes of the economic classes in our country [1,2]. Contributing factors include a high child mortality rate, and a large set of the population living below poverty line (BPL). Unfortunately, India contributes to 20% of the total child mortality rate (under 5 years of age) [2].

Below we have discussed the important contributing factors pertaining to this issue.

1. Healthcare delivery

Despite the Indian government's best efforts, less than 1.5% of the gross domestic product has been assigned to the nation's health. In the past, only private hospital setups were major providers of health facilities. However, fortunately, in the last 5 years, various state governments have come up with a free drug delivery system for every citizen, with nominal to no charges for most imaging and other lab investigations in both rural and urban communities. However, despite the government's best efforts even now more than 60% of the population seeks private consultation. To make matters worse only 5% of the Indian population has health insurance to cover these health care expenses [3-6].

According to a survey by the National Family and Health survey, the two main reasons for seeking private health care were the inferior quality of the public health care system and the absence of public health care facilities in their proximity. The most commonly affected groups are children and women [7].

However, the government has come up with National Rural Health Mission (NRHM) initiatives like Accredited Social Health Activities (ASHA), Multipurpose Workers (MPW), Auxiliary Nurse Midwife (ANM), hiring local employees to combat these discrepancies in health delivery and provide door to door service to one and all. But India still has a long road ahead before the unmet needs of the vulnerable population can be effectively met at low and affordable costs [7].

2. Malnutrition and poor population

Malnutrition and poverty are the two most alarming health issues in India. With more than 40% of children suffering from stunting and wasting, the situation is nowhere near improving. In fact, one-third of the Indian population lives BPL. Less than half of the child mortality rate is contributed to malnutrition. Poor sanitation is an issue faced by at least 64% of the population. An improvement in nutritional support and educating families for proper hygiene could have a drastic effect on reducing child mortality rates [7-11].

3. Mother and child health care

Mother and child health care go hand in hand. Anemic women, repeated pregnancies, malnutrition, underweight pregnant females, women suffering from undiagnosed sexually transmitted infections, contribute to repeated miscarriages, preterm deliveries,



and underweight newborns. Such neonates face a developmental crisis from the early hours of life itself and often require intensive neonatal care facilities. However, most primary health care centers are ill-equipped to manage these cases. A robust antenatal checkup could subvert these issues. Breastfeeding mothers also require adequate nutrition and ASHAs have been deployed to ensure the same [12-14].

4. Vaccination

The national immunization programs cover children under 5 years and provide vaccinations against various viral and bacterial infections. However, there is still a need to cover large sects of tribal and rural population which is still not shielded against vaccine-preventable infections. A robust and mandatory vaccine delivery system could tackle these problems at their core [3,7].

Conclusion

Despite the government's noble and sincere efforts, the unmet needs of the Indian pediatric population are a major concern. It has been chronically preventing the Indian health care system from working at its full potential. Government must work at all levels to effectively combat this issue by providing cost-effective health care and public education to the poor and uneducated sects of society. Only then our nation can emerge as a global pioneer by supporting the future of our country, the children.

References

1. OECD. Economic survey of India, 2017.
2. Khurmi M, Gupta M, Patle A, et al. . Improving child survival under National Health Mission in India: where do we stand? *Indian J Child Health* 2015;2:49–54.
3. National Family Health Survey (NFHS-3) 2005-06, India volume 1.
4. Sengupta A, Prasad V. Towards a truly universal indian health system. *Lancet* 2011;377:702–3.
5. Balarajan Y, Selvaraj S, Subramanian SV. Health care and equity in India. *Lancet* 2011;377:505–15.
6. Reddy KS, Patel V, Jha P, et al. . Towards achievement of universal health care in India by 2020: a call to action. *Lancet* 2011;377:760–8.
7. Pappachan B, Choonara I. Inequalities in child health in India. *BMJ Paediatr Open*. 2017;1:e000054.
8. Statistics UNICEF. India: www.unicef.org Accessed on 20 October 2021.
9. Smith LK, Manktelow BN, Draper ES, et al. . Nature of socioeconomic inequalities in neonatal mortality: population based study. *BMJ* 2010;341:c6654
10. Spencer N. The effect of income inequality and macro-level social policy on infant mortality and low birthweight in developed countries--a preliminary systematic review. *Child Care Health Dev* 2004;30:699–709.
11. Gouda J, Gupta AK, Yadav AK. Association of child health and household amenities in high focus states in India: a district-level analysis. *BMJ Open* 2015;5:e007589.
12. Mahapatro M. Equity in utilization of health care services: perspective of pregnant women in southern Odisha, India. *Indian J Med Res* 2015;142:183–9.
13. Ram F, Singh A, Ram U. Human rights approach to maternal

& child health: has India fared well? *Indian J Med Res* 2013;137:721–7.

14. Maternal & Child Mortality and Total Fertility Rates - Sample Registration System (SRS). Office of Registrar General, India. 7th July 2011.