



Mains Practice Question

Q. Even though child mortality in India has reduced significantly, the numbers are still the highest in the world. Discuss the reason behind the persistence in high rate of child mortality in the country and highlight the steps taken by the government in this regard. (250 words)

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Approach:

- Explain child mortality with latest child mortality figures and improvement in them.
- Give reasons for persistence of high rate of child mortality.
- Mandate- constitutional obligation, SDGs
- Discuss steps taken by government
- Conclude with how better monitoring and implementation will help improve the situation

Introduction

- It is the number of deaths per thousand among children. Child mortality is a broad term which encompasses mortality at different ages- Neonatal stage (within one month), Infant mortality rate (IMR- below one year), Under 5 mortality (above one and below 5).
- It is an indicator of broader health, and of environmental and social issues, such as malnutrition, water sanitation, poverty, and access to health systems.
- Prematurity & low birth weight, Pneumonia, Diarrheal disease, Other Non-Communicable Diseases, Congenital anomalies and severe infections etc are some of the most common reasons of child mortality in India.
- Infant and child mortality in India have declined substantially over the past 15-20 years. India has reached the global average for child mortality rate despite that India accounts for about 18% of the world's newborn deaths, and 22% of under-5 deaths.
- Poorer neighbors like Nepal and Bangladesh have performed better than India

Reasons for persistent child mortality

- Factors contributing to this slow decline in child mortality rate include lower social, cultural and health status of women in India
- Huge gender differences in mortality rates due to gap in childhood investment, defined as essential inputs necessary for survival, health nourishment and female feticide.
- Socioeconomic gap in mortality rates due to better access to nutrition, medical facilities and awareness by higher and middle income group.
- Prevalent malnutrition resulting in lower immunity, stunting, wasting etc.
- Acute shortage of trained medical personnel, poor health infrastructure and service delivery (particularly in rural areas).
- High levels of inequality in access to healthcare and sanitation levels between rural and urban areas.
- Low awareness, illiteracy, early marriages and multiple pregnancies of women impacting health of newborn.
- Lack of institutional delivery practices, breastfeeding practices impacting mother and child health.

Mandate- Constitutional obligation, SDGs

- Opportunities for healthy development of children (Article 39).
- Article 45 – provide early childhood care and education for all children until the age of six years. (DPSP)
- Article 47 – Raising the level of nutrition and the standard of living and the improvement of public health.
- Sustainable Development Goals (SDGs) adopted by the United Nations also deals with promoting healthy lives and well-being for all children.
- The SDG Goal 3 is to end preventable deaths of newborns and under-5 children by 2030.

Government steps

- Indian government has initiated **National Health Mission (NHM)** all across the country to reduce infant mortality rate:
- **Janani Suraksha Yojana (JSY)** and **Janani Shishu Suraksha Karyakaram (JSSK)** providing pregnant women absolutely free ante-natal check-ups, delivery including C-section, post-natal care and treatment of sick infants till one year of age
- **Pradhan Mantri Matru Vandana Yojana (PMVYY)** for all Pregnant Women & Lactating Mothers providing partial compensation for the wage loss.
- Establishment of **Special Newborn Care Units (SNCU)**, **Newborn Stabilization Units (NBSU)** and **Kangaroo Mother Care (KMC)** units for care of sick and small babies.
- **MAA- Mothers' Absolute Affection** program for improving breastfeeding practices (Initial Breastfeeding within one hour, Exclusive Breastfeeding up to six months and complementary Breastfeeding up to two years.
- **Universal Immunization Program (UIP)** to provide vaccination to children against life threatening diseases.
- Name-based **Mother and Child Tracking System** till the age of two is done to ensure complete antenatal, intranatal, postnatal care and complete immunization as per schedule.
- **Beti bachao, beti padhao** to prevent female foeticide and for raising awareness related to female health and education.
- **Nutritional Rehabilitation Centers** for acutely malnourished children.

Way forward

- Address health equity through universal health coverage so that all children are able to access essential health services without undue financial hardship
- Address priority maternal and child health problems by strengthening health systems at PHCs, anganwadis etc.
- Prioritize the essential elements of child health and nutrition services such as breast feeding immunization etc.
- To increase access, coverage, and quality of child health services, strategic direction and an optimal mix of community and facility based care is required.