

AN ANALYSIS OF CHILD HEALTH AND NUTRITION IN INDIA

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Received: 19 Jul 2020

Accepted: 25 Jul 2020

Published: 31 Jul 2020

ABSTRACT

Indian has achieved a significant growth in the child health related indicators but as compared to developed and many developing countries Indian performance is low. Among the social groups also noticeable gap is observed. ST is in the lowest position. Further, rural areas has comparatively in the lower position in all the child health related indicator.

Child health is related to many socio-economic indicators namely, female literacy rate, occupation, per capita income, social group, health status of father and mother, safe drinking water supply, sanitation facilities, proper pregnancy care, availability of good number of doctors, nurses, beds, hospitals, service delivery and so on. Hence, government has to give importance to improve the socio-economic condition people. Water and sanitation facilities need to be give more importance to have a healthy society.

KEYWORDS: *Child Health, Development, Nutrition*

INTRODUCTION

Child health and nutrition plays a very important role for the overall development of the nation of the next generation. Children are the potential assets of a nation and hence, their health care and development is of crucial importance in a nation's development agenda. India has made a significant growth and development in most of the socio-economic indicators. With respect of child health and nutritional status, India's performance is comparatively poor than developed and many developing countries. Further, there is a huge regional and social imbalances are observed. Some regions are in the better off position and some are lagging behind in child health and nutritional status. Further, some social groups have very best status in child health and nutritional level and some are deprive. There are number of factors play an important role in child health and nutritional development, among them income, employment, social group and so on are important.

Child health is measured with different indicators among them Infant Mortality Rate (IMR), Child Mortality Rate (CMR), Under Five Mortality Rate (U5MR), Stunted, Wasted and so on are very important. With respect of influencing factors for these child health and nutritional indicators, child immunisation, institutional delivery, care during pregnancy, water, sanitation, and other socio-economic indicators are important.

Central government and state governments have been implementing various programmes and policies to improve the child health status in India since independence. After 1990, central government has given more importance to improve the child health. With these efforts, child health status has improved significantly. However, we have to achieve a lot in comparison with many developing and developed countries world over.

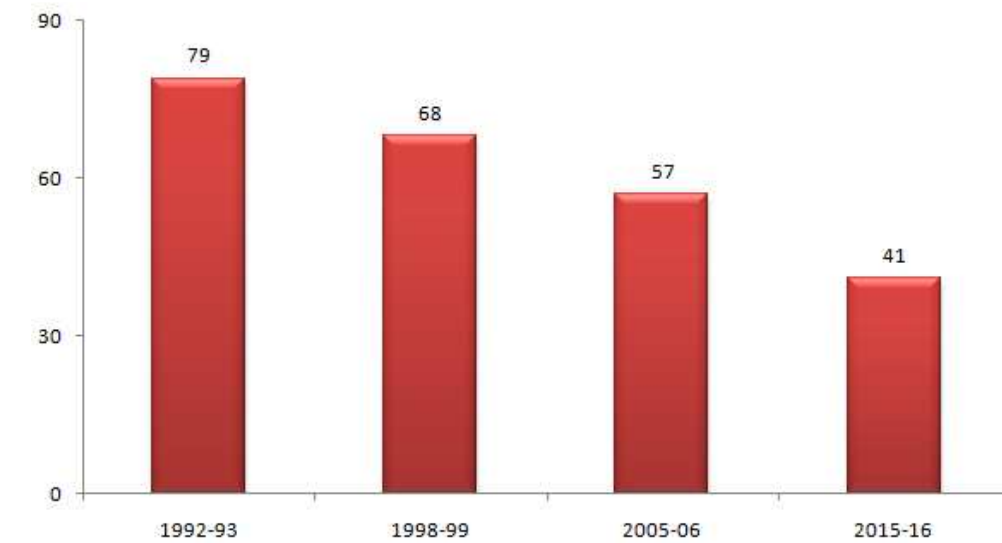
BRIEF REVIEW OF LITERATURE

Hanagodimath (2008) has constructed Health Status Index (HIS) and Health Infrastructure Index (HII) for Indian states the study found that health infrastructure plays a very important role in the improvement of health status. Shiddalingaswami, Keshavmurthy and Revankar (2012) developed the health indices for the districts of Karnataka. The study has used Infant Mortality Rate is one of the proxy indicator of overall health status of the community. The study has suggested that not only increasing of public expenditure on health is important but also proper and efficient implementation of the government schemes and programmes is important. Having given a special focus on special focus was given on tribe and caste Roy, Kulkarni, Vaidehi (2004) examined the quantum of inequality and nutritional status among Indian states using the data from NFHS II. Gupta Indrani and Arindam Datta (2003) using data from 52nd Round of National Sample Survey Organization indicated that the poor had much higher levels of mortality, malnutrition and fertility than the rich. The study revealed that economic status has negative association with getting government health facility in Duggal and Others (2014) has suggests that through significant budgetary allocation nutrition status of the people can be improved. Another study by Hanagodimath (2009) examines the public expenditure on health among Indian states. The study found that after the economic reforms, public expenditure by central government as a share of GDP has increased significantly. Where is in the case of public expenditure on health (as a share of GSDP) by the state governments has decreased significantly in most of the states. There are number of studies which have examined the issues of child health and nutrition in India namely Deogaonkar Milind (2004), Ghosh M. (2013) Naidu and other (2006) and so on.

Given this background in the present study an attempt is made to analyze health and nutritional status of children in India. The paper has been divided into four sections, apart from introduction, section two reviews of earlier studies, while in section three, discussion has been made. Last section concludes the present paper.

DISCUSSION

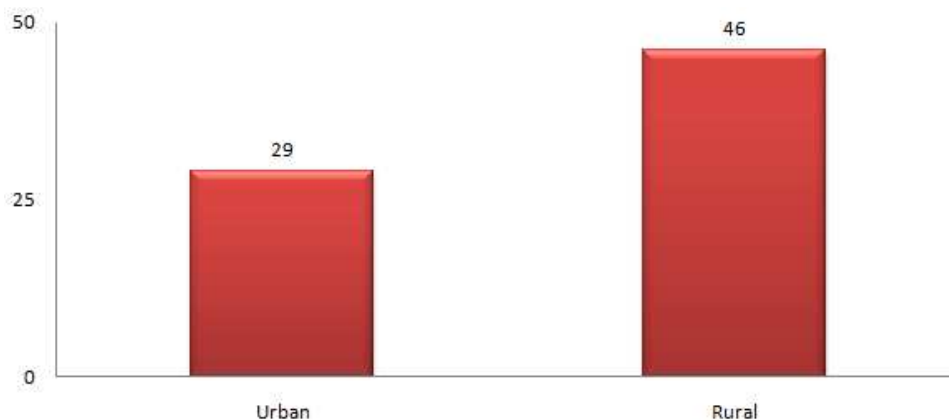
Among the health indicators after life expectancy at birth (LEB), infant mortality rate (IMR) is very important indicator. At the initial years of construction of human development indices by UNDP, infant mortality rate was used as a proxy for overall health status of any region. This indicator is used in the absence of LEB. In figure 1 pattern of infant mortality rate has been presented. It is found that in the years 1992-93 IMR was 79, which decreased to 41 in the year 2015-16. Around two fold decrease is observed over the period of 25 years. In USA, UK, Australia and France it is less than 5 (UNDP, 2015). Further, in countries like Japan, Monaco and Slovenia it is less than 2 only. These facts and figures tells us our backwardness in the child health status at the international level.



Source: Various Reports of NFHS

Figure 1: Infant Mortality Rate in India.

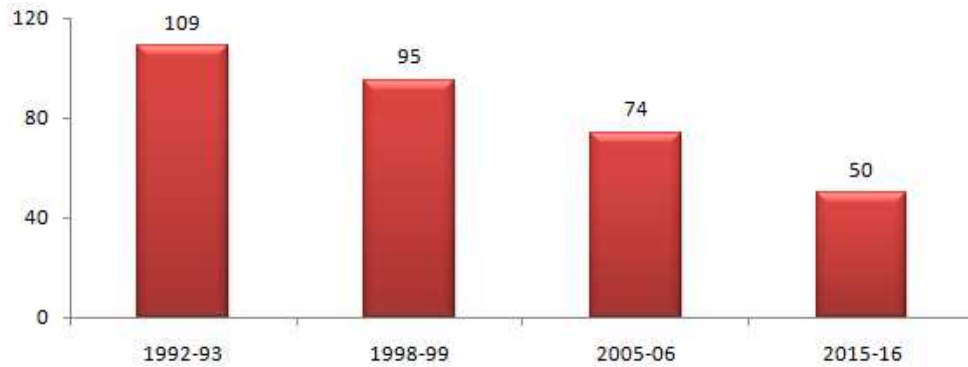
In India there is a huge gap between rural and urban area in most of the socio-economic indicators. With respect to child health related indicators also there is a noticeable imbalances is observed. In figure 2 regional wise performance of IMR has been presented. It is found from the figure that IMR of urban is 29, whereas in rural it is 46. It means more than IMR of rural is more 1.5 times higher than that of urban.



Source: Various Reports of NFHS

Figure 2: Region Wise IMR in India, 2015-16.

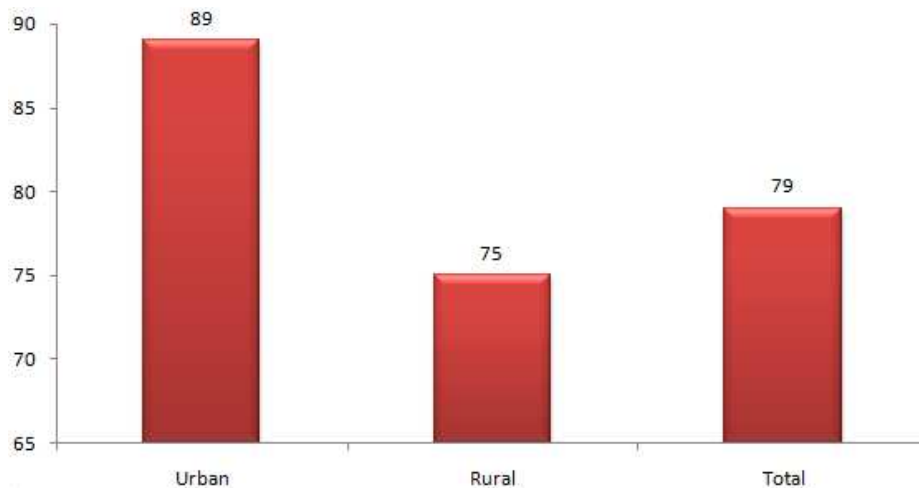
Under five Mortality rate is also another important indicators of child health status. In figure 3 under five mortality rate has been presented for India from 1992-93 to 2015-16. It is found from the figure that over the period of time under five mortality rate has decreased significantly to 50 in 2015-16 from 109 in the year 1992-93. The decrease is more than two times in the study period. It is less than 10 in Australia, Switzerland and Norway (UNDP, 2015).



Source: Various Reports of NFHS

Figure 3: Under 5 Mortality Rate, 2015-16.

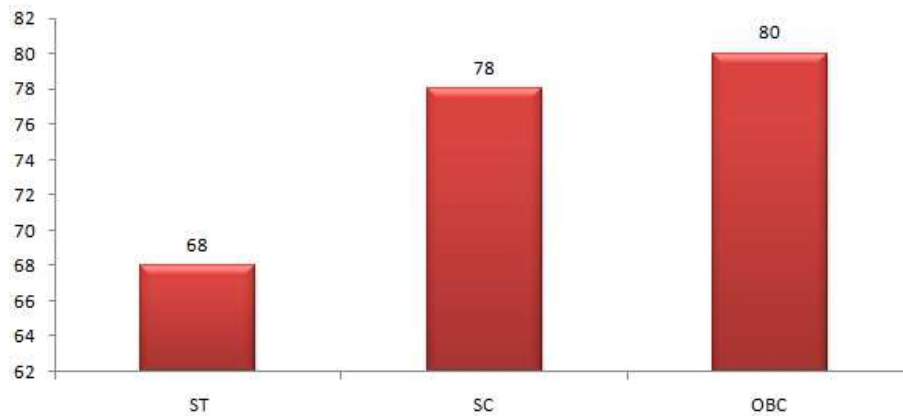
To have higher level of child health status, proper care at the time of pregnancy is necessary. Further, institutional birth has a crucial role. If pregnant women go for regular check-up along with proper food and vitamins she will give a birth to a healthy child. In India institutional deliveries have increased significantly. It is 79 per cent in the year 2015-16. But there is a noticeable gap is observed between rural and urban area. In urban area it is 89 per cent and in rural area it is only 75 per cent.



Source: Various Reports of NFHS

Figure 4: Region Wise Institutional Birth in India, 2015-16.

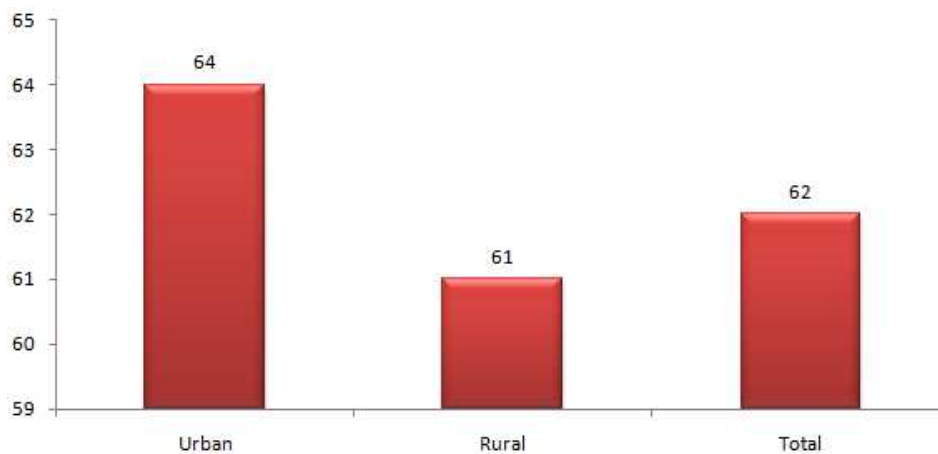
As it is well known fact that in India developmental fruits are not distributed equally among all the social groups, there is a noticeable inequality is observed. With respect to institutional birth also, there is a significant difference/gap is observed, which has been presented in figure 5. It is found from the figure that schedule caste has very less share (68%) of institutional deliveries followed by schedule caste (78%) and OBC (80%).



Source: Various Reports of NFHS

Figure 5: Social Groups Wise Institutional Birth in India, 2015-16.

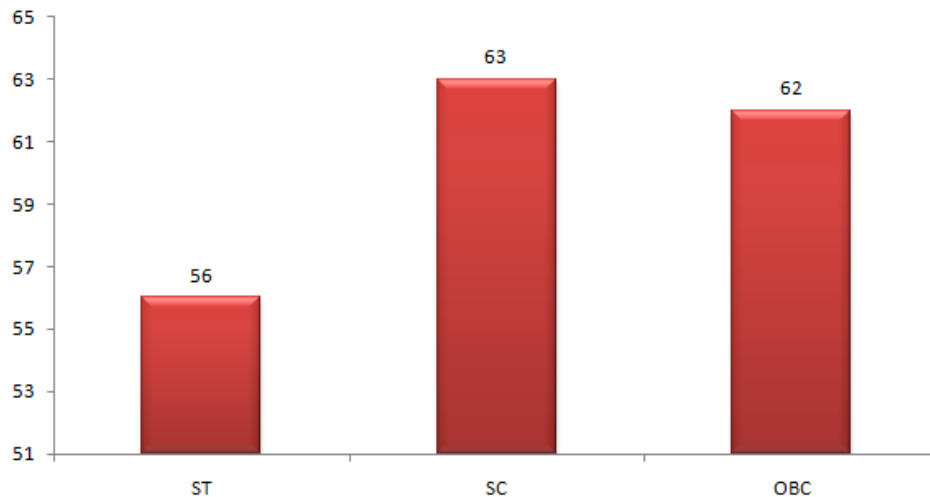
To decrease infant and child mortality immunisation is very important. In figure 6 details on regional wise immunisation has been presented. It is found from the figure that, fully immunisation in India is 62 per cent. In this indicators also, rural-urban gap is observed. Rural area has only 61 per cent and urban area has 64 per cent.



Source: Various Reports of NFHS

Figure 6: Region Wise Fully Immunisation in India, 2015-16.

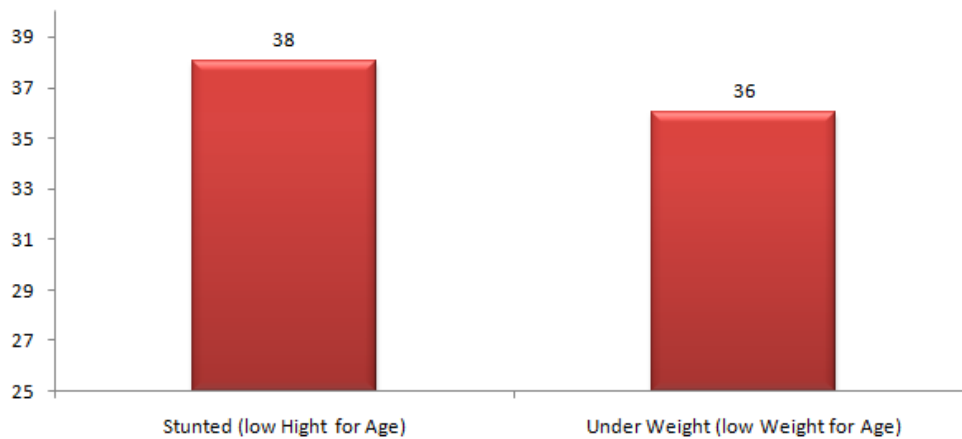
In figure 7 social group wise fully immunisation has been presented for India for the year 2015-16. It is found from the figure that ST has very lower immunisation rate (56%) followed by OBC (62%) and SC (63%).



Source: Various Reports of NFHS

Figure 7: Social Group Wise Fully Immunisation, 2015-16.

In India with respect to child health is concerned, the most crucial issue is under development. Child under development is mainly measured through two major indicators namely, stunted and wasted. Stunted means 'low height for Age'. In India, 38 per cent of the children are stunted. It means, 38 per cent of children have lower height as compared to their age. Further, wasted is another indicator, it means, 'lower Weight for Age'. In Indian 36 per cent of children are wasted (please see figure 8).



Source: Various Reports of NFHS

Figure 8: Child Stunted and Wasted in India, 2015-16.

CONCLUSIONS

From the above analysis it is clear that Indian has achieved a significant growth in the child health related indicators but as compared to developed and many developing countries Indian performance is low. Among the social groups also noticeable gap is observed. ST is in the lowest position. Further, rural areas has comparatively in the lower position in all the child health related indicator.

Child health is related to many socio-economic indicators namely, female literacy rate, occupation, per capita income, social group, health status of father and mother, safe drinking water supply, sanitation facilities, proper pregnancy care, availability of good number of doctors, nurses, beds, hospitals, service delivery and so on. Hence, government has to

give importance to improve the socio-economic condition people. Water and sanitation facilities need to be given more importance to have a healthy society.

Public expenditure on health has to be increased. Not only increasing of public expenditure but also efficient utilisation of public spending on health has to be done. Most importantly awareness and training programmes should be given to the women on proper child health care.

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