

Child Mortality in India



(Source - <http://gulfnews.com/news/asia/india/another-child-succumbs-to-encephalitis-taking-death-toll-to-72-in-india-1.2074038>)

In This Issue

COVER STORY:

- Child Mortality in India

HEADLINE OF THE WEEK:

- India facing problems of serious under employment, says NITI Aayog

SECTION 1: GOVERNANCE AND DEVELOPMENT

- **Politics and Governance:** Kashmiri Pandits demand homeland, revocation of article 370
- **Security:** You Let Panchkula Burn: Punjab & Haryana HC Tells Khattar Govt
- **Law and Justice:** Supreme Court gives India a Private life; To be forgotten online is a part of privacy: Justice Kaul

SECTION 3: SOCIETY

- **Social Justice:** Triple talaq Petitioner Ishrat Jahan faces social boycott, character assassination

SECTION 4: INDIA AND WORLD

- **India in The World:** India, Nepal sign eight pacts, calls for closer security and defense ties

SECTION 5: OPINIONS/BOOKS

- **Opinions:** What is the lowdown on minimum support price for crops?

Lead Essay

Child Mortality in India

Introduction

The death of more than 70 children within five days at a hospital in the north Indian city of Gorakhpur compels one to question the entire paediatric health care system in India. The Baba Raghav Das hospital, where the ill-fated incidence happened is the largest and most important referral hospital in a poor, populous region, serving a population of more than 50 million in hundreds of nearby towns and villages. According to media reports the majority of the children who died in Gorakhpur during mid-August 2017, due to Japanese encephalitis, a mosquito-borne, potentially fatal viral brain infection and has no known cure that periodically devastates the Indian state of Uttar Pradesh. As the Japanese Encephalitis progresses, the patients require oxygen to survive. But in Gorakhpur, half of the children died due to lack of oxygen cylinders in the intensive care ward. According to the company which had been supplying oxygen to the Baba Raghav Das Medical College hospital, they had sent as many as 14 reminders from February 2017 to pay the outstanding dues to the hospital administrationⁱ. The company acknowledged it had threatened to stop supplies but denied it had actually done soⁱⁱ. However, despite its own role in question in providing oxygen supply, the Uttar Pradesh government promised “stringent action against the guilty.”ⁱⁱⁱ By suspending doctors and blaming other staff on the charge of corruption, irregularities leading to the deaths, the government has tried to prove its innocence, but the incident poses some serious questions on government’s role and poor administration that led to grave loss of life.

The Gorakhpur tragedy is just the tip of the iceberg. The disregard for human life in India is so common that many more such deaths are not even covered by media or even if they are, they do not get national attention. The recent tragedy has highlighted the abysmal state of India’s healthcare system and focused attention on the root cause for the same – the country’s low public health spending. Although child mortality rates have been declining in India, they are higher than that of several other developing countries, some of which are poorer than India. Most of these countries spend more on public health than India does. Against these backdrop, it important to highlight India’s position in health care system in term of child health, public spending and other factors responsible for India’s abysmal health issue.

Child Mortality in India

In India, with an absolute increase in the population of about 181 million during the census 2001 and 2011, the child population aged 0-6 years has reduced by 5.05 million during the same period. Child mortality includes two components, viz. Infant Mortality Rate (IMR) and Under-5 Mortality Rate (U5MR). Infant Mortality Rate is the probability of dying of child within the first year of his life per thousand live births while U5MR is an indicator of the risk of death of the child within the first five years of life. Infants show a higher rate of mortality among all other indicators of child survival. Table 1 shows the disparity in infant deaths at the rural and urban levels. With a gap of 18 points at an all India level between the rural and urban areas, some states have made significant improvements in infant survival rates during 2005-2012.

Lead Essay

Table 1: Infant mortality rate in India, 2005-2012^{iv}

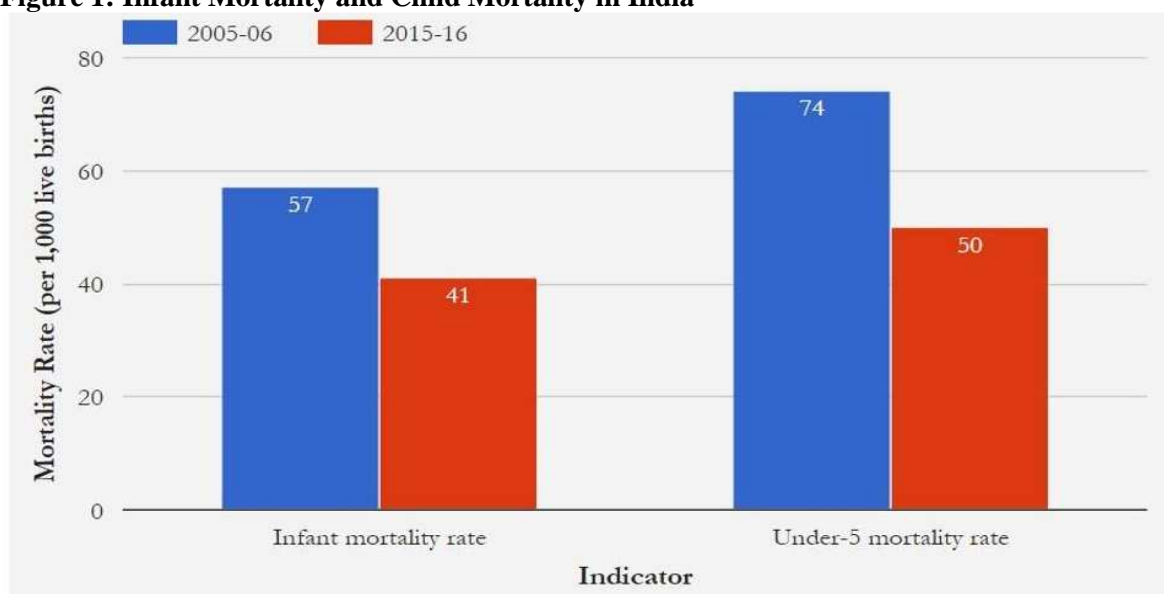
States	Rural		Urbal	
	2005	2012	2005	2012
Andhra Pradesh	63	46	39	30
Assam	71	58	39	33
Bihar	62	44	47	34
Gujarat	63	45	37	24
Haryana	64	46	45	33
Karnataka	54	36	39	25
Kerala	15	13	12	9
Madhya Pradesh	80	60	54	37
Maharashtra	41	30	27	17
Orissa	78	55	55	39
Punjab	49	30	37	24
Rajasthan	75	54	43	31
Tamil Nadu	39	24	34	18
Uttar Pradesh	77	56	54	39
West Bengal	40	33	31	26
INDIA	64	46	40	28

Source: Sample registration system, Government of India.

In rural areas of major states, IMR ranges from 13 percent in Kerala to 60 percent in Madhya Pradesh and 9 percent in Kerala to 39 percent in Uttar Pradesh in urban areas. Other states like Tamil Nadu (24), Maharashtra (30) and Punjab (30) also performed better in rural areas. Clearly, child mortality, which is defined as the death of the child before completing 4 years of his/her life, is higher in poor and less developed states of India. Most of the child deaths were reported in the states namely Madhya Pradesh, Uttar Pradesh, Assam, Rajasthan and Bihar.

According to the National Family Health Survey 2015-16 (NFHS-4), the infant mortality rate (IMR) reduced by 16 points over the last ten years and under-5 mortality rate reduced by 24 points during the same time period.

Figure 1: Infant Mortality and Child Mortality in India



Source: NFHS-2015-16 taken from Hindustan Times dated March 03, 2017

Lead Essay

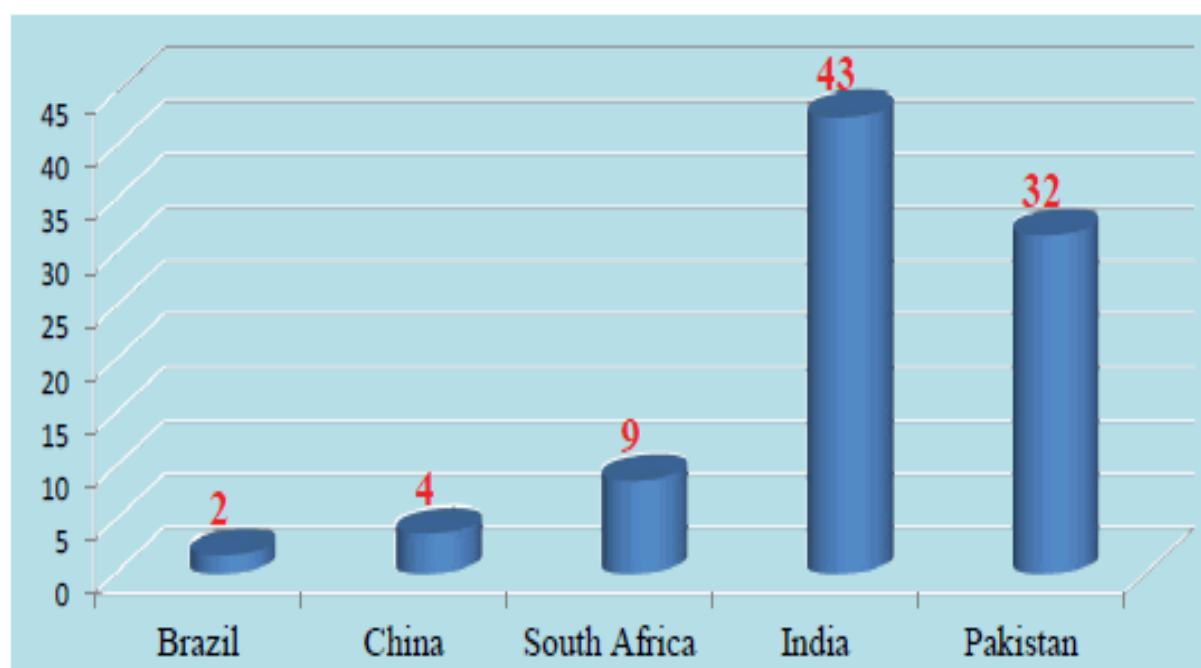
Although, the IMR and child mortality rate has decreased during the decade from 2005-06 to 2015-16, India still lags behind many other poorer countries on both these parameters India's under-five mortality (50) is substantially worse than its poorer neighbours, such as Nepal (36), Bangladesh (38) and Bhutan (33). There are also large inequalities between various states, for example, Chhattisgarh had the highest IMR (54), and Madhya Pradesh the highest under-five mortality (65) in the country, while Kerala's IMR (6) and under-five mortality (7) rates were the lowest. Mizoram was the only state to report an increase in infant mortality—from 34 deaths per 1,000 live births in 2005-06 to 40 in 2015-16.

International Comparison of Child Health

According to a new research by the medical journal *Lancet*, which based its research on the data from the Global Burden of Disease report, 2015, India ranked 154 out of 195 countries in terms of access to healthcare^v. The report also mentioned that although Bangladesh's per capita income is slightly more than half of India's, it ranks seventh among these 15 nations on the healthcare index. Nepal (poorer than Bangladesh) ranks eighth. Vietnam, which ranks third among these 15 countries in GDP (gross domestic product) per capita, ranks first on the healthcare index. The healthcare data of this report raises the question for the largest democracy in the world -namely, why hasn't democracy in India forced the government to be more responsive on health for the masses? And is GDP or even per capita GDP truly a measure of well-being?

Internationally child health has approved as the most important indicator for the development of the world. In every country, the respective governments have made every possible effort to tackle the issue of underweight children. Underweight percentage reflects the percentage of malnutrition. Figure 2 shows the underweight children in developing countries.. Among these countries, India (43%) has the highest percentage of underweight children. The percentage of underweight children in China is 4 percent, Brazil (2%), South Africa (9%). The percentage of underweight children in Pakistan is also very low compared to India. Pakistan has only 32 percent of underweight children. The health condition of children is clearly the worst in India compared to other developing countries.

Figure 2: Underweight children in the developing countries (%)

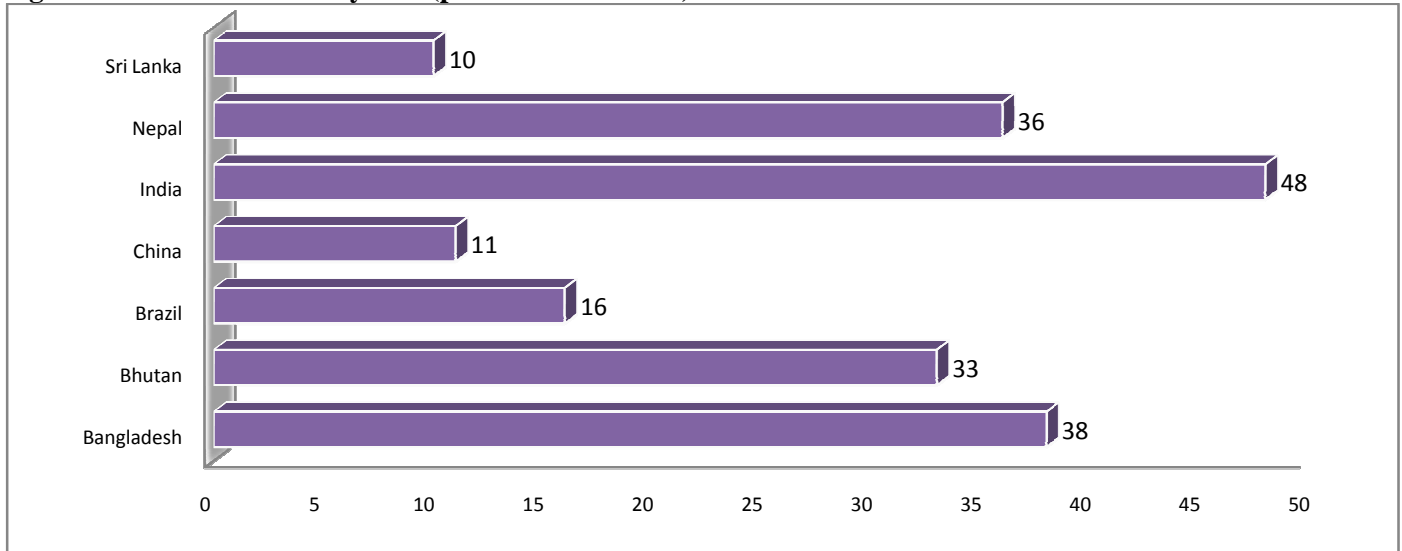


Source: World Health Organization

Lead Essay

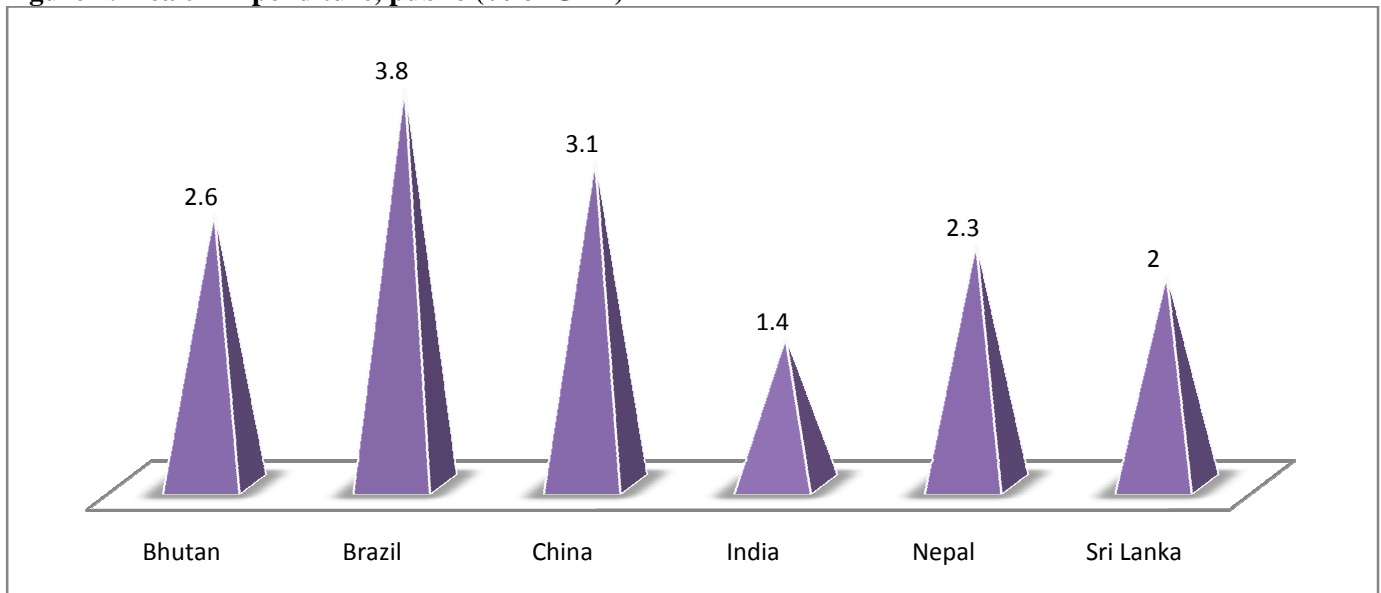
Figure 3 also represents India's appalling child health condition in terms of under-5 mortality rate. Bangladesh, Bhutan, Brazil, China, Nepal and Sri Lanka are ahead of India in terms of under-5 mortality rate. Despite this dismal picture of India's worsening child health condition, there is no real focus to address this issue at the policy level.

Figure 3: Under -5 Mortality rate (per 1000 live births)



Source: World Bank Data (2015, latest)

Figure 4: Health Expenditure, public (% of GDP)



Source: World Bank Data (2014, latest)

In figure 4, public health expenditure as the percentage of GDP is compared. For a country like India, public expenditure is a core source for all social sector development. Although, under the Constitution of India, health is a right and it is the duty of the government to ensure each citizen has access to good health care, the public expenditure on

Lead Essay

health sector in India is appallingly low. As mentioned in figure 4, in India, the public health expenditure as a percentage of GDP is lower than even countries like Nepal and Bhutan.

Conclusion and Way forward

Milind Deogaonkar's analysis in *Socio-economic Inequality and its Effect on Healthcare Delivery in India* (2010), cited by Oxfam India, says that "an infant born in a poor family is two and half times more likely to die in infancy, than an infant in a better off family. A child in the 'Low standard of living' economic group is almost four times more likely to die in childhood than a child in the 'High standard of living' group. A child born in the tribal belt is one and half times more likely to die before the fifth birthday than children of other groups. A female child is 1.5 times more likely to die before reaching her fifth birthday as compared to a male child".^{vi} Both the National Health Policy of India 1983 and 2017 defines several goals relating to child survival and health. However, to achieve the objectives and also to solve the problem of child health, current strategies have to be modified considering India's socio-economic and cultural circumstances or new strategies have to be adopted.

The discovery that germs cause diseases, spurred the sanitation and public health movement, which helped bring down child mortality rates sharply in the West, the Nobel-winning economist Angus Deaton has shown in his work. The fatalism in the matters of life and death without any serious debate, allows the government to get away with repeated public-health scandals in India. In Incredible India, patients travelling across the country to seek health care in big cities, living on sidewalks for weeks, waiting and sometimes dying before they get an appointment and a husband walking for miles with his wife's body over his shoulder because of lack of ambulances for poor people. Unless the health sector garners more attention and resources in India, many more of such incidents lie ahead of us.

Prepared By:

Nijara Deka

Lead Essay

References

ⁱOxygen firm sent 14 reminders to BRD hospital, The Times of India, August 13, 2017. Available at <http://timesofindia.indiatimes.com/city/lucknow/oxygen-firm-sent-14-reminders-to-brd-hospital/articleshow/60041285.cms>

ⁱⁱGorakhpur: Vendor says supply never stopped. Thefts likely, The Times of India, August 15, 2017. Available at <http://timesofindia.indiatimes.com/india/gorakhpur-vendor-says-supply-never-stopped-thefts-likely/articleshow/60067735.cms>

ⁱⁱⁱ Gorakhpur tragedy: UP CM Yogi Adityanath promises stringent action. The Economic Times, August 13, 2017. Available at <http://economictimes.indiatimes.com/news/politics-and-nation/gorakhpur-hospital-issue-up-cm-yogi-adityanath-promises-stringent-action/articleshow/60044145.cms>

Can India Stop its Children From Dying? The New York Times, August 24, 2017 Available at <https://www.nytimes.com/2017/08/24/opinion/india-child-mortality-hospital.html>

^{iv} Health Status of Children in India . Usmani G and Ahmad., N (2017), Journal of Perioperative & Critical Intensive Care Nursing.

^vIndia's dismal record in healthcare. Live mint, May 25, 2017. Available at <http://www.livemint.com/Opinion/YrcGbLpfbqrWH55xAzehUM/Why-India-ranks-below-Liberia-in-global-healthcare-rankings.html>

Economic Survey says India's public spending on health well below global average. The Times of India. January 31, 2017. Available at <http://timesofindia.indiatimes.com/business/economic-survey/economic-survey-says-indias-public-spending-on-health-well-below-global-average/articleshow/56897993.cms>

^{vi} India's dismal record in healthcare. Live mint, May 25, 2017. Available at <http://www.livemint.com/Opinion/YrcGbLpfbqrWH55xAzehUM/Why-India-ranks-below-Liberia-in-global-healthcare-rankings.html>

Health Expenditure, Total (% of GDP) available at <http://data.worldbank.org/indicator/SH.XPD.TOTL.ZS>

Health Care Reforms in India: Making up for the lost decades. Gupta. R. P (2016), Reed Elsevier India Pvt. Ltd.

Headlines

India facing problems of serious under employment, says NITI Aayog

PTI, *The Hindu*, 27 August 2017

NITI Aayog, in its Three Year Action Agenda has highlighted under employment as a more serious concern, arguing that low and stable rates of unemployment has been present in India over the past 3 decades and is not a recent phenomena. It points out that China with its rising wages and several firms in labour intensive sectors will most likely turn to India for cheaper labour and thus, stresses on the need to adopt a manufacture and exports based strategy. It also recommended the creation of few Coastal Employment Zones (CEZ) to attract firms involved in labour intensive sectors as it feels it will “give rise to an ecosystem in which local small and medium firms will also be induced to become highly productive thereby multiplying the number of well-paid jobs”. This strategy can eventually be extended to other sectors as well to encourage regular employment instead of contractual labour.

Read more: <http://www.thehindu.com/business/Economy/india-facing-problem-of-severe-under-employment-says-niti/article19570289.ece>

Date Accessed: 27.08.2017

Governance & Development

POLITICS AND GOVERNANCE

Kashmiri Pandits demand homeland, revocation of article 370

PTI, Indian Express, 27 August 2017

The Annual National Convention of Panun Kashmir, the representative body of migrant Kashmiri Pandits witnessed several resolutions including the demand for a homeland and revocation of article 370. It highlighted the need for political reorganisation of the state which would encompass a centrally-administered union territory north and east of the Jhelum river for the return and rehabilitation of Kashmiri Pandits. An unanimous resolution was passed for the abolition of article 370 and article 35 A of the Constitution, adding that unless this is done, "repeated partitions of India will remain alive". The Convention also focused on the changing demographics of the state due to Rohingya and Bangladeshi settlements and asked for their ouster to reverse the 'jihad' that is the state is exposed to.

Read more: <http://indianexpress.com/article/india/kashmiri-pandits-demand-homeland-revocation-of-article-370-4816348/>

Date Accessed: 27.08.2017

SECURITY

You Let Panchkula Burn: Punjab & Haryana HC Tells Khattar Govt

The Quint, August 26 2017

The Punjab and Haryana High Court questioned the Haryana government on its failure to control the violence that followed the CBI court's verdict criminalising self-styled godman Gurmeet Ram Rahim Singh Insan in a rape case in Panchkula. The court hit out at the government saying "You let Panchkula burn for political benefits". The court also questioned Additional Solicitor General Satya Pal, who was representing Centre, on why the BJP government was treating Punjab and Haryana like "step children", reported NDTV.

ReadMore: <https://www.thequint.com/news/2017/08/26/punjab-and-haryana-hc-slams-state-govt-for-violence-in-panchkula>

Date Accessed: 27 August 2017

LAW AND JUSTICE

Supreme Court gives India a private life

Amit Anand Choudhary and Dhananjay Mahapatra, Times of India, August 25 2017

A nine-judge Supreme Court bench headed by CJI J S Khehar — which included Justices J Chelameswar, S A Bobde, R K Agrawal, R F Nariman, A M Sapre, D Y Chandrachud, Sanjay K Kaul and S Abdul Nazeer unanimously passed a historic judgement stating that privacy is a fundamental right, protected as an intrinsic part of the right to life and personal liberty and as part of the freedoms guaranteed by the Constitution. The unanimous verdict was, "Right to privacy is protected as an intrinsic part of right to life and personal liberty under Article 21 and as part of the freedoms guaranteed by Part III." With this ruling, the Constitution bench set the stage for a three-judge bench to decide the validity of Aadhaar, challenged by 21 petitions led by retired HC judge K S Puttaswamy, by scrutinising whether collection of biometric data and linking it with various activities of citizens violated their right to privacy.

ReadMore: <http://timesofindia.indiatimes.com/india/supreme-court-gives-india-a-private-life/articleshow/60215360.cms>

Date Accessed: 25 August 2017

To be forgotten online is a part of privacy: Justice Kaul

Krishnadas Rajagopal, The Hindu, 27 August 2017

In the recently announced landmark judgment on privacy, justice Kaul added another dimension to the right to privacy in this digital age, i.e., the right to be forgotten online. The right to exercise control over one's personal data and the ability to control his life includes the right to control his/her existence on the internet. There are exceptions to this right as it is not an absolute one. The right extends to the extent that a person has the right not to be profiled even if he has prior criminal history. It enables the removal of digital footprints of all the "unadvisable things" one may have done in the past.

Read more: <http://www.thehindu.com/news/national/to-be-forgotten-online-is-part-of-privacy-justice-kaul/article19571462.ece>

Date Accessed: 27.08.2017

Governance & Development

SOCIAL JUSTICE

Triple talaq petitioner Ishrat Jahan faces social boycott, character assassination

[Zeeshan Javed](#) , *the Quint*, August 25 2017

Ishrat Jahan, the reason behind the historic judgment against instant triple talaq, has been receiving end of a smear campaign, insinuations and character assassination in her own neighbourhood after the Supreme Court declared instant triple talaq unconstitutional.

"Ever since the Supreme Court verdict has come in it has opened floodgates of expletives, insulting remarks and comments targeted at my character assassination from my neighbours and in-laws. I have to hear words like gandi aurat (bad woman), enemy of men and unislamic. Many neighbours have even stopped speaking to me" she said. But Jahan also believes that the change has to come in the attitude of the people. "The change has to come from within the community. When people decide that they are going to help a vulnerable and helpless woman instead of her character assassination, no woman will suffer my fate" she said. Even Ishrat's lawyer Nazia Ilahi Khan is being trolled online for fighting the case successfully.

ReadMore: <http://timesofindia.indiatimes.com/city/kolkata/triple-talaq-petitioner-ishrat-jahan-faces-social-boycott-character-assassination/articleshow/60215712.cms>

Date Accessed: 27 August 2017

India and World

INDIA IN THE WORLD

India, Nepal sign eight pacts, calls for closer security and defence ties

PTI, *The Wire*, 24 August 2017

Nepalese Prime Minister Deuba's recent visit to New Delhi culminated in the two nations reiterating their goodwill towards the other and signing eight pacts which included countering drug trafficking, post earth quake reconstruction assistance and monitoring the porous border to prevent illegal activities. The talks also focused on irrigation and flood management projects apart from comprehensively dealing with security and defence relations which form the crux of the bilateral ties between these two states. Prime Minister Deuba also addressed India's concerns regarding the inclusion of the Madhesi people within the framework of their Constitution and stressed that the Constitution would take into account the aspirations of all its citizens. Two cross border power transmission lines were also inaugurated.

Read more: <https://thewire.in/170777/india-nepal-security-defence/>

Date Accessed: 27.08.2017

Opinions/Books

OPINIONS

What is the lowdown on minimum support price for crops?

Vikas Vasudeva, *The Hindu*, 23 August 2017

Announced by the Cabinet Committee of Economic Affairs at the beginning of each sowing season, the MSP's main purpose is to ensure a reasonable balance between the returns received by the farmers and the expenditure of the consumer. It also provides safety net to but providing a minimum return to farmers since agricultural commodities are prone to fluctuations. While it stabilises production and consumer prices, there is hardly any dependable mechanism of government procurement for crops on the MSP. The scheme continues to be riddled with several problems like delay in procurement and exploitation by agents. A durable solution that can be implemented is purchasing all major crops at MSP as done in Punjab and Haryana as that would reduce the role of the middlemen and the resulting disparities in prices.

Read more: <http://www.thehindu.com/business/Economy/what-is-minimum-support-price-for-crops/article19331962.ece>

Date Accessed: 27.08.2017

Issue Coordinator: Ms. Nijara Deka

Connect with RGICS at: info@rgics.org; www.rgics.org



Disclaimer: This document has been prepared by the RGICS staff and has not been seen by the Trustees of the Rajiv Gandhi Foundation (RGF). Further, the views presented in this document in no way reflect the views of the RGF Trustees.

To unsubscribe, please write to us at info@rgics.org