

By definition health is the physical, mental, and social wellbeing of a person. There are multiple contributors to these three features and in the next few paragraphs I am going to walk through some of these major contributors in India's health care system. I have gained some insight into the background of India's system during these last few months. As I start my rotation I know that I will learn much more and may be adding to this page or changing some of it as I experience things in person. If you have any specific questions that I can explore even further and post about later please leave a comment and I'll get on it!

The following list is the outline of the topics, as they relate to health care, that I'll be focusing on during this post:

1. Access to quality health care
2. Poverty
3. Nutrition
4. Water and Sanitation
5. Inequality
6. Education

I will concentrate on how these influencers relate to the children of India. Why focus on children you may ask?! Well, for starters, children are an extremely important part of our society. "If we wish to create a lasting peace we must begin with the children." (Mahatma Gandhi) In India kids less than 15 years old make up 31% of the total population!<sup>2</sup> That is a large number of influential people who are also an extremely vulnerable population. They must trust in and rely upon their caretakers to make good and healthy decisions for their wellbeing. Unfortunately the research has shown that kids have not been equally taken care of, resulting in high levels of childhood mortality in lower and middle class countries all over the globe, including India.<sup>7</sup> Lastly, I'll be working with kids for the rest of my career, so I am going to subject you all to my interest bias for a little bit 😊

Let's move on to the meat of the discussion. First we'll take a look at **access** to health care in India. Currently India's population is about 1.2 billion, compared to the U.S. which is about 3.2 million.<sup>2,8</sup> Of this 1.2 billion only 1.7% are covered by private insurance.<sup>1</sup> From my research, there still are not significant government funded programs that help the uninsured. After India's independence in 1947 the Indian Health Policy was put under the leadership of the government who did not keep it as a main priority.<sup>3</sup> Therefore the private sector grew without much regulation, leading to limited access to affordable care for the majority of the population. Most of India, about 80%, is paying "out of pocket" for any health care that they receive.<sup>3</sup> In fact, the Indian government only spends 4.9% of its GDP on health care, according to the World Health Organization (WHO). In comparison, the U.S. government spends about 17.9% on health care<sup>8</sup> (I'll be using some comparisons to the U.S. in hopes that this will give us a better picture of what these numbers actually mean).

Not only is the funding lacking, but also the work force isn't where it should be. There are about 993,500 physicians in all of India.<sup>2</sup> This is a 1.2:1000 ratio of physicians to patients. Many physicians will leave the country to practice in other areas after their training, which leads to access issues throughout the entire nation.<sup>3</sup> Access is especially limited in rural areas. Many of the same issues that our rural towns and communities face here in the states are present in the remote locations in India. The majority of the population, about 70%, lives in farming or other rural communities, despite the recent migration into the cities.<sup>4</sup> With limited access to hospitals and clinics the health care of these communities greatly suffers.

There has been an increased effort within the past few decades to increase access to vaccinations, though India is still behind the worldwide average. About 72% of its children have received the DTP3 vaccine along with the other necessary childhood vaccines.<sup>5</sup> Some of the vaccination rates, like BCG, DTP1, and PAB are above 80%.<sup>5</sup>

I know that was a lot of statistics, but bear with me. Next I want to briefly discuss the influence of **poverty** on India's health care system. Now remember, India's population is 1.2 billion! Out of that gigantic number 32.7% live off of <\$1 per day and 17.5% do not meet their minimum level of dietary energy needs per day.<sup>2</sup> The average yearly salary is \$3,910, compared to the average salary in the U.S. which is \$52,610.<sup>2</sup> There is an obvious disparity when it comes to monetary funds and provision of adequate resources for the increasing population.

If we take a look at the **nutrition** for children, the data collected from the WHO shows that child malnutrition rates have remained the same since the 1990s with 43.5% of kids under the age of 5 years old considered underweight and 47.9% considered stunted. Also, if a child has a diarrheal disease and is in need of oral replacement therapy and refeeding (extra nutritional support), they are about 33% likely to receive this treatment.

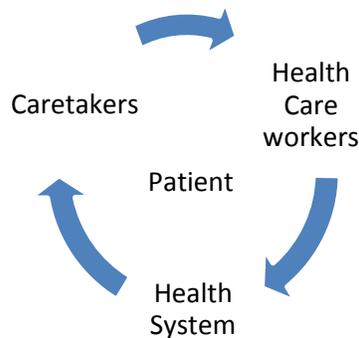
That ushers us to the next contributor of health care for children in India, **water** and **sanitation**. This has been a well-known issue in India for quite some time and many organizations have worked hard to help improve the access to safe drinking water and sanitary facilities. I actually stumbled across this public health video by UNICEF the other day: [http://www.unicef.org/india/media\\_8660.htm](http://www.unicef.org/india/media_8660.htm). It's pretty ridiculous, but gets the message across! There is still a long way to go in terms of sanitation. The latest data from WHO found that there was only a 34% improvement in the sanitation of facilities. Hopefully with the increased focus on this issue by organizations and public figures, these numbers will improve exponentially within the next few years.

The next two matters of discussion are intertwined together. The first has led to disparities in the second. **Gender inequality** in India is unfortunately still very prominent. The WHO gave the country a score of 0.61 on the gender inequality index. This score takes into consideration three main contributors to gender inequality: health (maternal mortality and adolescent fertility rates), empowerment (i.e. parliament seats), and labor (women in the work force). The closer a country's score is to zero, the more equal men and women are. Therefore, with a score closer to one, India still has some major gender inequality barriers to bring down.

This gender inequality is also seen in the **education** system. Only about 4.7% of females complete higher education and 28.5% complete secondary education.<sup>2</sup> By limiting women's education opportunities health care for both adults and children is greatly affected. It has been shown that with increased education rates, childhood mortality rates decrease proportionately.<sup>7</sup>

The majority of this information is discouraging, so why did I subject you to all of these distressing facts. Other than introducing you to India's health care system I wanted to stir up some discussion about child health care needs and hopefully encourage some action! The truth is, that this short document doesn't even scratch the surface of the major health care needs in India, but these disparities are not unique to this country. Though some of the six topics we focused on are more of an issue here than other countries, health care for children has much room for improvement across all borders. As our own country wrestles with how to handle our health care system I believe it's important to collaborate with other countries to find the best way to serve the vulnerable populations, like children, who need our voices and skills the most.

Dr. Denno in her presentation on global child health mentioned that in order for lasting change to be made in a community or system all contributors must be targeted. She gave the following figure as an example of the close relationship between all contributors:



In order for the system to work coherently efforts need to be made to improve the quality of each of these pieces.<sup>7</sup> Focused and well thought through strategies need to be discussed and implemented for any type of change to occur. Where can we each individually start to make an impact for these kids? The following two statements come to mind:

“Start by doing what's necessary; then do what's possible; suddenly you are doing the impossible.” St. Francis of Assisi

“In this life we cannot always do great things. But we can do small things with great love.” Mother Teresa

I guess it’s my view right now that we all have a specific area of interest and influence. This is where we should all start to help be a voice for these vulnerable populations. Carefully consider how you can lift up and encourage children in their physical, mental, and social health, and go do it!

“Don’t trust words, trust actions.” –Anonymous

Alright, I’ll end this post here, but in closing I want to remind you that if you have any comments or further questions please leave them below or email me. I am excited to learn more about India and their health care system, especially as it relates to kids. I’ll try my best to keep you up-to-date on what I’m learning.

#### Resources:

1. <http://www.tpg-iha.com/pdf/AIHSIndiaReportFinal.pdf>
2. <http://www.who.int/countries/ind/en/>
3. [http://www.medanthro.net/research/cagh/insurancestatements/Ahlin%20\(India\).pdf](http://www.medanthro.net/research/cagh/insurancestatements/Ahlin%20(India).pdf)
4. <http://www.who.int/nutgrowthdb/estimates2012/en/>
5. [http://www.childinfo.org/immunization\\_trends.php](http://www.childinfo.org/immunization_trends.php)
6. [http://www.who.int/countryfocus/cooperation\\_strategy/ccsbrief\\_ind\\_en.pdf?ua=1](http://www.who.int/countryfocus/cooperation_strategy/ccsbrief_ind_en.pdf?ua=1)
7. Denno, Donna M., Stewart, Chris. Child Health, Part 1: Overview of Problems, Trends, and Strategies for Improvement. Consortium of Universities for Global Health. 2013.
8. <http://www.who.int/countries/usa/en/>