

**How to Cite:**

Tiwari, N., Chaudhary, A. S., Choudhary, V., Kumar, P., Adil beig, M., Lachyan, A., Mosavy, H., Gade, K., Khan, S., & Haroon, N. (2022). Child health programmes in India: A review article. *International Journal of Health Sciences*, 6(S1), 8152–8159. <https://doi.org/10.53730/ijhs.v6nS1.6746>

# Child health programmes in India: A review article

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**Abstract**---Health entitlements and wisdom pointed to expeditious identification and reverent control of diarrheal had been a crucial part

of the CSSM. The health Evidence TM tool was used to 1) find and obtain relevant research evidence; 2) assess the methodological quality of the research evidence, and 3) synthesize the evidence. Individuals must make certain that their occupations do not create any health issues. All people value their jobs since they provide them with a source of money. Some people may not be content, yet they must work in order to make a living. When children work in dangerous industries, it is critical that they receive suitable training and have the necessary skills.

**Keywords**---Child Health Programmes, India, children work.

## **Introduction**

### **The Diarrheal Infection authority scheme**

In 1978, the scheme was established on the ground. The major impartial of the scheme was to interfere with the demise because of diarrheal illness in children lower than five years as a result of diarrheal. Health entitlements and wisdom pointed to expeditious identification and reverent control of diarrheal had been a crucial part of the CSSM. In the beneath of the RCLT scheme, ORS is provided with kit entirely sub-centres in the ground per annum [1].

### **ICDS (Integrated Child Development Scheme)**

The ICDS program was commenced by the Ministry of Social and Women's Welfare on 02 Oct 1975, in the implementation of the public strategy for children. The heireess of ICDS includes

- 1) Children lower than 6 years
- 2) Pregnant and breastfeeding mothers
- 3) Females between 15-44 years
- 4) Teenaged ladies in elected chunks

### **Assistance**

These made up of further nutrition

- 1) Vaccination
- 2) Health evaluation
- 3) Medical referral facilities
- 4) Nutrition and health tuition for females
- 5) Informal tuition for children up to the age of 6 years
- 6) Supervision of pregnant and breastfeeding mothers [2]

### **Universal Immunization Program**

Universal immunization program was launched gradually by the government of India in 1885 in contrast to six avoidable ailments specifically diphtheria, pertussis, childhood tuberculosis, poliomyelitis, measles, and tetanus, that enclosed entire of India by 1990. The UIP was bound up in 1986 like a public technology commission and set off functional in entire regions in the ground

throughout 1989-90. UIP enriched members of the child survival and safe motherhood scheme in 1992 and the reproductive and child health (RCH) scheme in 1997 [1].

### **Causes of Health Problems**

A variety of influences contribute to the development of health complications in children. The majority of these issues are linked to societal factors and lifestyles that interact in complex contexts to promote certain diseases or behaviors. Children's development makes them particularly vulnerable to ambient, contextual, and surrounding factors. Family, peer group, school, neighborhood, regulations, and cultural cues may all help or hurt a young person's health and well-being. Because of their own decisions, environmental influences, and lifestyle changes, the children are at risk for a variety of health problems, including infectious and non-communicable diseases and accidents. Substance use disorders (tobacco, alcohol, and others), road traffic injuries (RTIs), suicides, and sexually transmitted illnesses (STIs) such as HIV/AIDS are among the others. Other issues include drug use problems (tobacco, alcohol, and others), road traffic injuries (RTIs), suicides, sexually transmitted infections (STIs) such as HIV infections, teen and unwanted births, homelessness, violence, and so on. Economic deprivation, unemployment, sanctions, limitations, poverty, or inequitably distributed wealth are frequently produced or worsened by health issues and chronic diseases in all nations, whether developing or developed [3].

### **Methodology**

Dr. Dobbin's Rapid Review Guidebook Steps for Conducting a Rapid Review guided the rapid review through the 5 phases of the evidence-informed decision making (EIDM) process. The health Evidence™ tool was used to 1) find and obtain relevant research evidence; 2) assess the methodological quality of the research evidence, and 3) synthesize the evidence.

### **Search Strategies**

Based on the rapid review of research questions and a combination of diverse study topics, the following key search phrases were developed: "Child Health" and "Child Health Programmes" Keywords and synonyms for child health problems, causes of mortality, and under-five clinics have been added to the search phrases to improve the search's quality and unbiasedness [4].

### **The final search string is as below:**

Child Health "OR" Health Programmes "OR" factors associated with children's health problems. PubMed, Cochrane, Google Scholar, and Scopus Library are the four databases used for systematic publication searches. Given the scarcity of publishing in the Child Health Programmes in India, PubMed and the Cochrane library provide significant wide coverage of peer-reviewed literature, whereas Google Scholar and Scopus were included to provide such a larger coverage of the grey literature. A snowball search was used to find references involving the review papers in addition to the literature search.

**Eligibility criteria**

All the articles, theses, and review papers published before Feb 2022 have been searched for literature studies conducted on the care of Child Health Programmes in India in developing countries. Data were extracted from publications that addressed the evolution of the conceptual framework of Child Health Programmes in India, policy development, and variables of utilization, concerns, and challenges.

**Data Extraction**

The papers were reviewed by two independent reviewers from the university fraternity to ensure that they were picked without bias. Both reviewers have reached an eighty percent agreement on the completed selection of publications for further data extraction. As various studies were done by various field experts, there are limited publications and diversity in the methodology. The degree of evidence is used to grade the quality of the work [5].

**Results of the literature search**

Non-relevant articles were filtered after the preliminary screening based on their non-English language, title, abstract, and book chapter. The number of items that may be relevant has been reduced from 152 to 18. According to the inclusion criteria, a total of 18 studies from developed and developing nations were included in the final data extraction. (Figure 1: Health Evidence™ tools: Literature search results).

**Inclusion criteria**

Original papers that focused on the Child Health Programmes in India were included

**Exclusion criteria**

Studies that used multiple interventions (multiple intervention studies), such as nontribal trials and efficacy studies, were excluded. Brief messages, letters to the editor, abstracts, and conference posters, as well as studies with insufficient data on community efficacy and surveillance data or reviews.

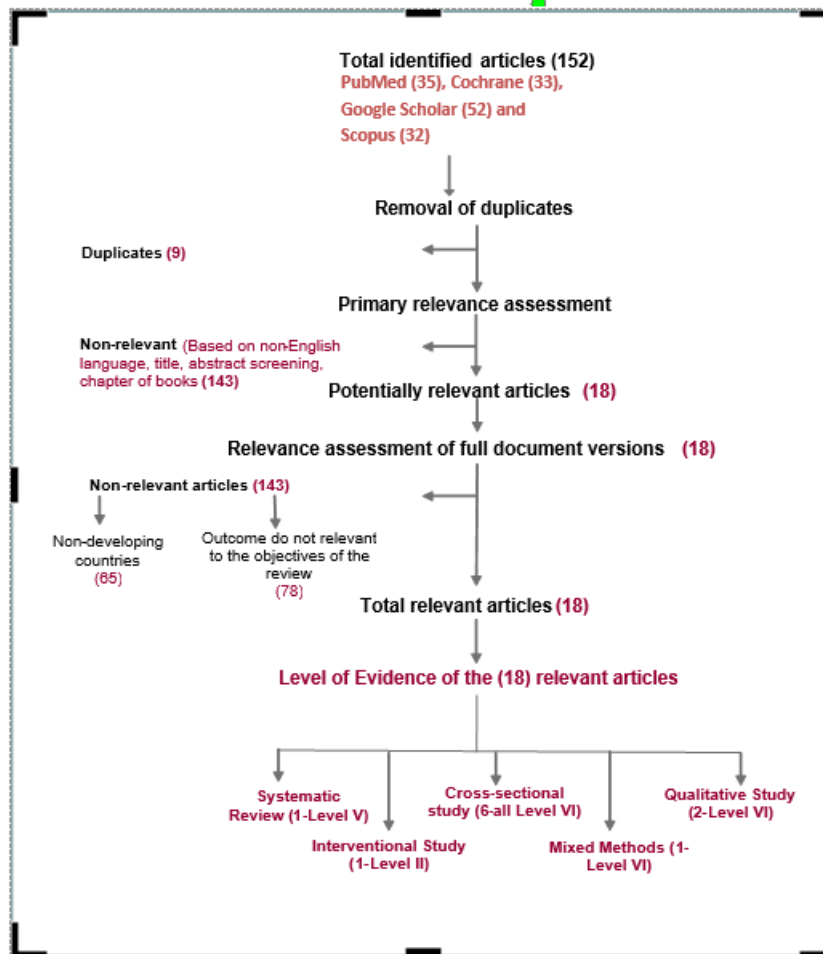


Figure 1: Health Evidence™ tools: Literature search results [6]

## Result and Discussion

### Prevalence of Childhood Health Problems

Children under the age of five are not only a huge group, but they are also a vulnerable or high-risk population. Growth, development, and survival are all linked to risk. The first five years of life are full of health risks. Because they are in a high-risk category, children under the age of five are exposed to a variety of environmental variables that cause illnesses and diseases in children. Respiratory tract infection and diarrhea are two of the most common infectious diseases in children. Skin diseases such as scabies, boils, furuncles, and impetigo are very prevalent in children, with dermatological disorders accounting for 30% of all outpatient visits to a pediatrician. One of the many etiologies of malnutrition and helminths is intestinal helminthic infection. Ascariasis is linked to the development of young children. Children's eye disorders, particularly conjunctivitis, are also common [6].

Child mortality is a problem in the majority of low- and middle-income countries. Diarrhea, pneumonia, and malaria are responsible for 37% of all deaths in children under the age of five globally, with only about a third of these children obtaining appropriate treatment. They are also the leading causes of disability-adjusted life years in all age groups, with two million young children dying every year as a result. The SEARO-WHO is responsible for 30% of the global problem, and poor and marginalized individuals are disproportionately affected. Simple, safe, and cost-effective therapies are now accessible, but insufficient coverage has resulted in poor disease management. Despite the fact that pneumonia kills more children under the age of five than AIDS, malaria, and measles combined, it receives significantly less attention and support [7].

### **This ARI Control Scheme**

ARI control program was started in India in 1990. It sought to introduce scientific protocols for the case management of pneumonia with co-trimoxazole. A review of the health facility done in 1992 revealed that although 87% of personnel were trained and the drug supply was regular, there were problems in correct case classification and treatment. Since 1992 the Programme was implemented as part of CSSM and later with RCH. Under RCH-II activities are proposed to be implemented in an integrated way with other child health interventions.

### **The Child Survival and Safe Motherhood (CSSM) Programme**

This program has been introduced on the principles of integrating all the services for the management of sick children under 5 years of age. This is based on the fact that children have to be assessed as a whole for the entire important symptom complex and to be provided care and treatment involving the caregiver. Integration has different meanings at different levels. At the patient level, it means case management [8].

### **Reproductive Child Health (RCH) Programme**

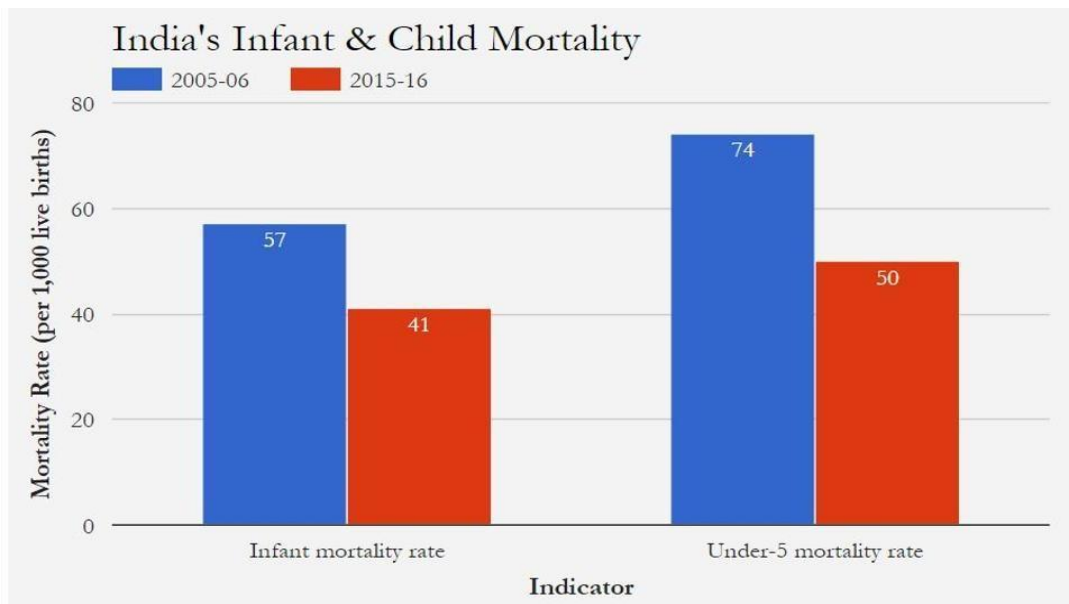
The government of India 1997-to 98 launched the RCH Programme for implementation during the 9th plan period by integrating the Child Survival and Safe Motherhood (CSSM) Programme with other reproductive and child health (RCH) services. In addition, a new component for the management of Reproductive Tract Infection (RTI) and Sexually Transmitted Infection (STI) has also been incorporated.

### **World scenario**

The world has made substantial progress in child survival since 1990. The global under-5 mortality rate has dropped by 56 percent from 93 deaths per 1000 live births in 1990 to 41 in 2016. Nonetheless, accelerated progress will be needed in more than a quarter of all countries, to achieve the Sustainable Development Goal (SDG) target (1) on under-five mortality by 2030. Meeting the SDG target would reduce the number of under-5 deaths by 10 million between 2017 and 2030.

### Indian scenario

India's child mortality rate has always been a cause for concern, but a recent study published in the medical journal *Lancet* suggests that the situation may be changing for the better. The study shows a significant decline. The faster declines in child mortality after 2000 suggest that the country has avoided about one million more child deaths compared to the rates of progress in 2000–2005. India's child mortality rate per thousand live births has fallen by 62% from 125 per thousand live births in 1990 to 43 per thousand live births in 2016. This is slightly less than the 2015 Millennium Development Goal of a 66% reduction [9].



Source: National Family Health Survey, 2015-16

### Conclusion

In comparison to children from rich and educated households, health issues are more likely among children from disadvantaged, marginalized, and socioeconomically backward parts of society. Individuals must make certain that their occupations do not create any health issues. All people value their jobs since they provide them with a source of money. Some people may not be content, yet they must work in order to make a living. When children work in dangerous industries, it is critical that they receive suitable training and have the necessary skills. Individuals must also create a pleasant atmosphere and provide the required facilities and civic amenities within their houses to aid in the preservation of good health and the avoidance of illnesses and diseases.

### Funding:

This experimentation is not encountered outside sponsoring.

**Conflicts of Interest:**

The writer states no disagreement of attentiveness.

**Ethics approval and consent to participate**

It is not required for moral assent to assess since no health data will be assembled. The writer has exhaustively investigated moral matters counting, privacy, secrecy, misconduct, data forge and invent, dual publishing, capitulation, and replication in this research.

**Acknowledgments**

First of all, I would like to appreciate God, who according to me the elegance to perform and complete this analysis task for the scholastic achievement. I would like to demonstrate my gratitude to my mentors, who uplifted me and advised me all over this journey and committed their valuable time to escort me with full support. I would like to encourage an extra special appreciation to my entire companion for their immeasurable assistance and abetment in the fulfillment of this study. Nonetheless, I am grateful for my family and their intimacy, forbearance, and aid throughout the expansion of this analysis.

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