Right to Health for Children

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India is a signatory to UN Convention on Child Rights but the allocation of funds and interventions to address health problems have been insufficient. A rights-based rather than a welfare approach is needed to realize child rights, of which health and education are crucial. The health needs of the newborn (survival), infant (vaccinations, nutrition) and preschool child (infections, development) require particular attention. Health care delivery systems should be made fully functional, programs properly implemented, and accountability ensured at all levels. Basic curative services must be provided free for all children. Functional health literacy should be provided to the underprivileged.

Keywords: *UN Convention on child rights, Right to health for children, Essential health care, Functional health literacy.*

Indicators of health, disease and mortality in Indraprastha children of our country continue to remain alarmingly poor. Neonatal and infant mortality rates are high, and preventable diseases – infections, malnutrition and nutrient deficiency disorders – are very frequent [1,3]. UNICEF annual reports mention that the health status of our children is worse than some of our neighboring countries, and comparable to Sub-Saharan African nations [4]. Although the Government has undertaken several very important measures to address the various health problems of children, their impact has been limited. The adoption of Right to Health for children will be crucial for obtaining adequate health care for children.

CHILD RIGHTS

India is one of the 193 countries that are signatories to the United Nations Convention on the Rights of the Child (UNCRC). These rights include;(*i*) promoting healthy lives (addressing survival, nutrition, health care services etc.), (*ii*) providing quality education, and (*iii*) protection against abuse, exploitation and violence (combating child labor, child trafficking and child sexual abuse). Ratification of the convention on child rights obligates a country to integrate its articles into national constitutions and legislations [5,6]. Thus the laws may address specific areas such as violence, protection against sexual abuse and trafficking or introduce guidance and criteria for specific services providing care for children.

Priorities in Child Rights

The problems of children vary among affluent and low- and middle-income countries. Thus right to education and health must be assigned highest priority in developing countries. Among economically advanced countries, violence against children, sexual abuse and substance abuse are of greater concern [6]. Realization of socioeconomic and cultural rights is particularly difficult.

Right to Education

India has adopted the Right to Education (RTE) that came into force in April 2010,and is meant to provide free and compulsory primary education to children between 6-14 years of age [8]. India is one of 135 countries to make education a fundamental right of every child. Shortage of qualified teachers, poor school infrastructure and various pedagogic aspects are receiving increasing attention. Whereas it must be the parents' responsibility to send their children to school, it is the duty of the civil society and all those who are educated to ensure that every child goes to school, and oversee the facilities and functioning of the school.

Right to Health

Whereas the right to health can be regarded as part of human rights and applicable to all, children constitute the most neglected segment having been denied adequate health care. Moreover, children are totally dependent upon adults for all of their needs. They have no control over adverse health events, proper nutrition, sanitation and environment. In the absence or a lack of adequate parental care, the State must be responsible to meet their health needs by making child-centric policies and sufficient allocation of funds. Indian judiciary has addressed several issues that include work in hazardous situations, bonded labor, and employment of children below the age of 14 years. The Supreme Court of India has ruled that the health is the fundamental right of workers.

However, health care of children has not received sufficient attention.

UNCRC AND CHILD HEALTH

The Committee on the Rights of the Child recognizes that a majority of mortality, morbidity, and disabilities among children could be prevented if there were political commitment and sufficient allocation of resources directed towards the application of available knowledge and technologies for prevention, treatment and care. Article 24 (1) of the UNCRC [5] mentions that:

"States parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States parties shall strive to ensure that no child is deprived of his or her right to access to such health care services."

The Article 24 (2) mentions: "States parties shall pursue full implementation of this right and in particular, shall take appropriate measures:

(*a*) to diminish infant and child mortality;

(*b*) to ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care;

(*c*) to combat disease and malnutrition, including within the framework of primary health care, through inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking water, taking into consideration the dangers and risks of environmental pollution;

(*d*) to ensure appropriate pre-natal and post-natal health for mothers;

(*e*) to ensure that all segments of society, in particular parents and children, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents;

(*f*) to develop preventive health care, guidance for parents and family planning education and services.

PROBLEMS AND HEALTH NEEDS OF CHILDREN

Twenty-seven million babies are born in our country every year, a majority in the underprivileged rural and urban communities, where the parents are not always able to provide adequate care. Newborn and infant mortality rates are particularly high in such situations. The needs and care of children are very different at different ages. The important health needs at various ages can be considered as follows:

Newborn: Maternal nutrition and adequate antenatal care. Safe delivery, immediate care of the neonate and subsequent management during the first 1-3 months.

Infancy and pre-school period: Feeding and nutrition (supplements of iron, vitamins), immunization, proper management of common infections (diarrhea, respiratory, skin, eye, ear, parasitic), and attention to development.

Older children: Adequate nutrition, treatment of acute and chronic diseases (*e.g.* tuberculosis, malaria, water borne diseases).

Adolescents: Physical and emotional health, treatment of acute and chronic diseases, family life counseling.

PRIORITIES IN CHILD HEALTH REQUIREMENTS

The difficulties in the health care delivery as well as institution of preventive measures are greatly compounded by illiteracy and poverty. Provision of safe water and measures to improve sanitation and vector control are very difficult to undertake in many parts of the country. Neonatal survival is greatly dependent upon antenatal care (particularly nutrition), safe delivery and immediate neonatal care. These are being tackled by encouraging institutional deliveries and establishing level II newborn care units. However, substantial reduction of early neonatal mortality requires early referral and proper transport of the neonate to tertiary units.

The preschool child in underprivileged communities (who mostly remains unsupervised as both parents are often working) suffers from very frequent common illnesses (gastrointestinal and upper respiratory infections and those of skin, eyes and ears), which are either ignored or poorly treated. Besides occasionally causing serious complications, these take a heavy toll on the wellbeing of the child and adversely impact the nutritional status and physical growth. Such illnesses need adequate management.

GOVERNMENT PROGRAMS TARGETING CHILD HEALTH AND DEVELOPMENT

The Integrated Child Development Services (ICDS) initiative was launched in 1975. The Government is committed to make it universal. *Janani Suraksha Yojna* was started in 2005, and modified in 2011 to include the neonates (now termed *Janani Shishu Suraksha Yojna*), to provide free care to pregnant women and sick neonates [8]. The National Rural Health Mission (NRHM) was launched in 2005 to address the health

needs of underserved rural areas. It aims to establish fully functional, community owned, decentralized health delivery system with intersect oral coordination at all levels. The plans include having mobile medical units in unserved areas, mother and child health wings and free drugs and diagnostic services at district hospitals, and action on other health determinants such as sanitation, education and nutrition. In 2013, this mission has been expanded to include urban areas (urban health mission, both now included as sub-missions under National Health Mission (8). *Rashtriya Bal Swasthya Karyakram* was started in 2013 to screen diseases specific to childhood – developmental delay, disabilities, birth defects and deficiencies [9]. This initiative is aimed at screening over 270 million children of 0-18 years of age. Children diagnosed with illnesses shall receive follow-up, including surgeries, free of cost under NRHM.

LACK OF SUCCESS OF GOVERNMENTAL MEASURES

The execution of various Government policies and implementation of various programs has been unsatisfactory. There is a failure of macroeconomic structures, poor health care delivery and a lack of supervision and accountability. The basic health needs of children have not being met. There is a shortage of hospital beds (0.7/1000 people in India in comparisons to 3.6 in Srilanka, and 3.8 in China). Of Primary Health Centers, only 38% have the necessary manpower and 31% have critical supplies. While 73% of the population is in rural areas, 75% of the doctors are in cities. More than 90% of rural population has to travel more than eight Kilometers to access medical treatment. The "urban–rural divide" is well known. About 70% of the health care expenditure comes from the private sector, the global being 38% [10]. Provision of sustained access to safe water and sanitation facilities is very difficult in view of the costs, technological limitations; societal behavior and customs, illiteracy, and lack of political will [11]. India has remained behind many developing countries in terms of healthcare expenditure. Signing of conventions and intentions has not been matched with adequate actions.

Misinformation, poverty and large family size are major constraints. Lack of safe water and disposal of solid waste, failure to observe simple hygienic precautions, and inability to understand the need to provide appropriate care and avail of services made freely available by the Government contribute to the high disease burden and poor growth and development of children. Social evils, traditional beliefs and harmful practices (*e.g.* discrimination against girls, child marriages) are difficult to overcome and will need substantial attitudinal changes to be dispelled.

ESSENTIAL HEALTH CARE AND URGENT INTERVENTIONS

The components of essential health care for children (which need to be prioritized), and the necessary interventions are mentioned in **Box I**. Such care must be provided to all children without gender and ethnic discrimination.

FUNCTIONAL HEALTH LITERACY

A crucial measure is to provide functional health literacy to the illiterate communities. Information about sanitation and hygiene, feeding, benefits of vaccinations and the dangers if unvaccinated, management of common problems (*e.g.*, oral rehydration for diarrhea) can be provided using simple messages, photographs and modern methods. Traditional adverse practices inimical to children need to be removed. Primary health workers can be suitably trained to undertake this task. Once successful, there will be a demand for services, and a better community participation in the implementation of various health measures.

The responsibility for proper health care of the child rests with the parents. If they are not capable (for whatever reasons) the proximate community, elected representatives (*e.g.*, village Panchayat officials, local health authorities) must be made responsible and accountable. They must oversee the implementation of various Government programs.

A "child rights approach", rather than a welfare approach is required to tackle the health problems of

Box 1 COMPONENTS OF ESSENTIAL HEALTH CARE FOR CHILDREN

- Antenatal care of the mother
- Safe delivery and newborn care
- Immunization
- Nutrition support, vitamin and mineral supplements
- Ambulatory care should be provided free of cost and made easily accessible, especially for migrant population. The necessary Laboratory, tests and other investigations (e.g., *X*-ray procedures, ultrasonography) should be carried out without any charge. Primary Health Centers should be made fully functional. Full complement of staff, laboratory facilities and supply of drugs should be ensured.
- Strengthen *Anganwadi* centers.
- Strengthen school health services. Schools should keep health records and monitor progress. Health education should be provided at schools.
- Adequate management of diseases such as tuberculosis, malaria, and acute infections should be carried out

children. Right to Health places a legal obligation upon the government and brings into focus the elements of responsibility and accountability. Right to Health will generate demand for health care for children.

PEDIATRICIANS AND RIGHT TO HEALTH

Pediatricians must be regarded as custodians of child health. They should be aware of the contents of UNCRC and participate in advocacy for child right [12]. The Indian Academy of Pediatrics (IAP), besides supporting the development of quality and specialty expertise, must encourage inclusion of child rights, equity and non-discrimination in clinical practice, and cooperate with other agencies (National and International) for wider advocacy. The Indian CANCL Group of IAP, along with several agencies and non-government organizations (notably the India Alliance for Child Rights and World vision India) has initiated the move to demand Right to Health for children. All IAP members, professional organizations and all others who care for children should strongly support this demand.

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