



Inequality in Health for Women, Infants, and Children: An Alarming Public Health Concern

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DEAR EDITOR,

Since the declaration of Alma-Atta, the national and international stakeholders have pledged and even advocated for “health for all” over the years.^[1] However, policy makers and international welfare agencies have failed on multiple fronts to achieve health equality among low and middle income nations despite the adoption of multiple strategies.^[2] Although, it is a fact that inequalities in health is a variable phenomenon which changes over time, with improvement being reported in some health indicators such as breastfeeding, nevertheless, in most of the other health related indicators, health inequality has persisted in the disadvantaged sections of the society.^[3] Further, it is very important to realize that because of the existing inequality in health, millions of people are leading a substandard life and are even exposed to those risks which are completely preventable.^[1-3]

The findings of a recently released report which collected data from 86 low and middle-income nations suggest that health inequalities still persist across nations, especially among the vulnerable groups of women, infants, and children.^[3] In fact, the largest gaps in coverage was reported for deliveries supervised by a skilled healthcare professional (a difference of 80% was noted between the richest and poorest subgroups), followed by adequate antenatal care coverage as indicated by minimum four visits to the health centers during pregnancy (a difference of 25% was noted between the most and least educated subgroups).^[3] Further, inequality was reported with regard to the adoption of contraceptive methods based on education status; coverage of primary immunization depending on geographical locality and economic status; health seeking behavior for children with symptoms of pneumonia based on economic status; and incidence

of deaths/prevalence of stunting among 0–5 year age group depending on their inequality in economic status, education, and place of residence.^[3]

In general, three major categories of determinants, namely factors that influence early childhood development (viz., cognitive, verbal, social, and emotional) and social position (such as genetic factors, intrauterine infections, exposure to drugs/radiation, birth asphyxia/trauma, malnutrition, repeated infections due to incomplete immunization, poor care/substance abuse by parents, absence of a nurturing environment, no/incomplete education, etc.); attributes of illness influenced by the social position (such as financial status, social marginalization, long-term unemployment, physical environment, work environment with regard to ergonomics and psychosocial health, health behavior, and aging.), and factors which can alter the consequences of illness in terms of survival, functional ability, quality of life (such as nature of illness/injury, inequality in utilization of healthcare services because of high user payment, or strict timings, or the absence of health staff, or insensitive nature of health professionals, or lack of faith on health personnel, or logistic constraints.), have been identified which have played a major role in promoting health inequality.^[2-5]

In addition, a wide range of challenges have also been ascertained which have enhanced the public health menace of health inequality in heterogeneous settings, such as the presence of multiple loopholes in the health monitoring mechanisms; deficiencies in the public health sector, especially, in rural and remote areas with regard to both health professionals and continuous supply of logistics including drugs; and limited involvement of the private sector and nongovernmental agencies.^[1,3]

Furthermore, the role played by factors such as poor implementation of primary and secondary preventive measures; lack of awareness among different sections of society regarding availability of health services; poor education status and health seeking behavior; skewed utilization of specialist services because of the weakness in referral services and nonhomogeneous distribution of specialists; the presence of inappropriate user payments; no universal mechanism to ensure health insurance for all sectors of workers; minimal availability of psychiatric and other community-based rehabilitative services; and no inbuilt mechanism to enable nationwide periodic supervision and monitoring of health indicators, can also be not ignored.^[1,3,5-7]

It is high time that the concerned stakeholders should sit together and devise a comprehensive action plan to minimize the health inequality, especially among the women, infants, and children subgroups.^[2,3] Furthermore, it is important to understand that though sound health policies alone cannot bring a reform in an individual's health standards, but it can definitely provide effective solutions to tackle some of the mechanisms that facilitate health inequality.^[2] The primary approach is to formulate an appropriate strategy comprising key elements which can address all the modifiable determinants of health inequality both in early life as well as in adulthood.^[2,5,6] In addition, targeted interventions addressing the needs of women (reproductive needs, including contraceptives, comprehensive package of antenatal services including availability of a skilled attendant at times of birth, and compliance with risk approach for pregnant females), infants (immunization services, promotion of exclusive breastfeeding, timely introduction of nutritious complementary foods, etc.), and children (education for all, healthy home environment, motivate children to involve in daily physical activity, discourage substance abuse by parents, counseling services for parents as well as the children for disadvantaged children, and provision of day care institutions/vocational schools to children

with special needs).^[1-3] Finally, the policy makers should also work with complete dedication to eliminate poverty, devise a mechanism for universal health insurance, avoid user payments, strengthen public health sector, and at the same time address the long-term irreversible consequences of diseases.^[1,4-7]

To conclude, it is the need of the hour to reduce the existing gap pertaining to inequality in health, by ensuring the adoption of effective strategies in a need-based manner so that, the ultimate aim of "health for all" can be achieved in the years to come.

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