



## RESEARCH ARTICLE

### SOCIAL DETERMINANTS OF CHILD HEALTH AND DEVELOPMENT- A PARTICIPATORY APPROACH

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#### ABSTRACT

Social determinants of Child Health can contribute to the social patterning of health, disease and illness. This can also have an impact on the wellbeing and functioning of the person throughout his or her lifespan. But there is hardly much research in this regard. This article details about the Social determinants of child health, Early childhood care and development in an ecological perspective and on the scheme -Integrated Child Development Services (ICDS). The paper also suggests the need for a participatory approach in early childhood care and development programme.

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## INTRODUCTION

Health for All is a promising dream of the WHO. The concept of health was mostly looked at in clinical dimension. Evidence based research shows that the social determinant, the condition in which people live and work, also determines their health apart from the biological aspects and health behaviours. That is, the circumstances do play a central role in determining how a person should be in his/her life course. The early childhood period is considered as the most important development phase throughout the lifespan. Hence any disruptions in early child development can hinder the normal growth of a person. Recent studies highlight the fact that non-communicable diseases account for 60% of the death of human beings. When analysed in-depth much have its roots from the very beginning of life cycle, it was then that the association between early childhood development and non-communicable diseases was established. Though measures were taken to reduce its impact, in developing countries it is a matter of concern because of its magnitude and absence of necessary mechanisms to curb.

But various organisations like Aga Khan have demonstrated that community based approaches to improving child development are feasible and effective in developing country context<sup>1</sup>. Such a community based practice has been adopted in India since 1975, named ICDS, Integrated Child Development Services which is one of the largest and oldest social sector schemes by the Government of India, which aims at improving nutrition and health status of children. ICDS, an Early Child Development Programme is considered as a broader determinant of health<sup>2</sup>. But when seen the distancing of the community from these community based institutions, it is understood why these programmes are not turning out to be fully effective. Only if the community is mobilised and resources be pooled and decisions be taken for the stake of their own affair, the programme results in utilisation of facilities in its fullness and tackles the long dreamt goal of health equity and wellness for all. The Millennium Development Goals (MDGs) recognised the interdependence between health and social conditions and the framework shows

<sup>1</sup> Maggi, Stefania *et al.* (2005), Knowledge Network for Early Child Development, Analytic and Strategic Review Paper: International Perspectives on Early Child Development, For the World Health Organisation's Commission on the Social Determinants of Health.

<sup>2</sup> Twelfth Five Year Plan, (2012-2017), Social Sectors, Volume III, Planning Commission, Government of India, p-4

that without significant gains in poverty reduction, food security, education, women's empowerment and improved living conditions in slums, many countries will not attain health targets. So Health equity and social determinants are acknowledged as a critical component of the post-2015 sustainable development global agenda. Health Equity<sup>3</sup> is when all people have 'the opportunity to attain their full health potential' and no one is 'disadvantaged from achieving this potential because of their social position or other socially determined circumstance'. Social Determinants of Health can be defined 'as a complex, integrated, and overlapping social structures and economic systems that are responsible for most health inequities'<sup>4</sup>.

### Social Determinants of Health

Determinants of health are factors that contribute to a person's current state of health. In general it is observed that the biology and health behaviours together account for about 25 per cent of population health and the remaining represents the social determinants of health. Whether people are healthy or not, to a greater extent is determined by their circumstances and environment. The specific vocabulary of "social determinants of health" came into increasingly wide use beginning in the mid-1990s. Tarlov was one of the first to employ the term systematically. Tarlov identified four categories of health determinants: genetic and biological factors; medical care; individual health-related behaviours; and the "social characteristics within which living takes place". Among these categories, he argued, "the social characteristics predominate" (WHO, 2010). The social determinants of health (SDH) are the circumstances in which people are born, grow, live, work and age. These circumstances are shaped by the allocation of money, influence and resources at global, national and local levels. The social determinants of health refer to the set of factors that contribute to the social patterning of health, disease and illness. To achieve the World Health Organisation's goal of Health for all, the social determinants of health must be addressed. Early child development is a key theme (among the nine themes) and is one of the knowledge network propounded by the Commission on Social determinants of Health, WHO.

### Social determinants of child health and development

The quality of stimulation, support and nurturance in the social environments in which children live, learn and grow lead to the child's healthy development. As per the study by Walker et. al in 2007, poverty and associated health, nutrition, and social factors prevent at least 200 million children in developing countries from attaining their developmental potential. 'Spending one's early years in an un-stimulating emotionally and physically unsupportive environment will affect brain development in adverse ways and leads to cognitive, social and behavioural delays' (Maggi *et al*, 2005). There emerged a field of knowledge known as Barker's hypothesis or "Fetal

Origins Hypothesis" in the 1990s. Barker's famous finding was that low-birth weight infants had greater likelihood for developing coronary heart disease in their middle age. Epidemiological research in the area of fetal health finds that maternal nutrition intake is a major factor affecting fetal health low birth weight and results in subsequent health outcomes. Poor nutrition is most frequently associated with family poverty, little or no parental education, and unstable working conditions or unemployment for families. According to Chapin *et al*, 2004 these situations are evident in developing countries struggling with great socio-economic disadvantages, lack of supply of nutritious food, and lack of effective prenatal education and preventive services. Thus the direct association with fetal health, poor nutrition and structural factors were established. 'The damage suffered in early life leads to permanent impairment, and may also affect future generations. Its prevention can bring about important health, educational and economic benefits' (Bandham, Jane, 2011). This process, whereby human experience affects health over the life course, is called "biological embedding." Thus social environment is a fundamental determinant of early child development.

'The most frequently assessed social determinant in child health research is socioeconomic status (SES), most notably income. In general, most studies have shown that children in low-income households are more likely to experience respiratory illnesses, injuries, and other adverse health outcomes. Other dimensions of SES have also been examined, although not to the same extent as income.... In a recent US study by Herd *et al*. it was furthermore shown that education was a greater predictor than income of the onset of health problems, but that income was more strongly associated with the progression of health problems than education. Parental unemployment has also been linked with an increased prevalence of chronic illnesses, infections, and poor nutrition, independent of the financial strain associated with unemployment...Whether a child has two biological parents, one biological and one stepparent, a single parent, or other guardian relationship could have an influence on his or her child's health' (Victorino, 2009). In their review paper Maggi *et al*, 2005 has divided the early childhood in two phases to discuss about the social determinants. First is the Prenatal and Perinatal Periods (from conception to birth) and second is Preschool and School Age (from birth to 8 years of age). According to Richter 2004, Social determinants start to influence from the early phase of conception, pregnancy, and post natal period of children's development. And by reaching the school age, the development will be influenced by factors at three levels of society, i.e. Family, neighbourhood and the broader societal level.

At the most intimate level the 'within family' environmental attributes of stimulation, support, and nurturance influence all three key domains of ECD i.e. Physical, social/emotional, and language/cognitive. There are various studies that shows that nurturing qualities of family environments influence development and can be enhanced through intervention programmes involving improved parenting skills, nutritional supplementation and quality childcare arrangements. At the next level of social aggregation, neighbourhoods/communities, influences ECD. Here the neighbourhood conditions are to conducive providing all children with the fundamental resources for healthy development. At the

<sup>3</sup> Braveman, P. A., Monitoring equity in health and healthcare: a conceptual framework. *Journal of Health, population, and nutrition*, 2003. 21(3):p. 181

<sup>4</sup> Commission on Social Determinants of Health (CSDH), Closing the gap in a generation: health equity through action on the social determinants of health. Final report of the Commission on Social Determinants of Health. 2008, World Health Organisation: Geneva

broadest level of social aggregation, socio-political and programme delivery factors make a difference for ECD. Socio-political factors in this context refer to the national wealth and the economic trajectory of a given society; income distribution; patterns of employment and migration; and longstanding attitudes of mothers and children, all of which directly or indirectly influence the conditions under children grow up, live and learn. Here the programme delivery factors are much easier to modify than the structural factors. Thus when compared to the many social determinants of health that are deeply embedded in economic processes, the social determinants of ECD are relatively easily modifiable (Maggie, 2005).

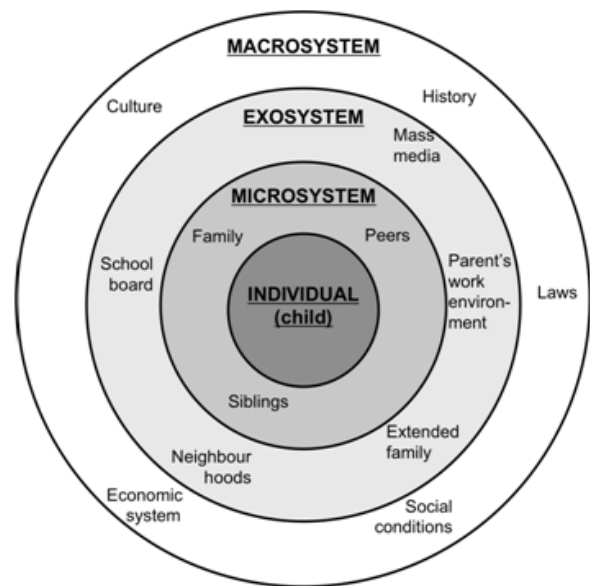
### Early childhood development- an ecological perspective

Early child development (ECD) is influenced by early life factors and experiences that are underlying social determinants of health (SDH). Early childhood is a period from prenatal development to eight years of age. The early child period is considered to be the most important developmental phase throughout the lifespan. What happens to the child in the early years is critical for the child's developmental trajectory and life-course. The nurturing qualities of the environment where children grow up, live and learn- parents, caregivers, family and community- will have the most significant role in influencing early development. 'Child is a living growing organism. The child starts with a biological foundation and grows up in a social environment' (Mani, 2002). The development depends on the interaction between biological and environmental influences, sometimes referred to as nature and nurture factors.

It is increasingly recognised that alongside a developmental perspective, there is an ecological perspective of children's development. This considers children within their environment. Ecological theory suggests that children are surrounded by layers of successively larger and more complex social groupings which have an influence on them. These include family and extended family, friendship networks, school, neighbourhood and work influences, and family's place within the community (Aldgate, 2009). In Bronfenbrenner's theory of ecological development (1979), he described the influences of environmental factors on children. He uses the terms micro-system, exo-system and macro-system. The theorist suggests that there is reciprocal process of interaction where the child is both influenced by and influences its environment at each of the levels. The micro-system refers to those factors that are located within the immediate environment of the child, such as people and events in the home. These factors have the greatest impact on the child, because the child experiences them directly and concretely. The term exo-system is used to describe those factors that lie beyond the immediate environment of the child, such as the neighbourhood in which the child lives. The macro-system includes larger societal factors, such as overall economic conditions and cultural values.

Bronfenbrenner's theory also describes two further level analysis, the meso-system and the chrono-system. The meso-system describes the way in which factors in two or more micro-system interact. The chronosystem is used to account for

the influence of time on development. Each of these levels interacts with one another to make up the integrated and complex lives of people (Walker, 2007).



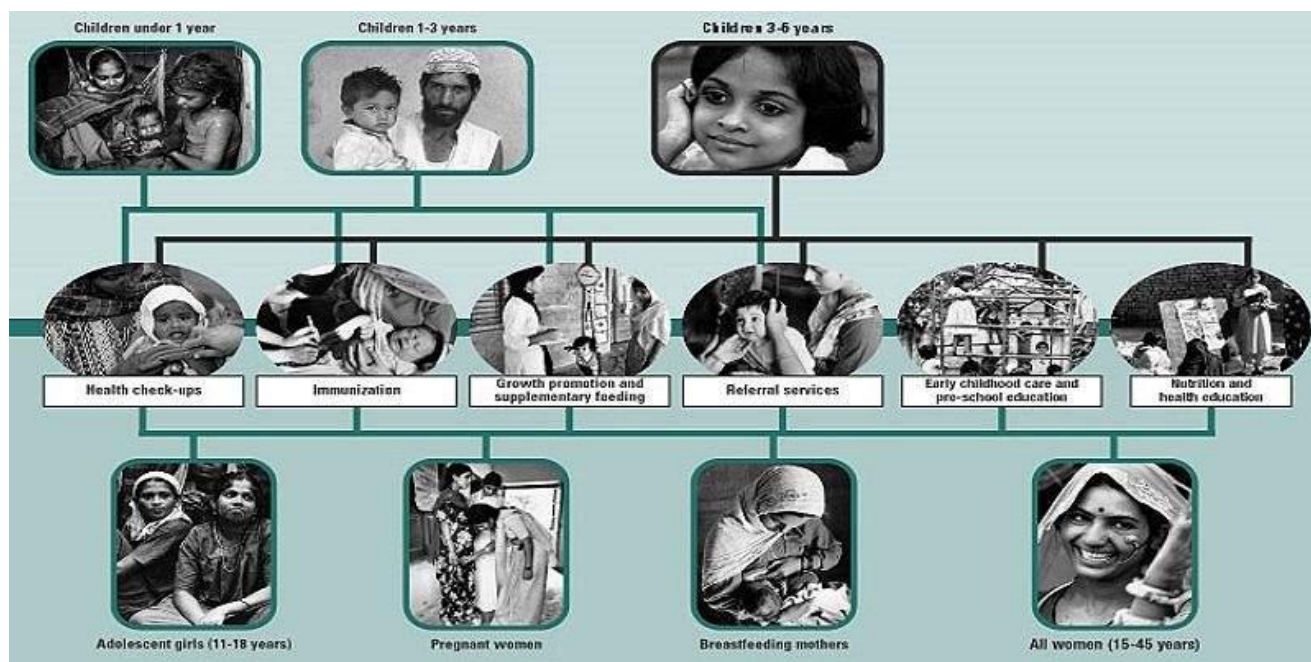
### Bronfenbrenner's ecological system's theory (1979)

As per the World Bank on Early Childhood Care and Development (ECCD), ECD programs improve the health, nutrition, and education outcomes of children. Research shows that ECD interventions benefit the poorest and most disadvantaged children the most even though these children currently are the least likely to have access to them. In addition, it is more difficult and more costly to intervene later in children's lives. Children who participate in quality ECD programs are able to participate in primary school tasks more quickly and successfully. The 'gold standard' for service delivery around the world would be the local neighbourhood 'hub' through which families could access quality child care (emphasis on stimulation, nutrition and quality play spaces); infant and family support programs; a conduit to pre and post natal, primary and developmental health care services; family literacy programs; and a borrowing library of resources (books and toys) for young children (Maggie, 2005). As per the UNICEF report, about half of all child deaths globally occurred in the year in 2000 were in India, Nigeria, China, Pakistan, Democratic Republic of Congo, and Ethiopia. Jones *et al.* (2003) in their article states that 'though two thirds of the deaths were preventable, and still it occurred due to the poor implementation of appropriate interventions in these countries'. When National Family Health Survey III figures were released with the distressing data that almost half of India's children under five were undernourished (The Economic Times, 2016). Though measures were taken to reduce its impact, in developing countries it is a matter of concern because of its magnitude and absence of necessary mechanisms to curb. But various organisations like Aga Khan have demonstrated that community based approaches to improving child development are feasible and effective in developing country context. Such a community based practice has been adopted in India, named Integrated Child Development Services (ICDS) Scheme, which aims at improving nutrition and health status of children.

## Integrated Child Development Services (ICDS)

India is home to the largest number of young children in the world – nearly every fifth young child in the world lives in India. Children in the age group 0-6 years constitute around 158 million of the population of India (2011 census). ‘Early childhood interventions emerge as the natural entry point for more inclusive growth of nations and as an effective way of breaking an intergenerational cycle of multiple deprivations- of under-nutrition, poverty, exclusion and gender discrimination’ (Hameed Sayeda, 2011). The Ministry of Women and Child development initiated the scheme of ICDS in 1975 with 33 projects and 4891 Anganwadi centres (AWCs). ‘Reaching out to about 8 crore young children under 6 years of age and 1.8 crore pre and post natal mothers through a network of 12.96 lakh operational Anganwadi centres across our country, Integrated Child Development Services (ICDS) is today the world’s largest community based outreach programme for early child development thereby improving their health and nutritional status. India’s Integrated Child Development Services (ICDS) is a holistic early childhood and development programme that addresses the interrelated needs of children, adolescent girls and women from disadvantaged communities’ (Hameed Sayeda, 2011). ICDS provides supplementary nutrition, immunisation, health check up, referral services, pre-school non formal education and nutrition and health for 0-6 years’ children. The scheme is implemented jointly by Ministry of Women and Child Development and Ministry of Health and Family Welfare.

Report of the Inter Ministerial Group on ICDS Restructuring, September, 2011, it was said by the Member of Planning Commission Ms. Sayeda Hameed that Adopting a life cycle approach to early childhood care and development, Anganwadi would be transformed as vibrant, child friendly ECD centres which will ultimately be owned by the women in the community. The important difference in how things will be done differently after the restructuring is decentralisation, with flexibility in implementation, for ICDS to respond effectively to the needs of local communities-especially women and young children. Decentralisation centres on the leadership of Panchayati Raj Institutions and Urban Local Bodies, with effective devolution of powers. Women Panchayat members have strong potential to be prime movers of social change for young children. Panchayat are also the natural platform for ensuring convergence with other flagship programmes such as the National Rural Health Mission, Sarva Shiksha Abhiyan, Total Sanitation Campaign, National Drinking Water Programme and the Mahatma Gandhi National Rural Employment Guarantee Scheme. Increased mobilisation, ownership and support of women’s groups, mothers’ committees, volunteers and communities are integral to this paradigm shift in the implementation framework. Strengthened partnerships with civil society and voluntary agencies have also been envisaged’. Though ICDS initiated as a community based programme, gradually the social component of it, i.e. the community participation was reduced. And that eventually affected the schemes implementation.



**Source:** Chart adapted from *Integrated Child Development Services (ICDS)*, Department of Women and Child Development, Ministry of Human Resource Development, Government of India, p.17. (<http://www.unicef.org/sowc01/panels/panel7.htm>)

The scheme was gradually universalized, in phases, and finally in 2008-09 with approved 7076 projects and 14 lakh AWCs (the focal point of ICDS delivery). The universalisation of the scheme led to increased outreach which necessitated operational, programmatic and other reforms. In order to address this, the Ministry of Women and Child Development formulated a comprehensive proposal on ICDS Strengthening and Restructuring (ref. press information bureau, 2012). In the

Hence the strengthening and restructuring of ICDS emphasised the role of participatory approach in the schemes implementation.

### Community Participation

Internationally, resources for social welfare services are shrinking. Population pressures, changing priorities, economic

competition, and demands for greater effectiveness are all affecting the course of social welfare (Golam, 2008, Bens, 1994). Community participation as defined by N. C. Saxena, 1998 says that Participation should include the notions of contribution, influencing, sharing or redistributing power and of control, resources, benefits, knowledge, and skills to be gained through beneficiary involvement in decision making. Participation is a voluntary process by which people, including the disadvantaged (in income, gender, caste, or education), influence or control the decisions that affect them. Half hearted measures towards people's participation have only resulted in wastage of funds with no gains. During the past decades, many health planners have come to use a community approach in many of their health programmes (Welschhoff Anja, 2006, Bjaras *et al.*, 1991, Farquahar *et al.*, 1985) Community participation has been considered to be a major importance in health programmes in the developing countries (Welschhoff Anja, 2006, Rifkin, 1985; Midgley, 1986).

ICDS aims to enhance the capabilities of the parents to take care of the developmental needs of the children through parent and community education. It is envisaged that the outside intervention will be withdrawn eventually and that the community will ultimately take over the responsibility of implementing the programme. Community participation is advocated not because it helps in the easy delivery of the programme but for the sense of belongingness and self reliance it fosters (NIPCCD). ICDS can be a solution to India's health problems in the disadvantaged communities to a large extent. It caters to the maternal as well as child health. As the welfare concept has changed which was only intended for the disadvantaged section of the population, now it acts on a rights based approach where all can approach for it services and not any sect of a population alone. Thus it is emerging slowly as a community centre as in western countries. But as the programme gets wider coverage and there comes shortage of resources and there the quality suffers. In addition to that in the present society, there is a social distancing of the community from the schemes. This is an indication of dependency and lethargy. The community considers that the government is supposed to give everything for them free and doing everything for them without them taking any effort. This affects the whole system if not acted in advance. The assumption is that 'wider the range of activities, the greater the participation', and 'the greater the participation, the better the effect' in the community health programme. However, impact has most often been assessed by the numbers of participants taking part in programme activities. Whether a participatory approach is the primary strategy or a complementary one, it will greatly enrich and strengthen programs and help achieve more sustainable, appropriate, and effective programs in the field (Welschhoff Anja, 2006, Bjaras *et al.*, 1991).

### Conclusion

The authors were trying to establish the link of the social determinants of health and the need for a participatory approach through this paper. Social determinants of health are ought to be considered as it can have a latent, cumulative or a pathway effect in human life course and can also be transferred across generations. As far as a developing country like India is concerned, community based approaches works well. There

already exists a programme called ICDS, in large scale catering to the well being and development of children. But due to the varied services it offers and extension of coverage, the programme sometime is not meeting the target. Hence there was a need for a mission mode functioning. Still if that to succeed, the participatory element which is highly eroding and can be reflected from the distancing of the community need to be tackled. The participatory approach needs complex, multifaceted, and inter-sectoral interventions and a collaborative effort of various stakeholders, functionaries and beneficiaries, as this approach is based on long time periods to tackle the wide range of social determinants of health. A decisive move in this direction is a prerequisite for the reduction of poverty and health inequities. Unless and until it happens the social gradient in the socio-economic spectrum widens and it becomes impractical for any positive results in the field for the common good of the millions who look forward for it.

*[This article was presented by the first author in a National level Conference on 'Gendered experiences of Non-Communicable diseases including mental health' at Achutha Menon Centre for Health Science Studies, Sri Chitra, Tirunal Institute for Medical Sciences and Technology, Trivandrum, an Institute of National Importance, under Govt. of India during 1st and 2nd December, 2015. The paper was entitled "Social Determinants of Child Health – in a Participation Perspective".]*

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