Infant Mortality in India - A Milestones

Introduction

Infant Mortality Rate (IMR) is one of the most sensitive indicators of a nation's development. It not only reflects the survival chances of newborns but also mirrors the quality of public health, nutrition, sanitation, and governance. India has recently achieved a historic milestone - as per the Sample Registration System (SRS) 2023, the country's IMR has declined to 25 per 1,000 live births. This is the lowest ever recorded, a sharp fall from 129 in 1971. While the achievement is laudable, persistent inequalities, health gaps, and social vulnerabilities continue to challenge India's path towards sustainable child survival.

Recent Milestone Achievement

The SRS data reflects decades of steady progress -

1. **IMR reduced to 25 (2023)** from **129 (1971)**.
2. **Kerala (5)** and **Manipur (3)** have shown outcomes comparable to advanced nations through strong decentralised planning and robust primary healthcare.
3. **Larger states like Uttar Pradesh, Madhya Pradesh, and Chhattisgarh** still show IMR at 37, pointing to uneven progress. This achievement proves that investment in immunisation, maternal health, sanitation, and nutrition yields results, but also highlights that India's journey remains unfinished.

Background of IMR in India

At Independence, India's IMR was among the highest globally, at more than 150 per 1,000 live births. Gradual decline was seen with -

1. Family Welfare Programmes (1950s–70s)
2. Universal Immunisation Programme (1985)
3. Integrated Child Development Services (ICDS)
4. National Rural Health Mission (2005) and Janani Suraksha Yojana

Global commitments like the Millennium Development Goals (MDGs) and later the Sustainable Development Goals (SDGs) accelerated action. India is targeting the SDG benchmark of neonatal mortality rate (NMR) of 12 by 2030.

Existing Problems and Weaknesses

Despite the achievement, several issues persist -

1. Immunisation Gaps

1. WHO-UNICEF (2025) reports that 900,000 infants in India missed all vaccines in 2024.
2. Vaccine hesitancy and logistical challenges leave communities exposed to preventable outbreaks.

2. Maternal and Child Nutrition

1. NFHS-5 (2019–21) - 52% of pregnant women and 67% of children under 5 are anaemic.
2. Malnutrition and poor antenatal care weaken immunity and birth outcomes.

3. Weak Health Infrastructure

1. Many PHCs lack basic obstetric and neonatal facilities.
2. In Madhya Pradesh, nearly 70% of child specialist posts are vacant, crippling newborn care.

4. Regional Disparities - Kerala and Tamil Nadu lead with strong governance, while central and northern states lag, widening inequity.

5. **Behavioural and Social Gaps** - Poor breastfeeding practices, limited awareness of maternal diets, and inadequate sanitation reduce survival chances.

Government Measures

The government has launched multiple schemes to reduce IMR -

1. **National Health Mission (2005) -** Focus on maternal and child health services.
2. **Janani Suraksha Yojana (JSY) -** Incentives for institutional deliveries.
3. **POSHAN Abhiyaan (2018) -** Comprehensive nutritional improvement for women and children.
4. **Mission Indradhanush (2014) -** Boosted immunisation coverage.

5. **LaQshya Programme -** Improving quality of maternity care.
6. **Special Newborn Care Units (SNCUs) -** Set up in many district hospitals to reduce neonatal mortality.

These measures have contributed to the decline, but implementation gaps persist, particularly in large, populous states.

Suggestions

1. Strengthen Primary Healthcare

1. Replicate Kerala's decentralised model focusing on community health participation.
2. Upgrade PHCs and CHCs with 24×7 maternal and neonatal facilities.

2. Universal Nutrition Access

1. Ensure fortified foods, iron supplementation, and dietary diversification under POSHAN.
2. Replicate Telangana's Aarogya Lakshmi model of providing hot cooked meals to pregnant women.
3. **Zero Missed Children in Immunisation -** Use digital dashboards, mobile health vans, and ASHA-led outreach to ensure full coverage.

4. Human Resource Strengthening

1. Fill vacancies of specialists in high-burden states.
2. Incentivise and train ASHA workers for awareness and service delivery.

5. Behavioural Change Campaigns

1. Promote exclusive breastfeeding, maternal diets, and hygiene through IEC campaigns.
2. Counter vaccine hesitancy with local community leaders and health workers.

6. Equity in Health Investment - Prioritise investments in lagging states like Uttar Pradesh, Bihar, Madhya Pradesh, and Chhattisgarh.

Conclusion

India's decline in IMR to its lowest-ever level is an historic achievement that showcases the nation's capacity for health transformation. However, this must not overshadow the unfinished agenda - regional disparities, nutrition gaps, and weak health infrastructure still put millions of infants at risk. Sustained action across nutrition, immunisation, maternal care, sanitation, and awareness is essential to make survival gains universal. With strategic investment and inclusive governance, India can not only achieve the SDG target for child survival but also lay the foundation for a healthier, more productive generation.

Ensuring that every infant has an equal chance to survive and thrive must remain the cornerstone of India's public health journey.

Main Practice Question

1. "India has achieved historic progress in reducing Infant Mortality Rate (IMR), yet regional disparities and systemic gaps persist. Critically examine the causes, government interventions, and suggest measures for universal child survival."

Answer Guidelines

1. Introduction - Define IMR briefly. Mention milestone - IMR dropped to 25 (SRS 2023) from 129 in 1971.

2. Body

1. Progress & Achievements

1. Kerala, Manipur success stories.
2. Role of immunisation, NRHM, Janani Suraksha Yojana.

2. Existing Problems & Disparities

1. Regional gaps - UP, MP, Chhattisgarh still high.
2. Immunisation gaps (900,000 missed vaccines in 2024).
3. Anaemia (52% women, 67% children).
4. Infrastructure shortage, vacant posts of specialists.

3. Government Measures

1. POSHAN Abhiyaan, Mission Indradhanush, LaQshya programme.
2. Newborn Care Units, Janani Shishu Suraksha Karyakram.

4. Suggestions

1. Replicate Kerala's model - decentralised health + community participation.
2. Strengthen PHCs/CHCs, fill workforce gaps.
3. Universal nutrition, fortified food, Aarogya Lakshmi model.
4. Behaviour-change campaigns (breastfeeding, vaccine uptake).
5. Digital tracking for "zero missed child".

3. Conclusion - IMR decline = historic milestone.But unfinished agenda - equity, nutrition, infrastructure. Stress on SDG-3 (Good Health & Well-being) and India's demographic dividend.