SANCHAR briefs

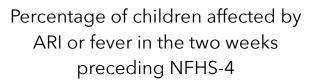
Science And News: Communicating Health And Research Brief #11: Acute Respiratory Infections

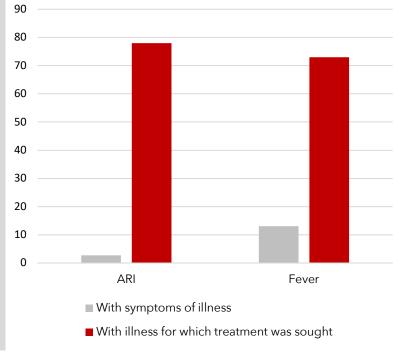
Acute respiratory infection (ARI) including infections of the upper and lower respiratory tracts, are one of the most prominent causes of mortality among children under five years of age. They result in over 900,000 deaths annually across, most commonly from infections of the lower respiratory tract, like pneumonia and bronchitis. ARI symptoms include persistent cough, short, rapid and difficult breathing that is associated with chest conditions.

ARI among children contributes to 30-50% of visits to health facilities and 20-40% of hospital admissions in India. In 2015-16, according to the NFHS-4 findings, mothers reported 3 percent of children under age five years had symptoms of acute respiratory infection (ARI). Young children between the age of 6-11 months report the highest burden of ARI symptoms. Over 86% urban children who reported symptoms of ARI sought medical advice, against over 75% rural children, during the same period. In India, vaccines against common causes of ARI are not part of the national immunization schedule with the exception of measles vaccine. Many of these vaccines are recommended in high income countries. Globally, India along with Bangladesh, Indonesia, and Nepal, accounts for 40% of the ARI mortality among children.

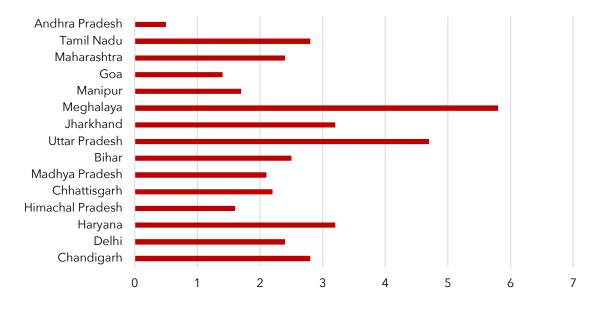
Quick Facts from NFHS-4 (2015-16)

- 1. Advice or treatment was sought for 78 percent of children under five years of age with ARI symptoms in 2015-16.
- Advice or treatment was sought on the same or the next day for 58 percent of children.
- Seeking advice or treatment ranges between 32 percent in Nagaland to 96 percent in Kerala.
- Seeking advice or treatment the same day or the next day ranges between 17 percent in Arunachal Pradesh to 100 percent in the Andaman & Nicobar Islands.
- 86.2 % of urban children who reported ARI symptoms sought advice from a healthcare provider against 75.5% rural children with the same symptoms.





Children living in resource poor crowded settings like slums, who are exposed to household pollution from biomass fuels and parental smoking, are especially at risk for ARI. A history of inadequate breastfeeding and poor access to healthcare also predict ARI. Poverty, and exposure to poor water and sanitary conditions are also risk factors. Furthermore, the probability of seeking advice or treatment after a child experiences ARI symptoms, increases with schooling and household wealth status. Thus, morbidity and mortality from ARI among children, as well as the likelihood of seeking care is linked to social and economic factors.



Percentage of children with symptoms of ARI by state

How can this inform your work?

With air pollution, including indoor and outdoor air pollution, emerging as a critical public health issue in recent years, along with longstanding challenges like undernutrition in India, ARI among infants has emerged as a key environmental and maternal and child health outcome in India. With continuing migration into cities, slum populations in most Indian cities are burgeoning. Improving the health of children in slums poses new challenges that warrant the attention of journalists working on health writing. That air pollution is critically linked to environmental concerns, underlines that ARI is a critical public health area that warrants the attention of journalists writing on policy, environment and public health alike.

Reference:

International Institute for Population Sciences (IIPS) and ICF. 2017. *National Family Health Survey (NFHS-4), 2015-16: India*. Mumbai: IIPS.

Project SANCHAR is aimed at building capacity and facilitating the adoption of practices to use or draw on evidence in public health communication and practice. To facilitate this, SANCHAR collates and provides data from scientifically validated sources, from national datasets in easily interpretable formats, and accessible visuals that can be downloaded easily.



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