

**GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA**

UNSTARRED QUESTION NO:582

ANSWERED ON:21.11.2001

INFANT AND MOTHER MORTALITY RATE

AVSM, BRIG.(RETD.) KAMAKHYA PRASAD SINGH DEO;CHANDRA NATH SINGH;M.H. AMBAREESH;SRIKANTA DATTA
NARASIMHARAJA WADIYAR

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether as per a report of the World Health Organisation, infant and mother mortality rate is very high in India particularly among SCs/STs due to malnutrition;

(b) if so, the details thereof along with the reasons therefore, State-wise;

(c) whether the Union Governments proposed to take any steps or extend any help to the State Government to reduce the mortality rates in the country;

(d) if so, the details thereof; and

(e) if not, the reasons therefor?

Answer

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR)

(a)&(b): As per the National Family Health Survey (NFHS-2), 1998-99 'children of women belonging to Scheduled Castes and Scheduled Tribes have higher rates of infant and child mortality than children of women belonging to other backward classes or 'other' women'. In the 10 year period preceding the survey the infant mortality in scheduled caste and scheduled tribes was estimated to be 83.0 and 84.2 respectively. During the same period the total infant mortality was estimated to be 73.0. The survey does not provide State-wise data for infant mortality among Scheduled castes and Scheduled tribes. However, the infant mortality rate by State for the five-year period preceding the survey is given in Annexure-I. Several factors impact infant mortality. These, inter-alia, include mothers' education, religion, caste/tribe and standard of living index. The NFHS-2 also indicated that children belonging to scheduled castes/tribes have relatively high levels of under-nutrition. Children from scheduled tribes have the poorest nutritional status and a high prevalence of wasting.

The average maternal mortality ratio (MMR) at the national level for the two-year period preceding NFHS-2 was estimated at 540 deaths per 100,000 live births. The Sample Registration System (SRS) estimated the MMR to be 407 per 100,000 live births during 1998. Estimates of MMR for the year 1998 as per the SRS for the major States are at Annexure-II. The NFHS-2 and SRS do not provide MMR disaggregated for scheduled castes and scheduled tribes.

(c) to (e): Under the Reproductive and Child Health Programme various measures are being taken to reduce the Infant and Maternal Mortality Rates. These include immunization against six vaccine preventable diseases; appropriate management of cases of diarrhoea and acute respiratory infections, provision of essential newborn care, promotion of nutritional status of children through advocacy of exclusive breastfeeding and appropriate complementary feeding practices and prophylaxis against Vitamin A and Iron deficiency for reducing infant mortality.

For reducing maternal mortality, essential obstetric care; emergency obstetric care; referral transport for pregnant women with complications of pregnancy, through panchayats; provision of drugs and equipment at first referral units; provision of contractual staff like additional Health Workers, staff nurses, doctors and anaesthetist are under implementation. Funds are also being provided for schemes like 24 hour delivery services at selected primary health centres and community health centres.

A project for strengthening of the immunization programme with World Bank assistance is under implementation. To improve outreach of reproductive and child health (RCH) services in underserved areas the RCH Outreach Scheme has been launched. Under this 50 districts were provided additional resources for strengthening outreach services in 2000-01. The Scheme has been extended to cover an additional 101 districts during 2001-02.

A scheme for training of Dais is being implemented in 142 districts with a safe delivery rate of less than 30 per cent.

102 districts have been identified for organizing RCH camps at underutilized health facilities to improve delivery of services under the Programme during 2000-01. This scheme has been extended to cover an additional 74 districts during 2001-02.

ANNEXURE-I

INFANT MORTALITY RATE FOR THE FIVE-YEAR PRECEDING THE NATIONAL FAMILY HEALTH SURVEY, (NFHS-2, 19 BY STATE

STATE	IMR
India	67.6
Delhi	46.8
Haryana	56.8
Himachal Pradesh	34.4
Jammu & Kashmir	65.0
Punjab	57.1
Rajasthan	80.4
Madhya Pradesh	86.1
Uttar Pradesh	86.7
Bihar	72.9
Orissa	81.0
West Bengal	48.7
Arunachal Pradesh	63.1
Assam	69.5
Manipur	37.0
Meghalaya	89.0
Mizoram	37.0
Nagaland	42.1
Sikkim	43.9
Goa	36.7
Gujarat	62.6
Maharashtra	43.7
Andhra Pradesh	65.8
Karnataka	51.5
Kerala	16.3
Tamil Nadu	48.2

ANNEXURE-II

Maternal Mortality Rate (India and Bigger States) Source: RGI, SRS, 1998

Major States	MMR
India	407
Andhra Pradesh	159
Assam	409
Bihar	452
Gujarat	28
Haryana	103
Karnataka	195
Kerala	198
Madhya Pradesh	498
Maharashtra	135
Orissa	367
Punjab	199
Rajasthan	670
Tamil Nadu	79
Uttar Pradesh	707
West Bengal	266