

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

STARRED QUESTION NO:119
ANSWERED ON:30.11.2005
REPRODUCTIVE HEALTH PROBLEMS
Adsul Shri Anandrao Vithoba;Jogi Shri Ajit

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

- (a) whether the reproductive health problems are the biggest cause of women's ill health and mortality in the country;
- (b) if so, whether the Government has any proposal to check pregnancy related deaths;
- (c) if so, the details thereof alongwith the policy adopted by the Government in this regard;
- (d) whether the Government has any programme to train Midwives in rural areas where most of the cases have been noticed; and
- (e) if so, the details thereof?

Answer

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS)

(a) to (e): A statement is laid on the Table of the House.

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO. 119 FOR 30TH NOVEMBER , 2005.

Women in the reproductive age group of 15-49 years are more vulnerable to morbidity and mortality due to causes related to pregnancy and childbirth. The Data provided by the Sample Registration System (SRS-1998), of the Registrar General of India indicates that the Maternal Mortality Ratio in India (MMR) was 407 per 100,000 live births is annexed.

The main causes of maternal deaths are:

1. Direct Causes: Hemorrhage, infections, Obstructed Labour, Unsafe Abortion, Toxemia of Pregnancy etc.
2. Indirect Causes: Anemia, Viral Hepatitis, Tuberculosis and Malaria
3. Socio economic causes: Early age of marriage, adolescent pregnancy, low status of women, low level of female education, lack of access to health services, gender bias and economic dependency.

The National Population Policy - 2000 and the National Health Policy - 2002 of Government of India have laid down specific goals for bringing down the maternal mortality rate to less than 100 by the year 2010.

Government of India have recently launched the National Rural Health Mission (NRHM) in order to improve the availability of and access to quality health care. The Reproductive & Child Health Programme which aimed at improving women and child health and bringing down maternal mortality is a component of the National Rural Health Mission (NRHM). The NRHM seeks to provide effective health care to rural population throughout the country with special focus on 18 States, which have weak public health indicators and/or weak infrastructure. These States are Arunachal Pradesh, Assam, Bihar, Chhattisgarh, Himachal Pradesh, Jharkhand, Jammu & Kashmir, Manipur, Mizoram, Meghalaya, Madhya Pradesh, Nagaland, Orissa, Rajasthan, Sikkim, Tripura, Uttaranchal and Uttar Pradesh.

Under the NRHM, the important strategies for bringing down Maternal Mortality are, promotion of institutional deliveries and skilled attendance at birth, upgrading primary health centers for 24 hour delivery services, operationalising the first referral units for providing emergency obstetric care and provision of safe abortion services at all health institutions including primary health centers. For implementing these strategies, the following services are being strengthened:

Implementation of the Janani Suraksha Yojana (JSY) under which cash incentives are provided to pregnant women belonging to families Below Poverty Line (BPL) if they deliver at a health center/hospital.

Appointment of Accredited Social Health Activist (ASHA) for every village with a population upto 1000. ASHA will facilitate in accessing health care services to the community and will have specific responsibility of mobilizing pregnant women for antenatal care, institutional delivery, post-natal checks and immunization to children.

Operationalising 2000 Community Health Centres as First Referral Units (FRU) for providing Emergency Obstetric and Child Health Services.

Making 50% Primary Health Centres functional for providing 24-hours delivery services.

Establishing referral linkages between village, PHC, CHC and FRU.

Ensuring quality of services by implementing Indian Public Health Standards (IPHS) for Primary Healthcare Facilities.

For the purpose of providing skilled attendance at all births, it is proposed to train the Auxiliary Nurse and Midwives (ANMs), Lady Health Visitors (LHVs) and Staff Nurses in the rural sub-centres in the skills required for making them skilled birth attendants. Necessary policy decisions in this regard have already been taken and guidelines issued to the State Governments in this regard. The States under NRHM are being advised to initiate these training programmes under the existing Reproductive & Child Health Programme for which funding is being provided by the Government of India.

In addition, a number of other national health and disease control programmes are being implemented by the Government. These Programmes lay equal stress on providing comprehensive health care to both men and women.

ANNEXURE

MATERNAL MORTALITY RATE INDIA AND BIGGER STATES (SOURCE: RGI, SRS, 1997, 1998)

Major State	MMR (1997)	MMR (1998)
India	408	407
Andhra Pradesh	154	150
Assam	401	409
Bihar	451	452
Gujarat	29	28
Haryana	105	103
Karnataka	195	195
Kerala	195	198
Madhya Pradesh	498	498
Maharashtra	135	135
Orissa	361	367
Punjab	196	199
Rajasthan	677	670
Tamil Nadu	76	79
Uttar Pradesh	707	707
West Bengal	264	266