

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

UNSTARRED QUESTION NO:6134
ANSWERED ON:03.05.2013
SAFE ABORTIONS
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Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether India has the highest number of unsafe abortions in the world as per various surveys undertaken in this regard;
- (b) if so, the details thereof and reasons therefor;
- (c) the number of maternal deaths in the country due to unsafe abortions; and
- (d) the remedial steps taken by the Government to encourage institutional deliveries especially in rural and backward areas of the country?

Answer

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ABU HASEM KHAN CHOUDHURY)

- (a): India specific data on numbers of unsafe abortions is not available through National Level Surveys or through International Estimates.
- (b): Does not arise
- (c): As per Registrar General of India- Sample Registration System (RGI -SRS) Survey Report (2001-03), 8% of maternal deaths in the country are attributed to "Abortion" which translates into an absolute number of approximately 4,500 deaths in one year.
- (d): Under the National Rural Health Mission, a number of steps have been taken to encourage institutional deliveries with a focus on the rural and backward areas which include:-
 1. Janani Suraksha Yojana (JSY), a conditional cash transfer scheme to promote Institutional Delivery with a special focus on Below Poverty Line (BPL) and SC/ST pregnant women. The scheme has brought about a significant increase in institutional delivery.
 2. Janani Shishu Suraksha Karyakaram (JSSK), which entitles all pregnant women delivering in public health institutions to absolutely free and no expense delivery including Caesarean section. The initiative stipulates free drugs, diagnostics, blood and diet, besides free transport from home to institution, between facilities in case of a referral and drop back home. Similar entitlements have been put in place for all sick infants accessing public health institutions for treatment.
 3. Strengthening Sub Centres, PHCs, CHCs and sub-district / district hospitals with the necessary infrastructure, drugs, supplies, equipments and trained service providers to provide facilities to women for institutional delivery.
 4. Augmenting the availability of skilled manpower by training ANMs and Nurses in Skilled Birth Attendance and MBBS doctors in Emergency Obstetric Care.
 5. More than 8.8 lakhs ASHAs have been appointed in the villages to facilitate accessing of health care services at institutions, by the community, particularly pregnant women.
 6. Referral systems have been established including emergency referral transport for pregnant women, for which the states have been given flexibility to use different models.
 7. Strengthening of Govt. health facilities through provision of flexible funds.
 8. Name based web enabled tracking of pregnant women to ensure timely and quality antenatal, intranatal and postnatal care has been introduced.
 9. Mother and Child Protection Card in collaboration with the Ministry of Women and Child Development to monitor service delivery for mothers and children during pregnancy and after delivery.
 10. Village Health and Nutrition Days in rural areas as an outreach activity, for provision of maternal and child health services and to provide a platform for Information Education Communi- cation(IEC) / Behaviour Change Communication (BCC) activities including promotion of institutional delivery.