

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

UNSTARRED QUESTION NO:1698

ANSWERED ON:16.08.2013

INFANT CHILD AND MATERNAL MORTALITY .

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

(a) whether as per annual State of the World's Mothers report, 56,000 mothers die annually while 3,09,000 babies die within the first 24 hours of being born in India every year;

(b) if so, the details of the infant, child and maternal mortality rate reported along with the reasons for such high mortality rates during each of the last three years and the current year, State/UT-wise;

(c) the details of programmes/schemes and awareness campaign launched and funds/incentives provided to the States/ UTs to check the high rate of infant, child and maternal mortality rate during the said period;

(d) whether adolescent pregnancies face a high risk of maternal mortality and suffer from obstetric complications, malnutrition, diseases such as dengue/flu and improper sanitary condition which is the main reason for high infant, child and maternal mortality in the country; and

(e) if so, the details thereof along with the steps taken by the Government to spread awareness among women for reducing infant, child and maternal mortality rate and obstetric complications?

Answer

THE MINISTER OF HEALTH AND FAMILY WELFARE

(SHRI GHULAM NABIAZAD)

(a): As per the "State of the World's Mothers Report, 2013" an estimated 56,000 mothers die annually and 309,000 newborns die within the first 24 hours of birth, every year in India.

(b): As per the report published by Registrar General of India - Sample Registration System (RGI-SRS 2011), the Infant Mortality Rate (IMR) for the country is 44 per 1000 live births.

As per the same report, the Under Five Mortality Rate (U5MR) is 55 per 1000 live births.

Details of IMR and U5MR state wise, for the years 2009, 2010 and 2011 are placed at Annexure 1 and 2 respectively.

As per the latest report of Registrar General of India - Sample Registration System (RGI-SRS) - 2007-09, the Maternal Mortality Ratio of India is 212 per 100,000 live births.

Details of MMR are not available from RGI -SRS year wise. Details of state wise MMR are placed at Annexure 3.

As per RGI-SRS (2001-03) the commonest causes of Infant and Under Five mortality are: Perinatal conditions, respiratory infections, diarrhoeal diseases, other infectious and parasitic diseases, congenital anomalies, ill-defined conditions, nutritional deficiencies, unintentional injuries, malaria, and fever of unknown origin.

As per the same report, the major medical causes of maternal deaths are: Hemorrhage, Sepsis, Abortion, Hypertensive disorders, Obstructed labor, "Other causes" which include anemia.

Besides this, some of the socio economic determinants of infant, child and maternal mortality are illiteracy, low socio-economic status, early age of marriage, lack of women empowerment, poor environmental conditions e.g. sanitation, hygiene etc, lack of potable water, high parity, preference for home deliveries by family members or village dai and poor access to health facilities etc.

(c): Under the National Rural Health Mission (NRHM), the key steps taken to reduce infant, child and maternal mortality are: #

Promotion of institutional deliveries through Janani Suraksha Yojana (JSY).

Operationalization of sub-centers, Primary Health Centers, Community Health Centers and District Hospitals for providing 24x7 basic and comprehensive obstetric care, neonatal, infant and child care services.

Capacity building of health care providers in basic and comprehensive obstetric care, Integrated Management of Neo-natal and Childhood Illness (IMNCI) and Navjaat Shishu Suraksha Karyakaram (NSSK) etc.

Mother and Child Protection Card in collaboration with the Ministry of Women and Child Development to monitor service delivery for mothers and children.

Name Based web enabled tracking of pregnant women & children has been introduced to ensure optimal antenatal, intranatal and postnatal care to pregnant women and care to newborns, infants and children.

Identifying the severely anaemic cases at sub centres and PHCs for their timely management

Antenatal, Intranatal and Postnatal care including Iron and Folic Acid supplementation to pregnant, lactating women and Iron and Folic Acid supplementation to children and adolescents for prevention and treatment of anaemia.

To tackle the problem of anemia due to malaria particularly in pregnant women and children, Long Lasting Insecticide Nets (LLINs) and Insecticide Treated Bed Nets (ITBNs) are being distributed in endemic areas.

Management of Malnutrition particularly Severe Acute Malnutrition (SAM) by establishing Nutritional Rehabilitation Centres (NRCs). As breastfeeding reduces infant mortality, exclusive breastfeeding for first six months and appropriate infant and young child feeding practices are being promoted in convergence with Ministry of Woman and Child Development.

Strengthening of Facility based newborn care by setting up Newborn care corners (NBCC) in all health facilities where deliveries take place; Special New Born Care Units (SNCUs) at District Hospitals and New Born Stabilization Units (NBSUs) at First Referral Units for the care of sick newborn.

Engagement of 8.92 lakhs Accredited Social Health Activists (ASHAs) to generate demand and facilitate accessing of health care services by the community.

Home Based Newborn Care (HBNC) has been initiated through ASHA to improve new born care practices at the community level and for early detection and referral of sick new born babies.

Village Health and Nutrition Days in rural areas as an outreach activity, for provision of maternal and child health services and creating awareness on maternal and child care including health and nutrition education.

Universal Immunization Program (UIP) against seven diseases for all children. Government of India supports the vaccine program by supply of vaccines and syringes, cold chain equipments and provision of operational costs.

Vitamin A supplementation for children aged 6 months to 5 years. .

Deworming of Children under 5 years of age by providing tablets/ syrup twice a year.

Janani Shishu Suraksha Karyakaram (JSSK) has been launched on 1st June, 2011, to eliminate any out of pocket expense for pregnant women delivering in public health institutions and sick newborns and infants accessing public health institutions for treatment.

Information Education Communication/Behaviour Change Communication activities using different platforms, to spread awareness on the strategies and interventions for reducing infant, child and maternal mortality have been undertaken .

Funds are provided to the States /UTs under National Rural Health Mission Flexipool and Reproductive and Child Health Flexipool to undertake activities for reducing Infant, Child and Maternal Mortality. State wise details for the years 2010-11, 2011-12 & 2012-13 are placed at Annexures 4 & 5.

(d) & (e): As per SRS 2007-09, 9% of maternal deaths occur in 15-19 years age group.

As per National Family Health Survey (NFHS -3), proportion of births with low birth weight is greater among mothers less than 20 years (26%) as compared to older mothers of 20-34 years (20%) .

Adolescent pregnancy has also been associated with poor maternal weight gain, prematurity (birth at <37 weeks` gestation), pregnancy-induced hypertension, anemia, and Sexual Transmitted Diseases etc. Adolescent pregnant women infected with Dengue face greater risk of pre-eclampsia, caesarean births, pre-term labour and low birth weight. All these conditions can be contributory factors for infant, child and maternal mortality.

A number of activities for Information Education Communication/Behaviour Change Communication have been undertaken by the Gol under NRHM for dissemination of key messages on infant, child and maternal care including mass media campaigns, posters, booklets e.g. Safe Motherhood Booklet and bill boards etc. along with interpersonal communication strategies e.g. counselling by service providers and frontline workers using different platforms, with the objective of reducing infant, child and maternal mortality.