

Beyond Institutional  
Deliveries-  
Continuum of Quality  
Care in the life cycle



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*Raising Consciousness*  *Creating Awareness*

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# Context



For Women Young people Children

1. Reducing Maternal Mortality is one of the goals of the National Population Policy, National Health Mission...
2. Several efforts have been undertaken particularly in the last decade- (Service Guarantees; Emergency Transport Services; Janani Suraksha Yojana; Indira Gandhi Matritva Sahayog Yojna; Janani Shishu Suraksha Karyakram; Maternal Death Reviews etc.)
3. Some of the recent efforts include Rashtriya Kishore Swasthya karyakrm; Rashtriya Bal Swasthya Karyakram etc.

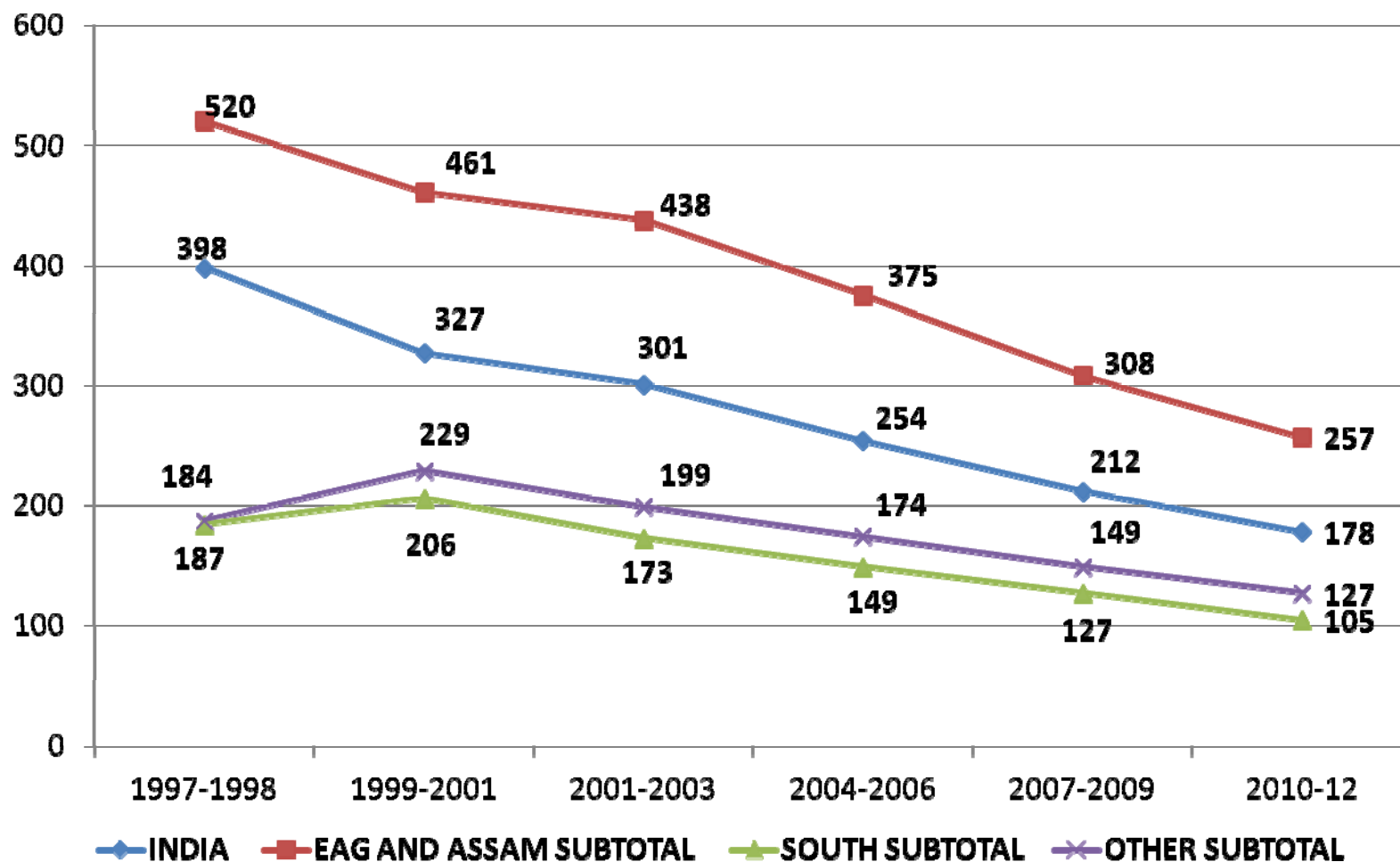
However, some critical concerns persist- the focus on increasing institutional deliveries as a measure of performance with inadequate attention to continuum, quality and coverage of services; intersectoral convergence, accountability towards the users...

*Raising Consciousness*



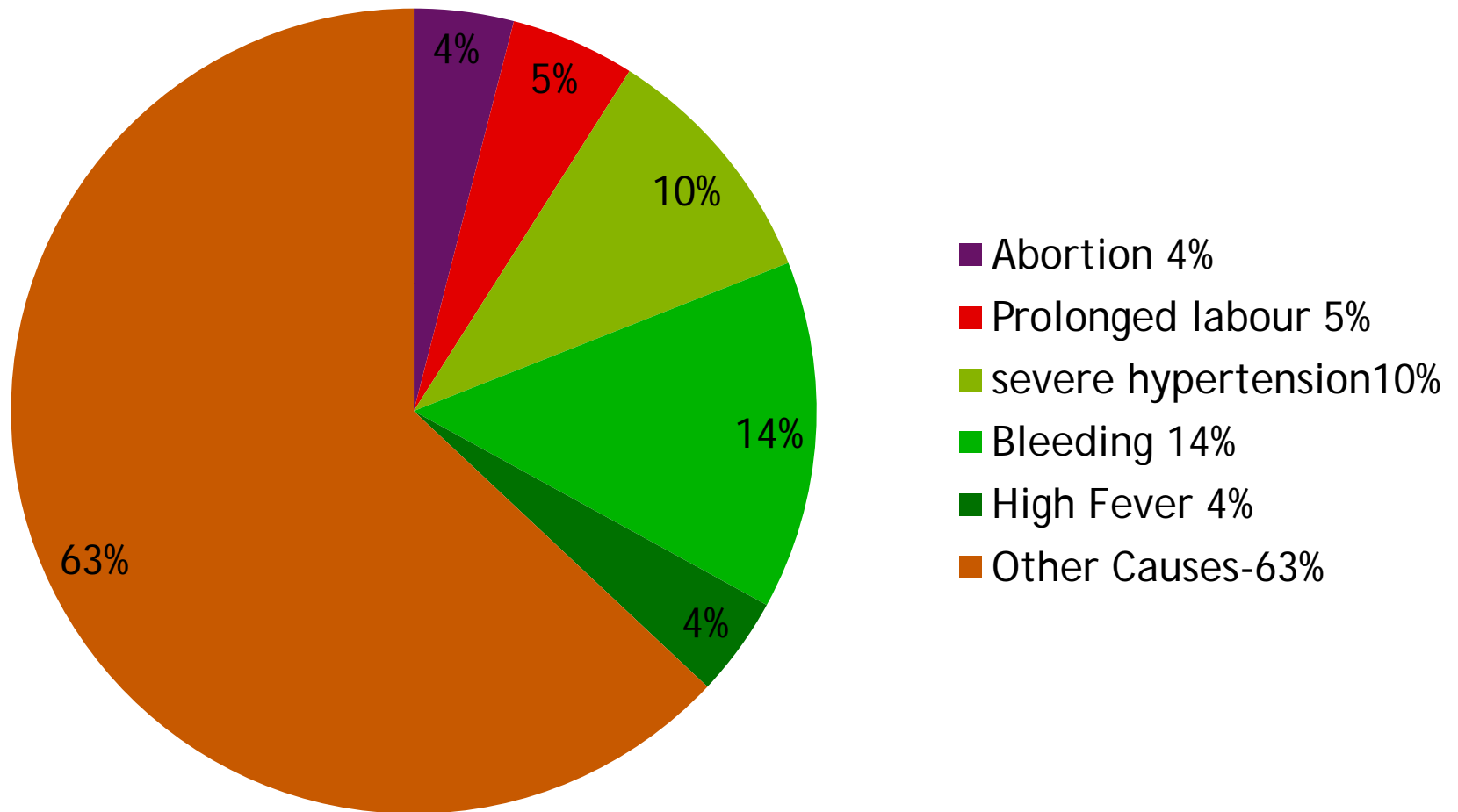
*Creating Awareness*

# Regional Disparities in MMR- Equity concerns



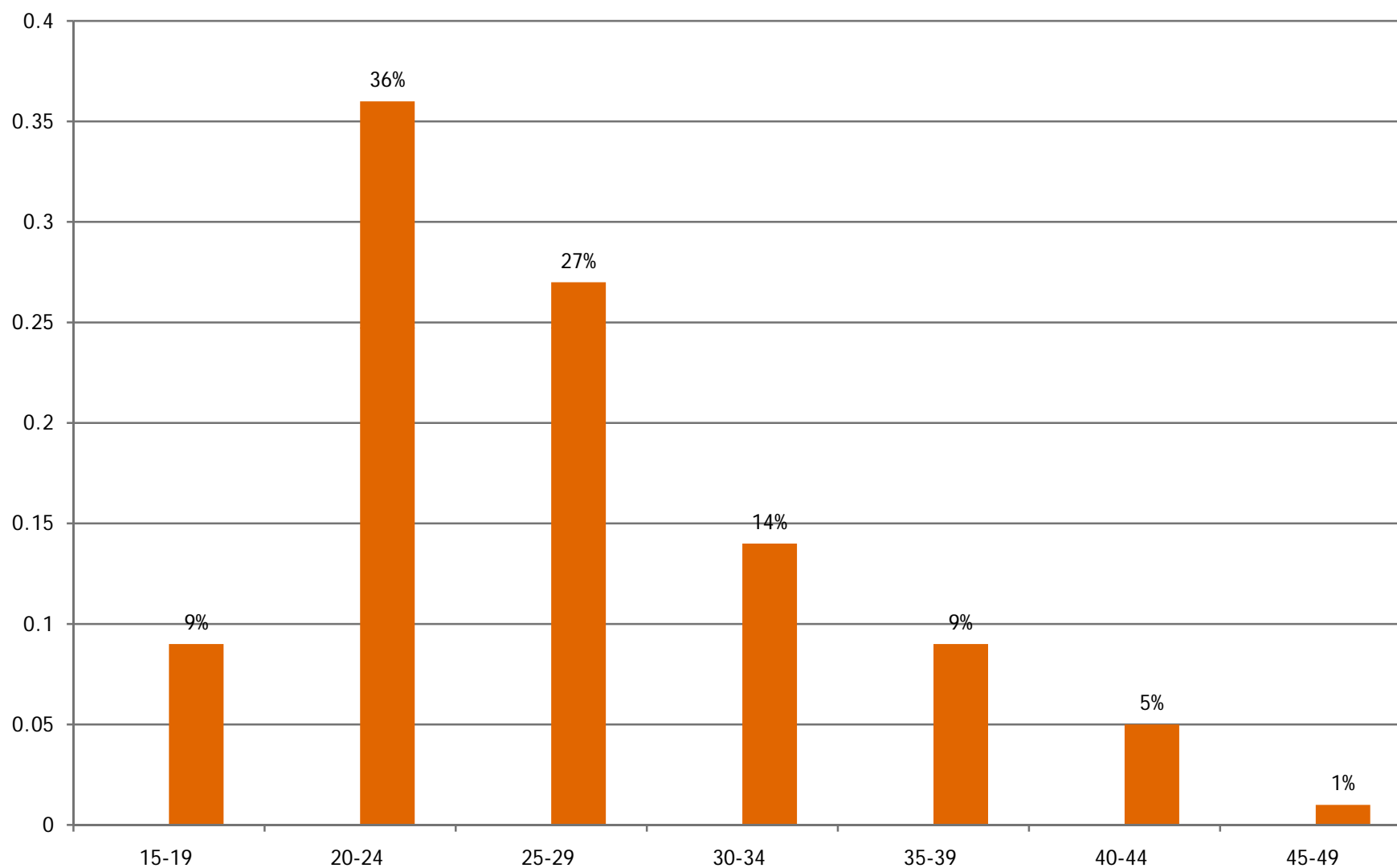
Source: Presentation on Maternal Mortality, 2013, SRS

# Probable Causes of Maternal Deaths-



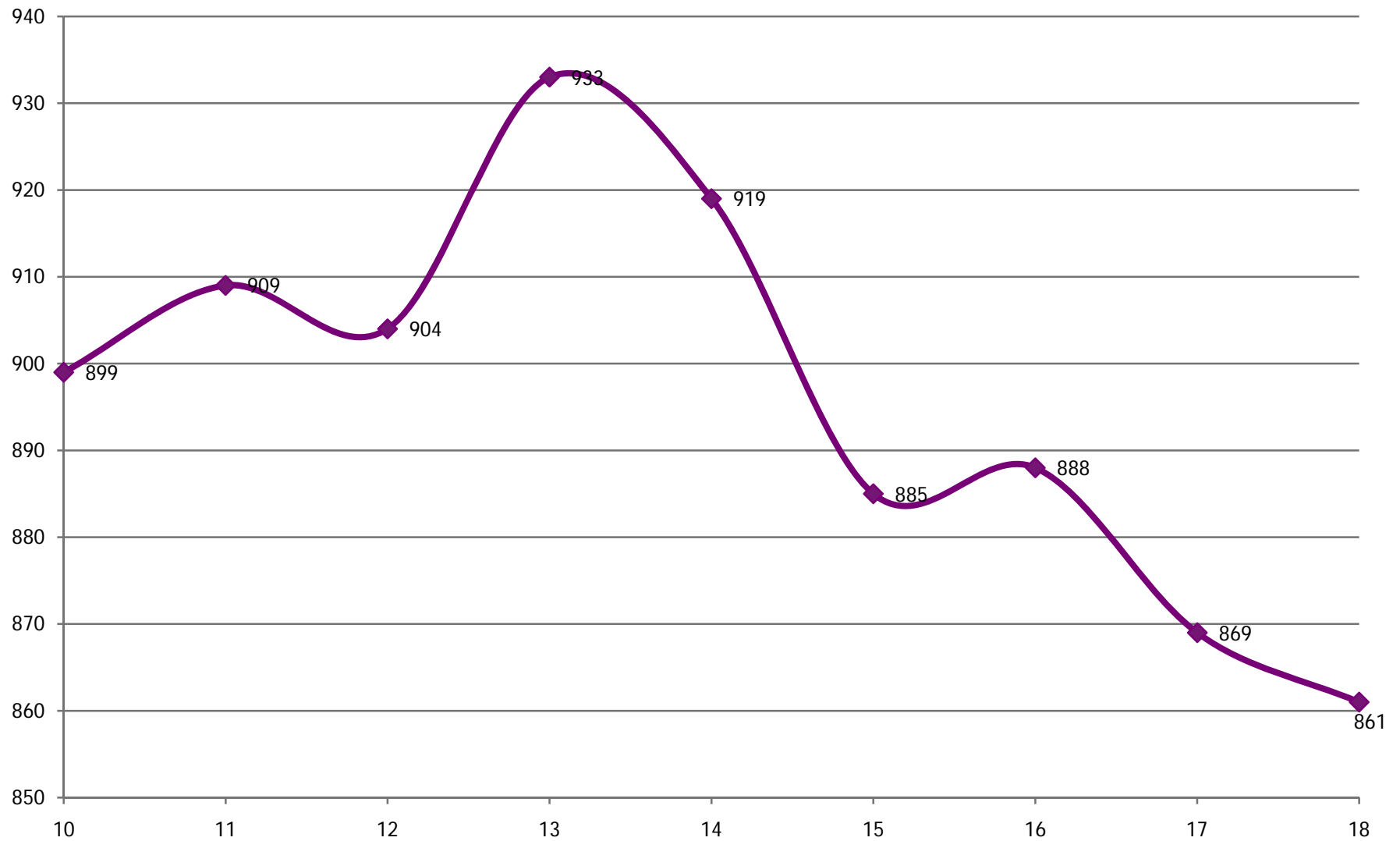
Data Source: HMIS 2012-2013; NHSRC website

# Too young to die



Source: SRS special Bulletin on Maternal Mortality 2010-2012; December 2013

# Silence on missing adolescents in the age group 15-18 years



Source :Age Specific Sex Ratio; NHSRC website

## For those who survive (15-19 years age)

- Most adolescent girls are working
- 1/3<sup>rd</sup> of girls do not have formal education
- 46% are not involved in any kind of decision making
- More than 20 % girls age 15-19 years experience physical violence since age of 15 years
- 5% of girls mention experiencing Sexual Violence
- Mean Body Mass Index is 19 (Normal range 18.5-24.9)
- Half of adolescent girls are totally thin to severely thin
- Almost 12% girls were found to be less than 145 cms height
- More than half of adolescent girls are anemic. No change in anemia since last three decades.

Of the 48.7% never married persons, 43.8% were women- lack of intervention to address issues of unmarried women\*

**Source: NFHS-3, 2005-06; Reproductive and Sexual Health of Young People in India; July 2009**

- 12% of all women (married and unmarried) and 44% of currently married women begin child bearing in the age group of 15-19 years.
- More than 47% of women age 20-24 married by age 18
- 44% of married women were mothers of one or more children by the age 15-19 years.
- Median Age at first birth for women age 25-49 is 19.8

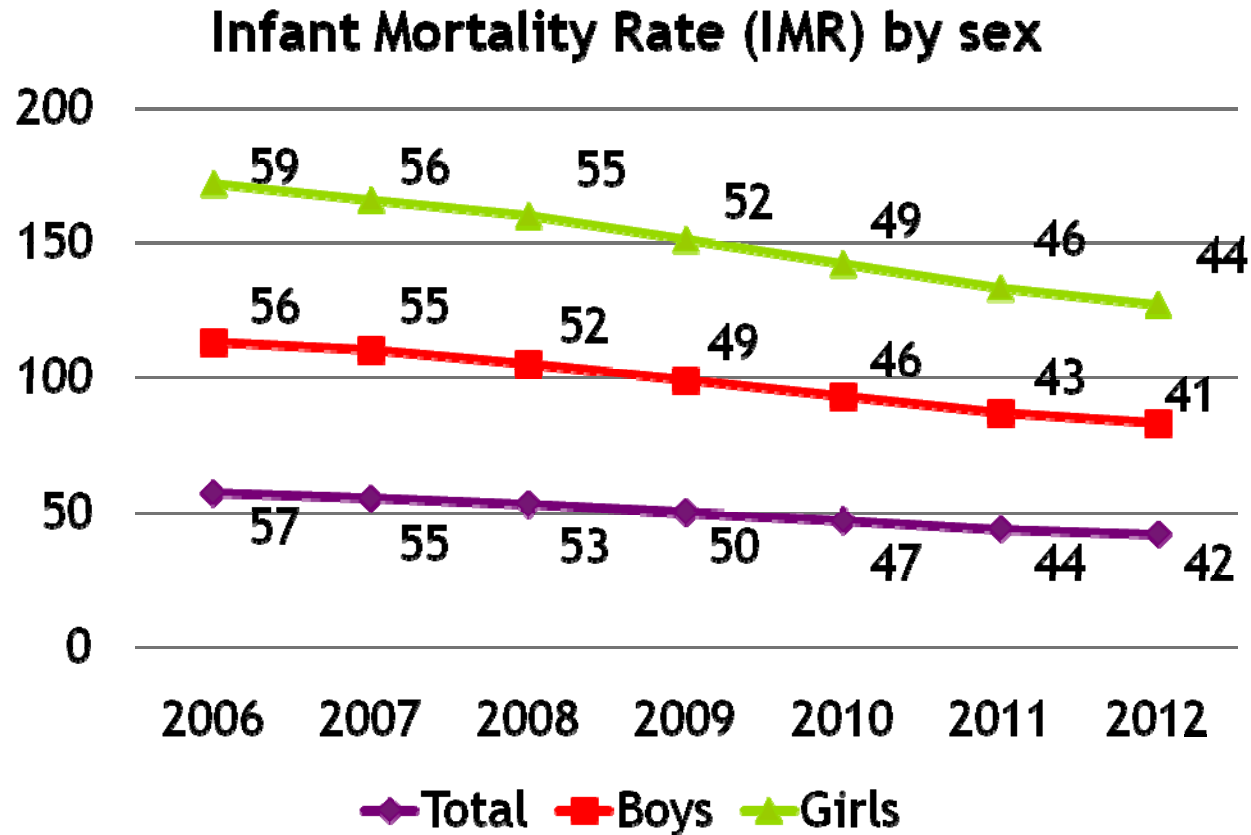
Source: Reproductive And Sexual Health of Young People in India; MOHFW-GOI and WHO-India; July 2009)



- Younger mothers are less likely to receive Ante Natal Check ups; TT injections and iron-folic acid supplementation
- 38 % women less than 20 years of age delivered in institutions
- Women less than 20 years reported more symptoms of post partum complications
- 61% women less than 20 years of age did not receive any post partum checkups
- Higher rate of Mortality, low birth weight babies, neo natal, infant and child mortality high among young mothers- less than 20 years of age

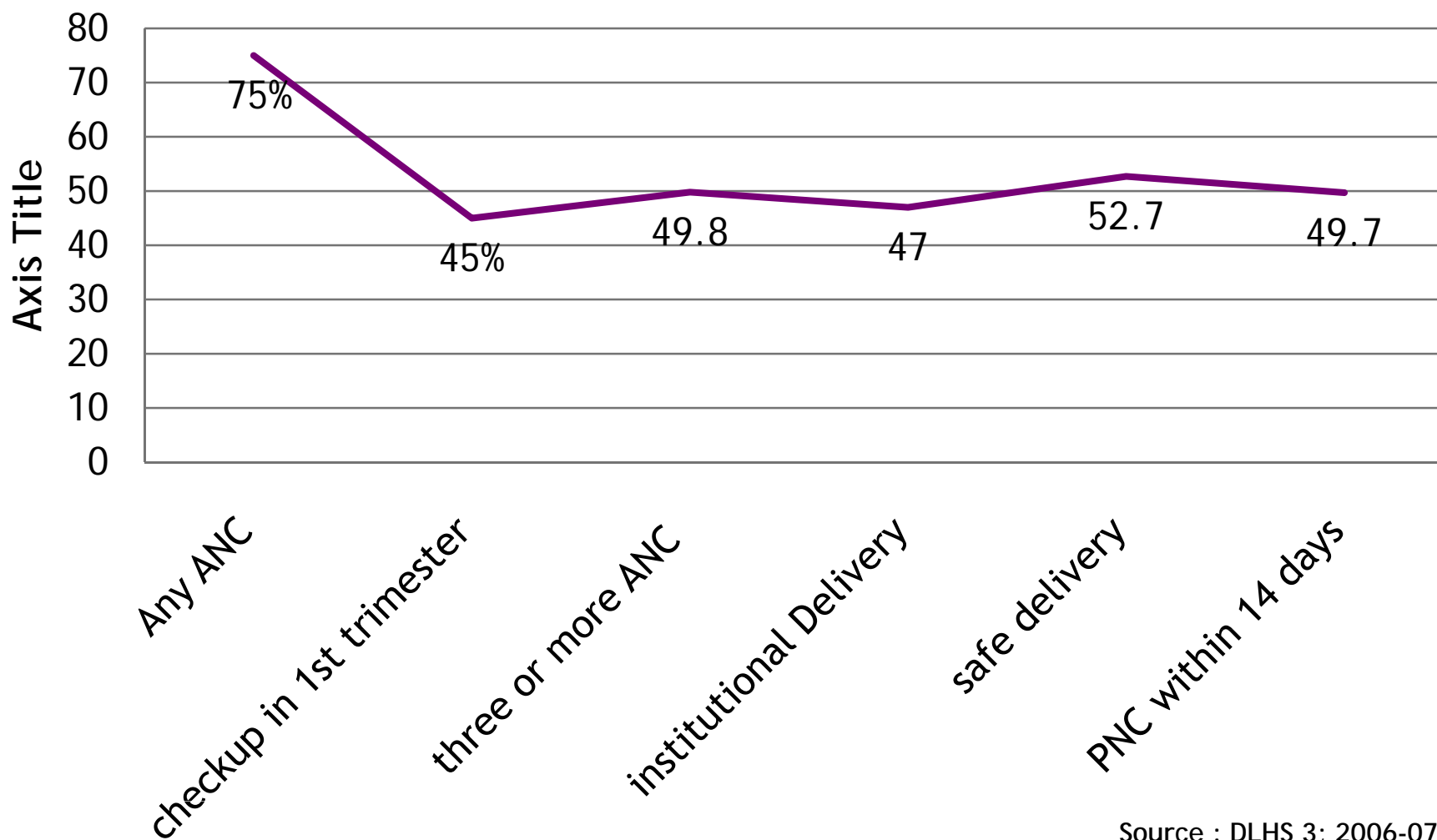
Source: Reproductive And Sexual Health of Young People in India; MOHFW-GOI and WHO-India; July 2009)

# Discrimination against girls continues



Source- SRS figures at a glance, INDIA - 2011

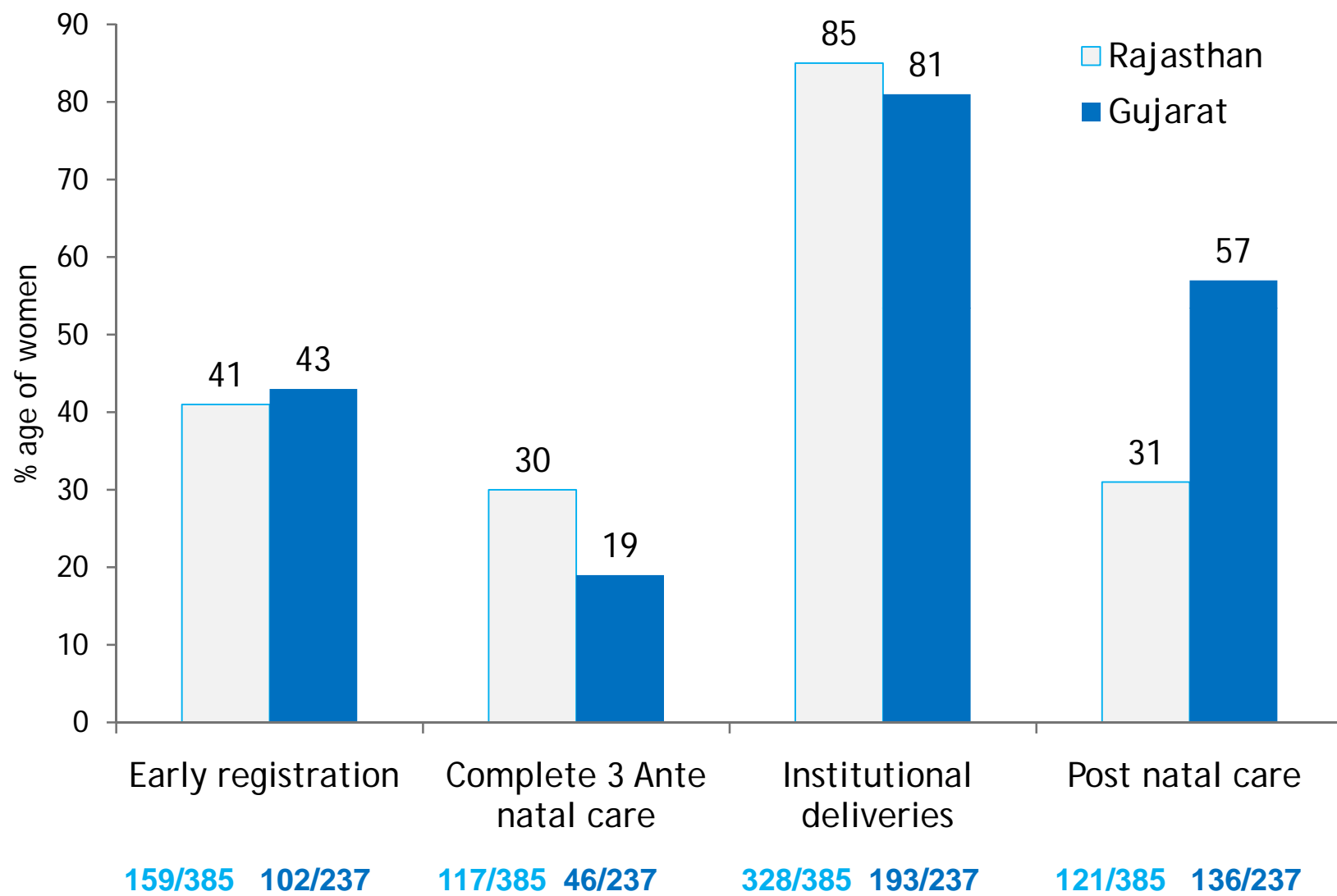
# Lack of continuum of care..



Source : DLHS 3; 2006-07

# Lack of Continuum of Care

-(82 villages of Gujarat and Rajasthan; CHETNA and Partners; September 2013)



Source: Presentation on Continuum of Quality Care; [www.chetnaindia.org](http://www.chetnaindia.org)

- Among the South Asian Countries, India has the highest prevalence of Anemia and contributes to about 80% of Maternal Deaths in South Asia\*
- 33 % women in India have BMI below normal\*\*
- 56.2% women age 15-49 years were anemic\*\*
- Pregnancy Anemia is almost universal
- Maternal Nutrition continues to be an unaddressed agenda despite National Programmes such as the National Anemia Control Programme; Integrated Child Development Scheme; National Maternity Benefit , MNREGA and so on ..

Source: \*(Prevalence and Consequences of anemia in pregnancy; K.Kalaivan; india Med Res 130, November 2009) \*\* NFHS-3

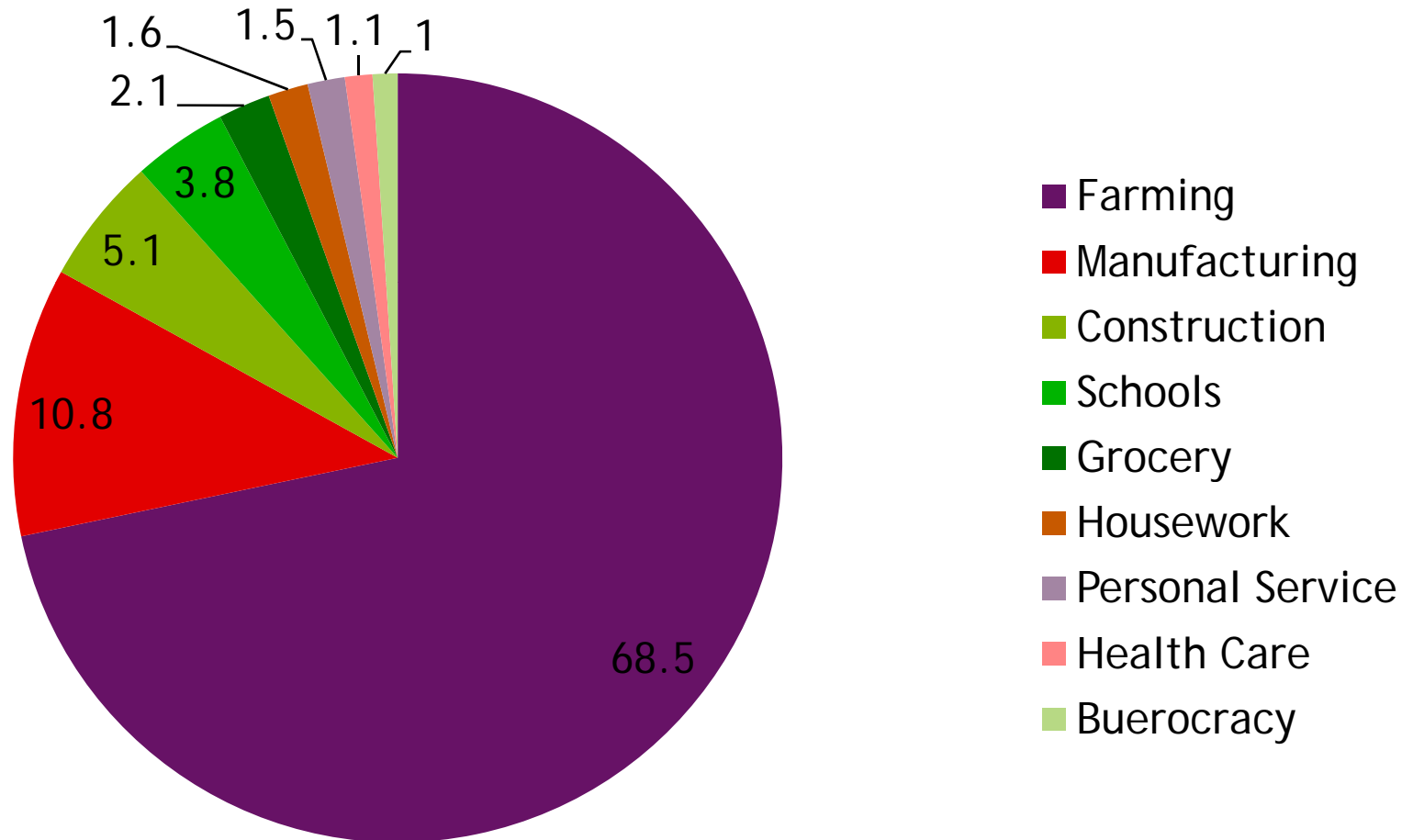
## Maternal Health of Women Workers

India's total female population is 586 million, according to Census 2011. As of 2010, India had an estimated 112 million female workers- doing a job for at least 30 of the 365 days. (National Sample Survey, 2010)



Agence France-Presse/Getty Images

## Occupation of Women



Source : Women and men in India; 2012; 14<sup>th</sup> Issue, National Statistical Organisation; Ministry of Statistics and Programme Implementation

## Maternal Health and Violence linkage



- The impact of gender based violence on maternal mortality is significant, accounting for 16% of maternal deaths in India.
- 37.2% ever married women mentioned ever experiencing spousal violence
- Violence and abuse by health care providers is universally known.
- Gender based violence has direct impacts on child mortality and maternal health. Additionally, gender based violence leads to increased morbidity as abuse is linked to a range of gynecological problems, chronic pain and psychological distress.
- Source: Watts, Charlotte and Susannah Mayhew (2004) "Reproductive Health Services and Intimate Partner Violence: Shaping a Pragmatic Response In Sub-Saharan Africa", International Family Planning Perspectives; , Volume 30, Number 4



- Despite Women living longer than men, their lives are not necessarily healthy
- One condition that impacts women's health and contributes to lifelong ill health is pregnancy and child birth.
- Maternal Deaths, Diseases and Disabilities are considered a leading contributor to the burden of disease among women.
- Consequences of maternal ill health are poorly understood and lack programmatic response.
- Less is known about the numbers and description of the consequences women may suffer as a result of pregnancy and child birth and the life threatening obstetric complication
- Source : Women and Health Report, WHO, 2009

- Maternal morbidities or disabilities are estimated to affect 15-20 million women worldwide each year. (uterine prolapse, sepsis, stress incontinence, hypertension, perineal tears, severe anemia, depression, fistula.. and other physical, emotional, economic and social consequences...)
- For Every Maternal Death, it is estimated that more than 20 women will suffer from morbidities.
- Yet we do not have complete information on maternal health(Deaths, Diseases and Disabilities) in India

- Health is a personal and State of balance and wellbeing
- in which woman feels strong, active, creative, wise and worthwhile,
- where her body's vital power of functioning and health is intact;
- where her diverse capacities and rythms are valued;
- where she may decide and choose, express herself and move about freely
- (Definition by Women and Health Programme, 1995-2002)

## Key Recommendations



- A comprehensive and integrated approach in maternal health and nutrition programmes and policies- towards a comprehensive women's health programme
- Engendering public health system is a top most priority
- Dignified Maternity Care , including curative, preventive, promotive aspects must be guaranteed to all women without any conditionalities of age, parity class, social categories and place of residence.
- Adequate attention to maternal deaths, diseases and disabilities including publishing updated information in public domain.
- More focus on outreach work - planning, strengthening, resource allocation