Decline in MMR in India

Why in news?

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India has recorded a 22% drop in Maternal Mortality Rate (MMR).

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What is MMR?

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- MMR is defined as the proportion of **maternal deaths per 1,00,000 live births.**
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- Maternal mortality is defined as the death of a woman while pregnant or within 42 days of termination of pregnancy.
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- The causes could be related to or aggravated by the pregnancy or its management.
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- Complications during pregnancy and childbirth are a leading cause of death and disability among women of reproductive age.
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- The maternal mortality ratio represents the risk associated with each pregnancy, i.e., the obstetric risk.
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What are the recent findings?

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- MMR of India has declined from 167 in 2011-2013 to 130 in 2014-2016.
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- The decline has been most significant in Empowered Action Group (EAG) states.
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- These include Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Odisha,

Rajasthan, UP and Uttarakhand.
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- Besides, Assam has also registered a decline from 246 to 188.
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- Among the southern states, the decline has been from 93 to 77 and in the other states from 115 to 93.
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How has NRHM contributed to this?

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- With **Janani Suraksh Yojna** (JSY) under National Rural Health Mission, institutional births nearly doubled.
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- It increased from around 38% to 78% between National Family Health Survey III (2005-06) and NFHS IV.
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- The web-based **Mother and Tracking System** tracked every pregnancy in the country since 2010.
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- It sends messages to health workers and expectant mothers about ante-natal checkups, vaccinations etc.

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- NRHM also allowed **auxiliary nurse midwives (ANMs).**
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- They administer antibiotics, intravenous fluids and drugs during emergencies under supervision.
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- For Ceasarean sections, there are **first referral units (FRUs)**.
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- FRU is a district or sub-divisional hospital or community health centre which has the facilities in this regard.
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- The **Accredited Social Health Activist** (ASHA) attended to women who were not going to hospitals for deliveries.
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- NRHM took efforts to increase the frequency of visits by ASHAs.
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- The basic issue however was of improving standards.
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- The incentive system of ASHAs was thus devised.
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- It was ensured that they got good money only if they visited throughout the 9 months.
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- Nutritional support through **anganwadis** was a major componenet.
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- Besides these, the **Janani Shishu Suraksha Karyakram** (JSSK) was implemented.
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- It entitles all pregnant women delivering in public health institutions to free delivery, including C-sections.
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What are the continuing concerns?

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- **Infrastructure** - A recent report highlighted a tribal woman in labour in Kerala being carried on a sling made of clothes.
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- But Kerala leads in most health indices, including MMR.
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- Thus, beyond indices, instances like the above underlines the need for basic physical infrastructure such as roads.

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- **MDG** - India has made sustained progress in reducing maternal mortality.
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- However, it missed the millennium development goal (MDG) of reducing MMR by 75% from 437 in 1990 to 109 in 2015.
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- **NRHM** - Janani Suraksh Yojna (JSY) is one of the main strategies or policy shifts under NRHM.
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- It is a conditional cash transfer scheme to motivate pregnant women for institutional deliveries.
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- In better developed states of South India, it is limited to women below poverty line up to first two childbirths.
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- But notably, maternal mortality steeply rises in grand multiparous women, delivering a child after third pregnancy onward.
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Source: Indian Express

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