



Analysis of Factors Influencing Maternal Mortality in Uttar Pradesh and Paving Way Forward

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By

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'Behind every death in pregnancy and childbirth is a personal tragedy. That tragedy can be understood and approached in many different ways. It is a biological or medical event. It is a health system malfunction. Sometimes it is a family or community responsibility. When multiplied many times over – nearly once every minute – then it is also a social injustice of massive proportions. When framed by its social profile . . . then it is also a collective badge of shame'.

(Freedman, 2001)

Outline of Presentation



- Justification
- Objectives
- Methodology
- Shift in Maternal Health Policies in India
- Findings
- Evidence Based Strategies
- Conclusion and Recommendations



What Interested Me?

- Maternal Mortality Ratio is highest in Uttar Pradesh – 517 per 100000 live births
- One of the backward states of India
- CHSJ & I have been working in this area
- Influencing policy makers



Objectives

- To describe and analyse women's status and health system factors contributing to maternal mortality in Uttar Pradesh, India
- To review evidence based strategies used in other states of India and neighbouring developing countries to reduce maternal mortality



Methodology

- Literature Review – Peer reviewed literature and Grey literature
- Conceptual Framework
- Case Studies (4)

A Glimpse of Maternal Health Policies and Programmes in India



■ 1960s – 1980s

- Focus on ANC
- Integration of nutrition programme with MCH programmes
- Integration of FP programmes with maternal health programmes
- Introduction of FRUs
- Welfare Approach

■ Post ICPD, Cairo, 1994

- Reproductive and Child Health programme - I + II (1997-2005)
- National Rural Health Mission (2005)
- Paradigm Shift in Approach

Findings (i)



Women's Position & Other Social Determinants of Maternal Mortality

- Early Marriage and Early Childbearing
- Anaemia
- High Fertility Rate and Son Preference
- Low Literacy
- Decision making at household level and Spousal violence
- Class, Caste and Tribe

Findings (ii)



Barriers to Access of Maternal Health Services

Case Study throws light on gaps around

- Availability (FP,ANC,Delivery,EmOC,Abortion, PHC, FRUs)
- Geographical Accessibility
- Affordability
- Accommodation & Acceptability
- Quality of Care & Accountability

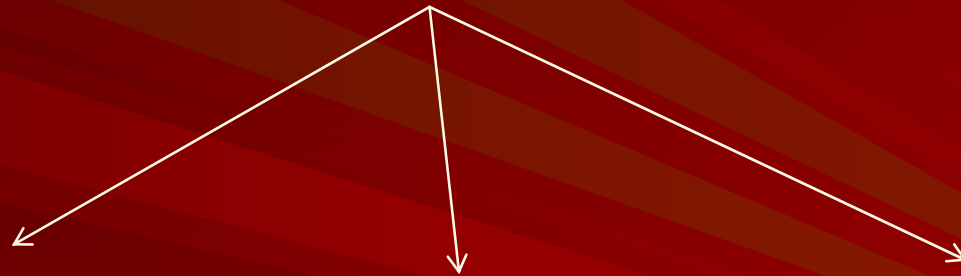
Evidence based Strategies



- Gender and Education - Kerala and Sri Lanka
- Improving access to health services, human resource development, comprehensive PHC service and integrated rural development (Malaysia, Sri Lanka, Kerala)
- Financing Institutional Deliveries through PPP - Gujarat
- Improving Accountability for Quality of Care – Civil Society Experience , Uttarakhand

Current Policy and Implementation Situation & Debate

- National Rural Health Mission – Flagship Programme of GoI, 2005-2012



Institutional
Deliveries Vs SBA

Janani
Suraksha Yojna??

EmOC??

Conclusion



- Improvement in women's status will reduce maternal mortality in Uttar Pradesh
- Improving supply side of health system will ensure better access to maternal health services
- Strong political will ensure reduction in maternal deaths

Recommendations



- **Recognize & Enforce Rights & Implementation of Policies**
 - Proactive role of Central, State Government & other stakeholders in implementing and monitoring existing laws on women's rights and protection (eg. Anti Child Marriage Act, Domestic Violence Act, Anti Dowry Act, Right to Education, MTP Act, PCPNDT Act, etc.)
 - Implementation of NRHM with active monitoring by community

- **Ensure and Improve Service delivery and Accountability System**
 - Ensuring access to maternal health care services to all poor women
 - Ensuring availability of SBA to poor women at delivering at home & institutions, incl. EmOC & Referral

Recommendations Continued

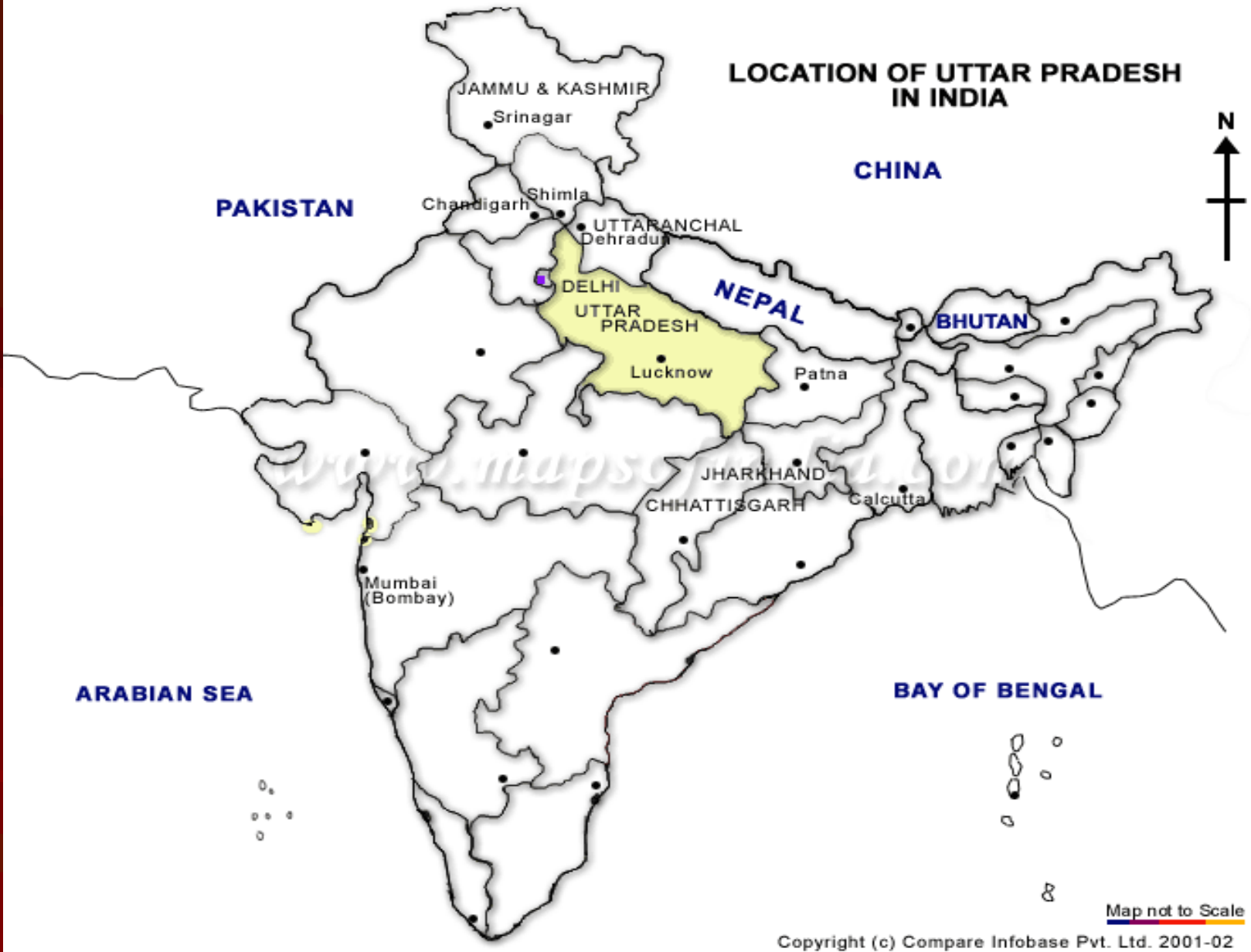
- Ensuring affordability of maternal health care services
- Strengthening accountability system
- Ensuring quality of care at all levels in accordance with health standards

□ Research

- Undertake researches on KAP related to maternity of community
- Undertake studies on provider attitudes & behaviour
- Investigating issues around informal payments
- Investigate the association between maternal deaths and socially excluded groups
- Studying adverse outcomes of ill-experienced deliveries

Thank You

LOCATION OF UTTAR PRADESH IN INDIA



Map not to Scale

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**Rama Devi,
Mirzapur District, Uttar Pradesh**

“As soon as my daughter in law’s labour pains started we took her to the nearest private clinic, 10 km away. The PHC is 40 km from our house and we had no means of taking her so far. At the clinic we were told to return as the birth was not due yet. But as soon as we got back home, the pains started again. The baby was delivered when we were returning to the hospital. There was no way of cutting the cord. Seeing her like that with the placenta hanging out, the hospital refused admission. We were taking her somehow to the distant PHC when she died on the way. Next time when it was my daughter’s delivery we took her straight away to a government hospital. There they asked us to pay Rupees 700 as something called User Fee before anyone touched her. We told them we were too poor to pay such a large amount, but no one listened to us. We ended up using our life’s savings for what we thought would be free. We are so impoverished now there is not even money to buy milk for my grandchild” .

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Problem Analysis Diagram

