

Infant Mortality Rate in India: Corrective Measures

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India has been a consistent decline in Infant Mortality Rate (IMR) and Under-five Mortality Rate (USMR) over the years. Though the rate of decline has progressively increased over decades, but the country is unlikely to meet the Millennium Development Goal (MDG) – 4 target of reducing by two-thirds the under five mortality rate from the baseline level of 1990 and the deadline for meeting the target ends in December 2015.

India continues to lose thousands of children below the age of 5 years everyday – ranking 5th globally in child mortality, but in terms of numbers the figure is a whopping 14 lakh which is the highest number in the world. This figure is not acceptable by all standards for a country whose economy is poised to grow at 7 percent annually. Even more painful is the fact that more than half of these children die within 28 days of their birth, and of causes which are preventable. India's smaller and lesser developed neighbours like Bangladesh and Sri Lanka are way ahead in preventing infant and maternal deaths. Even China with almost the same reproductive and child health indices as India until some decades ago has marched ahead.

- Sensitive Indicator

Child mortality is a sensitive indicator of the country's socio-economic development. Infant Mortality (IMR) and Under- 5 Mortality Rate (U5MR) are the two important components of child mortality with the latter indicating the risk of death to the child within the first year of his life which broadly means unmet health needs and unfavourable environmental factors during birth while the U5MR rate is an indicator of exposure to the risk of death of the child within the first five years of life and an accepted global indicator of health and socio-economic indicator of a given population. It is also used to assess the impact of various interventions at improving child survival.

The leading causes of infant mortality are asphyxia, pneumonia, preterm birth complications, diarrhoea, malaria, measles and malnutrition. Many socio-economic factors also contribute to infant mortality such as the mothers' level of education, environmental conditions like accessibility to facilities, and political and medical infrastructure, improving sanitation, access to clean drinking water, immunization against infectious diseases and other public health measures help in reducing infant mortality.

Effective care at the time around childbirth, and the first days after birth has the highest effect on stillbirth, new born and maternal mortality.

- **Prevention**

Complications during labour and delivery contribute to approximately one quarter of all neonatal deaths worldwide. Many of these complications are easily preventable. What is needed is universal implementation of the full package of labour and delivery interventions, starting with skilled attendance at birth.

Sepsis, asphyxia and lack of skilled assistance need to be addressed at the time of delivery. It is imperative that government develops and implements schemes which encourage institutional deliveries closer home at Community or Primary Health Centres. This would, in turn, reduce the burden on district hospitals, many of which are unable to handle a huge rush of institutional deliveries who end up there because CHCS are not equipped and PHCS are not even functional. Certainly, easier said than done because it requires lot of political environment, funding and ensuring that these systems are equipped and functional.

Some other causes of congenital infant mortality are malformations, sudden infant death syndrome, maternal complications during pregnancy and accidents and unintentional injuries. Environmental and social barriers prevent access to basic medical resources and thus, contribute to an increasing infant mortality rate particularly so in a developing country like India where social inequalities are stark and the rural-urban divide sharp. The focus of the successive governments so far has been on reducing infant and under-5 mortality. It was not long back that Government started paying attention to neonatal mortality or the first 28 days of the child – a period during which 50 per cent of infant deaths occur. About 0 – 76 million neonates die every year in India, the highest for any country in the world. The neo-natal mortality rate (NMR) of the country declined from 52 per 1000 live births in 1990 to 29 per 1000 live births in 2012, but the rate of decline has been slow and lags behind that of infant

and under-five child mortality rates. The slower decline has led to increasing contribution of neonatal mortality to infant mortality.

- More Resources

In recent years, India has stepped up financial resources for health, strengthened health systems and focussed on reproductive and child health while priority given to rural, marginal and vulnerable populations. There has been a paradigm shift from reproductive and child health to reproductive, maternal, newborn child health and adolescent approach which includes emphasis on spacing through door step delivery of contraceptives, intra-uterine device contraceptive services and subcentres and post delivery family planning services, in addition to ante and post natal care.

However, despite these achievements a lot more needs to be done. There are huge discrepancies among and within the states. Social barriers to access, lack of infrastructure and manpower in the rural and far-flung areas and urban slums are situations which need to be addressed urgently. Informing about the schemes and their entitlements is important because there appears to be huge gap on front as well. Neither information nor schemes reach those who need them the most. The risk is even higher for children born in Scheduled Tribe families as compared to Scheduled Caste. For example, a child born to a SC family has 13 percent higher risk of dying in the neonatal period and 18 percent higher risk of dying in the post-neonatal period, as compared to others. Similarly, a child born to a ST family has 19 percent higher risk of dying in the neonatal period and 45 percent risk of dying in the post-neonatal period.

Similarly, IMR and U5 mortality rates are consistently lower among children living in families who accessed drinking water from a safe source as compared to those who accessed drinking water from an unsafe source, and among children living in families with access to an improved toilet as compared to those who do not have such an access.

- Government's Initiatives

The Governments have taken initiatives, the measures like Janani Suraksha Yojna which offers monetary incentive for institutional deliveries, Janani Shishu Suraksha Programme offers free treatment to mother and child for one month, and other programmes like tracking mother and child and the Government's focus on reproductive and child health which includes adolescent health, the Swachh Bharat campaign would significantly improve

the survival of children in the country. However, there is an immediate need to propagate basic healthy practices relating to institutional deliveries, breast feeding and immunization, personal hygiene and sanitation. The large reproductive population remains bereft of care during the critical phases of pregnancy and post-delivery which needs to be taken into account. Here, government needs to consider a large migrant population from rural regions which comes into bigger cities for better livelihood prospects but often end up in slums where there are no facilities for health care, sanitation and pure drinking water. The National Health Mission, which combines the National Rural Health Mission and the National Urban Health Mission, promises to be just that. But how effectively it will be done will have to be seen considering that government facilities even in the best of situations fall below expectations in service delivery.

Government needs to priorities— Strategies to address the early neonatal mortality within the broad framework of maternal-neonatal health programme and improve the quality of care in health facilities in labour and delivery, and in the immediate postnatal period. The government has shown commitment to reduce infant mortality by focussing on preventing neonatal deaths. It has launched a programme to reduce number of neonatal deaths to a single digit by 2030 from the current 29 deaths per 1000 live births.

To identify a specific goal to meet the target, there should be enhanced coverage of health and nutrition, water, sanitation and hygiene which can prevent pneumonia and diarrhoea. Here, mother's education plays an important role. Children born to women with an educational level of Matric or higher have a lower risk of dying because the mother is likely to have married at an older age, used contraceptives and her children would be better spaced and hence, healthier. In addition to focusing attention to addressing disparities within states and among regions, there is an inevitable need to bring health and child services under universal health coverage with a stress on special requirements of vulnerable, hardest-to reach populations and marginalized groups. Inexpensive life saving treatments remain inaccessible to a vast majority of Indian children, or do free contraceptives for the couples who may not want to have children, especially those in the poorest groups within the country. All these challenges can only be met by state intervention and by better implementation of scheme meant for the benefit of the people.

References

- Davis, K. (1951) : Population of India and Pakistan, Princeton Univ. Press, Princeton.
- Thompson, W.S. and (1976) : Population Problems, Tata McGraw Lewis D.T. Hill Publishing Co., New Delhi.
- Shyrock, H.S. et al (1976) : The Methods and Materials of Demography, Academic Press, Newyork.
- Mishra, S.K. and (2002) : Economics of Development and Puri, V.K. Planning, Himalaya Publishing House, Mumbai.
- Dutta, R. and (2002) : Indian Economy, Sundaram, K.P. S. Chand Company Ltd. New Delhi.

