

MATERNAL MORBIDITY IN INDIA

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Abstract

The present study has analysed data from the most recent National Family Health Survey conducted during 2005-06 to understand the magnitude of maternal morbidity in India and its causative factors based on analysis at the macro and micro level. The health threats to women in the fulfillment of their maternal role are clearly evident from the present study. At the all-India level, nutrition-related health problems such as visual disturbances during day time, night blindness and extreme fatigue have been reported by half of the women who had had a live birth in the reference period, while edema, convulsions, and vaginal bleeding are the other problems during pregnancy which together account for morbidity among one-third of the women; one-fifth of the women reported the experience of massive vaginal bleeding and very high fever, (or both) at the postnatal stage. While the results reiterate the role of social and economic factors at the household level and women's health status in the experience of morbidity, they also clearly reveal that desired effect of the programme variables is not clearly evident. This suggests that the reach of necessary maternal health services including iron prophylaxis is far from adequate and has not been able to offset the deficit of social and economic developments as women continue to suffer from preventable health problems. Unless these aspects are addressed with renewed vigour and all pregnant women are brought under the umbrella of essential obstetric services- which include early registration of pregnancy, at least three antenatal check-ups, iron prophylaxis, tetanus toxoid injection, institutional delivery (or an aseptic delivery at home) and adequate post partum follow-up- it is doubtful whether we can make any further progress towards making childbearing a safe stage in women's lives and ultimately reduce the prevailing high level of maternal mortality. In fact, certain safeguards for maternal health, particularly combating anemia and protection against tetanus need to begin much before women experience their first pregnancy. Simultaneously, the health facilities also need to be well-equipped in terms of medical expertise and infrastructure to be able to handle any obstetric emergencies, particularly haemorrhage during delivery which along with sepsis, malnutrition and a host of other conditions is among the leading causes of maternal mortality in India.