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REPRODUCTIVE HEALTH AND MATERNAL DEATHS OF WOMEN:A STATISTICAL ANALYSIS

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Abstract:-Maternal mortality or maternal deaths are serious health concerns for the pregnant women today all over the world. Indian Constitution assured health services for all women in India, but the statistics revealed that compared to the different countries; India has higher Maternal Mortality Rate (MMR). The maternal deaths are of serious concern for the women today. The major causes for the maternal deaths are lack of awareness on the reproductive health and also lack of health facilities. The author analyzed the causes for maternal mortality along with the statistics of MMR and it is concluded to increase awareness among pregnant women and lactating mothers so as to maintain their health during pre-natal and post-natal period.

Keywords: Health and Maternal Deaths , Statistical Analysis , Maternal Mortality Rate (MMR).

INTRODUCTION: -

Article No. 8 of the Indian Constitution as amended on 08th August 1993, emphasized and ensured appropriate services in connection with pregnancy, confinement and the post-natal period. It is estimated that pregnancy-related deaths account for one-quarter of all fatalities among women aged 15 to 29, with well over two-thirds of them considered preventable. For every maternal death in India, an estimated 20 more women suffer from impaired health. Pregnancy and childbirth are special events in women's lives, and, indeed, in the lives of their families. This can be a time of great hope and joyful anticipation. The primary aim of reproductive health aspects such as antenatal and post-natal care is to achieve, at the end of pregnancy, a healthy mother and a healthy baby. The quality of care is more important than the quantity. Pregnancy and child birth requires specialized care, generally agreed to be a preventive activity. Where visits do occur, they appear to occur infrequently, late in the pregnancy and their content is unclear. Moreover, it appears that antenatal services are likely to be sought by women who experience difficulty or signals of a complicated delivery than other women. Poor availability of health services reflects cultural and socio-economic constraints as well as perceptions regarding accessibility of facilities and quality of care. Nearly 64.00% of women who did not utilize antenatal services consider it unnecessary; reflecting both the traditional notion that child bearing is not an event worthy of medical attention (Jejeebhoy, 1997).

Maternal death, or maternal mortality, also “obstetrical death” is the death of a woman during or shortly after a pregnancy. Maternal health care is a concept that encompasses family planning, preconception, prenatal, and postnatal care. Goals of preconception care can include providing education, health promotion, screening and interventions for women of reproductive age to reduce risk factors that might affect future pregnancies. Pre-natal care is the comprehensive care that women receive and provide for themselves throughout their pregnancy. Women who begin prenatal care early in their pregnancies have better birth outcomes than women who receive little or no care during their pregnancies. Post-natal care issues include recovery from childbirth, concerns about newborn care, nutrition, breast feeding, and family planning.

Maternal mortality is notoriously difficult to measure in all developing-country settings, and India is no exception. Existing survey-based measures have a wide margin of error because of insufficient sample sizes. In addition, the reporting of maternal deaths in surveys likely substantially underestimates actual pregnancy-related deaths: Stigma associated with abortion, suicide or domestic violence may result in misreporting of the likely cause of death. Furthermore, the low status of women may lead to the failure to report their deaths for this or any other reason. Statistics from facilities likely also suffer from misclassification and incomplete reporting, since women who die after home-based deliveries and never make it to a facility are not captured in these data. Finally, cultural aversion to autopsies in India makes data on causes of death especially unreliable (Planning Commission, 2008).

The five most common direct causes of pregnancy-related mortality in India as of 2001–2003 were hemorrhage (which accounted for 38% of all maternal deaths), sepsis (11%), unsafe abortion (8%), hypertensive disorders (5%) and obstructed labor (5%). The remaining 34% of maternal deaths were due to unspecified indirect causes, meaning those related to illnesses or medical conditions that are aggravated by pregnancy or delivery (such as tuberculosis, viral hepatitis, malaria or anemia. That hemorrhage is the largest contributor to maternal deaths in India (amounting to more than half of deaths due to direct causes) is unsurprising: One important contributing factor is that the country lacks sufficient staff trained to manage serious postpartum bleeding, as is evident from its score of only 35 out of 100 on an index measuring the availability of such personnel (USAID, 2008).

Deaths due to pregnancy and during the child birth are common among women in the reproductive age groups. Reduction of mortality of women has thus been an area of concern and the Governments across the globe have set time bound targets to achieve it. In India, women of child bearing age constitute approximately 19% of the Population (Park, 2007).

Maternal Mortality Ratio is the ratio of the number of maternal deaths per 100,000 live births. The MMR is used as a measure of the quality of a health care system. Sierra Leone has the highest maternal death rate at 2,000, and Afghanistan has the second highest maternal death rate at 1900 maternal deaths per 100,000 live births, reported by the UN based on 2000 figures.

Maternal mortality is a strong negative indicator of women's status, and India's current levels remain unacceptably high. Estimates of the current actual level disagree, but somewhere between 3011 and 4502 maternal deaths occur for every 100,000 live births (Registrar General, 2006). Expressed in sheer numbers, anywhere from 7,80,001 to 11,70,002 women die annually in India as a result of pregnancy or childbirth, which means that the country accounts for nearly one-quarter of all such deaths worldwide (WHO, Maternal Mortality in 2005). Yet death represents only the most extreme outcome. For each woman who dies, an estimated 20 more suffer from infection, injury and disability connected to pregnancy or childbirth (UNICEF, 2008; UNFPA, 2008). Some of the complications from giving birth can be serious enough to lead to organ failure, uterine rupture and fistulas (WHO Report, 2005).

In spite of the growing concern about reproductive health, information on levels, trends and differentials in maternal mortality remains fragmentary in most developing countries. Policy initiatives often rest on judgements made on the basis of a small, selective cross-section of the population. For India, the National Family Health Survey of 1992-93 was the first to provide a national-level estimate of 437 maternal deaths per 100,000 births for the two-year period preceding the survey (International Institute for Population Sciences, 1995). But in spite of surveying nearly 90,000 households, it could not produce estimates at regional or state-levels owing to the smallness of the sample. Even at the national level, the sample inadequacies of the National Family Health Survey (NFHS) came into sharp focus when the second round of the survey in 1998-99 produced a maternal mortality estimate of 520, but failed to confirm statistically the possible rise in the level of maternal mortality (International Institute for Population Sciences and ORC-Macro, 2000).

The maternal deaths are of serious concern for the women today. The major causes for the maternal deaths are lack of awareness on the reproductive health and also lack of health facilities.

Most women do not have access to the health care and sexual health education services that they need. In many developing countries, complications of pregnancy and childbirth (mainly at the level of preconception and prenatal care) are the leading causes of death among women of reproductive age. More than one woman dies every minute from such causes; 585,000 women die every year as reported by WHO. Less than one percent of these deaths occur in developed countries, demonstrating that they could be avoided if resources and services were available. Any woman can experience sudden and unexpected complications during pregnancy, childbirth, and just after delivery. Although high-quality, accessible health care has made maternal death a rare event in developed countries, these complications can often be fatal in the developing world.

Consequently, mothers in developing nations die in childbirth at a hundred or more times the rate in developed nations. Access to emergency obstetric care, the most important remedy for women in these regions is not highly regarded as a priority. In countries like Bangladesh, 68.7% of the women give birth without the assistance of trained birth attendants. Instead relatives or traditional midwives, who are often not capable of handling complications during the delivery, serve as birth assistants.

Factors that prevent women in developing countries from getting the health care they need include distance from health services, cost (direct fees as well as the cost of transportation, drugs, and supplies), multiple demands on their time, and women's lack of decision-making power within the family. The poor quality of services, including poor treatment by health providers, also makes some women reluctant to use services.

According to the World Health Report in 2004, bad maternal conditions account for the fourth leading cause of death for women after HIV/AIDS, malaria, and tuberculosis. Ninety-nine percent of these deaths occur in low-income countries; while only 1 of 4,000 women have a chance of dying in pregnancy or childbirth in a developed nation, a woman in Sub-Saharan Africa has a 1 in 16 chance of dying. Furthermore, maternal problems cause almost 20% of the total burden of disease for women in developing countries.

Almost 50% of the births in developing countries take place without a medically skilled attendant to aid the mother and the ratio is even higher in South Asia (UNICEF). Women in Sub-Saharan Africa mainly use traditional birthing attendants, with little or no medicinal training. This largely accounts for the high numbers of maternal deaths in this region.

The World Bank estimated that a total of 3.00 US dollars per person a year can provide basic family planning, maternal and neonatal health care to women in developing countries. Many non-profit organizations have programs educating

the public and gaining access to emergency obstetric care for mothers in developing countries. The services needed are said to include:

1.Routine maternal care for all pregnancies, including a skilled attendant (midwife or doctor) at birth
2.Medical training for traditional birthing attendants might be one way to help provide this service.[citation needed]
3.Emergency treatment of complications during pregnancy, delivery and after birth
4.Postpartum family planning and basic neonatal care
5.Educating women and their communities about the importance of maternal health care, and according women the social status to make health care decisions and seek medical attention.
6.Any form of education, even 6 years worth of education for girls can drastically improve overall maternal health (UNICEF)
7.Research on social and psychological factors affecting maternal health
8.Development of better interventions (and evaluations of interventions) for complex problems (e.g., behavioral, social, biological, cultural) arising in marginalized communities

CONCLUSION:

From the above discussion it is clear that maternal mortality is a major cause, due to which there is death of women and infants popularly known as maternal mortality and infant mortality. In India, maternal mortality is due to lack of hygienic food, lack of awareness about the reproductive health, inadequate health care facilities especially in rural areas, etc. These are the major causes for the maternal mortality. Hence, increasing awareness about the reproductive health, pre-natal and post-natal care is the work of the sociologists, social workers, doctors, health workers, etc.

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