



Maternal Mortality and Morbidity in India

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ABSTRACT

This article is an attempt to reflect the concept of maternal mortality and morbidity in India. In India maternal mortality rate is increasing day by day. So many maternal deaths India is witnessing due to its lack of accessibility to medical facilities. Although several laws, policies and measures are enacted but it limits to pen and paper. However combined efforts should be made to curb the menace of maternal mortality and morbidity in India.

KEYWORDS : maternal deaths, pregnancy, reproductive rights

INTRODUCTION:

*"Ehyehi Bhagawan Brahman,
Praja kartha, praja pathe,
Pragruhsheeniva balim cha imam,
Aaapathyaam raksha garbhineem"*

According to Hindu Dharma Goddess "Garbharakshambika" is the supreme personality of Motherhood. Garbharakshambika helps pregnant women to have a safe delivery. Hindu believed that by chanting this sloka 108 times they will be relived from all pain during pregnancy. It means "please accept this sacred Offering, Lord Brahma, Who creates people, and who is the lord of the people, and be pleased to protect, This lady who is in the family way, from all dangers."

India is attracting global attention, not only because of its second largest population explosive nation but also for growing number of pregnancy and delivery related maternal deaths. Maternal death means as the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes. In India 17 % or nearly 50,000 of the 2.89 lakh women who died as a result of complications due to pregnancy or childbearing in the year 2013. According to the United Nation report, maternal deaths have witnessed 45 % drop globally since 1990, from 5.2 lakh in 1990 to 2.89 lakh in 2013. Only Sub-Saharan Africa region poses a high risk with 1.79 lakh maternal deaths in 2013, followed by Chad and Somalia. The World Health Organization reported that India's Maternal Mortality Rate (MMR), which was 560 in 1990, reduced to 178 in 2010-2012. However, as per the Millennium Development Goal mandate, India needs to reduce its MMR further down to 103. Though India's MMR is reducing at an average of 4.5 per cent annually, it has to bring down the MMR at the annual rate of 5.5% to meet the Millennium Development Goal. The International Conference on Population and Development (ICPD) at Cairo in 1994, where the nations agreed to ensure universal access to reproductive health information and services by the year 2015, reiterated a woman's rights to reproductive health. The importance of reproductive health was further emphasised when universal access to reproductive health was included as one of the targets in Millennium Development Goals (MDGs) framework to be achieved by 2015.

The MDG report confirms that goal-setting can lift millions of people out of poverty, empower women and girls, improve health and well-being, and provide vast new opportunities for better lives. Only two short decades ago, nearly half of the developing world lived in extreme poverty. The number of people now living in extreme poverty has declined by more than half, falling from 1.9 billion in 1990 to 836 million in 2015. The world has also witnessed dramatic improvement in gender equality in schooling since the MDGs, and gender parity in primary school has been achieved in the majority of countries.¹

OBJECTIVE OF THE STUDY

Reproductive health rights and health system is of utmost importance to the nations. The objective of this study is to prevent maternal mortality and morbidity in India. Every woman must know about the problem and consequences that may come from pre-reproductive period to post reproductive period. To prevent the complications during pregnancy and its detection followed by treatment. There should be clean and safe delivery and to encourage the implementation of various family planning programme initiated by the government.

Measures to Prevent Maternal Deaths:

The woman must visit a Physician to ensure proper nutrition and health condition, etc. Importantly the women also consult any Gynaecologist to prevent and treatment modernized diseases like PCOS, Endometriosis and any infection of Girls before their marriage. No marriage of a girl should be solemnized below 20 years of age. If pregnancy occurred before marriage such father or Head of the Family must involve and take the matter safely. No steps should be taken for abortion without proper knowledge or consulting to a physician. The Pregnant woman must consult to an Obstetrician or paramedical staff if find any complications of pregnancy and for its prompt treatment. However during pregnancy the mother should visit a Gynaecologist from time to time to check the condition of the child in the womb as well as the mother. No reliance of orthodox cure or measures based on blind beliefs should be adopted. Any complication or doubt may be resorted to the concerned Physician.

Laws and Policies framed by the Government:

India is signatory to various International Laws and Instruments. These International commitments by India have touched and influenced the manner in which various Indian Health policies have been designed. The various family planning programmes have seen new infusion through a target free approach in 1996, the Reproductive and Child Health Programme in 1997 and the National Population Policy in 2002. Among those, the important ones concerning maternal mortality are the following

International: Right to Health is provided within the ICESCR (International Covenant of Economic, Social and Cultural rights) and the International Covenant on Civil and Political Rights (ICCPR). CEDAW (Convention on the Elimination of all forms of Discrimination against Women). ICPD (International Conference on Population and Development), 1994. Fourth World Conference on Women (Beijing 1995).

National: At the National level, the Constitution of India forms the pillar of human rights. The following Articles guarantee rights concerning maternal health rights. Article 21 conferring the Right to Life to every Citizen, has been extended through judicial pronouncements by the Supreme Court to include the right to adequate medical treatment in a government hospital. The Supreme Court of India held "that the right to life includes the right to adequate medical facilities

for preserving human life as well as the right to timely treatment in a government hospital”²Article 42 (d) of the Directive Principles of State Policy also guarantees the “Right to just and humane conditions of work and maternity relief”Article 14 (right to equality) and Article 15 (freedom from discrimination) ensures that women are treated equally without any discrimination.

National Rural Health Mission:

The WHO observed most of the maternal health problems occur within the disadvantaged population and in India the rural population suffers the most due to the lack of health services and accessibility. National Rural Health Mission (NRHM) is a key component. The goal of the NRHM is to “improve the availability of and access to quality healthcare by people, especially for those residing in rural areas, the poor, women and children.” As per NRHM the major stakeholders are Accredited Social Health Activist (ASHA), Auxiliary Nurse Midwife and Aanganwadi Worker (ANM), Aanganwadi Worker (AWW), Janani Suraksha Yojana (JSY), National Rural Health Mission (NRHM), Integrated Child Development Services Scheme (ICDS), Janani-Shiksha Suraksha Karyakram (JSSK). Every state shall develop its own plan and policy for National Rural Health Mission (NRHM) under the overarching guidelines of the Central government of India.

Where women having poor families and it is the duty of the state to take all the responsibility because safe child birth is the social responsibility of the State, the Supreme Court ordered that all pregnant women belonging to Below Poverty Line (BPL) families should get social assistance (financial).³National Maternity Benefit Scheme was initiated in accordance to the Supreme Court order. The scheme provides that all pregnant women belonging to BPL families should be paid Rs. 500. The payment should be made 8–12 weeks prior to delivery for each of the first two births. The benefit under NMBS is irrespective of place of delivery and of age.

JUDICIAL INTERPRETATION

In the case of **Laxmi Mandal vs Deen Dayal Hari Nager Hospital & Ors**⁴, Justice Muralidhar instructed the State of Haryana, to pay compensation of Rs 2.4 lakhs to the family of Shanti Devi who passed away during childbirth. The Court found the Respondents in violation of Shanti Devi's right to life and health, reiterating that her death was preventable.

In another case of **Jaitun v Maternity Home, MCD, Jangpura & Ors**⁵, the High Court directed the Municipal Corporation of Delhi and Government of National Capital Territory of Delhi to pay Rs 50,000 compensation to Fatima for the violation of her fundamental rights by being compelled to give birth to her daughter Alisha under a tree, on account of the denial of basic medical services.

“These petitions are essentially about the protection and enforcement of the basic, fundamental and human right to life under Article 21 of the Constitution. These petitions focus on two inalienable survival rights that form part of the right to life: the right to health (which would include the right to access and receive a minimum standard of treatment and care in public health facilities) and in particular the reproductive rights of the mother. The other right which calls for immediate protection and enforcement in the context of the poor is the right to food.”Justice Muralidhar underlined that women have the right to control their body and decide when they wish to conceive. The Court also pointed out that women carry the burden of poverty in that they have to prove their BPL status when trying to access health facilities and accordingly ordered that “no pregnant women be denied access to medical treatment regardless of her social economic status”.

CONCLUSION:

India accounts for the maximum number of maternal deaths in the world about 17 per cent or nearly 50,000 of the 2.89 lakh women who died as a result of complications due to pregnancy or childbearing in 2013. Nigeria is the next with nearly 40,000, stated the UN report on maternal deaths. The Government should make plans to uplift the conditions of pregnant women during pre-reproductive period as well as post reproductive period by involving doctor and para medical staff could reduce the incidence of health related complications or mortality and morbidity at rural India. Early and immediate measures should be taken to improve family planning, to control of fertility choices, to provide safe abortion and integrated maternal health services were the most important parameters to reduce pregnancy related mortality.

REFERENCES

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