

## **Policy for preventing infant mortality in Karnataka**

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### **ABSTRACT**

Reducing child mortality and improving the maternal health are the two goals of millennium development. The rate of child mortality and women dies in child birth is very high in developing countries. In developed countries 13 women die in child birth for every 100,000 live birth, where as in poor countries this is ten times more. It is estimated that more than 50,000 women dies every year at the time of child birth over the globe. The death is due to poverty, malnourished, weakened by diseases, exposed to multiple pregnancies, lack of access to trained health care worker and modem facilities. Similarly every year more than 10 million children in developing countries die before the age of five. In many poorest countries the IMR is 171 per 1000 live births. In India the IMR is 50 to 60 per 1000 live birth. The child deaths are due to disease or combination of diseases.

Realizing the importance of reducing IMR and improving the health of mother many programs are launched throughout the country. However, still the rate of child death and mother death not reduced to the expected level. As per the millennium target goal of reducing the rate by 2015, the .existing schemes to be Strengthened and efficiently implemented in India. Hence the study is proposed to find out the impact of antenatal and postnatal services provided in the rural area of Karnataka.

### **Study Area**

Karnataka is one of the states opted to prepare the report of Human Development Index where in the IMR and percentage of safe deliveries projected. The proposed, study will be confined to Karnataka state, there are 27 districts with 29406 Villages. As per 2001 census Karnataka population is 52,55,062 about 16.2% of the population is Scheduled Caste and 6.6% of the population is Scheduled Tribe. The sex ratio is 965:1000. There are 177 hospitals and 1696 PHCs and 143 sub-centres (2004). The number of nurses and ANMs area 17,063 (20x4) and antenatal cases, registered in 2004 is 11,63,977 and number of delivery conducted is 8,82,903. The IMR rate is 52 per thousand in Karnataka against 60 per thousand at all India level.

### **Health services launched to prevent IMR**

#### **Antenatal Care**

It is the care of the women during pregnancy. The objective of this care is to achieve at the end of a pregnancy a healthy mother and a healthy baby. The objectives of this antenatal care are,

- To promote, protect and maintain the health of the mother during pregnancy.
- To detect high risk cases and given them special attention.

- To foresee complications and prevent them.
- To remove anxiety and dread associated.
- To teach the mother elements of childcare, nutrition personal hygienic and environmental sanitation.
- To sensitize the mother to the need for family planning including 'advice to cases seeking medical termination of pregnancy.

#### Postnatal care

It is a care of the mother and the new born baby after delivery. The objectives of the postnatal care are

- to prevent complications of the postnatal period
- to provide care for the rapid restoration of the mother health,
- to check the adequacy of breast feeding.
- to provide family planning services.

#### Infant and child mortality

The present level of infant mortality in Karnataka is 52 per thousand live births (SRS 2003) – a significant decline of about 45 per cent, from 95 in 1971. At the national level, the decline in IMR is about 62 per cent though the estimated level of IMR at both points of time is higher than that of Karnataka.

The various rates of IMR and child mortality rate (CMR) by residence (NFHS-1 and NFHS-2) are presented in Table.

#### INFANT MORTALITY RATE AND CHILD MORTALITY RATE IN DIFFERENT DISTRICTS OF KARNATAKA STATE

Sl. No.	District	Infant mortality rate (IMR)	
		1991-92	2001-02
1	Bagalkot	95	64
2	Bangalore Rural	64	48
3	Bangalore Urban	64	45
4	Belgaum	65	45
5	Bellary	79	53
6	Bidar	87	66
7	Bijapur	95	67
8	Chamarajangar	79	57
9	Chikmagalur	92	62
10	Chitradurga	75	54
11	Dakshina Kannada	59	44
12	Davangere	75	52
13	Dharwad	97	69
14	Gadag	95	66
15	Gulbarga	94	67
16	Hassan	95	59

17 Haveri	95	66	
18 Kodagu	86	62	
19 Kolar	78	59	
20 Koppal	92	65	
21 Mandya	87	62	
22 Mysore	79	56	
23 Raichur	80	59	
24 Shimoga	60	45	
25 Tumkur	76	53	
26 Udupi	59	45	
27 Uttara Kannada		85	59
Karnataka	82	55	

Source: Karnataka Human Development Report 2005

There has been a decline of about two infant deaths per 1000 live births each year. However, the SRS data on IMR for Karnataka prior to both surveys showed a faster decline during 1971-81. Rural mortality rates are significantly higher than the urban rates. If two segments of IMR, viz. neonatal and post-neonatal are separated, it is clear that the proportion of neonatal deaths to the total IMR has shown a three percentage points increase between two surveys as against a decline of three percentage points in post-neonatal deaths.

In Karnataka State the average IMR in 1991-92 was 82 per thousand which has come down to 55 per thousand in 2001-02. Invariably in all the districts the rate of child death is decreased. This is mainly due to better health services, improved immunization and good nutrition awareness among mothers.

Of the total 27 districts, 10 districts are grouped in the category where the IMR is 45-55 per thousand. The literacy rate and the percapita income of these districts are better than other districts. In the remaining districts of IMR is more than 55 per 1000.

There is a correlation between high IMR and the low socio-economic standing families, gender disparity, literary and lack of institutional support.

#### Causes for high IMR

1. Lack of awareness about universal immunization
2. Inadequate antenatal care
3. Non-institutional delivery
4. Malnutrition
5. Anaemia in children
6. Low weight birth