

Maternal mortality

3109. SHRI N.K. SINGH:
SHRI MANGALA KISAN:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that 78,000 women die every year in the country from causes related to pregnancy and child birth;

(b) whether the poor hygienic conditions in improvised hospitals also contribute to high rate of death; and

(c) if so, the steps Government has taken in the last few years to address the problem?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (c) For estimates on maternal mortality, this Ministry relies on the survey reports released by the Office of the Registrar General of India (RGI). As per the latest estimates of Maternal Mortality Ratio (MMR) from RGI – Sample Registration System (SRS), the MMR of India is 254 per 100,000 live births (2004-06). However, absolute number of maternal deaths per year is not available from RGI. The latest MMR translates into an approximate number of 67,000 maternal deaths per year.

The causes of maternal deaths as per RGI-SRS (2001-03) are Haemorrhage (38%), Puerperal Sepsis (11%), Obstructed Labour (5%), Abortions (8%), Toxaemia of Pregnancy (5%) and Others (34%).

The National Rural Health Mission (NRHM), with the Reproductive and Child Health Programme Phase-II (RCH-II) under its umbrella, launched by the Government of India in the year 2005, aims to improve access for rural people, especially poor women and children to equitable, affordable, accountable and effective primary health care, with a special focus on 18 States which have weak public health indicators and weak infrastructure, especially to the poor and vulnerable sections of population with the ultimate objective of reducing Infant Mortality, Maternal Mortality and Total Fertility Rate.

NRHM also addresses the issue of health in a sector-wide manner addressing sanitation and hygiene, nutrition and safe drinking water at health facilities.

The key strategies and interventions being implemented under NRHM for reduction of Maternal Mortality are:—

- Janani Suraksha Yojana (JSY), a cash benefit scheme to promote Institutional Delivery with a special focus on Below Poverty Line (BPL) and SC/ST pregnant women.
- Operationalizing round the clock facilities for delivery services in the public sector, at 24 x 7 PHCs and First Referral Units (FRUs) including District Hospitals, Sub-district Hospitals, Community Health Centres and other institutions.

- Augmenting the availability of skilled manpower by means of different skill-based trainings such as Skilled Birth Attendance; training of MBBS Doctors in Life Saving Anaesthetic Skills and Emergency Obstetric Care including Caesarean Section
- Provision of Ante-natal and Post Natal Care services including prevention and treatment of Anaemia by supplementation with Iron and Folic Acid tablets during pregnancy and lactation.
- Appointment of an Accredited Social Health Activist (ASHA) to facilitate accessing of health care services by the community including pregnant women.
- Systems strengthening of health facilities through flexi funds at Sub Centres, Primary Health Centres (PHCs) and Community Health Centres (CHCs).

New legislation to curb population growth

3110. SHRI N.K. SINGH:

SHRIMATI SHOBHANA BHARTIA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- whether to curb the population growth in the country Government proposes to bring any new legislation;
- if so, the details thereof;
- whether the National Population Policy, 2000 has completely failed to curb population growth;
- if so, whether Government has recently stated that late marriages, regular power supply in rural areas and watching late night TVs can contribute a lot in curbing population growth; and
- if so, to what extent these measures can ensure curb in rising population?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) No.

- Does not arise.

(c) to (e) India adopted a comprehensive and holistic National Population Policy (NPP), 2000, with clearly articulated objectives, strategic themes and operational strategies. The National Population Policy, 2000 is based upon the need to simultaneously address issues of child survival, maternal health and contraception while increasing outreach and coverage of a comprehensive package of reproductive and child health services with Government, industry and the voluntary Non-Government sector, working in partnership. TFR which was 3.2 in 2000 — at the time of adoption of NPP, has declined to 2.7 in 2007 (as per Sample Registration Survey-SRS).