

The Big Picture: Tackling Infant Mortality

Rajya Sabha TV programs like 'The Big Picture', 'In Depth' and 'India's World' are informative programs that are important for UPSC preparation. In this article, you can read about the discussions held in the 'Big Picture' episode on "Tackling Infant Mortality" for the [IAS](#) exam.

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Context:

- The recent increase in the death toll of infants in Rajasthan and Gujarat has triggered discussions regarding measures to be taken to improve the health infrastructure of India.
- Rajasthan's Infant Mortality Rate in 2017 stood at 38 which is higher than the national average of 33, while the figure for Gujarat was below the national average in 2017 at 30.

What is Infant Mortality Rate (IMR)?

- Death of children under the age of 1 is measured by Infant Mortality Rate, which is the number of deaths per 1000 live births while child mortality refers to the death of children under the age of five.

Larger Background:

- **The UN Millenium Development Goals (MDGs)** consisted of eight goals which were set with earmarked deadlines and measurable targets. The declaration was signed by 189 countries at the United Nations Millennium Summit in 2000. Goal four was to reduce child mortality by two thirds, between 1990 and 2015.
 - The world started considering health outcomes as a measure of national development after this.

- India has brought down its infant mortality rates from 80 infants (1995) per 1000 live births to 33 infants (2017) dying per 1000 live births.
- The **United Nations Inter-agency Group for Child Mortality Estimation (UNIGME)** reported about 8,00,000 infant deaths in India in 2017. It was the lowest in five years.
- Child mortality rates have declined, but the world is not on track to reach the Sustainable Development Goal for child mortality. The life of every child is precious and precautions should be taken to ensure that the child or infant does not die due to preventable causes.

Causes of IMR:

- There are multiple medical causes which result in infant mortality, such as:
 - Birth defects such as cerebral palsy.
 - Low birth weight
 - Sudden Infant Death Syndrome(SIDS)
 - Congenital malformations such as down's syndrome, and heart defects.
 - Premature birth
 - Birth asphyxia
 - Prolonged labour and
 - Neonatal infections which make the infants susceptible to diseases such as malaria or measles.
- The factors which contribute to infant mortality are:
 - Mother's health condition
 - Malnutrition
 - Environmental factors such as air pollution, are consistently associated with post-neonatal mortality due to respiratory effects and sudden infant death syndrome. The additional presence of carbon monoxide in the air causes greater harm to the infants as their respiratory system is not developed yet.
 - Political and medical infrastructure.
 - Unavailability of the required equipment in hospitals and other medical centres.

- One of the preventable causes of infant mortality is smoking during pregnancy.
- The provisions for the district medical clinics to access the main government medical centre is not available.

Significance:

- It provides key information about maternal and infant health, the infant mortality rate is an important marker of the overall health of a society.
- It acts as a measure of population health development. IMR also reflects the intuition that structural factors affecting the health of entire populations have an impact on the mortality rate of infants.
- It can also be used to analyse the strength of the health architecture of a country.

Challenges:

- India's health systems remain weak due to the following reasons:
 - Low doctor-patient ratio
 - Low nurse-patient ratio
 - Unavailability of equipment in major hospitals and primary health care centres.
- The hospitals remain understaffed and unequipped.
- Insufficient funds are allocated to the health sector.
 - The funds allocated for health constitute only 1.2% of GDP.
 - This makes accessibility of quality equipment and maintenance of high standards in health infrastructure difficult.

Efforts being made by India:

- The **National Rural Health Mission (NRHM)** was launched by the Government of India to provide accessible, affordable and quality health care to the rural population, especially the vulnerable groups. The scheme covers a wide range of aspects under its umbrella.
- The various programmes and schemes under **National Health Mission** implemented

by the States/ Union Territories are:

- **Navjat Shishu Suraksha Karyakram (NSSK)** aims to train healthcare personnel in newborn care and resuscitation.
- **Nutritional Rehabilitation Centres (NRC):** These centres are set up with the aim of reducing the fatality rate of **Severe Acute Malnutrition (SAM)** children through standard case management protocol like specialized treatment and prevention interventions at NRCs (Nutritional Rehabilitation Centres).
 - Under the National Health Programme (NHP), SAM patients can be of two types- those who have medical conditions and require facility-based treatment and those who do not have medical conditions.
- **India Newborn Action Plan (INAP):** It was launched in 2014. It aims to make concerted efforts towards the attainment of the goals of “Single Digit Neonatal Mortality Rate” and “Single Digit Stillbirth Rate,” by 2030.
- Strengthening of delivery points for providing comprehensive and quality **Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A)** Services.
- **Universal Immunization Programme (UIP)** has been set up to provide vaccination to all children against life-threatening diseases such as Tuberculosis, Diphtheria, Polio etc.
- Guidelines on standardization of Labour Rooms and creation of Obstetric High Dependency Unit (HDU) and Obstetric Intensive Care Unit (ICU) at District Hospitals and Medical Colleges has also been prepared and disseminated to the States for improving quality of care during delivery and childbirth as health is a state subject.
- **Rashtriya Bal SwasthyaKaryakram (RBSK):** is set up to provide quality health screening, early detection of birth defects, diseases, deficiencies, development delays and early intervention services.

Way Forward:

- **Increase in Budgetary allocations:** The budget allocations for the health sector has to be improved. This would help enhance the socio-economic conditions. An increase in the budgetary allocations would also permit the hospitals and medical centres to buy the necessary equipment and upgrade their facilities and thus the quality of care provided.

- Efforts must be taken to improve the coordination amongst various departments in the health sector. The systemic gaps need to be plugged, keeping in mind the differentiated ability of each state to respond.
- The number of medical staff has to be increased in hospitals and district medical centres.
- **Research aspects:** Quality research must be undertaken to support the diagnosis of untimely deaths of infants and the public in general. The results and the findings of the research must be shared and efforts must be taken to implement the suggestions given by scientists.