MATERNAL AND CHILD HEALTH

MEDIA GUIDE FOR ANDHRA AND TELANGANA

Media coverage on maternal and child health is usually on incidences of deaths (mostly larger numbers or on negligence), report or scheme launch, events organized by civil society or government or any policy related. Also, few good campaigns on health services and access to quality services have been done by both print and electronic media. Quite popular agenda noticed in the media is questioning and making government agencies more accountable in delivering services – these also include number of stories on corruption and malpractice. However, with the persistent deaths of babies and mothers, it is now time for all stakeholders, including media, to change frame of reference to this malice. Media specially needs to probe more into the inter linkages of health services, poverty, awareness and social-cultural contexts. Critical also is to highlight positive stories and coverage of success achieved in this battle against crusade to protect women and children in our country and state.

CMS Media Lab findings based on a study of health coverage in English, Hindi and Telugu television news channels and newspapers (Delhi and Hyderabad), 2006 -2012.

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REPRODUCTIVE HEALTH

Maternal mortality ratio
(Deaths per 1,00,000 live births)†

Source: SRS, 2010-2012

Pregnant women who had two or more TT injections (%) †

Source: CES, 2009

Medical check-up within 48 hours of child birth †
(Women aged 15-49 years, %)

Source: DLHS III, 2007-2008

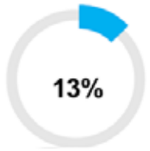
Antenatal care coverage
(Full checkup, %)
Andhra Pradesh

Source: Estimates from DLHS III, 2007-2008

Adolescent birth rate
(Women aged 15-19 years, %)
Andhra Pradesh

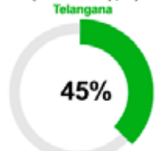
Source: Estimates from DLHS III, 2007-2008

Adolescents ever given birth
(Women aged 15-19 years, %)†



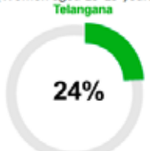
Source: Estimates from DLHS III, 2007-2008

Antenatal care coverage
(Full checkup, %)
Telangana



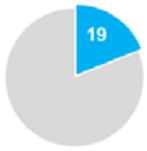
Source: Estimates from DLHS III, 2007-2008

Adolescent birth rate
(Women aged 15-19 years, %)
Telangana



Source: Estimates from DLHS III, 2007-2008

Median age at first birth
(Women aged 25-29 years, %)†



Source: NFHS III, 2005-2006

Breastfeeding within one hour of birth (Children under 3 years, %)
Andhra Pradesh

Source: Estimates from DLHS III, 2007-2008

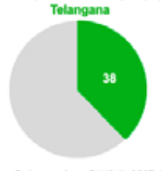
Initiation of breastfeeding within..
(Children under 5 years, %) †

Source: NFHS III, 2005-2006

Children aged 6-35 months exclusively breastfed (%)†

Source: Estimates from DLHS III, 2007-2008

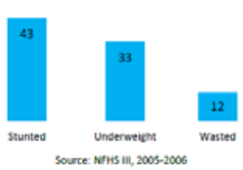
Breastfeeding within one hour of birth (Children under 3 years, %)
Telangana



Source: Estimates from DLHS III, 2007-2008

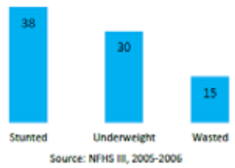
Nutritional status

Among children under 5 years (%)†



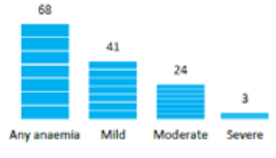
Source: NFHS III, 2005-2006

Among children under 3 years (%)†



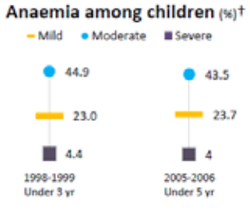
Source: NFHS III, 2005-2006

Anaemia among adolescent girls
(aged 15-19 years, (%))†



Source: NFHS III, 2005-2006

Anaemia among children (%)†



Source: NFHS III

Pregnant women who consumed IFA for 100 days or more (%)†

Source: CES, 2009

Footnotes: † Undivided Andhra Pradesh data

MATERNAL HEALTH

Maternal Mortality Rate (MMR) in Andhra Pradesh and Telangana are 110 deaths for every 100,000 live births[3] respectively, as compared to the national MMR of 178. Andhra Pradesh and Telangana have already achieved the 2015 MDG target of MMR[4].

Maternal health refers to the health of women during pregnancy, childbirth and the postpartum period. India continues to contribute a quarter of all global maternal deaths. WHO defines maternal mortality as the death of a woman during pregnancy or in the first 42 days after the birth of the child due to causes directly or indirectly linked with pregnancy[1].

India continues to contribute about a quarter of all global maternal deaths from complications of pregnancy and childbirth, which are mostly preventable. Every year, 30 million women become pregnant and out of these 265,000 mothers die of causes related to pregnancy and childbirth in Andhra Pradesh[1].

The majority of these deaths could be prevented! The leading causes of maternal mortality are haemorrhage, infections, unsafe abortions, high blood pressure leading to seizures, and obstructed labour. In 2011-2012, 691 deaths were reported from Andhra Pradesh -bleeding or hemorrhage (11%) accounted for the maximum maternal deaths[2].

Young married women in the age group of 15-19 years (66.6% girls) are more likely to experience delivery complications compared to 30-34 year-old women (59.7%) and neonatal, infant and child mortality rates are much higher for younger girls[3].

Nearly half (43%) of women aged 20 to 24 are married before the age of 18 in India. Andhra Pradesh has one of the highest incidences of child marriage (51.9%)[5] in the country!

A large number of maternal deaths are preventable through safe deliveries and adequate maternal care. Skilled attendance at all births, backed by emergency obstetric care when needed also reduces risks of maternal deaths due to complications during delivery. On a positive note, the percentage of women in Telangana and Andhra Pradesh who had institutional delivery are 94 per cent. However, only 37 per cent pregnant women in Andhra Pradesh and 45 per cent in Telangana received antenatal care[5].

ISSUES THAT CAN BE REPORTED BY THE MEDIA

Malnourished and Anaemic mothers - Nutritional interventions during pregnancies reduce low birth weights, still births, perinatal deaths and neonatal deaths. Anaemia which is a leading cause for maternal mortality and low birth weight is a wide spread public health problem affecting infants, children, adolescent girls and women of reproductive age. More than half of all married women are anaemic and one-third of them are malnourished. Only 49 per cent of women in Andhra Pradesh and Telangana receive iron and folic acid for at least 100 days during pregnancy as recommended[7].

Maternal immunization with tetanus toxoid reduce neonatal mortality (from days 4 to 14) from 30/1000 to 10/1000, and reduced deaths for three years after vaccination. Neonatal tetanus has been a major cause of neonatal mortality all over the world. However, in Andhra Pradesh and Telangana, due to intervention, 93.9 per cent women had two or more TT injections, vital to protect from tetanus.

Infant Mortality - Babies whose mothers die during the first 6 weeks of their lives are far more likely to die in the first two years of life than babies whose mothers survive[6]. Another factor that contributes to Infant Mortality Rate is the mother's age during childbirth. The IMR is 89 for mothers below the age of 20 as compared to women in the age groups of 20-29 and 30-39 years in India. Almost 13 per cent women aged between 15-19 years have begun childbearing in Andhra Pradesh and Telangana[5].

Age at marriage - As Andhra Pradesh has one of the highest incidences of child marriages (51.9%), it has direct impact on maternal and child health. Child marriages of girls have tremendous negative consequences particularly during child bearing due to complications. When a mother is under 20, her child is 50 percent more likely to die within its first weeks of life than a baby born to a mother in her 20s. And, girls under 15 are five times more likely to die in childbirth than women aged 20-24[6].

CHILD HEALTH

Infant mortality rates (IMR) and child mortality rates (CMR) are sensitive indicators of a country's development. India has a CMR (child mortality rate) of 52 per thousand live births and the Millennium Development Goal is to reduce CMR to 42 per thousand live births by 2015.

The IMR in Andhra Pradesh and Telangana is 41 deaths per 1000 live births while the CMR is 43 deaths per 1000 live births[7].

Neonatal mortality rate refers to the death of an infant within 28 days of birth. Most infants in India die during the neonatal period.

It is the fundamental right of the child to survival, which means the right to life and the right to proper health, nutrition, clean water, sanitation, and medical care.

In India, about 1.83 million children under the age of five die annually[6] which makes up around 20 per cent of child mortalities in the world.

It is globally recognized that children who are undernourished, not optimally breastfed, or suffer from micronutrient deficiencies have substantially lower chances of survival. They are more likely to suffer from serious infections and common childhood illanesses such as diarrhea, measles, pneumonia, and malaria, leading to irreversible damage to their growth, cognitive development, school performance and future productivity as adults.

The major challenge for these Andhra and Telangana is the Neonatal Mortality Rate (NMR) that stands at 27 per 1000 live births, contributing to approximately 65 per cent of all infant deaths. Neonatal mortality rate refers to the death of an infant within 28 days of birth. Four major causes contribute to all deaths in the newborn period: pre-maturity, low birth weight, birth asphyxia and infections[6].

Perinatal mortality which includes stillbirths and very early infant deaths is estimated at 28 deaths per 1,000 pregnancies in Andhra Pradesh and Telangana. Delayed initiation of breast feeding, delayed clothing and early bathing, not seeking care when newborns are sick and applying harmful material on cord-stump increase the risk of newborn deaths.

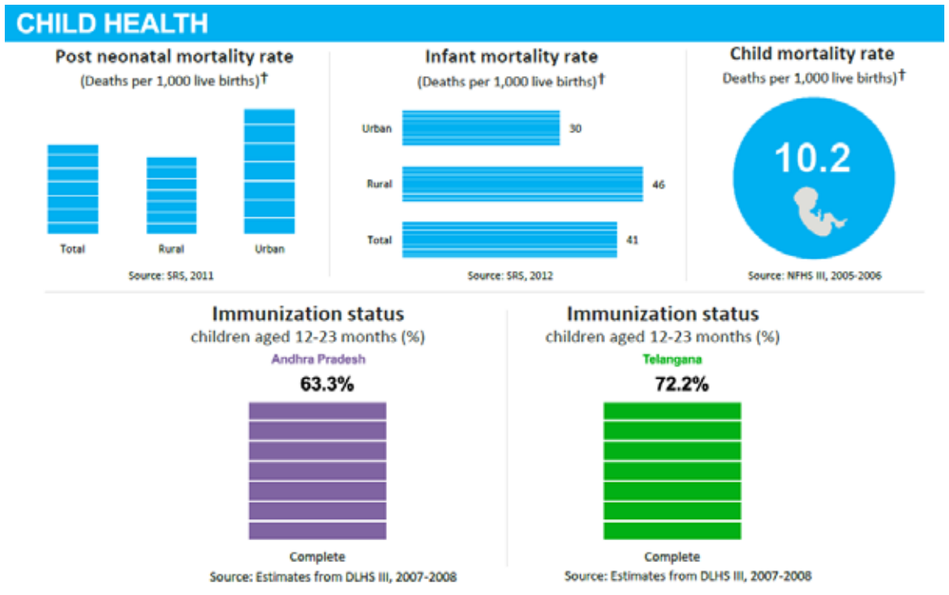
In both Andhra & Telangana, nearly 15 per cent of children up to three years of age weigh less for their height – a measure of 'thinness' – and this puts the child at risk of illness due to low immunity. Over four in ten of under-five children are stunted. It is a result of prolonged nutritional deprivation that often results in delayed mental development, poor performance at school and reduced intellectual capacity[8]. Wasting is recorded among 15 per cent of children and nearly 80 per cent of children (6-35 months age) suffer from anaemia.

Though access to public sector health facilities has improved in the last decade, the quality of health care remains a concern. Poor quality leads to increased mortality and morbidity, high cost, prolonged stay and impoverishment due to loss of wages and high out of pocket expenses.

Anaemia among children, adolescents and women is now a public health problem. It is also a leading cause for infant, maternal mortalities and low birth weight. Micronutrient deficiency, particularly an inadequate intake of iron, has a direct impact on the nutritional status of young children and is the most common cause of anaemia.

Around 50 per cent children from Andhra Pradesh and Telangana were anaemic[9]. More than 68 per cent adolescent girls (15-19 years) in Andhra Pradesh and Telangana suffer from anaemia. More than half of all married women are anaemic and one-third of them are malnourished. There is an urgent need to provide supplementary Iron and Folic Acid to children, adolescents and pregnant mothers.

**Wasting refers to the process by which a debilitating disease causes muscle and fat tissue to "waste" away. Also referred to as "acute malnutrition", it is believed that episodes of wasting have a short duration, in contrast to stunting, which is regarded as chronic malnutrition.*
**Stunting is a long-term indicator of the nutritional status of a population. It is a primary manifestation of malnutrition in early childhood, including malnutrition during fetal development brought on by the malnourished mother.*



Footnotes: † Undivided Andhra Pradesh data

ISSUES THAT CAN BE REPORTED BY THE MEDIA

Child & Infant mortality rates - While the IMR and CMR rates have almost reached MDG, these averages often do not reflect the vast inequities that mask the situation of poor and disadvantaged communities. The immunization, maternal and child health indicators of such community groups do not show much improvement, even where overall improvement is visible. In rural areas the IMR (30 deaths each per 1000 live births) of the two states are almost double those in urban areas.

Promotion of appropriate infant and young child feeding practices that include early initiation of breastfeeding and exclusive breastfeeding till 6 months of age will help reduce infant mortality. Other interventions such as preventing and combating micronutrient deficiencies of Vitamin A and Iron & Folic Acid till the age of 5 years and Iron & Folic Acid supplementation for children 6 to 60 months are also necessary[7].

Immunisation - Around half (53.5 %) of children aged 12-23 months received full immunization comprising of BCG, three doses of DPT, three doses of Polio (excluding Polio) and measles in our country. In Telangana, 72.2 per cent of children between the ages of 12-23 months were completely immunized. In Andhra Pradesh, 63.3 per cent of children in the same age group were immunized[5]. While immunization rates are better in Andhra and Telangana as compared to the overall country, there is an urgent need to improve and immunize all children.

Child Nutrition - Malnutrition hinders improvements in human development and hampers reduction of infant mortality in India. Nutritional deficiencies of iron, Vitamin A and iodine in children hamper child survival and their cognitive development. Child under-nutrition can be reduced through improvements in women's nutrition before and during pregnancy, early and exclusive breastfeeding in the first six months of life, and good quality complementary feeding with continued breastfeeding for children 6-23 months old with appropriate micro-nutrient interventions[8].

Children under 3 years - importance of complimentary feeding practices (which are considered to be most effective intervention for reducing stunting) need to be emphasized. As only 57 per cent of infants of 6-9 months are fed complementary foods in a timely manner and only 22 per cent of breastfed children 6-23 months old are fed with three or more food groups and minimum number of times.

Children under 5 years - Almost half of children under age five years (48 percent) are chronically malnourished in India. In other words, they are too short for their age or stunted. In Andhra Pradesh and Telangana, 43 per cent children were stunted. Thirty-three percent of children under age five years are underweight for their age in the states of Andhra Pradesh and Telangana. Underweight status is a composite index of chronic or acute malnutrition. While 12 per cent of children under this age group were wasted[6].

[1] Data of undivided AP | [2] NHSRC-HMIS reports for Andhra Pradesh, 2011-2012 | [3] Estimates from DLHS III, 2007-2008 | [4] MDG India Report 2014 | [5] NFHS 2012 | [6] UNICEF India website | [7] SRS 2010-2012 | [8] Situation of Children in India, A Profile (2011) UNICEF | [9] NFHS III, 2005-2006

PHOTO COURTESY: UNICEF and CMS Photo Collection

Schemes/Programes Designed for Maternal and Child Health

Central Government's Child Targeted Schemes/Programmes | http://wdcw.ap.nic.in

- **National Health Mission (NHM) | www.nrhm.gov.in/nhm/about-nhm.html**
- **Integrated Child Development Scheme (ICDS) | www.icds.gov.in**
- **Sarva Shiksha Abhiyan (SSA)/Rajiv Vidya Mission (RVM) | www.ssa.nic.in**
- Rajiv Gandhi National Creche Scheme for the Children of Working Mothers
- Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG/Sabla) | www.wcd.nic.in/schemes/sabla.htm
- Shishu Greha Scheme | www.childlineindia.org.in/shishu-greha-scheme.htm
- UJJAWALA | www.wcd.nic.in/SchemeUjjawala/UJJAWALA.htm
- Reproductive and Child Health Programme | www.childlineindia.org.in/Reproductive-and-Child-Health-Programme.htm
- Indira Gandhi Matritva Sahyog Yojana (IGMSY) | www.wcd.nic.in/SchemeIgmsy/scheme_igmsy.htm

Andhra Pradesh and Telangana State Government's Schemes/Programmes | http://wdcw.ap.nic.in

- Integrated Child Development Scheme (ICDS)
  - Supplementary Nutrition Programme (SNP)
    - Indiramma Amrutha Hastham (IAH) (feeding programme for P and L)
    - Balamrutham (feeding programme for 7months to 3 years)
- Young Child Feeding Pratices (IYCF)
- Integrated Management of Newborn and Childhood Illnesses (IMNCI) program

CRC@25 CONVENTION ON THE RIGHTS OF THE CHILD

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