

A STATE LEVEL WEBINAR

MATERNAL MORTALITY IN INDIA:CAUSES &REMEDIES

Resource Person: Dr Bibhabari Bal,HOD
Sociology, BJB (Auto) College,Bhubaneswar

2022

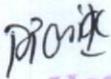
ORGANISED BY

DEPARTMENT OF SOCIOLOGY
PATTAMUNDAI COLLEGE, PATTAMUNDAI

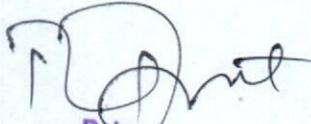
01-02-2022

REPORT

A state level webinar on the topic " Maternal Mortality in India : Causes and Remedies" was organized by the Department of sociology, Pattamundai College, Pattamundaiat 11.00am on 1.02.2022 under the chairmanship of Prof. Pravakar Rout, principle of the College. The resource person of the webinar was Dr. Bibhabari Bal , HOD Sociology, B.J.B (auto) college , BBSR. At the outset Capt. Manoj Parida , H.O.D. and convener of the webinar introduced the guests and delivered a keynote address on the subject . then the principal formally welcomed the resource person and the participants. Mr. R.K.Senapati , Reader in Sociology and Co-convener of the webinar invited the resource person for their deliberations. After the deliberation there was a question-answer section. The webinar was attended by students , researchers, academicians, lecturers and others. The webinar was ended with a vote of thanks by Mr. R.K.Senapati.


Head
Department of Sociology,
Pattamundai College


IOAC Co-ordinator
Pattamundai College


Principal
Pattamundai College

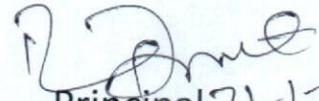
PATTAMUNDAI COLLEGE, PATTAMUNDAI
KENDRAPARA.

No. 111 / Date: 31/01/2022

NOTICE

It is for the information of all concerned that the Department of Sociology of this college is going to organize a state level webinar on "Maternal Mortality in India: causes and Remedies" on 01.02.2022 at 11.30 AM in association with IQAC through Zoom Meeting App. All the staff are requested to join the webinar to make it a grand success.

Also all the departments are requested to organize the same as well as national webinar of their departments as soon as possible as notified earlier repeatedly.


Principal 31-1-2022

Pattamundai College

Pattamundai

Principal
Pattamundai College

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PATTAMUNDAI COLLEGE

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PATTAMUNDAI, KENDRAPARA, ODISHA - 754215

Ref No. : 106

Date. 28.01.2022.

To

Dr Bibhaari Bal,

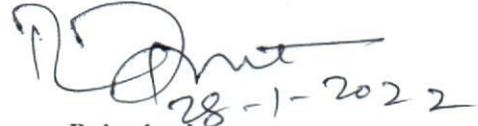
H.O.D, Department of Sociology

B.J.B. Autonomous College, Bhubaneswar.

Sub:- Invitation to act as a resource person for the webinar on 1.2.2022.

Sir,

I have the pleasure to inform you that the sociology department of this college is going to organise a webinar at 11.30AM on 01.02.2022 on the topic **Maternal mortality in India: Causes and Remedies**. You are requested to act as Resource person for the webinar. Your kind consent in this regard is awaited.


Principal

Pattamundai College
Principal
Pattamundai College

Invitation to act as Resource Person on the webinar on 01.02.2022 organised by Department of Sociology

3 messages

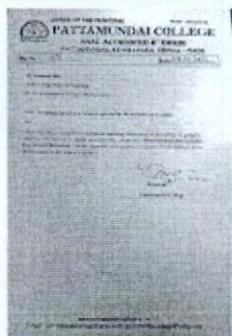
Principal Pattamundai College <pattamundaicollege@gmail.com>
To: bibhabari.bal@gmail.com

Fri, Jan 28, 2022 at 1:30 PM

Principal
Pattamundai College
pattamundaicollege@gmail.com

To
The H.O.D.
Sociology.

31-1-2022



Invitation Sociology.jpg
1333K

Bibhabari Bal <bibhabari.bal@gmail.com>
To: Principal Pattamundai College <pattamundaicollege@gmail.com>

Fri, Jan 28, 2022 at 6:39 PM

Thank you so much for the invitation. I will be there.

Thanks & Regards

Bibhabari Bal
HOD, Department of Sociology
BJB Autonomous College Bhubaneswar

On Fri, 28 Jan, 2022, 1:30 pm Principal Pattamundai College, <pattamundaicollege@gmail.com> wrote:

Principal
Pattamundai College
pattamundaicollege@gmail.com

Principal Pattamundai College <pattamundaicollege@gmail.com>
To: Bibhabari Bal <bibhabari.bal@gmail.com>

Sat, Jan 29, 2022 at 12:31 PM

Thank you for your response.

Principal
Pattamundai College
pattamundaicollege@gmail.com

[Quoted text hidden]

What is Maternal Mortality?

- Maternal Mortality is 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 - WHO
- ▶ Late Maternal death: A late maternal death is defined as the death of a woman from direct or indirect obstetric causes, more than 42 days but less than one year after termination of pregnancy.
- Maternal Mortality Ratio (Indicator to know the status of Maternal Mortality)
 - ▶ The maternal mortality ratio (MMR) is defined as the number of maternal deaths during a given time period per 100,000 live births during the same time period.
 - ▶ $MMR = (\text{Number of maternal deaths} / \text{Number of live births}) \times 100,000$

MATERNAL MORTALITY IN INDIA: Causes and Measures

BIBHABARI BAL

CAUSES

- ▶ In India, the major complications that account for nearly 2/3rd of all maternal deaths are,
 - Pregnancy-related complications (main cause of death among girls between 15 and 19 yrs)
 - high BP during pregnancy
 - complications from delivery and unsafe abortions
 - severe bleeding (mostly bleeding after childbirth),
 - infections (usually after childbirth),
- ▶ The major causes of maternal deaths in Odisha include
 - complications during delivery,
 - postpartum infection and
 - unsafe abortions

PRESENT SCENARIO

- ▶ The global maternal mortality ratio decreased by 38% - from 342 deaths to 211 deaths per 1,00,000 live births.
 - UNICEF, from 2000 to 2017
- ▶ 94% of all maternal deaths occur in low and lower middle-income countries.
- ▶ Young adolescents (ages 10-14) face a higher risk of complications and death as a result of pregnancy than other women.
 - WHO
- ▶ MMR has declined to 122 (2015-17) in comparison to 301(2001-2003)
 - Health And Family Welfare Statistics Report (2019-20)
- ▶ Assam (215), UP (197), MP (173), Rajasthan (164), Chhattisgarh (159), Odisha (150), Bihar (149), and Uttarakhnad (99).
- ▶ The southern States registered a lower MMR – Karnataka (92), AP (65), Telangana (63), Tamil Nadu (60) and Kerala (43).
 - Ministry of Health and Family Welfare. 2020

- iv) High Incidence/Prevalence of Reproductive tract infections (RTI) / Sexually transmitted infections (STI)
- ▶ About 6% of adults have one or the other RTI/STI.
 - ▶ STI and RTI have also impact on infertility, still births, neonatal deaths and maternal deaths.
 - ▶ Persons with RTI/STI are at risk of acquiring and transmitting HIV.
- v) Unsafe Abortions
- ▶ Nearly 13% of maternal mortality is on account of unsafe abortions in India.
 - ▶ Though termination of pregnancy is legal in India by MTP Act, illegal abortions are rampant
- vi) Inadequate Post-natal Care
- ▶ Nearly 80% of deliveries are institutional in India. However, over 70% of mothers stay less than 24 hours at institution after delivery and hence not getting enough care at home after delivery.
 - ▶ Nearly 62% of mothers received post-natal care with 2 days of delivery from a doctor/nurse/LHV/ANM and other health personnel.
 - ▶ Only 36.4% received financial assistance under JSY.

Socio-Economic Causes of Maternal mortality:

- i) Malnutrition in women and adolescent girls
- ▶ Over 50% of Antenatal women are anemic.
 - ▶ 23% of women have low BMI which is an evidence of chronic energy deficiency.
 - ▶ The proportion of such women is higher in rural areas (27%) than in urban areas (16%) -NFHS - 4 (2015-16)
- As a result,
- ▶ anemic women give births to low birth weight babies.
 - ▶ Women's work capacity goes down and the risk of hemorrhages after delivery and various infections increases.
- The average intake of calories is substantially below the recommended dietary allowances for women in India especially among, adolescent girls, pregnant and lactating mothers - NNMB survey
- ▶ So, dietary intake of a rural woman should be more than urban women as they spend more energy in daily household chores and also remain engaged in agriculture.

- vii) Poor Environmental Condition and Poor Health Infrastructure
- ▶ Lack of safe drinking water & pure air, unclean sanitation, open defecation are still prominent.
 - ▶ Only 58.6% of antenatal mothers have antenatal check-up during first trimester.
 - ▶ consuming IFA tablets for 100 days or more were 30% and only 21% of women had full antenatal care
- (minimum 4 Antenatal check-ups, at least one tetanus toxoid injection and IFA tablets taken for 100 or more days is necessary).

viii) Male Preference causing female foeticide

- ▶ 933 women per 1000 men in India mean over 37 million female are missing in India.
- ▶ Son preference causes female foeticide and infanticide, high maternal mortality

ii) Early marriages and teen-age pregnancies

- ▶ About 22% - 26.8% of girls get married below the age of 18 years.
- ▶ Early marriages lead to teen-age pregnancies which are risky pregnancies with a 50% increased risk of still births and neo-natal death.
- ▶ Nearly 8% of births in India occurred in teen age group (NFHS-4).
- ▶ Anaemia is widely prevalent among rural adolescent girls in India. So, a pregnancy at this stage is a high-risk pregnancy with abnormal conception and prolonged labour.

iii) High Fertility and Repeated Pregnancy

- ▶ Total Fertility has declined to 2.2. However, crude birth rate is high in rural areas and in states like U.P., Bihar, Rajasthan and M.P.
- ▶ Infant mortality and maternal mortality are also high in these states and couples are not sure of survival of their children, hence give birth to more children in the process.
- ▶ High risk of maternal mortality in case of,
 - mothers whose age are either below 20 or above 30 years,
 - birth intervals are less than two years, and
 - who have more than 3 children in short duration experience

Entitlement of cash Assistance to pregnant women in LPS/HPS and, BPL/SC/ST Categories

Category	Category of Beneficiaries	Women Mother's assistance package/cash	
		Rural Area	Urban Area
Low Performing States (LPS)	Woman beneficiary delivering in Govt. health centres	1400	1000
High Performing States (HPS)	Woman beneficiary belonging to SC/ST/BPL category delivering in a Govt. health centre	700	600
LPS/HPS	Woman beneficiary belonging to BPL category who prefer to deliver at home	500	500

ix) Female Illiteracy and Poverty

- ▶ Nearly 30% of women are illiterate with less information and less health knowledge.
- ▶ Due to Poverty People cannot afford quality health services to save maternal health

x) Cultural apathy to Women's health

- ▶ Women are expected not to bother about their health. Moreover, they are expected to eat last after serving to all and it is also applicable to a pregnant woman.
- ▶ They are socialized to sacrifice their needs and desires in favour of their family members. But the needs and nutritional requirements of a woman particularly a pregnant woman is hardly attended by family members.
- ▶ Ignorance along with poverty and cultural taboos results in poor health, gynecological and obstetrics related ailments among pregnant women and lactating mothers.

Pradhan Mantri Matru Vandana Yojana (PMMVY)

- ▶ It is implemented by the MWCD since 1st January 2017 in all districts of the state.
- ▶ The objective of the PMMVY is to give partial compensation to pregnant women and lactating mothers who were working and had to experience a wage-loss due to the pregnancy.
- ▶ Under this Maternity Benefit Program, the beneficiaries would receive Rs 5,000 in 3 instalments on fulfilling certain conditions and, the cash benefits would be directly transferred to the bank accounts of the beneficiaries.
- ▶ The eligible beneficiaries would receive the incentive given under the Janani Suraksha Yojana (JSY) for institutional delivery

Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)

- ▶ PMSMA was launched in 2016 to improve the quality and coverage of Antenatal Care (ANC) including diagnostics and counselling services as part of the Reproductive Maternal/Neonatal Child and Adolescent Health (RMNCH+A) Strategy.
- ▶ PMSMA guarantees a minimum package of antenatal care services to women in their 2nd / 3rd trimesters of pregnancy at designated government health facilities

MEASURES & PREVENTION

- ▶ Main focus of the National Rural Health Mission (NRHM) and Sustainable Development Goals (SDG - Goal 3) is towards maternal and child health.
- ### Janani Suraksha Yojana (JSY)
- ▶ This scheme is completely sponsored by the Government of India and comes under the National Health Mission since 1995.
 - ▶ JSY has the provision of cash assistance at the time of delivery and also during post-delivery care.
 - ▶ The role of The Accredited Social Health Activist (ASHA) is very crucial in the scheme.
 - ▶ Emergency services are provided at CHCs or Referral Units. In case of non-availability of the specialists in the Govt. centers, financial assistance up to Rs. 1500/- is provided to the pregnant woman for surgery at any Government/private hospitals or nursing home.

Conclusion

- ▶ India's current progress in reducing the MMR puts the country on track towards achieving the Sustainable Development Goal target of an MMR below 70 by 2030.
- ▶ Yet, India still has several **drawbacks** when it comes to accessibility to quality public health services. If these issues are addressed, India's MMR can be improved than before.
- ▶ **Skilled care before, during and after childbirth** can save the lives of women and newborns.

Rashtriya Kishor Swasthya Karyakram (RKSK)

- ▶ This is one of the strategic programmes to improve health and awareness of the adolescent girls and avoid future threats to safe motherhood. It includes Menstrual Hygiene Scheme, Peer Education (PE) Programme with the following objectives;
 1. to increase the awareness and access to information about adolescent health,
 2. to make provision of counselling and health services,
 3. to make provision of specific services such as sanitary napkins; iron and folic acid supplementation.

LaQshya - Labour Room Quality Improvement Initiative

- ▶ This program focuses on Public Health facilities to help at the time of delivery. It is assisted to improve the maternity operation theatres, and augment the quality of care in labour rooms.
- ▶ This program is implemented in all Community Health Centres (CHC), First Referral Unit (FRU), District Hospitals, Medical College Hospitals.

PREVENTIONS

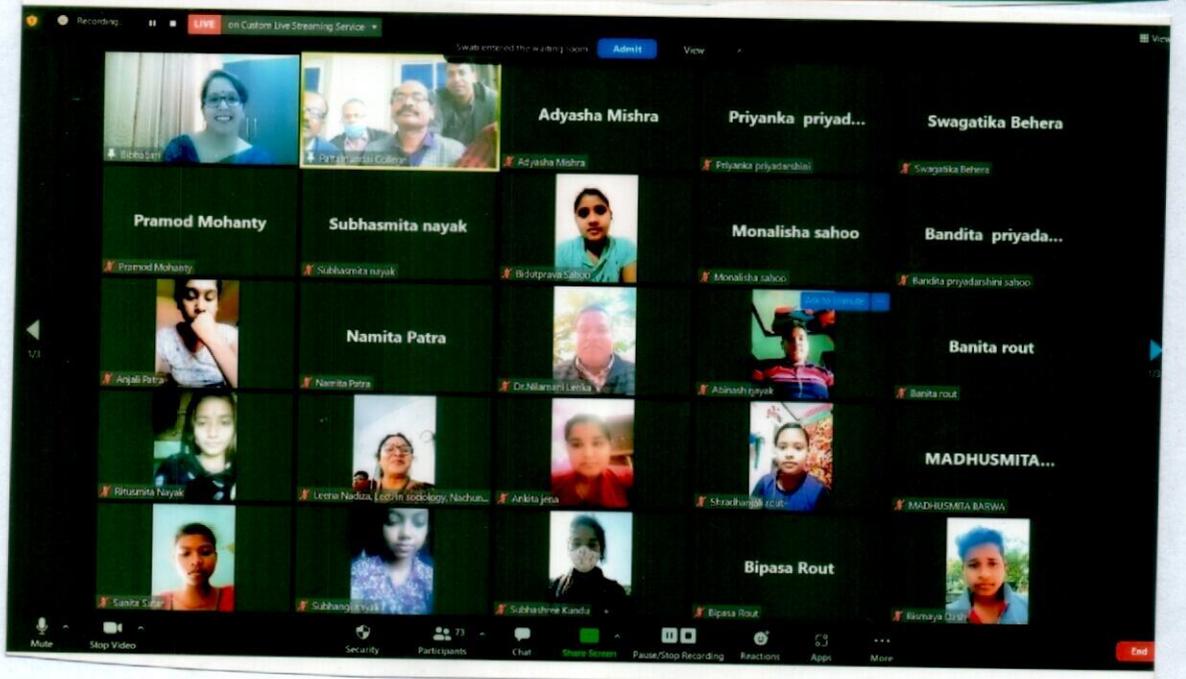
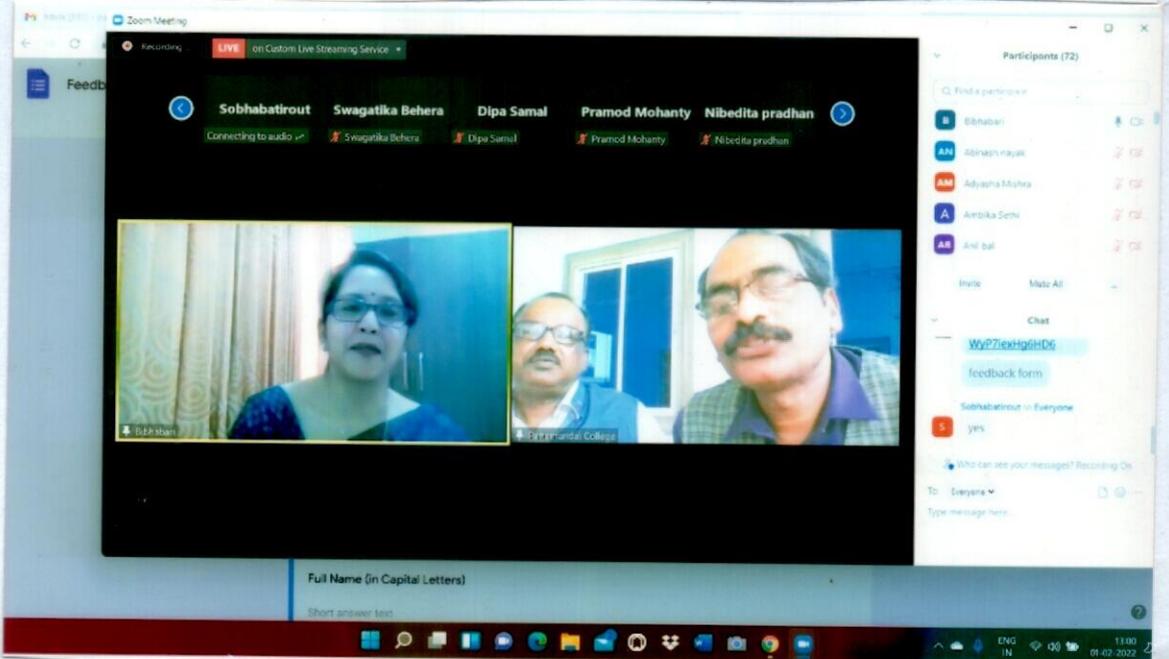
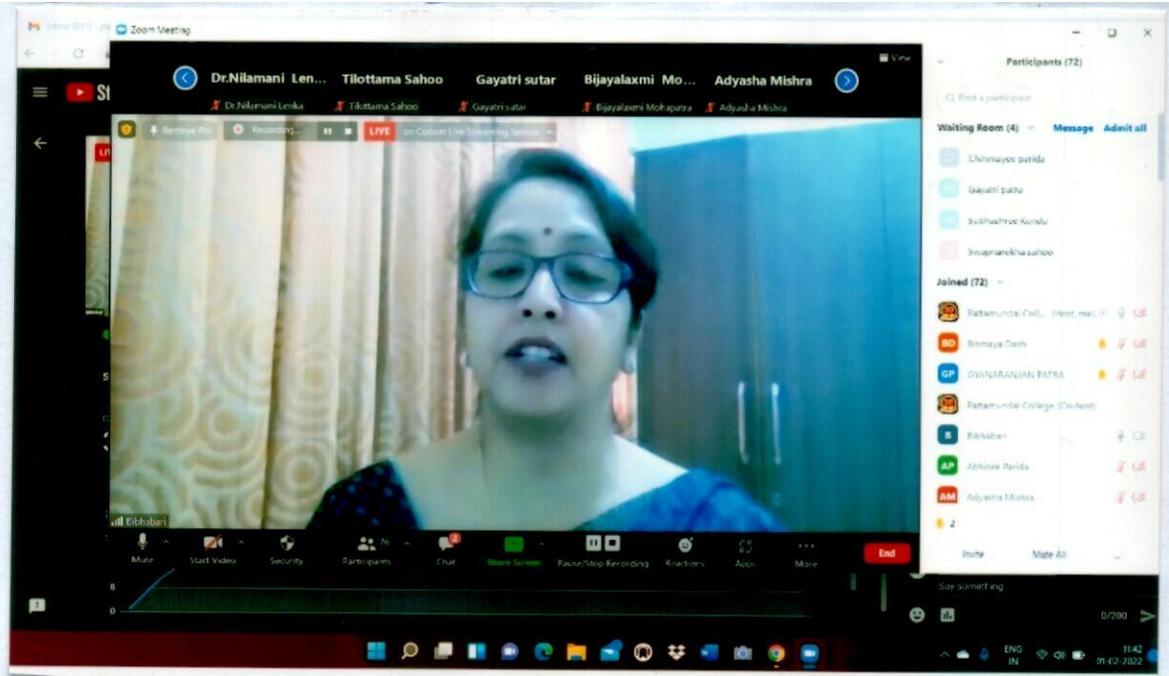
Following preventive measures are significant;

- The education of women
- An increase in the use of contraception
- More pre-natal care
- More births in hospitals or with skilled health care providers present
- Greater availability of antibiotics, blood transfusions, and treatments for complications
- Advances in specialized care for high-risk pregnancies and deliveries

THANK YOU

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Timestamp	Email Address	Full Name (in Capital Lett Designation)	Institution/ College/ Unive Class (for Students only)	Class (for Students only)	College Roll No (for Studt Mobile No.
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1/29/2022 21:57:06	sahoopurnima530@gmail.com	PURNIMA SAHOO Students	Pattamundai collage		7853830035
1/30/2022 4:22:36	pabitrpradhan147@gmail.com	PABITRA PRADHAN Students	Pattamundai collage, pattamundai		8144817875
1/30/2022 8:24:59	rajeshkumarsethy23@gmail.com	Rajesh Sethy Students	Pattamundai collage		7848877876
1/30/2022 9:13:28	subhannayak777@gmail.com	Subham Nayak Students	Pattamundai collage		8457071469
1/30/2022 9:33:14	ipstpradhan840@gmail.com	IPSITA PRADHAN Students	Marshaghai college,marshaghai		7735860911
1/30/2022 11:15:21	aawm5265@gmail.com	AHWAN ROUTH Students	Marshaghai college, marshaghai		07752068684
1/30/2022 11:16:15	srjalaxmi33@gmail.com	RAJALAXMI SAHOO Students	1,90101E+15		8018604515
1/30/2022 11:16:24	ranjanikumargahan746@gmail.com	RANAN KUMAR GAHAN Lecturer	Pattamundai degree college	1st Year	8637298334
1/30/2022 11:25:57	jogamaynanda53@gmail.com	JOGAMAYA NANDA Students	Pattamundai degree college	2nd Year	7205875736
1/30/2022 11:31:13	routeobhabati@gmail.com	SOBHABATI ROUT Students	Pattamundai college		7735355311
1/30/2022 11:32:54	rajeshkumarasahu907808@gmail.com	RAJESH KUMAR SAHU Students	Barapara degree college		8144872761
1/30/2022 11:36:29	jenapujarani25@gmail.com	Pujarani jena Students	BARPARA DEGREE COLLEGE BARPARA		7848919684
			Barapara degree college		7008241145
			Barapara degree college		7609905546



ସାମାଜିକ ବିଜ୍ଞାନ ଆଲୋଚନାଚକ୍ର

ପଟ୍ଟାମୁଣ୍ଡାଲ, ୨୨ (ନି. ପ୍ର): ପଟ୍ଟାମୁଣ୍ଡାଲ ମହାବିଦ୍ୟାଳୟର ସାମାଜିକ ବିଜ୍ଞାନ ବିଭାଗ ଆଇକ୍ୟୁଏସି ପକ୍ଷରୁ ମାତୃ ମୃତ୍ୟୁ, କାରଣ ଓ ପ୍ରତିକାର ଶାର୍ଷକ ରାଜ୍ୟସ୍ତରୀୟ ଖେବିନାର ଅନୁଷ୍ଠିତ ହୋଇଯାଇଛି । ଏହି କାର୍ଯ୍ୟକ୍ରମକୁ ମହାବିଦ୍ୟାଳୟର ଅଧ୍ୟକ୍ଷ ପ୍ରଫେସର ପ୍ରଭାକର ରାଉତ ଉଦଘାଟନ କରିଥିଲେ । ଏଥିରେ ଭୁବନେଶ୍ୱର ବିଜେପି ମହାବିଦ୍ୟାଳୟର ସାମାଜିକ ବିଜ୍ଞାନ ମୁଖ୍ୟ ଡ. ବିଭାକାରା ବଳ ମୁଖ୍ୟବକ୍ତା ଭାବେ ଯୋଗ ଦେଇ ଉପରୋକ୍ତ ବିଷୟ ଉପରେ ବିଶଦ ଆଲୋଚନା କରିଥିଲେ । ପଟ୍ଟାମୁଣ୍ଡାଲ ମହାବିଦ୍ୟାଳୟର ସାମାଜିକ ବିଜ୍ଞାନ ମୁଖ୍ୟ କ୍ୟାପଟେନ ମନୋଜ ପରିଡ଼ା ଅତିଥି ପରିଚୟ ପ୍ରଦାନ କରିଥିଲେ । ଏଥିରେ ପ୍ରାଧ୍ୟାପକ ଡ. ସୁନୀଲ ପ୍ରଧାନ, ଡ. ଦୁଃଶାସନ ପରିଡ଼ା, ପ୍ରାଧ୍ୟାପକ ପ୍ରମୋଦ ସାଲ୍, ଅଧ୍ୟାପକ ସୁଭାଶିଷ ମିଶ୍ର, ଜିତେନ୍ଦ୍ର ମଲ୍ଲିକ ସମେତ ରାଜ୍ୟ ଓ ରାଜ୍ୟ ବାହାରୁ ବିଭିନ୍ନ ବିଶ୍ୱବିଦ୍ୟାଳୟ ଓ ମହାବିଦ୍ୟାଳୟର ଅଧ୍ୟାପକ/ଅଧ୍ୟାପିକା, ଛାତ୍ରଛାତ୍ରୀ ଯୋଗ ଦେଇଥିଲେ । ପ୍ରାଧ୍ୟାପକ ରଞ୍ଜିତ କେଶରୀ ସେନାପତି ଧନ୍ୟବାଦ ଦେଇଥିଲେ ।

The 'somya' - 3.2.22

ସମାଜ ବିଜ୍ଞାନ ଖେବିନାର

ପଟ୍ଟାମୁଣ୍ଡାଲ, ୨୨ (ସମିସ): ପଟ୍ଟାମୁଣ୍ଡାଲ କଲେଜ ସମାଜବିଜ୍ଞାନ ବିଭାଗ ଓ ଆଇକ୍ୟୁଏସି ପକ୍ଷରୁ ମାତୃ ମୃତ୍ୟୁ, କାରଣ ଓ ପ୍ରତିକାର ଶାର୍ଷକ ରାଜ୍ୟସ୍ତରୀୟ ଖେବିନାର ଅନୁଷ୍ଠିତ ହୋଇଯାଇଛି । ଏହି କାର୍ଯ୍ୟକ୍ରମକୁ କଲେଜ ଅଧ୍ୟକ୍ଷ ପ୍ରଫେସର ପ୍ରଭାକର ରାଉତ ଉଦଘାଟନ କରିଥିଲେ । ଏଥିରେ ଭୁବନେଶ୍ୱର ବିଜେପି କଲେଜ ସମାଜବିଜ୍ଞାନ ବିଭାଗ ମୁଖ୍ୟ ଡ. ବିଭାକାରା ବଳ ମୁଖ୍ୟବକ୍ତା ଭାବେ ଯୋଗଦେଇ ଉପରୋକ୍ତ ବିଷୟ ଉପରେ ବିଶଦ ଆଲୋଚନା କରିଥିଲେ । ପଟ୍ଟାମୁଣ୍ଡାଲ କଲେଜ ସମାଜବିଜ୍ଞାନ ବିଭାଗ ମୁଖ୍ୟ କ୍ୟାପଟେନ ମନୋଜ ପରିଡ଼ା ଅତିଥି ପରିଚୟ ପ୍ରଦାନ କରିଥିବାବେଳେ ପ୍ରାଧ୍ୟାପକ ଡ. ସୁନୀଲ ପ୍ରଧାନ, ଡ. ଦୁଃଶାସନ ପରିଡ଼ା, ଡ. ପ୍ରମୋଦ ସାଲ୍, ଅଧ୍ୟାପକ ସୁଭାଶିଷ ମିଶ୍ର, ଜିତେନ୍ଦ୍ର ମଲ୍ଲିକ ସମେତ ରାଜ୍ୟ ଓ ରାଜ୍ୟ ବାହାରୁ ବିଭିନ୍ନ ବିଶ୍ୱବିଦ୍ୟାଳୟ ଓ ମହାବିଦ୍ୟାଳୟର ଅଧ୍ୟାପକ, ଅଧ୍ୟାପିକା, ଛାତ୍ରଛାତ୍ରୀ ଯୋଗ ଦେଇଥିଲେ । ଶେଷରେ ପ୍ରାଧ୍ୟାପକ ରଞ୍ଜିତ କେଶରୀ ସେନାପତି ଧନ୍ୟବାଦ ଦେଇଥିଲେ ।

The 'sakara' - 3.2.22