

Maternal Health Risks in India

The state of maternal health in India is dire. Globally, India contributes more than any country to the maternal death rate. In fact, one quarter of global maternal deaths occur in India. It is estimated that 68, 000 women die annually due to poor maternal health in India. Within the country, India's highest reported mortality ratio is in Uttar Pradesh - the country's most populated state.

However, it is important to note that the medical causes of maternal mortality are primarily preventable. Socio-economic risk determinants are the reason why so many Indian women die of "very much avoidable causes". Lack of access to quality antenatal care and emergency obstetric care are barriers to good maternal health.

In India the onus is on the patient to pay for health care...which ultimately proliferates maternal mortality. Many Indian women cannot afford to have a delivery in the hospital. Consequentially, most women have home deliveries. Delivery without skilled birth attendants place women at even more risk for mortality.

Unfortunately, even if women are in fact able to access health care centres, other factors (such as the quality of these centres) put women at risk for maternal mortality.

For example, a lack of available resources that are necessary to perform basic prenatal tests. Moreover, there is a lack of skilled staff. On a national and state level, poor management of maternal health has created poor quality services for maternal health.

Illiteracy is another socio-economic determinant of maternal health. The literacy rate of women in the reproductive age group of 15-49 years old is only 55%. This has profound effects on maternal health because illiteracy deters a woman's ability to seek help during maternal and neonatal emergencies. Though educated women are more apt to seek out maternal health care when needed, disempowerment of other Indian women is a fatal risk for maternal health. Illiteracy and poor social status give women little control over their health care during pregnancy.

Even if knowledge were perfectly symmetrical and rural women knew of the services available to them, a lack of physical access (especially during an emergency) and insufficient funding continue to plague rural areas of Uttar Pradesh to the detriment of maternal health outcomes.

Broader gender issues also impact maternal health in lasting and important ways. Though males are traditionally less involved in reproductive health issues, they have more say in the host of choices surrounding reproductive health than women. It is this pervasive unequal power dynamic that continues to exacerbate poor maternal health outcomes, in which men frequently display ignorance, ambivalence, and a lack of concern for women's health.

In what is a commonly male dominated society, moving towards gender equality and engaging men in the pregnancy process can hold positive outcomes for maternal health in rural Uttar Pradesh.

The principle medical causes of maternal death are attributed to the following factors:

- hemorrhage (37%)
- sepsis (11%)
- complications of abortion (8%)

- hypertensive disorders (5%)
- obstructed labour (5%)

Further, certain health conditions put women at risk for maternal mortality such as:

- heart and kidney diseases
- tuberculosis
- malaria

The socio-economic determinants of maternal health in rural Uttar Pradesh are wide-ranging and the products of various institutions, norms, and geographies. Such diverse impediments to maternal health underscore the need for village health care workers as knowledgeable, engaged, and helpful members of their communities, able to help address maternal health complications as well as the broader socioeconomic and gender determinants at their root.