
Vital Statistics

MCH Indicators in South Asia

The South Asia region presently contributes to about 22% of the world's population, a third of the world's annual births, about 37% of the annual global Under-5 deaths and is the region with the second highest maternal mortality (607/100,000 births) rates after the sub-Saharan African region (980/100,000 births). This communication presents an overview of the region's MCH indicators from the most recently published information(1). Since the published information has been derived from several sources and dissimilar time frames (but aril within 5 years of each other), they will represent a wide variety of data quali-

ty. However, it would still provide a reasonable glimpse of the region's overall performance with regard to Maternal and Child Health.

Child Mortality

Table I provides the Under-5 Mortality Rates (U5MR) and Infant Mortality Rates (IMR) for the six nations in the South Asia region during 1995. Sri Lanka has the lowest and Afghanistan the highest U5MR; the region as a whole has an U5MR of 121, which is about 15 times more than in the industrialized nations. *Figure 1* depicts the U5MR, IMR and the Crude Birth Rates (CBR) for these six nations. It is noteworthy that nations with higher birth rates also tend to have higher childhood mortality rates.

TABLE I-Childhood Mortality Rates in the South Asian Region.

Country	U5MR			IMR 1995
	1995	Average annual reduction (%)		
		1980-95	1995-2000*	
Sri Lanka	19	6.7	4.3	15
Nepal	114	3.0	9.8	81
India	115	2.9	9.9	76
Bangladesh	115	4.0	9.9	85
Pakistan	137	0.6	13.4	95
Bhutan	189	1.8	19.9	122
Afghanistan	257	0.6	26.0	165
South Asia Region	121	2.6	11.1	82
Industrialized nations	8	3.6	5.7	7

Countries arranged in order of increasing U5MR

* Required reduction rate to achieve the stated targets.

Adapted from reference 1.

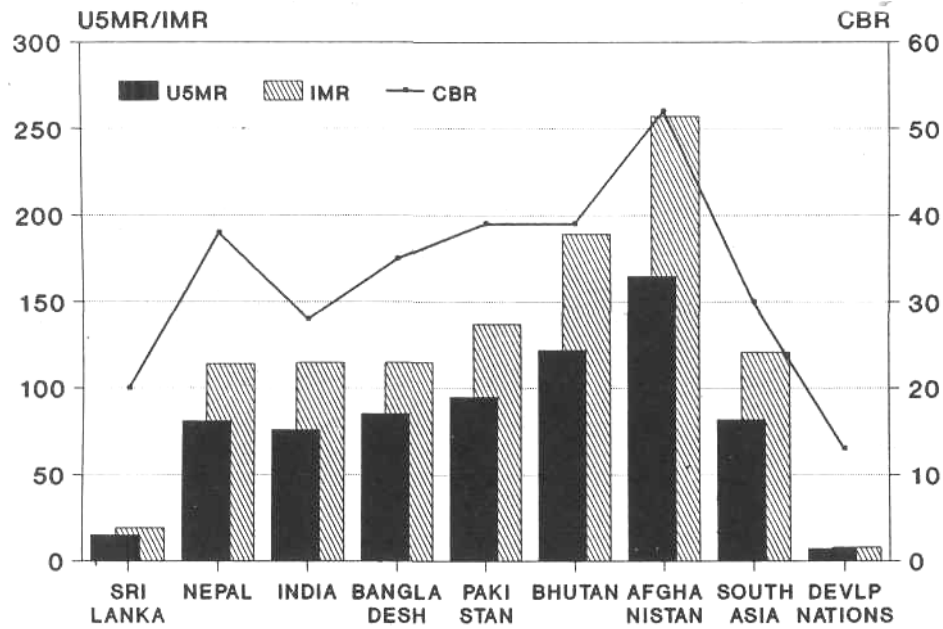


Fig. 1

TABLE II—Indices of Women's Reproductive Health: South Asian Region.

Country	MMR	TFR	% Birth	Contraception	Adult
			attended by trained attendants	prevalance rates (%)	female literacy rate (%)
	1990	1995	1990-96	1990-96	1995
Afghanistan	1700	6.6	9	2	15
Bhutan	1600	5.7	15	19	28
Nepal	1500	5.2	7	23	14
Bangladesh	850	4.1	14	45	26
India	570	3.6	34	41	38
Pakistan	340	5.9	19	12	24
Sri Lanka	140	2.4	94	66	87
South Asia Region	607	3.9	29	38	36
Industrialized nations	13	1.7	99	72	—

Countries arranged by decreasing MMR
 MMR = Maternal Mortality Ratio (per 100,000 births)
 TFR = Total Fertility Rate
 Adapted from reference 1.

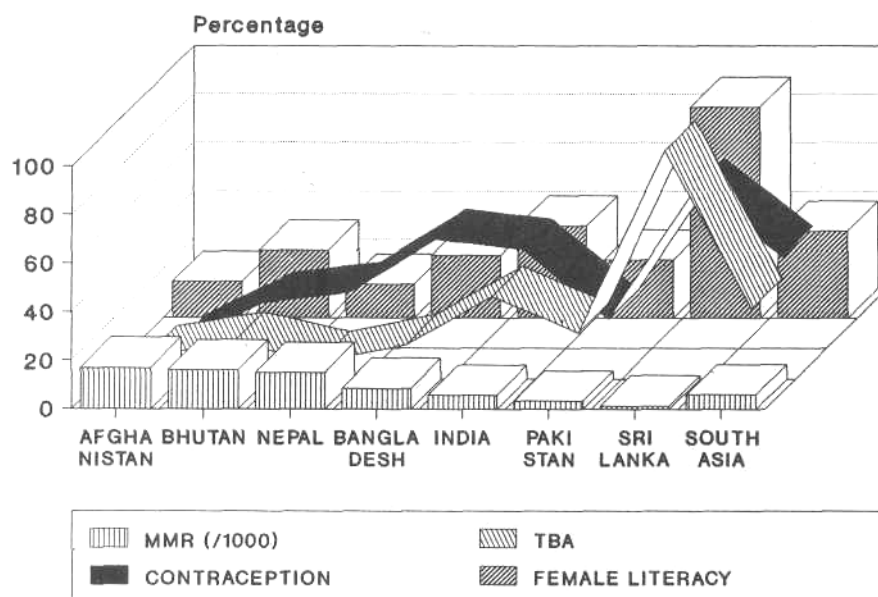


Fig. 2

TABLE III—Immunization Coverage Rates in the South Asian Region

Country	% Fully immunized				
	1992-95				
	BCG	DPT	OPV	Measles	Maternal TT
Sri Lanka	90	93	92	88	81
Nepal	61	63	62	57	11
India	96	89	98	78	79
Bangladesh	94	69	69	79	78
Pakistan	75	35	37	53	36
Bhutan	98	87	86	85	70
Afghanistan	31	41	56	41	3
South Asia Region	90	77	84	73	69

TT = Tetanus Toxoid. Adapted from reference 1.

Maternal Mortality and Fertility

Table II gives the maternal mortality and fertility rates for the South Asian Region. It

may be observed that countries with high fertility rates also have high Maternal Mortality Ratio (MMR). Figure 2 depicts the association of MMR with some important

socio-epidemiological factors. It can be seen that MMR is inversely related to contraception prevalence rates, presence of trained attendants during delivery and adult female literacy rates. Countries with high MMR need to focus their attention on improving female literacy, bridging the unmet contraception needs and promoting the health seeking behavior of pregnant women. Female literacy and care of adolescent girls are important strategies that are likely to pay long term dividends for improving MCH indices.

Immunization

Table III depicts the immunization coverages achieved by the South Asian nations during 1992-95. BCG has the highest coverage in the region (90%), followed by DPT, OPV and Measles immunization. However, maternal tetanus toxoid coverage is just about 69%. When the data from *Tables I &*

III are analyzed together, it is evident that despite most of the nations in the region having achieved a high immunization coverage rate, they are widely disparate with regards to childhood mortality rates. This indicates the need to focus attention on causes of U5MR, other than the vaccine preventable diseases, such as the neonatal mortality, if there has to be a significant dent in U5MR in the coming years.

REFERENCE

1. United Nations Children's Fund. The State of the World's Children, 1997. New York, Oxford University Press, 1997, pp 77-103.

Compiled by

S. Ramji,

*Professor, Department of Pediatrics,
Maulana Azad Medical College,
New Delhi 110 002.*