MCH Indicators in South Asia

The recent publication on this topic was informative (l). It was rightly stated that "This indicates the need to focus attention on causes of U5MR (under five mortality rate), other than the vaccine preventable diseases, such as neonatal mortality, if there has to be a significant dent in U5MR in the coming years." However, the observations and comments regarding Maternal Mortality Rate (MMR) need some clarifications. It was stated "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."

In the two neighboring countries, Bhutan and Nepal, MMRs are similar, i.*e.,* 1600 and 1500, respectively; though adult literacy rates are very different (28% in Bhutan and 14% in Nepal). The percentage of births attended by trained attendants is 15% in Bhutan and 7% in Nepal. According to these parameters, pregnant women in Bhutan are placed in much better position but their MMR is slightly higher than that for their counterpart in Nepal.

The total fertility rate (TFR) for Pakistan (5.9) and Bhutan (5.7) are similar, percentages of births attended by trained attendants (19% and 15%), contraception prevalence rates (12% and 19%) and adult literacy rates (24% and 28%) are not very different, but MMR in Pakistan is 340 while it is 1600 in Bhutan.

When we compare these vital statistics for India and Pakistan, we find that women in India have a definite advantage over women in Pakistan regarding these parameters. The TFR is 3.6, birth attendance by trained attendants is 34% contraception prevalence rate is 41% and adult female literacy rates is 38% for India while the corresponding figures for Pakistan are 5.9, 19%, 12% and 24%, respectively. However, MMR is 570 in India and 340 in Pakistan.

The author has stated that "female literacy and care of adolescent girls are important strategies that are likely to pay long term dividends for improving MCH indices." As he has stated that there is need to focus attention on causes of U5MR, other than the vaccine preventable diseases; perhaps we should look for causes of high MMR, other than these parameters.

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REFERENCE

1. Ramji S. MCH indicators in South Asia, India Pediatr 1997; 34: 420-423.

Reply

The point made by Dr. Yash Paul that countries with similar MMR could have, dissimilar proportion in contributing factors is well accepted and the article(l) does not disagree with these observations. However, I wish to reiterate two important facts that the article attempts to highlight:

1. Inspite of intercountry differentials in prevalence of variables such as contraception and female literacy, the general trend for the South Asia region depicts an inverse relation-