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# India and Global Maternal Mortality – 2023 Data, SDG Gaps, and the Public Health Imperative

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# India and Global Maternal Mortality — 2023 Data, SDG Gaps, and the Public Health Imperative

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## WHY IN NEWS

A peer-reviewed study published in a leading medical journal (March 2026) found that India accounted for approximately **24,700 of the 2.4 lakh global maternal deaths** in 2023 — making India one of the highest-burden countries globally, despite a 77% reduction in its Maternal Mortality Rate (MMR) since 1990.

## UNDERSTANDING MATERNAL MORTALITY

**Maternal Mortality** refers to the death of a woman during pregnancy, childbirth, or within 42 days of delivery, from causes related to or aggravated by the pregnancy or its management.

**Maternal Mortality Rate (MMR):** Defined as the number of maternal deaths per **1 lakh (100,000) live births** in a given period.

### Global Context (2023 Data)

INDICATOR	FIGURE
Global maternal deaths (2023)	~2,40,000
India's maternal deaths (2023)	~24,700
India's MMR (2023)	116 per 1 lakh live births
SDG target (by 2030)	Below 70 per 1 lakh live births
India's MMR (1990)	508 per 1 lakh live births
India's MMR improvement	~77% reduction in 33 years

### India's Progress Trajectory

YEAR	APPROXIMATE MMR	MAJOR PROGRAMME ACTIVE
1990	508	No dedicated national programme
2000	~380	Reproductive and Child Health (RCH) programme
2005	~280	Janani Suraksha Yojana (JSY) launched
2010	~212	PMSMA introduced
2015	~174	NHM expansion; LaQshya programme conceptualised
2020	~130	Poshan Abhiyan; COVID-19 disruptions
2023	116	Current SDG tracking figure

## THE STALLED PROGRESS PROBLEM

**Sharpest improvement: 2000–2015.** The rapid institutional delivery push, ASHA worker deployment, and JSY incentives produced dramatic reductions. However, **progress has slowed significantly post-2015.**

### Why Progress Slowed

- ❶ **Reaching the “hard to reach”:** Easy institutional gains achieved; remaining deaths concentrated in remote, poorly-connected areas with weak health infrastructure
- ❷ **Quality of care problem:** Institutional delivery rates increased (~89% by NFHS-5, 2020), but institutional quality did not uniformly improve — skilled birth attendants, blood banks, and emergency obstetric care remain unavailable in many public facilities
- ❸ **COVID-19 disruptions (2020–22):** Maternal health services interrupted; delayed ANC check-ups; reduced institutional deliveries in some areas
- ❹ **Indirect causes rising:** Deaths from pre-existing hypertension, anaemia, diabetes, and obesity — conditions requiring longitudinal management, not just delivery-time intervention

## PRIMARY CAUSES OF MATERNAL DEATHS IN INDIA

- ❶ **Haemorrhage (excessive bleeding):** ~26% of maternal deaths — post-partum haemorrhage (PPH) remains the leading cause; requires blood availability and skilled staff
- ❷ **Hypertensive disorders (pre-eclampsia/eclampsia):** ~14% — requires early ANC detection
- ❸ **Infections/Sepsis:** ~11% — post-delivery infections, especially in poor-quality facilities
- ❹ **Obstructed labour:** ~9% — requires emergency obstetric care (C-section capability)
- ❺ **Indirect causes (anaemia, malaria, heart disease):** ~28% — pre-existing conditions complicating pregnancy

## INDIA'S POLICY RESPONSE — KEY PROGRAMMES

### Janani Suraksha Yojana (JSY) — 2005

- **Cash transfer** to incentivise institutional delivery — Rs 1,400 (rural), Rs 1,000 (urban) per delivery
- ~1 crore beneficiaries annually
- Dramatically increased institutional delivery rate from 38.7% (2005) to 89% (2020)

### Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) — 2016

- **Free ANC check-up** on the 9th of every month at government health facilities

- Covers all three trimesters
- Services: Blood pressure, blood group, Hb level, HIV test, USG (in select centres)

### LaQshya Programme — 2017

- **Labour Room Quality Improvement Initiative**
- Improves quality of care in labour rooms and Maternity Operation Theatres (OTs) in district hospitals and medical colleges
- Certification of compliant facilities as “LaQshya Certified”

### Poshan Abhiyan (National Nutrition Mission) — 2018

- Addresses **maternal malnutrition** — anaemia, low body weight
- Targets reducing anaemia among women of reproductive age by 3% per year
- India’s anaemia prevalence among women: 57% (NFHS-5, 2019–21) — major contributor to maternal mortality

### Surakshit Matritva Aashwasan (SUMAN) — 2019

- Guarantees **zero expenditure, dignified, respectful maternity care** at public facilities
- Includes: Free delivery (normal and C-section), free diagnostics, free medicines, free diet during delivery

## REGIONAL DISPARITIES

India’s MMR statistics mask severe internal disparities:

STATE	APPROXIMATE MMR (2020)
Kerala	~19 (near global best-practice)
Tamil Nadu	~54
Andhra Pradesh	~45
Rajasthan	~163
Madhya Pradesh	~173
Uttar Pradesh	~167
Bihar	~130

**The SDG challenge:** Even if Kerala-level MMR is achieved nationally, the aggregate requires rapid improvement in the “BIMARU” states (Bihar, MP, Rajasthan, UP) which account for a **disproportionate** share of births and maternal deaths.

## INDIA'S SDG COMMITMENT

India is a signatory to the **Sustainable Development Goals (SDGs)** adopted at the UN General Assembly in September 2015:

- **SDG 3 (Good Health and Well-being):** Target 3.1 — reduce global MMR to below **70 per 1,00,000 live births by 2030**
- At India's current rate of improvement (~5–8 MMR points per year since 2015), reaching 70 by 2030 would require **accelerating the pace of improvement by 2–3x**
- India's **National Health Policy 2017** set an internal target of MMR  $\leq 100$  by 2020 — not achieved; revised target: MMR  $\leq 70$  by 2030 (aligned with SDG)

## UPSC RELEVANCE

**Prelims:** India MMR 2023 = 116; SDG 3.1 target = 70 by 2030; India's maternal deaths 2023 = ~24,700; JSY (2005); PMSMA; LaQshya; SUMAN (2019); Poshan Abhiyan.

**Mains GS-2 (Social Justice/Health):** Maternal health as a human rights issue; SDG 3; role of ASHA workers; institutional delivery vs. quality of care; federal health governance — Centre-state cooperation on maternal health.

## ★ FACTS CORNER — KNOWLEDGEPEDIA

### INDIA MATERNAL MORTALITY — COMPLETE REFERENCE:

MMR definition: Maternal deaths per 1 lakh live births

India MMR (1990): 508 → (2023): 116 — 77% reduction

India maternal deaths (2023): ~24,700

Global maternal deaths (2023): ~2.4 lakh

SDG 3.1 target: Below 70 per 1 lakh live births by 2030

India NHP 2017 target: MMR ≤100 by 2020 (not achieved)

### KEY PROGRAMMES:

JSY (2005): Cash incentive for institutional delivery; Rs 1,400 rural / Rs 1,000 urban

PMSMA (2016): Free ANC on 9th of every month

LaQshya (2017): Labour room quality improvement

Poshan Abhiyan (2018): National Nutrition Mission targeting anaemia in women

SUMAN (2019): Zero-expenditure dignified maternity care guarantee

### ASHA WORKERS:

Total: ~10 lakh ASHAs across India

Role: Maternal health education, facilitating institutional delivery, JSY paperwork

Trained by: State health departments under NHM

### OTHER RELEVANT FACTS:

India's institutional delivery rate: 38.7% (2005) → 89% (NFHS-5, 2020)

Anaemia among women of reproductive age: 57% (NFHS-5) — major maternal mortality risk factor

India's NFHS-5 (2019–21): National Family Health Survey — key data source

SDGs adopted: UN General Assembly, September 25, 2015 (replacing MDGs)

MDG 5: Reduce MMR by 75% between 1990–2015 — India did not achieve this target in time

Sources: [MoHFW](#), [NITI Aayog SDG India Index](#), [GKToday](#)

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