Infant Mortality Rate in India: Still a long way to go

Infant Mortality Rate (IMR) is regarded as an important and sensitive indicator of the health status of a community. It also reflects the general standard of living of the people and effectiveness of interventions for improving maternal and child health in a country. Compared to other indicators like crude birth rate, maternal mortality rate and under-five mortality rate etc, this indicator has always been accorded greater importance by the public health specialists because infant mortality is the single, largest category of mortality. Moreover, deaths during infancy are due to a particular mix of diseases and conditions to which the adult population is less exposed and less vulnerable. Changes in specific health interventions affect IMR more rapidly and directly and hence it may change more dramatically than the crude death rate in a population. This is clearly demonstrated in a developing country like India. In the 1960s, IMR in India used to hover around the 100 mark in the country. However, due to rapid strides that the country has taken in socio-economic development, health and education, average IMR is currently estimated to be around 60/1000 live births/year (SRS 2003). IMR has declined in both urban areas (40/1000 live births/yr) and rural areas (69/1000 live births/yr). Compared to an IMR of as low as 5/1000 lb/yr in countries such as Japan and Sweden the IMR in India is still quite high. However, it is close to the world average of IMR of 56/1000 (yr 2002). In fact, not only in India but in the developing world in general, the fall in IMR has been greater than in the developed world. Despite these successes, IMR is still in the unacceptable range and a lot needs to be done. To make matters worse, in a country like India, there are wide inter-state variations. We have extremely low IMR states like Kerala (14/1000) while in 3-4 states IMR < 50 (T. Nadu, A.P., Maharashtra and Pb) but we also have high IMR states like Uttar Pradesh (83/1000) and Orissa (96/1000), Bihar, M.P. within each state also, there are wide rural-urban variations.

The problem is complicated to some extent by inaccurate estimation methods.

There is enough scientific evidence to suggest that IMR can be brought down significantly by higher literacy (especially female literacy) and better primary health care services. The Reproductive and Child Health Programme II, IMCI and IMNCT as well as the broader National Rural Health Mission launched in 2005 in India all aim to achieve a further, significant reduction in IMR, especially in the high IMR belt running through the states of Orissa, MP, Assam, Bihar, Uttar Pradesh, Haryana and Rajasthan.

As about 50% of the infant deaths occur within the neo-natal period, it is imperative that specific components of ante-natal, intra-natal and post-natal services need to be strengthened to make an impact in these states. It is heartening therefore that the Government of India has laid emphasis and launched programme to improve neonatal care. The national neonatology has also contributed by undertaking country wide training programme in neonatal care. Family welfare services also need to be perked up as the age of mother at child birth, family size, birth order and birth spacing all have an influence on IMR. Services for the infants that promote timely and adequate immunization, growth monitoring, care during diarrhoea and ARIs, adequate breast-feeding and weaning need to be strengthened. The latter can be largely through primary health care (PHC). Although Indian has a vast PHC infrastructure their performance requires close monitoring for accountability and to ensure that all employees do their job.

As there can be wide variations among states and within a state, among various settings, it is important that infant morbidity and mortality profiles are estimated in local settings.

The article “Infant mortality in an Urban Slum, 1995-2003” is a good attempt in that direction and more or less reflects the usual causes of IMR in Indian setting. It is critical that such surveys are carried out by the health authorities at Community Health Centre or equivalent health facilities.

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1. Annual Report 2005-06, Ministry of Health and Family Welfare, Govt. of India. pg. 51