



International Women's Day, 2021

Maternal Mortality Ratio (MMR) of Odisha declined by 18 points (10.7%), but it is still the 6th highest in India- 150 deaths per 100,000 live births¹ (2016-18). This is 32.7% higher than the national average of 122 deaths per 100,000 live births.

According to WHO, Maternal health and newborn health are closely linked. Skilled care before, during and after childbirth can save the lives of women and newborns. On this International women's day, let us refer to the WHO facts, have a look at SDG 3 from a gender lens and assess our preparedness to tackle maternal deaths in Odisha



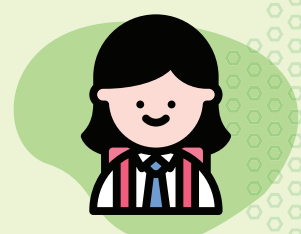
**GOOD HEALTH
AND WELL-BEING**

01 TEENAGE PREGNANCY

WHO Fact: The risk of maternal mortality is highest for adolescent girls under 15 years old and complications in pregnancy and childbirth are higher among adolescent girls age 10-19 (compared to women aged 20-24).



7.6% women in Odisha begin childbearing in the age group 15-19 years; women with no schooling are about eight times as likely to have begun childbearing as young women with 12 or more years of schooling.



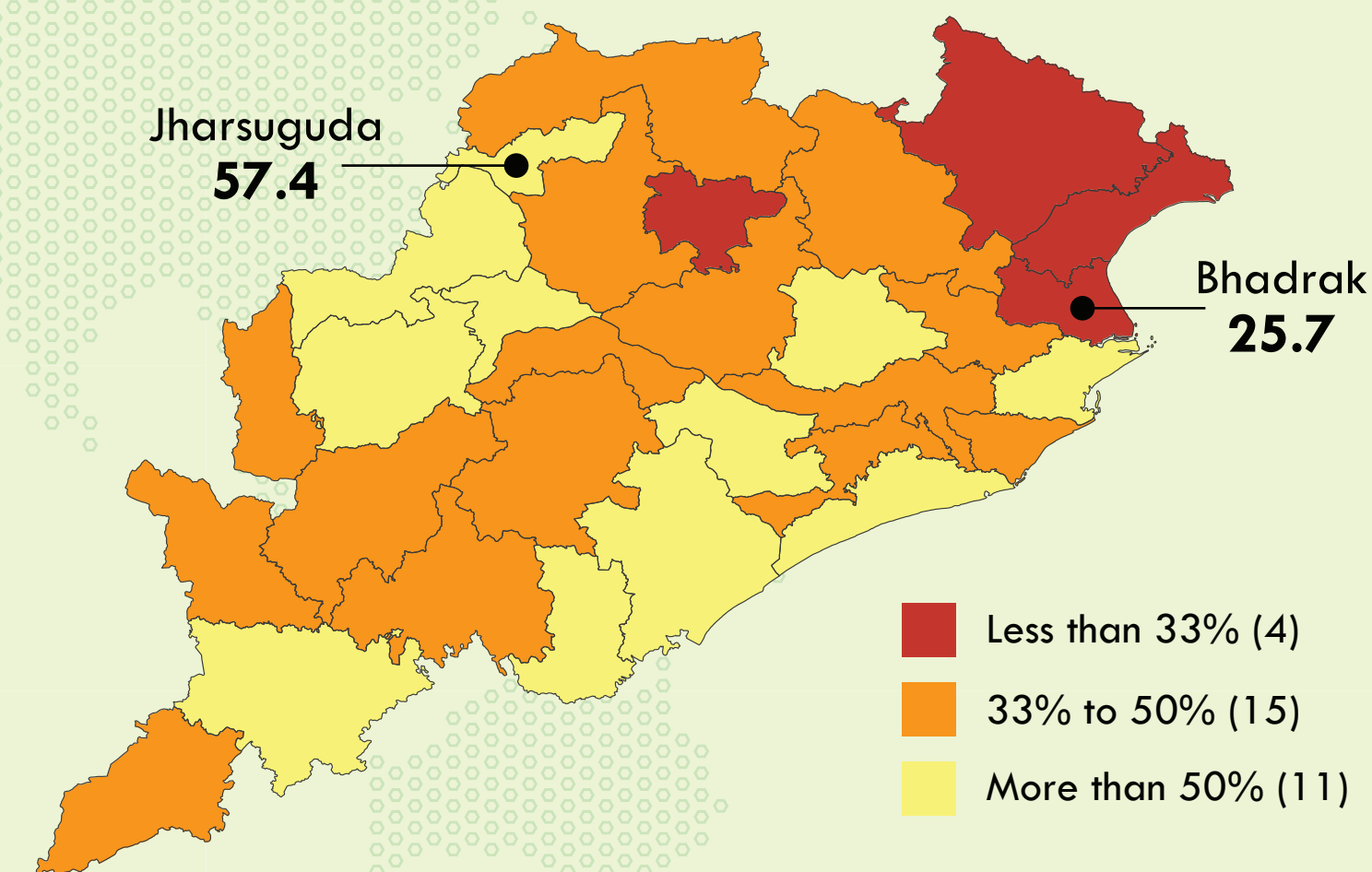
More than half of menstruating women in Odisha use unhygienic absorbents (**52.6%**).



Usage of hygienic methods was reported more in **Urban Odisha (70%)**.

► Odisha reported **7th highest** percentage of miscarriages in the country, higher than national average and **5th lowest** percentage of live births.

Percentage of currently married women who use any modern contraceptive method in Odisha: 45.4%

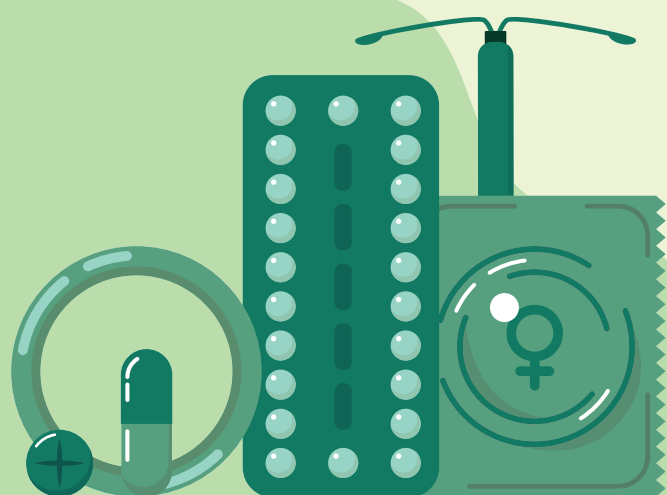


Sources: National Family Health Survey_2015-2016

02 CONTRACEPTION AND FAMILY PLANNING

WHO Fact: To avoid maternal deaths, it is also vital to prevent unwanted pregnancies. All women, including adolescents, need access to contraception, safe abortion services to the full extent of the law, and quality post-abortion care.

- About **55%** married women in Odisha do not use any modern contraceptive method
- More than **50%** women in **19 districts** of Odisha do not use any modern contraceptive methods; Highest contraceptive usage was reported in **Jharsuguda (57.4%)** and lowest in **Bhadrak (25.7%)**.



03 PREGNANCY CARE

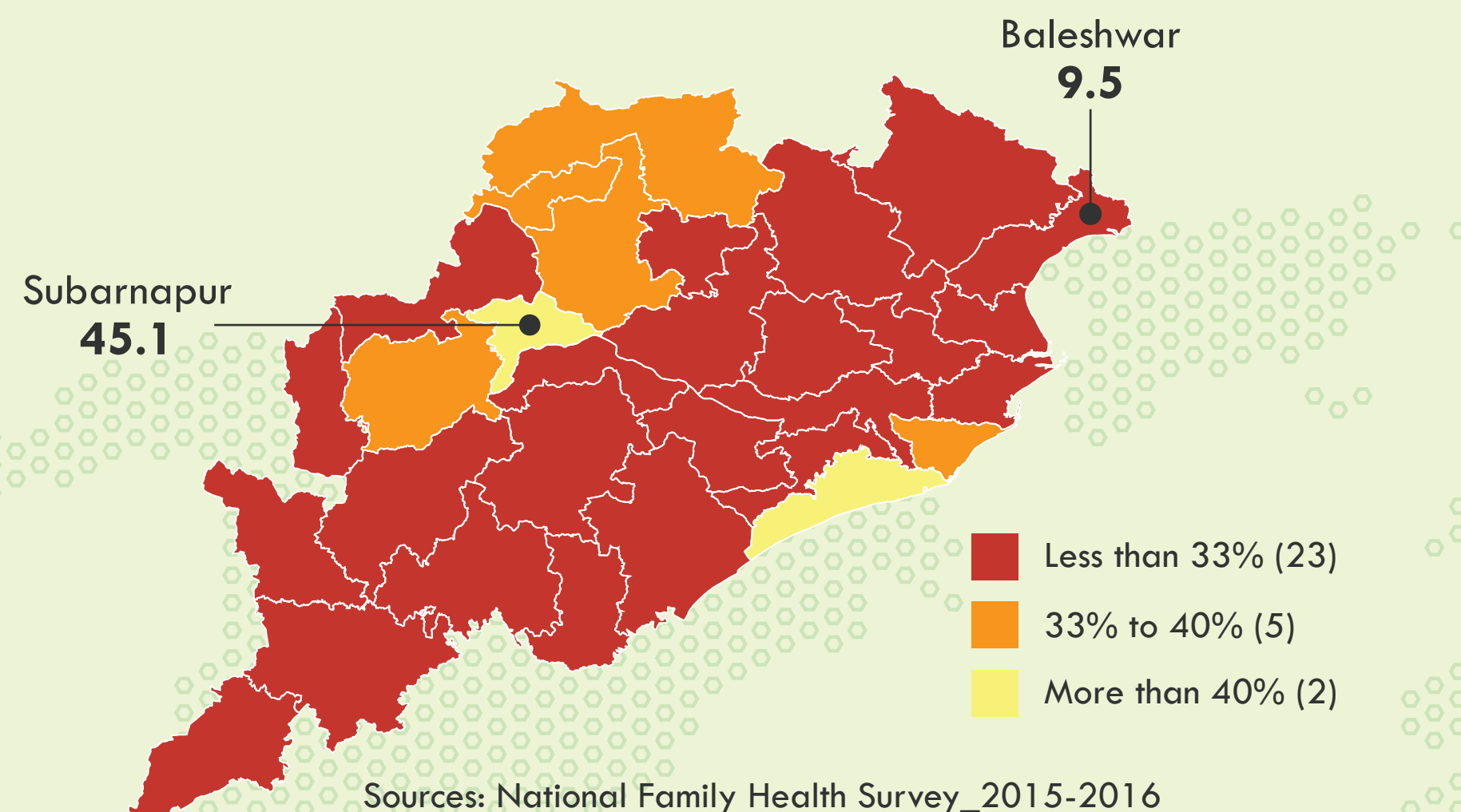
WHO Fact: Skilled care before, during and after childbirth can save the lives of women and newborns.

- **Less than 25%** of women in Odisha had full antenatal care; highest coverage was reported in **Subarnapur (45%)** and the lowest in **Balasore (9.5%)**.



- **23 out of 30** districts in Odisha reported less than **1/3rd** full antenatal care among pregnant women.

Percentage of women who had full antenatal care in Odisha : 23.1%



04 DELIVERY

WHO Fact: It is particularly important that all births are attended by skilled health professionals, as timely management and treatment can make the difference between life and death for the mother as well as for the baby.



- Births delivered in a health facility in **Odisha (85.4%)** is higher than national average (**78.9%**).
- More than **25% to 37%** mothers did not deliver in health facilities in **8 districts of Odisha-Kalahandi, Kandhamal, Kendujhar, Rayagada, Koraput, Malkangiri, Nabarangpur and Gajapati**
- In **14 out of 30** districts, more than **90%** births were delivered in a health facility; lowest institutional delivery was reported in **Gajapati (63.3%)**

05 POSTNATAL CARE

- **78.6%** of women in Odisha had postnatal check-up within two days of birth, higher than national average of **65.1%** but there are districts like **Koraput and Gajapati** which reported PNC lower than the national average.

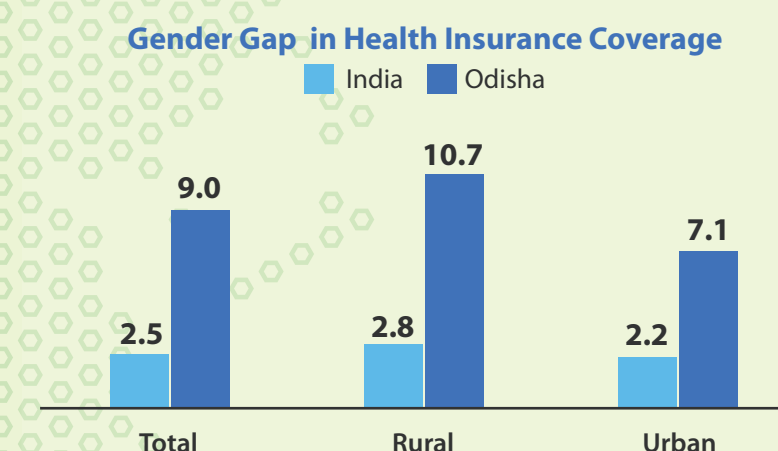
06 SOURCE AND COST OF DELIVERY

- The public health sector is the main source of health care for **88.7% households** in Odisha (**77.7% in urban and 90.9% in rural**). At the national level, dependence on **private sector (51.4%)** is more than the **public sector (44.9%)**.
- The average out-of-pocket cost paid for delivery in a public health facility of Odisha was **Rs.4,225**, which was much higher than the national average cost of **Rs.3,198**.

07 HEALTH INSURANCE

Access to health insurance helps us manage unexpected high costs of medical care.

- Despite availability of multiple health insurance programmes and health schemes at the national and the state levels, **less than half (47.7%)** of households in Odisha have any kind of health insurance that covers at least one member of the household.
- While insurance coverage in Odisha is higher than the national average of **28.7%**, the gender gap in insurance coverage of women and men in Odisha is more than three times that at India level.



08 PREVENTION AND MANAGEMENT

WHO Fact: Most maternal deaths are preventable, as the health-care solutions to prevent or manage complications are well known.

But do we have the human resources at the health facilities to prevent or manage complications?

- There is a shortfall of **1359 posts (34.6%)** out of the **3927** required³.
- Almost **40%** of sanctioned doctors position at PHCs in rural areas of Odisha are vacant.
- Only **15.6%** of required specialists at CHCs are in position in rural areas of Odisha.
- Sanctioned posts of nursing staffs in PHCs and CHCs of rural Odisha is 2.7 times lower than the required number of posts.

Other factors that prevent women from receiving/seeking care during pregnancy/childbirth are

- Poverty
- Distance to facilities
- Lack of information
- Inadequate and poor-quality services
- Cultural beliefs and practices.

To improve maternal health, barriers that limit access to quality maternal health services must be identified and addressed at both health system and societal levels.