Analysis of the magnitude of different causes of Infant death at Kutch district, Gujarat state

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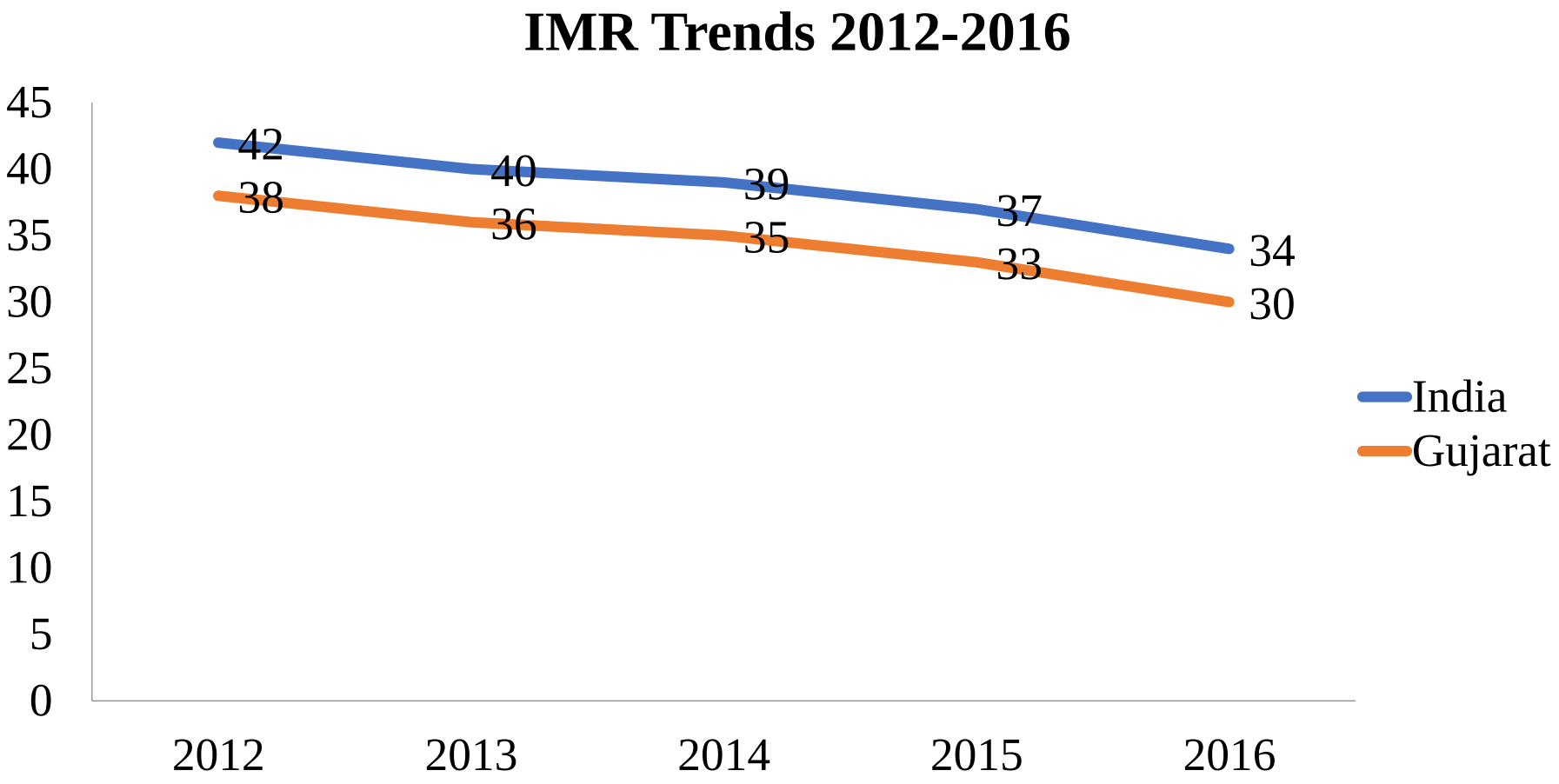
INTRODUCTION

- Today’s Children are tomorrow’s citizen; thus, it is extremely important to ensure good health for children. Child health plays a vital role in the development of a country.
- The first six years of life - The most crucial span in life.
- More vulnerable to malnutrition, mortality, and other diseases, which can be easily prevented or treated.
- Globally, The infant mortality rate (IMR) has decreased from an estimated rate of 64.8 deaths per 1000 live births in 1990 to 30.5 deaths per 1000 live births in 2016. (WHO,2016)

- IMR in India has declined by three points from 37 per 1000 live births in 2015 to 34 per 1000 live births in 2016.(SRS 2016)
- In Gujarat, the IMR has been falling continuously. The infant mortality rate was 41 in 2011 and has dropped to 30 in 2016.(SRS 2016)

RATIONALE OF THE STUDY



- Kutch district statistical reported data (CDR) reveals that the infant mortality rate was dropped to 13 in 2013 which was 15 in 2012.
- From 2014 to 2016, IMR was remained same i.e. 14 per 1000 live births at Kutch, Gujarat state.
- 2017-18 District statistical data shows that the IMR of Kutch has increased by 3 points.

RESEARCH QUESTIONS

1) What are the levels of infants' death according to background characteristics of infants at Kutch district, Gujarat?
2) What are different causes accountable for infant death at Kutch district, Gujarat?

OBJECTIVES

- To understand the levels of infants' death according to background characteristics of infants at Kutch district, Gujarat.
- To understand different causes of infant death at Kutch district, Gujarat.

METHODOLOGY

- **Research Design:**

  The study was Descriptive Cross-sectional type that included infants to understand the levels of infant deaths according to their background characteristics and factors accountable to increase infant deaths. The study area comprised 10 blocks of the district with a total population 2,092,371.

- **Study Area:**

  Kutch district, Gujarat state

- **Duration of the Study:**

  3 Months(5 February to 5 May, 2018)

- **Data Analysis Method:**

  After the collection of data, it was compiled in Microsoft excel. Most of the data analysis was done on Microsoft excel by Using frequency table, cross tabulation method and Figures in Microsoft excel.

- **Type of Data Collection:**

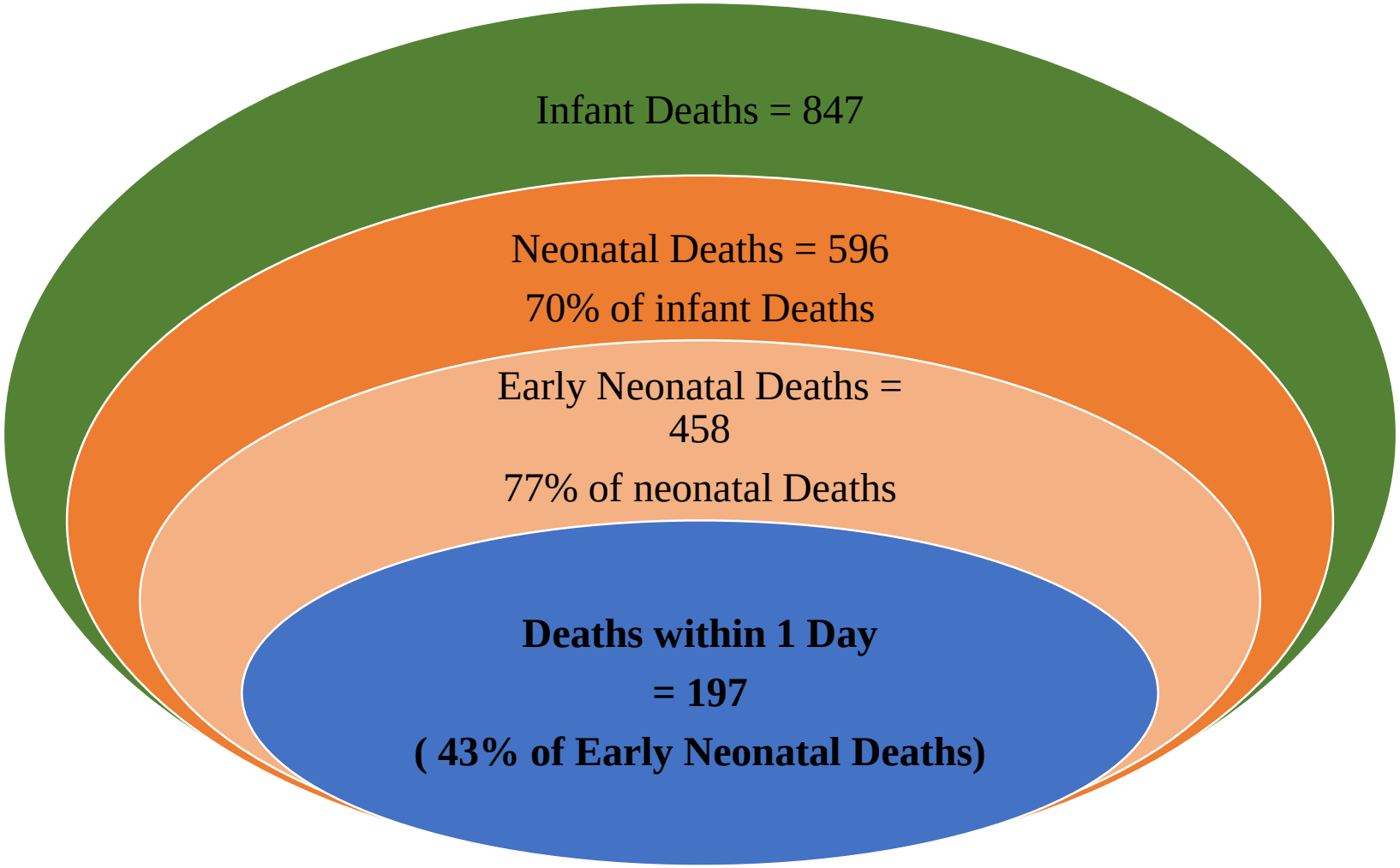
  Secondary data collection: Child Death Review reports, Infant death reports of Kutch district collected from the DPMU of district Kutch.

- **Sample Size:**

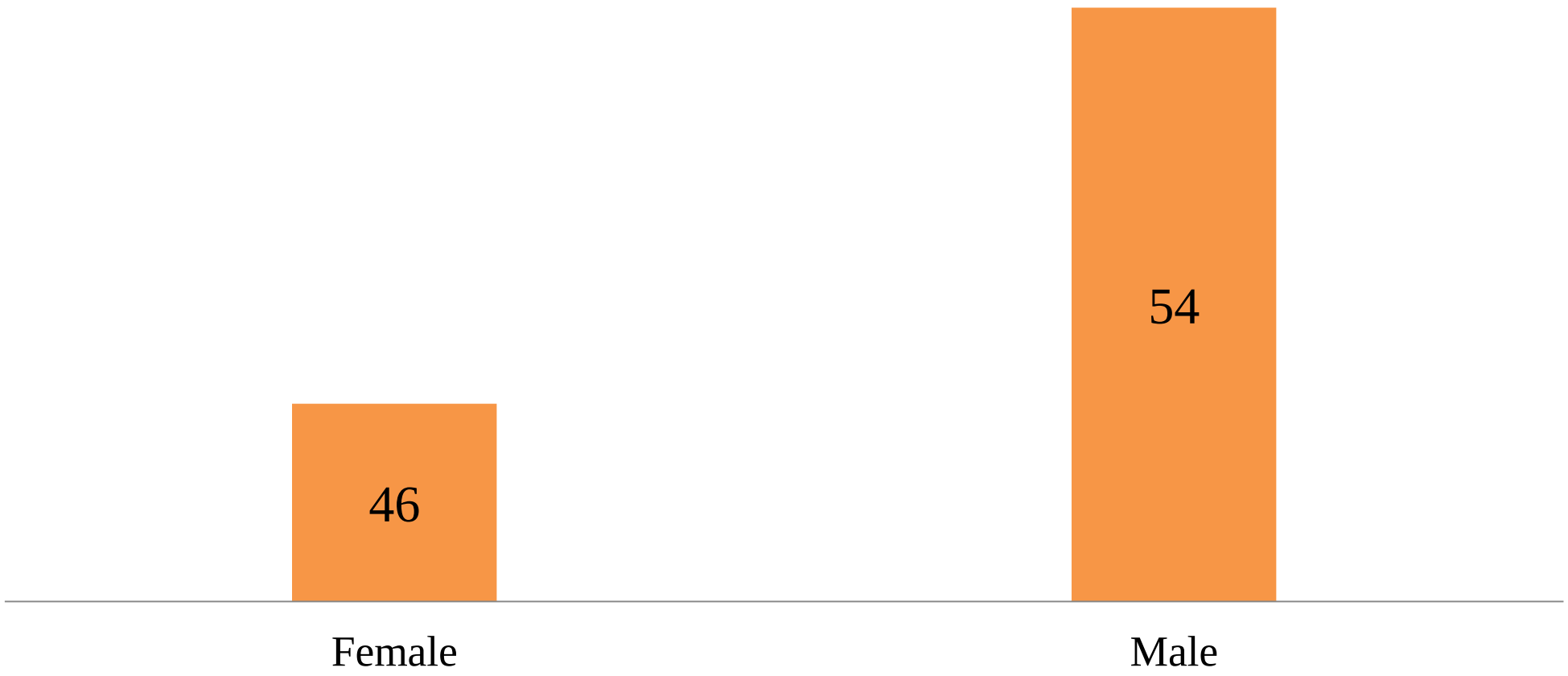
  1442 Deaths of under-five age Children reported in Kutch District from April 2017 to March 2018. We included all 847 children who had died during infancy period.

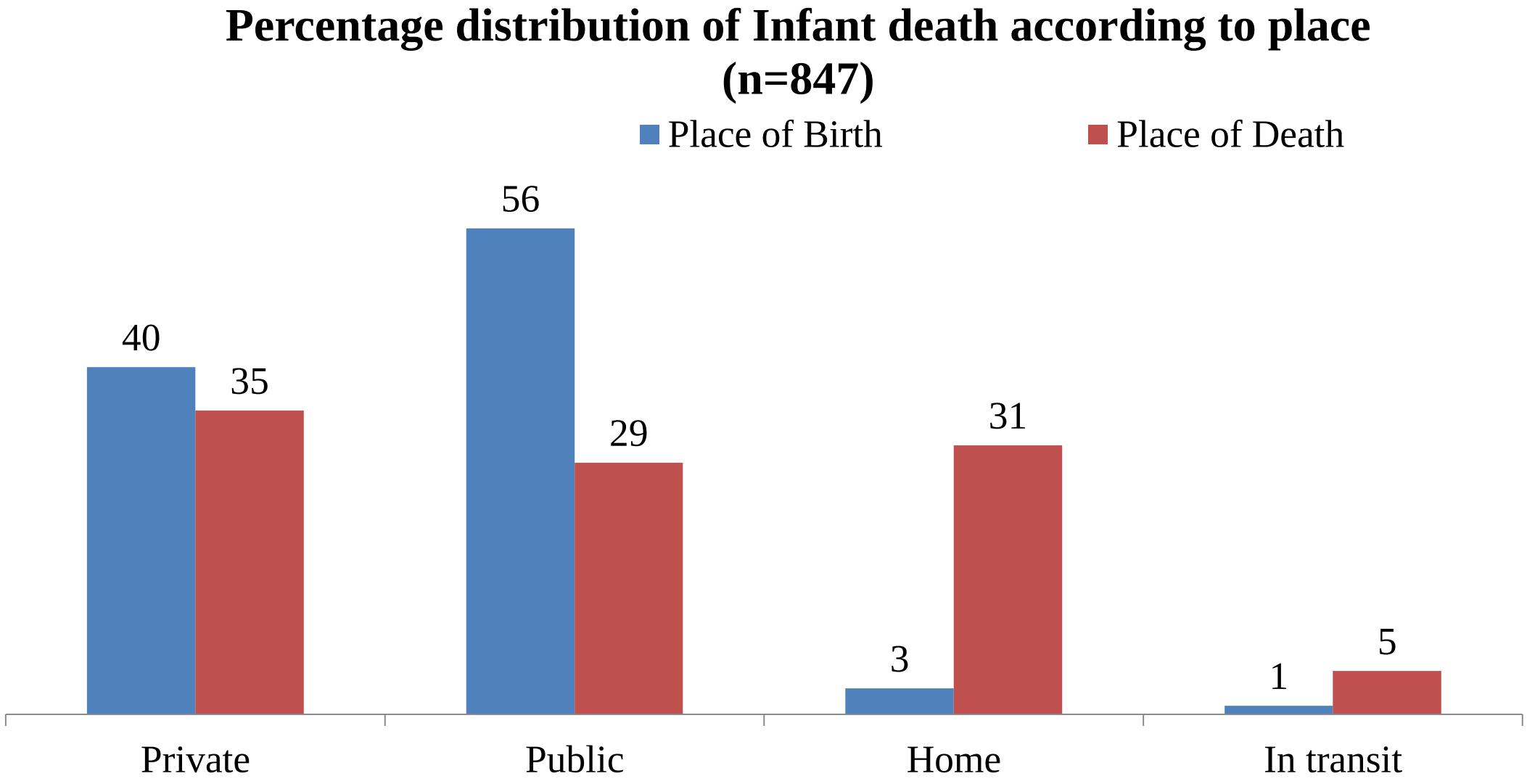
RESULTS

Age of Infants at the time of death

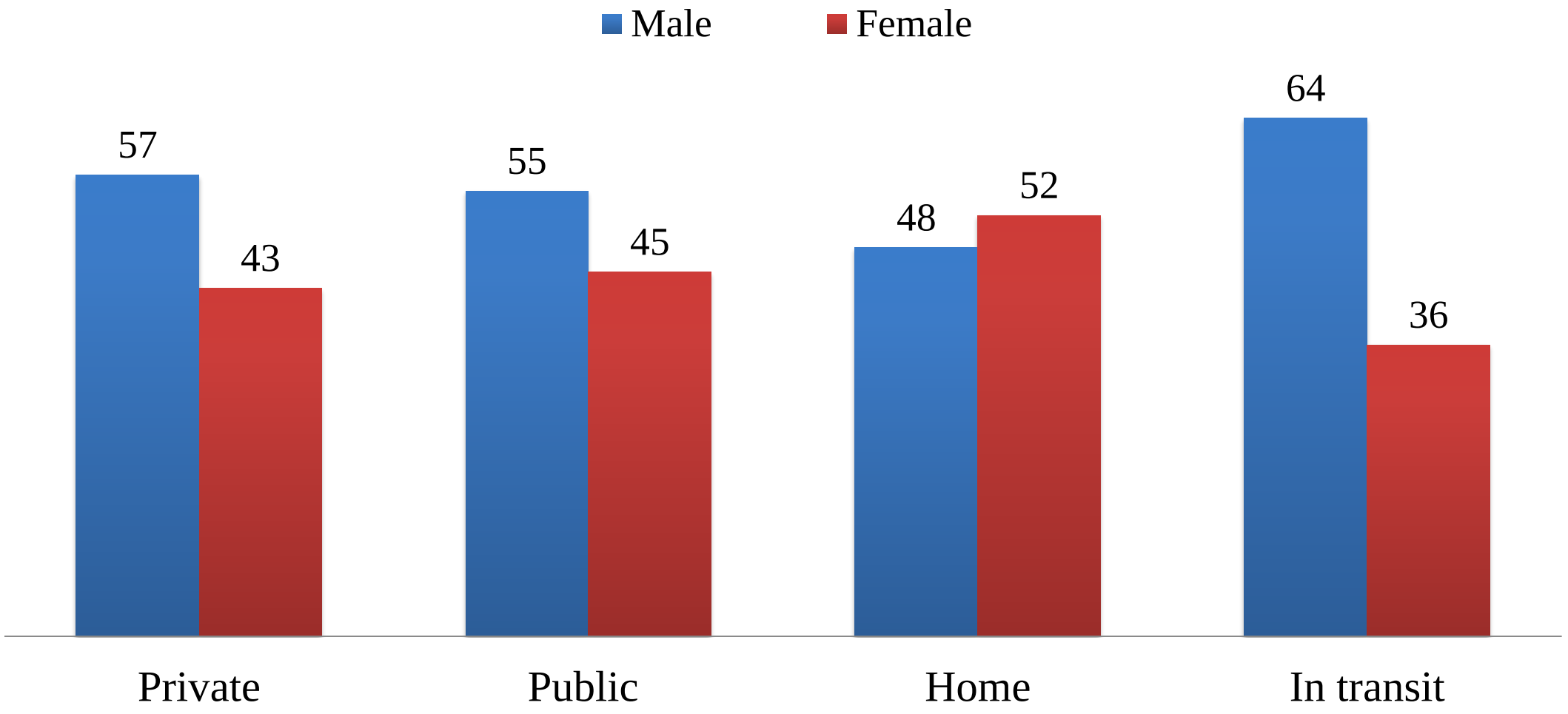


Percentage distribution of Genderwise contribution in Infant Death in sample area (n=847)

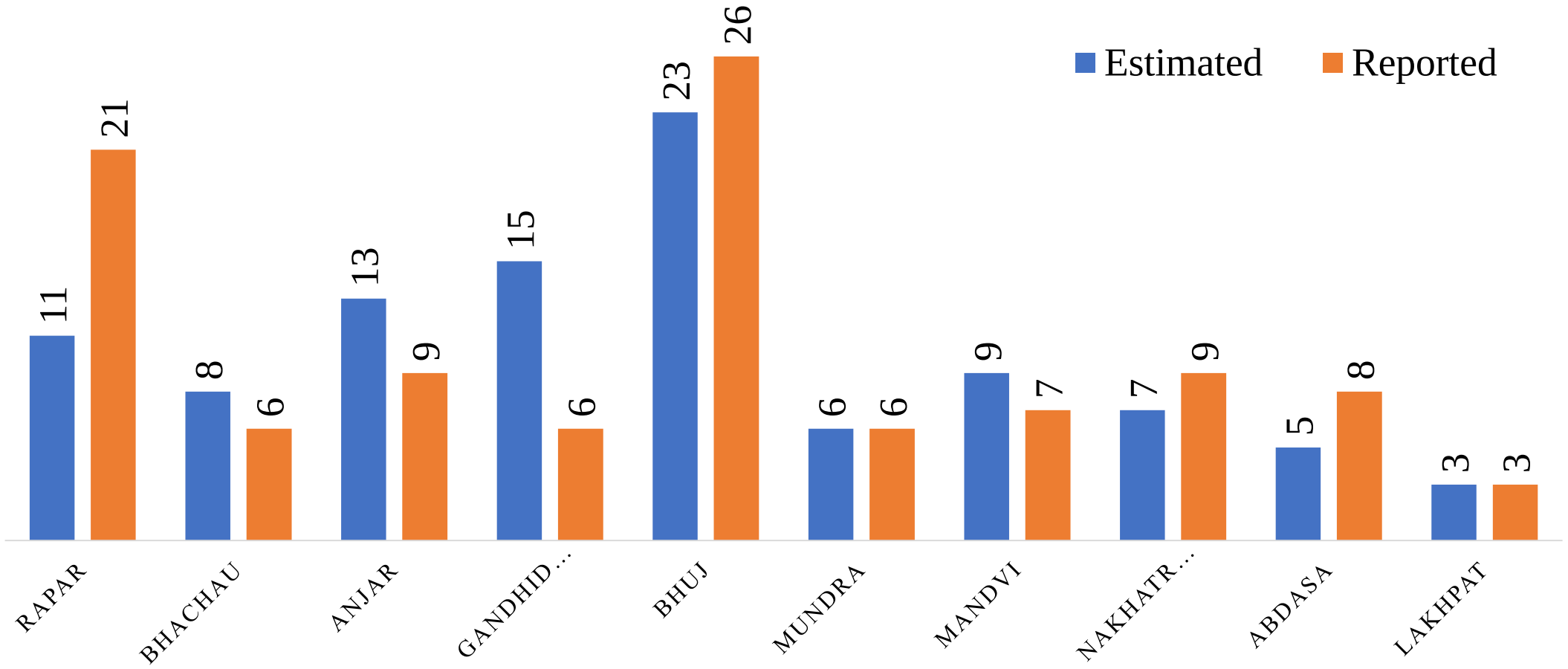



Percentage distribution of Infant death according to place (n=847)
Place of Birth
Place of Death
40
35
56
29
3
31
1
5
Private
Public
Home
In transit

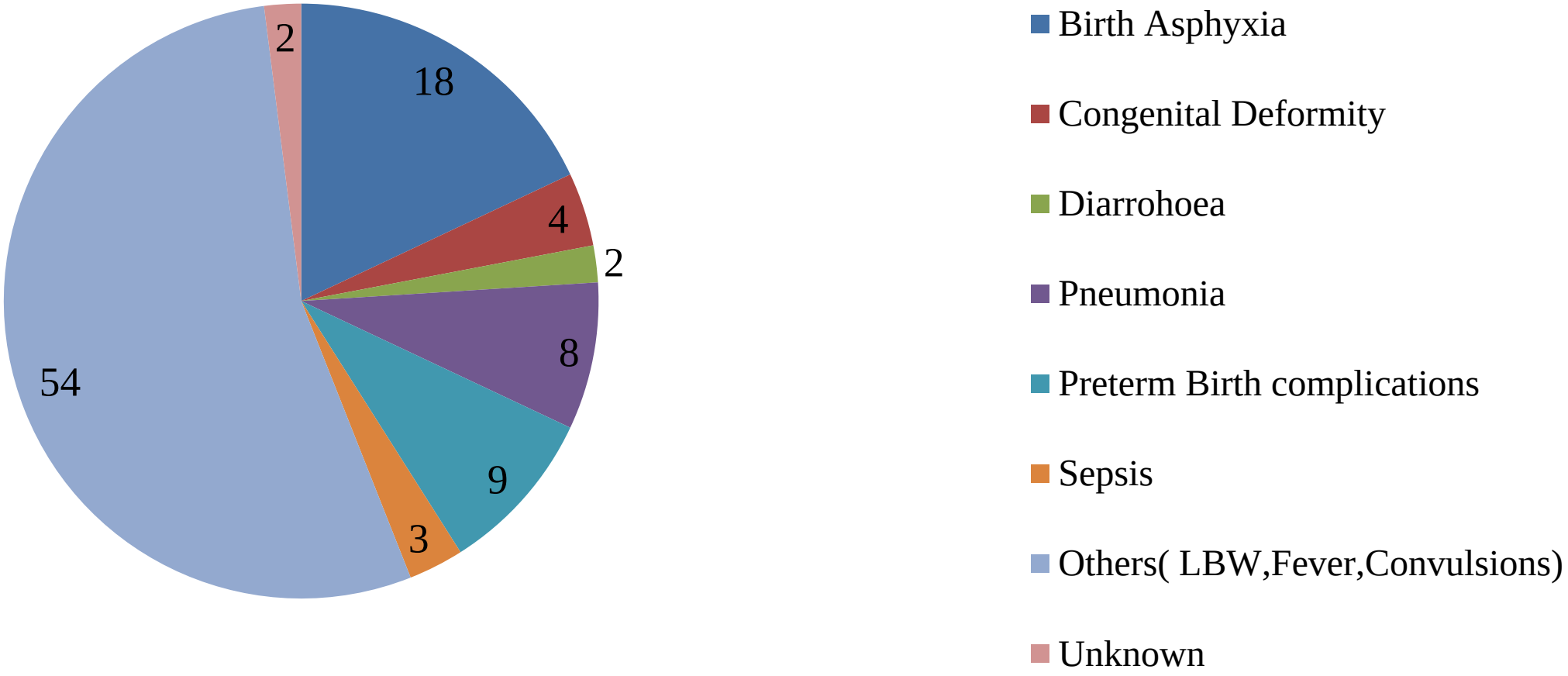
Gender-wise Percentage distribution of infant death according to place (n=847)



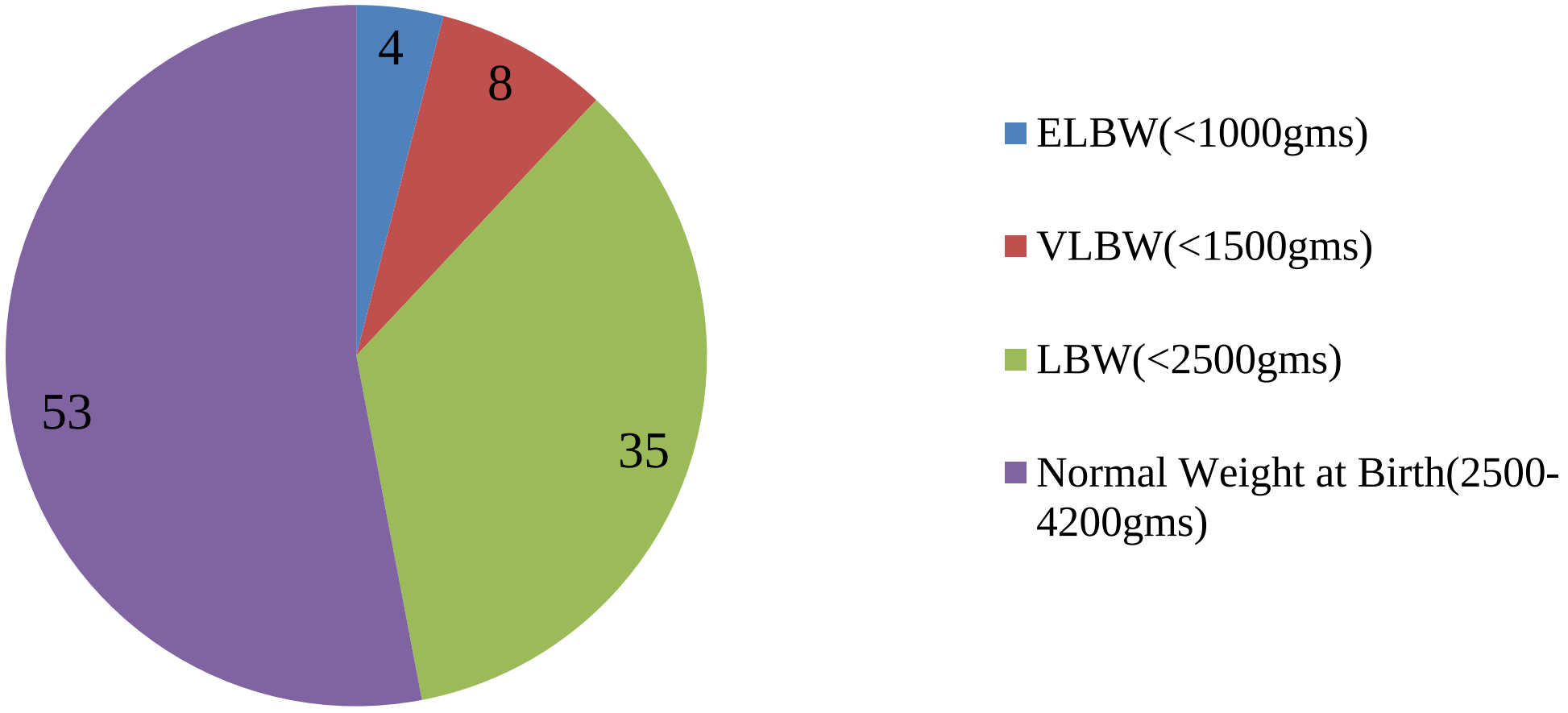
PERCENTAGE DISTRIBUTION FOR ESTIMATED VS REPORTED INFANT DEATH



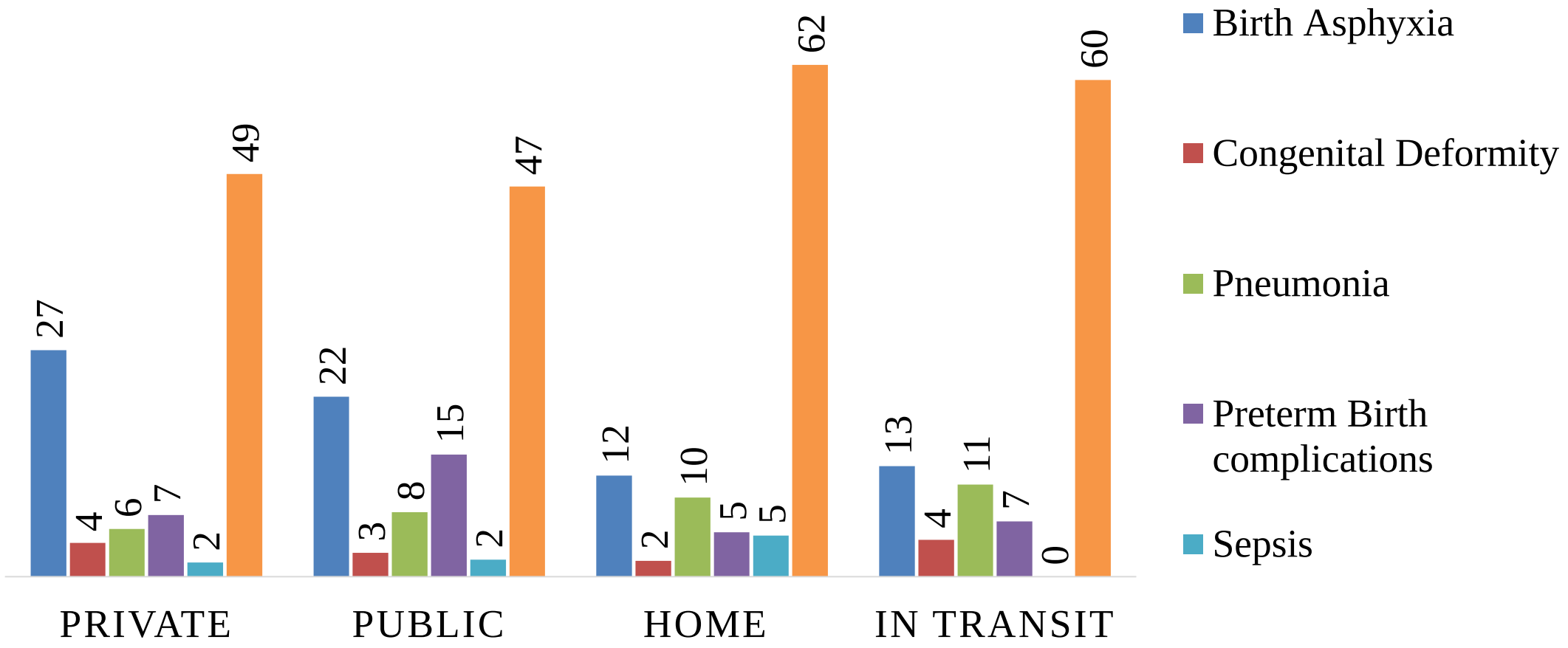
Percentage distribution for Causes of Infant Death(n=847)

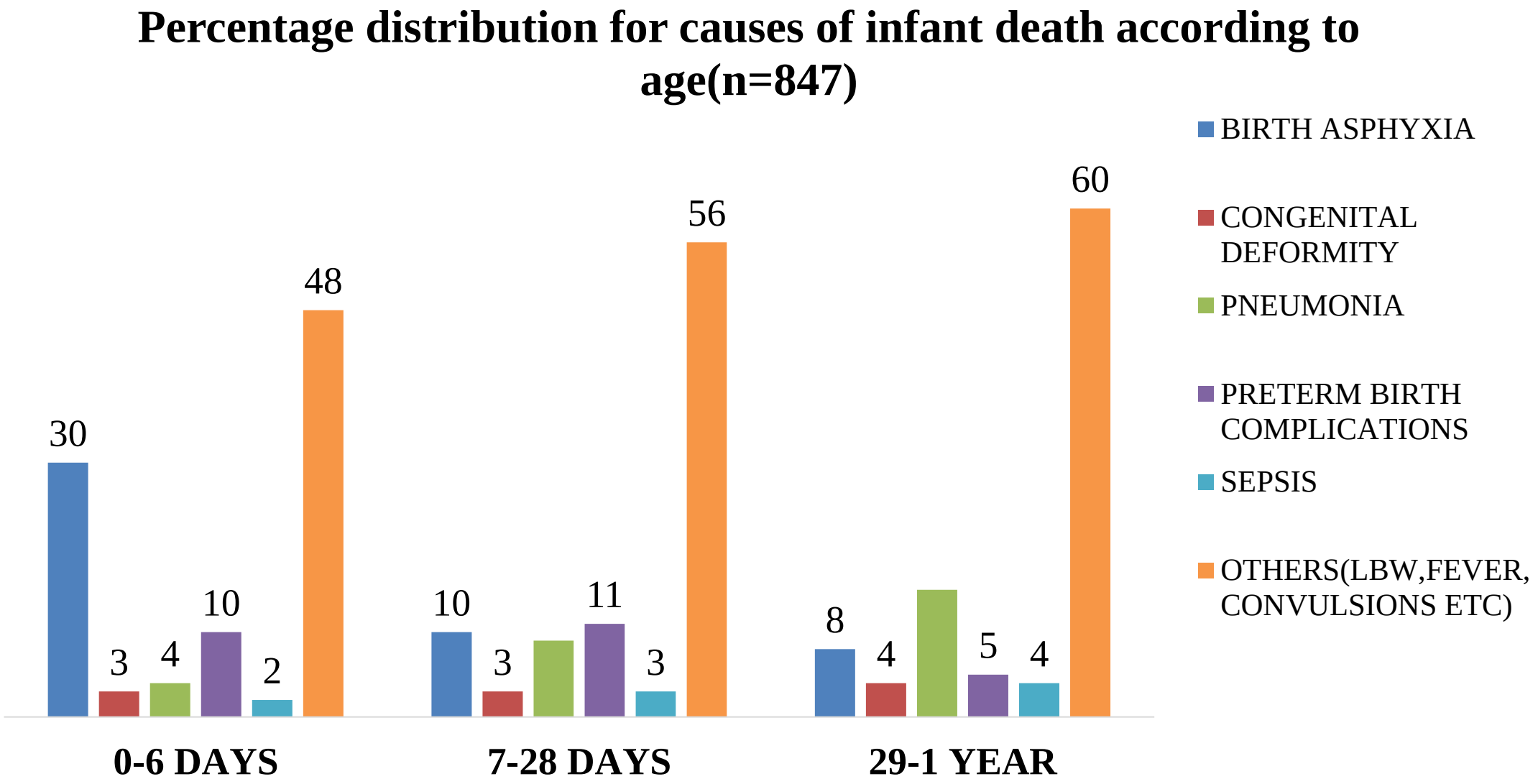


Percentage distribution of infant deaths according to Birth-weight (n=847)



PERCENTAGE DISTRIBUTION FOR DIFFERENT CAUSES OF INFANT DEATH ACCORDING TO PLACE(N=847)




Percentage distribution for causes of infant death according to age(n=847)
BIRTH ASPHYXIA
CONGENITAL DEFORMITY
PNEUMONIA
PRETERM BIRTH COMPLICATIONS
SEPSIS
OTHERS(LBW,FEVER, CONVULSIONS ETC)
30
3
4
10
2
48
10
3
11
3
56
8
4
5
4
60
0-6 DAYS
7-28 DAYS
29-1 YEAR

KEY FINDINGS

- All the components of the infant mortality in which neonatal mortality is constantly contributing to slow decrease in IMR.
- The reasons of low performance:
    - Lack of convergence with WCD
    - Weak Referral System for infants
    - Weak HBNC services
    - Lack of awareness in community about child curative health services
    - More unreported cases
    - Poor Monitoring and follow-up by front-line workers

RECOMMENDATIONS

- Education, Awareness and People’s Empowerment
- Strengthen Home Based New Born Care services and New-born care units
- Increase Co-ordination and collaborative functioning between PRIs, frontline workers, and ICDS workers
- Interlinked Strong referral system between facility
- Block-wise Monthly review of infants death

CONCLUSION

It is evident from the study that loads of neonatal death can be prevent only when all the procedure and protocols are followed according to the services like HBNC, NBCC etc. along with regular monitoring and supervision is required, starting right from the ground level up to the highest administrative level. Only then will the gaps be identified in time, and corrective measures planned, and appropriate action taken.

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