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Mediating causes of infant mortality rate and maternal mortality rate in rural and urban area of Vadodara district.

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***ABSTRACT*:**
Infant mortality is the highest infant mortality rate under one year. This mortality rate is measured by the infant mortality rate (IMR), which is the infant mortality rate for children under 1 year of age in 1000 births. Maternal mortality in India is the highest mortality rate of Indian women during or after pregnancy (including abortion or childbirth). This mortality rate is measured. According to the maternal mortality rate (MMR). Countries with different nationalities and cultures have different mortality rates and their causes. In India, there are large differences in access to health care between regions and in socioeconomic factors. Therefore, female mortality rates also vary from country to country in different states, regions, and women. Given the infant mortality rate, we only focus on children under one year of age. In this research study mainly focuses on the awareness of government policies, knowledge, attitudes and opinion of the women and their family about maternal and child's health. Also evaluate the knowledge of nutritional food to pregnant women. The need to investigate infant and maternal mortality is also important in the current field of social work.

***KEYWORDS*:**Infant mortality rate, Maternal mortality rate

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I. INTRODUCTION

Infant mortality Rate:

Infant mortality is one of the biggest problems in India. Maternal education, socioeconomic conditions, city and village, environment and nutrition during childbirth affect the health of the baby in rural India, this is the unhealthy This is one of the reasons why the infant mortality rate in India is higher compared to other countries. Infant mortality is determined by natural instincts during and after birth.Social factors also influence the impact of infant mortality on distribution, gender, education, health, water and sanitation. In rural India, most women have unskilled and low-paying jobs. Social and economic development and quality of life levels, oversight and assessment, health planning and community policy.

Definition of infant mortality rate:

According to WHO: "The probability that a child born in a specific year or period will die before reaching the age of one year, if subject to age-specific mortality rates of that period, Expressed as a rate per 1000 live births."

According to UNICEF, 2006: "As the probability of dying between birth and exactly one year of age expressed per 1000 live birth.

Causes of infant mortality:

1. Birth defects
2. Premature birth
3. Low birth weight

4. Maternal pregnancy complications
5. Sudden infant death syndromes
6. Injuries (for example: suffocation)
7. Malnutrition
8. Accident
9. Blood infection.

Significance of infant mortality rate:

Infant mortality rate measures of human infant deaths who are not to complete one year of life. It is an important indicator of the overall physical health of a community. Preserving the lives of infants has been a long-issue in public health.

Maternal Mortality Rate:

Maternal health is very important in India. In India, many issues related to women's health in that maternal health is one of the biggest issues in India compare to other countries. In a rural area, pregnant women work in unorganized sectors such as the agricultural sector, mining sector, at low wage income. So, they do not get any kind of treatment during pregnancy and also not to take help from doctors. In India rural community more believe in a religious context. Still in some rural people is a thing that taking help from a doctor is not good. So, that believes increase the maternal mortality rate.

Women's education, working condition, proper nutrition affected health. If pregnant women do not take proper nutritional food so, they affected the health of mother and child. Pregnant women suffer for malnourishment during pregnancy they have complications during pregnancy and at the time of delivery.

Definition of maternal mortality rate:

According to WHO: "Maternal death is the death of women while pregnant or within forty-two days of termination of pregnancy. Irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes. To facilitate the identification of maternal deaths in circumstances in which cause of death attribution is inadequate, a new category has been introduced: pregnancy-related death is defined as the death of a woman while pregnant or within forty-two days of termination of pregnancy, irrespective of the causes of death.

Causes of maternal mortality rate:

1. Infection
2. Sepsis
3. Anemia
4. Abstracted labor
5. Complication during abortion
6. Hypertensive disorders
7. HIV/AIDS
8. Heart diseases
9. Hepatitis, etc.

Significance of maternal mortality rate:

Maternal mortality has become an important measure of human and social development. It is particularly revealing of women's overall status, access to health care, and the responsiveness of the health care system to their needs.

Social work Perspective:

Social work is a social science involving the social work theory and research method to improve community life style of the community people. Social work is a profession committed to the work as a betterment of the community people and their health. Social work profession plays important role in the community as a mediator of the government policies and health care centers.

Social work provide support to the improve maternal health and infant health in the community. Social workers are the main part of community organization. so, social work profession helps to better understand what are mortality the causes are the mostly affected during pregnancy Social work helps to improve their health condition during and after pregnancy. Social work helps them to get process to their medical checkup on their residential area. Social worker work to provide awareness among the community related to maternal health and infant health and awareness about their nutritional food.

II. Methodology

Our Objective of study the socio-demographic background of the respondents from Rural and urban areas of Vadodara district. To gain better understanding about the mediating causes for maternal mortality and infant mortality rate. To study the awareness of government policies among study population. To assess knowledge, attitudes and opinion of the family member towards respondents and to assess knowledge, attitudes and opinion of the respondents regarding their own health and infant health issues.

Research design followed in this study was diagnostic research that includes survey technique through sending questionnaire to the selected respondents. The Universe for the Research were respondents from Rural and Urban area from Vadodara district. The sample size of research was 40 respondents from rural and 31 respondents from urban areas. The sampling method in rural area was used non-pourability sampling method and purposive sampling method, in urban area was used systematic random sampling method. In our study. The data collection process was done by offline mode in rural area because of lack of awareness regarding technology but in urban area data collection process through online mode due to pandemic.

Primary Tool: Questionnaire

III. Discussion

According to Amie Wilson (2013), In this thesis it showing that many interventions will be used to help reduction in maternal mortality, but the extent of proof offered at intervals every review varies, some allowing firm inferences with others a lot of tentative. The proof during this review is predicated on a small low range of events from studies that are liable to bias and confounding, this is often the simplest evidence offered to date. There's a suggestion that the anti-shock garment might improve outcomes of girls with obstetric hemorrhage, once it's employed in addition to straightforward treatment, however high-quality evidence is needed.

According to Catheriene Meh (2017), This study assessed variations between the North and South of Cameroon on the degree and determinants of maternal mortality mistreatment Cameroon demographic and Health Surveys and multivariable supplyregressions.The purpose of this study was to look at maternal mortality in Cameroon. Specifically, this study sought-after to estimate maternal mortality rates and ratios, to spot determinants of maternal mortality in Cameroon, and to assess variations within these determinants between the North and South of Cameroon and between there have been important findings in Cameroon, in the North and South, and between years 2004 and 2011. These findings are the main focus of this chapter wherever they're compared to the prevailing literature. The strengths and limitations of the study are mentioned with attainable methods and proposals for future research.

According to Benjamin Curran Sosnaud (2015), In this project, Researcher explores variation in social inequalities in infant mortality within the United States. Researcher also provide evidence that the magnitude of inequalities in infant mortality varies across populations, and highlight a range of social institutions that play a role in explaining this variation. This work has implications for research on social stratification, medical

sociology, public health, and political sociology. While prior research on the association between socioeconomic position and health has focused on the persistence of this relationship, researcher calls attention to variation in health inequalities across contexts.

According to Kamal G. Nath (1993), Parentage of unmarried girls were less 24% in Bombay and 17% in Bangalore. Majority of respondents were illiterates and their capital income less than Rs. 250/- per month. Married age of that girls was 15.4 years in Bombay and 16.3 years in Bangalore. Nutritional level of adolescent girls, 19 years old girls was taller and heavier compare to 17 and 18year old girls which means 20 years old girls were satisfactory outcome of pregnancy. Teenage pregnancy was higher 210 per 1000 delivery in Bangalore and 46.4 per 1000 delivery in Bombay. Infant weight increased from 2.36 kg to 2.76kg. Highest correlation between gestation and increased in abnormal birth and birth weight. Fat gain during pregnancy was calculated form prenatal weight gain. Fat gain was significantly influence by age of the mother during pregnancy. Lower fat gain seen in younger mothers. 46% of the respondent were shopped breast feeding because of overlap of next pregnancy.

According to Rajkumari Sanatombi Devi (2014), people living condition, costumes, beliefs and way of treatment of disease was affected on maternal mortality and infant mortality. Focused should be modify on the living condition of that affected on maternal and child health, like as poor nutrition, clear drinking water, proper sanitation, etc. most of the village women were not aware about home visit by hospital worker in their village. Village women were living in the most deprived areas their had complications during pregnancy.

According to Mr. Dille Prasad Paudel (2015), economic status, family size, age of the mothers are significant factors affected to the utilization of institutional services. 92% of the mother had utilized at least one kind of postnatal service. 89% of the mothers are advised on nutritional education. 18.8% of infants are underweighted. Birth weight and gestational age has play significant role in physical growth of infants. Breast feeding method also play important role in the treatment of diarrhea with the different developmental milestones of the infant.

According to T. Natarajan (2011), ASHA worker, Anganwadi worker play important role in the family planning and health care planning. In case of involvement 69% of ASHA worker and 77% of Gram Sabha was involved in planning. However, 29% of Gram Panchayats, 27% of women groups, and 15% of NGOs were involved in family and health care planning. Gujarat has high and balance socio-economic background, literacy rate 79.31% and female literacy rate 70.73% in 2011. Growth in per capital income 11% compared to 7.6% in country. But. Rural areas people live at below poverty line. Infant mortality rate and maternal mortality rate improve, immunization improve, and institutional delivery improve. Life expectation of male and female both were improved.

IV. Findings

In rural area education of respondent 5% of women were highly educated and in urban area 54.8% of women were highly educated.

In rural and urban area most of the respondent’s monthly family income was 25000-50000.

In rural area 87.5% respondents and in urban area 38.7% respondents agreed that during pregnancy pregnant women take additional nutritional supply (intake from medicine)

In rural area 75% respondent and in urban area 48,4% respondents agree that pregnant women should follow proper diet during pregnancy.

In rural area lack of awareness of government schemes for maternal and infant health rather than urban area.

In rural area 62.5% respondent agreed and in urban area 43.3% respondents disagreed that government hospital/doctors provide proper guidance for health of mother and child.

In rural area 72.5% respondent and 54.8% respondent agreed to family member should provide proper guidance to pregnant women for her good health.

In rural area 75% respondent and in urban area 48.4% respondent disagreed that family members sometime force pregnant women to do household work.

In rural area 70% respondents and in urban area 54.8% respondents disagreed that family member could pressure to pregnant women for sex-determination of unborn child.

In rural area 95% respondents and in urban area 86.7% respondents agreed that pregnant women need peaceful atmosphere at home during pregnancy.

V. Conclusion

To conclude, the aim of this dissertation was to research about the perception for mediating causes of infant mortality and maternal mortality rateThe improvement in maternal and infant mortality are as a result of combination of factors. Among these are the expansion of health care facilities and services, health interventions, change in diet and health behaviour. This study conducted about mediating causes of maternal mortality rate and infant mortality rate mainly the education of women and their lack of knowledge about nutrition most affected factor. Researcher would like to conclude that rising the death ratio of child because of lack of nutrition knowledge to the women and also lack of awareness about the government programs for mother and child.

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