

Health project in India saved many mothers and children

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Mobile health care centers were one of the components of a four-year health care project in one of India's poorest districts. Infant mortality fell by half, and the number of women who died from complications during pregnancy and childbirth decreased by three-quarters. Credit: Siw Alehagen/AnnaKarin Johansson/Linkoping University.

Infant mortality has fallen by half, and the number of women who died from complications during pregnancy and childbirth by three-quarters. This is the result of a four-year health care project in one of India's poorest districts.

"We're overjoyed that mortality could be reduced with relatively simple means like mobile health care centres. It was successful because [pregnant women](#) and new mothers got the opportunity to actively seek care."

So says Siw Alehagen who, together with AnnaKarin Johansson, Orvar

Finnström and Göran Hermansson – all of Linköping University in Sweden – and their Indian colleagues, is publishing the results in the journal *Rural and Remote Health*.

Alehagen, with a background as a midwife, and Johansson, a district nurse, are both researchers in nursing science. In 2004, the Indian organisation Pravara Medical Trust, the Östergötland County Council and the Faculty of Health Sciences received funding from the Swedish International Development Cooperation Agency to start an [intervention study](#) in the Ahmednagar district in central India.

The study covers 235 villages where more than half the inhabitants live under the Indian [poverty line](#) of 1,000 rupees (equal to 18.50 USD) a month, and where health care is at an extremely low level.

"In the most remote districts, there is neither access to nor demand for maternal and paediatric health care," Johansson says.

Three out of every four births took place in the woman's home. Almost five of every 1,000 pregnant women died in connection with childbirth, and 80 of every 1,000 newborns died before their first birthday. Over half of the children under five were malnourished.

The project was inspired by the Swedish model, with nurse-based maternal and paediatric clinics; the goal was to open nine permanent and five mobile primary care centres that could serve the most isolated villages. 385 Indian nurses, physicians, laboratory workers and social workers were employed, as were 235 volunteer women as local contacts.

The effect was unmistakable. The lines soon began coiling around the centres. There were not only pregnant women and mothers of small children; other villagers with diverse complaints also came. An important success factor was changing attitudes towards patients, which

traditionally was strictly authoritarian. Some of them said "I came here because I heard you were nice to the patients."

In only a few years, the attitude towards maternal and paediatric [health care](#) has changed. In 2009, 63% of newborns came to their first check-up before the age of 16 weeks, as compared to 38% three years earlier. Over the same period, the proportion of hospital births climbed from 40% to 74%. The proportion of mothers who died in connection with pregnancy and childbirth fell to barely 1 in 1,000; [infant mortality](#) stayed at 43 in 1,000.

The project has now been concluded. But despite a shortage of secure financing, three of the mobile clinics are still rolling; the permanent primary care clinics that were established are continuing their activities.

More information: Nurse-based antenatal and child health care in rural India, implementation and effects – an Indian-Swedish collaboration by SA Alehagen, O Finnström, GV Hermansson, KV Somasundaram, VB Bangal, A Patil, P Chandekar and AK Johansson. *Rural and Remote Health* 12:2140 (online) 2012.

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