

BACKGROUND

The health status of women and children in the country remains unsatisfactory even after sixty years of Independence. Of particular concern are the morbidity and mortality associated with childbirth in women and, also the high morbidity and mortality of infants and young children. Considering that women and children constitute 66.7 % of the population, this is one of the most important public health issues confronting the country. In absolute terms too, the numbers are exceptionally large given that there are around 68.6 crores of women and children who are affected.

The maternal mortality ratio- number of maternal deaths per 100,000 live births- for India is 301. As per the Special Survey of Deaths, the leading cause of death is haemorrhage (38%), followed by sepsis (11%), and abortion (8%). The higher haemorrhage percentage is also consistent with the high background rates of anaemia reported among Indian women. The National Health Profile 2006 indicates that 45.9% of children under the age of 3 years are underweight and 38.4% of children are stunted. 79.1% of children in the age group of 6-35 months are anemic. The age specific mortality rate for children in the age group of 0-4 years is very high at 17%. It is estimated that under nutrition and anaemia are contributory factors in over 50% of under 5 deaths. The major causes of infant mortality continue to be prematurity and low birth weight, poor intra-partum and newborn care, diarrhoeal diseases, acute respiratory infections and other infections.

The Government of India has over the years taken a number of initiatives to improve the health status of women and children. In order to effectively improve the health status of women and children and fulfill the unmet need for Family Welfare services in the country, especially the poor and under served by reducing infant, child and maternal mortality and morbidity, Government of India during 1997-98 launched the Reproductive and Child Health (RCH) Programme. The RCH Phase II which began in April 2005 focused on the reduction of maternal and child morbidity and mortality with an emphasis on rural health care. In spite of these interventions, the National Health Profile 2006 indicates that in the past 3 years, only 50.7% of women had at least 3 ante-natal care visits during their last pregnancy and only 36.4% received post natal care from their doctors or other health personnel. The neonatal mortality rate in India is 37 per 1000 live births, post natal mortality rate is 21 per 1000 live births and infant mortality is as high as 58 per 1000 live births.

The National Health Policy of India envisages the use of the AYUSH systems of medicine in the provision of adequate health care under the overarching umbrella of the national health framework. The AYUSH systems have inherent advantages such as natural plant-based products, low cost, absence of drug toxicity, etc. The holistic nature of these systems is another major advantage. In order to highlight the strengths of AYUSH systems, the Department of AYUSH has decided to launch a number of national campaigns which focus on specific disease conditions. The national campaign on Homoeopathy for Mother and Child Care is one of these campaigns.

There is limited awareness among policy makers and modern medicine health professionals about the potential which Homoeopathy has for improving the health status of Women and Children. The proposed national campaign aims at sensitizing policy makers and modern medicine health professionals about the strengths of Homoeopathy in mother and child health care. There are large number of Homoeopathic Medical Colleges and institutionally qualified Homoeopathic physicians in the country whose services are currently underutilized in the various National Health Programmes, and in particular for mother and child health care. The national campaign will provide the necessary co-ordination for the utilization of these Homoeopathic practitioners and institutions for the provision of health services for Women and Children.