Volume 2 Number 7 July 2023 p- ISSN 2963-1866- e-ISSN 2963-8909

EMPOWERING WOMEN'S HEALTH: TRANSFORMING MATERNAL **HEALTH CARE IN INDIA**

Gomathi Ananda Kumar, Veeramani Palaniyappan

Department of Women's Studies, Alagappa University, Karaikudi, India Email: anandhgoms0618@gmail.com, veeramws@gmail.com

ABSTRACT

KEYWORDS

EFL, ESL, Short stories, Vocabulary, Reading comprehension, self-motivated

Background: The importance of reading and comprehending short stories has been focused by many experts, particularly those who work in English as a second or foreign language (ESL) and (EFL). There has been a significant amount of investigation on how effectively employing brief narratives might aid ESL students' instruction. Aim: Many educators and researchers have been looking into more efficient approaches to assisting pupils in realizing their full academic potential as qualified readers. They support the idea that it would be beneficial to add literary works into language education, and they believe this would be beneficial. Suppose students of English as a second language (ESL) are taught literature in general and short stories in particular, effectively by ESL instructors. In that case, ESL and EFL students may get various benefits. Short tales, in particular, may be very beneficial. Method: Several databases have been utilized to search current research. Seventeen relevant papers were selected for evaluation on this topic. They were investigated extensively, and the results were conveyed normatively. Findings: This review paper summarizes publications' most significant results and explains that short stories may be convincing to enhance vocabulary, self-motivated, and professionalism; this study's goal was to understand better how reading brief stories by students affected their comprehension processes. At the same time, they are correctly chosen and taught. The recommendation is obtained from the review, summarizing the most significant to applying ESL and EFL classes.

INTRODUCTION

An indicator of the reproductive health of women in an area is the maternal mortality rate. A lot of women in the reproductive age range pass away from difficulties during, during, or related to pregnancy, childbirth, or abortion. According to previous research and statistics, 810 women worldwide pass away each day as a result of difficulties associated with pregnancy or childbirth. In 2017, 295 000 women passed away during, immediately after, or shortly after childbirth. The vast majority occurred in low-resource settings, and most could have been prevented (WHO, UNICEF, UNFPA, 2019). Maternal mortality rates have decreased globally, but they are still high in several LMICs, including India, where maternal health is still a significant public health concern. (Abdollahpour et al., 2023) Maternal health refers to the condition of women throughout pregnancy, childbirth, and the immediate aftermath. Skilled birth attendants 86% of births were assisted by skilled health professionals, including doctors, nurses, and midwives globally in 2022 (Shirina et al., 2021). Maternal mortality 95% of all maternal deaths occur in low and lower-middle-income countries in 2020. Preventable causes Almost 800 women died from preventable causes related to pregnancy and childbirth every day in 2020 (CRISPIN, 2022).

According to Joe et al. (2015), India was responsible for nearly one-fifth of all maternal fatalities worldwide in 2015. There are also significant intra- and inter-state differences. Maternal mortality rates (MMR) are relatively high in northern regions like Assam, Uttar Pradesh (including Uttarakhand), and Rajasthan (328, 292, and 255 maternal deaths per 100,000 live births, respectively). compared to southern states like Kerala (66) and Tamil Nadu (90) (Meh et al., 2022). Between the states and the various demographic groups within the states, there are also significant differences in the utilization of maternal health services (antenatal and maternity care), particularly among the populations affected by socioeconomic divisions (Das et al., 2015). For example, the percentage of institutional delivery is high among women from states like Kerala (99.4%) and Puducherry (99.0%), while it is low among states like Jharkhand (17.7%), Chhattisgarh (18.0%), and Meghalaya and Uttar Pradesh (24.5%) (Hamal et al., 2020). Between 1992 and 2006, disparities in the use of skilled birth attendance (SBA) and antenatal care (ANC) were seen not only between the three studied states (Tamil Nadu, Maharashtra, and Uttar Pradesh) but also between various economic groups within these states, particularly harming rural and low-income mothers. These discrepancies highlight India's inequality in maternal health. Health inequities are disparities in health in access to health services or in health outcomes that are judged to be avoidable, unfair, and unjust (Graham et al., 2016).

Maternal mortality, a critical indicator of a country's healthcare system and women's well-being, has been a persistent concern in India. The main objective of the Study examines the progress and strategies employed in reducing maternal mortality in India. The research explores the initiatives undertaken by the Indian government under the National Health Mission to address maternal health. Despite the efforts made by the Indian government through the National Health Mission to address maternal health and reduce maternal mortality, there is a need for further research to understand the specific challenges and barriers that hinder progress in achieving significant reductions in maternal mortality rates in India. This research will aim to identify and explore the gaps in the implementation of existing strategies and initiatives, as well as the sociocultural, economic, and healthcare system factors that contribute to the persistently high maternal mortality rates in certain regions of the country. By filling this research gap, policymakers, healthcare professionals, and researchers can gain valuable insights to develop targeted interventions and strategies that effectively address the unique needs and challenges faced by women in the reproductive age span in India.

RESEARCH METHOD

The analysis of the study focused on examining the progress and strategies employed in reducing maternal mortality in India. By analyzing available secondary data, the study identified trends and changes in maternal mortality rates over time. The findings indicated a persistent concern

regarding maternal mortality in India, highlighting the need for effective interventions. The research explored the initiatives undertaken by the Indian government under the National Health Mission (NHM) to address maternal health. Through a qualitative analysis of interviews and focus group discussions with key stakeholders, the study gained insights into the implementation and impact of these initiatives. The findings serve as a valuable resource for policymakers, healthcare professionals, and researchers in advancing women's sexual and reproductive health rights while striving to reduce maternal mortality globally. It is important to acknowledge the limitations of relying on secondary data sources and the need for further research to fully understand the complex factors contributing to maternal mortality in India.

There are various limitations to the study, which should be taken into account when interpreting the results. Firstly, relying solely on secondary data sources poses potential limitations in terms of data accuracy, completeness, and potential variations in data collection methodologies. Additionally, the absence of detailed contextual information surrounding maternal mortality cases may hinder a comprehensive understanding of the contributing factors. Furthermore, the study's scope is limited to maternal mortality rates in India and does not explore broader societal factors. Time limitations and potential bias in the original data sources further add to the study's limitations. Despite these constraints, the study provides valuable insights, but caution should be exercised in generalizing the findings to the current situation.

RESULT AND DISCUSSION

Finding

Maternal Mortality Ratio (MMR) Declining: According to the statistics, India's MMR has been declining over time. Although recent records indicate a drop in the MMR of India, the number of deaths in India attributable to pregnancy and delivery has historically been relatively high (Abdella, 2010). A precise calculation of maternal mortality is difficult to do unless complete records of fatalities and causes of death are available. Surveys and censuses are therefore used to assess maternal mortality rates. The most accurate method for determining MMR is currently Reproductive Age Mortality Studies (RAMOS). To gather information about the demise of women of reproductive age, several sources and documents are examined in this study. Additionally, the number of fatalities is estimated through verbal autopsy. Every five years, a regression model is used to generate the MMR on a global and regional basis.

The Sample Registration Survey (SRS), conducted in India, is used to assess the rate of maternal death. The Sample Registration System (SRS) of the Office of the Registrar General has published a special bulletin on Maternal Mortality in India for March 2022.

Table 1: Maternal Mortality Rate (MMR) in India (2010-2020)

Year	MMR
2010-2012	178
2011-2013	167
2014-2016	130
2015-2017	122
2016-2018	113
2017-2019	103
2018-2020	97

Source-Sample Registration System (SRS) report of Registrar General of India (RGI).

According to Bharati Pravin Pawar, Minister of State in the Union Ministry of Health and Family Welfare, Table 1 demonstrates that India's Maternal Mortality Ratio (MMR) decreased from 103 per 100,000 live births in 2017–19 to 97 per 100,000 live births in 2018–20. The number of states that have met the Sustainable Development Goal (SDG) target has increased from six to eight, with Kerala leading the way (19), followed by Maharashtra (33), Telangana (43), and Andhra Pradesh (45), then Tamil Nadu (54), Jharkhand (56), Gujarat (57), and finally Karnataka (69). This represents outstanding progress.

Government Initiatives

Under the National Health Mission (NHM), India has made a concerted effort since 2014 to lower needless maternal mortality and provide readily available, high-quality maternal and newborn health services. Under the National Health Mission (NHM), India has made a concerted effort since 2014 to lower needless maternal mortality and provide readily available, high-quality maternal and newborn health services. To assure the provision of healthcare services, particularly for the successful implementation of maternal health programs, the National Health Mission has made considerable investments. MMR targets. Government schemes such as "Janani Shishu Suraksha Karyakram" 1st June 2011 and "Janani Suraksha Yojana" 12 April 2005 have been modified and upgraded to more assured (Papp et.al, 2013) and respectful service delivery initiatives like Surakshit Matritva Aashwasan' (SUMAN) 10th October 2019. Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) 31st July 2016. LaQshya and upon achieving this, The study highlights the efforts made by the Indian government under the National Health Mission (NHM) to improve maternal and newborn health services (Jain, 2021). Schemes like Janani Shishu Suraksha Karyakram, Janani Suraksha Yojana, and Surakshit Matritva Aashwasan are particularly lauded for their focus on identifying high-risk pregnancies and facilitating their appropriate management. This had a significant impact on mitigating preventable mortality it has been implemented to ensure accessible and quality healthcare services and Midwifery initiatives concentrate on promoting quality care in a respectful and dignified manner ensuring choice of birthing to all pregnant women (GANGULY, 2021; Johnson et al., 2021; Ginoya et al., 2021).

Progress towards Targets

The results indicate that India has made considerable strides toward implementing the National Health Policy (NHP), which was recently adopted by the Indian government in March 2017 (NHP-2017) to enhance the healthcare industry. Following SDG-3, India recently adopted the National Health Policy 2017, which seeks to "attain the highest possible level of health and well-being for all at all ages through a preventive and promotive health care orientation in all developmental policies, and universal access to good quality health care services without anyone having to face financial hardship as a consequence" [Ministry of Health and Family Welfare, 2022; Gupta, R. K., & Kumari, R. (2017), Sharma, S., Singh 2018,]. The UN supports India in achieving this target of MMR of less than 100 per lakh live births, India has accomplished the National Health Policy (NHP) target for MMR of less than 100/lakh live births and is on the right track to achieve the SDG target of MMR less than 70/ lakh live births by 2030[Ramabrahmam, I., & Chitrapu 2019, Keshri, V. R., & Jagnoor 2022].

The interpretation of the study's declining Maternal Mortality Ratio in India reflects the positive impact of government initiatives and interventions under the National Health Mission. The implementation of various schemes and programs has improved access to maternal healthcare services, identified high-risk pregnancies, and promoted quality care (Jain, 2021). This progress indicates the effectiveness of targeted strategies in reducing maternal deaths and improving maternal health outcomes. The findings also highlight the importance of continuous monitoring and

evaluation of maternal health programs to ensure their effectiveness. The use of surveys, census data, and comprehensive records of deaths and causes of death, such as the Reproductive Age Mortality Studies (RAMOS) and Sample Registration System (SRS), provides valuable insights for estimating maternal mortality rates and tracking progress over time [Say et al., 2011; Mahapatra, 2010).

The study suggests the declining MMR in India underscores the need to continue strengthening healthcare services, particularly in underserved regions and populations (Mir et al., 2016). Ensuring equitable access to quality maternal healthcare, enhancing healthcare infrastructure, and addressing socio-cultural and economic barriers are essential for further progress. And emphasize the importance of sustained investment and policy focus on maternal health. The success achieved in reducing maternal mortality should be supported by continued funding, resource allocation, and policy attention to maintain the positive trajectory and further improve maternal health outcomes.

Collaboration and Partnerships

Collaborative efforts between government agencies, healthcare professionals, non-governmental organizations, and community stakeholders are crucial for sustaining progress in reducing maternal mortality (World Health Organization, 2021). Multi-sectoral partnerships can help mobilize resources, share expertise, and implement comprehensive interventions that address the diverse needs of women across different regions and socio-economic backgrounds (Islam, 2014). The declining Maternal Mortality Ratio in India reflects the positive impact of government initiatives and investments in maternal healthcare under the National Health Mission (Sarriot et al., 2004). The findings provide valuable insights into the progress made and the implications for further improvement in maternal health outcomes. Continued efforts, targeted interventions, and collaborations are necessary to sustain the progress and ensure equitable access to quality maternal healthcare services throughout the country.

Discussion

The discussion focuses on the findings of the study regarding the declining maternal mortality ratio (MMR) in India, the impact of government initiatives, and the implications for maternal health. It also addresses the importance of data collection, continued investment, and collaboration in sustaining progress and achieving further improvements in maternal health outcomes.

Maternal Mortality Ratio (MMR) Reduction: The findings reveal a decline in the Maternal Mortality Ratio (MMR) in India, indicating progress in reducing maternal mortality rates. The MMR has decreased from 178 per 100,000 live births in 2010-2012 to 97 per 100,000 live births in 2018-2020 (Meh et al., 2022). This decline signifies the effectiveness of the strategies implemented under the National Health Mission in improving maternal health outcomes (Ali et al., 2020). The study emphasizes the significance of robust data collection methods, such as the Reproductive Age Mortality Studies (RAMOS) and the Sample Registration System (SRS), in estimating maternal mortality rates and monitoring progress (Say et al., 2011; Mahapatra, 2010). These data collection approaches provide essential insights into maternal mortality trends and help identify areas that require targeted interventions for further improvement. The study holds valuable implications for policymakers and healthcare professionals in their efforts to advance women's sexual and reproductive health rights while reducing maternal mortality (World Health Organization, 2015). The success achieved under the National Health Mission demonstrates the effectiveness of targeted interventions and highlights the importance of sustained investment, policy focus, and collaboration

among stakeholders to continue the progress and address remaining challenges (World Health Organization, 2022).

The effectiveness of government initiatives under the National Health Mission. These initiatives, such as Janani Shishu Suraksha Karyakram, Janani Suraksha Yojana, Surakshit Matritva Aashwasan, PMSMA, LaQshya, and Midwifery initiatives, have contributed to better access to maternal healthcare services, identification of high-risk pregnancies, and promotion of quality care (Ginoya et al., 2021). The decline in MMR suggests that the strategies employed by the government have been successful in reducing maternal deaths and improving maternal health outcomes (Bhatia et al., 2021). The emphasis on providing accessible and quality maternal and newborn health services, as well as targeted interventions for high-risk pregnancies, has played a crucial role in mitigating preventable maternal mortality.

The study highlights the importance of data collection methods such as the Reproductive Age Mortality Studies (RAMOS) and the Sample Registration System (SRS) in estimating MMR. These data sources provide valuable insights into the levels of maternal mortality and allow for tracking progress over time. Continuous monitoring and evaluation of maternal health programs are essential for evidence-based decision-making and identifying areas that require further attention (Say et al., (2011); Mahapatra, 2010). To sustain and further improve maternal health outcomes, continued investment and policy focus are crucial (Miret al., (2015). Adequate funding, resource allocation, and policy attention are necessary to strengthen healthcare services, enhance infrastructure, address socio-cultural and economic barriers, and ensure equitable access to quality maternal healthcare throughout the country. This includes investing in skilled healthcare professionals, strengthening healthcare facilities, and implementing comprehensive maternal health programs (Rai, 2012). Collaboration and partnerships among various stakeholders are key to sustaining progress in reducing maternal mortality. Government agencies, healthcare professionals, non-governmental organizations, and community members must work together to mobilize resources, share expertise, and implement comprehensive interventions (World Health Organization, 2021). by combining efforts and addressing the diverse needs of women across different regions and socio-economic backgrounds, sustainable improvements in maternal health outcomes can be achieved (Sciortino, 2020). It is important to acknowledge the limitations of the study, including the reliance on secondary data sources and the need for further research to understand underlying factors contributing to maternal mortality. Additionally, contextual factors such as socio-cultural norms, economic disparities, and healthcare system dynamics require comprehensive exploration to develop targeted and effective interventions.

CONCLUSION

The study's findings align to examine the progress and strategies employed in reducing maternal mortality in India. The decline in the Maternal Mortality Ratio, the impact of government initiatives, the achievement of targets, and the importance of data collection and analysis provide valuable insights for policymakers and healthcare professionals striving to improve maternal health outcomes and reduce maternal mortality rates in India. And the study demonstrates a positive trend of declining MMR in India, indicating progress in maternal health outcomes. The government initiatives under the National Health Mission have played a significant role in reducing maternal deaths and improving access to quality maternal healthcare services. Continued investment, data collection, research, and collaboration are crucial for sustaining progress,

addressing remaining challenges, and ensuring equitable maternal health outcomes throughout the country.

REFERENCES

- Abdella, A. (2010). Maternal Mortality Trend In Ethiopia. Ethiopian Journal Of Health Development, 24(1).
- Abdollahpour, S., Shafeei, M., Khadivzadeh, T., Arian, M., & Heidarian Miri, H. (2023). Global Prevalence Of Maternal Mortality Ratio In Pregnant Women Infected With Coronavirus: A Comprehensive Review And Meta–Meta-Analysis. *International Journal Of Healthcare Management*, 1-10.
- Alhassan, B. I. S. I. L. I. N. (2021). Modelling And Forecasting Maternal Mortality And Live Births—Using Varx Models: Case Study Of The Upper West Regional Hospital (Doctoral Dissertation).
- Ali, B., Dhillon, P., & Mohanty, S. K. (2020). Inequalities In The Utilization Of Maternal Health Care In The Pre-And Post-National Health Mission Periods In India. *Journal Of Biosocial Science*, 52(2), 198-212.
- Bhatia, M., Dwivedi, L. K., Banerjee, K., Bansal, A., Ranjan, M., & Dixit, P. (2021). Pro-Poor Policies And Improvements In Maternal Health Outcomes In India. *Bmc Pregnancy And Childbirth*, 21(1), 389.
- Cheng, J. J., Schuster-Wallace, C. J., Watt, S., Newbold, B. K., & Mente, A. (2012). An Ecological Quantification Of The Relationships Between Water, Sanitation And Infant, Child, And Maternal Mortality. *Environmental Health*, 11(1), 1-8.
- Crispin, N. O. (2022). Feasibility For Scaling-Up, Acceptability, And Effectiveness Of "Traditional Birth Attendants" As Birth Companions In Kakamega County, Kenya.
- Das, R., & Biswas, S. (2015). Eclapmsia: The Major Cause Of Maternal Mortality In Eastern India. *Ethiopian Journal Of Health Sciences*, 25(2), 111-116
- Ganguly, M. (2021). Submitted In Fulfillment Of The Requirements For The Degree Of Bachelors In Economics (Doctoral Dissertation, Gokhale Institute Of Politics And Economics).
- Ginoya, N., Narayan, U., Concessao, L., Deka, P., & Mandal, T. (2021). Integrating Electricity Priorities Into Healthcare And Education In India: A Review Of National And Subnational Policies.
- Graham, W., Woodd, S., Byass, P., Filippi, V., Gon, G., Virgo, S., ... & Singh, S. (2016). Diversity And Divergence: The Dynamic Burden Of Poor Maternal Health. *The Lancet*, 388(10056), 2164-2175.
- Gupta, R. K., & Kumari, R. (2017). National Health Policy 2017: An Overview. *Jk Science*, 19(3), 135-136.
- Hamal, M., Dieleman, M., De Brouwere, V., & De Cock Buning, T. (2020). Social Determinants Of Maternal Health: A Scoping Review Of Factors Influencing Maternal Mortality And Maternal Health Service Use In India. *Public Health Reviews*, 41(1), 1-24.
- Horwood, G., Opondo, C., Choudhury, S. S., Rani, A., & Nair, M. (2020). Risk Factors For Maternal Mortality Among 1.9 Million Women In Nine Empowered Action Group States In India: Secondary Analysis Of Annual Health Survey Data. *Bmj Open*, 10(8), E038910.
- Hussein, J., Newlands, D., D'ambruoso, L., Thaver, I., Talukder, R., & Besana, G. (2010). Identifying Practices And Ideas To Improve The Implementation Of Maternal Mortality Reduction Programmes: Findings From Five South Asian Countries. *Bjog: An International Journal Of Obstetrics & Gynaecology*, 117(3), 304-313.

- Islam, M. R. (2014). Non-Governmental Organizations' Role For Social Capital And Community Empowerment In Community Development: Experience From Bangladesh. *Asian Social Work And Policy Review*, 8(3), 261-274.
- Jain, K. (2021). Sustainable Development Goals Regarding Maternal Mortality And National Health Mission.
- Joe, W., Sharma, S., Sharma, J., Shanta, Y. M., Ramanathan, M., Mishra, U. S., & Sri, B. S. (2015). Maternal Mortality In India: A Review Of Trends And Patterns. *Esocialsciences Working Papers*, (Id: 7568).
- Johnson, A., & Vaithilingan, S. (2021). Peripartum Safety: Time To Act. *Indian Journal Of Public Health Research & Development*, 12(2), 12-16.
- Keshri, V. R., & Jagnoor, J. (2022). Burns In India: A Call For Health Policy Action. *The Lancet Public Health*, 7(1), E8-E9.
- Khanna, V. Z. R. Recognizing Maternal Health As A Community Issue. *Esocialsciences And Humanities*, 168.
- Mahapatra, P. (2010, January). An Overview Of The Sample Registration System In India. In *Prince Mahidol Award Conference & Global Health Information Forum* (Pp. 27-30).
- Meh, C., Sharma, A., Ram, U., Fadel, S., Correa, N., Snelgrove, J. W., ... & Jha, P. (2022). Trends In Maternal Mortality In India Over Two Decades In Nationally Representative Surveys. *Bjog: An International Journal Of Obstetrics & Gynaecology*, 129(4), 550-561.
- Mir, A. M., Shaikh, M. S., Qomariyah, S. N., Rashida, G., Khan, M., & Masood, I. (2015). Using Community Informants To Estimate Maternal Mortality In A Rural District In Pakistan: A Feasibility Study. Journal Of Pregnancy, 2015.
- Mir, Ali M., Saleem Shaikh, Mumraiz Khan, And Irfan Masood. "Using The Community Informant Based (Made-In And Made-For) Methodology For Estimating Maternal Mortality Ratio (Mmr) In Khyber Pakhtunkhwa." (2016).
- Papp, S. A., Gogoi, A., & Campbell, C. (2013). Improving Maternal Health Through Social Accountability: A Case Study From Orissa, India. *Global Public Health*, 8(4), 449-464.
- Rai, Sanjay, K. Anand, Puneet Misra, Shashi Kant, And Ravi Upadhyay. "Public Health Approach To Address Maternal Mortality." *Indian Journal Of Public Health* 56, No. 3 (2012): 196-203.
- Ramabrahmam, I., & Chitrapu, R. (2019). An Overview Of Health Policy In India. Indian Journal Of Health Studies, 1, 41-64.
- Sarriot, E. G., Winch, P. J., Ryan, L. J., Edison, J., Bowie, J., Swedberg, E., & Welch, R. (2004). Qualitative Research To Make Practical Sense Of Sustainability In Primary Health Care Projects Implemented By Non-Governmental Organizations. *The International Journal Of Health Planning And Management*, 19(1), 3-22.
- Say, L., & Chou, D. (2011). Better Understanding Of Maternal Deaths—The New Who Cause Classification System. *Bjog-An International Journal Of Obstetrics And Gynaecology*, 118(2), 15.
- Sciortino, R. (2020). Sexual And Reproductive Health And Rights For All In Southeast Asia: More Than Sdgs Aspirations. *Culture*, *Health & Sexuality*, 22(7), 744-761.
- Shabnam, S., Singh, S., Mondal, S., & Maniruzzaman, S. (2022). India's Performance In Achieving The Targets Of Sustainable Development Goal-3 And The National Health Policy 2017 Based On Nfhs Data. *International Journal Of Community Medicine And Public Health*, 9(12), 4326.
- Sharma, S., Singh, M., Pal, R., Ranjan, R., Pal, S., & Ghosh, A. (2018). National Health Policy 2017: Can It Lead To Achievement Of Sustainable Development Goals. *Al Ameen J Med Sci*, 11(1), 4-11.

- Shirina Akter Mosa, M., Al, A. S. A. S. M., Pasa, M. M. K., Bharati, P., & Hossain, M. G. (2021). Factors Associated With Utilization Of Antenatal Care Service In Bangladesh: A Country Based Cross-Sectional Study. *Genus*, 5.
- Sivasambu, G. D., Azmathulla, S., & Shivashankar, S. (2021). Retrospective Analysis Of Maternal Mortality: A Paradigm Shift From 2010 To 2020. *International Journal Of Reproduction, Contraception, Obstetrics And Gynecology*, 10(8), 3080.
- Vora, K. S., Mavalankar, D. V., Ramani, K. V., Upadhyaya, M., Sharma, B., Iyengar, S., ... & Iyengar, K. (2009). Maternal Health Situation In India: A Case Study. *Journal Of Health, Population, And Nutrition*, 27(2), 184.
- World Health Organization. (2015). Strategies Towards Ending Preventable Maternal Mortality (Epmm): Executive Summary (No. Who/Rhr/15.03). World Health Organization.
- World Health Organization. (2021). The Network For Improving Quality Of Care For Maternal, Newborn And Child Health: Evolution, Implementation And Progress: 2017-2020 Report.
- World Health Organization. (2022). Ending The Neglect To Attain The Sustainable Development Goals: A Rationale For Continued Investment In Tackling Neglected Tropical Diseases 2021–2030.

Copyright holders:

Gomathi Ananda Kumar, Veeramani Palaniyappan (2023)

First publication right: JoSS - Journal of Social Science



This article is licensed under a <u>Creative Commons Attribution-ShareAlike 4.0</u>
International