

Trends in Sex Differential Childhood Mortality in Ballabgarh HDSS (1992-2009)

Anand Krishnan, Dwivedi Purva, Yadav Kapil,
Nawi Ng, Peter Byass

Ballabgarh HDSS
Centre for Community Medicine
The All India Institute of Medical Sciences
New Delhi – 110029, India



Goal 4

Reduce child mortality

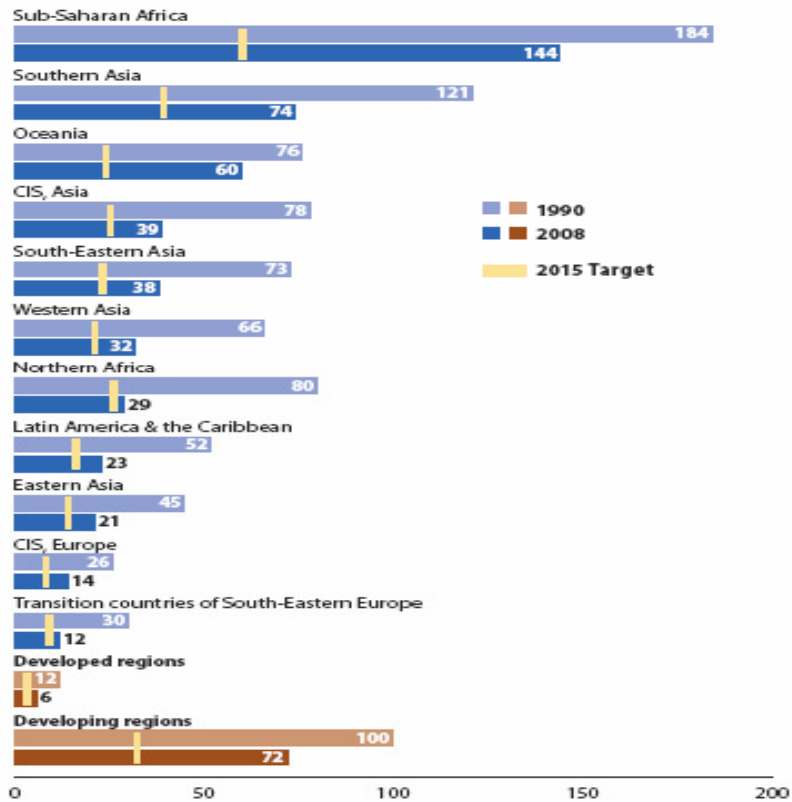


TARGET

Reduce by two thirds, between 1990 and 2015, the under-five mortality rate

Child deaths are falling, but not quickly enough to reach the target

Under-five mortality rate per 1,000 live births, 1990 and 2008



Goal 3: Promote gender equality and empower women



NNMR & IMR in Ballabgarh HDSS

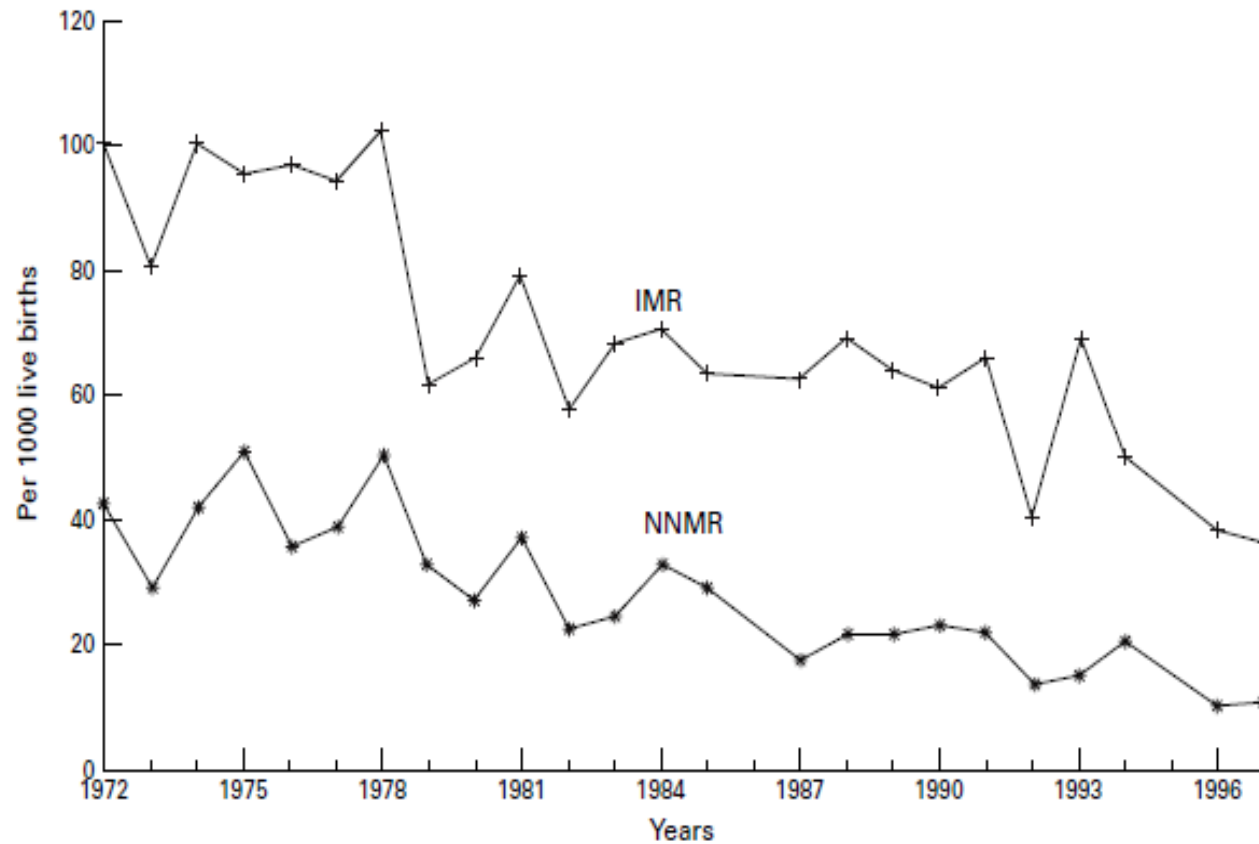


Figure 1 Infant and neonatal mortality rates in Ballabgarh (1972–1997).

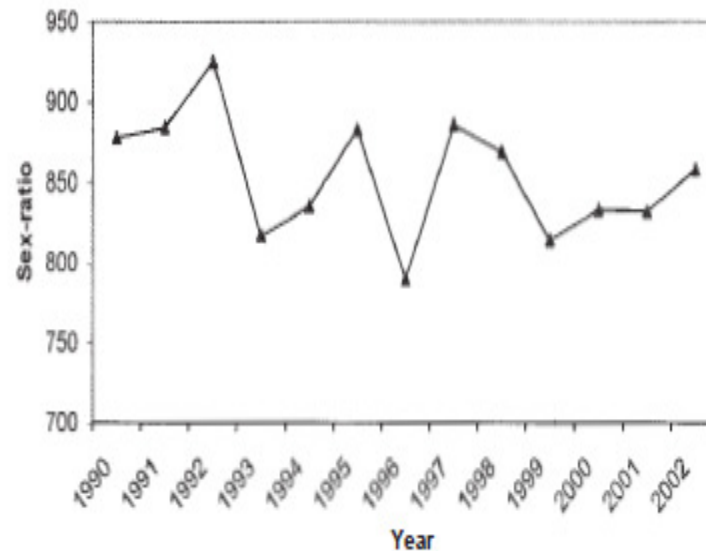


- Lower than rest of rural north India
- Gender Differential not studied

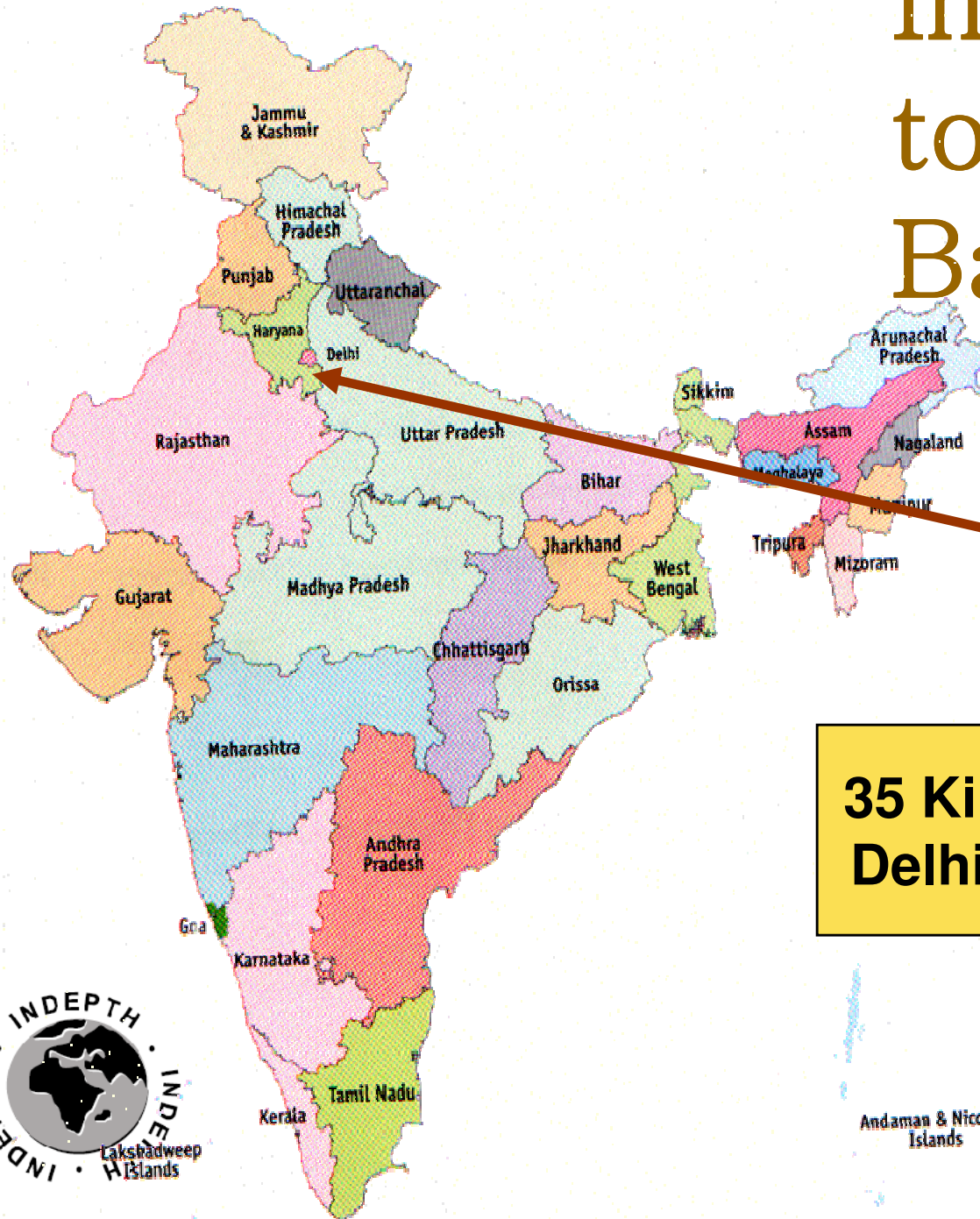


Why focus on Gender

- **Child mortality rates stagnant for the last decade – Is it related to gender differentials**
- **Declining sex ratio at birth came to the fore in mid nineties and early 2000.**



Introduction to Ballabgarh



**Ballabgarh,
Haryana**

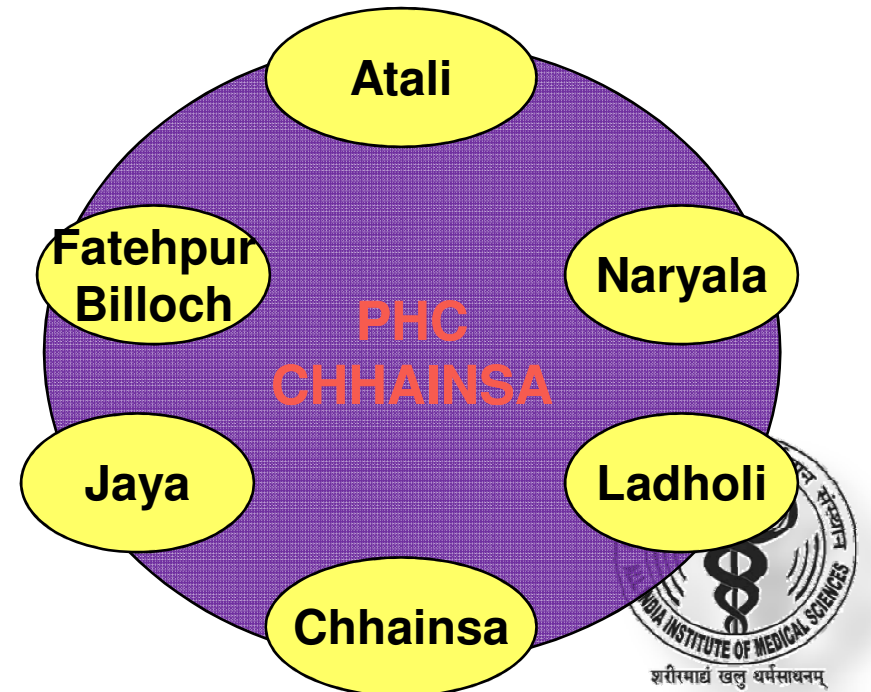
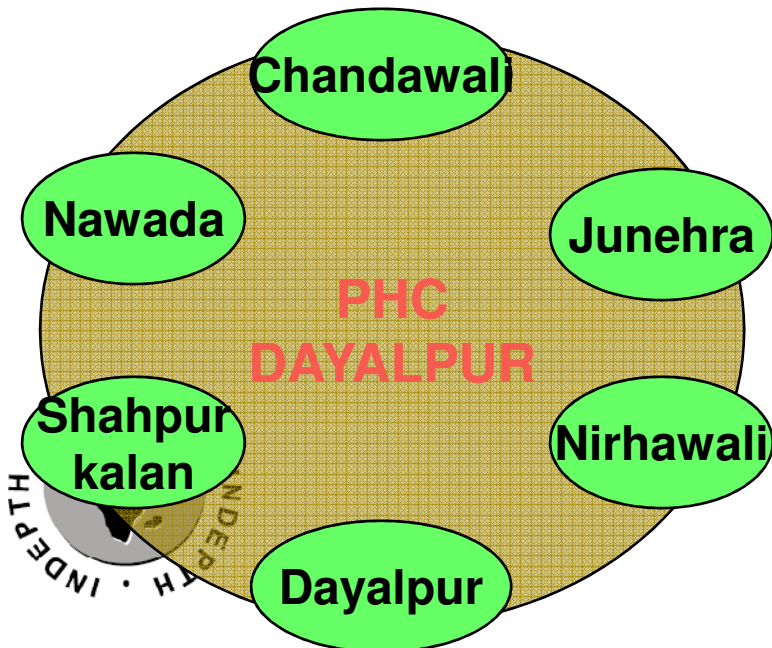
**35 Kilometer from AIIMS,
Delhi – Mathura Highway**



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C.R.H.S. Project, Ballabgarh

**Rural Intensive Field Practice Area – 87002 in
December 2009**



Methods – Data collection

- **Birth and death data collected during monthly visits by health worker – service provision like immunization, antenatal care etc.**
- **Annual Census in December every year to identify additional births and deaths.**
- **Quality checks by supervisors as well as medical students**



Data Storage

- **Electronic Database:**
- **Started since 1988: fully functional since 1992.**
- **Mainly started for service provision and not for demographic surveillance**
 - In migration data not captured and stored
 - Deaths archived
- **Since joining INDEPTH in 2003 have been looking at ways to meet both the ends**
 - INDEPTH Fellows were very useful



Data Management

- **Problem: Inability to differentiate between native born (and eligible for denominator) and migrated (ineligible) for child mortality rates.**
- **Would result in a bias of decreasing mortality rates over time.**
- **During Census 2009 all houses visited and in migration year collected for those still living and database corrected.**
 - Low in migration rates mainly due to marriage
 - Unlikely to be a sex differential
- **Revised childhood mortality rates calculated.**



Data Analysis

- **Three year moving averages used**
 - Small denominators : around 1900 live births
 - Fluctuating mortality rates
- **As census is done and all events are enumerated – confidence intervals not reported.**

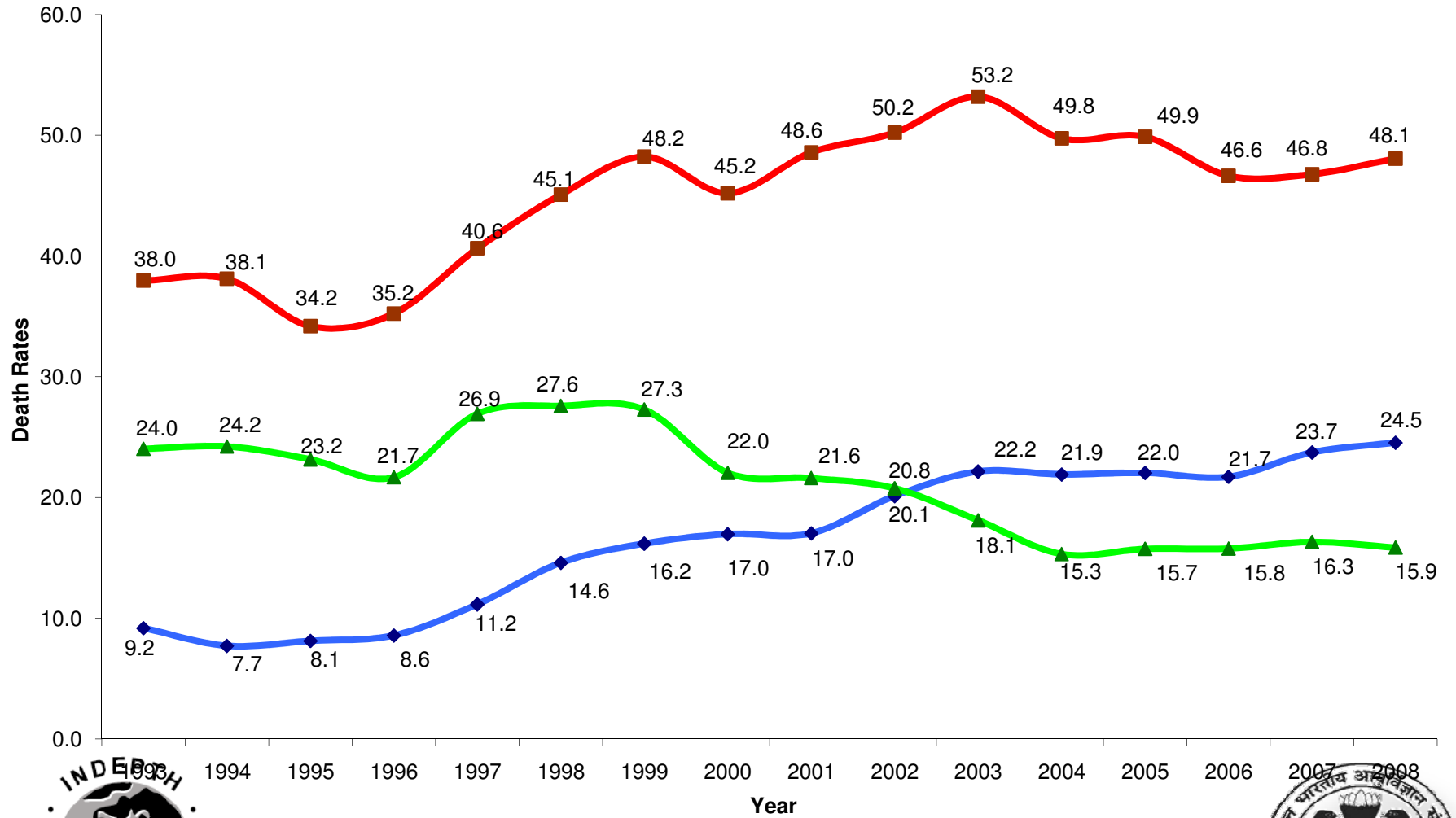


Current child mortality rates (2007-2009) (95% C.I.)

	M	F	T
NNMR	25.1	23.8	24.5
PNMR	19.0	28.9	23.6
IMR	44.1	52.7	48.1
1-4 MR	11.6	20.8	15.9



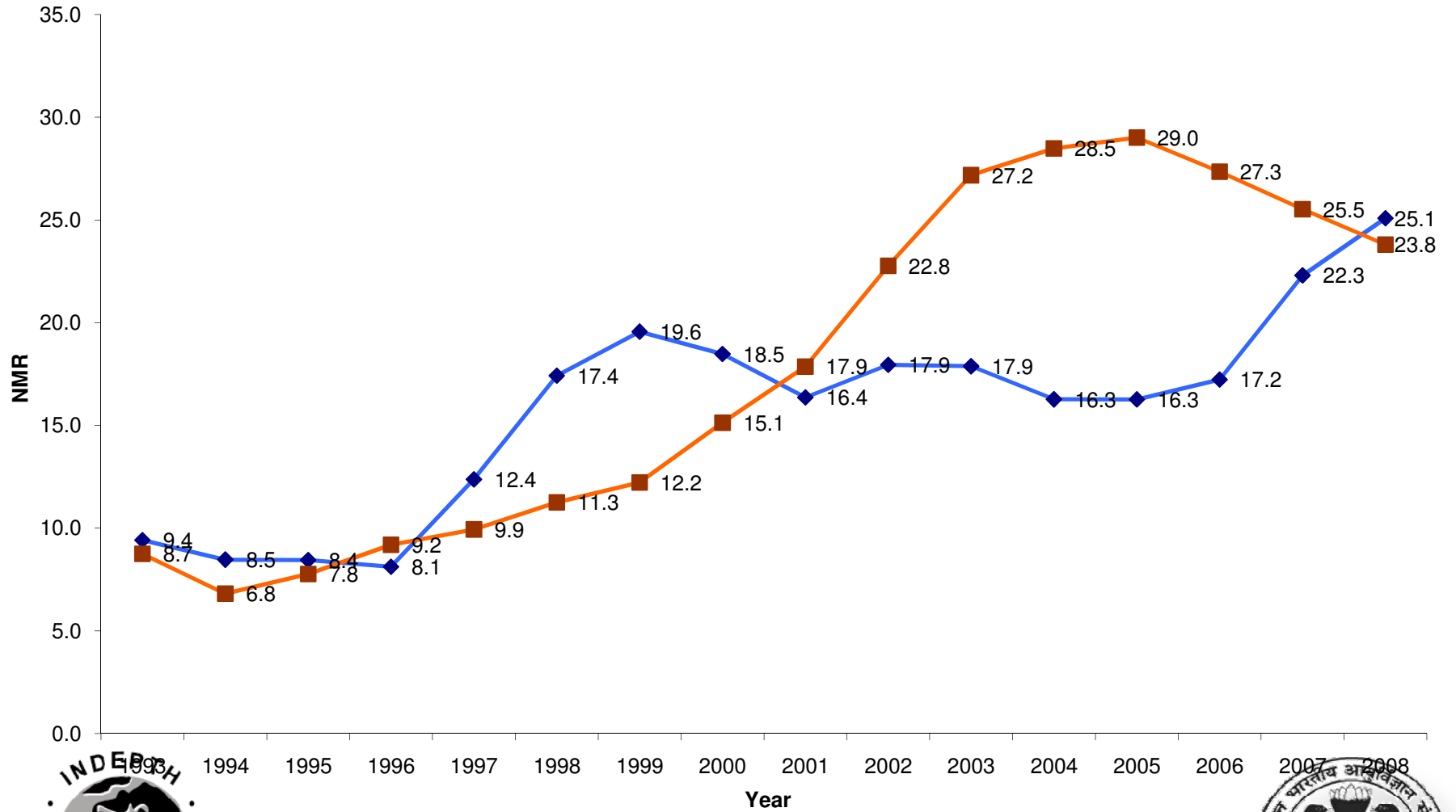
Total Death Rates (1992-2009)



◆ NMR ■ IMR ▲ 1-4DR



Neonatal Mortality Rate

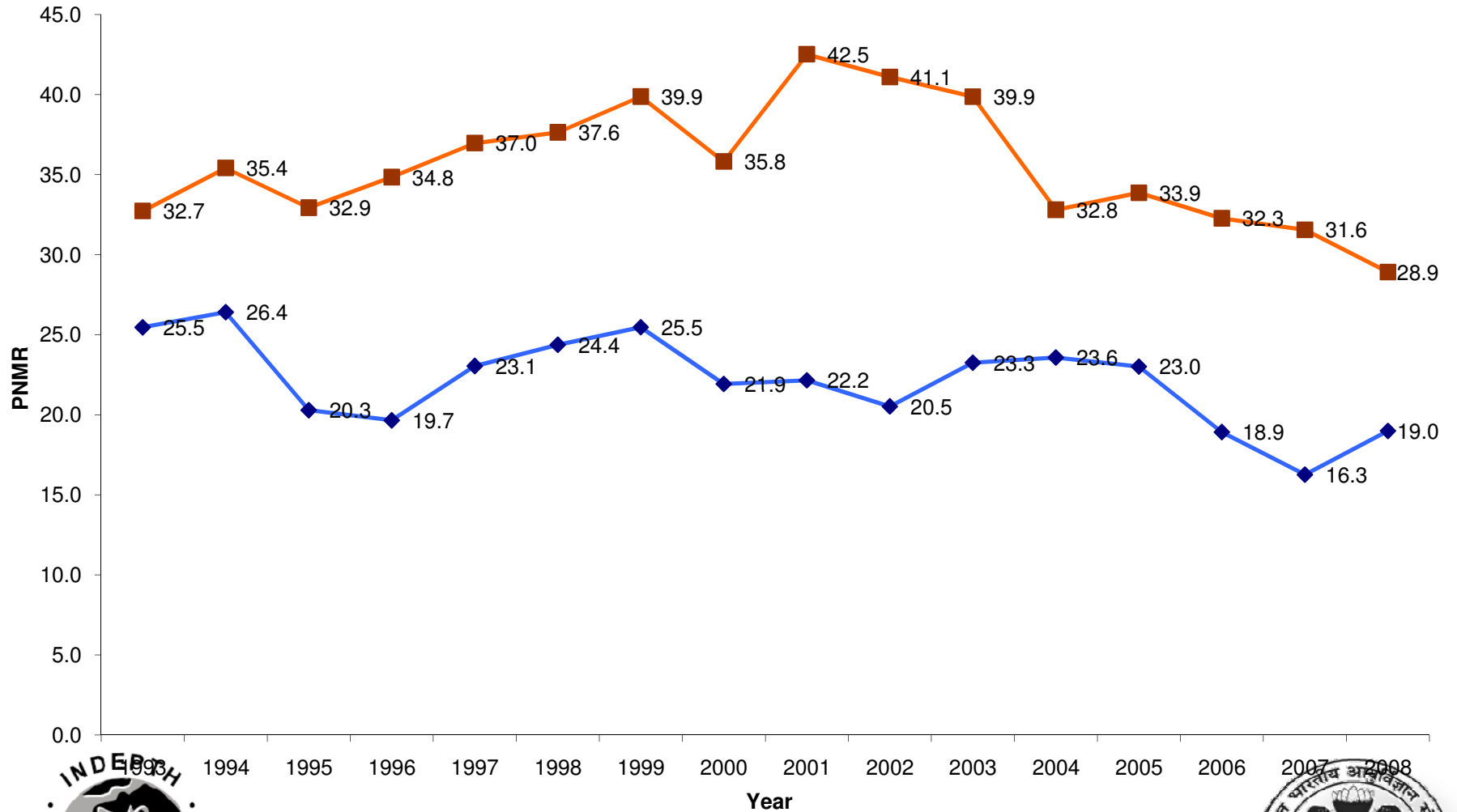


Male Female



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Post Neonatal Mortality rate

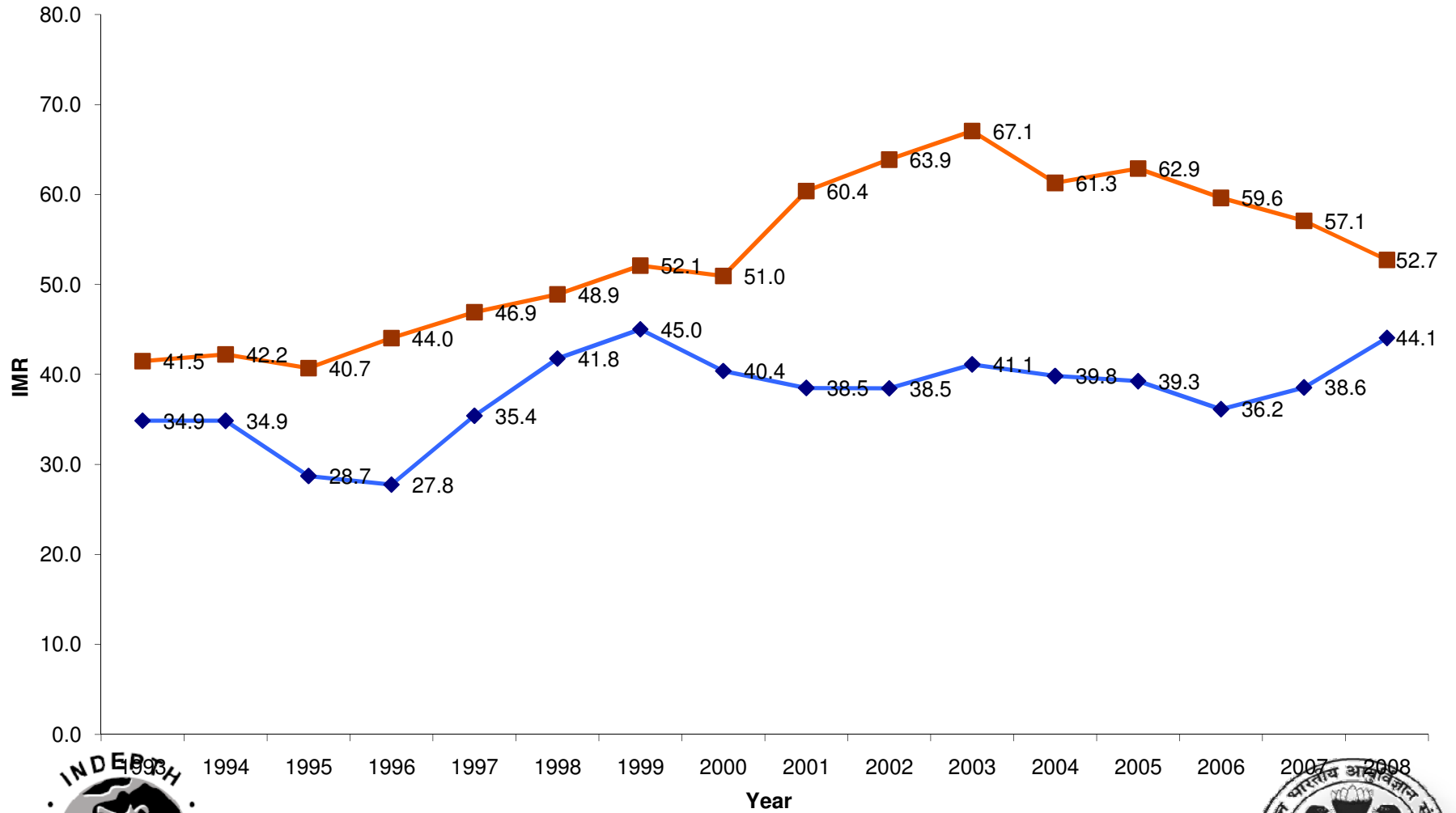


◆ Male ■ Female



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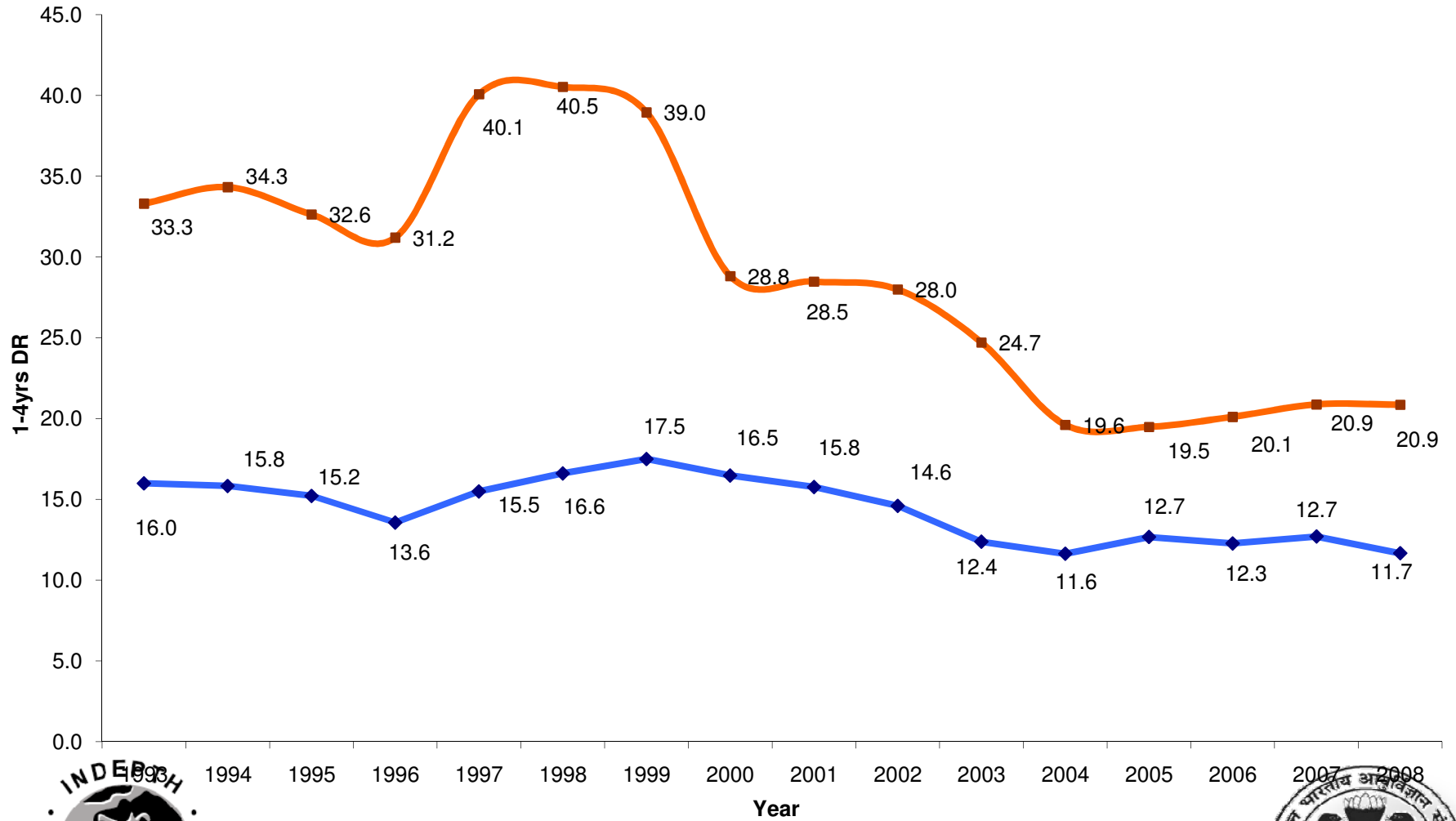
Infant Mortality Rate



◆ Male ■ Female



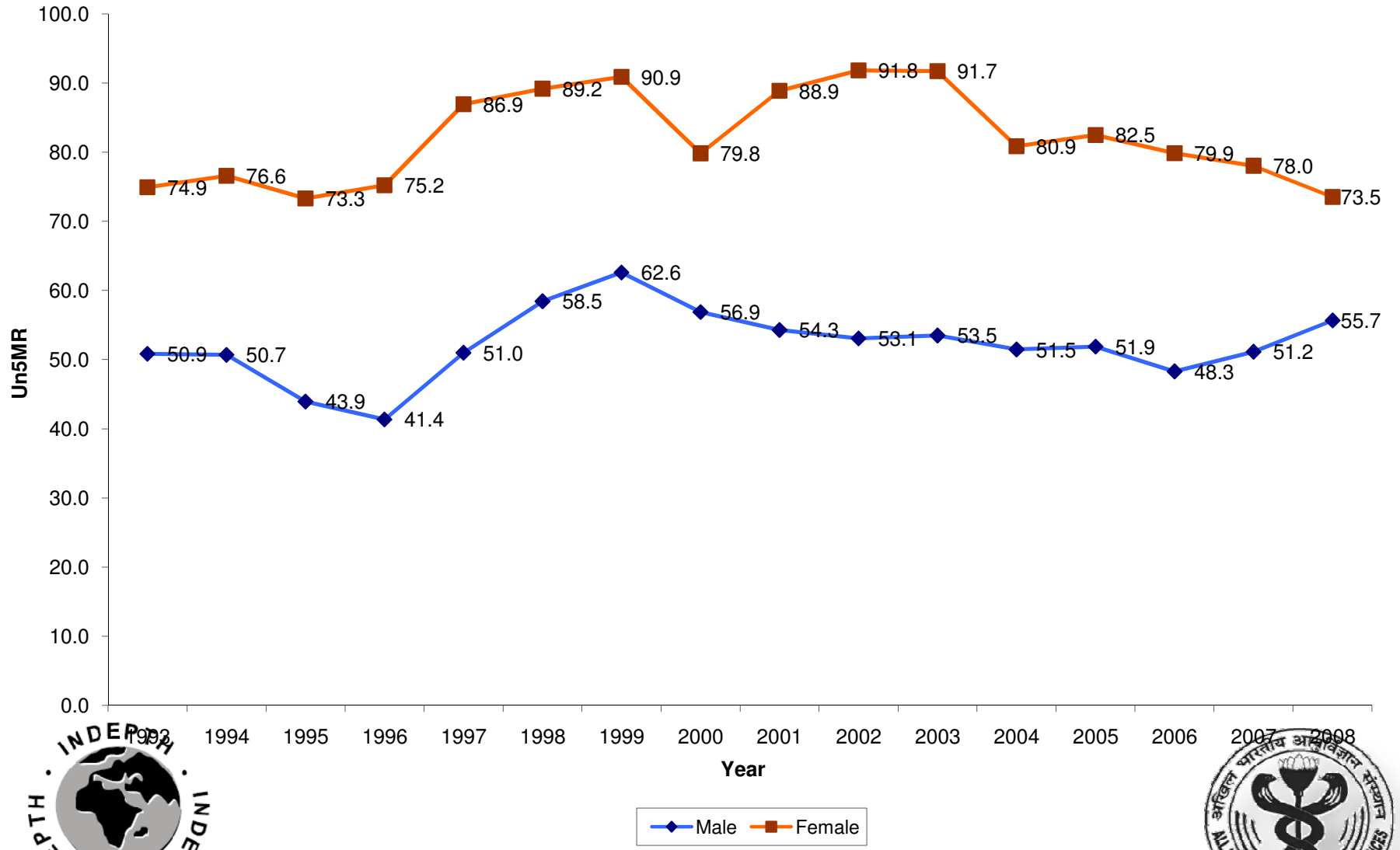
1-4 yrs Death Rate



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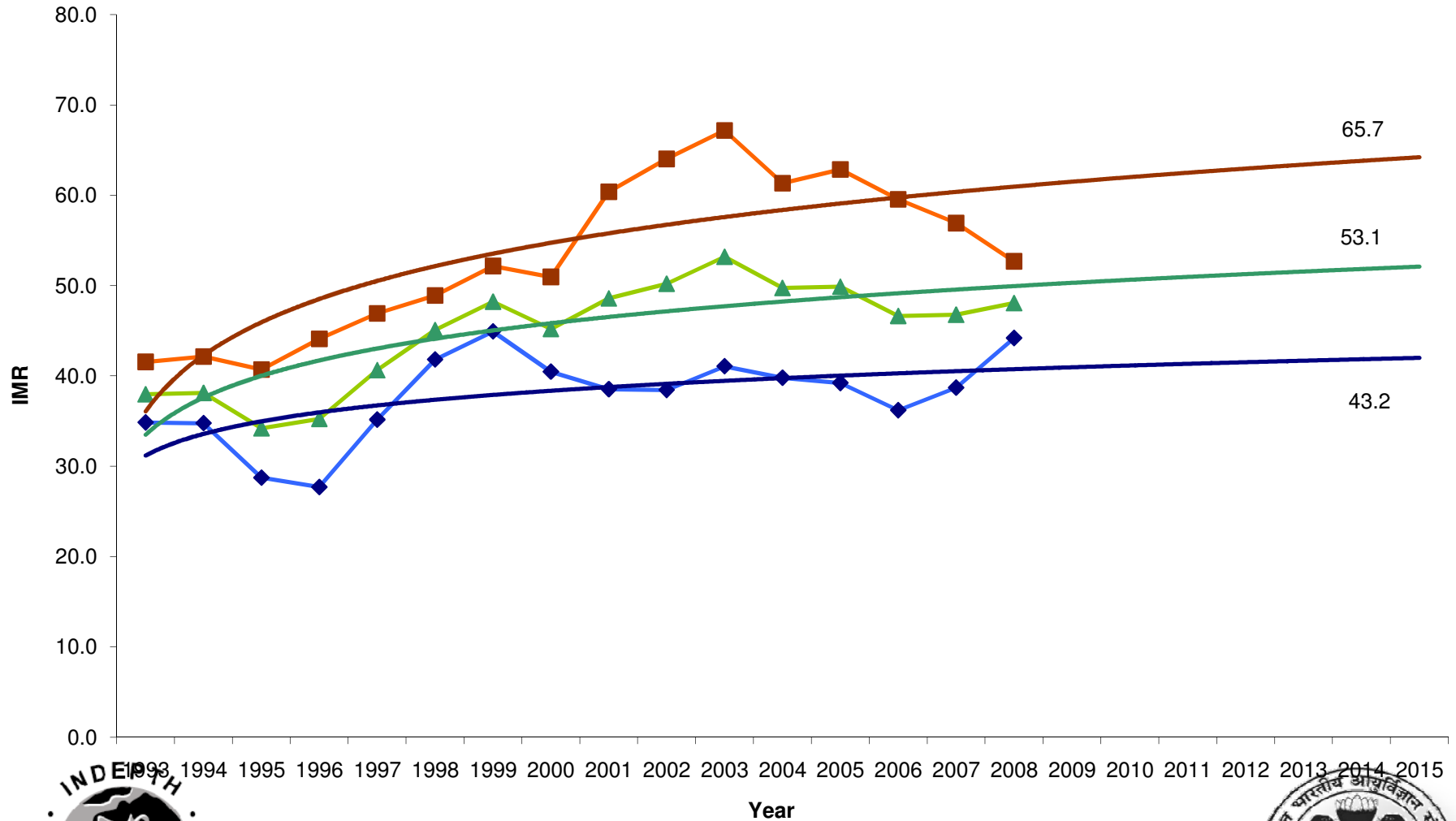
◆ Male ■ Female

Under Five Mortality Rate



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Infant Mortality Rate 1993-2008



◆ Male ■ Female ▲ Total — Log. (Male) — Log. (Female) — Log. (Total)



Was it always like this?

Year	NNMR	IMR	1-4 MR
1966-69			NR
M	43.7	91.6	
F	41.4	123.6	
1972-74	NR		
M		42.5	31.0
F		57.5	69.0
1982-84	NR		
M		43.7	32.1
		56.4	62.9



From published sources



What about other parts of India?

Figure 4 – Sub-national variation in NNMR and CMR (1 to 59 months) by gender, area and group of states in India (2005)

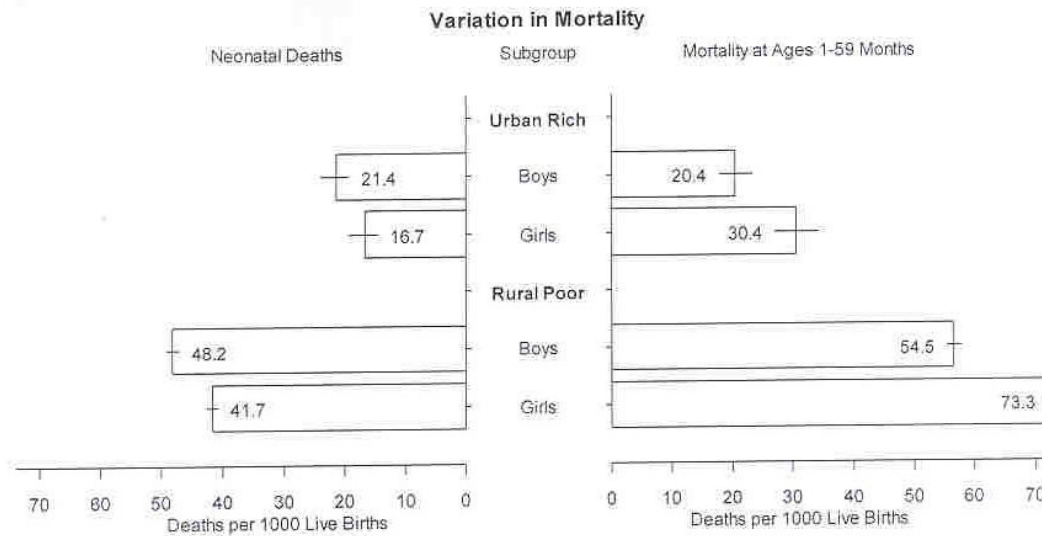
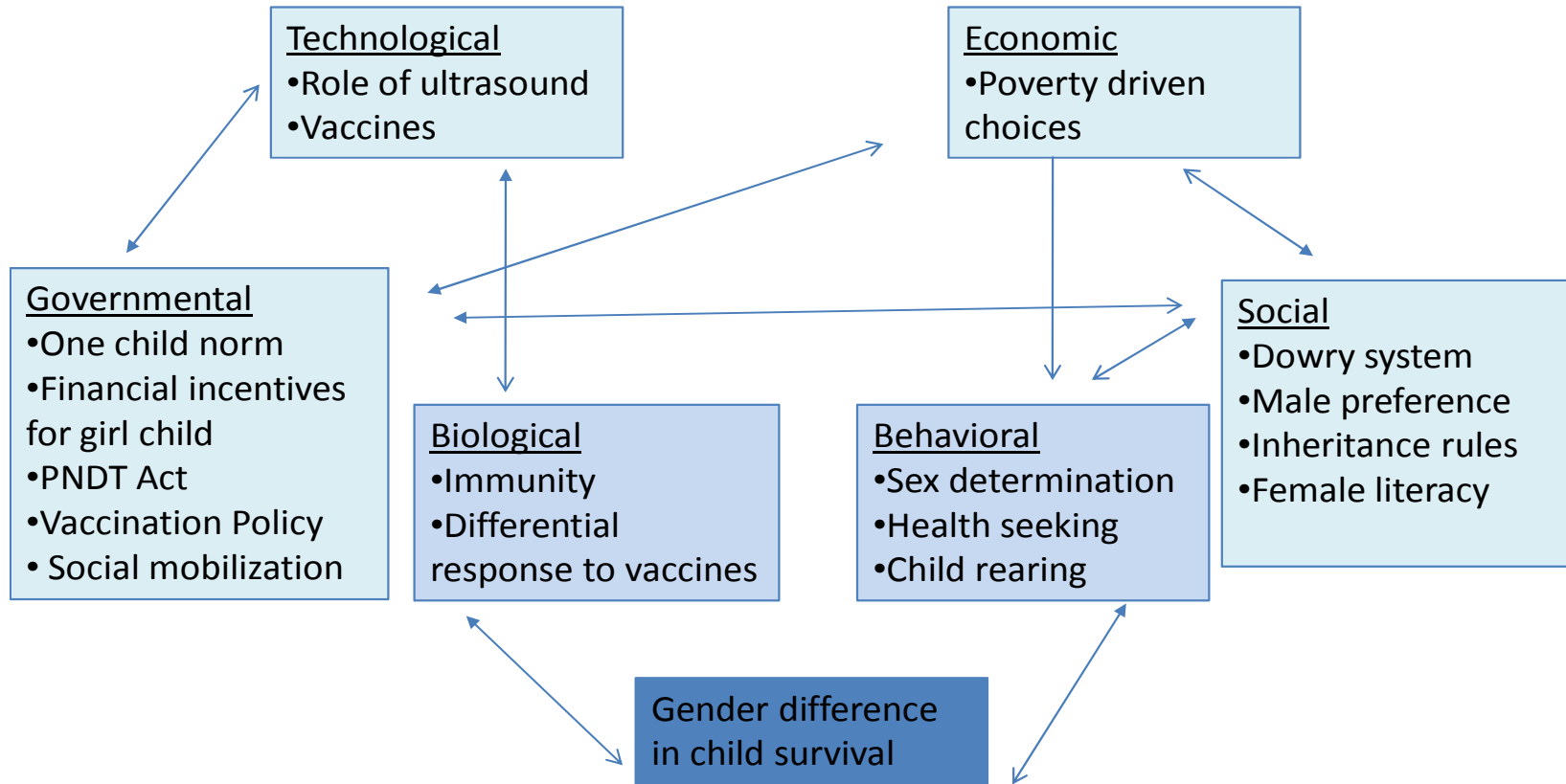


Fig 1. - Framework for explaining Gender differences in child survival



Key Messages

- **Girl Children have higher mortality rates at all levels and even at neonatal period in Ballabgarh HDSS population.**
- **With low sex ratio at birth this appears a continuum.**
- **MDG goals unlikely to be reached unless gender differential is addressed.**
- **Major socio-cultural issues involved which need to be understood better and subsequently tackled.**



What needs to be done

- **At Site Level**

- Address neonatal mortality – being done in collaboration with Unicef India
- Understand issue better – Part of PhD work with Umea
- Social Mobilization for Gender discrimination – being done

- **INDEPTH Level**

- Part of Equity working group
- Report all data by sex as a rule

- **National / Global Level**

- Advocacy for gender

