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MATERNAL HEALTH CARE IN INDIA ISSUES AND CHALLENGES

Dr. Vijayalakshmi G
Assistant professor
Department of sociology
Government First Grade College Raibag.
Tq: Raibag Dist: Belagavi
India

Abstract : Maternal and Child health plays a very important role for the overall development of the nation of the next generation. Mother and child health care development is of crucial importance in a nation's development agenda. India has made a significant growth and development in most of the socio-economic indicators. With respect of Mother and child health status, India's performance is comparatively poor compared with developed and many developing countries. Further, there is a huge regional and social imbalances are observed. Some regions are in the better off position and some are lagging behind in Maternal health status. Further, some social groups have very best status in Maternal health and nutritional level and some are deprive. There are number of factors play an important role in Maternal health and development, among them income, employment, social group and so on are important. Given this background in the present study an attempt is made to analyze Maternal Health status India.

Introduction

It is said that ' Mother is god' which means mother occupies highest position than any other relations or priorities. Among all the essential conditions of life health is the important aspect among them maternal health occupies first place which is regarded as important factor of national development. Since the advent of the process of development significance is given to the health status of mother because her health is the pillar of future generation health. If the mother is healthy her child will be healthier. Whereas mother is unhealthy either directly or indirectly it will affect her child. Therefore health of future generation is determined by his or her mother. It is sad to note that according to many reports India being developing country globally India's MMR is quite dissatisfying. Though India is striving hard to minimize Maternal mortality rate (MMR) but its performance in reducing maternal deaths is not much appreciable. It is mainly because Geographical disparity, socio-economic diversities across states, ineffective implementation of developmental plans are majour cause for irregular Ante- Natal checkups and increase in Maternal mortality rates(MMR). Compared to developed countries, in Developing countries like India Women is not treated equally on per with men and women empowerment is not totally been achieved. Even today she cannot make her own decisions not even about her Reproductive health status and getting children Which has direct effect on her health.

The present study focus on factors affecting MMR, like socio- economic cultural aspects, availability of healthcare facilities, Birth related biological complications among pregnant women, Regularities in Ante-natal checkups, status of smaller health care services, status of women empowerment in pregnancy related decisions, Age, Religion, Regional imbalances and Educational status of mother in improving mother health and provide suggestion for improvement.

Objectives of the study

1. To Analyze the causes for Maternal mortality rate (MMR) rate in India.
2. To study the performance of various strategies and Governmental program in reducing the MMR rates in India.
3. To provide possible suggestions for improvement.

Methodology of the study

The present study is mainly based on secondary data, various Government published reports like NFHS, DLHS, WHO, UNICEF and National Sample survey and Census reports has been used.

Causes of Maternal mortality in India (MMR)

Factors contributing to maternal mortality (MMR) in India are as follow

Age

Large number of maternal deaths occure mainly because of lack of access to health services specially for those from vulnerable groups. According to WHO recent reports MMR in low income countries in2017 is 462/ 100000 live births as compared to 11% in developed countries. At the same time risk of MMR is highest among adolescent girls age group between 10-19 compared to women aged between 20-24. In India it is more prevalent because most of the girls get marry in their teens, some time child marriage also occurs. Women in developing countries have , on average many more pregnancies than women in developed countries and their life time risk of death due to pregnancy is higher.

Pregnancy and birth related complications

Several factors contribute to maternal mortality either directly or indirectly, Most of the maternal deaths happen mainly because of following medical complications. They are anemia, heavy bleeding during the time of child birth, infections, high or low blood pressure during the time of pregnancy. Direct factors comprise pregnancy complications such as hemorrhage, eclampsia Sepsis, abortion and obstructed labour. Indirect factors include pre-existing conditions like malaria, anemia and nutrition which are aggravated by pregnancy. Age and parity which are linked to women's reproductive status, are associated with maternal deaths. Access to health services, women's health seeking behavior and use of health services can indirectly lead to maternal death. Socio-Economic, environmental and cultural factors impact maternal mortality. (Meh, Catherine et.al.2020)

Ante-Natal Care

Ante Natal care is a regular health and pregnancy related medical check-ups until the childs birth which is essential for continuing healthy pregnancy further detecting risk factors and provide right treatment to related diseases such as Hypertension and Pregnancy complications. Ante-natal checkups mainly deals with abdominal and baby growth examination, weight and blood pressure check-ups,providing vaccination against tetanus, distribution of Iron, folic acid tablets and anaemia management.

The WHO defines ante-natal care as a dichotomous variables, having one or more visits with a trained persons during the pregnancy or none. However, it may be take to mean only the care that is routinely provided for all pregnant women at the primary care level or every aspect of care from screening to intensive life support provided to any women while pregnant and up to delivery.(Carroli,Guillermo et.al 2001)

WHO has recommended at least four antenatal care visits. Lack of Ante-natal care has been recognized as risk factor for MMR and other pregnancy complications. Globally Ante-natal care is a means to reduce infant and maternal mortality. All public health institutions provides health care services to pregnant women. The first ante-natal care begins with the first consultation of pregnant women when she gets confirm her pregnancy.

Unfortunately some women especially in rural area could not undergo minimum four ante-natal care visits specially because of illiteracy, ignorance, lack of awareness, inappropriate transport facilities, non-availability of trained doctors, Economic backwardness, etc.

Thus irregular Ante-natal check-ups among pregnant women leads to lot of health complications. Women with irregular antenatal care attendance are much more prone to pregnancy complications such as preeclampsia, eclampsia and anemia besides higher advrse birth outcomes including preterm birth, low birth weight and still birth. (M.Ahmed. et.al.2017)

Smaller Health Care System

Challenges that are encountered by health care system in India is also considered to be a barrier for Ante-natal care in post Independent India. There has been considerable improvement in health care facilities but it is not much satisfactory. According to WHO India ranked 112 position in terms of health care facilities out of 191 countries of the world. India's ranking is even lower than other neighbouring countries like China, Pakistan and Bangladesh. Some of the majour problems that are faced by Indian healthcare facilities are Lack of well trained doctors, shortage of hospitals and dispensaries, insufficient allocation of government funds towards public health priorities to urban area neglect of rural health care facilities at the same time unwillingness of doctors to serve in rural area etc. all these has lead to set-back in Ante-natal check-ups specially in rural area.

Rural health problems

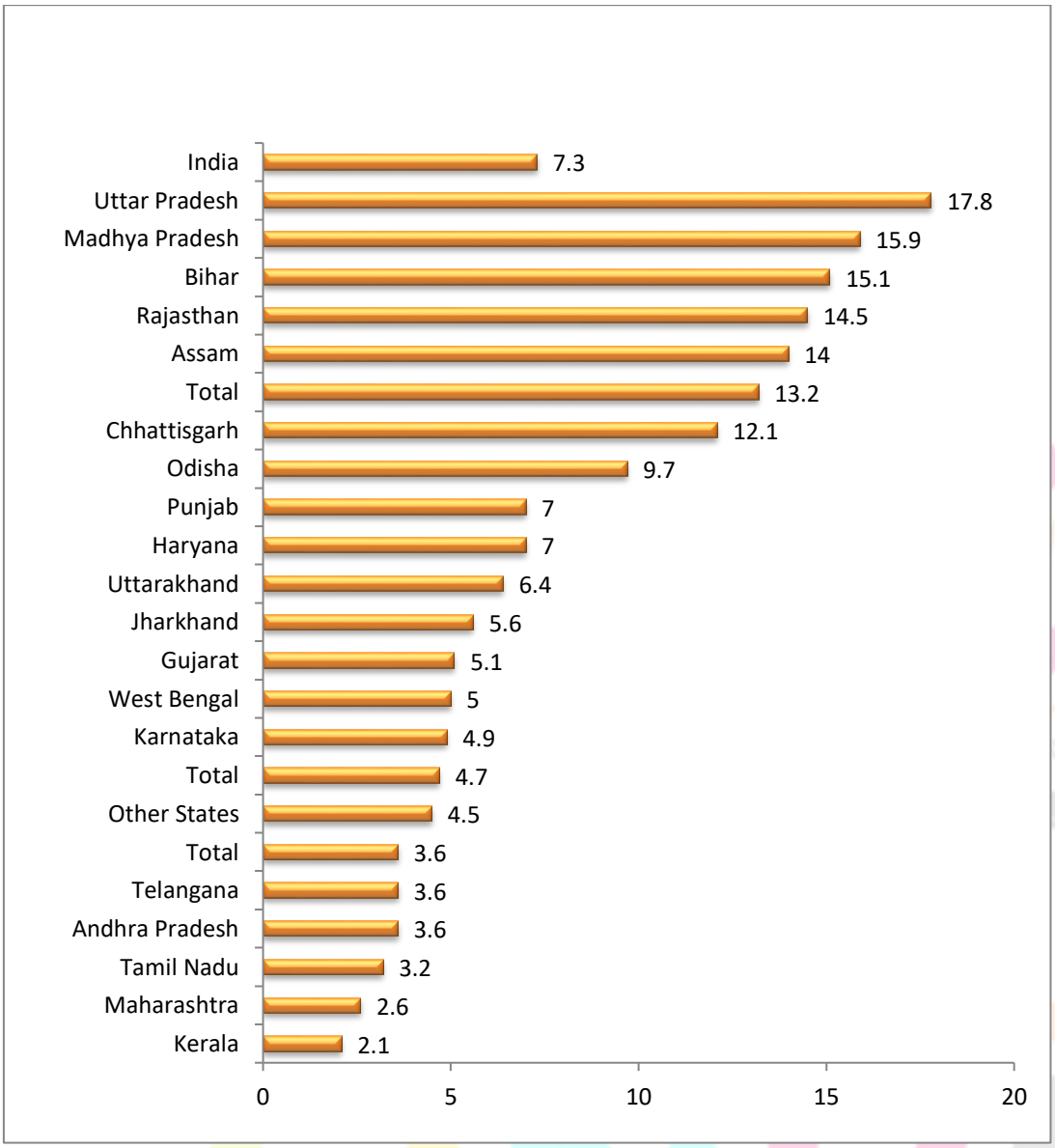
Villages are backbone of Indian society, where in 60% of Indian population are living in rural area in this aspect it is very essential to provide all basic amenities in rural area. Unfortunately villages are deprived of good health care facilities, safe drinking water, basic sanitation facility and suffering from malnutrition. There is a lack of health infrastructure, medical professionals and primary health centers. It has become threat to the living conditions of ruralites. Illiteracy and Ignorance among rural people has lead to filthy practices like unhealthy household conditions, open defecation, practice of superstition and blind beliefs has worsen the conditions in rural area. Furthere health care centers in villages like Primary Health care centre (PHC) Sub centers(SC) Community Health care Centres(CHC) are victim of shortage of doctors because they are not reluctant to work in these areas mainly because of lack of infrastructure, Basic amenities and smaller incentives. All these problems has got direct effect on the declining Ante natal checkups and increase in Maternal mortality Rate(MMR).

Socio-Economic Conditions

Socio-Economic and cultural aspects like poor Economic conditions, Educational status of women, accessibility to health care facilities in rural area, Religion and Ethnic background has greater influence on ANC Checkups and MMR. Similarly Illiteracy and ignorance among rural women folk have made them unaware of various governmental plans. For instance various health care schemes like Janani suraksha Yojana(JSY), Maternal and child health care plans (MCH) under Integrated Child developmental Scheame (ICDS), National rural health mission(NRHM) and Indira Gandhi Matritva Sahayog Yojana(IGMSY) which aims at providing cash incentive as compensation of Wage loss to women during pregnancy and after delivery. At the same time The Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) which was started by Ministry of Health and Family welfare (MOHFW) Government of India. All these program aims at promotion of women and child health care. Thus various socio-economic factors

have significant role in the status of women most of the maternal deaths can be prevented with timely management by a skilled health professionals working in supportive environment. Ending preventable maternal death must remain at the top of the Global agenda. At the same time simply surviving pregnancy and childbirth can never be the marker of successful maternal health care. It is critical to expand efforts reducing maternal injury an disability to promote the health and well being.

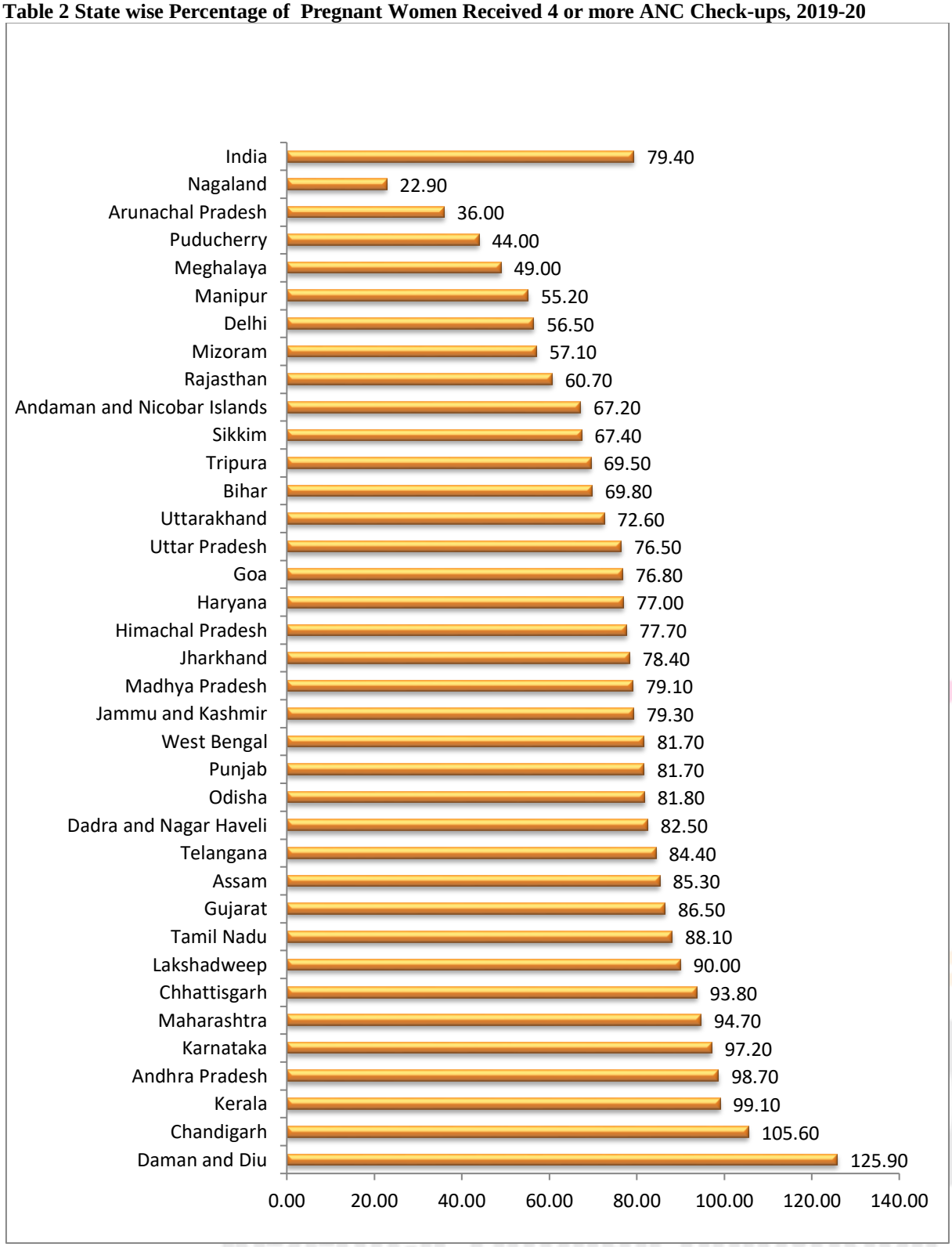
Table1 State Wise Maternal Mortality Rate in India, 2016-18



Source: Office of the Registrar General and Census Commissioner, India. (ON2382)

Table -1 shows the rate of state wise Maternal Mortality Rate (MMR) in India from 2016-18 is 7.3. Results of recent nationwide suggest that the level of MMR decreases from northern states down to southern Indian states. Where in it is sad to note that Uttar Pradesh a north Indian state has highest MMR rate that is 17.8 which is 10 times more than National average rate of MMR. Further it is good to note that Kerala a South Indian state has lowest MMR rate that is 2.1 which is 5 times lesser than national average rate of MMR. It is disheartening to note that states which are called as BIMARU states like Bihar, Madhya Pradesh, Rajasthan and Uttar Pradesh for their lower socio-Economic backwardness has Highest rate of MMR compared to other states in India whose share in MMR rate is 10 to 12 times higher than any other states in India. However other states like Odisha,Punjab, Haryana, Uttarakhand have moderate rate of MMR status continued with lower MMR rates in South Indian states like Telangan(3.6) Andhra Pradesh(3.6) Tamil nadu(3.2) and Kerala (2.1).

Table 2 State wise Percentage of Pregnant Women Received 4 or more ANC Check-ups, 2019-20



Source: Ministry of Health and Family Welfare, Govt. of India.

Table-2 shows the rate of ANC (Ante-Natal Care) utilization among pregnant women across the states in India in 2019-20 is 79.40. Results of recent nation wide ANC checkups reveal that pregnant women belong to North Eastern states like Nagaland (22.90) Arunachal Pradesh (36.00) Meghalaya (49.00) Manipura(55.20) have lowest rate of ante-natal care checkups which is 2 to 3 times lower than national average i.e. (79.40). At the same time it is surprising to note that Daman and Diu (125.90) an Union territory of India has highest rate of utilization of ANC checkups by pregnant women followed by other south Indian states which is twice times higher than national average like kerala(99.10) Andhra Pradesh (98.70) Karnataka (97.20) which is relatively better than other states. However some states like Bihar(69.80) Uttapradesh(76.50) Goa(76.80) Haryana (77.00) have moderate rate of utilization of Anc-checkups.

Table 3 State wise SC ST population

State Code	State / UT	Population			Proportion of SC Population	Proportion of ST Population
		Total Population	Scheduled Castes (SC) Population	Scheduled Tribes (ST) Population		
	India@	**1,028,737,436**	**166,635,700**	**84,326,240**	**16.2**	**8.2**
01	Jammu & Kashmir	10,143,700	770,155	1,105,979	7.6	10.9
02	Himachal Pradesh	6,077,900	1,502,170	244,587	24.7	4.0
03	Punjab	24,358,999	7,028,723	-	28.9	0.0
04	Chandigarh	900,635	157,597	-	17.5	0.0
05	Uttaranchal	8,489,349	1,517,186	256,129	17.9	3.0
06	Haryana	21,144,564	4,091,110	-	19.3	0.0
07	Delhi	13,850,507	2,343,255	-	16.9	0.0
08	Rajasthan	56,507,188	9,694,462	7,097,706	17.2	12.6
09	Uttar Pradesh	166,197,921	35,148,377	107,963	21.1	0.1
10	Bihar	82,998,509	13,048,608	758,351	15.7	0.9
11	Sikkim	540,851	27,165	111,405	5.0	20.6
12	Arunachal Pradesh	1,097,968	6,188	705,158	0.6	64.2
13	Nagaland	1,990,036	-	1,774,026	0.0	89.1
14	Manipur@	2,166,788	60,037	741,141	2.8	34.2
15	Mizoram	888,573	272	839,310	0.0	94.5
16	Tripura	3,199,203	555,724	993,426	17.4	31.1
17	Meghalaya	2,318,822	11,139	1,992,862	0.5	85.9
18	Assam	26,655,528	1,825,949	3,308,570	6.9	12.4
19	West Bengal	80,176,197	18,452,555	4,406,794	23.0	5.5
20	Jharkhand	26,945,829	3,189,320	7,087,068	11.8	26.3
21	Orissa	36,804,660	6,082,063	8,145,081	16.5	22.1
22	Chhattisgarh	20,833,803	2,418,722	6,616,596	11.6	31.8
23	Madhya Pradesh	60,348,023	9,155,177	12,233,474	15.2	20.3
24	Gujarat	50,671,017	3,592,715	7,481,160	7.1	14.8
25	Daman & Diu	158,204	4,838	13,997	3.1	8.8
26	Dadra & Nagar Haveli	220,490	4,104	137,225	1.9	62.2
27	Maharashtra	96,878,627	9,881,656	8,577,276	10.2	8.9
28	Andhra Pradesh	76,210,007	12,339,496	5,024,104	16.2	6.6
29	Karnataka	52,850,562	8,563,930	3,463,986	16.2	6.6
30	Goa	1,347,668	23,791	566	1.8	0.0
31	Lakshadweep	60,650	-	57,321	0.0	94.5
32	Kerala	31,841,374	3,123,941	364,189	9.8	1.1
33	Tamil Nadu	62,405,679	11,857,504	651,321	19.0	1.0
34	Pondicherry	974,345	157,771	-	16.2	0.0
35	Andaman & Nicobar Islands	356,152	-	29,469	0.0	8.3

Source: Primary Census Abstract : Census of India 2001

Table-3 shows the Total population of India, population schedule castes and schedule Tribes and their proportion to the total population. The above table reveals that India has 16.2% of S.C (Schedule castes) and 8.2% of S.T (Schedule Tribes) Population. Compared to table-1 it is observed that MMR (Maternal Mortality Rate) is high in north Indian states like Uttar Pradesh (17.8) Madhya Pradesh (15.9) Bihar (15.7) Rajasthan (17.2) respectively. Thus the rate of MMR and percentage of S.C in North Indian states are inversely proportional to each other. Illiteracy, Unemployment, ignorance of Governmental plans, worse socio-economic conditions of Schedule castes people in north India has direct effect on mother and child health ultimately leading

toward MMR. Further it is noticed that in table-3 most of the north eastern states have highest percentage of S.T population that is Nagaland(89.1) Arunachal Pradesh(64.2) Meghalaya (85.9) Manipuri(34.2)Mizoram (94.5) compared to table-3 to table -2 it is noticed that most of the north eastern states are lagging behind or have low percentage of ante natal care checkups which is less than 4 visits i.e. Nagaland (22.9) Arunacha Pradesh (36.00) Meghalaya (49.00) Manipuri(55.20) Mizoram(57.10) which is 3 times lesser than national average. It is mainly because most of the tribes are living in thick, dense forest and in hill station who lack right health care accessibility it has lead to the lesser ante natal care checkups in North Eastern states.

Table 4 : State/ UT- wise Female literacy Rate by Resident inIndia-2011

Sl.No	State	Total	Rural	Urban
1.	Andhra Pradesh	59.1	51.5	74.4
2.	Arunachal pradesh	57.7	52.0	76.7
3.	Assam	66.3	63.0	84.9
4.	Bihar	51.5	49.0	70.5
5.	Chattisghar	60.2	55.1	77.2
6.	Goa	84.7	81.6	86.6
7.	Gujarat	69.7	61.4	81.0
8.	Haryana	65.9	60.0	76.9
9.	Himachal Pradesh	75.9	74.5	88.4
10.	Jammu Kashmir	56.4	51.6	69.0
11.	Jharkand	55.4	48.9	75.5
12.	Karnataka	68.1	59.7	81.4
13.	Kerala	92.1	90.8	93.4
14.	Madhya Pradesh	59.2	52.4	76.5
15.	Maharashtra	75.9	68.5	84.9
16.	Manipura	72.4	68.9	79.3
17.	Meghalaya	72.9	68.4	89.1
18.	Mizoram	89.3	79.8	97.3
19.	Nagaland	76.1	71.5	87.4
20.	Odisha	64.0	60.7	80.4
21.	Punjab	70.7	65.7	79.2
22.	Rajastan	52.1	45.8	70.7
23.	Sikkim	75.6	72.4	84.7
24.	Tamilnadu	73.4	65.0	82.3
25.	Tripura	82.7	79.5	91.4
26.	Uttar Pradesh	57.2	53.7	69.2
27.	Uttarakhand	70.0	66.2	79.3
28.	WestBengal	70.5	65.5	81.0
29.	A & N Island	82.4	79.9	86.6
30.	Chandigarh	81.2	73.2	81.4
31.	D & N Haveli	64.3	49.6	83.4
32.	Daman and Diu	79.5	71.9	82.9
33.	NCT of Delhi	80.8	73.1	80.9
34.	Lakshadweep	87.9	88.5	87.8
35.	Puducherry	80.7	73.0	84.2
	INDIA	64.4	57.9	79.1

Source: Census of India, 2011 and Handbook of Social welfare statistics

Table-4 shows the state wise female literacy rate by residence in India 2011. Where in it is noticed that in most of the north Indian states according to table one the states which have higher rate of(MMR) maternal mortality rate like Uttar Pradesh(17.8) Madhya Pradesh(15.9) Bihar (15.7) Rajasthan(14.5) such states have lower female literacy i.e. Uttar Pradesh(57.2) Madhya Pradesh (59.2) Bihar (51) Rajasthan(52.1) thus it is sad to note that the states which have lower rate of female literacy such states have highest rate of MMR are inversely proportionate to each other. Further it is observed that most of the Eastern states who have lower rate of Ante natal Checkups such as Nagaland(22.90) Arunachal Pradesh(36.00) Mizoram(57.10) Manipura(55.20) Meghalaya(49.00) have better female literacy rate compared to other north Indian states Except Arunachal Pradesh such as Nagaland(76.1) Arunachal Pradesh(57.7) Mizoram(89.3) Manipura(72.4) Meghalaya(72.4) which reveals that in spite of having better female literacy rate most of the eastern have lower ante natal care checkups i.e. less than 4 medical visits. It is mainly because of lack of communication and transport system, lack of accessibility to infrastructure and health care facilities specially Dense forest area and hill station where in major population belongs to Scheduled Tribe.

Conclusion

Maternal mortality rate and Ante-natal care are supplement to each other. Over the period of time thought MMR has been reduced but not up to the mark. At the same time ante natal care has been improved significantly. In MMR (Maternal mortality Rate) North Indian states are in Worst position where as south Indian states are in better-off position. At the same time in Ante-natal care checkups north and north eastern states have worst off position and south Indian states are in better position. The reduction of MMR and improvement in ante-natal care check-ups is associated with many socio-economic factors. The present study found

that decline in MMR and development in Ante-natal care checkups are positively associated with literacy rate, status of women and religion. In this regard a systematic policy intervention is essential to improve various socio- economic and health conditions.

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