

TRENDS OF THE USE OF MATERNAL HEALTH SERVICES IN HARYANA

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ABSTRACT

The objectives of this study were to analysis the trends of the use of maternal health care in rural areas of Haryana, to investigate access to specific critical components of care and to study differences in the pattern of services received via health facilities versus home visits. Suggestions are made to improve maternal health in state. Maternal and child health is one of the greatest concerns in India. Maternal health care is a rather wide term. Often, the term is confused with only the period of time, when the women give birth to child. However maternal health care is a concept that encompasses family planning, preconception, prenatal and postnatal care. Maternal Health is the most important component of Reproductive & Child Health (RCH) II a flagship program under NRHM. In 2005 with the assistance of World Bank and others donors, RCH II programme was started as follow-up to RCH-I (1997-2003) programme. RCH-II programme aimed at reducing Maternal Mortality Ratio (MMR) less than 100 against 2012. Improvement of Maternal Health is one of the central concerns in Millennium Development Goals (MDG) (2000) by United Nations. Millennium Development Goals also focus on improvement of maternal health and reducing Infant Mortality Rate. **Target 5A focus on reduce the maternal mortality ratio by three quarters, between 1990 and 2015, the maternal mortality ratio. Maternal Mortality ratio. Target 5B-** focus on universal access to reproductive health till 2015. The objectives of Maternal health programme is to reduce MMR, to improve maternal health, to increase the proportion of Institutional deliveries, early registration of pregnancy to ensure 3 or more than 3 antenatal Checkups to all the expectant mothers and special attention to wasted pregnancies, to increase the coverage of postnatal care, to decrease the incidence and progress of anemia in pregnant and lactating mothers, to ensure availability of RTI and STI & services till Primary Health Centre level to all clients. Indicators of Maternal Health are antenatal checkup having by pregnant women, Tetanus toxide vaccination, Use of iron & folic acid Tablets, place of delivery, and assistance of

delivery. Various methods were used for collecting relevant information, including a review of literature (published reports of government and non- government agencies), secondary analysis of data from the National Family Health Surveys (NFHSs) and District Level Health Survey (DLHS). Data were also draw from state government reports, documents and websites such as System Registration System, HIMS and so on. To analysis the trends of the use of maternal health the indicators of maternal health have been measured which consist antenatal care visits, institutional deliveries and postnatal care. Lack of latest data on recent years was not available in the reports of state government. From the time of the first DLHS in to the third and most recent DFHS (2008), the maternal health care indicators have improved (Table-1). The progress was slow according to DLHS-2 but the data of DLHS-3 Haryana is making progress in this area. The total Institutional deliveries have risen from 49%to 74.03% and nearly two third women now have their births attended by health personnel. Postnatal care remains the most neglected area with only 47% (DLHS-3) of women receiving such care within two months of delivery, and negligible number of women is visited in the vulnerable first week after delivery. These data underscore the overall slow progress despite the national safe motherhood programme such as Reproductive and Child Health (RCH) phase 1 and 2(RCH1, 1997-2004, RCH2, 2005-2010) at state level of Haryana. In Haryana mothers having full ANC has increased from 10.3% (DLHS-II) to 13.3% (DLHS-III). Along with this the institutional delivery rate has also increased to 35.7% (DLHS-II) to 46.9% (DLHS-III). Unmet Needs of family planning have increased from 14.7% (DLHS-II) to 16.0% (DLHS-III). The highest utilization of maternal health services was in Rewari, Panchkula, Kuruksherta. Acc.to District Level Health Survey -III there are four districts where institutional delivery rate was lowest. These are Fridabad, Mewat, Panipat and Bhiwani. It has been shown in the map no.1 of District Level Health Survey (DLHS) –III Report. As per **CRS data**, there are 37.83% govt. institutional deliveries and 36.19% private institutional deliveries amounting to 74.03% of total institutional deliveries in Haryana up to Nov. 2010 as compared to 49% in 2006, 53.7% in 2007, 59% in 2008 and 67.03 in 2009. Haryana is making rapid progress in sociopolitical and economic field. But the progress of maternal health is slow. Review of safe motherhood programmes in Haryana shows that it is making progress in the last 10 years but still nearly 25.97% deliveries take place at home, and the coverage of antenatal care services is low.

Key Words: Maternal health, Maternal health services, Monitoring, Public partnership, Health facilities

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INTRODUCTION

Maternal and child health is one of the greatest concerns in India. Maternal health care is a rather wide term. Often, the term is confused with only the period of time, when the women give birth to child. However maternal health care is a concept that encompasses family planning, preconception, prenatal and postnatal care. Though India was the first country to launch Family Planning programme in 1952 but even after more than 50 years of implementation of programme the Infant Mortality Rate (IMR) is 55 per 1000 live births (SRS2007-09) and Maternal Mortality Rate (MMR) is 212 per lack (SRS2007-09). There is disparity between states and some states far exceed national Maternal Mortality Rate including Assam (480) and Uttar Pradesh (440). The majority of deaths are preventable through safe deliveries and adequate maternal care. An important proximate determinant of mortality is accessibility and utilization of quality health care service.

Improving maternal health and IMR is one the targets set in the millennium development goals (2000) by United Nations. Current utilization of any antenatal care service in India is only 77% (72% in rural areas and 91% in urban areas). Only 52.7% women have a safe delivery. Less than 20% had full antenatal care which includes at least three antenatal care visits, one tetanus toxoid shot and the recommended dose of iron supplementation. There are various programmes and policies being run by the central and state govt. for the improvement of maternal health. Despite the efforts, utilization of Maternal Health Services by the rural community has not reached to the desired level. Recently efforts to address these issues have gained momentum with the formulation of National Rural Health Mission (NRHM). Janani Surksha Yojna (JSY) is a safe motherhood intervention under NRHM with the objectives of reducing maternal and Neo-Natal mortality by promoting institutional deliveries among the poor pregnant women. (2010). Despite the efforts, the utilization of maternal health services by the rural community has not reached the desired level.

Haryana consist a total population of 8842103 in which 65.12% is rural population and 34.88% is urban population. Sex ratio in rural Haryana is 882/1000. The status of women is generally low in Haryana. Female literacy is only 56.91% (Census of India 2011) and women lack the empowerment to take decisions, including using reproductive health services. As health services are governed at the state level, much also depends on state leadership and management skills.

Haryana has witnessed a sharp decline of 17.74% in maternal mortality ratio (MMR) as a result of various healthcare facilities being provided free of cost to the pregnant women by the state govt. to promote institutional deliveries. As per data released by the Registrar General of India ,the MMR in Haryana had come down to 153 per lakh live birth since 2009-10 as compared to the national average of 212.The MMR in the state was better as compared to neighboring states of U.P.(359), Rajasthan, (318) and Punjab (172). The above data shows that Haryana is making consistant but slow progress to achieve the MDG's target of 100 by 2015. MMR has been decreased to 153 per lakh (SRS 2007-09).

OBJECTIVES:

The objectives of this study were to analysis the trends of the use of maternal health care in rural areas of Haryana, to investigate access to specific critical components of care and to study differences in the pattern of services received via health facilities versus home visits. Suggestions are made to improve maternal health in state.

MATERIALS AND METHODS

Various methods were used for collecting relevant information, including a review of literature (published reports of government and non- government agencies), secondary analysis of data from the National Family Health Surveys (NFHSs) and District Level Health Survey (DLHS). Data were also draw from state government reports, documents and websites such as System Registration System, HIMS and so on. To analysis the trends of the use of maternal health services the indicators of maternal health have been measured which are the following- Antenatal care visits, institutional deliveries and postnatal care. Lack of latest data on recent years was not available in the reports of state government.

Results:

Performance Indicators (%) for maternal health services in Haryana

In Haryana mothers having full ANC has increased from 10.3% (DLHS-II) to 13.3% (DLHS-III). Along with this the institutional delivery rate has also increased to 35.7% (DLHS-II) to 46.9% (DLHS-III). Unmet Needs of family planning have increased from 14.7% (DLHS-II) to 16.0% (DLHS-III). The highest utilization of maternal health services was in Rewari, Panchkula, Kurukshetra. According to District Level Health Survey -III there are four districts where institutional delivery rate has been found the lowest, these are Faridabad, Mewat, Panipat and Bhiwani. It has been shown in the map no.1 of District Level Health Survey (DLHS) –III Report.

.RCH II Out comes

Table-1

Sr. No.	RCH outcomes Indicators	Haryana		India	
		(DLHS2)	(DLH3)	(DLHS-2)	(DLHS-3)
1.	Mothers having 3 or more ANC checkup	43.1	52.4	50.4	51.0
2.	Mother who had full ANC check up	10.3	13.3	40.9	47.0
3.	Institutional deliveries (%)	35.7	46.9	22.7	24.9
4.	Use of modern contraceptive methods	54.3	54.5	45.2	47.3
5.	Total unmet needs for family planning	14.7	16.0	21.4	21.5

(Sources: Provisional results from DLHS-3)

From the time of the first DLHS to the third and most recent DFHS (2008), the maternal health care indicators have improved (Table-1). The progress was slow according to DLHS-2 but the data of DLHS-3 shows that Haryana is making progress in this area. The total Institutional deliveries have risen from 49% to 74.03% and nearly two third women now have their births attended by health personnel. Postnatal care remains the most neglected area with only 47% (DLHS-3) of women receiving such care within two months of delivery, and negligible number of women is visited in the vulnerable first week after delivery. These data underscore the overall slow progress despite the national safe motherhood programme such as Reproductive and Child Health (RCH) phase 1 and 2(RCH1, 1997-2004, RCH2, 2005-2010) in Haryana.

Table -2

Trends of Institutional deliveries as per CRS data:

Year	Govt. Institutional Deliveries	Private Institutional Deliveries	Non Institutional Deliveries
2006	16.30	32.70	61.00
2007	18.90	34.80	46.20
2008	22.34	36.85	40.79
2009	30.50	36.35	33.00
2010(Upto Nov,2010)	37.83	36.19	25.97

Source: CRS Data 2010

As per **CRS data**, there were total 37.83% govt. institutional deliveries and 36.19% private institutional deliveries amounting to 74.03% of total institutional deliveries in Haryana up to Nov. 2010 as compared to 49% in 2006, 53.7% in 2007, 59% in 2008 and 67.03 in 2009.

Discussion

The data shows that there has been a major increase in institutional deliveries in last ten years due to the financial incentives through Jnani Suraksha Yojana and ASHA programme. These innovative schemes have shown good results. But still there are some major barriers in the way of the success of these programmes for example- inadequate logistic management of maternal

health services, blood bank services, Emergency transport and communication, financial and human resources absents of independent advocates for maternal health in civil society, lack of reliable estimates of maternal mortality. There are some other reasons like lack of clear policies for transfer and posting of staff in rural areas, not efficient implementation bodies or organizations and correct strategy.

Suggestions to regarding maternal health programme

To make the optimum utilization of safe motherhood programmes like maternal health programme there are some recommendations given below:

Awareness generation of the polices and programme

To make the use of maternal health services it is suggested that there should be focus on awaring the people especially the women from the of the age group 15 to 45 about the various programmes and policies which have been made for them through mass media and other social media. They should be aware to take preventive measures to minimize the mortality rate. They should be motivated to make highest utilization of these services.

Evidence based strategy

Rather than many interventions there should be specific strategy for specific target such as providing skilled staff for delivery, Emergency Referral services. These services should be provided 24hrs x7days.

Betterment of Coordination

There is need of coordination between the ministry of health and the other department related to health such as family welfare and the various government and non government organization.

Enhancement of management capacity and development of human resources

There is need to improve the management capacity and to develop human resources. A may success only when it focus on there are four pillars on which the success of any programme

depends upon, these are (1) Resources (2) Management structure and systems (3) correct strategy (4) Efficient implementation organizations. If the management capacity is inadequate then the selection of appropriate strategy is not possible. The management capacity at all level whetre it is at state, district or at national level should be enhanced trough providing training for the staff. So these pillars should be kept in mind.

Clear policies regarding the posting and transfer of staff and authority

There should clear policies regarding the posting and transfer of staff and authority. The aim of such policy should be to provide high quality services at 24hrs and emergency obstetric care services.

Annual monitoring of progress of implementation of plan

There should be annual monitoring of the implementation of the annual plan to check the progress. Monitoring should include assessing the functioning and the output of the facilities of the whole year.

More focus on public private partnership

To improve maternal health the govt. has the agenda of public private partnership. Despite of providing cash incentive the percentage of deliveries in private hospitals in more than government hospitals. So there should be public private partnership to improve the access and providing quality of care.

Conclusion

Haryana is making rapid progress in sociopolitical and economic field. But the utilization of maternal health services still low in Haryana. Although the problem of the dearth of health staff especially of doctors is not in Haryana but in India also but there is more need to make these services flexible so that the maximum use of these services may become possible. Review of safe motherhood programmes in Haryana shows that it is making progress in the last 10 years but still nearly 25.97% deliveries take place at home, and the coverage of antenatal care services is low. Therefore there is need to focus on and strengthen the EMOC and along with this skilled birth

care should be encouraged. Policy and programme based on evidence- based strategies and detailed micro level programme are needed. Monitoring is essential for effective implementation to measure progress. And this will be helpful in achieving the target set in the MDG's by India.

References:

- 1.Vora,S Kranti, Mavalankar V Dileep, Ramani KV, Upadhyaya, Sharma Bharti, Iyenger Sharad,Gupta Vikram, Iyenger Kirti. *Maternal Health Situation in India: A case study* J. Health Popul Nut. 2009 April; 27(2): 184-201.(PMC free article) (Pub.med.)
- 2 National family health surveys 3 (2005-2006) *National fact sheet-India* (<http://www.nfhsindia.org/pdf/IN.pdf>, accessed on 14 November 2007).
- 3.National family health survey 3 (2005-2006) V.I. *Chapter 8. Maternal health*, Mumbai: International Institute for Population Sciences; 2007.pp. 191-222.
4. National family health survey *Chapter 9. Maternal health*. (<http://hetv./org/pdf/nfhs/india1/iachap9.pdf>, accessed on 14 November 2007).
5. Census of India 2011(<http://www.census2011.co.in/census/state/haryana.html>)
6. DLHS-3(2007-08) Haryana State Report <http://www.jsk.gov.in/dlhs3/Haryana.pdf>
7. Haryana –RCH Progress Report (<http://www.rchiips.org/pdf/rch3/report/hr.pdf>)
8. District Level Household and Facility Survey (DLHS-3), 2007-08: International Institute for Population Sciences (IIPS), 2010India. Haryana: Mumbai: IIPS.
9. Lade Ranjana,KhotP.G. (2012) *Maternal Health Safety-Issues and Concerns of the Developing countries*, Journal of Maternal and Child Health April-June 15:(12)
10. Walia I, Kumar V. *Utilization of neonatal health care in a community*. Indian Pediatr 1984; 21:925-31.
11. Retrieved from Census of India, www.censusindia.gov.in. Accessed on 28.06.12