STATUS OF MATERNAL HEALTH PROGRAMMES IN INDIA

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Abstract:

Maternal health is a vital domain among the health services, which is influenced by numerous factors. The in-depth review of maternal health programmes across the states of India reveals that there is much disparity in maternal health indicators among the states of India since many decades. That is, the yield of maternal health programmes is extremely low in some of the states and is relatively better among the other states of the country (Som and Mishra, 2014; Jain et al., 2012). To address these disparities, the need to look at the causes for low utilization of numerous maternal health programmes like Janani Suraksha Yojana (JSY), Indira Gandhi Matritva Sahyog Yojana (IGMSY) and others is affirmed by the scholars.

In Indian terrain, maternal health programmes are prioritized long back and are being implemented to decrease the utilization gap in healthcare services. But, it can be observed that the pitfalls in the implementation of health programmes still persists. There are many reasons for these situations - some are state-specific and some are regions-specific. So, this research is intended to monitor and discuss the status of maternal health programmes that have been implemented in India since decades. To achieve this, the list of all the maternal health programmes are analysed individually along with their consequences. Pertinent suggestions and models are advised for enhancement the planning and implementation of programmes. The growing maternal health requirements of the county vis-à-vis the amount of the investments done in this regard is the rationale of the study.

Keywords: Maternal Health; Maternal Health Programmes; Utilization;

Introduction:

As in the case of other developing countries of the world, India also bears significant proportion of burden of maternal health issues. That is, being a country with more than half (55%) of the women in reproductive age, India contributes to one-fourth of the total maternal deaths of the world (McDougal et al., 2017; Arokiasamy and Pradhan, 2013; Srivastava et al., 2012). This picture is more apparent among some states of India. Since mid 80's special attention is given to the maternal health conditions in some weak states because of the initiative of Ashis Bose. From then, programmatic interventions are being carried out to uplift the socio-demographic situation in these poorly performing states of India (Kumar, 2007). In spite of the government initiatives like

Reproductive and Child Health (RCH) programme, Millennium Development Goals (MDG) implementation, National Health Policies (NHP) and others in India, the status of the maternal indicators is very disappointing (Jain el al., 2012).

Albeit the programmatic interventions, the state of other demographic indicators is also alarming in some states of India. That is the prevalence of high fertility, high IMR, high MMR, low literacy levels and low level of gender equality are throwing challenges at the planning and implementation departments (Som and Mishra, 2014; Srivastava et al., 2012). As, the density of population among the poor-performing states has also became a hurdle to their all-round development and hence to the country, it is obligatory to look at the state-wise picture for better assessment of the MMR trends in India (Banerjee et al., 2017; Dwivedi, 1992). Though there is furtherance in literacy rates among the states over the time, there is still dearth with respect to many other socio-demographic characteristics like sex ratio (decreasing) and total fertility rate (increasing) because of induced abortions for son preference (Family Welfare Statistics, 2010).

Universally, it is accepted that maternal health plays a critical role in deciding the health status of mother and child (Singh and Tripathi, 2013; Kumar et al., 2013; Bhatia and Cleland, 1995). Since decades, many factors are found to play a crucial role in deciding the health service utilization of woman - viz., social status, demographic profiles, urban-rural differentials etcetera (Rai and Chauhan, 2014; Caldwell et al., 1983). Apart from these, women's autonomy, knowledge of maternal care and other factors also observed to have impact on maternal care (Thapa and Niehof, 2013; Sharma et al., 2007). The role of husband and the head of household are very much critical in deciding the access for utilization of any maternal health service (Calvello et al., 2015; Barua et al., 2004). The legion research done so far based on the national programmes / surveys also portrayed different opinions about the impact of numerous factors on the utilization of maternal health services during the stages: pregnancy, delivery and post-partum period. So, having understood the influence of various factors on maternal healthcare utilization, tailored programmes to address the above cited aspects can fetch better results.

With this intention, the present descriptive research paper reviews different maternal healthcare programmes that are chalked out depending on the requirement in that particular state. In addition, the country-specific programmes that are aimed at maternal health care upliftment as well as all-round development of women would be discussed in the subsequent sections. With the support of the literature about the programmes that are being implemented in different states of the country, the gaps in the implementation of the programmes would be identified and suggestions would be proposed accordingly. The inputs provided by the critical review of the maternal health programmes in India would certainly supplement the information related to maternal health programmes and can guide the policy makers to re-engineer the methodologies for seamless execution of the future programmes. The knowledge about the grey areas

identified in the healthcare programme implementation can steer the prospective researchers too.

Literature Review:

India's population has risen to 121 crores (1.21 billion) people over the last 10 years - an increase of 18.1 crores (181 million) (Census 2011). According to United Nations estimates (2009), India will become the world's largest populous country and would overtake China before 2030 (Srivastava et al., 2012). On the other hand, it is also mentioned by reputed research bodies that maternal mortality in India is high in spite of decadal growth in health sector initiatives. One of the main reasons identified for such state is the persisting urban and rural differences with respect to service provision as well as utilization of maternal health programme implementation (Singh et al., 2014). So, for the country with many regional, cultural and linguistic disparities, stringent strategies to meet the maternal health requirements of the woman are very much needed (Gyanvati, 2015; Bali Ram, 2012).

In Indian terrain, maternal health programmes are planned to decrease the utilization gap in receiving healthcare services. The programmes are started since late 1800's programmes towards achieving this objective. The following table – 7 provides the list of maternal health initiatives that have been bolstering this drive by improving the quality of maternal services over decades.

Table: 1- List of Maternal Health programmes/initiatives took place in India

Year	***Programme***
1875	Women admitted to medical training in India
1885	Lady Dufferin established a fund to provide medical aid to women in India
1890	Female Dispensaries staffed only by women
1903	Lady Curzon established a fund to train indigenous midwives
1914	A women's Medical Service established
1943	Bhore Committee appointed
1945	A separate Health Department was constituted
1977	National Institute of Health and Family Welfare (NIHFW)
1980	Health for All Policy
1983	National Health Policy 1983
1992	National Child Survival and Safe Motherhood Programme (CSSM)
2000	MDGs initiated
2000	National Population Policy
2000	National Health Policy 2002
2005	National Rural Health Mission (NRHM)
2011	UHC Report
2014	SDGs initiated

However, it is surprising to note that, even after a continuous strive towards raising the awareness levels of masses about the developmental initiatives, the yield is just marginal (Singh, 2017; Mahapatro, 2015). Citing the women's perception about the spread of maternal health programmes in India, Gyanvati (2015) reveals that in spite of many programmes to address several complications of maternal health, the percentage of reach for the needy is very less. That is, there is a prevalence of high unawareness regarding the programmes (only 30% are aware) like JSY, IGMSY and others.

As India is an amalgamation of many cultures, social practices, geographies and other segregations, a state-wise understanding of the maternal health utilization scenario can give better picture than a combined one (McDougal et al., 2017). This is essential because, there are many influential factors that dictate the utilization levels of maternal health programmes from local level to national level (Banerjee et al., 2017; Dwivedi, 1992). This workout can not only bring out the effect of local factors but also the challenges in implementation (Jat et al., 2013). Comparing the reach and utilization levels of maternal health programmes/ services between urban – rural areas of South and North Indian states, Ariokiasamy and Pradhan (2013) explains that the influence of socio-economic factors coupled with cultural constraints accounts for the divide.

For instance, Dileep et al. (2009) discussed about the hindering factors for progressing with the motivated programme RCH and Child Survival and Safe Motherhood Programme (CSSM) in the highly urbanized state of Gujarat. In this regard, the dearth of basic infrastructure as well as the healthcare personnel are highlighted as the effecting factors for the smooth implementation of the programme. Similarly, Jat et al. (2013) cited about the state Madhya Pradesh, in which majority of the population (73.5%) lives in rural areas. For such a rural population dominated state, a range of strategies are proposed for successful implementation of maternal health programmes. As a result of the strategies planned, changes have occurred in role of local socio-political scenario as well as the central government in actualizing the health policies. McDougal et al. (2017) illustrated the Ananya program implemented in eight districts of Bihar which is aimed to streamline reproductive, maternal and child health (RMNH) services in the state through the CoC (continuum of care) model of WHO. The study respondents are interviewed at two levels and the study concluded that there is 41% increase in the RMNH continuum of care in Bihar because of the implementation of the programme.

The model of COC can be followed to understand the role of communities in increasing the utilization of maternal health services. The following figure - 1 explains the continuum of care approach. In addition to the individual care, the role of communities in encouraging maternal health services utilization and hence successful implementation of the programmes is explained in this model. Role of communities in uplifting the status of maternal healthcare is identified as a less explored area by

research scholars (PMNCH Report 2011; Navaneetham and Dharmalingam, 2002) and hence it is given prominence in the of late programmes that are developed in this regard.

Figure - 1: RMNCH continuum of care

Source: The PMNCH 2011 Report

In another report by Prusty et al. (2015), the status of the socio-economically disadvantaged state, Odisha is discussed. Being dominated by more than 80% of rural, tribal and back ward population, the state could not perform evenly in achieving the programmatic goals. The reasons for the poor utilization levels of maternal health services are plenty such as sparse infrastructure and other health facilities. The Human Development Index (HDI) as well as poverty headcount ratio (57.2) given by Planning Commission (2011)'s Tendulkar Committee Report 2009 also affirms the necessary actions to be taken in this regard to mitigate the disparities, as Odisha is found to be the least among poverty headcount ratio list.

Likewise, there are many state specific programmes and country specific programmes that tried to bring change in the maternal indicators directly and indirectly by targeting the needy people. It is well established fact that early/adolescent marriages are one of the major reasons for maternal health complications (Chari et al., 2017; Jejeebhoy et al., 2013). So, the urban and rural areas of states like Andhra Pradesh, Bihar, Jharkhand, Maharashtra, Rajasthan, Uttar Pradesh and Tamil Nadu where around forty percent of the country's youth is concentrated are deployed with many programmes and surveys to prevent early marriages. But, the backward ness with respect to many of the socio-economic indicators coupled with the high density of population is still playing a key role among them (Singh, 2017; Santhya et al., 2010; Ranjan, 2000). In toto, the version of the scholars to track the extent of the influence of programmes from time to time is very much mandatory and can spearhead the prospective initiatives (Ahmadi et al., 2016; Agrahari et al., 2016).

In spite of the programmes that are aimed with specific strategies, the gaps in utilization persists with respect to many segregations. That is, the disparities in

utilization of maternal health services continues according to the geographic and socio-economic inequalities between urban-rural areas and also within communities (Gupta et al, 2017; Dehury and Samal, 2016; Dwivedi, 1992). Adding fuel to fire, it is pointed that the programmes that are chalked out in many states overlap many a times. For instance, the Government schemes like Janani Suraksha Yojna (JSY), Janani Shishu Suraksha Karyakram (JSSK) and Indira Gandhi Matritva Sahyog Yojna (IGMSY) are targeting the same set of beneficiaries (Singh, 2017). These kind of unfocussed initiatives make the paybacks of the programmes unreachable to the maximum.

Methodology:

The initiatives to start and implement programmes for a specific cause can fetch their desired results if and only if they are implemented by analysing the pros and cons and modified accordingly. Plethora of research is evolved describing the methodology to assess the impact of the programme and to estimate its qualitative as well as quantitative impact (Hallett et al., 2007; Victora, 2004). The Centre for Disease Control (CDC) along with WHO coined that Health Impact Assessment (HIA) as one of the important tools to evaluate the impact of health programmes/ promotions (WHO, 2002). Further, these impacts are segregated as – Health impact, Economic impact, Social impact and Environmental impact. It is suggested that the following diagram given in figure - 2 can explain the cause and effect relationship among the components involved in the process of health impact evaluation: determinants of health, policies and programmes (health or non-health) and health impact (final outcome). All this workout is aimed to increase the quality of life.

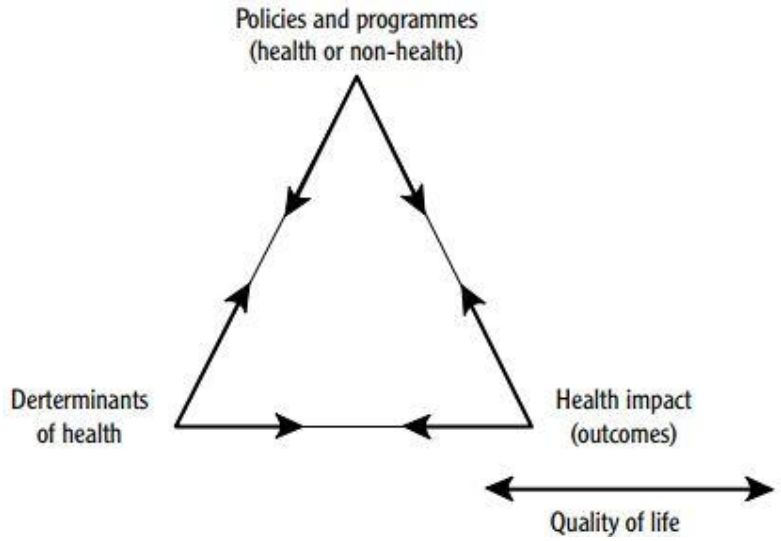

Figure – 2: Influences of policies and programmes on health

Source: Frankish et al. (1996)

Garnett et al. (2011) has proposed a framework based approach to evaluate whether the aim of the project is achieved. This framework is perceived in two parts 1) Attribution of effect and 2) extrapolation to outcome of primary interest. With the knowledge gained through review of the methodologies or models proposed, the

procedure of evaluation of any health programme can be detailed in the following framework given in figure – 3.

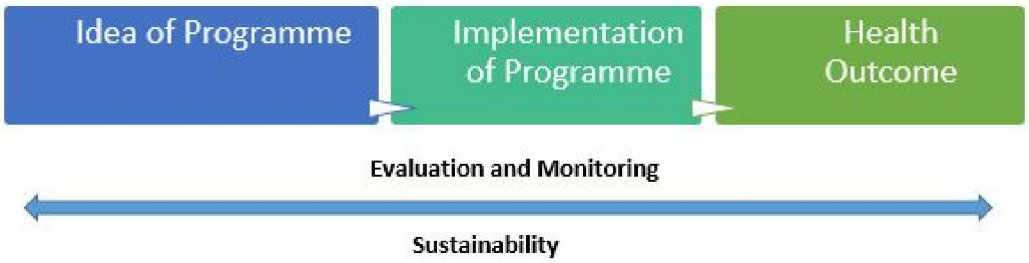

Figure: 3 – Framework for Health Programme Implementation

This framework given in the above figure depicts the simple steps to be followed from seed to weed for the successful implementation of any programme. It also affirms that to ensure such seamless implementation, performance of the stake holders with sustainability and continuous monitoring as well as evaluation is the crux.

Discussion:

Ever since the initiation of maternal health concern in the world, the same is percolated to all the member countries through various programmes. This is quite evident from the earlier ICPD conference to the latest SDGs. The momentum gained through the global initiatives coupled with the knowledge of the societies compelled the Indian Government to take stringent strides to raise a concern about the maternal health among the masses through programmes and strategies. Thus, during various policies like NHP, NPP and others special budget is allotted for the weekly performing states. Albeit, there is still gap between the target and the achievement of the conceived programmes as well as demand and supply pertaining to maternal healthcare. A state-wise diagnosis reveal interesting facts about the causes that hinder the successful execution of the programmes.

For instance, in the state of Madhya Pradesh the political and local situations stood as a challenge and hence the strategies to resolve them could fetch the desired benefits. Similarly, infrastructural lacunae are identified as the growth blockers for the maternal programme implementation in Gujarat. Likewise low levels of awareness coupled with the poor social involvement is highlighted in some other states like Bihar, Rajasthan and others. These local bottlenecks raised in the process taking the benefits to the needy not only impact the state alone but also effect the country's demographic profile, in total. In this process of analysing the status of maternal health programmes, authors also advised to change the perspective from individual level to the community level. It is also highlighted that the neighbourhood studies can reap greater benefits rather having micro outlook.

To trace the hurdles in this process of seamless implementation of the maternal health programmes so as to ensure maximum output by increasing the reach of the interventions, researchers suggested many model and approaches. These models guide the flow of procedures to be followed in order to gain greater health outcomes.

Conclusion:

Analysing the status of maternal health programmes not only exposed the position of programmes in various states of India but also suggested the necessity to re-engineer the process. Thus the present descriptive paper made an attempt to understand the current scenario of the maternal health programmes in individual states of India. In addition, the hurdles that raise in the process of programmatic implementation are analysed and suitable models are suggested accordingly. The study also brought forth various other insights regarding the smooth implementation of programmes. There are some limitations and future recommendation made out of the study.

Though the study intended to include all the states of India for analysis, only few poorly performing states are considered for the actual review. This is because of the study constraints and other reasons. Future research aspirants can consider a detailed analysis of the individual states for understanding further nitty-gritties. Also, the narrowed down approach to understand the linkages between from the micro entities to macro entities like, individual to community oriented issues can bring the key process indicators into limelight.

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