"Nurturing the Nurturers-An Overview of Maternal Health in India"

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Abstract

Maternal mortality has always been a concern where initiatives both at International and National level have been taken to reduce the maternal deaths by addressing various issues associated with mothers and their newborns. According to the World Health Organisation, it has been observed that every day in 2017, approximately 810 women died from preventable causes related to pregnancy and childbirth. Different studies and research conducted in the field of maternal and child health have also identified the causes that led to the high maternal mortality rate in a particular region and highlighted that it varies from region to region. Therefore, the present paper is an attempt to delineate the impact of various factors such as socio- demographic factors- age, marital status, literacy rate, education, early age at marriage, size of the family and social status, economic factors- occupation, education, male- female work participation ratio, environmental factors- water, sanitation, waste management, household dwelling, climatic changes and infectious disease outbreaks influencing maternal (especially during their child bearing age) and child health. Further, the paper an attempt to analyse the reproductive health during the current pandemic situation and problems faced in accessing medical health care facilities and discussed initiatives and global efforts in order to reduce maternal and infant mortality.

Keywords**:** Maternal health, Maternal Mortality Ratio, Antenatal and Postnatal care, Millennium Development Goal-3, Environmental conditions and Covid-19.

OBJECTIVE: The present paper is an attempt to analyse the impact of socio-demographic, economic, cultural factors and its direct influence on maternal and child health. Due to the sudden pandemic certain things have gained primacy, especially the environmental conditions in terms of medical facilities, garbage disposal, safe water supply, sanitation, etc.

METHODOLOGY: This paper is exploratory in nature. The issue of maternal health is the need of the hour. The initiatives taken up by the government - their policies and programs on women's well-being will be discussed and the focus is to highlight the areas that need intervention. Secondary sources have been analysed such as reports, journals, and websites of different governmental portals.

INTRODUCTION:

With the implementation of initiatives like Millennium Development Goals, Safe Motherhood (1987), National Population Policy in the Maternal and child health, Reproductive and Child health Programme (1997-Phase I and 2005- Phase II), maternal and child health problems in India have decreased significantly over the years but still records the world's highest no. of deaths in children. It has been estimated that India is still far below the two third reductions required to reach the MDG target by 2015 which is to reduce Infant Mortality Rate (INR) to 27 deaths per 1000 live births and Maternal Mortality Ratio (MMR) to 109 deaths per 100,000 live births. According to UNICEF (2013), in terms of child mortality in India the rate has dropped to half since 1990 but still records the world's highest number of deaths in children below the age of five in 2013.

In order to achieve the Sustainable Development Goal of reducing MMR to 70 by 2030, countries should reduce their MMRs by at least two-thirds from their 2010 baseline; countries with the highest maternal mortality burdens will need to achieve even greater reduction and no country should have an MMR greater than 140 maternal deaths per 100,000 live births, a number twice the global target.

Maternal mortality varies significantly within and between States. Kerala's MMR, for instance, was 46 in 2016 compared to Assam's 237.

Definition of Maternal Health:
Maternal health includes women's health during pregnancy, childbirth, and the post-partum period. Although maternal deaths have declined at the global level, they remain high in developing countries like India, where maternal health continues to be a major public health issue. Currently, women in India face a multitude of health problems.
The total *fertility* rate per woman in India is 2.5. According to maternal health theories, the age at marriage and fertility are correlated. Also, poor states in India contributed to half of the maternal deaths in India. Therefore, there is a negative association between the use of maternal care and maternal mortality ratio. The *maternal mortality ratio* is the (number of maternal deaths/Number of live births) X 100,000. It can be calculated through vital registration systems, household surveys or other sources.

FACTORS INFLUENCING MATERNAL HEALTH:

A. Socio- Demographic:

Early age at marriage: The high rate of maternal mortality and early marriage is a growing concern in developing countries like India. There is always a close association between early age at marriage and maternal mortality. India is a home to largest number of child marriage according to the UN Population Fund in 2012. Nearly 27 per cent women aged 20-24 years were married before attaining 18 years of age. According to the 2011 census, the median age at marriage in India is 23.2 years. The average age is increasing at a snail's pace because of socio- cultural constraints. Going by the 2015-2016 data, the National Family Health Survey 4 (NFHS 4) estimated that 4.5 million girls between the age of 15 and 16 years were either pregnant or had become mothers already. These young mothers as a result of early or unplanned pregnancies become highly prone to adverse pregnancy outcomes such as eclampsia – seizures immediately after childbirth, low birthweight, early neonatal death and congenital malformation.

Patriarchy and Joint family system constitutes the majority of family structures in India and has major influence on maternal and child health care. Till today women in India lack reproductive decision-making power. Moreover, socio- cultural beliefs of the family related to pregnancy such as dietary restrictions during the phase of pregnancy has an adverse impact on maternal and child health.

Reproductive decision-making power: The *decision* about where the birth is to take place is made by the woman's father or brother. According to the World Health Organization (WHO), 61 percent of births in India take place at home, and the majority of these are not attended by a skilled birthing assistant (Iyengar, 2008). Hence aggravating the problem of maternal and infant morbidity and mortality.

B. Economic:

Poverty: Approximately 28 percent of the Indian population lives below the *poverty line* with large inter-state variations. The central and eastern states of India account for 55 percent of the total poor population in India. Coincidentally, these poor states also contributed to half of the maternal deaths in India. This is most likely due to the fact that the use of maternal care services is very limited in these states (Singh, 2010).

Education: Education significantly increases the use of antenatal and postnatal care as well as skilled help at the time of delivery and decreases the probability of a delivery at home (Shariff and Singh, 2002). Education may further improve maternal health by bolstering women's autonomy in the home (Ahmed et al.

2010), including decisions about whether resources are spent on their own healthcare (Ahmed et al. 2010) (Weitzman,2017).
The above-mentioned factors have affected maternal and child health care to a larger extent. However, in today's scenario, prevailing environmental factors are aggravating the problem of maternal and child health encompassing sanitation, slum dwelling, poor air quality etc. The situation is worse in urban slum areas where on one hand the pregnant women are living in the vicinity of chemical factories and the lactating mothers are facing problems related to hygiene and poor sanitation.

C. Environment/climate change: The physical environment has a great impact on maternal health. For Instance: Water scarcity, poor hygienic conditions, infectious disease outbreaks. Moreover, Climate change in particular has been linked to increased vulnerability to floods, hurricanes near the state's coastline areas, heat waves and other natural disasters—all of which have direct consequences for women's health during pregnancy, labor and delivery and postpartum. Climate change is considered one of the biggest threats to achieving the SDGs for maternal health, clearly emphasizing the need for better and geographically more specific knowledge of climate change and maternal health.

CHALLENGES FACED BY PREGNANT WOMEN WHILE SEEKING MEDICAL ASSISTANCE:

During Antenatal care:

- **Dietary issues**: The health and nutrition ***services*** are not accessible to the most marginalised groups. Globally, 56 million pregnant women and 468 million nonpregnant women are anaemic. Maternal undernutrition also increases the probability of low birth weight and can increase the risk of death of the mother at delivery (WHO, 2013).
- **Dominance of socio-cultural beliefs:** Socio- cultural beliefs pose a great challenge in ensuring better maternal and child health. Folk medicine and cultural beliefs related to pregnancy, dietary restrictions and lack of institutional assistance have adversely affected the health of the mother and the newborn.
- **Problem in seeking institutional assistance (primary health centres visits):** Due to the lack of reproductive decision - making power, a small proportion of pregnant women access the medical healthcare facilities. Education, economic background of the family is the main impediment in availing medical assistance.

During Postnatal care:

- **The shortage of *trained human resources*,** especially doctors and auxiliary nurse midwives and lack of infrastructure remain a key challenge to improving maternal health outcomes. *Traditional birth assistants* (TBAs) attend 37 percent of home births in India and majority of them have not been to school They often lack the knowledge and skill regarding safe birthing practices. The other 63 percent of home births are unattended and women who deliver in a health facility or hospital are looked after by nurses and doctors. (Saravanan, 2011)
- **Postpartum care:** First 48 hours is considered as the most crucial period both for the mother and the neonate. Different studies argued that there is a prior need to counsel the mothers about complications attached with this period and requires urgent medical assistance. For Instance: ***Postpartum depression*** affects the mother's ability to produce milk due to let-down reflex, thus making breastfeeding difficult. Studies have shown that South Asian mothers under stress are more likely to deliver prematurely or give birth to low birthweight babies, which ultimately leads to the babies being underweight and stunted. This means that children born to depressed mothers are at increased risk of poor physical growth (https://thewire.in/health/are-indian-mothers-happy).
- **Feeding practises:** Poor feeding practises has resulted in malnourishment and stunted growth. As per the Global Nutrition Report 2020, 34.7% of children under 5 years of age are stunted, higher than the average for the Asia region (21.8%). India records the highest number of children with 17.3% being wasted. However, there is limited progress towards the target of Exclusive breastfeeding. Lack of safe drinking water, sanitation, poor dwelling pose challenges to the healthy neonate care.

- **Postnatal visits:** Visiting Primary health centres after delivery is essential to tackle the problem of Early neonatal deaths. Therefore, counselling about schedule visits are of utmost importance.
- **Hygiene:** Low levels of water consumption along with poor sewage disposal facilities and overcrowding have been noted in other urban poor communities too (Nath, 2003 and Kumar and Harada, 2002).
- **Maternal mental health:** According to WHO maternal mental health *p*revention guide, it clearly spoke of mental health problems in mothers can lead to increased maternal mortality, both through adversely affecting physical health needs as well as more directly through suicide in the world's two most populous countries, India and China.

Domestic violence, marital violence, lack of reproductive decision making and the role of women in society deeply affect overall well-being and mental health especially during her reproductive years

AFFIRMATIVE ACTIONS:

- The Janani Suraksha Yojana (JSY) was launched in 2005 and contributed to a surge in institutional deliveries from 38.7 per cent in 2005-06 to 78.9 per cent in 2015-16 by integrating cash incentives with delivery and post-delivery care.
- Pradhan Mantri Surakshit Matritva Abhiyan launched in 2016 for engaging the private sector to voluntarily provide free antenatal services on the 9th day of every month to pregnant women
- Pradhan Mantri Matru Vandana Yojana under which a cash incentive of ₹5,000 is provided to encourage antenatal check-ups for pregnant women and lactating mothers.
- Telangana government has implemented a 24-hour call centre in conjunction with its Amma Vodi programme which provides financial incentives for institutional deliveries.
- The POSHAN Abhiyaan has been launched to improve the nutritional status of women.
- Human resource compensation packages for personnel working in remote and rural areas need to be made more attractive. More focus is needed in gynaecology training for imparting practical skills in the management of labour and deliveries.
- The Union Health Ministry has launched LaQshya (Labour Room Quality Improvement Initiative), a safe delivery mobile application for health workers who manage deliveries in peripheral areas as well as the Operational Guidelines for Obstetric High Dependency Units and Intensive Care Units. The implementation of these guidelines needs to be monitored rigorously and refresher training sessions conducted for health workers whenever necessary (Prasad, NITI Aayog-public policy specialist).

COVID- 19 AND MATERNAL AND CHILD HEALTH CARE:

The scenario of Pandemic and immediate lockdown has given a new dimension to society. The Global Health Emergency has affected the social life of the individuals and left its footprints on all the pillars of society. The functioning of the local health care system was severely affected by the corona pandemic where pregnant women had no exception from it and access to the medical healthcare services were temporarily withdrawn as the health care providers were engaged in giving aid to the affected people.

The COVID-19 pandemic is putting the health and well-being of all children and adolescents at risk. The COVID-19 crisis, in particular, is exacerbating existing inequities, with reported disruptions in essential health interventions disproportionately impacting the most vulnerable women and children. At the height of pandemic lockdowns, schools were closed in 192 countries, affecting 1.6 billion students. Domestic violence and abuse of girls and women increased. Poverty and hunger are also on the rise. (UNICEF, 2020)

A recent report argues that Every Woman Every Child movement is more critical than ever as we step into the SDG Decade of Action in the midst of the worst global health crisis of a generation. The momentum of the movement must continue to champion multilateralism, to mobilize action across all sectors to safeguard the tremendous investments and gains realized by commitments since its launch 10 years ago, and to protect the health and well-being of every woman, child and adolescent, everywhere. The events like Conflict, climate crisis and COVID-19 pose great threats to the health of women and children.

GLOBAL EFFORTS TO ENSURE UTILIZATION OF MATERNAL HEALTHCARE SERVICES DURING PANDEMIC:

UNICEF: Analysing effects of Covid-19 on maternal and newborn health including maternal and child transmission. To Develop toolkits for countries to monitor health services disruption and adjust programs accordingly.
WHO: The indirect impact of the COVID-19 may have a long-lasting detrimental impact on the progress and improvements in Sexual, Reproductive, Maternal, Child, Adolescent health SRMNCAH.
Developed guidance, scientific briefs and is coordinating global research priorities in SRMNCAH. Worked with other UN agencies and partners to develop guidance on monitoring and assess potential impact of disruptions.
Management of paediatric patients during the Covid-19 Pandemic- to assess and manage sick children at all levels of the healthcare system regardless of their COVID-19 status. (Global Child Health Task Force Meeting, 2020)
India's Scenario: More than 40% reduction in the number of institutional deliveries was observed in 4 states including Jharkhand, West Bengal, Gujarat and Andhra Pradesh. The states including Jharkhand, Manipur, West Bengal and Delhi recorded more than two-fifth reduction in the number of children receiving BCG vaccination. The recent Global Financing Facility mentioned that almost 47 million women in India could be devoid of facility- based deliveries, 22.7 million fewer children would receive oral antibiotics for pneumonia. (Kumar, Sodhi and Abdul, 2020).
It has been estimated through various studies and research in the field of maternal health and the repercussions of the pandemic that India might monitor an increase in child mortality and maternal mortality by 40% and 52% respectively over the next year whereas access to safe abortion services of about 1.5 million women was compromised.
The **recent data of Punjab** on maternal health reported an average death of one pregnant woman per day due to infection. In 2020-2021, 440 maternal deaths were reported in the state due to various reasons and 21 died due to Covid. The state record 126 pregnant women being suffered from covid and the worst affected districts are Mohali (17 cases), followed by Jalandhar (11), Roopnagar (10), Ferozepur and Sangrur (Eight each), Muktsar, Kapurthala and Bathinda (Seven each) (Tribune News, 2020)
However, the continuous efforts being done by the government to tackle the situation and adopting safeguard measures. Urban Primary health Centres have also played a crucial role in the COVID-19 response through surveillance, contact tracing, and test referrals and improvement of infrastructure, human resources, and the availability of diagnostics and drugs. Gaps in the health system have become even more apparent during the pandemic.

GUIDELINES AMIDST PANDEMIC:

- All pregnant women—including those with suspected or confirmed COVID19—should continue to attend antenatal care visits and deliver with a skilled health provider to optimize healthy outcomes for both themselves and their newborns. And, given the vulnerability of newborns during the first days of life, postnatal care services for mothers and their babies must continue to be prioritized.
- ASHA workers were directed towards COVID-19 operations. They were assigned to visit each household in their area of operation.
- Generate awareness on this new disease, conduct surveillance operations, including screening migration households, line-list confirmed and suspected cases and their contacts, and refer them to the healthcare system (Kumar, Sodhi and Abdul, 2020).
- AWW/ASHA workers are now deployed mainly in testing and contact tracing of COVID- cases due to closure of other outreach programs that they used to perform. As a result, pregnant women, especially in rural settlements as well as in urban slums, have lost access to their last resort during their crucial months.

DISCUSSION: The full extent of COVID19's impact on economies, societies and health is still unknown and unfolding every day. Yet, if life-saving interventions are disrupted, many more mothers and newborns could die from treatable and preventable conditions. Investments in health systems must be made to enable countries to both adequately respond to the pandemic and ensure the continuity of critical maternal and newborn health services and supplies.

If TBA's are educated properly on birthing positions, sanitary practices, weighing of the baby, maintaining adequate newborn body temperature, and handling postpartum haemorrhage, maternal and infant health in India could improve dramatically.

Counselling on sharing parental responsibilities and work come as an important aspect in reducing maternal stress. This would not only aid in healthy child development but also boost other psychosocial parameters.

In order to address regional disparities, it is imperative that data pertaining to the different causes of maternal deaths is analysed at regular intervals and policy actions are prioritised accordingly. This requires strengthening of surveillance and monitoring systems such as the Mother and Child Tracking System and the Health Management Information System as well as the promotion of vital registration.

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