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Research Article

Impact Of Maternal Health Services On The Socio Economic Conditions Of Women

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ABSTRACT

Maternal health care services are the leading health programmes. According to WHO maternal and child health services can be defined as "Promoting, preventing, therapeutic or rehabilitation facility or care for the mother and child". Maternal health care is typically patterned on socioeconomic and cultural contours. In the present study we observe that now a days people are going for health check-ups whether they were illiterate or educated but the ratio of going for regular check-ups for antenatal visits were totally depends on their socio-economic status as shown in this study. The study is located in Prayagraj district of Uttar Pradesh, in which it contains three blocks of namely Keshwapur, Majhilapur, and Sarai Inayat. It captures the antenatal care services and their utilisation. Besides constructing a socio-economic narrative of the study I also have shown the effect of education in there antenatal visit, most of the respondents were going for their check-ups. Almost 80% of the women visits for ANC. Total thirty samples were carried out and stratified random sampling were done to select respondents from each block. In this study we had come to know that people are aware of further health complications in pregnancy so they visit to nearest primary health care centre and almost 73% women receive the antenatal services at least once during their pregnancy. The result reveals that altogether 53 % women got married at the age before 15 to 20 years. The majority were got married before they become mature or before 18 years old. Early marriage is the biggest reasons for the maternal deaths in India. The present study arrives at argument that Antenatal care are provided by the government in free of cost but the people are not aware of Janani Suraksha Yojana (JSY). It could be summarised in the following words that the factor responsible for utilisation of antenatal services among the people is based on their socio-economic status.

Keywords: Maternal Health, MMR, ANC, Socio Economic Status.

Introduction

Maternal health refers to the health of women during pregnancy, childbirth and the postpartum period. According to WHO, "Child health is a state of physical, mental, intellectual, social and emotional well-being and not merely the absence of disease or infirmity. Healthy children live in families, environments, and communities that provide them with the opportunity to reach their fullest developmental potential." Measurement of the universal growth is dependent on various factors. Globally, the most effecting factors are maternal and child health care which have a huge impact on our social and economic conditions and various studies have also documented that socio-economic variables such as cast, religion, education, women autonomy and household's wealth status again have significant impact on maternal health and utilization of maternal health care services (Paul & Chouhan, 2019). Maternal health and child health care should be considered very seriously as it is right to health and there are several government policies as well which are investing on it. Maternal health and child health care issues need to be taken very seriously and there are various programmes initiated by the state and central government i. e. Pradhan Mantri Matru Vandana Yojana, Janani Surakha Yojna, Janani Shishu Suraksha Karyakaram, Village Health and Nutrition Days, Weekly Iron Folic acid Supplementation, Poshan Abhiyan, and Wage Compensation scheme for pregnant women (in some states) which are resulting in improved maternal

health outcomes (Raghvendra and Das, 2019). According to the International Covenant on Economic, Social and Cultural Rights (ICESCR) it is stated that states should take necessary actions for the improvement of maternal and child health care. Enhancing the maternal and child health care is a step towards the betterment of society by securing their right to health and this will also contribute in economic growth as it reduces poverty. Maternal health and child care is a big issue which needed to be taken seriously specially in the developing countries which came under Africa and South-East Asia. The mortality rate of infants and maternal deaths has been 50% decreased from 1990-2015. But still there is noticeable amount of death that has been in low-income countries like India. The report published by World Health Organization (WHO) on maternal health shows that one woman in every 41 women dies due to maternal issues. The maternal death have a huge impact on the outlast family and over the flexibility of the community. Poverty is the utmost reason behind the maternal deaths. Further this maternal death sustains as a mark of poverty which continues as a cycle by effecting by effecting their communities' generations by generations.

Maternal health is one of the biggest causes which have a direct impact on the child mortality rate. There are other factors as well like environmental factor, poverty, tobacco, unhealthy diet etc. Globally, mortality rate of children has been decreased from the past few decades as shown by data where one died in 11 children in 1990 before reaching at the age of 5 years whereas in 2017 one in 26 children died before reaching the age of 5 years. So, the above collected data by United Nations International Children's Emergency Fund (UNICEF) shows the remarkable progress. Despite the progress in the given report from 1990-2017 by UNICEF, the question is do we reach to our goal? The answer is, No. In 2017, approximately 5.4 million children died under the age of 5, from which most of the deaths has been announced in Sub-Saharan Africa and South-East Asia. This is a serious issue which needed to be considered and concrete action needed to be taken by the government for the betterment of the survival of these young children. We need to stop this cycle of maternal and child mortality by taking necessary steps and making them aware about their "Right to Health".

Women and children should supposed to get the highest standards in the field of health care. As our future is dependent on them which has a direct impact on our social and economic construct. So they must get fair and enough assurance of wealth for maternal and child health care. They should not face any kind of discrimination regarding their health disease conditions (HIV and AIDS, prolapsed or any uterus related diseases). The report published on 2012, on Maternal, Reproductive and Child Health, stated that several women were mistreated by the service provider as they do suffer disease conditions like HIV, AIDS or any uterus related problem. Such type of discrimination and harassment leads to the reduction in the number of women leading to the health check-ups. They do also face discrimination while it comes to breast feeding infants. This results in the impairment of women's right to health; their freedom and they are forced to control their fertility. Mistreat of native persons also have excessive impact on women and children.

In India, women are intrinsically linked to their socio-economic status. In India there are several health issues that have to address according to their social, cultural, and geographical disparities. Regardless it's increasing economic growth in various sectors India persistently high level of maternal mortality according to W.H.O but it reduced from 212 deaths per 100,000 live births in 2007 to 167 deaths in 2013. To achieve standards in maternal and child health care several measures has been taken by the government at national and international levels. Through National rural health mission (NRHM) different programmes has been proposed and are still under way. India has made a good progress in maternal health care according to the recent report published by Dr Poonam Khetrapal Singh, WHO Regional Director for South-East Asia, which shows a great progress in case of maternal health, about 77 percentage of reduction in the maternal mortality rate. Which is a cutting-edge success attained by India. India's current maternal mortality ratio is good enough to attain sustainable development target in upcoming years.

India has taken many steps so that standard quality maternal health services can expand and easily obtained to every individual. We can also see the growth in the health service providers has been doubled since 2005 and institutional deliveries also increased from 18% to 52% from 2005 to 2016; respectively (private and institutional delivery also rises to 79%). Janani Shishu Suraksha Karyakram (JSSK) has done a remarkable work which gave several facilities at free of cost for all pregnant women including their transport and delivery (normal or caesarean). They include all urban-rural areas for the maternal and child health care. Janani Suraksha Yojna has also put a tremendous effort in this field. The proportion of literate women also rises and it is 68%. And now the women marriages at an older age, only 27% are wedded in early age. This helps women to have control over their birth reproductively and aware them about their right to health. There are many more factors are also there which are responsible for a poor maternal and child health. But due to the majors taken up by the governments at national and international levels has bring us to this point where we can notice the significant improvement in the case of maternal and child health. Hopefully, in the upcoming years we will be able to beat all these shortcomings.

Literature review

Hariharan, (2016) have highlighted the condition of rural women in India. This paper analyses the different research papers on women health and their nutritional status through several research articles and they come

to know that women face various health problems as compared to male, there is a need for more specific research on women health. Present paper tries to explain that the maternal health in India has definitely improved since 2005, but scenario is still alarming because the health of rural women India is intrinsically connected to their socio-economic status in society. This paper shown the consequences of women unfavourable status in India include domestic violence and gender discrimination in the allocation of household resources and in access to health care and education as well as early marriages.

Harish Nair and Rajmohan panda, (2011) This paper mainly focus on quality of maternal healthcare in India has improved or not by the several government supplementary nutrition programmes like National rural health mission (NRHM) and through Janani Suraksha Yojana (JSY). In spite of having immense of expenditure for maternal health and childcare India is still continues to accord a quarter of the world assessment of maternal morbidity and quality and facilities of maternal health over the last decade and the effect of government policies. Inspire of all the achievements of national rural health mission there is still an alarming issue because maternal deaths in India has the highest number and there is much scope for improvement and national rural health mission does not appear to have much of a dispute in this regard. This paper critically examined the policies regarding maternal health there much more requires settling down. Finally, this research paper explains that there has been some level of enhancement in the infrastructural quality of maternal health services in India, but there is still a devious from the quality in the most developing countries leave alone developed countries.

Rama Babu, Arnab Acharya and K. Nagaraj (2010), research on the inequalities in access to health services in India: caste, class, and region. Since the government introduces its new economic policy in 1990 but the performance of health status has been decreasing and unequal. In this article they explain three main determinants of disparities which is responsible for persisting inequalities in health outcomes that is historical inequalities, inequalities in health services and the main socio-economic inequality. From the above determinants they affect health, availability, accessibility and affordability of health services are important for better health. This paper investigates the status of health services delivery in India and there objective is to examine the disparity in having the health facility across the topographical and cultural regions and to examine the recent programmes for decreasing in inequality, availability, accessibility and affordability of health services.

Sharma chesta and Mukharjee (2014) this exploratory study is done on the issue of maternal healthcare providers in the state of Uttar Pradesh and to know the knowledge and services of informal providers whether they are able to find out resource gap in Uttar Pradesh within the context of maternal health. This study conducted with 114 informal providers. In this study they come to know that most of the village do not have professional qualified health doctors and informal providers are available at the health centres like primary health centre (PHC) almost 74 percent providers in the study have at least six to seven years of experience so they cannot meet the expectation of their community, but they are giving treatments to the people. The informal health practitioners are not enough knowledgeable and trained in problem related to maternal health but still they are conducting their practice with village people. This study shown that informal sector practitioners are giving services although they are lacking in facility and resources, but many times overcome with recognize them to their capabilities for maternal health.

Objectives

There are mainly three objectives-

1) To study the impact of maternal health care on socio-economic condition of women in the villages of Allahabad district

2) To study the women awareness towards government health scheme

3) To analyse the utilization of antenatal health care services.

Research methodology

The present paper focuses on the issue of maternal health care. Primary data has been conducted through stratified random sampling in which 30 samples were taken. Data has been collected from three blocks namely Keshwapur, Majhilapur and Sarai Inayat of Prayagraj district in Uttar Pradesh. These data include information of age when the respondents got married, whether they visit ANC, their education qualification and to know their awareness towards maternal health and its impact on their socio-economic conditions. Data analysis is done through simple cross tabulation and frequency tables and graphs. Maternal health is measured by two indicators that they are going for regular check-ups for ANC and postnatal care and to see awareness towards contraceptive pills. Collected data is arranged and tabulated using analytical software SPSS.

Data analysis

In the previous chapter it is describe that maternal health and childcare is strongly associated with socio economic conditions of women. All the researchers have supported the fact that socio economic inequalities repercussion in maternal health care across the developing countries. Therefore, the present study is an

endeavour to investigate the economic disparities in utilisation of antenatal care facilities and institutional deliveries. The result of our study is given in following points.

Education qualification of the respondents

In the study, education qualification of the respondents whereas the women health concern is influenced by education, because women education facilitates them to control over there fertility through education, they will get to know that how they can handle all the situations. Much research has shown that there is link between education and low fertility. If a woman is educated than she can marry later, it may be possible that she has fewer children and educated women use contraceptive pill for birth control, but illiterate women are having more children because they are unaware of government policies. As the above bar diagram represents that the educational qualification of women in my sample differs from there socio-economic status. In my study 30 samples are selected from which 40 % were illiterate and 26.7 % goes for primary education and 16.7 % women got secondary education only 10 % sent to high school while 6.7 % women are goes to attend college. It shows that maximum women are illiterate and the percentage for going for college in minimum so we can conclude that the trend represents that there is lack of education in my study area.

Table 1: Age when the respondent got married

		Frequency	Percentage	Valid Percentage	Cumulative Percentage
Valid	10 to 15	8	25.0	26.7	26.7
	15 to 20	16	50.0	53.3	80.0
	20 to 25	6	18.8	20.0	100.0
	Total	30	93.8	100.0	
Missing	System	2	6.3		
Total		32	100.0		

The above table examine the actual age when the respondent got married before becoming mature (18 years) early marriage has widespread in India and has a long-term consequence for maternal health. Early marriage can cause many health issues like low-birth-weight infants, maternal deaths and malnutrition in their children. As the table shows that maximum numbers of women were got married in early age the reason can be their illiteracy and their socio-economic status as we observed while during data collection that the female were uneducated and the upper caste family women were far better from them. Early marriage is the main factor which determines the health concern of women, and the risk of low birth weight is higher in young mothers. There were 26.7 % who were got married at the very young age namely child marriage and this cause to unsafe childbearing and sexual abuse at an early age. There is only 20 % women got married after they become 18 years old.

Table 2: Do your infant get regular check- up and necessary vaccine

		Frequency	Percentage	Valid %	Cumulative %
Valid	Yes	21	65.6	70.0	70.0
	No	9	28.1	30.0	100.0
	Total	30	93.8	100.0	
Missing	System	2	6.3		
Total		32	100.0		

The above table 2 shows the percentage of women was going to visit regular check- up for their infant. The antenatal service is the primary step towards make sure women health and new-born. “India has little more than 50 % of antenatal care coverage, so in order face the issue of premature birth, low birth weight babies and stillbirth, the first aspect is to increase the coverage of antenatal care,” says Dr. Flavia Bustreo. The above table shows the women were going to visit primary health centre and the percentage of women who were get all the necessary vaccine were 70%, which is pretty good and 30 % were not going for regular check-up this shows their lack of awareness towards there maternal health. Now a day’s people are getting aware of health problem related to women. The positive aspect that has observed while collecting data is that there were numbers of women who were going for their regular check- up.

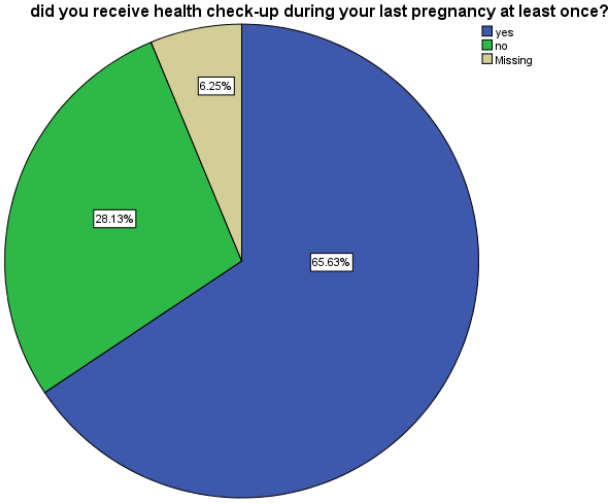
Table 3: Services received during pregnancy

did you receive the following services, at least once, during your pregnancy check-ups?				
	Frequency	Percentage	Valid %	Cumulative %

Valid	Yes	22	68.8	73.3	73.3
	No	8	25.0	26.7	100.0
	Total	30	93.8	100.0	
Missing	System	2	6.3		
Total		32	100.0		

The above table represents the percentage of total services they receive at least once, during their pregnancy period. The following services are provided: tetanus injection, iron tablets, weight measurement, blood pressure examination, and physical examination were done by primary health centre (PHC). Almost 73.3% women were going to visit for their regular check- up. The reason for increasing in number of Antenatal visit is through Janani Suraksha Yojana (JSY) they provide free access to institutional delivery results in reducing in maternal and neonatal mortality. This particular scheme has done tremendous job and it provide conditional cash assistance to the pregnant women who had registered their pregnancy to the nearest primary health centre for giving institutional delivery.

Figure 2: Health examination during last pregnancy



The above pie chart shown that 65.63% women receive health check- up during there last pregnancy at least once and 28.13% women were not goes to visit for their antenatal care. The higher percentage for visiting antenatal care is due to the increase in awareness of government schemes that are prevailing in rural areas. As in my study it is observed that there is positive attitude of women towards their health during pregnancy. Although the maximum respondents were illiterate instead of that they all were goes to their nearest primary health centre. Janani Suraksha yojana integrated better resources as well as improved the performance of health in rural setup as compared to urban areas.

Figure 3 is pie chart shows that how many times the respondents going to receive antenatal check-up. In my study the maximum number of respondent visit is four times that is 37.50% and it is the maximum number for visiting for check-up, then the lowest percentage is 12.50% who were going to visit only one time for antenatal check-up. The process of Antenatal care has been a tool for decreasing maternal and child mortality rates. The process of antenatal is to diagnose, screening and control further complications in pregnancy.

Figure 3: Number of times Antenatal care received

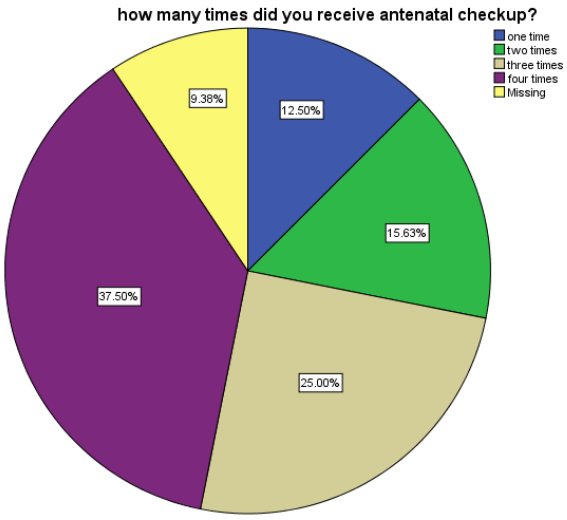


Table 4: Cross tabulation between educational qualification and antenatal visit

Did you visit for an ANC (antenatal care) during your last pregnancy at least once?				Total
		yes	no	
Educational qualification of the respondent	Illiterate	7	5	12
	Primary	7	1	8
	Secondary	4	1	5
	High school	3	0	3
	College	2	0	2
Total		23	7	30

The above table cross tabulation shows a contradiction that there is no connection between education, qualification and ANC visits because the data has shown that illiterate respondents were highest and they regularly visit ANC. This shows that there is positive implementation of government policies and the monitory incentives has been the biggest reason behind their visit to ANC. “India has a significant decline in maternal mortality ratio recording 22% reduction in such deaths since 2013” As it is also supported by the present cross-tabulation.

Conclusion

Maternal and child healthcare services are the foremost priorities of community health programmes. In the previous decades it is shown that maternal and child health care is one of the major elements of government health scheme. The findings of the study supported the fact that there is an improvement in ANC registration almost 80% of the respondent visit to primary healthcare centre. This is possible through the revolutionary implementation of NRHM/NHM, in which government supports through financial assistance. From the study it is reveal that people are aware of the factors that determine the maternal health. The result shows that most of the respondents were got married in the age group of 15-20 years and their percentage is 53.3%, this shows that early marriages still prevail in our society. Early marriage is one of the leading causes of maternal mortality. There are so many reasons that effect women health among them low level of education is the source of further complications, but in our study it is quite contradictory because our cross tabulation results shows different outcomes where the highest number of respondents were illiterate, almost 40% are uneducated. As shown in the findings that almost 81.3% of women were not using contraceptive pills that can cause to unsafe abortions and early marriages results to low birth infant, malnutrition and early child bearing those results to higher risk of maternal deaths. There is a positive finding that women were going to visit for regular check-ups during pregnancy, the number of times they visit ANC is the highest. It is evident that quality in maternal health care is improved, as India decreases 22% MMR and, in our study, it is also supported that maximum women goes to ANC visit. In summary, altogether the situation is far much better from the previous decades. Maternal deaths were decreased; in spite of sharp decline in MMR there is still a need to enhance the infrastructure of maternal and child healthcare facilities. Thus, the present study suggests that government can strengthen health services in backward areas to educate them for using birth control measures through conducting health awareness programmes.

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