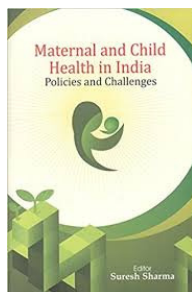


Maternal and Child Health in India Policies and Challenges

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The book is the collection of essays on various aspects of Maternal and Child health of agricultural, tribal and rural segments. Recognizing the poor performance of the country in the area of Maternal and Child health, the Government of India has given the top priority in policy formulation and implementation. The major step taken to improve maternal and child health was the launch on the Reproductive and Child Health Programme in 1997 which incorporated components such as the child survival and safe motherhood programme, reproductive tract infections and sexually transmitted diseases. Since then, many challenges have been encountered in achieving those targets, and also over time it has been realized that there are a lot of scope for significant improvement in both policy framework and implementation in this aspect. For instance, India is lagging behind the targets set in the Millennium Development Goals and in the National Rural Health Mission. Based on the above mentioned issues and challenges, the book is divided into three sections. Section 1 deals with Maternal and child health in India with broadly in five chapters. The second section has seven chapters on the role played by missions. Third Section in five more chapters, is on a concepts of

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the public health in India.

Pandey et al. in chapter one examined demographic determinants of infant mortality in India which was the indicator of the country's level of socioeconomic development and quality of life. This demography was basically used for the purpose of monitoring and evaluation of health programmes and policies. As it is well known, India has still not achieved the targets and goals of infant mortality rate. This chapter widely covered area by detailing data on maternal and child health of various states of India. The study should have covered social and demographic variables to make it more meaningful.

Sajini et al. in chapter two has discussed Maternal deprivation and health outcomes among Scheduled Tribes in India. As per the constitution of India, certain ethnic minority groups traditionally is referred as tribes and scheduled tribes. Authors analyzed the Maternal deprivation among the scheduled tribe population of India and examine the association between deprivation and health outcomes on some of the demographic development indicators among tribal population in India.

Sharma et al. in chapter three explained the consequences of unsafe abortion. Unsafe abortions were rampant at unrecognised institutions in rural area. Both MTP and health service facilities were inadequate in India. Further, this chapter found that there were lack of trained personnel that directly could directly arrest increased number of Maternal death. The chapter further discussed state wise distribution of Institutions for abortion and found that illegal abortions had increased in India because of increase in unwanted pregnancy for lack of knowledge of family planning methods due to the hazardous Government health facilities.

Authors felt that to overcome these problems, there should have been nodal officers for monitoring the process. Trainees should not only be practically trained in providing the service, but also be freed from all social taboos to help women open up and understand the aim of the MTP Law.

In the chapter four, Khan et al. analyzed the utilisation of maternal health care facilitated among women workers in agricultural sector to understand the factors influencing utilisation of care services in Karnataka during pregnancy period and assess the influence of socio-economic and demographic characteristics of currently married women in Karnataka. Agriculture is the mainstay of Indian economy as over 70 percent of our men and women depend upon agricultural for their livelihood. Moreover, while women are the backbone of the family, they were treated as weak and dependant on men. This chapter examined differences wage between male and female agricultural labourers and their health status. This chapter further explored the classification of women on the basis of their working status. Since few studies have taken place on maternal health care utilisation at national or international levels on the agro-women prospective, the chapter suggested the requirement for this type of study to monitor of the health status of women in agricultural society.

Iffat Naseem in chapter five examined the performance of MMR as a result of introduction of National Rural Health Mission. She found that deaths were shockingly high in India. As per her analysis over one lakh women in India died every year from various preventable causes related to pregnancy and child births. This chapter discussed the reforms of various policies and programmes needed for the improvement of Maternal Deaths in India. Further, this chapter discussed on Antenatal Care, Intrapartum, Postnatal Care and various other health programmes. The percentage

of MMR in different states of India and causes of maternal death were focused in this chapter. The author's observation in this chapter was that health programmes in the past focused more on child health and lesser on maternal component and even today the same trend has been continuing. Analysis further suggested that still there was need to look at Maternal Mortality.

In chapter six, Bomble et al. narrated about ASHA, a health activist in the community who created awareness on health, its social determination and mobilised the community towards local health planning as well as increased utilisation and accountability of the existing health services. The organization would be a promoter of good health practices. The role of organization was to provide a minimum package of curative care as appropriate and feasible for a level and make timely referrals. This chapter analysed activities conducted by ASHA in last six months that showed that the core activities of the organization was on maternal, new born and child health.

This chapter further elaborates to understand the role of ASHA in mediating and facilitating services between the community and health care facilitates for achieving the NRHM mission success. Further, this chapter focuses on gaps and areas of improvements and suggested strategies to strengthen this. This also discusses the barriers faced by both the community and ASHAs in reaching up to health care. The chapter also discusses how to create awareness about ASHA for institutional delivery and to get registered in JSY. However, it needs to focus on other factors like social and cultural factors for improving maternal health. ASHA has been also promoting JSY (Janani Suraksha Yojana) along with other programme. ASHA has been facing problems of funds and facilities for health services and requires more supports with respect to funds and skilled personnel for better performance.

In chapter seven, Manasa et al. looked into the mother and new born care coordination of Yashodas. Authors mentioned here that in Yashodas, two key practices were recommended for all pregnant women to follow immediately after the delivery i.e, to start breastfeeding within one hour of birth and to seek BCG Vaccine for the new born. In this context, it was found to be critical to provide counseling services for mothers and support coordination within the maternity ward. This chapter discusses various programmes of Yashoda and the structure is required during the stay in hospital after the birth of the child.

This chapter further discussed various schemes and elaborated the emotional support provided by yashoda. Further, chapter pointed out that proper delegation of duties were needed among various participants of the maternity ward in order to avoid overlapping and wastage of time.

Singariya in the eight chapter, discussed the role played by National Rural Health Mission in reduction of Infant Mortality rate in India by about 37 percent in the period 2005-11 as compared to 2000-2005. This rate was expected to be reduced in the latest survey results.. This chapter mentioned that IMRs registered higher reduction in Orissa followed by states like Madhya Pradesh, Bihar, Uttar Pradesh and Rajasthan while Manipur and Kerela witnessed lower decline rate of IMR than national average in this period. Further, this chapter analysed positive association with the increase in female health workers and decline in infant mortality rate in India statistically significant at 1% level.

Rashmi Tanwar in the chapter nine discussed that in Haryana, social recognition was very important for a change in the status of women. In chapter ten, Selvam et al. found that only a few districts like Kanyakumari, Tiruchirapalli, Dindigul among all other districts showed a close trend between

HMIS data and DLHS-3. This was reported to data managers at district level and suggested that data would be entered at that level to improve the quality.

In chapter ten, J. Joseph Durai Selvam and M. Senthil Kumar observed that only a few districts like Kanyakumari, Tiruchirapalli, Dindigul showed a close trend between HMIS data and DLHS-3 but this was not observed for all other districts. This information was sent to managers at district level so that quality data at district level could be collected.

Sazzad Parwez and Neha Shivani in chapter 11 compared the status of Maternal Health with the help of HMIS and DLHS-3 in Tamil Nadu. Jyoti Ranjan Sahoo in chapter twelve discussed how methods of campaigning successful commercial products and services can be adapted for motivating to address their problems and for bringing in changes in lifestyles through changes in practices.

Sanghmitra S. Acharya explained in chapter thirteen that the pressure of development changed the distribution of water and availability of access to sanitation which was identified as the primary factor affecting the public health.

In chapter fourteen, Venkata Somayajulu observed a need for special programme and specific training for building capacity of the healthcare providers to enable them to handle mental health problems of the disaster affected people.

Chapter fifteen by Litul Baruah highlighted the need for further research on the economic and the social status of Hijras/Transgender of Community in India.

Bashir Ahmad Bhat in chapter sixteen explained that involvement of men was helpful for their wives to utilize reproductive health services.

Sunita Reddy in chapter seventeen critically examined Medical Tourism in India. India is not rich enough to subsidize the treatment of developed

countries when 1/3 rd of its population lived below the poverty line without access to Primary Health Centre and tertiary health care.

The book is useful for various reasons (1) firstly essays on the rural and public health elicited the key concerns that deserve sustained policy focus and concerted engagement within public health systems at different levels. (2) essays on issues such as population stabilization, infant mortality, maternal mortality and child health outcomes focused on success and failure to draw lesson from

front lone experiences of the state level frontline health workers, community participation. Overall, the book provided useful insights on maternal and child health, and will be a helpful reference to those engaged in health and healthcare services in India. I would like to compliment Dr. Suresh Sharma for the timely contribution in the field of health policy and planning in India.