



MATERNAL HEALTH IN INDIA: A COMPREHENSIVE ANALYSIS

Dr. Vikram Singh

Assistant Professor Department of Geography

Government College for Girls Unhani, District M.Garh Haryana

ABSTRACT:

Maternal health is a critical component of public health, reflecting the overall well-being of women and their communities. India, as one of the world's most populous countries, faces significant challenges in ensuring the health and well-being of its mothers. This research paper delves into the intricate details of maternal health in India, employing data from the National Family Health Survey-5 (NFHS-5) to provide a comprehensive analysis of the current status, challenges, and opportunities in maternal healthcare.

Keywords: Maternal Health, India, NFHS-5, Healthcare Access, Determinants, Policy Interventions, Socioeconomic Factors, Maternal Mortality, Antenatal Care, Postnatal Care.

INTRODUCTION:

Maternal health is a global concern, with several Sustainable Development Goals (SDGs) emphasizing the need for improving maternal well-being. In India, despite advancements in healthcare, maternal mortality rates remain high in certain regions. This section provides an overview of the significance of maternal health and introduces the NFHS-5 dataset.

Maternal health in India is a critical issue that demands urgent attention and comprehensive solutions. The well-being of mothers is not only fundamental to the health of families but also serves as a significant indicator of a nation's overall development and progress. India, with its diverse population and complex healthcare landscape, faces unique challenges in ensuring the safety and health of its expectant and new mothers.

In recent years, there have been notable advancements in healthcare infrastructure and services across the country. However, maternal mortality rates remain a cause for concern, especially in rural and underserved urban areas. Access to quality prenatal care, skilled medical professionals, and essential resources is still a challenge for many pregnant women in India. Socioeconomic disparities, cultural norms, and lack of awareness often exacerbate these challenges, leading to adverse outcomes for both mothers and their infants.

METHODOLOGY:

This section explains the methodology employed, including data selection and statistical techniques. Secondary data has been used from the NFHS-5 (2019-20). Further analysis



includes graphical presentation through bar diagram of the secondary data and their interpretation.

Maternal Health Indicators:

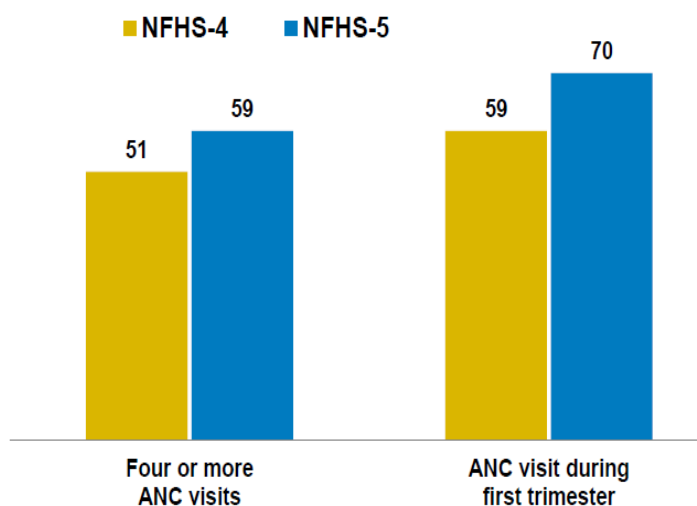
Utilizing NFHS-5 data, this section presents key maternal health indicators in India, including antenatal care coverage, institutional deliveries and postnatal care for mother and child. It highlights regional disparities and trends over time, drawing comparisons with previous NFHS rounds.

Analysis:

Health care services during pregnancy and childbirth and after delivery are important for the survival and wellbeing of both the mother and the infant. Antenatal care (ANC) can reduce the health risks for mothers and their babies by monitoring pregnancies and screening for complications. Delivery at a health facility, with skilled medical attention and hygienic conditions, reduces the risk of complications and infections during labour and delivery.

Figure 1: Trends in Antenatal coverage during 2015-16 and 2019-20

Percentage of women age 15-49

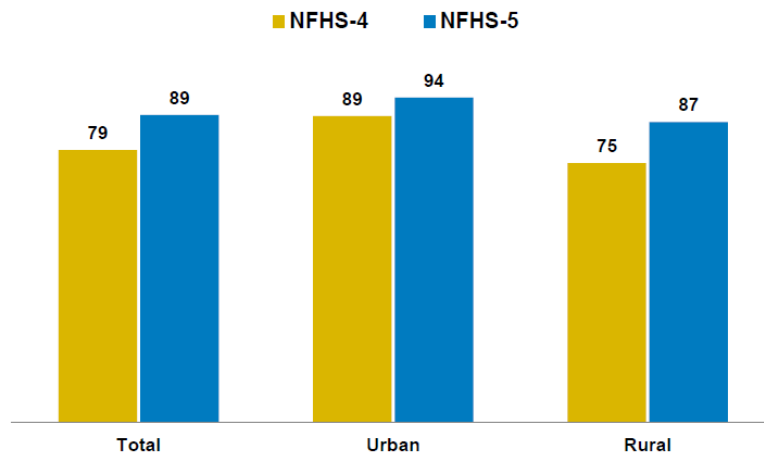


The proportion of women that received the recommended four or more ANC visits increased from 51 percent in 2015-16 to 59 percent in 2019-2020. Over the same time period, the proportion of women who received ANC in the first trimester increased from 59 percent to 70 percent (Figure 1).



Figure 2: Institutional Delivery during 2015-16 and 2019-20

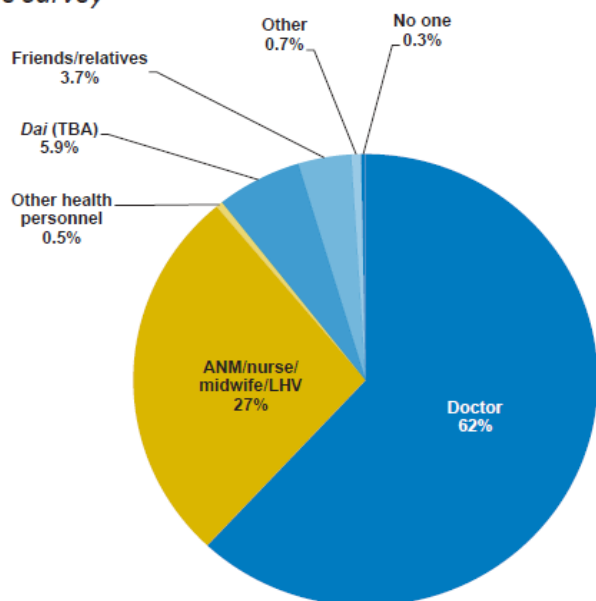
Percentage of births in the five years before the survey



Increasing institutional deliveries is an important factor in reducing maternal and neonatal mortality. Eighty-nine percent of institutional delivery was reported in NFHS-5 as compared to NFHS -4 (79%). Urban areas reported more institutional deliveries than rural areas. Further we find that in both urban as well as rural areas, the proportion of institutional deliveries has increased during NFHS-4 to NFHS-5 (Figure 2).

Figure 3: Skilled Assistance during Delivery

Percent distribution of births in the five years before the survey



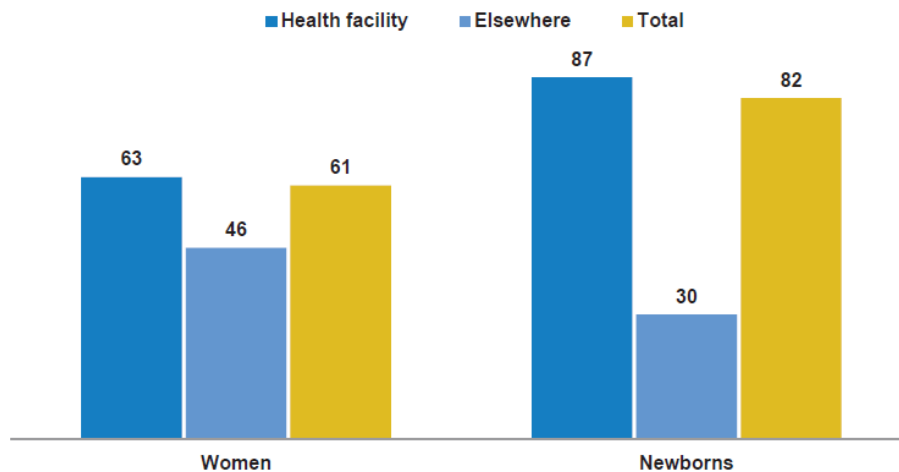
Assistance during childbirth can influence the birth outcome and the health of the mother and the newborn. A skilled attendant can manage complications of pregnancy and delivery or



refer the mother and/or the baby to the next level of care. In the five years before the survey, almost 9 in 10 live births (89%) were delivered by a skilled provider. The majority of births were attended by doctors (62%), followed by ANMs, nurses, midwives, and LHVs (27%), and dais 3(TBAs) (6%) (Figure 3).

Figure 4: Postnatal Care by Place of Delivery

Percentage of last births in the five years before the survey for which women and newborns received a postnatal check during the first two days after birth



A large proportion of maternal and neonatal deaths occur during the first 24 hours after delivery. For both the mother and the infant, prompt postnatal care is important to treat complications that arise from delivery and to provide the mother with important information on caring for herself and her baby. The Ministry of Health and Family Welfare (MoHFW) recommends that all women who deliver in a health facility receive a postnatal health check within the first 24 hours after delivery and that women giving birth outside of a health facility should be referred to a health facility for a postnatal check within 12 hours after giving birth.

The 2019-20 NFHS found that among women age 15-49 giving birth in the five years before the survey, 61 percent had a postnatal check during the first two days after birth. The first 48 hours of life are a critical phase in the lives of newborn babies and a period in which many neonatal deaths occur. Lack of postnatal health checks during this period can delay the identification of newborn complications and the initiation of appropriate care and treatment. In India, 82 percent of newborns in the last five years had a first postnatal check within the first 2 days after birth. Fourteen percent of newborns did not receive any postnatal health check (Figure 4).



Challenges and Barriers:

There are challenges and barriers faced in improving maternal health in India. It includes various issues such as lack of awareness, cultural practices, inadequate healthcare facilities, and socioeconomic disparities. Real-life case studies and qualitative data supplement the quantitative analysis, providing a holistic view of the challenges.

Maternal health in India is significantly impacted by a variety of challenges and barriers that hinder the effective delivery of healthcare services to pregnant women. Understanding these challenges is crucial for designing targeted interventions and policies aimed at improving maternal health outcomes. The following are some of the key challenges and barriers in maternal health in India as limited access to quality healthcare services in which rural areas face a shortage of healthcare facilities, leading to inadequate access to essential maternal healthcare services. Socioeconomic disparities such as poverty and lack of resources often prevent women from seeking timely and appropriate maternal healthcare. Deep-rooted cultural beliefs and traditions influence maternal health practices. Lack of education and awareness affects their understanding of maternal health needs and the significance of prenatal and postnatal care. Limited access to nutritious food and lack of awareness about proper nutrition during pregnancy exacerbate this problem. Inadequate family planning services, infrastructure and resource constraints, healthcare system challenges and lack of postnatal care are equally important.

Addressing these challenges requires a multi-faceted approach, involving policy changes, increased investment in healthcare infrastructure, improved education and awareness programs, and active community engagement. By identifying and overcoming these barriers, India can significantly improve maternal health outcomes and ensure a healthier future for both mothers and their children.

Interventions and Policy Implications:

To improve the access to quality health care, especially for those residing in rural areas, the poor, women, and children, the government launched the National Rural Health Mission for the 2005-2012 period. One of the important goals of the National Rural Health Mission (NRHM) was to provide access to improved health care at the household level through female Accredited Social Health Activists (ASHAs), who act as an interface between the community and the public health system. The National Urban Health Mission (NUHM) was established as a Sub-mission of the over-arching National Health Mission (NHM) in 2013, with NRHM being the other Sub-mission of the National Health Mission.



Policy interventions and healthcare programs aimed at improving maternal health are discussed in this section. It evaluates the effectiveness of existing policies and suggests evidence-based recommendations for policy-makers. The discussion also includes successful international models that India can learn from.

Future Prospects and Recommendations:

This section outlines potential future scenarios based on current trends and projects the impact of specific interventions. It provides recommendations for policymakers, healthcare professionals, and civil society organizations to enhance maternal health outcomes in India. Emphasis is placed on community engagement, education, and strengthening healthcare infrastructure.

Developing a robust policy framework for maternal health in India is essential to address the existing challenges and improve outcomes for mothers and infants. Here are several policy recommendations that could be considered to enhance maternal health in the country:

Increase investment in healthcare, improve access to quality healthcare, promote education and awareness, enhance antenatal and postnatal care, focus on nutrition, address socioeconomic determinants, utilize technology, data collection and research, community engagement, monitoring and evaluation, implement a robust monitoring and evaluation system to assess the effectiveness of maternal health programs and policies.

By implementing these policy recommendations, India can work towards significantly improving maternal health outcomes, ensuring a healthier future for mothers and their children. Collaboration between government bodies, healthcare institutions, non-governmental organizations, and local communities is crucial to the successful implementation of these policies.

CONCLUSION:

The conclusion summarizes the key findings of the research and emphasizes the importance of addressing maternal health challenges in India. The proportion of women that received the recommended four or more ANC visits and proportion of women who received ANC in the first trimester increased from NFHS-4 to NFHS-5. Urban areas reported more institutional deliveries than rural areas. Further we find that in both urban as well as rural areas, the proportion of institutional deliveries has increased during NFHS-4 to NFHS-5. In the five years before the survey, almost 9 in 10 live births (89%) were delivered by a skilled provider. The majority of births were attended by doctors followed by ANMs, nurses, midwives and LHV's, and dais. The proportion of post natal health check up has been increased during the



above said period. Therefore we could conclude there are significant improvements in the parameter of maternal health during NFHS-4 (2015-16) to NFHS-5 (2019-21). It reiterates the need for collaborative efforts from governments, NGOs, and communities to improve maternal health outcomes, ensuring a healthier future for both mothers and children.

REFERENCES

- Vora, K. S., Mavalankar, D. V., Ramani, K. V., Upadhyaya, M., Sharma, B., Iyengar, S., ... & Iyengar, K. (2009). Maternal health situation in India: a case study. *Journal of health, population, and nutrition*, 27(2), 184.
- Hamal, M., Dieleman, M., De Brouwere, V., & de Cock Buning, T. (2020). Social determinants of maternal health: a scoping review of factors influencing maternal mortality and maternal health service use in India. *Public Health Reviews*, 41(1), 1-24.
- Navaneetham, K., & Dharmalingam, A. (2002). Utilization of maternal health care services in Southern India. *Social science & medicine*, 55(10), 1849-1869.
- Jat, T. R., Ng, N., & San Sebastian, M. (2011). Factors affecting the use of maternal health services in Madhya Pradesh state of India: a multilevel analysis. *International journal for equity in health*, 10(1), 1-11.
- Nair, H., & Panda, R. (2011). Quality of maternal healthcare in India: Has the National Rural Health Mission made a difference?. *Journal of global health*, 1(1), 79.
- Jungari, S. (2020). Maternal mental health in India during COVID-19. *Public Health*, 185, 97.
- Bhatia, M., Dwivedi, L. K., Banerjee, K., Bansal, A., Ranjan, M., & Dixit, P. (2020). Pro-poor policies and improvements in maternal health outcomes in India. *BMC Pregnancy and Childbirth*, 21(1), 389.
- Paul, P., & Chouhan, P. (2020). Socio-demographic factors influencing utilization of maternal health care services in India. *Clinical Epidemiology and Global Health*, 8(3), 666-670.
- Shariff, A., & Singh, G. (2002). Determinants of maternal health care utilisation in India: evidence from a recent household survey (No. 85). New Dehli: National Council of Applied Economic Research.