

# STATUS OF MATERNAL HEALTH IN HUGLI DISTRICT, WEST BENGAL

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**ABSTRACT:** Good health is the key to a happy and productive life and an important indicator of human development. Each and every step of life is recurrently exposed to state of helplessness if human being is prone to commonplace ailments. Long healthy life is the basic aspiration of human development. From the stand point of both personal and social level a healthy person is an asset. Safe Motherhood reflects the strength and capability for bearing and rearing healthy children. It is a form of human capital and an important dimension of human development which is necessary to achieve a healthy society. The reproductive health of mother depends more on social phenomena than the biological determinants. To show the intra district status of maternal health is the main purpose of the study. The present study mainly based on secondary data processed and analyzed by different GIS and statistical techniques. In rural areas maternal health services mainly delivered by Government primary health centers and sub centers. On the other hand in urban areas this service are mainly available through Government or municipal hospital, urban health posts, hospitals and nursing homes operated by non-government voluntary organizations and various private nursing homes. The maternal health is closely related to socio-economic development in the study area as well as all over world. So, the deprived section of the society having an adverse affect on their maternal and reproductive health. Weaker parts of the district in terms of urbanization, education, awareness are holding higher ranks in the vulnerability status of pregnancy and maternal health outcome. So, these parts of the study area need more attention through ensuring high maternal health facility.

**Keywords:** maternal health, vulnerable pregnancy, reproductive health.

## INTRODUCTION:

Safe motherhood practice is critically important in a country that is experiencing high infant and maternal mortality. Keeping mothers alive and healthy is good for women, their families and society. Realizing the importance of maternal health care services, the Ministry of Health, Government of India took concrete steps to strengthen maternal health services in First and second Five Year Plans (1951-56 & 1956-61). In fifth five year plan (1974-79) was introduced maternal health services as a part of Minimum Needs Programme. The primary objective was to provide basic health services to vulnerable groups of pregnant women and lactating mothers. Since then the promotion of mother's health has been one of the most important aspect of Family Welfare Programme in India and has now been further strengthen by Safe Motherhood Programme in all over the country. The basic maternal health services are antenatal and postnatal care of mothers as well as infants.

## OBJECTIVES:

The main objective of this study are-

- ❖ Intra district analysis of maternal health in terms of MDGs indicators.
- ❖ Identification of controlling factors behind the vulnerable maternal and reproductive health status mainly in rural areas of study area.
- ❖ Correlate different indicators of maternal health status.
- ❖ Find out different Govt. policies related to maternal health.
- ❖ Suggest some remedies to improve the maternal health mainly in remote areas.

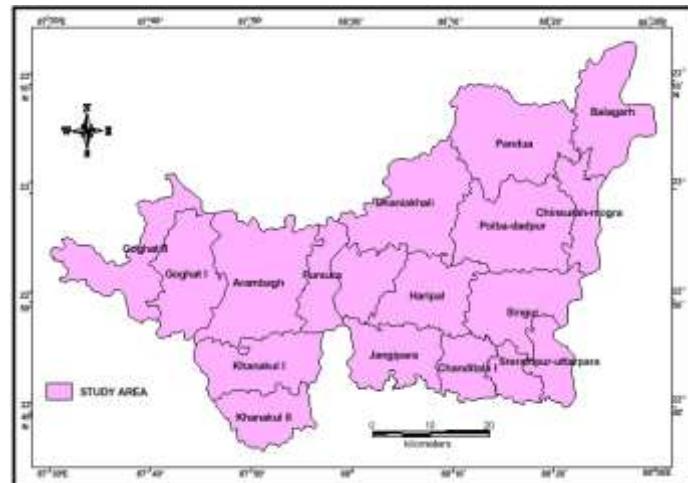
## METHODOLOGY:

The paper based on the data have been collected through census of India 2011, District Statistical Handbook of Hugli District 2011, data received from Chief Medical Officer of Health (CMOH), different health reports published by Government of India and Govt. of West Bengal like reports from National Rural Health Mission (NRHM), Ministry of Health and family Welfare (MHFW), Sample Registration System (SRS) and other institutions. Collected data have been processed and modified by different statistical techniques. Intra-district analyses of maternal health have been mapped through GIS software.

## STUDY AREA:

Hugli district is one of the districts of the state of West Bengal in India. The district Hugli is situated towards North-West Kolkata on the Western side of the river Hooghly. Hugli district lies between  $22^{\circ}39'32''$  N to  $23^{\circ}01'20''$  N latitude and between  $87^{\circ}30'15''$  E to  $88^{\circ}30'20''$  E longitude. It extends over 3149 Sq.km (Survey of India).It comprises only 3.55%

(approximately) of the total area of the state of West Bengal. The fig.(1) present the detailed order of the location of the study area. The district has been sub subdivided into four subdivisions.



**Hugli District**

#### Location map of the study area

Source: NATMO (Kolkata) fig - 2

The district has a total 207 Gram Panchayats, 3029 Gram Sansads and 1999 Mouzas. In addition there are Twelve Municipalities and One Municipal Corporation in the district of Hugli. According to 2011 census total population of this district is 5519145(Proportion to West Bengal 6.04%) of which 2814653 are male and 2714492 are female, density of population is 1753 / Km<sup>2</sup>, average literacy rate is 82.55%, sex ratio (per 1000) 958.

#### LITERATURE REVIEW:

To present the study it is essential to study all information's that have published already. The Researcher has reviewed books, journals, Reports and conferences proceedings, journals like Economic and political weekly etc. According to Frank (1987) all societies limit and enhance fertility as a result of customary restrictions on marriage and sexual behavior. It again depends on the number of children a woman have, family size, socio economic status, religious benefits, taboos and customs. On the other hand Frisbie (2004), Burgard (2002), Williams and Collins (1995) emphasized on the disparities between maternal health of racial and ethnic groups of societies. According to Sidhu (1994) tremendous wastage of human resources caused by the neonatal deaths and still births are considered to be a problem widely prevalent in developing countries specially in India, Bangladesh, Pakistan affecting the mother's health and her socio emotional bondage. While Dr. Biswaranjan Mistri and Alokananda Ghosh in their paper 'Status of maternal health in West Bengal' show the inter district disparity in West Bengal. All these works and my personal convictions have directed me a lot to pursue works in a guided manner on this area.

#### MATERNAL HEALTH INDICATORS:

Coming back to the Millennium Development Goals pronounced in the year 2000, two important objectives mentioned there are to reduce child mortality and improve maternal health. The global picture is not very bright and India has also failed to achieve at the desired level on these two fronts. Proper attention on the improvement maternal health is a pre-requisite for removal of poverty and hunger and in broader sense, improvement of the physical quality of life of a society. Also there are other indicators which require appropriate attention for betterment of the quality of life in the district. Here we will discuss the district scenario with reference to some important indicators to get an overall picture of Hugli district.

#### Maternal Mortality:

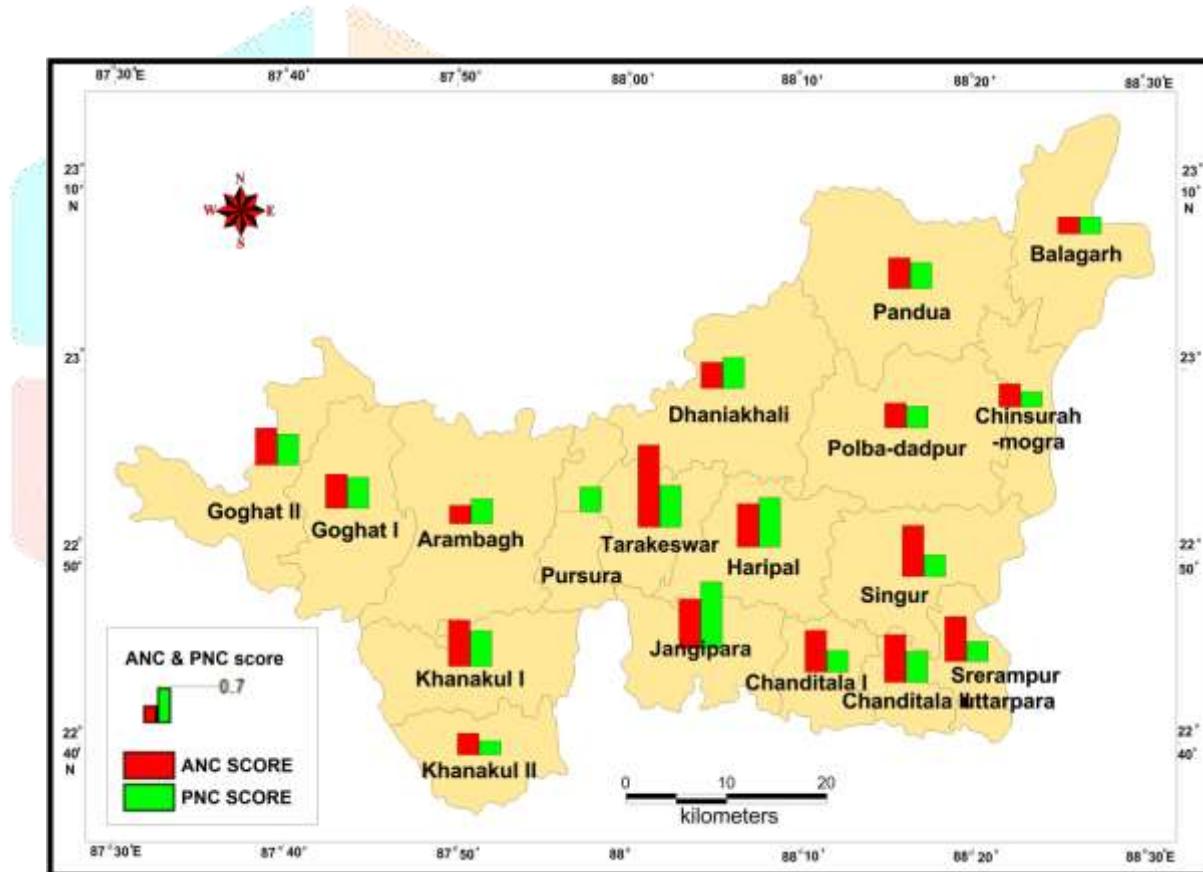
Maternal mortality is a major aspect of health status. In India maternal mortality is 301 (2001 – 03) Special Survey of Deaths using RHIME) and in West Bengal it was 194. But intensive drives taken by the health system are bringing good results over the last few years. NRHM report of the district for 2008-09 reveals that in this district it was 140 in 2004-05 and further came down to 104 in 2008-09. If we look at the comparative analysis, 49 cases of maternal mortality was reported during the first

half of 2008-09, whereas during the corresponding period of 2009-10, the number of such death was 25, which shows that there was a reduction of about fifty per cent. Lack of care during child birth is held primarily responsible for maternal death whereas there are other causes of anemia. There are provisions of antenatal care under the present public health system, which are contributing in reducing the maternal mortality in the district. Important factors in this regard are:- (i) care before delivery,(ii) place of delivery and presence of personnel at the time of delivery and (iii) post delivery care, out of which factor (ii) is most important towards reducing maternal mortality.

Main causes of maternal death in this district are bleeding after delivery, infection after delivery, unsafe abortion, High blood pressure (hypertension) during pregnancy, mal-nutrient pregnant women, unavailability of doctors and modern infrastructure in critical case of pregnancy and delivery in remote areas, carelessness of family members about pregnant women etc.

#### **Antenatal Care (ANC) and Postnatal Care (PNC):**

Antenatal and postnatal care refers to pregnancy-related health care provided by a doctor or a health worker in a medical facility or at home. The Safe Motherhood Initiative proclaims that all pregnant women must receive basic but professional antenatal care. Antenatal care can contribute significantly to the reduction of maternal morbidity and mortality because it also includes advice on the correct diet and the provision of iron and folic acid tablets to pregnant women beside medical care. Improved nutritional status coupled with improved antenatal care can help to reduce the incidence of low birth weight babies and thus reduce perinatal, neonatal and infant mortality. On the other hand pregnant women receive proper treatment and advice after delivery by post-natal care (fig.2).



**Ante-natal and post-natal care of mothers of Hugli district 2011  
(Source: office of CMOH : Hugli ) fig.2**

As expected the ante-natal care is greater than the post-natal care everywhere. In the rural areas 64.14% and 58.02% of the mothers have got the ante-natal care and the post-natal care (2011).

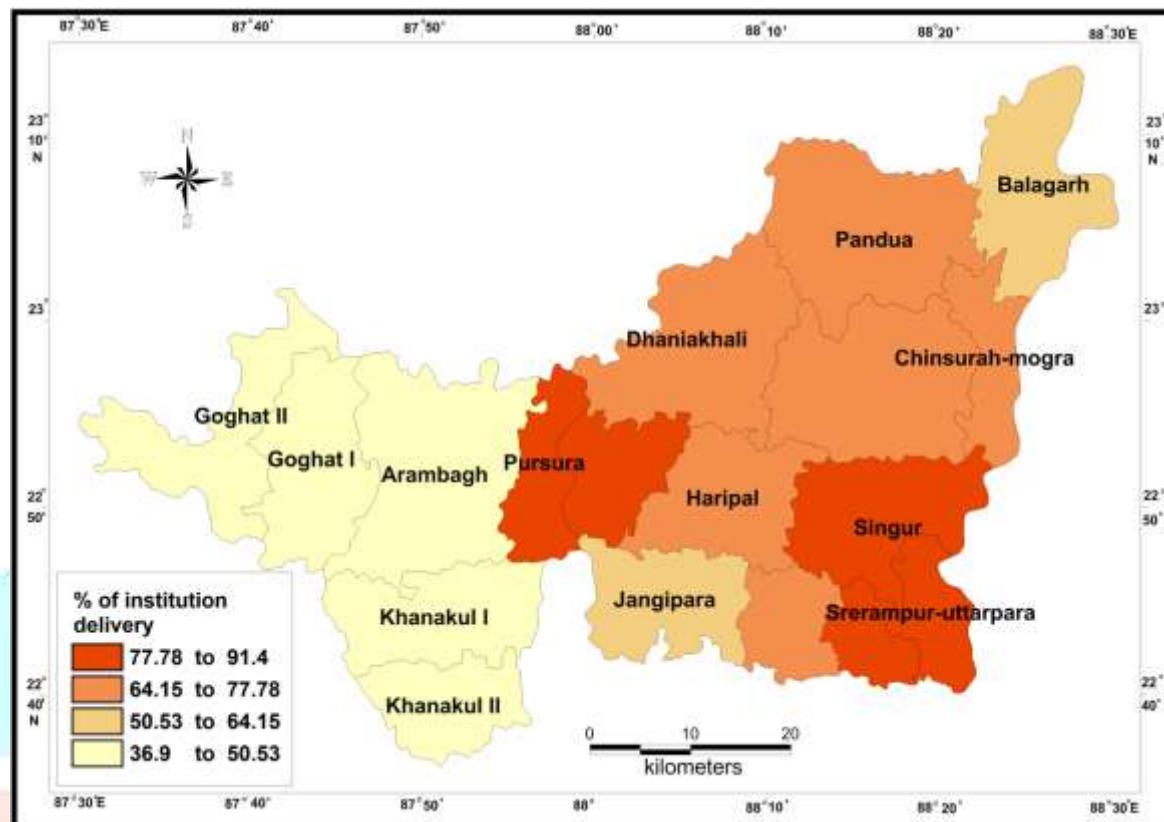
The extent of ante-natal care is considered to be the most important determinants of the reproductive health of mother. The block wise ante-natal care of mother is show in fig.2

The highest 89.99 per cent of mother received ante-natal care in Jangipara block followed by Tarakeshwar, Khanakul-I and Chanditala-I. The poor application of ante-natal care was observed in Arambag block (62.76 per cent) followed by Chinsurah-Mogra, Balagarh and Khanakul II. It is to be noted that in the urban areas ANC and PNC are often obtained in private health care units of different types. Government provided facilities are seldom used.

## **Institutional Delivery:**

In respect of institutional delivery the district has achieved considerable success in recent years; the percentage of institutional delivery in the district is as high as 80.8, which is again higher than the

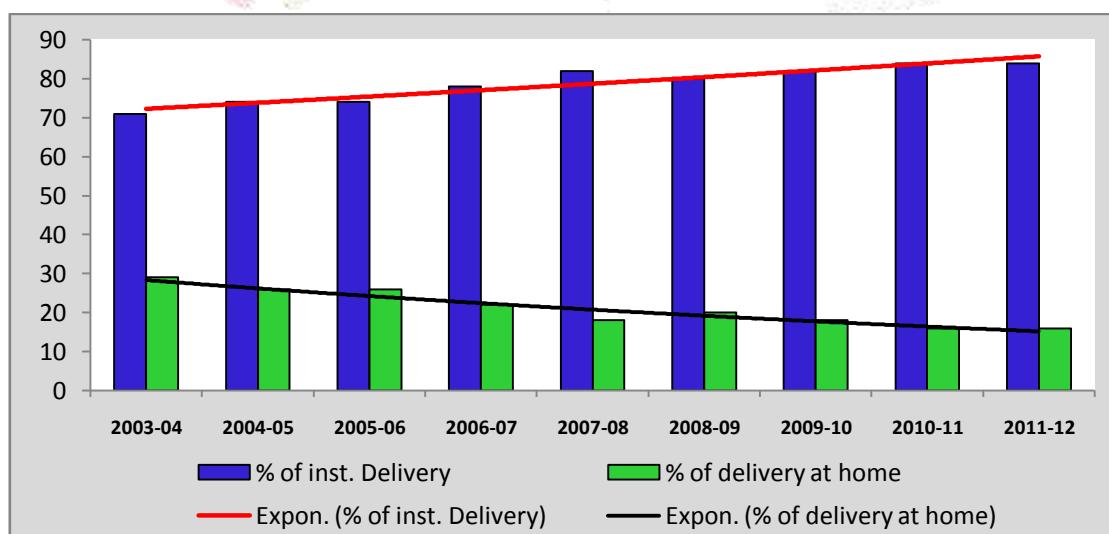
**% of Institutional delivery:** (No of institutional deliveries / Total no. of deliveries)\*100



### **Percentage of institutional delivery 2010-11**

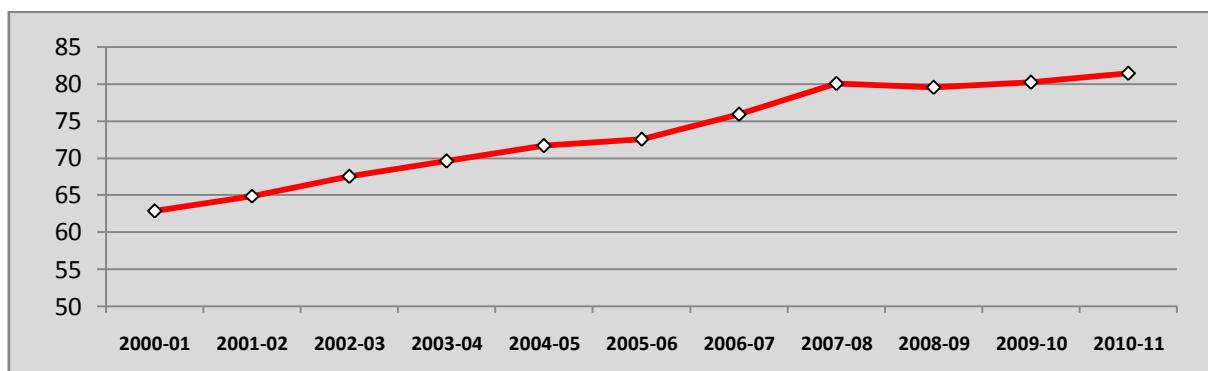
(Source: Office of CMOH, Hugli fig.3)

State average (54.1). Still, the district is far behind the target of 100 per cent institutional delivery. Moreover, there are substantial variations in the extent of institutional delivery across the blocks of the district. The performance of the rural areas (68.9 per cent) is lagging much behind the urban areas (90.2 per cent). In rural Hugli, Tarakeswar block occupies first rank with 91.4 per cent institutional delivery, while Arambag block has achieved lowest rank with only 36.9 per cent institutional delivery (fig 3).



**Trend of institution & delivery at home in Hugli District in %**  
**Source:** Statistical Section CMOH Office (PH Wing), Hugli **fig.4**

The trend in institutional delivery and delivery at home over the period 2003 to 2012 is given in Fig 4. As illustrated in the Fig.4, it is clear that the institutional delivery is increasing over time at the rate 0.027 and delivery at home is declining at the rate 0.08. In every year the percentage of institutional delivery is greater in magnitude than the delivery at home.



**Trend of safe motherhood index in Hugli district in %**

Source: CMOH office Hugli

fig.5

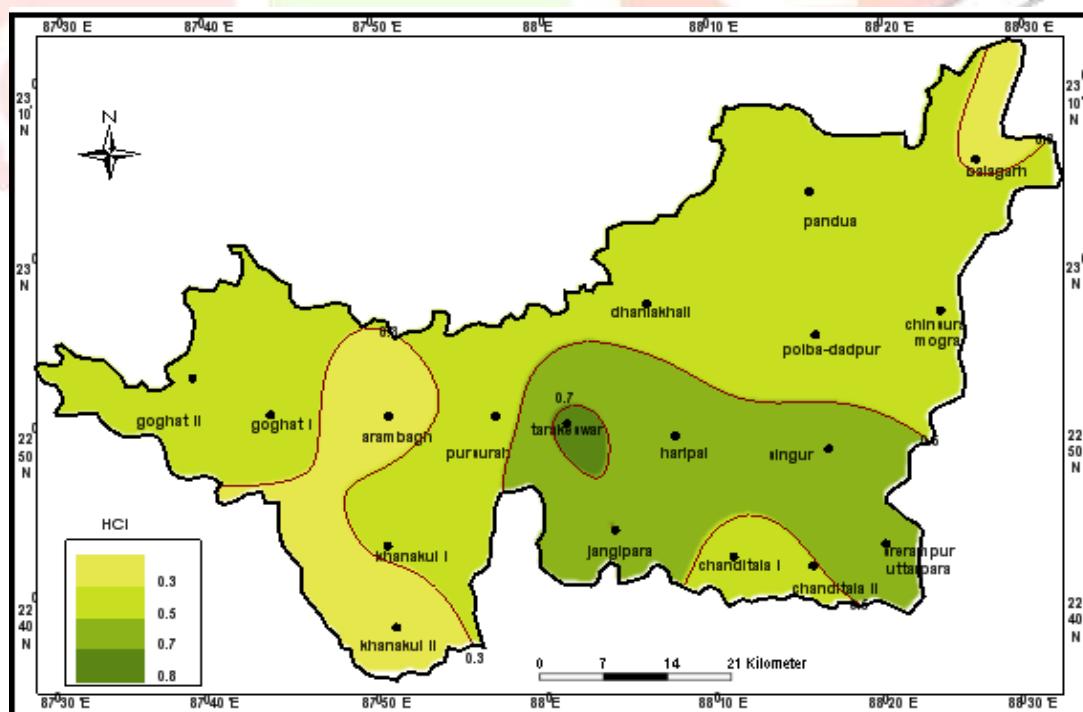
Fig. 5 shows the increasing trend of Safe Motherhood Index which is the simple average of percentage of institutional delivery and percentage of ANC 3 check-up since 2001 to 2011.

#### Health care Index:

Another area of concern is the nourishment and health care facilities that are available to women. The outreach of maternal health is estimated by (i) the percentage of registered women who get 3ANC s (H1) (ii) percentage of institutional deliveries (H2) and (iii) percentage of mothers who get 3 PNC(H3) (fig 6).

So, Health Care Index=  $\frac{1}{3} (H1score + H2score + H3score)$

[ Score:  $H - \text{Min } H / \text{Max } H - \text{Min } H$  ]



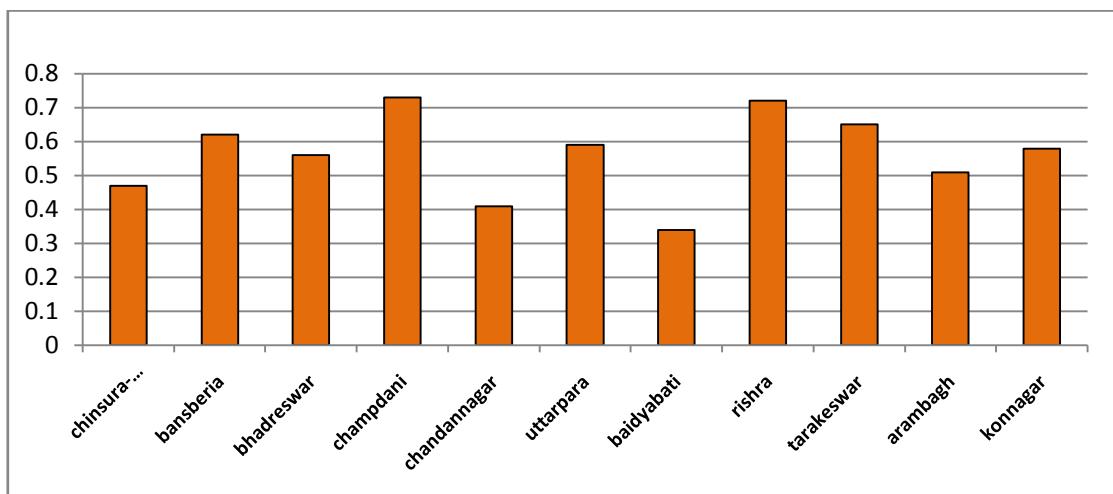
**Health Care Index 2011 of Hugli District (Block Wise)**

Source: office of CMOH Hugli

fig.6

The percentage of institutional deliveries recorded is still quite low in many areas. And this does not take into account the deliveries at home which are unregistered. So, the actual percentages of institutional deliveries are much lower than they seem.

The worst cases are Khanakul I & II where only 50.91% and 53.15% of the births are in institutions. The best are Konnagar (M) and Bansberia (M) where 100% of the births recorded are institutional. Another area of concern is the ante-natal care delivered to women. As proper estimates of pregnant women are not available; it is not possible to estimate the percentage of women receiving ante-natal and post-natal care. What we have observed is that even those who were



**Municipality wise health care index**  
Source: CMOH Hugli 2010      fig.7

registered for ANC, did not receive the stipulated three check-ups required. In Baidyabati (M), only 52.85% of the women registered received three checkups. The best performance was by Champadani (M) where 97.29% received 3 check-ups. The percentage of women given three post-natal cares after delivery was dismally low in most places. The lowest was in Hooghly-Chinsurah (M) and Uttarpara-Kotrang (M) where there are no records of anyone receiving 3 PNCs and the highest was in Rishra Municipality (fig 7). Taking into account all these aspects of maternal care, we observe that the best performance was by Tarakeswar, while the worst was by Khanakul I block.

#### Important Maternal Health Policies:

- Universal access to Skilled Birth Attendant (SBA)
- Essential Emergency Obstetric Care (EmOC) through network of First Referral Unit (FRU) and 24x7 Primary Health Centres (PHCs)
- Improving Access to EmOC services through Public Private Partnership (PPP)
- Access to early and safe abortion services.
- Strengthening Referral Systems; e.g., 108 Ambulance service, Janani Express.
- Janani Suraksha Yojana (JSY) scheme provides financial support to encourage all BPL/SC/ST enlisted pregnant women who have attained 19 years of age and up to two live births will be eligible for an amount of Rs. 500/- after 3rd ANC Check-Up..
- Under Ayushman Scheme, (Referral Transport Scheme (RTS)), BPL, SC, ST women are in a position to avail free services for delivery in empanelled Private facility.
- Gram Panchayat (GP) based Mobile Health Camp schemes is under operation in the district for ante-natal /post-natal check-up immunization of children including vitamin-A supplementation, Promotion of contraceptive services including IUD insertion, Prophylaxis and treatment of Anemia with IFA Tablets, IEC & counseling,
- On 31<sup>st</sup> December 2016 present Prime Minister Narendra Modi launched financial support to pregnant woman to access vaccine, delivery and nutritious foods (Rs. 6000 per pregnant woman).

#### CONCLUSION:

Different parameters are guiding the maternal health of Hugli district where different blocks are responding in a various way. Coming to conclusion the maternal health status of the district Western part of the district includes Goghat I & II, Arambagh, Khanakul I & II are suffering both by the unmet need for ante-natal check-up and lack of institutional delivery. These are the basic reason behind their lower position in Safe Motherhood Index. It is fact that it's become hard to convince people to adopt the modern medical infrastructure during the time of pregnancy. In most cases they prefer home delivery over the institutional delivery. On the other hand Eastern part of the study area namely Srerampur-Uttarpara, Singur, Chanditala II etc. centrally situated Tarakeswar block plays an active role in terms of in terms of Safe Motherhood Index. To improve maternal health status of the study area Government should be taken different strategies which gives privileges to the pregnant women

(mainly financial & infrastructural) and awareness about pregnancy of family members should be necessary to accomplish the Millennium Development Goals.

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