

Maternal Health in Rural Areas

Abstract

This project is aimed getting a personal understanding of Maternal health in Rural Areas of Rajsamond District. For this I have done internship in a NGO called Jatan Sansthan based on Rajsamond district of Rajasthan. In this internship period I talked with actual audience in rural areas and tried to understand actual problem. During field work we have done assessment of quality of Maternal and Newborn Health services, discussion with females.

My next step will be focus on customs of particular community regarding maternal problems which includes audio visual document on this particular topic.

Introduction

In country like ours, there lies a huge disparity for access to health care. We are well equipped to tackle major health issues but fail to reach out to vast majority of people specially in rural areas. Many still die because of lack of basic awareness regarding hygiene, sanitation.

In case of women the situation is even worse as they are not properly equipped to tackle issues like menstruation, pregnancy, sexual hygiene.

Maternal Mortality Ratio (MMR) in India was very high with 600 women dying during child birth per hundred thousand live births, which meant approximately one and a half lakh women dying every year

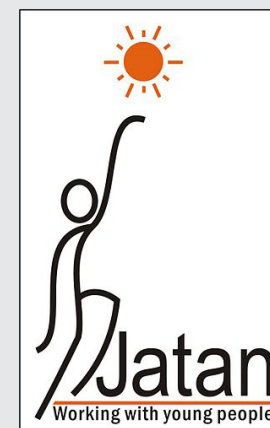
An estimated 47,000 mothers continue to die every year due to causes related to pregnancy, childbirth and the post-partum period.

The MMR of Rajasthan is 225 in 2012 and Govt. Wants to achieve 100 per 100,000 live birth.

About Jatan Sansthan

JATAN SANSTHAN is a grass roots not-for-profit organization working with the rural population of the state of Rajasthan in the districts of Rajsamand, Udaipur, Jhalawar and Bhilwada.

Since its inception in 2001, Jatan has designed and implemented various initiatives geared towards improving the social and demographic indicators of the state with special emphasis on youth, women, girl child and adolescents. Through the years Jatan has worked on programs related to health, education, violence against women, strengthening women in governance, migrant labour issues and livelihood issues.



Rajasthan is among the states having High Maternal and Neonatal Mortality. 'SUMA' Rajasthan White Ribbon Alliance for Safe Motherhood was launched in 2002 to create social awareness and work towards action and advocacy for reduction of high maternal and neonatal mortality in the state. CHETNA is secretariat of SUMA since 2002 and JATAN SANSTHAN is also working on Maternal and Neonatal Mortality.

The members of the Rajasthan Medicare Relief Society (RMRS)/ Rogi Kalyan Samiti (RKS) who are responsible to ensure proper functioning of hospitals were trained to use these evidences to advocate for quality maternal health services at the facility level.



Observations

These are the following areas which I have observed

- Reproductive Health
- Maternal Health
- Newborn Health
- Child Health
- Adolescent Health

Reproductive Health

Interventions-

- Focus on spacing methods, particularly on PPIUCD at high case load facilities.
- Focus on interval IUCD at all facilities include sub-centres.
- Home delivery of contraceptives and ensuring spacing at birth through ASHAs.
- Ensuring access to Pregnancy testing kits.

Commodities-

- Tubal Rings
- IUCD 380-A
- Oral contraceptives pills(OCPs) - mala D
- Condoms
- Emergency contraceptives pills
- Pregnancy testing kits



Maternal Health

Interventions-

- Detect high risk pregnancies and line list including severally anaemic mothers and ensure appropriate management
- Review maternal, Infant and child death for corrective actions
- Identify villages with low institutional deliveries and encourage ANMs for domiciliary deliveries

Action plan

Public hearing events were organised in Rajshamond districts through which the women demanded cleanliness of health centres, respectful behaviour from staff at health centres, stopping the demand of money for delivery services and ensuring that women who return to their natal homes for delivery receive nutrition supplementation from the Integrated Child Development Scheme (ICDS)

Kishori mela.

Kishori mela was also organised by jatan through which adolescent girl could know about body changes in teenage life and was inspired to break the silence of shame.



Open houses

We met pregnant women, husbands, mother in law, lactating women etc together and discussed about maternal health. And tried to understand the situation by asking many questions.

- Do you know About contraceptives and who told you all about this
- Questions about Quality of maternal and new born health services at facilities



FGD (Focus on Group Discussion)

Under FGD we were suppose to discuss with separate groups of pregnant lady, husbands, lactating women about maternal health.

Assessment of Quality of Maternal and New born health services at selected facilities.

We have access the quality of services provided to women at public health facilities. So that we can discuss their experience with official at those facilities. So that the services and care could be improve as well as safe motherhood in state

Assessment of Quality measures of facilities identification and maternity services availability to be observed



Visit at Devgarh Primary Health Centre

Discussion with Dr. Sushil kumar, he and his staff is very passionate about working in this field and haven't faced any problem regarding maternity issues. ANMs and other doctors have present them selves very passionate about his work.

However, he was pointing out at the present facilities made available from the government but they didn't received yet.

Other Visits

CHCs

- Railmagra
- Devgarh
- Kelwara

PHCs

- Kuraj
- Kuwaria
- Sangawash
- Nathdwara
- Aamet
- Selagurha



Education session with adolescent girls

We have conducted educational session with adolescent girls.

- We played educational game which made them aware of barriers given by society for a girls.
- Discussion about violence, reproduction education, Sanitary pads, Child marriage etc.



Journal entries

Journal entry for week one

Early morning, Today we are going to Devgarh PHC from Railmagra by bus for open house discussion with doctors.

According to Dr. Sushil Devgarh PHC is in 2nd number place of delivery. According to him, he and his staff is very passionate about working in this field and haven't faced any problem regarding this. ANMs and other doctors have present them selves very passionate about his work. After this we met ASHA , she is pretending herself very kind and intelligent. This place is 10 km far from Devgarh, this place stand 1st of delivering ladies in Rajsamond District.

In rural areas, these people don't know English language and somewhere Hindi also. They aren't educated, they don't know what services are provided by government. So higher authority , Doctors and other person take advantage of this. They are not confident enough during delivery in hospital. If any death happened during pregnancy, it make not that much effect of their life because they thought ' ye to hona hi tha, upar wale ki marji hogi, doctor sahib ne to koshish ki hi hogi'.

During FGD, many things come out like- mother in law want son because daughter is other house deposit. And daughter want that why brother go somewhere for Rakhi. When Asked one more question that Do you know contraceptive materials, they told we don't know anything 'ye to upar wale ki den h'.

This question is generic and common like who take decision in family about kid, children education, health issue, house hold things. Placement and arrangement of charts in CHCs, PHCs and any sub centre. We have to think that what is purpose of chart(displayed facility), Is really displayed charter fulfil its work after availability. There is no planning of displaying facility so what is the purpose of displaying charts, banners etc. If chart is displayed somewhere that we cant see and understand than there is no use of displaying facility. After availability of charts people don't know 108 service, generally they comes from private service during delivery. So what is problem, place of displaying chart or chart is not a good medium? According to patient ASHA doesn't tell them anything but when we ask ASHA in different meeting ,ASHA tells every essential thing to patient. After availability of facilities chart patient and patient relatives don't know about what facilities should be provided. Many health centers have better facilities and many have not. Why? Government gives money(budget) same for every health centre but because of not taking decision health centre not able to give better facilities.

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Basically I had tried to understand Reproduction health, maternal health, Newborn health, Child health and Adolescent health. These are the point in which govt. Want to apply in every health centre for better facilities but on ground reality it is not in use yet.

Like this there are many given facilities and ensure that these services should be provided in every health centre in each part related to health. But according to Medical Officer(MO), when we talk with doctor, he said- RMRS is not a fight club of politics. On based on this line we can assumed that what is happening , why all facilities are not providing which government is providing us. He said drug supply is not enough, drug quality because of budget, low quality, suggestion to buy cheap medicine, ambulance, and major thing is lacking in staff,

Journal entry for week Two

Hospitals don't want to accept that our hospital is unclean that's why budget is not coming but 1.5 lack proposed for cleanness in hospital according to government. So where this money is going, according to doctors because of not taking proper decision don't use of money properly. Even a pharmacy person salary one hundred fifty rupees in one day. This salary is not given by government because these person are not government employee. They are hiring privately. When we ask a MO why doctors are not able to take decision than he tells BCMH O, CMHO are not enough motivated socially, should be a motivational training because they are not good decision maker and even DPM(District Program Manager) and BPM is not from medical background. He suggested about all these issue that Punjab Model is good enough.

Any doctor, patient and any person related to maternity health cant know much in one or two meetings. So when we try to come out with problems, the conversation becomes very formal, everything is OK, we don't have any problem, hospital is working nicely, staff is very sensitive towards health issues and all. This all are came out from audience.

I think we only getting records, that what is happening, how much government give money to particular services. But who will say that services which are provided by government are actually providing to customer. Huge numbers of banners are there in every health centre but what is use of these banners, is audience can read all points written on banners and is they understanding what is written?

ASHA is very close to pregnant and lactating women, can be main role in maternity health. Is she much educated and sensitive regarding this or she is just doing formality. ' Baccha hua baat khatam'

Discussion about periods(period time) and Child marriage. Many adolescent girls were around us , I thought it is the perfect age for discussion about monthly periods, child marriage and change in body in this period of time. It was a good discussion and involvement by girls but if this discussion held with adolescent boys, it will be great. But I know these girls was from rural areas and these topics are very sensitive for them so this discussion couldn't be possible with boys. Because they couldn't speak openly first time boys, but discussion with boys we can send message break silence. But the negative point what I observe during discussion is that if this discussion happened with both sex, after discussion boys pass sarcastic remarks , taunt, use abuse language because changing of human behavior is slow. It will take time.

Aim of this discussion was increase knowledge about reproduction, at least they can know about her body and mentality of society. Even girls don't talk with each other and if talk , they have half knowledge.

Introduction with girls.

Name, address , liking in food, habits etc. but girls wont tell themselves introduction rather her friend will tell about her. After discussion a game had been played in which what are the social barriers for both sex. These activity helps to understand what are those barriers imposes to girls like girls are tied from eyes because they couldn't see social evil, they tied mind because they cant take decision, tied legs because they cant take forward step to change. But boys tied from waist because they wear belt, they tied fro eyes because they wear glasses.

These are not a good way of discussion through sarcastic remarks. Both sex is same, we shouldn't think in a particular direction. I know in our society there are many things which are not for girls and only boys can do those things but if we say our society treat girls like and boys are supreme, it can send wrong massage in girls mind. After telling these issues we always think about both sex is same, problems can be different. From it girls can get a point of comparing thing instead of discriminating boys. We should tell them that we all should find solution of these issues to gather. After that we talk about violence, mental, physical and economic level.

Child marriage

Is any change happen after child marriage first had been asked from girls. What are those effect falls after child marriage, asked question to girls. Girls smiled and told don't know, after listening this I thought its matter is not that easy to understand, it is very deep. I wont tell generic things that' Bachpan chin jata h shadi k baad ' and all. Everyone know about these words. These words give good feeling in discussion only. All parents knows that child marriage is social evil still they do it, why? After discussion I understood parents make children get married because of lack of money. In one expanse one or two children get marriage. Parents says after age of eighteen we will sent my daughter. We can assume there is no any physical loss but what about mental loss. In age of 15,16 girls don't know what is happening, what is mental loss because this age is very crucial, physical change is also happening in this age. When these question raised girls laugh and whispering, these girls was not conscious about these sensitive topics.

This talk was mainly on giving information about periods and reproductive system. I this talk many work had told which are not generally tell in our society, this was next step of breaking silence. At starting girls was whispering but after sometime they get confidence. Girls generally don't talk with parents, friend about these topic but after it they got more confidence to talk about these for sure.

Rural health or any health services take major role. Government give many facilities to sub-centre, PHCs, CHCs So check all the facility availability or not. Facility helps to give u better surveillance and safety. Some works are defined for ASHA worker and some for ANM and doctors and they should do their work I am not discussing about these generic topics. Why we ask something to parents in which all answer comes Out positively because who tell you actuality and why? This type of surveys helps to making records for government which is good but we can take a step forward to know about actual issue about health.

In health program where I have worked our audience is uneducated or partially educated because we are working in rural areas. Our audience is not coming from good background regarding availability of facilities like I we assume they don't have ACs in houses so how can they think that AC is required in maternity ward in hospital. That's why when we ask question to them they answered generally in positive manner because they cant see unavailability of thing or facility condition. Maternity ward was open for men, there was not any guard, cleanness but when we asks about same question regarding these problems ,they answered 'everything is fine' how can they say? Because they haven't seen good facilities. Those limited facilities are enough for them and if we discussed with doctors , most of them told us only problem in those facilities which are comes from Government,'hmm to apna kaam bhut ache se kar rhe h '.

Conclusion

In this month I have done internship and most of the time of my internship spent in my field work what I want. I have done open house, FGDs, assessments in many villages and towns, filling checklist of available facilities. I have explore more and observe many things during this time. Because I had not any field experience before coming here. I wanted to talk with females directly about maternal health, after coming here I fulfil this thinking.

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