CHAPTER – VI

MATERNAL AND CHILD HEALTH CARE SERVICES

6.1 Maternal and Child Health Care Services in Rural Tripura

Women and children are generally considered as the vulnerable groups in the community. But in reality, they play vital role in the development of the country. Quality of human resources available for development largely depends on women and child health. Thus special care needs to be adopted to deal with the health issues of women and children. Generally it is seen that, women are subject to various types of diseases and condition of rural women is more heart rendering. Specially, mothers are susceptible to certain health hazards to which other sections of the community are not exposed. During the period of pregnancy, women are exposed to various kinds of risks like miscarriage, difficult child birth. Maternal death is also an alarming issue in this regard. Most of the maternal deaths are consequence of pregnancy complications during and after delivery. Thus health problems of women are to be dealt with specially. Though in urban areas people may find separate maternity hospitals but in rural areas these facilities are not available. Generally, in rural areas only one civil hospital is available, wherein all sorts of diseases are treated with.

This chapter is an attempt to visualize how far different economic classes perceive the need of maternal health care and to what extent they attempt to meet these perceived needs. For the purpose of convenience, this chapter divided into section-I and section-II. **Section-I deals with Maternal Health Services. Section-II deals with Child Health Services.**

6.2 Section-I: Maternal Health Services

Maternal Health Services refer to those special health care services, which are of utmost importance for a mother, during the entire period of pregnancy, ranging from the time of conception, covers the time of child birth and also includes the period after child birth. It includes various tests, check-up and other medical assistance provided before and after child birth. Maternal health status is assessed through measurement of mortality, morbidity growth and development.

To find out the extent of maternal health care utilized, several factors need to be ascertained:

1) The need of maternal health care perceived by them
2) Types of health centres used by them
3) Kind of assistance received.
4) Number of times health services received.
5) Total expenditure incurred for child delivery

But, for convenience, utilization of these services will be examined in three stages.

a. Pre-natal care b. Natal care and c. Post-natal care

6.3 a) Pre-Natal Care

Pre-natal care is generally involves the health care services one utilizes from the day of conception to the day of child birth. Birth of a healthy baby can be expected only from a healthy mother. Thus, any complications arising during this period must be dealt with cautiously. But, the importance of pre-natal care is often neglected by the rural people. Though, among the high economic classes, it was found that they are quite acquainted, but the people from low economic classes are quite ignorant of the fact that every trimester of pregnancy is important and thus give less importance to this and thus either do not go for pre-natal care or go in the later stage. Consequently, it may lead to complicated child delivery and post-delivery complications. To measure the utilization of child care, the following things must be analyzed.

a) Perception of need for pre-natal care

b) Types of health centre used for pre-natal care

c) Opinion of services received.

6.4 a) Perception of need for pre-natal care

Pre natal care needs to be taken in each part of trimester, but in rural area this phase of pregnancy, is often found to get neglected. The sample respondents have been asked to express their opinion about the need of pre-natal care felt by them. It is found that level of perception of need rises with the rise in economic level. Moreover due to lack of health awareness

among these rural people, they are reluctant to utilize this health facility available to them.

Table 6.1: Economic Class and Need for Pre-Natal Care Perceived by them

Economic class	Need for pre-natal care	No need for pre natal care	Total
High	73 (81%)	17 (19%)	90
Middle	54(40%)	80 (60%)	134
Low	19 (25%)	57 (75%)	76
Total	146 (49%)	154 (51%)	300

Source: Field survey

Thus, the table clearly depicts that 81 per cent of sample respondents from high economic group expressed their positive opinion regarding utilization of pre natal care service. While only 25 per cent of the sample respondents from low economic group perceived the need of pre-natal care.

As the pre-natal care involves only tests and check-up, the rural respondents do not realize the necessity of it to a great extent. Factors like- poor education, ignorance of available services in this regard, poor economic level etc. are major hurdles in utilization of pre-natal care by the people of rural Tripura.

6.5 b) Types of Health Centre Used for Pre-Natal Care

The type health care centre used for pre natal care determines to a large extent the nature and quality of health services received by them in such a situation. The table 6.2 reveals that the actual scenario in rural areas:

Table 6.2: Economic Class and Type of Health Centre Utilized

Types of health centre	High	Middle	Low	Total
Government hospitals	11 (8%)	59 (45%)	62 (47%)	132
Private hospitals	26 (58%)	19 (42%)		45
Private clinic	53 (53%)	43 (43%)	4 (4%)	100
Voluntary organization	-	13 (57%)	10(43%)	23
Total	90 (30%)	134 (45%)	76 (25%)	300

Source: Field survey

From the above table, it is seen that, 132 that is 44 per cent of total sample respondents have conveyed that they generally prefer public hospitals, majority of them faces hardship in affording the cost of private hospitals. Moreover, there are no private hospitals available near to their village. Only a few respondents, certainly those who belong to high income and middle income groups' opted to take service from private hospitals far from their home.

6.6 c) Satisfaction Levels of the Respondents

Utilization of pre natal care does not entail the whole picture unless we are acquainted with their satisfaction level. Most of the respondents who visited public hospitals exhibit their dissatisfaction regarding the service received on the ground of poor health checkup, rough behavior of nurses, and non-availability of medicine, favoritism, and unhygienic hospital compound.

Thus the utilization of pre-natal facilities in rural Tripura is very less. However, in this respect the households of high and middle economic class is quite better than that of lower economic group.

6.7 b) Natal Care

Natal-Care generally implies intensive care needed during the time of delivery. This is the crucial period of gestation. In this study, an attempt is made here, to cover two vital aspects of natal care and thus it includes:

6.8 Place of Delivery

Place of delivery determine the quality and extent of service received by the patient during the period of delivery.

Table 6.3: Economic Class and Place of Birth

Economic class	At home	Government hospital	Private nursing home/private clinic	Total
High		7 (8%)	83 (92%)	90
Middle	4 (3%)	98 (73%)	32 (24%)	134
Low	19 (25%)	57 (75%)	0	76
Total	23 (8%)	162 (54%)	115 (38%)	300

Source: Field survey

From table 6.3 it is clear that, 38 per cent of the respondents from high and middle income group generally approach to private hospitals, as they can afford the expenditure incurred in private hospitals; while the case of lower economic class 75 per cent of them prefer government hospitals. It is surprising to hear that 25 per cent respondents from low economic and 3 per cent respondents' from middle economic classes from these areas still

prefer delivery at home under the supervision of a midwife; while rest goes to public hospitals.

6.9 c) Post Natal Care

This is the most neglected aspect of maternal health care services .It generally includes health checkup of mother and child, immunization of child against communicable diseases and treating post-delivery complications. In case of normal delivery, people pay less attention to regular maternal health checkup unless post-delivery complication occurs.

Perception of the need of post natal care differs significantly with the change of economic level. Generally its importance is neglected once the delivery of child is over.

Table 6.4: Economic Class Wise Perception of Post Natal Care

Economic classes	Need	No need	Don't know	Total
High	85 (94%)		5 (6%)	90
Middle	84 (63%)	9 (7%)	41 (30%)	134
Low	11 (14%)	24 (32%)	41 (54%)	76
Total	180 (60%)	33 (11%)	87 (29 %)	300

Source: Field survey

From table 6.4 it is seen that need of post natal care is felt by 94 per cent of the high income group and 63 per cent of middle income group. It is very low that is 14 per cent for low income group.

Types of Health Centre Used: It is more likely that the health institutes where one have gone for pre-natal care and delivery of child will be stuck there even at the time of post natal care. However the purpose of post natal care may vary from person to person. Some may go for just medical checkup and vaccinating the child, sickness of the child.

To summarize this analysis, we can say that upper and middle strata of the sample respondent utilize all the three – Pre-natal, Natal and Post natal care health services. But rural mother generally fail to utilize either one of these three services. As a result they suffer due to complications during pregnancy resulting maternal death some cases.

6.10 Section II Child Health

Children are the future of the nation. Childhood is an important stage where the child grows faster. Thus in this phase of life a child needs special nutrition to grow into a healthy person. The constitution of India under 39(f) entrust the state with the responsibility to provide opportunities and facilities to children to develop in a healthy manner and in conditions of freedom and dignity. India being a signatory of the United Nations Convention on the Rights of Child sets forth the basic rights of the children like Right to life, right to food, right to health, education and development. Various health programmes are therefore organized to take care of the special health problem of children. School health programme and Nutrition programme forms the major part of it. However, successes of these programmes depend on proper utilization of these services.

In this present chapter let us explain the extent of utilization of various health programmes interviewed by the selected villages of the rural Tripura.

6.11 School Health Programme

School health programme generally plays a vital role in the development of health of the children. It generally includes health checkup of children. Now days, almost all the schools, involve health checkup as one of its routine duties. But, existence of only health checkup facility is not sufficient unless it is followed by health report card. In rural areas, educational and economic levels are generally low in comparison to urban areas. Thus their interest in school health programme is certainly low and even lower in case of low economic strata of the community. Often a kind of indifference is shown to school health programme by the parents.

To find out the actual effect school health programme, the sample respondents have been interrogated about certain relevant issues.

1) Perception of School health checkup
2) Existence of health checkup in school
3) Frequency of health checkup
4) Health report from school
5) Follow up action

6.12 (1) Perception of School Health Checkup

The perception of the need of school health checkup varies from one economic group to another. It is seen that respondents belongs to high and middle economic classes, having good educational background, are more conscious about the need of school health checkup and they are even willing to pay for the health checkup for their children. But as this health service provided free of cost in school, all are getting the benefits.

Table 6.5: Need for Health Checkup in Schools

Economic class	No need	Need and willing to pay	Need but not willing or not able to pay	Total
High	2 (2%)	56 (62%)	32 (36%)	90
Middle	3 (2%)	87 (65%)	44 (33%)	134
Low	12 (16%)	3 (4%)	61 (80%)	76
Total	17 (6%)	146 (48%)	137 (46%)	300

Source: Field survey

From the above table, it is clear that the need for health checkup in school was well perceived by all economic classes, though may vary in degree.

1) **Health Checkup in Schools:**

   From field survey, it reveals that health checkup programmes is conducted is in schools. Students are getting de-warming tablets, iron tablets, vitamin A tablets at free of cost.

2) **Frequency of Health Checkup:** The frequency of health checkup varies from one to school to another. Usually, most of the schools

conduct the health checkup once in a year. But, some may have half yearly and quarterly health checkup programme.

3) **Existence of Health Checks up in School**: From field survey it reveals that though most of the respondents perceived the need of health checkup in schools but practically some of them remain deprive of this facility available either because of non-existence of such provision in school or non-implementation of such provisions in school. Thus generally it is found that children from high and middle economic strata are able to utilize this facilities because of the nature and quality of the school they opted but children from lower economic strata are often get deprived of this facilities because of non-availability. The following table is an attempt to provide a notion about this

Table 6.6: Economic Class wise School Health Programme Awareness

Economic class	School health programme is there	No school health programme	Don't know	Total
High	78 (87%)	10 (11%)	2 (2%)	90
Middle	69 (51%)	41 (31%)	24 (18%)	134
Low	11 (14%)	9 (12%)	56 (74%)	76
Total	158 (53%)	60 (20%)	82 (27%)	300

Source: field survey

The table reveals that in these sample villages some of the people are unaware of the existence of such programme others though have knowledge about the existence of the programme, but their utilization can

be limited by external factors like non availability and non-implementation. While the rest of the two admits of, utilization of such health checkup programmes in school by their children.

4) Health Reports from School

Not a single student receive written health report card from school. However some of them reported the advice of the programme to their guardian orally.

5) **Follow-up Action**

The purpose of school health programme will go in vain unless necessary follow up action adopted on the basis of the health reports. But due to non-receipts of health report card it is not possible to go for follow-up action.

Nutrition Programme: Nutrition programme is one of the most important programme in view of growing problem of malnutrition among the children specially belong to poor family. Most of the children remain undernourished due to poverty. The poor nutrition would affect the physical and mental growth thereby causing hindrances in the development of the nation, in long term. The underlying objects of these nutrition programmes are to provide supplementary diet and not to substitute home diet.

The government of India has undertaken several large scales supplementary nutrition programme to aid the children to overcome specific deficiency diseases. Some of the programmes in this regards are

1) **Vitamin A prophylaxis programme:** This programme is meant to control blindness among children. A single dose of vitamin A is generally administrated among all preschool children in the community at an interval of 6 months.

2) **Prophylaxis against nutritional anemia**: This national programme was launched during Fourth Five year plan to combat the problem of anemia in the nationwide. Distribution of iron and folic acid tablet among pregnant women and children are part of this programme.

3) **Special nutrition programme:** This programme was initiated in the year 1970 to provide nutritional benefits to the children bellow 6 years of age, pregnant and nursing mothers of remote areas.

4) **Balwadi nutrition programme:** In the year 1970, this programme was launched to provide health and preprimary education to the children of rural areas to fall in the age group of 3 to 6 years.

5) **Integrated Child Development Services Programme**: This programme was started in the year 1975 in pursuance of national policy for children. Anganwadi workers are generally appointed to carry out the provisions implemented in the programme.

6) **Mid-day-Meal programme in school:** This programme, also familiar as school lunch programme was initiated in the year 1961 with the object to improve literacy rate of the children. Children from poor families generally go to school under the fascination of school lunch.

The mid-day-meal programmes in the school are generally administrated by the Block Development Officer. Whereas other nutrition supplement programme are conducted by the state government.

Table 6.7: Knowledge of Nutrition Programme in Different Economic Classes

Economic class	Knowledge of Nutrition Programme		
	Yes	No	Total
High	74(82%)	16(18%)	90
Middle	98(73%)	36(27%)	134
Low	17(22%)	59(78%)	76
Total	189(63%)	111(37%)	300(100%)

Source: Field Survey

Table 6.7 reveals the knowledge of the respondents regarding the implementation of this nutrition programme in the sample villages. The table reveals that 37 per cent of the respondents are not aware of the implementation of the programme in the villages. The high per cent of the respondents of the high and middle economic group are aware of the programme. The reason for this may be attributed to their better education.

b) Satisfaction Level of the Respondents about the Nutrition Programme: Opinion regarding mid-day-meal programme may vary from person to person. The following table will describe the opinion of people regarding mid-day-meal service.

Table 6.8: Satisfactory Level of Mid-day-Meal in Different Economic Classes

Economic Class	Satisfied	Unhygienic Food	Poor quality	Poor quantity	Total
High	-	30 (33%)	56 (62%)	4(5%)	90
Middle	13 (10%)	29 (22%)	80 (60%)	12 (8%)	134
Low	65(86%)	-	-	11 (14%)	76
Total	78(26%)	59(20%)	136(45%)	27(9%)	300(100%)

Source: Field survey

Table 6.8 reveals that not a single high income group and the 90 per cent of the middle income group are not satisfied with the mid-day-meal programme. The reasons for dissatisfaction are unhygienic food, poor quality, poor quantity. Majority of the lower income group are satisfied with the service. However only 11 per cent opined that quality of the service is very poor.