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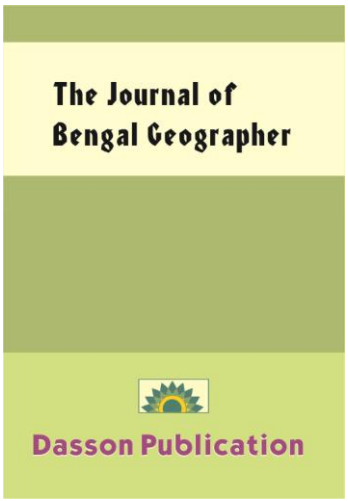

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Assessing the maternal health benefit schemes-a study on Bankura district, West Bengal

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Abstract

Reduction of mortality of women is an area of concern for not only South Asian countries like India but for most of the nations globally. The International Conference on Population and Development in 1994 had stressed on the immediate task of reducing the maternal mortality and hence improving the health conditions of mothers to-be and their newborns as well by the year 2015. Indian states suffer from high levels of disparity as far as maternal health is concerned measured by the parameters like those beneficiaries covered under government sponsored immunization programmes ,with better encouragement of institutional deliveries and alike. For West Bengal the matter is yet serious because as a whole the state has been categorised 'high performing' as far as institutional deliveries and Maternal Mortality Rates are concerned but one of its backward districts; Bankura suffers from huge gap in the target achievement form maternal benefit schemes than actually happens. A geographically rich area containing huge potentials for agro-forestry, suffers from less than adequate number of hospitals and less awareness of the benefit schemes may be due to illiteracy and position of women in their domestic atmosphere. This paper identifies some out of many such problem 'areas' of Bankura district in order to plan better for the beneficiaries who are residing in the remote backward regions of the country.

Key words: *1.Antenatal Checkups 2. Social Wellbeing 3.Rahr 4.Maternal Health 5.Immunization.*

'Given the extremely heterogeneous character of the Indian economy and society ,India's achievements and failures cannot be understood in composite terms, and it is essential to examine the experiences in sufficiently disaggregate form-and in adequate detail'.(Sen Amartya,1997)

Introduction

Development comes with a purpose. And this is more development. Whenever, financial growth takes off, probably our planners worldwide think of social welfare and upliftment of the quality of livelihood of mankind. Socially and economically when a region or areal unit (at micro-level) acquires or almost achieve goals of sustenance, it can be termed 'developed'. Satisfactory social wellbeing is given by the parameters of well maternal and child health, lessened poverty and malnourishment along with better education and employment facilities. What India feels to be the greatest hurdle is the execution of many and numerous social development policies that it announces each year and the passage of the same to the end users, the women population and the poor. As per the national guidelines, West Bengal with 43 % institutional deliveries is categorised as high performing state or a low focus state as far as maternal health and institutional deliveries are concerned. But the actual challenge remains with the inter-district disparity in the policy adaptation by the target beneficiaries. The districts of West Bengal exhibits sharp variation in antenatal checkups of the pregnant women.

West bengal and Maternal health

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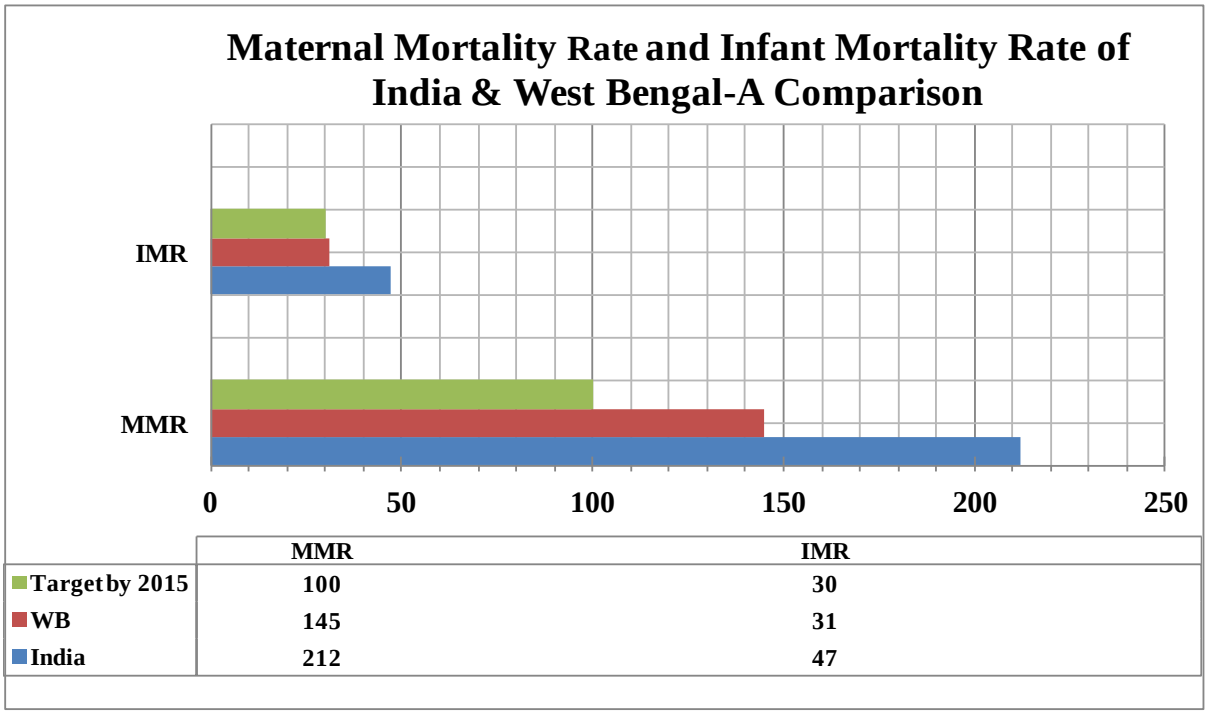


	MMR	IMR
Target by 2015	100	30
WB	145	31
India	212	47

Source: Maternal & child mortality rates,sample registration system bulletin(2010)

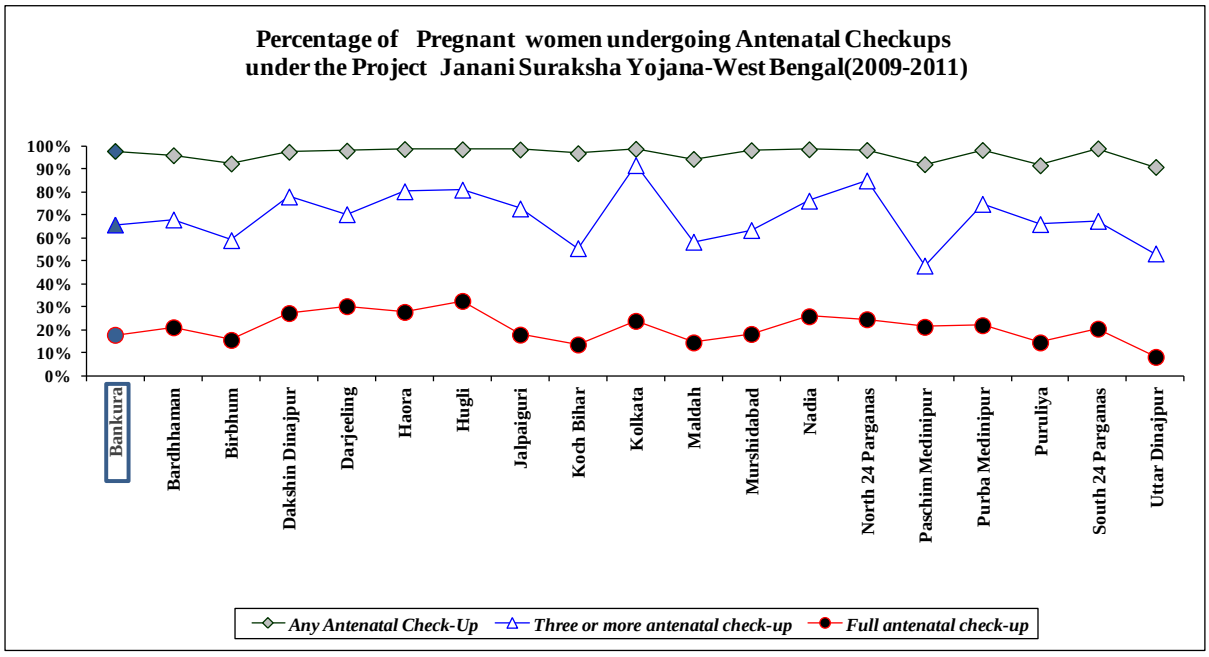
Area of study

Bankura is located in the western part of the State of West Bengal. It is a part of Bardhaman Division of the State and included in the area known as "Rarh" in Bengal. It ranks 4th according to Population and literacy rate of 2001 Census in the State. The District Bankura is bounded by latitude $22^0 38'$ N and longitudes between $86^0 36'$ E and $87^0 47'$ E. River Damodar flows along the northern boundary of the district. The adjacent districts are Bardhaman in the north, Purulia in th west and Paschim Medinapur in the south. It covers an area of 6,882 square kilometres. On the north and north-east the district is bounded by Bardhaman district being separated by the Damodar River. On the south-east it is bounded by Hooghly district, on the south by Paschim Medinipur district and on the west by Purulia district. Bankura district has been described as the "connecting link between the plains of Bengal on the east and Chota Nagpur plateau on the west." The areas to the east and north-east are low lying alluvial plains, similar to predominating rice lands of Bengal. To the west the surface gradually rises, giving way to undulating country, interspersed with rocky hillocks. Much of the country is covered with jungles.The earliest signs of human habitation in the area were at Dihar. By about 1000 BC chalcolithic people had settled

on the north bank of the Dwarakeswar. Many historians opine that assimilation with Proto-Indo-Europeans took place first in northern and eastern Bengal and then in western Bengal. This has also been the broad course of the spread of Buddhism and Jainism in Bengal. There is ample evidence of pre-eminence of Aryan religion and culture in West Bengal from around 6th century. Reproductive and child health at the community level remains a critical area in Bankura. Though IMR and MMR has been largely improved in recent years, on an average in Bankura every second child is moderately or severely malnourished. So for the state of West Bengal and the country India, reducing maternal mortality comes as the biggest challenge. This paper examines some of its problem areas that may help the regional planners to think for better or the district at the micro level.

Findings

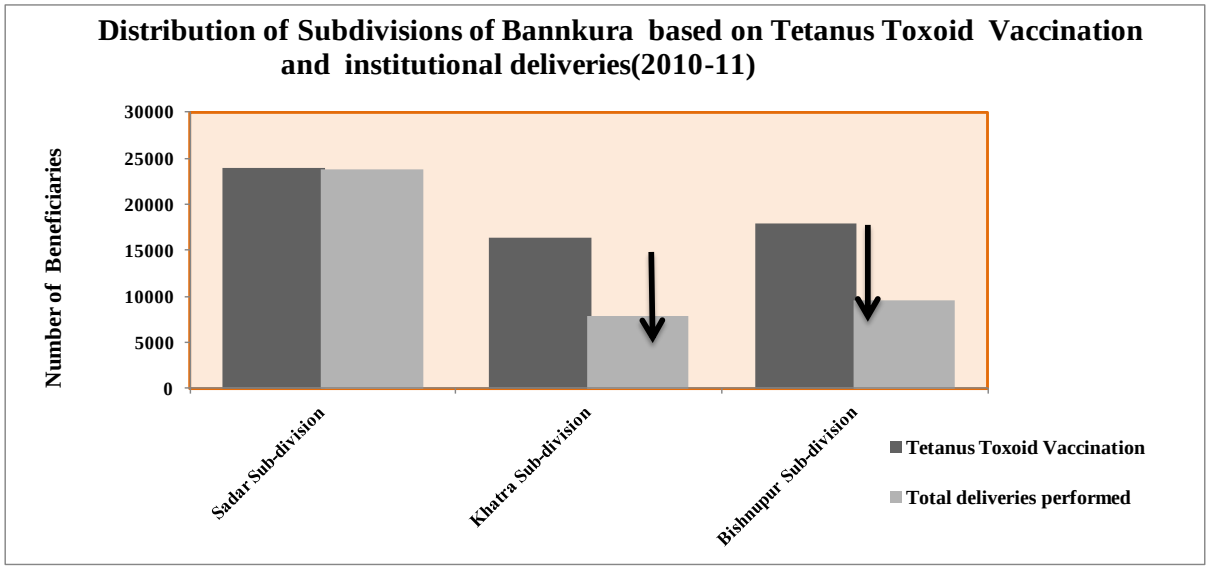
Based on basic criteria that ensure satisfying maternal health, the districts of West Bengal are categorised as low to medium to high performing ones. Uttar Dinajpur, Koch Bihar, Maldah, Puruliya and Birbhum are low performing based on the atleast one antenatal checkups, three to full antenatal checkups, receiving one Tetanus injections and institutional deliveries. Bankura, Jalpaiguri, Murshidabad, South Twenty Four Parganas, Barddhaman , Paschim and Purba Medinipur are medium performing in this regard. On the other hand the regions like Kolkata conurbation, Haora and Hugli along with Darjiling Nadia Dakshin Dinajpur and North Twenty Four Parganas are high performing in antenatal checkups partly due to the obvious reason of more reliance and availability of private health organizations in these metro-centric places and overall consciousness levels. Bankura as the chosen area here shows visible gaps between the percentage women undergoing one antenatal checkup and those covered under three antenatal checkups. This is however true and an established fact for the remaining districts of West Bengal.



Source: Department of health, government of west bengal (2011)

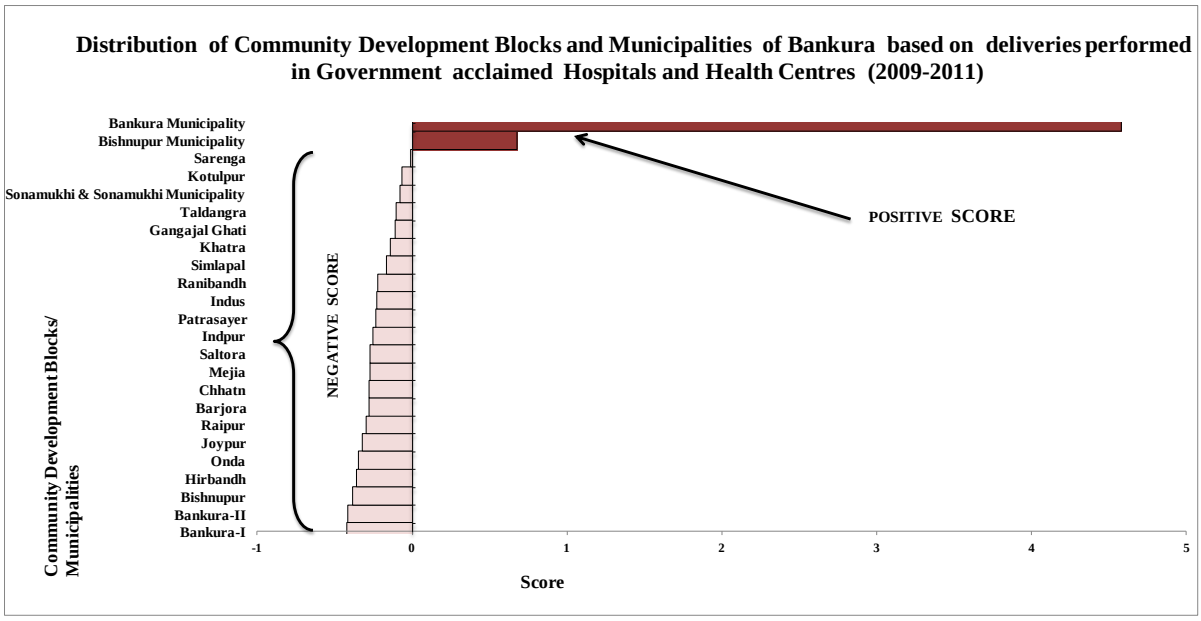
The district comprises three subdivisions: Bankura Sadar, Khatra and Bishnupur. Bankura Sadar subdivision consists of Bankura municipality and eight community development blocs: Bankura — I, Bankura — II, Barjora, Chhatna, Gangajalghati, Mejia, Onda and Shaltora. Khatra subdivision consists of eight community development blocs: Indpur, Khatra, Hirbandh, Raipur, Sarenga, Ranibandh, Simlapal and Taldangra. Bishnupur subdivision consists of Bishnupur and Sonamukhi

municipalities and six community development blocks: Indas, Joypur, Patrasayar, Kotulpur, Sonamukhi and Bishnupur. As far as the beneficiaries are concerned, there remain noticeable gaps between the pregnant women undergoing tetanus toxoid programme during pregnancy and those undergoing institutional deliveries especially in Khatra and Bishnupur subdivisions. Sadar subdivision however due to its urban centric (Bankura Municipality) behaviour do not exhibit much gap within those going through institutional deliveries and universal immunization programme during pregnancy. It has to be remembered here that, institutional delivery is a well established parameter of maternal health as it ensures safe and infection-free delivery of child after the completion of the three trimesters. Since rural habitants conventionally still prefer home deliveries, there has been sharp fall in the number of beneficiaries under institutional deliveries in the remaining two subdivisions (Fig.2).Only a 48% of the total women covered under universal immunization vaccination programme in Khatra subdivision undergo institutional deliveries. Also, in Bishnupur subdivision a 53% of women of the total beneficiaries under the immunization programme went for institutional deliveries. However, satisfactorily, Sadar subdivision shows 99% of women undergoing vaccination programmes did undergo institutional deliveries.



Source: District census handbook: Bankura (2011)

Further a Z-score study reveals that the deliveries performed in government recognized health centres and clinics and the hospitals an altogether negative scores for majority of community development blocks. This may be due to lack of proper infrastructure and medical officers and trained personnel in these centres for attending complicated pregnancy cases. However in the municipalities of Bishnupur and Bankura there has been positive scores in this regard may be due to slightly better 'equipped' government health centres. Now this issue remains a serious concern. The central government backed policies for facilitating maternal health need its execution through well equipped government health centres and clinics. In Bankura, over five thousand Integrated Child Development Scheme or ICDS centres are operating at present and out of that only fifteen hundred centres have their own premises, fourteen hundred centres are functioning in primary schools, and over eight hundred centres are functioning in rented premises and over one thosand centres are functioning either in community owned spaces or in open. While ICDS centres facilitate the initial nutritional and educational build up of children from 0-6years, lack of minimum infrastructure is actually defeating their objectives.



Source: District census handbook: Bankura (2011) and as computed by the Author.

Recommendations

Improving health especially child and maternal health largely depends on changing the overall societal approach towards women including all the residing individuals and of course community leaders, health system officials and policy makers. To improve the reproductive health some new approaches may be proposed that exclusively adopts effective tools regionally, politically and above all religion wise. Infact, basic needs of women and earmarking the major 'areas' like that of food and nutrition, health and education should be emphasized especially in backward districts of West Bengal. Paschimanchal Unnayan Parishad is working in many fields to fill several critical gaps in development of the backward areas regional disparities, like that of irrigation, water Conservation & agriculture, Education, Health and sanitation.

Conclusion

West Bengal's one of the most backward western districts: Bankura faces utter challenges as far as social development is concerned. First and foremost it needs integrated planning for escalating its economic status with better employment opportunities and multifaceted use of resources it owns. Besides, it also demands special attention on social sphere that encompasses women and child health. Only a healthy woman can give birth to a healthy baby and this only can ensure able working force in the future.

Note

[1] - The maternal mortality rate is defined as the number of maternal deaths in a given time period per 100,000 women of reproductive age, or woman-years of risk exposure, in same time period. The maternal mortality ratio is the number of maternal deaths during given time period per 100,000 live births during the same time.

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