

Assessing Reproductive Health of Women-a case study of Gwalior (M.P)

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Abstract

Almost all women experience motherhood at some point of time and this is where she bears extremely high risk to her life. Out of all the maternity related deaths in the world, it is estimated that 20% deaths occur in India. If we specifically talk about Madhya Pradesh, it is considered to be low performing state in terms of health indicators i.e extremely unsafe for delivering child.

In this paper, the success stories and some of the challenges to the reproductive health of women are highlighted. Mostly the social barriers like caste issues and gender bias depriving women their right to good health is presented here. The paper is based on empirical findings at Gwalior, Madhya Pradesh and it is believed that the successful practices can be replicated elsewhere too.

Keywords

Maternal health, JSY, Women empowerment, Gwalior, Cuddalore, ASHA workers

Introduction

Janani Suraksha Yojana as claimed by the government remains a successful scheme, which have helped in reducing mother and

child mortality as well as reduced the home deliveries. On the other hand it is criticized for lack of health facilities and staff. Also, the instances of maternal mortality and infant mortality can be still seen. Madhya Pradesh remains the state with one of the high levels of maternal mortality. In M.P, Gwalior has one of the lowest sex ratio. Thus, Gwalior was chosen to assess the reproductive health of women, it is also a district with spectacular industrial growth in the state. The paper also highlights few of the success stories, which can be used in future for better implementation of health services.

Methodology and Techniques used

The research was a mix of qualitative and quantitative methods. To collect quantitative information survey method was used, with the help of questionnaires response was recorded. ASHA workers, few of the doctors, Block community mobilize, ASHA co-ordinators and women who had recently delivered (within a span of a year before the research) were personally interviewed. Their views and opinions were carefully recorded and analyzed.

Case study –Selected blocks of Gwalior Implementation of health policies and concerns

Firstly, women especially in the rural areas of Gwalior have very attended school education for merely few years. Secondly the patriarchal system here is extremely dominant and suppressive that the opinion of women do not matter at all. Thus, when it comes to women health, naturally it is the most neglected issue.

While visiting one of the village it was found that a mother of three months old child was continuously coughing. Suspecting the symptoms to be of tuberculosis, ASHA had requested her many times to visit nearby sub-centre. This time when the woman was again asked to visit sub-centre, it was the family member who responded saying that, “she would not go. We don’t have sufficient money and already we have spent on her delivery a lot.” An ordinary household, that can afford a television set with cable connection, mobile phone and at least two kids, but considers the women health as the last priority shows immense gender bias.

Another woman complained to ASHA of weakness and excessive bleeding. She was asked to visit doctor and she replied, “Please, tell my husband to take me to the hospital. If I ask him, he will neither take me nor let me go.” When women are taught to be obedient and submissive, expecting them to be empowered, self-caring is almost

impossible and subsequently their empowerment is hampered.

On food intake, it was the female who would have food at the end, often having leftover – stale food. There were innumerable instances shared by female respondents stating that institutional delivery was a big NO for the family as a male doctor would conduct the delivery. Again high out of pocket expenditure worked as fuel to the fire, compelling families to avoid deliveries in hospitals.

Sex Ratio

Gwalior depicts one of the worst sex ratios of Madhya Pradesh. In contrast tribal district like Jhabua has fared way better than Gwalior. The sex ratio at birth is much better than the sex ratio at 5 years of age. That is more females die at the age of 0-5 years than boys. One of the ASHA off record informed, “Often people are unhappy to have a girl child and specially more in gloom and worry if it is the second daughter or the third one.” Another ASHA told, “A new born girl child was killed in civil hospital of Gwalior by giving her tobacco, given by the grandmother of the baby.”

While visiting the Nutrition and Rehabilitation Centre(NRC), Dabra block, a couple came to admit their malnourished young boy of a year. The incharge asked about their daughter and the couple replied

that although she was malnourished they could not bring her. On insisting a lot by incharge of NRC the couple finally brought the girl child (approx 2.5years old), who was highly dehydrated and required immediate care. The attitude is, it is good if girl child dies, atleast we will save the dowry money.

Mother and Child Tracking System (MCTS)

During research it was tried to contact eligible pregnant women through contact numbers in MCTS and to our dismay it was found that most of the time the phone numbers given were not of beneficiary. Latest report (National Family Health Survey-4th) suggest that in MP only 28% women have mobile phones which they use for themselves. The whole agenda of sending m-messages gets defeated by such act. The phone numbers registered in Primary health centres are mostly do not belong to women. Thus the message-alerts to women is lost in the process.

Success stories

Bhitarwar Community Health Centre

Bhitarwar Block of Gwalior district is approximately 70kms from Gwalior. The usual route to visit Bhitarwar is through Dabra and it is not surprising that the condition of road is very poor, which makes travelling more difficult. However, Bhitarwar Community Health Centre(CHC)

has been highly successful in using this short comings as strength.

This CHC has sufficient staff including anesthesia experts, gynecologist, pediatrician and a well functioning new born and sick care child unit. The ANM's reported that the cases of home deliveries were negligible in the block and people were well aware to about the benefits of institutional deliveries. While surveying various government health institutions in Gwalior itself, not even one rest room built for ASHA was found. But Bhitarwar is an exception, it was the first block in Gwalior to initiate rest room and was about to start functioning soon.

Another positive aspect of Bhitarwar has been that one can find the list of high risk pregnancies displayed on a wall. This facilitates continuous monitoring and care of female patients. Once high risk pregnancies are taken care of, elimination of maternal mortality becomes much more easier. The list of beneficiaries of Janani Suraksha Yojana was also displayed thus providing info without much hurdle. However the lists were not the updated ones.

If a small remote block like Bhitarwar can do it, why not the other blocks in Madhya Pradesh?

ASHA as role model

Accredited Social Health Activist popularly known as ASHA has shown tremendous

efforts in increasing institutional deliveries. Gwalior region had 65.7% institutional deliveries against the state average of 47.1%. (District Factsheet, Maternal and Child Health Indicator). Amongst the eligible women respondents interviewed in the current research, 50% strongly accepted the fact that it was due to persuasion of ASHA, that decision to deliver in the institution was taken. Out of all the ASHA's interviewed during research 3/4th were found to be regular in their visits and also succeeded in guiding women on nutrition, health, hygiene and baby care.

Most of the ASHA's were successful in completing three ante-natal check up of the expectant mother and ensured at least 3-5 visits post delivery. It is not surprising to state that ASHA ensured that all the women received tetanus injections. Where there were multiple referrals, ASHA accompanied everywhere she could. If an eligible woman was admitted late evening, ASHA stayed overnight with the woman. This social activist also helps eligible women on getting the bank accounts open.

Although overburdened with duties, ASHA has shown exceptional contribution in improving maternal health, which no other health workers have done so far.

District ASHA Co-ordinator

The District Co-ordinator is an outstanding example of dedicated official who inspires ASHA to work meticulously and actually

exercise their rights as activist. Every ASHA has access to the district co-ordinator and he often visits the blocks frequently interacting with the activist and resolving their issues.

The issues like delay of payments to refusal of health centre to admit the pregnant lady, all are dealt by him in person. ASHA who motivate beneficiaries also have found their motivator in this district co-ordinator.

PHC with high Vasectomies

Unexpectedly amongst the one of the worst equipped PHC, it was found that the rate of vasectomies was higher than any other PHC. The health staff reported that the PHC is near to the Border Security Force Unit and the men come here for getting the surgery done. For getting sterilized, lucrative in service incentives are provided to these men. This PHC has set an example breaking the stereotypes of burdening only women to undergo sterilization. In future, this can be used as role model PHC to motivate more young men.

Success story from Cuddalore, Tamil Nadu

People would often ask the District Collector of Cuddalore, "What would we get after having a female child? We have to pay dowry and it is also expensive to up bring a girl." The collector introduced the appreciation certificate and a gift of sapling (economically beneficial) on birth of every female child to the family. This certificate contains information of all the government

schemes for girl child on the reverse side. There is also monthly celebration of girl child day in government hospitals and villages to retaliate the son centric customs and rituals. This kind of initiatives as believed can definitely help in reducing infanticides as well as making families happy that they have girl child.¹

These success stories displays various instances where opportunity was hidden and secondly where the human resource was extremely active and dedicated.

¹ pib.nic.in and as a result of talk with District Collector, Cuddalore S.Suresh Kumar

What next?

Thus, saving girl child and ensuring overall good health could be one top most priority for policymakers. Health being one of the most neglected issues, we need to look at root cause. Apart from affordability and accessibility, the core issue is also the social and cultural barriers and gender inequality. The focus of the research paper here is women health that is 50% of the total population. And, to underline the fact that we want development of one half, we need active participation of second half i.e. men. Inclusion of men in sexual and reproductive health of women would make them more sensitive, supportive and in longer term help in reducing gender inequality.

For the issue of affordability, every woman must be guided to save whatever she could for her pregnancy. Again here we can include ASHA as motivator. Having her own money would give her opportunity to decide on what to eat and where to deliver. Free delivery as propagated is actually not free and there is urgent need to keep check on corruption thriving right from labor rooms to transport facilities.

It was found in Gwalior region that often in rural areas, even the Community Health Centres and Civil Hospitals lack emergency obstetric care. And although nearest CHC is 10kms people have to travel as long as another 40-50kms in case of emergency. And of course as stated earlier the demand for female gynecologist is equally high.

Women need to know at first place what they are entitled to. Most of the time, they are unaware of what quality service is. Thus, the benchmark needs to be set up. In case of JSY scheme, the cash amount given to the people acted as attraction point in popularizing the scheme and institutional deliveries but as argued by Randive (Randive) increase in institutional deliveries does not necessarily means low mortality.

Conclusion

If the half of the population i.e. women in not empowered and well, the rest of the population also gets affected. And, above the attainment of reduction in maternal mortality we also need to bring in gender equality. Moreover, Gwalior is one of the top three industrialized cities of Madhya Pradesh. The city deserves attention in strengthening health services and nonetheless low sex ratio must be addressed immediately.

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