ISSN Print: 2394-7500
ISSN Online: 2394-5869
Impact Factor (RJIF): 8.4
IJAR 2023; 9(12): 230-233
www.allresearchjournal.com
Received: 13-11-2023
Accepted: 22-12-2023

Vikash Kumar
Assistant Professor, Patna Women's College, Patna, Bihar, India

Corresponding Author:
Vikash Kumar
Assistant Professor, Patna Women's College, Patna, Bihar, India

A study of the impact of government's health care facilities on maternal health in Jehanabad district of Bihar

Vikash Kumar

Abstract
The species is herbaceous plant, with two-lipped flowers. *Peristrophe bicalyculata* (Acanthaceae) is up to 60-180 cm in height and established almost throughout Sidhi district (M.P.). *Peristrophe bicalyculata* is commonly known as kakajhanga in Sanskrit and kali aghedi in Hindi. The herb is used for its anti-bacterial properties like snake poison, in bone fracture, cold, cough, fever, sprain and for ear and eye treatments. The chemical constitutes of the dried aerial parts be seen 14-methyl-tritriacont-14-en-15-ol and 35-hydroxynonatriacontanal. Extract of this plant posses' various pharmacological parameters such as antimicrobial, antioxidant, anti-diabetic, anti-inflammatory, enzyme inhibitory activities without any side effects. The diverse parts of this plant has been widely used in treating various skin infections. Pioneer work was done by our Shushrut, Saints Charak and several others, which was collected in the form of vedas (Rigveda, Ayurveda) Samhita, Nighantu and Aryabhishak. *Peristrophe bicalyculatta* (Retz-Nees) is reported to be the useful remedy for the treatment of T.B, Antiseptic, Jaundice, Menorrhagia, and Anti-venom agent in indigenous system of medicine. In this review we have studied the detailed phytochemical of stem and leaf as well as physiochemical parameters, phytochemical screening and leaf or seed constant. The solvent extract is used in checking antimicrobial activity against all the clinically isolated microorganisms.

Keywords: Government's health care, maternal health, Jehanabad District

Introduction
High maternal mortality is a matter of serious concern despite soaring economic growth and remarkable advancement in science and technology in India. The maternal mortality ratio in India was sixteen times higher than that of Russia, ten times that of China and four times higher than that of Brazil in 2005 (Nanda *et al*., 2005) [8]. The enormity of the prevailing situation is deplorable; India's progress towards reducing maternal mortality is inevitably called for toward the global achievement of Sustainable Development Goals. But, inadequacy in maternal health care services, poor organization of the services, rural-urban disparity in rendering the service, interstate disparities, together with unfavourable social, economic and cultural constraints call for a substantial shift in programme priorities to ensure effective implementation, increase service coverage and accessibility to all sections of the population (HRW, 2009, Pallikadavath *et al*., 2004, Navaneetham and Dharmalingam, 2002; Jejeebhoy, 1997) [4, 7, 9, 5]. In the underdeveloped regions of India such as Bihar, the women in their lactating period experience varieties of suffering. A study by Raj and Raj (2004) [10] reveals that in Bihar, the prevailing caste-based prejudice deprives women from lower castes to avail themselves of maternal healthcare services such as antenatal check-ups, Iron and Folic Acid (IFA) supplements, and institutional delivery. Situation is more pathetic in rural areas of Bihar. The state also lags behind in utilization of public healthcare services due to the presence of severe caste and gender based complexities.
Bihar is one of the largest states in India, with a population of over 130 million. But the demographics of the state shows depressing picture as the state, in its some regions, has the country's highest rates of maternal, neonatal, and infant mortality in addition to a high prevalence of malnutrition, stunted growth, and high fertility rates. Intense poverty, gender and social disparity, low literacy rates, and child marriage have given effect to Bihar's poor health outcomes.

Being a densely populated state with low health outcomes, the state requires special attention so as to streamline India toward achieving the global goal on sustainable development for maternal and new-born health.

Raj and Raj (2014) [11] conducted a study to understand women's perceptions of quality and satisfaction with maternal health care services of Bihar. Their findings state that there has been an improvement in maternal health, especially, with increase in institutional child birth in Bihar. This can be attributed to the implementation of Janani Suraksha Yojana (JSY). Nevertheless, there are several challenges. The authors are of the opinion that since women want to be treated humanely during delivery interpersonal behaviours, such as treating individuals with dignity and respect, and providing emotional support, can influence the demand for services. Publicly available, accessible and affordable transport is a major factor in ensuring women to avail facilities for delivery. Dehury and Samal (2016) [2] have done a comparative analysis for the states Madhya Pradesh (MP) and Bihar based on the maternal health fact Sheets of National Family Health Survey (NFHS)-3 and 4. Authors have found that albeit progress has been as observed from NFHS-3 to NFHS-4, the progress is very dismal compared with that of other Indian states. In NFHS-4, MP has shown relatively better progress compared to Bihar. Poor performance is being observed in all the levels of maternal health: pregnancy Ante-Natal Care (ANC), Tetanus toxoid (TT) injection and Iron and Folic Acid (IFA) distribution, Institutional delivery by Skilled Birth Attendant (SBA), Caesarean Section (CS) and post-delivery care in hospital stay and Janani Suraksha Yojna (JSY). The poor performance, in both these states with respect to the indicators, calls for multipronged approaches, strong political will, health system strengthening, community mobilization and awareness etc. Kaur *et al*., (2019) have done an investigative study on preparedness of public health facilities services for quality maternal and new born care across the state of Bihar. Their study examines current capacity of public health care facilities during maternity in Bihar. They identified gaps in neonatal equipment's, infrastructures required to maintain hygiene and staffing capacity at the facilities. Lack of correlation between structural capacity and staffing, and structural capacity and quality of care suggests presence of heterogeneity in the strengths and weaknesses across the facilities.

This study is one of the fruitful studies among ongoing studies in Bihar to explore the relationship between quality of care and health outcomes.

This paper will be focused on the differentials and status in the use of maternal services with regard to socio-economic and demographic indicators and to assess and analyse the effects of individual and village level factors on the utilization of maternal health care services in the district. Also, it is aimed at investigating the problems in the implementation of government's schemes in the maternal health care of mothers in the Jehanabad district and the problems faced by women who experience maternity during the last three years. Moreover, the investigation is also made on women's awareness about utilization of maternal healthcare facilities and maintenance the required hygiene. The study examines the scenario of institutional birth, condition of delivery institutions with respect to availability of infrastructural facilities, experts, level of care in pre and post child birth, staffing capacity etc.

2. Data and Methodology

The study is based on a sampled population for women in Jehanabad district who experience maternity in the last three years. Two stage sampling procedure is used. At first a list of all the Anganwadi centres of the district is framed by collecting names of the Anganwadi centres (AWC) from the concerned government departments. By applying simple random sampling without replacement (SRSWOR), 5% of the AWCs are selected which turn out to be sample size 99 out of population size 1983. After then, each selected AWC is visited from which data of women who experience maternity in the last three years, counted from the date of survey, are collected. In the second stage sampling, 20% of women from each AWC are selected by SRSWOR and thus 712 women were obtained as sample population. Each of these women were personally interviewed with the help of questionnaire.

3. Result and Discussion

In this study we have interviewed 712 women particularly who are in pregnancy, lactating, postpartum periods and have experienced a child birth during the last three years. Table 1 in below shows the distribution of women's maternity status for Jehanabad district of Bihar.

Table 1: Different Status of Women

Status of Women	Number of Women in different status	Percentage
Pregnancy Period	203	28.51
Postpartum Period	102	14.32
Lactating Period	302	42.41
Experienced a child birth during the last three years	105	14.74
Total	712	

While considering the family incomes among the women who are in different status, shown in Table 1, lactating period's women have lowest income in their family followed by postpartum and pregnancy period's women successively. The highest income has shown in the category - experienced a child birth last three years. Also, 63% out of the total women are found to be living in the joint family, and a range of 6 to 13 numbers of persons are staying together in one family which we have discovered in this study. Of the sample population of the study, while considering their occupations, we have obtained that 7% of women are working in government sector job, 33% are wage earners, 3% are running moderately large scale business in their family, 32% are cultivators and the remaining 25% of population out of the totals are running small scale businesses at their home. Since more than 60% of women are staying in their joint family, the study finds that 89% these women in joint family are dependent on others for their livelihood and 8% of them are managing self-support and 3% can give partial support to their family.

79% of total women have possessed mother and child protection card (MCPC) and remaining 21% of total women mainly from remote area are unaware about the card and maternal health care facilities provided from the government.

While investigating educational status of the sample population, we have found the distribution of data in the following way, shown in Table 2.

Table 2: Educational Status of Women

Educational Status	Number of Women	In Percentage
Illiterate	114	16.01
Primary Level	178	25.00
Upper Primary	103	14.47
Under Matric	99	13.90
Matriculate	108	15.17
Higher Secondary	61	8.57
Graduate	33	4.63
Graduate and above	16	2.25
Total	712	

93% of women who are registered with the health centres, have claimed that the distances of health centres (maternity care centres) from their homes range from 2 to 6 Kms, and they have to face lots of difficulties to visit regularly to the health centres to get the facilities. 7% of women have claimed that they never do check-ups although they are holding the MCH card provided by the government. The following reasons they have reported on enquiry, shown in bellow:

Table 3: Reasons of not doing Medical Check-ups

Reasons	Responses in %
Neglected by self	21
Unavailability of adequate community health workers	52
Unavailability of timely transportation and communication	22
Poor infrastructure of health centres	5

Among the women who have been undergoing regular check-ups reported that mostly ASHA workers help them to get the facilities and in their routine check-ups. As per their responses it is reflected that blood pressure and weight measures were the two main components done mostly while their routine check-ups. Test of haemoglobin and urine are very less likely to be done in spite of routine check-ups. While responding to the question on taking TT injection, 63% of women have responded to have experienced it 2 times in their whole journey of pregnancy followed by delivery, whereas 37% have responded they don't get even once. However, 78% of women out of total have completed the first trimester reported that they have received the medicine iron and folic acid but it was very irregular. 22% of women have reported that they never receive any medical supplement from the health centres. Also, they claimed that they never receive any nutritious consumption of food either from home or the government.

While investigating about the counselling on maternal health and healthcare facilities 66% of women have responded that they have received counselling from the government community health workers, 21% of women responded that they got counselling from family members and remaining 13% have reported that they got it from others such as, neighbourhood, self-studying, friends etc. Additionally, under this study we tried to get the information regarding the essential investigations such as for lungs, breasts, jaundice, heart, foetal movements, haemoglobin, HIV screening, ultrasonography and diabetes etc., whether these check-ups are done or not while going for routine check-up and the response are listed as shown in below:

Table 4: Response on some essential investigation

Tests	No. of women who get the tests done	Percentage
Lungs, Breast, Heart and Foetal movements	412	71
Lungs, Breast, Heart, Foetal movements and Jaundice	55	10
Lungs, Breast, Heart, Foetal movements, Jaundice and Haemoglobin	40	7
Lungs, Breast, Heart, Foetal movements, Jaundice, Haemoglobin, HIV screening, Ultrasonography and Diabetes	65	11
Total	562	

89% of women have claimed that they faced pregnancy one or a few of the complications such as sort of breathing, less haemoglobin, diabetes, jaundice, high blood pressure, malnutrition, depression and anxiety, acidity, infection and body rushes. All these women get partial or adequate help from community health workers or doctors in health centres in tackling their problems. As we have prepared a separate set of questions for the women who are in postpartum and lactating periods and it is found that out of total 712 women, 404 women are in both lactating and postpartum periods and shared 56.74% to the total population. In this investigation it has been found that 88% of women got the experience of having excessive bleeding during pregnancy or after delivery. Among them 51% of women have claimed that it has been tackled in the hospital with the health experts, 19% of women claimed that it has been tackled by home

treatment and 30% reported that it was left alone to recover itself which was unsafe and unhygienic for both mothers and new-born babies.

Chi-square test is used in checking whether the total health care facilities available to women in maternity period is crucial without which maternity will be in danger, it is found that without the total health care facilities available at present maternity will be in danger.

4. Conclusion

From the empirical studies it is found that the total health care facilities available during the maternity period in Jehanabad district of Bihar is doing tremendous role for maternal health and child care. But, there is a lot yet to be improved. Rural women need special attention. The health care centres in the rural areas are still in bad condition in terms of infrastructure and skilled staff. The government needs to create special mechanism to let the facilities reach out to rural areas. Even in urban areas, women in bad social and economic condition still suffers due to deprivation. However, when we examine in the light of the situation of women prior to the launch of NRHM and subsequent other maternity health care facilities, present day women have availed themselves of the facilities enormously as a result of which overall improvement in maternal health, institutional safety birth, reduction in mortality of pregnancy related cases, etc., are realised.

5. Acknowledgement

The research is funded by the research cell, Patna Women's College, Patna.

6. References

1. Chauhan BG, Sivanandan V, Singh MN, Ojha DK. Inequalities and Trends in Maternal Health Care Services Utilization in India, 1992-2016: Strategies in the Search for Improvements. Demography India. 2021;50:65-87.
2. Dehury RK, Samal J. Maternal Health Situation in Bihar and Madhya Pradesh: A Comparative Analysis of State Fact Sheets of National Family Health Survey (NFHS)-3 and 4. Journal of Clinical and Diagnostic Research. 2016;10(9):IE01-IE04.
3. Freedman LP, Graham WJ, Brazier E, Smith JM, Ensor T, Fauveau V, *et al*. Practical lessons from global safe motherhood initiatives: time for a new focus on implementation. The Lancet. 2007;370(9595):1383-1391.
4. Human Rights Watch (HRW). No tally of the anguish-Accountability in Maternal Health Care in India; c2009. Available at: http://www.hrw.org/en/reports/2009/10/08/notallyanguish-0
5. Jejeebhoy SJ. Maternal mortality and morbidity in India: priorities for social science research. Journal of Family Welfare. 1997;43:31-52.
6. Kaur J, Franzen SRP, Newton-Lewis T, Murphy G. Readiness of public health facilities to provide quality maternal and newborn care across the state of Bihar, India: A cross-sectional study of district hospitals and primary health centres. BMJ Open. 2019;9(7):1-10. DOI:10.1136/bmjopen-2018-028370.
7. Pallikadavath S, Foss M, Stones RW. Antenatal care: provision and inequality in rural north India. Social Science & Medicine. 2004;59(6):1147-1158.
8. Nanda G, Switlick K, Lule E. Accelerating Progress towards Achieving the MDG to Improve Maternal Health: A Collection of Promising Approaches. Health, Nutrition and Population (HNP) discussion paper. © World Bank, Washington, DC; c2005. Available at: https://openknowledge.worldbank.org/entities/publication/b8b7c55a-5c90-5183-a165-a82dc246cb93
9. Navaneetham K, Dharmalingam A. Utilization of maternal health care services in Southern India. Social Science & Medicine. 2002;55(10):1849-1869.
10. Raj P, Raj A. Caste variation in reproductive health of women in Eastern Region of India: A study based on NFHS data. Sociological Bulletin. 2004;53(3):326-346.
11. Raj A, Raj P. Utilization of Maternal Health Care Services in Bihar, Research Process. 2014;2(1):01-11.