CHAPTER II

THEORETICAL AND CONCEPTUAL FRAMEWORK

2.1 Introduction

The health status of mothers and their children reflects the real index of development of any nation. When mother is healthy, the family is healthy, the society is healthy and the nation is healthy (Dhanalaxmi Dash, 2005). Motherstake care of children’s health, family’s health as well as their own health. It is a common saying that “When mother is developed, the child is better developed”. Various health care studies have found a strong positive correlation between women’s knowledge, education, empowerment, social status and child’s health status and survival. The woman’s knowledge of disease causation, prevention and cure and of nutritional requirements of infants and children has a direct consequence on child’s health status. Devadas et.al (1991) reported that the children of illiterate mothers have a greater occurrence of diseases compared to those of moderately and highly literate mothers.

Over 1,50,000 maternal deaths take place every year in India. This accounts for about 25% of the total maternal deaths in the world (Balasubramanian, 2000). Some of the deaths are the direct outcome of the absence of family planning, as results from unsafe abortion, infection or sepsis and deaths of women for whom child bearing was medically prohibited but who had no means to avoid conception. The maternal health services have a critical role in the improvement of reproductive health. Access to skilled assistance and well equipped health institutions during delivery help to reduce maternal mortality and morbidity and improve pregnancy outcome.
The given chart shows the various determinants of maternal and child health care service utilization and the link between mother’s health and child health. Though there are various factors that determine the process of child survival, the influence of mother’s contribution is more powerful. Mother’s knowledge, attitude and behaviour help them to attach a higher value to the welfare and health of children. Maternal mortality among mothers aged 19 and under is higher compared to women aged 20-24 in both developing as well as developed countries. Early aged mothers have a greater risk of miscarriage, anaemia and obstetric complications (Dhanalaxmi Dash, 2005).

**CONCEPTUAL FRAME WORK OF DETERMINANTS AND OUTCOMES OF MATERNAL AND CHILD HEALTH**

![Diagram](source:Dhanalaxmi Dash, 2005)
2.2 Socio-Economic and Demographic Factors

The Socio-economic and demographic factors such as mother’s literacy level, family income, social position, caste system etc. form the background for high fertility and consequent risk of pregnancy. A very well-known customs and tradition that exists in many states in India shows that a female child is married between 12-16 years age (Dham, 1998). A child in this age group faces high obstetric risks and this may lead to maternal and infant morbidity and mortality. Mothers with low socio-economic status can access comparatively less health care services and thereby suffer most of the reproductive health problems.

2.3 Medical Care

Most of the women lack medical facilities though India has the technical capacity and trained personnel provide energy services. Mismanagement of available public service, non-availability of medical help at rural level, lack of knowledge and continuance of ignorance among women aggravate the problem. The preventive and curative methods of treatment are weak among poor sections and it would be influenced by cause of sickness perceived by the group.

2.4 Health Status

The health status of women plays an important role in determining the future population as it has an inter-generational effect. Health status indicators like maternal mortality rates, infant mortality rates, life expectancy, fertility rates, along with nutritional status, reproductive health of women point towards women’s well-being and physical status. The health status of women varies with their socio-economic and cultural conditions. The health of children lies much greater in the health and nutrition of women, her physical condition, education and economic status. The lesser access to food
leads to a poor nutrition status and state of ill-health for most women of rural and lower socio-economic groups. Nutritional anaemia is widespread among the women of childbearing age and contributes significantly to maternal morbidity and mortality.

2.5 Environmental Factors

Environment includes both the physical and social environment. Environmental pollution creates major problems for human health. Environmental destruction and degradation affect women’s health in a number of ways. Lack of sanitary facilities brings variety of infections and diseases. Deforestation results in the destruction of traditional herbs and this in turn declines the health status of women who used to depend on local healers. Health and treatment in the tribal societies are very much connected with the environment particularly the forest ecology. As the environment degrades, women spend longer hours and walk longer distances for collection of wood, fuel, and water. The enormous work load affects their health severely and gives rise to reproductive problems like short life span, abortion and miscarriages, mental illness, chronic backache problems, anaemia and other nutritional problems (Dhanalaxmi Dash, 2005).

2.6 Reproductive Health

Reproductive health is defined as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity in all matters relating to the reproductive system and its function and process (Jayasree & Jayalakshmi, 2001). Reproductive health care is defined as the constellation of methods, techniques and services that contribute to reproductive health and well being by preventing and solving reproductive health problems. Reproductive health is multi dimensional and associated with various life cycle events of women such as menarche, marriage, pregnancy, child
birth and menopause. The factors which affect the reproductive health status of women and their children are sexual behaviour, menstruation, nutritional status, toilet facilities, antenatal care, immunization, abortions etc. Complications of pregnancy and child birth are the leading causes of deaths among women of reproductive age in most of the developing countries. The reproductive health of mothers and children is highly influenced by their socio-economic conditions.

2.7 Health care behaviour/Utilization of health care services

The health care practices deal with health behaviour and practices of the communities and the way sick people are treated by the society. Health care behaviour is a kind of a social behaviour and it affects and gets affected by various socio-cultural parameters. The sick role behaviour largely depends on how a community expects its sick members to behave. The health care practices comprising popular, folk and professional depend on social, cultural, educational and economic aspects of the community.

Anderson, in his model for health care service utilization, proposed three sets of determinants societal, system and individual determinants. (Sheela Shenoy & Shenoy, 1999). Social determinants include the current state of knowledge as well as people’s attitude and beliefs about health and illness. System factors include health service resources (both volume and distribution) and organization of health services. Individual determinants include demographic factors like age, sex, marital status, social structures like education, occupation, family size, religion and belief, enabling variables like income, insurance, family, community factors such as availability, cost of service and residence, illness level etc.
2.8 Accessibility of health care services

Access to maternal and child health care means that the health care is within the reach of women and children who need it and they do not go away from using it due to its cost or poor treatment by staff. Accessibility means the continuing and organized supply of care that is geographically, financially, culturally and functionally within easy reach of the whole community. It also indicates user’s perception on the health care services. The accessibility of health care services depend on the availability, locality, socio-economic status, sex and age etc.

2.9 Public and Private expenditure on health

The health status of mothers and their children also depend on the health expenditure made by private and public authorities. The public and private expenditure on health infrastructure affect the accessibility of maternal and child health care services.

2.10 Antenatal Care

Antenatal Care (ANC) refers to pregnancy related health care provided by a doctor or health worker in a medical facility or at home. It should monitor a pregnancy for signs of complications, detect and treat pre-existing and concurrent problems of pregnancy and provide advice and counselling on preventive care, diet during pregnancy, delivery care, postnatal care and related issues. As a part of ANC, women receive two doses of tetanus toxoid vaccine, adequate amounts of iron and folic acid tablets or syrup to prevent and treat anaemia and at least three antenatal check-ups that include blood pressure checks and other procedures to detect pregnancy complications.

2.11 Natal Care (Delivery Care)

Natal care means care at the time of delivery. It is related to the place where delivery takes place and the assistance during delivery. Place of delivery may be
hospitals (both private and Govt.) or home. Assistance during delivery are provided by doctors, health professionals such as ANM, nurse, midwife or lady health visitor.

### 2.12 Postnatal Care

Postnatal care refers to the care a mother and the infant receive during the first two weeks after delivery. Post partum check-ups within two months after delivery are important for births that take place in non-institutional settings.

The child mortality and their survival highly depend on mother’s health and the awareness about breast feeding, nutrition, hygiene, immunization, Vitamin A, diarrhoea, supplementary feeding, contraception, ICDS, reproductive health etc.

### 2.13 Breast feeding and Complementary feeding

Proper infant feeding starting from the time of birth is important for the physical and mental development of the child. Breast feeding improves the nutritional status of young children and reduces morbidity and mortality. Breast milk provides important nutrients and protects the child against infection. The WHO and United Nations Children’s Fund (UNICEF) recommend that infants should be given only breast milk for about the first six months of life. Most babies do not require any other food or liquids during this period. After seven and eight months, adequate and appropriate complementary foods like solid and mushy food should be added to the infant’s diet in order to provide sufficient nutrient for optimal growth. The supplementary foods in infant’s diet also have significant effects on the child’s nutritional status by meeting the protein, energy and micro nutrient needs of children.
2.14 Nutritional Status of Children

Nutritional status is a major determinant of health and well being of children. Inadequate or unbalanced diets and chronic illness are associated with poor nutrition among children.

2.15 Immunization of children

Immunization of children against six serious but preventable diseases such as tuberculosis, diphtheria, neonatal tetanus, poliomyelitis and measles has been a cornerstone of the child health care system in India. Under the immunization programme, vaccinations to infants and pregnant women are given for the control of vaccine preventable diseases. Except vaccine for the polio, which is administered orally, all the other vaccines are administered through injections.

2.16 Treatment of Diarrhoea

Diarrhoea is a major killer of children especially those under 5 years of age. Deaths from acute diarrhoea are most often due to dehydration resulting from loss of water and electrolytes.

2.17 Vitamin A

Vitamin A deficiency leads to increased childhood mortality and blindness among children.

2.18 Integrated Child Development Services (ICDS)

ICDS scheme combines child health and maternal care. It consists of a package of supplementary nutrition, immunization, health check-ups, referral nutrition and health education and pre-school education. It is designed as a community based programme. A local woman who has received three months training is the main stay in each village. At the Anganwadi, she prepares and distributes the food supplement daily and provides each
child with 300 Keal and pregnant or lactating women with 500 Keal. The Anganwadi Worker (AWW) also conducts non-formal pre-school activities and nutrition and health education for mothers.

2.19 Contraception

Contraception indicates the measures which are taken in order to prevent sexual intercourse from resulting in conception.

2.20 Family Planning and Welfare

The family planning and welfare programme has far reaching effects in enhancing the states and health of women and thereby enabling them to promote child health. Greater spacing between births enables women to regain their health and also pay greater attention to the health of their children. Family planning messages through information and education encourages people to be responsible and have a planned parenthood. Planned parenthood programmes help parents to seek information for better child care practices to improve child health and survival.

2.21 Neonatal Care

Neonatal care refers to the care of new born in the first month of life. Neonatal is a period of considerable delicacy and care. The first few days after birth are the critical days. Care of a new born is in respect of bathing, clothing, feeding, naval care and bedding.

Mother’s awareness on health and their attitude towards healthy practices have an important role in the healthy living of their children. Utilization of maternal and child health services depends on their socio-economic, cultural factors, environmental factors about the reproductive health care practices etc. Absence of proper care during pregnancy and after pregnancy creates complications which lead to death of mothers.
Child health is related to mother’s health, neo-natal care such as bathing, feeding, clothing, navel care and bedding, immunization, reproductive health, supplementary feeding etc. When mother is well educated, exposed and developed in all angles, who promote proper development of the children.

2.22 Demand and Supply Model

2.22.1 Demand Function

In the present study, the independent socio-economic, demographic variables like head of the households, educational level of respondent and their husband, family type, household type, access of media, working status of respondent, monthly income and expenditure, age at first birth, birth order, spacing, perception and distance to health centre are taken to associate with the demand for maternal and child health care services among the tribals. There is a relationship between all these variables with accessing of health care services. Among the variables head of the household, educational level of respondent and their husband, monthly income and expenditure, distance to health centre and perceptions have positive significant relation with accessing of health care services.

From the analysis a new demand function for Maternal and Child Health Care Services (MCHs) is derived as follows:

Demand for MCHs = f (+Head of the household, +educational level of the respondent and their husband, +monthly income and expenditure, +distance to health centres and +perception)

2.22.2 Supply Function

The supply of maternal and child health care services is connected with the availability of services from health centres like Government and private hospitals, Primary Health Centres (PHCs), Sub Centres, Community Health Care Centres, Clinics, Maternal and
Child health Centres, Voluntary Organizations like Midwifery, and Child and Women Care Society, agents like Junior Primary Health Nurse, ASHA Worker, Anganwadi Worker and Tribal Promoter, coverage of Government Health insurance Programmes, availability of Integrated Child Development Scheme Services and distance to health centres. From the study, it is observed that the availability of health care services among mothers and children are limited among tribals. Long distance to health centres is the big issues among them.

2.22.3 Market Disequilibrium

The interaction of supply of and demand for maternal and child health care services determines the market equilibrium. In the study, it is identified that the demand for MCHs among most of the tribals is limited in respect of their perception, income, drinking habits, family type, household type and availability of health care services. The supply also limited among them, which is highly associated with their location, attitudes of health personnel and lack of health infrastructure in their area.

Conclusion

The maternal and child health is associated with proper affordability and availability of maternal and child health care services in the market. From the study, it is concluded that there exists demand and supply gap in maternal and child health care services among tribals.
References


