Summary of Findings and Suggestions
CHAPTER VI
SUMMARY OF FINDINGS AND SUGGESTIONS

6.1 Maternal Health care

Maternal Health is of critical importance to women. Providing women with information about the risks of pregnancy and childbirth, where, when and how to seek healthcare, were essential but not sufficient to assure access and utilization of available maternal health care services.

The indicators of health in India namely, Human Development Index (HDI) in general, and Gender Development Index (GDI) and Gender Empowerment Measure (GEM), in particular, revealed the poor rating of women and children. This called for focused attention in planning and implementation of healthcare programs including water, sanitation and nutrition.

The National Family Health Survey (NFHS) data reported the findings at an aggregate level based on a large sample size, covering the entire country. The Reproductive and Child Health (RCH) report, though carried out at district level, did not cover each and every village. Both these surveys did not reveal the information regarding maternal health care, its access, utilization, and cost at the village level or micro-level. Moreover, those results were considered as official version. Hence, to get an insight into the access, utilization and cost of maternal healthcare services, at the village level, the present study was undertaken.

To analyse the access, utilization and cost of maternal health care at the village level/micro level, the study was undertaken in rural areas of Tamil Nadu. An index of blocks of Coimbatore district was constructed, based on medical
infrastructure and physical access to healthcare centers, using Census data. The reference year of the study was 2003-2004. From Coimbatore district, Vellakinar revenue village of Sarkarasamakulam block with better medical infrastructure facilities and four revenue villages (S. Nallur, Veeralpatti, Thalavaipalayam and Naickenpalayam) of Pollachi south block with poor medical infrastructure facilities were chosen. For a comparative analysis Kosanam revenue village of Nambiyur block from Erode district, with moderate medical infrastructure facilities was selected. To record the facts, without any memory bias, the study covered only the mothers who had 0-1 year old babies at the time of survey for the year 2003-04. The study focused on the three stages of maternal healthcare ie., pre-natal, natal and post-natal care. The analysis was carried out by using simple statistical tools along with chi-square, correlation, binary logistic regression, mean, standard deviation, t-test, average score and analysis of variance.

6.2 Major Findings of the Study

6.2.1 In all the three study villages, the physical access to medical services itself was found as a problem. Especially, the women at the lower social strata, namely scheduled caste (SC), were found at a disadvantage in accessing transport facilities to reach government healthcare centers. Mostly they lived in outskirts of main villages, in separate colonies, without proper roads. This was more so in Pollachi south block.

6.2.2 At Vellakinar and Pollachi south, a statistically significant relationship was found between the level of education of mothers and their level of awareness about the facilities available at the nearby government
healthcare center. This made them to seek treatment for themselves when needed.

6.2.3 Listening to radio helped the selected mothers at Vellakinar to access the facilities available at government healthcare center; whereas at Kosanam, it helped the other members of the family to approach government healthcare center for their treatment.

6.2.4 Exposure to mass media was found relatively high among the respondents studied in Vellakinar, followed by Pollachi south. It was low in Kosanam. The media that found more favour with the respondents was in the order of listening to radio, watching television, reading newspaper and going to cinema.

6.2.5 In all the three study villages, majority of the women went for pre-natal checkup during the first trimester (Vellakinar 79%, Pollachi south 78%, Kosanam 75%), this was followed by some women seeking it during the second trimester (Vellakinar 18%, Pollachi south 15%, Kosanam 14%) and a few women went to the healthcare facilities only during the third trimester (Vellakinar 3%, Pollachi south 7%, Kosanam 11%).

6.2.6 At Vellakinar 25 out of 104 deliveries and at Pollachi south six out of 71 deliveries happened at home.

6.2.7 Fourteen out of 104 in Vellakinar and 17 out of 71 in Pollachi south were cesarean deliveries. At Kosanam, (16 out of 28) cesarean deliveries outnumbered the normal deliveries.
6.2.8 Mother's education was found as an important predictor of receiving antenatal care in all the three revenue villages.

6.2.9 From the statistical analysis, it was found that young mothers (age group 18 to 25 years) were more likely to deliver at institution than at home and also receive assistance during delivery than the older mothers at Pollachi south.

6.2.10 With an increase in monthly income of the family, the selected women were more likely to receive assistance during delivery, from private professionals than at public health centers both at Vellakinar and Pollachi south. Due to the absence of public healthcare personnel at Kosanam, the respondents approached private hospital / clinic available at a nearby town, Gobichettipalayam.

6.2.11 At Vellakinar, 62 per cent (64) deliveries and at Pollachi south, 59 per cent (42) deliveries were assisted by non-health professionals. For 12 per cent (12) of deliveries at Vellakinar and 10 per cent (14) of deliveries at Pollachi south, no healthcare assistance (professional or non-professional) was available.

6.2.12 Mothers with birth order of first, second, third and fourth were more likely to receive professional assistance during delivery in Vellakinar and Pollachi south. Mothers with more than four birth order were less likely to receive assistance during delivery in both the villages.

6.2.13 More than half of the mothers had consulted the doctors at the APHC / PHC, free of cost during prenatal stage in all the three villages. More than
fifty per cent of the selected mothers at Vellakinar and Pollachi south had access to free medicine. At Kosanam all the mothers had access to free medicine as the VHN would distribute the medicines to all the ANC.

6.2.14 In all the three study villages the respondents had to pay for blood tests and scan during pregnancy. More than 50 per cent of mothers incurred scan cost between Rs.150/- and Rs.500/- in Vellakinar and Pollachi south during pre-natal stage, whereas in Kosanam all the respondents incurred between Rs.150 and Rs. 500 towards scanning. Some 17 of them at Vellakinar spent between Rs.500/- and Rs.1000/- for scanning.

6.2.15 At Pollachi south, a significant difference between the expenses incurred (while approaching private or government healthcare center) during all the three stages of delivery was established; whereas, at Kosanam this difference was significant only for natal care cost. This factor was not significant in the case of Vellakinar.

6.2.16 At Vellakinar, the natal care cost of the first baby was borne by the maternal family. At Pollachi south, 70 per cent of delivery was done free of cost, the associated expenses were borne by the maternal family. In Kosanam, 89 per cent natal expenses of the respondents were met by the husbands.

6.2.17 In the case of freedom to spent money 92 mothers (88%) in Vellakinar, 58 mothers (82%) at Pollachi south and 24 mothers (86%) at Kosanam had autonomy and did not require prior permission either from the husband or
from mother-in-law to spend money. In a way this reflected their importance in the family.

6.2.18 The selected mothers in all the three revenue villages were independent enough to decide on what and when to cook and seek treatment whenever needed. Further, in all the households at Vellakinar, the husbands of the respondents and at Pollachi south the respondents’ mother-in-law decided on purchasing jewellery and other major household items. At Kosanam, most of the selected women had better autonomy and power. Although the women did not get complete independence in purchasing jewellery or other major household items, they were consulted for such purchase.

6.2.19 The total number of respondents who were beaten or physically ill-treated by their husbands and other family members were 42 (40%) at Vellakinar, 20 (28%) at Pollachi south and 4 (14%) at Kosanam. Mothers who agreed with specific reasons for justifying a husband beating his wife was considered to accept the unequal gender roles, indicating a lower status of women. At Vellakinar, out of 42, 22 (21%) had to face such a situation few times, 13 mothers had to face such a situation many times. At Pollachi south, out of 20, 15 respondents had to face such a situation many times. At Kosanam, all the four mothers reported that they faced such a situation, many times.

6.2.20 The service and educative information received by the selected mothers from Village Health Nurse (VHN) during delivery, was found satisfactory
only in Pollachi south. In Vellakinar and Kosanam, the service of the VHN was very poor. This was due to the domination of private hospitals on the one hand and private practices by the government doctors, on the other.

6.3 Issues

a) Services of Village Health Nurse (VHN)

Though Vellakinar had a good infrastructure, it was wasted by the hospital staff. For example, the maternity home remained locked up for months together and remained non-functional. In emergency, the medical staff referred them to government hospital at Coimbatore or TEXMO Trust Hospital. The activities of VHN were also limited to prenatal care and post natal care only. Those who approached the medical staff at APHC or PHC, got disappointed.

At Kosanam, though moderate infrastructure facilities were available, they remained unutilized due to poor maintenance of APHC, inadequacy of medicine, and absenteeism of medical staff. The staff complained that as there was no transport facility they have to travel a long distance to reach the government hospital. VHN used to visit once in a month to all the villages, as there was no proper roads laid to reach those villages.

At Pollachi south also poor infrastructure and long distance of travel both by the staff and the beneficiaries to reach a health center was a problem. However, these difficulties were compensated by a highly motivated Village Health Nurse. During natal care, the selected mothers complained that when they went to government hospital at Pollachi, for the delivery of child, the medical
staff were not available. At the same time, in PHC located at the nearby village, the doctors and nurses attended to them with care.

b) **Supply of medicine**

At Vellakinar the PHC, APHC were supplied with only one kind of medicine. Therefore, VHN would supply the same medicine to infants, children, adults and old people. At Pollachi south, the supply of medicine to APHC was found adequate and the VHN supplied them to the required patients and pregnant women. The residence of VHN was situated at a long distance from APHC at Pollachi south. VHN was reluctant to travel through any private transport other than public transport facilities. Most of the times VHN would walk back home which took about two hours. At Kosnam, as the building of APHC was under bad condition and there was no supply of electricity, no cold storage facility was available to keep the medicine. Added to this the medicine supply itself was inadequate. The VHN was available for a few hours, once in a week. This forced the people to visit private hospitals / clinics. Many were left at the hands of traditional medicinal healers available in the village for all sorts of healthcare incidences.

c) **Immunisation of 0-1 year old child**

Immunisation was good in all the three revenue villages. The VHN would immunize all the infants and keep record of new born babies. Immunisation was given importance in all the study villages.
d) Nutrition

The teachers at Anganwadi centers and the Anganwadi cook were very considerate towards the pregnant women and children. Other than preparing the noon meals for children, the cook would prepare nutritional balls, once in a week and supply them to the pregnant women and Anganwadi children. The teacher would keep a record of the growth of the infants, children and inform the mothers about special camps on healthcare, from time to time, at Vellakinar and Pollachi south, but this was not so at Kosanam.

e) Case studies

Case studies revealed some deviating facts undergone by a few respondents. The first one was about a woman who was tortured after her marriage and also during her pregnancy by her husband and other members of the family. Second case revealed that a mother was reluctant in vaccinating her baby girl. The third one was about a woman who had spontaneous abortions due to her nature of work at quarries. The fourth case study dealt with a mother facing problems in vaccinating her two girl babies due to improper management of health units. The fifth one was about the mother who spoke about the exploitation of her baby's health that took place at the Trust Hospital.

On the whole, it was found that there existed a large number of healthcare programmes under public sector at different layers of healthcare system. But they were not integrated with public welfare programmes. An integration of the programmes such as government employment guarantee scheme, income assurance activities, women empowerment, education, nutrition,
anganwadi center activities, noon meals scheme, activities of PHC, APHC and Village health nurse, would address the health needs of the poor and needy, in an effective way.

Suggestion for a better Maternal Healthcare System

**Input**

- Institutional Infrastructure
  - a) Adequate staff at medical centers
  - b) Required facilities for healthcare
  - c) Mobile healthcare units
- Managerial Functions
  - a) Supervision of medical staff
  - b) Maintenance of records
  - c) Inspection of medical staff and equipments
  - d) Accountability of medical staff
- Financial Assistance
  - a) Allocation of funds to ensure adequate supply of medicines and other required operational equipments, by the State.
  - b) Financial assistance received from World Bank and WHO.

**Process**

- Physical presence
- Human factors
  - a) Dedication
  - b) Service mind
  - c) Conducting special camps like Immunisation
  - d) Empathy towards poor women

**Outcomes**

- Patients' satisfaction
  - a) all the enquiries and doubts of the patients must be solved
  - b) delivery of baby in the presence of medical staff
- Progressive reduction in
  - a) Still birth
  - b) IMR
  - c) Number of anemic mothers
  - d) Health complications during prenatal, natal and postnatal care.

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By effective supply of public services, maximization of the health of the poor women and children can be achieved. Drawing on a model of integration of all the relevant programmes and healthcare system, it was argued that institutional infrastructure, managerial functions, financial implications and human factors were the key factors to be attended immediately for the effective delivery of public healthcare services.

To achieve the outcomes, through the process of using the inputs for building a better healthcare system, an integrated (vertical as well as horizontal) healthcare system must be evolved. Better maternal healthcare for pregnant women and children will be possible only when the activities of medical staff, medical centers, the government schemes, and the involvement of Panchayat members are insured. Human care and consideration are must for the mothers to prosper. The attached model of such integration is the need of the hour.
Better Maternal Healthcare System
(Horizontal and Vertical Integration)

Government hospital
  ↓
District hospital
  ↓
Regional healthcare center
  ↓
Speciality hospital

Anganwadi center
Noon meals scheme (ICDS)
Accountability of medical staff
Supervision of medical work
Inspection of medical work
Maintenance of records
Panchayat involvement

Government Employment Guarantee Scheme (GEGS)
Income assuring activities
Women Empowerment
Confidence building exercise, exhibition and training on domestic violence, its harmful effects on physical and mental health of women

Village Health Nurse (VHN)
Additional Primary Health Center (APHC)
Primary Health Center (PHC)

Pre-natal, natal and post-natal care of 0-1 year old babies mothers