CHAPTER – I

Introduction

1.1 STATEMENT OF THE PROBLEM:

Health status is an integral component of the level of human development. The health status to a great extent depends on the awareness regarding health care practices and availability of health care facilities. Other factors like education and general living conditions also have their impact on the health and welfare of individuals. All these variety of factors influence a person’s life in an integrating manner.

Proper mother and child care practices are significant as they deal with the two most vulnerable groups in the society. The reproductive role of women is such that she has a profound influence on the child even before its birth. The reproductive rights of a woman who encompasses mother and child care practices form an important component of women's human rights. For the protection of reproductive rights of women and the right of survival of a child, primary health care services are of fundamental necessity.

In the south Asian region, in every two minutes one woman dies as a result of complications of pregnancy and childbirth, which accounts for 40 percent of the global total. The high maternal morality in the region is a telling example of the health impact of gender discrimination. This discrimination is
The health needs of children in every society deserve special attention. The first years of life from a crucial foundation for either good health or lasting handicaps and ill health. As per 2001 census, Assam has around 43 lakh children below the age of 6 years, constituting 16.3 percent of its population. A large number of these children live in economic and social environment which impede their physical and mental development. These conditions include poverty, poor sanitation, disease, infection, inadequate access to primary health care, in appropriate child caring and feeding practices. Adequate health care and nutrition, presence of safe, healthy and supportive environment is
indispensable for satisfactory development of a child. India’s five years plans
have made significant progress in all spheres of development from which
women and children too have derived benefits. India has made remarkable
advancement in building and infrastructure for providing material, child health
and family planning practices. Nevertheless, various problems concerning
mother and child welfare are still of fairly large dimensions. In spite of the
impressive array of health facilities, the influence of maternal mortality and
morbidity is high. Infant mortality rate and maternal mortality rate continue to
be very high in the country. The maternal mortality rate in India, estimated at
400-570 per 100,000 live births is fifty times higher than several developed
countries. Within a global perspective, India accounts for 19 percent of all live
births worldwide and for as many as 27 percent of all maternal deaths.
Moreover, 4 to 5 million women suffer from ill health associated with
childbearing. Lack of access to health care, along with poor quality of the
delivery system compound the problems.

Child mortality in the state is continued to be high. The mortality rate of
infant is 73 deaths per 1,000 live births. Infant mortality rate in rural areas 43
percent higher than the infant mortality rate in urban areas (census of India
2001) of Assam.

The infant mortality rate is an indication of the social and health stats of
women and children in the country. It also reflects the access to health services
at the grass root level.
With regard to maternal mortality, the majority of deaths due to maternal causes are avoidable, if pregnant women receive adequate antenatal care during pregnancy, have delivered in hygienic conditions with the assistance of trained medical practitioners, and receive appropriate and timely postnatal care. Immunization of pregnant women against tetanus also reduces maternal and neonatal mortality.

The issue of good health cannot be viewed without taking into context the state's rate in the health sector. In India, over the years different health policies and programs have been taken to improve the health status of the people by reducing the incidence of morbidity and mortality. Special emphasis has been given to improve the health of women and children. In this respect the Indian Government has undertaken a vigorous movement for the improvement of the health policies and programmes. Promotion of maternal and child health has been one of the most important objectives of family and welfare programmes in India. The vaccination of children against six serious but preventable diseases – tuberculosis, diphtheria, pertussis, tetanus, polio and measles has been a cornerstone of the child health care system in India. These are major preventable causes of child mortality, morbidity and disability.

With regard to maternal and child health, the important elements to the programme includes –

- **Provision of antenatal care**, including three antenatal visits, iron prophylaxis for pregnant women and lactating mothers and two doses of tetanus toxoid vaccine.
➢ Encouragement of institutional deliveries or have deliveries by trained health personnel.

➢ Provision of post natal care.

➢ Immunization of children’s.

All these programmes have been taken with the aim of reducing maternal and child morbidity and improving the standard of life in the society.

In order to access the effectiveness of such programmes, various studies bear significant. The present study entitled “Maternal and child health care practices in selected districts of Assam: A Geographical Analysis” has been undertaken. The study covers five districts of Assam which is situated in the heart of North Eastern Region of India, extending from 24°8’N to 28°N and 89°42’ E to 96°E. Out of the 23 administrative districts (Census-2001) of Assam five districts have been considered to be suitable spatial unit for the present study (Fig.1.1). The districts have selected so that it represents all the geographical areas of the state. In Brahmaputra valley, Dhubri district has been selected from lower Assam, Nagaon from middle Assam and Lakhimpur district has been taken from upper Assam. From Barak valley Karimganj district has been selected and from the Hill districts N.C. Hills district has been selected for the study.

1.2 Objectives:

The main objectives of the study are –

(i) to analyse the factors affecting the maternal and child health care practicing in selected districts of Assam
(ii) to utilization of maternal health like antenatal care and post natal care by mothers in rural and urban areas as well as among the backward communities.

(iii) to examine the delivery characteristics of women in the selected districts.

(iv) to examine the immunization of child against six major diseases.

1.3 Research Questions:

(i) How do the socio-economic factors influence the spatial variation of mother and child health care practices?

(ii) Is immunization of children significantly lower among the lower castes?

(iii) Is immunization of children related to economic condition of the parents?

(iv) Are any measures adopted for improvement of mother and child health care practices in Assam by the concerned authority?

1.4 Database and Methodology:

The study is mainly based on secondary data. Primary data have also been collected for the case study.

Secondary Data:

Secondary data had been obtained from—

(i) Reproductive and Child Health Survey Report – 1999

(ii) Reproductive and Child Health Survey Report – 2002
Primary Data:

Necessary primary data of household and women have been collected through a well-designed women survey schedule cum questionnaire and a household information schedule for the case study.

The women questionnaire consisted of the following sections:

(i) Women characteristics

(ii) Antenatal, natal and post natal care

(iii) Immunization of children

For primary data a total of 300 women having children below age 2 years were interviewed from 5 urban centres and 10 villages, two villages from each 5 selected districts. The villages and urban centers were selected purposively covering all groups of people. From the urban centres a total of 100 samples and from villages 200 samples were collected. The eligible
women were selected having two or below two years of children. The survey was conducted during November and December, 2008.

### Selected Urban Centres and Villages

<table>
<thead>
<tr>
<th>District</th>
<th>Urban centres</th>
<th>Village</th>
</tr>
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<tbody>
<tr>
<td>Dhubri</td>
<td>Dhubri</td>
<td>Debitala, Atlamganj</td>
</tr>
<tr>
<td>Nagaon</td>
<td>Nagaon</td>
<td>Gabadhana, Diprang</td>
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<tr>
<td>Lakhimpur</td>
<td>North Lakhimpur</td>
<td>Hatimora, Urang Basti No-1</td>
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<td>N.C. Hills</td>
<td>Haflong</td>
<td>Debrisala, Muhooy</td>
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<tr>
<td>Karimganj</td>
<td>Karimganj</td>
<td>Sandal Bi, Lafasil</td>
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1.5 Review of Relevant Literature:

In Assam studies on Maternal and Child Health are still in an embryonic stage. In India, the family planning programme has been gradually reoriented towards the historic approach of the Reproductive and Child Health (RCH) since International Conference on Population and Development (ICPD) at Cairo in 1994. The Government of India began the implementation of target free approach through the 7 country in 1996. The essence of this approach, which subsequently renamed as Community Needs Assessment Approach (CNAA), which was to modify the system of monitoring the programme make a demand driven system in which a worker would assess the need of the community at the beginning of each year in order to provide the services. The national population policy 2000 affirms the commitment of Government of India to the philosophy of decentralized planning through Panchayati Raj Institutes, and provides a policy framework for prioritizing strategies to meet
the RCH needs of the people and active replacement level fertility by 2010 A.D.

The Government of India decided to undertake District Level Household Survey (DLHS) in all the districts of the country, so that the Progress of Reproductive and Child Health (RCH) can be monitored. The first round of the RCH survey (RHS-RCH) in India was conducted during the year 1998-99 for which International Institute of Population Sciences (IIPS), Mumbai was designated as nodal agency. The second round of the survey was complete during 2002-04 in 593 districts as per 2001 census. Both these surveys covered Maternal and Child Health Care and Immunization status of children.

The district level household covered a representative sample of about 1,000 households in each district, and all the married women age 15-44 in the sample household were interviewed. These two surveys are the largest in the country for the first time.

Another study covering Maternal and Child health is the National Family Health Survey (NFHS). This survey initiated in the early 1990s, has emerged as a nationally important source of data population, health and nutrition for India and its states. The 2005-06 National Family Health Survey (NFHS-3), the third in the series of these national surveys was preceded by NFHS-1 in 1992-93 and NFHS-2 in 1998-99.

In Assam, NFHS-3 is based on a sample of 3,437 households that is representative at the state level and within the state at the urban and rural level. The survey interviewed 3,840 women age 14-49 from the sample households
and 1,394 men age 15-54 from a sub sample of households to obtain information on population, health and nutrition in the state.

Sing S.K. and Sing A.K. in the book Reproductive Child Health in N.E. Region have written on health profile of Tripura and Mizoram. The book is also covered the impact of RCH series in the states.

The above review of pertinent literature on health simply demonstrate that there is still paucity of quality of literature related to health seeking behaviour and health care practices.

The present work on Maternal and Child Health care practices in the selected districts of Assam encompassing the above aspects would certainly bear immense significant.
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