RECENT STATUS OF HEALTH OF HOWRAH DISTRICT

9.1 INTRODUCTION
In the previous chapters, morbidity, the healthcare facilities and health attainment have been presented with a focus on the regional disparity. Now an attempt is made to present the latest condition of the district of Howrah in the context of the healthcare facilities and health attainment on the basis of the District Health Report, 2007-08, collected from the office of CMOH of Howrah district.

9.2 MATERNAL AND CHILD HEALTH (MCH)
Family Welfare Programme put emphasis on the promotion of maternal and child health throughout India. RCH Programme introduced since 1996 integrate maternal health, child health and fertility regulation interventions with reproductive and child health programme for women and men. Keeping this view of RCH Programme, the Health Department of Howrah District, through CMOH, put emphasis on the followings health issues.

9.2.1 ANTENATAL CARE (ANC)
The highlights of ANC in the year of 2007-08 are given below.
• Total number of cases of ANC registered in the district as whole was 94692.
• 81284 pregnant women of them (i.e. the total) accounting 85.80% were given TT2 & Booster. But, about 14% pregnant women were deprived of TT and Booster which was harmful for both maternal and child health.
• 33278 of total pregnant women comprising 35.14% were treated for Anaemia. This exhibits that a large section of pregnant women in the district had been suffering from Anaemia leading to increase morbidity of women.
• 66555 pregnant women of total registered pregnant occupying 70.29% were given prophylaxis with IFA tablets for increasing iron in the body.
• In spite of these ANCs, abortion was sought by some women in the district. Abortion is theoretically defined as termination of pregnancy before foetus become viable. In 2007-
08, 4379 women had to adopt termination of pregnancy in the district for the control of birth or other reasons.

9.2.2 NATAL CARE (DELIVERY)
The total number of delivery in Howrah district was 63584. Of these deliveries, 74.97% were institutional registering 47670 cases; whereas 25.03% deliveries numbering 15914 were carried out at home, under both trained and untrained personnel. Thus, it is obvious that still some of pregnant mothers are at risk in the district.

1) Delivery at Home
In the district 15914 deliveries were carried out in home. 36.92% (5876 cases) of the deliveries were performed by untrained birth attendant (local Dai). These mothers and children are vulnerable to deaths or loss of any part of body.
On the other hand, 63.08% home deliveries (10038 cases) were performed under the guidance of trained health personnel. But traditional dais are still playing a vital role in the delivery of pregnant women in the rural areas of district, indicating poor status of MCH.
The study also indicates that role of Trained Birth Attendant (TBA) in home delivery has been increasing very well in the district, as 61.06% home delivery was done under the guidance of TBA. Apart from TBA, doctors (0.76%), Auxiliary Nurse and Mid-wives/Lady Health Visitor (ANM/LHV) (0.67%), and Skilled Birth Attendant (0.63%) played some roles in the home delivery of the district. This is good for status of health of mother and children in the district of Howrah.

2) Institutional Delivery
In 2007-08, as per the District Health Report, 47670 deliveries were done in any health institution of government sector or nursing home i.e. institutional deliveries constituted 74.97% of all deliveries of the district of Howrah.
Out of these total institutional deliveries, 68.24% were performed in the government health institutions and 31.76% (15139) deliveries were done in private nursing home.
Of all 47670 the institutional deliveries of the district, the maximum deliveries were carried out in the nursing home/NGOs/other private sectors where 31.76% (15139) deliveries were performed. It is followed by Howrah District/Uluberia Sub-divisional Hospitals where 30.93% (14746) deliveries were done. BPHC/PHC/RH registered 13.32% deliveries (6352)
in the district. 7.06% deliveries were performed in the First Referral Units (FRU) of the district. Even in the Sub-Centres of the district some deliveries (0.08%) took place. The rest 16.85% deliveries were done in the State owned public institutions.

![Fig-9.1: Places of Institutional Deliveries in Howrah District: 2007-08](image)

It is found that, most of the people of the district depend on Howrah District or Uluberia Sub divisional Hospitals for the deliveries of pregnant women, although BPHC/PHC/RH are playing a vital role in this regard. Thus it evident from the study that 90.76% of the total deliveries in the district were safe. This is quite significant for the MCH of the district.

**9.2.3 POST NATAL CARE (PNC)**
In the year, 2007-08, no new sick baby was treated for the betterment which was very positive fact for MCH in the district.

**9.2.4 IDENTIFICATION AND MANAGEMENT OF RTI OR STI**
Reproductive Tract Infection or Sexual Tract Infection is very common in India at present and is one of the major causes of the morbidity of women. Hence special emphasis is given on identification and management of RTI or STI by the CMOH.
In the period of 2007-08, a total of 7937 persons were detected and treated for RTI or STI in the district. STI was highly prevalent among the women. 83.26% STI occurred among women (6608) while only 16.74% cases were found among the male persons. In this year 10213 persons are referred /diagnosed for STI or RTI. Of them 86.69% were female and
13.31% were male. STI or RTI was, however, significant for morbidity of male in the district.

9.3 ACHIEVEMENT OF UNIVERSAL IMMUNIZATION PROGRAMME (UIP)

The CMOH, Health Department of Howrah District took enough initiatives to cover all children of the district against six vaccine-preventable diseases like TB (BCG), Diphtheria, Whooping Cough and Tetanus (DPT), Poliomyelitis (Polio) and Measles. The status of Immunization Programme in the district is presented below.

9.3.1 NUMBER OF INFANT IMMUNIZED (0-1 YEAR)

1. BCG: BCG vaccination is a fundamental component of a National Tuberculosis Programme. BCG plays valuable role preventing severe forms childhood TB viz. meningitis and miliary TB. This was provided to 89265 children in the district of which 51.52% (45993 babies) were male and 48.48% (443272 babies) babies were female. It was given to children after the birth but within 1 month of the birth.

2. DPT-1: DPT is combination of vaccines to protect against diptheria, pertusis (whooping cough) and tetanus. This vaccine was given to 78007 babies, of which 51.91% (40493) were by male and 48.09% (37514) were female.

3. DPT-2: This vaccine was received by 74756 children in the district as whole. In this case too, male babies surpassed female babies as 38611 (51.65%) and 36145 (48.35%) respectively.

4. DPT-3: 74566 babies received DPT-3 vaccines in this year. Of them, 51.43% (38350) were boys and 48.57% were by girls.
5. **OPV-0:** Polio vaccine is given to protect against poliomyelitis, the dreaded childhood diseases leading to paralysis of various groups of muscles. There are two types of polio vaccines, one is live oral polio vaccine (OPV) and the other is injectable polio vaccine (IPV). This vaccine showed lower numbers in comparison with other vaccines given in the district. Many families did not give importance to OPV-0 vaccines rather they received OPV-1, 2 and 3. A total of 45059 children of the district received OPV-0 vaccines in this year. Of them, male constituted 51.42% (23169) and female constituted 48.58% (21880).

6. **OPV-1:** This vaccine was provided to 75451 children in the district indicating very higher success than OPV-0 vaccine. 51.84% (39116) of them were male and 48.16% were female.

7. **OPV-2:** The number of inoculation of OPV-2 vaccine received was slightly lower than that of OPV-1 in the district. 71871 babies of the district received this vaccine in this year. The share of male babies was larger with 51.32%.

8. **OPV-3:** The number of OPV-3 vaccine taken by the babies was slightly higher than OPV-2 in the district. Of them, male constituted 51.40% (37059) and female constituted 48.60% (35041).

9. **Measles:** This vaccine is given to the children when they reach the age of 9 months. This year, 70438 babies received Measles vaccine in the district as whole of which the number of male babies was 36544 (51.88%) and female babies was 33894 (48.12%).

### 9.3.2 NUMBER OF CHILDREN (> 18 MONTHS) IMMUNIZED

From the District Health Report 2007-08 data about immunization of children aged between 18 months to 5 years in the district can be observed.

1. **DPT Booster** - It is useful to boost immunity in children and prevent side effect due to minimal strength of the vaccines received earlier, with the passage of time. In this year, 58537 children were given DPT Booster in the district as a whole, of them 51.64% (30225) were male and 48.36% (28312) were female.

2. **OPV Booster** - A booster dose of OPV is recommended at 15-18 months of age and a 2nd booster at 4-6 years of age. It is useful to boost immunity in children and prevent side effect due to minimal strength of the vaccines. 57351 children received OPV Booster in the district. The share of male was 48.82% and the rest were female. This is the only case where number of female surpassed male children.
93.3 NUMBER OF CHILDREN (5 - 10 YEARS) IMMUNIZED BY DIPHTHERIA AND TETANUS (DT)

DT vaccine protects the children against diptheria and tetanus. According to the District Health Report, 2007-08, Diptheria and Tetanus (DT) was provided to 53857 children between 5 to 10 years age in Howrah district. 52.21% of them was received by male children whereas 47.79% by female children, showing little disparity among female and male.

93.4 NUMBER OF CHILDREN (10-16 YEARS) IMMUNIZED BY TETANUS TOXOID (TT)

Tetanus Toxoid (TT) vaccine is taken by the children of 10 years of age to protect against tetanus. It is useful to boost immunity in adults and prevent side effect due to minimal strength of the vaccines. In the district 48254 children of this age group received TT vaccine. In this case too, male children surpassed female as reflected in the share of 51.23% and 48.77% respectively.

93.5 NUMBER OF CHILDREN (>16 YEARS) IMMUNIZED BY TETANUS TOXOID (TT)

With the increase of age, number of children receiving any vaccine is generally reduced. Hence, the number of children taking TT vaccine was 36477 of which male was 17846 constituting 48.92% of total and female was 18631 accounting 51.08%.

93.6 NUMBER OF CHILDREN (9 MONTHS TO 3 YEARS) ADMINISTERED VITAMIN A:

To prevent night blindness Vitamin A is very essential for the children. 5 doses of Vitamin A are administered to children at an interval of 5 months.

Dose 1 - In the period of 2007-08, 66632 children were administered Vitamin A dose 1 in the district as whole, out of this, 51.76% (34486) were male and 48.24% (32146) were female.

Dose 2 - Howrah district registered 59606 children who received dose 2 of Vitamin A vaccine. In this case, too, male exceeded female as the shares were 51.63% and 48.37% respectively.
Dose 3-5 - 142357 children received dose 3, 4 and 5 of Vitamin A in this year. 73364 children of them were male accounting 51.54% and 68993 were female comprising 48.46%. The average number of children received 3, 4 and 5 dose was 47452 showing decreasing trend in comparison with the dose 1 and 2. It is found that only moderate to poor families take dose of Vitamin A.

9.4 ACHIEVEMENT OF FAMILY WELFARE PROGRAMME

Keeping the view of family welfare and control, CMOH of the Howrah district also put emphasis on family planning. In the district of Howrah, five contraceptives are very much popular for family planning (Table- 9.1).

Table- 9.1: Contraceptive Methods (CM) Used in Howrah District: 2007-08

<table>
<thead>
<tr>
<th>Contraceptives</th>
<th>Persons</th>
<th>Percentage of District Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Pill</td>
<td>56404 (Female)</td>
<td>48.36% of Total</td>
</tr>
<tr>
<td>Condom</td>
<td>49657 (Male)</td>
<td>42.57%</td>
</tr>
<tr>
<td>Female Sterilization (TT)</td>
<td>5953 (Female)</td>
<td>5.10%</td>
</tr>
<tr>
<td>IUD</td>
<td>5005 (Female)</td>
<td>3.43%</td>
</tr>
<tr>
<td>Male Sterilization (VT)</td>
<td>622 (Male)</td>
<td>0.53%</td>
</tr>
</tbody>
</table>

Source: Prepared By the researcher based on the District Health Report, 2007-08, Office of CMOH, Howrah

1. Oral Pill

In 2007-08, the most prevalent contraceptive method was the use of Oral Pill. In this year, 56404 female, constituting 48.36% of total contraceptives users in the district took oral pill for family welfare in the district as whole.

2. Condom

Condom was also very much popular in the district. 49657 males used this regularly. Condom utilization is the second prevalent contraceptive method in the district.

3. Female Sterilization

At present female sterilization has been considerably reduced as a contraceptives methods. In the year 2007-08, only 5953 female sterilization was carried out in the district accounting for only 5.10% of total contraceptives methods used. However, It was very much popular during 1980 - 90S.

4. IUD Insertion

In the district of Howrah, 4005 female adopted IUD insertion as family planning method. It accounted for only 3.43% of total contraceptive methods users of the district.
IUD insertion is performed by the following --

1) **Auxiliary Nurse Midwife (ANM)** - Out of 4005 IUD insertion cases in the district, 36.43% (1459) was done by ANM, who was the best assistant in this regard in the district. ANM performed this work in the rural areas at the home of female user.

2) **Doctors of RH/BPHC/PHCs** - ANM is followed by the Doctors of Government health institutions like Rural Hospitals (RH), Block Primary Health Centres (BPHC), and Primary Health Centres (PHC). 32.21% (1290 numbers) of total cases of the district was done by them.

3) **Doctors of other Hospitals** - The doctors of State General Hospitals (SGH), Sub-Divisional Hospital (SDH) and District Hospital (DH) play a vital role in insertion of IUD in the district. But, only 173 insertion constituting 4.32% of all was performed by them in the district.

4) **RCH Camp** - This camp also helped in insertion of IUD for 10 females only constituting only a meager 0.25% of all the cases in the year 2007-08.

5) **Other State Owned Public Institutions** - These institutions carried out IUD insertion for 725 females accounting 18.10% of all IUD insertion.

6) **NGOs and Nursing Home (NH)** - NGOs and NH had a great role to play in insertion of IUD in the district. 348 cases of insertion comprising 8.69% of all were carried out in private institutions like NGO and NH.

Thus it is found that female of the district of Howrah mainly depend on Government health institutions for insertion of IUD as 91.31% of total IUD insertion of the district was done by health personnel of Government institutions. On the other hand only 8.69% cases were registered in private health institutions.

5. **Male Sterilization**

Male Sterilization was of the lowest importance in the district of Howrah. In this year, 622 male adopted sterilization. It accounted only 0.53% of all the contraceptive methods in the district.

Thus, it is very much clear that Use of Oral Pill is the most popular contraceptive method in the district, and condom is the dominant contraceptive method used in the district.

According to the Annual Health Report, 2007-08, 62% of the eligible couples of the district have been using any one of the five these contraceptive methods. People of Howrah have
been conscious about family planning which is reflected in moderately high Couple Protection Rate of 62% in the year 2007-08. Due to high rate of use of contraceptive methods birth rate was reduced to only 15, which was far below the national average of 21.

9.5 STATUS OF MORBIDITY
No case of Acute Respiratory Infection (ARI) Under 5 Children with Pneumonia and Acute Diarrhoeal Disease (ADD) of Children were registered in the district during 2007-08. This is very positive indicator for the morbidity status of the district.

9.6 HEALTH SCHEMES FUNCTIONING IN THE DISTRICT
Different health schemes are running in the district of Howrah for the promotion of health of the mother and child as well for the general people. These schemes are presented below.

1) Referral Health Scheme
For easy communication with the health institutions during any type of emergency, especially delivery of pregnant, "Referral Health Scheme" has been introduced and implemented in the district. In this scheme, however, no transport facility is provided to the pregnant mothers, but some extra money is given to the pregnant women so that they can hire a car for easy and quick communication with the health units in time of delivery. According to this scheme the assistance rates are as follows:

- 0-10 Kms - Rs. 150
- 11-20 Kms - Rs. 250
- >20 Kms - Rs. 350

According to Health on March, 2007-08, the number of beneficiaries under the "Referral Transport Scheme" in the district as whole was 9807.

2) Janani Suraksha Yojona (JSY) Beneficiaries
The Honourable Prime Minister of India launched JSY on 12th April, 2005. The scheme has the dual objectives of reducing Maternal and Infant Mortality by promoting institutional deliveries among the poor pregnant women. Cash benefits are provided to the beneficiaries belonging to BPL families and also to village link worker/ Accredited Social Health Activists (ASHA) for coming to institution for delivery and also the cost of transportation etc.
In the year 2007-08, number of beneficiaries under JSY Scheme in the district was 2558. The achievement of the district was moderate in this respect.

3) Ayushmani Scheme: 2007- 08
Under the Ayushmani Scheme delivery of pregnant is carried out in government health units like SCs/PHCs/BPHCs/Hospitals and accredited Private Nursing Homes. Although in the state of West Bengal, government has implemented Ayushmani Scheme but no such scheme has been implemented in the district of Howrah.

4) Mobile Health Camps (MHC)
The remote villages and tribal areas of the state are deprived of the modern healthcare facilities provided by the Government of West Bengal. According to Health on March 2007-08, in the entire Howrah district, 3771 Mobile Health Camps (MHC) have been held in different Gram Panchayats. A total of 342240 patients are treated in these MHCs in the district.

5) Intensified Pulse Polio Immunization Programme (IPPIP)
In the year 2008, two IPPIP were active in the state of West Bengal. Of these programmes, one has been functioning in the district of Howrah mainly due to some failures of Pulse Polio Programme in this district.

9.7: CONCLUSIONS
In the district of Howrah the status of Maternal and Child Health (MCH) were moderate as still all the pregnant mothers did not receive ANC fully in 2007-08. Still then 25% of the total deliveries of the district were carried out at their homes. Hence, these mothers and their new born babies were vulnerable to death. A large number of persons were detected and treated for STI or RTI. The females of the district were more vulnerable to these deadly diseases in comparison with the male persons. A large number of children were being administered different vaccines for their immunizations. Family Welfare Programme has been running in the district but all the persons were not conscious about this. However, People of Howrah have been conscious about family planning which is reflected in moderately high Couple Protection Rate of 62% in the year 2007-08. Finally, it is good for the public health that some health schemes have been running in the district for the protection and safe deliveries of the pregnant mothers and for the immunization of the children.