Women are human beings and as such have human rights. They have value in and of themselves because they exist and not only because they are reproducers of children, families, communities and cultures. They are citizens of countries with entitlements to the services that the state can and should provide, and should demand accountability from the people and institutions whose duty it is to fulfill these rights. Women’s right to life, to health care and to non-discrimination has been codified in multiple international covenants. Governments have committed themselves to promote the sexual and reproductive health and rights of women in international agreements, plans and programmes of action.

When a woman dies, the social and economic well-being of families and communities is jeopardized. Women are generally the ones who fulfill the unpaid reproductive roles in the family and the home – the cooking, cleaning, caring for children and other family members. Frequent or too early pregnancies, poor maternal and reproductive health and pregnancy complications affect a woman’s ability to fulfill these roles. Strengthening maternal and reproductive health services can also benefit the health system as a whole, enhancing access and use of a broader number of reproductive health care services.

In India, the Reproductive and Child Health Programme aims in providing at least three ante-natal checkups which should include a weight and blood pressure check, abdominal examination, immunization against tetanus, and iron and folic acid prophylaxis, as well as anaemia management. Approaching maternal health through the lens of sexual and reproductive health and rights includes:
i) Promoting women’s empowerment,
ii) The adoption of a life cycle approach to women’s health (which highlights the different health needs of women throughout their life cycle),
iii) A recognition of the broader dimensions of reproductive health and rights,
iv) A recognition of the need for comprehensive sexual and reproductive health services,
v) The need for health services to be women oriented and to be geared towards their needs and priorities first and foremost, and 
vi) A recognition of the need for poverty reduction, the right to education, housing, clean water, electricity and transport.

One of the most important steps that the Government of India has taken to fulfill its commitment in improving maternal health and child survival is the articulation of a comprehensive approach and linking together a set of initiatives and strategies that address each life stage. Improving the maternal and child health and their survival are central to the achievement of national health goals under the National Rural Health Mission (NRHM) as well as the Millennium Development Goals (MDGs) 4 and 5.

Maternal health is one of the main global health challenges and reduction of the maternal mortality ratio by three-quarters by 2015 is the target for the MDG 5. However, this goal is the one towards which the least progress has been made and complications during pregnancy and childbirth remain a leading cause of death and disability among women of reproductive age in developing countries.

Social determinants of maternal health operate at various levels including:
Individual Level – It includes the age, birth order, parity, marital status, sexual practices, health status, for example, nutrition, malaria, HIV/AIDS, education, employment, decision-making power.

Household Level – The household levels are the social and economic status of the household within the community, the household’s access to resources; distribution of power within the household.

Community Level – It is the level of development, urban or rural, stratified or homogenous, having health resources or not it includes cultural and gender norms, inheritance norms, norms of place of residence after marriage etc.

National Level – At the national level it represents the size of the country, population, level of development, type of governance, structure of the health system, and extent to which dependent on the global market, nature of health policies and content of health sector reform packages.

International Level – It is the global economic scenario and dominant economic ideologies, balance of power between various geo-political forces, health sector reforms, and international human rights regime.

Most maternal deaths are avoidable, as the health-care solutions to prevent or manage complications are well known. All women need access to antenatal care in pregnancy, skilled care during childbirth, and care and support after childbirth. It is particularly important that all births are attended by skilled health professionals, as timely management and treatment can make the difference between life and death. The risk of maternal mortality is the higher among adolescent girls under 15 years old. Complications in pregnancy and childbirth
are the leading cause of death among adolescent girls in most developing countries, including India.

Maternal health refers to the health of women during pregnancy, childbirth and the post-partum period. While motherhood is often a positive and fulfilling experience, for too many women it is associated with suffering, ill-health and even death. Most maternal deaths and pregnancy complications can be prevented by quality ante-natal, care during delivery period and post-natal care.

Ante-natal care is the “care before birth” to promote the well-being of mother and foetus, and is essential to reduce maternal morbidity and mortality, low-weight births and peri-natal mortality. However, the content and quality of antenatal care and the availability of effective referral and essential obstetric care are important for providing effective ante-natal care for pregnant women.

Ante-natal care is generally aimed at producing healthy mother and baby at the end of any pregnancy. It presents important opportunities for reaching pregnant women with a number of interventions that may be vital to their health and well-being and that of their infants. The ante-natal care period also provides a forum to supply information which may have positive influence on maternal and child health. Thus, it has been suggested that the ante-natal care could play a role in reducing maternal mortality rate and it could ensure that pregnant woman must deliver their baby with the assistance of a skilled attendant. Most maternal deaths and pregnancy complications can be prevented by quality ante-natal, natal and post-natal care.

The concept of healthy mother and healthy baby is an important aspect of reproductive health care programme. In a developing country like India, poverty,
illiteracy and multiple pregnancies take their toll of mother’s health and that of the breast-fed infant. High prevalence of anemia and malnutrition among the reproductive age group women, particularly during pregnancy and lactation can have irrevocable effects on the infant’s health.

Mother and Child Health (MCH) programme is implemented in India to control maternal and child mortality to promote institutional delivery for the welfare of both mother and child. MCH services are available in all Primary Health Centre (PHCs) to meet the challenges of reproductive health issues. The study has undertaking with the aim of analyzing the availability, accessibility and utilization of MCH services by the women living in Chennai, the capital of Tamil Nadu.

MAJOR FINDINGS OF THE STUDY

5.1 SOCIO-ECONOMIC FACTORS

5.1.1 The majority of the respondents (87.2%) were in the age group of 21–30 years.

5.1.2 Hindus are predominant in number. In the study, 82 percent are Hindus.

5.1.3 A majority of the respondents (42.8%) were belongs to Scheduled Caste.

5.1.4 Most of the respondents (44.2%) were educated up to Secondary and Higher Secondary level.

5.1.5 A considerable number of respondents (27.8%) were employed in various sectors. As far as the employment status of the respondents was
concerned, the women are working as housemaid, working in export-company, Balwadi, shop and office etc. The majority of the respondents (28.78%) were working in Export Company.

5.1.6 Among the sample, the half of the respondents (50.36%) earns income per month between Rs.4001 to Rs.5000.

5.1.7 The majority of the respondents (50%) were living in joint family system. It helped them to get support from the elders throughout their pregnancy. Therefore, joint family system is always beneficial for women.

5.1.8 The majority of the respondents (45.8%) family income ranges between Rs.7001 to Rs.9000 per month.

5.2 REPRODUCTIVE HEALTH OF THE RESPONDENTS

5.2.1 As far as the order of birth of the respondents baby was concerned, the majority of the respondents (56.8%) were admitted in the hospital for first delivery.

5.2.2 More than half of the respondents (56%) were married at the age of 19-20 years. It reveals that the girls are entered into the marital life at the very young age of 19-20 years.

5.2.3 The majority of the women (81.2%) belong to reproductive age during their first delivery.
5.2.4 The majority of the respondents (54.8%) gave only one year space between first and second baby. It shows the lack of knowledge about giving the space between the children. It may affect the physical and mental health of the women.

5.2.5 A very small percentage of women (6%) were having the incidence of still birth. All the still birth has occurred in only once. MCH services and the institutional care prevented still-birth and other pregnancy related problems.

5.2.6 Only 10 per cent of the respondents have under gone abortion. But, all the abortion has happened only once. For majority of the women (60%) the abortion was spontaneous due to various biological reasons. This can also be prevented if the women avail MCH service soon after confirmation of their pregnancy.

5.3 AVAILABILITY AND ACCESSIBILITY OF MOTHER AND CHILD HEALTH SERVICES

5.3.1 The place of ante-natal care is concerned the majority of the respondents (87%) used the Government hospitals for regular check-ups. It reveals that the Government hospitals have all facilities and fully equipped to provide necessary care to the pregnant women.

5.3.2 All the respondents prefer Government hospital because of good care at free of cost. If the women prefer private hospital they have to spent more money for treatment. It is not possible for the women living under poor economic conditions.
5.3.3 MCH services available at free of cost motivated the (93%) pregnant women towards Government hospitals. Some MCH service centres are located either very close or nearby areas of the respondents. This nearer proximity attracted (49.2%) pregnant women towards Government hospitals.

5.3.4 Nearly 91.2 percent of the respondents felt that they can easily access the health care centre during their pregnancy care without any trouble.

5.3.5 The majority of the respondents (99.2%) felt very much convenient while receiving mother and child health care related services in Government hospitals.

5.3.6 47.2 percent of the respondents were having enough knowledge about the existing facilities of MCH services.

5.3.7 All the respondents in the study are aware of the importance of maternal health care services before during and after their pregnancy were important. This may be due to the increased knowledge on MCH care.

5.3.8 Family plays a predominant role in imparting the importance of mother and child care services. This is also a significant cause for the pregnant women who approach the MCH centre immediately after confirming their pregnancy.

5.3.9 The majority of the respondents (83%) availed their expected health care facilities from the health centre at regular intervals as per the advice of the health care providers.
5.3.10 Doctor’s availability was cent percent during the working hours in the Government health care centres. It shows the commitment of the Doctors in providing good care to the pregnant women.

5.3.11 Nearly 82% of the respondents felt that the supporting staff was adequate in number. The adequate staff support helps to implement MCH services effectively in Government health centres.

5.3.12 The Government hospitals have sufficient drugs to provide MCH care to the women and it was reported by 92% of the respondents.

5.3.13 95% of the respondents felt that the prescribed drugs were very effective and it helps to enjoy their pregnancy and to overcome the fear related to delivery.

5.3.14 84% of the respondents replied that they have got full amount of prescribed drugs.

5.3.15 89% of the respondents replied that the health workers have visited their home during their pregnancy care. Home visit by the health workers and their intervention during pregnancy may help the pregnant women to gain more knowledge on reproductive health.

5.3.16 According to 395 respondents the health workers spent sufficient time with the pregnant women. It ensured good rapport between health workers and pregnant women.
5.3.17 In considering the approaches of health workers towards the respondents, 73.03 per cent opined that it was good. This may be due to the regular visit and the contact of health workers with the pregnant women.

5.3.18 The family planning, breast feeding and immunization was comes under the top three ranks in knowledge sharing during the house visit of the health worker.

5.3.19 The supply of pills (Iron Tablets), ante-natal care and prevention of diseases was given higher priority by the health workers during their house visits.

5.3.20 In the opinion of the pregnant women and delivered mothers the behaviour of the Doctor was very good. It shows the commitment of the Doctors in providing MCH care to the pregnant women.

5.3.21 In the opinion of the pregnant women and delivered mothers about the attention provided by the service providers, that is, Doctor, Nurse, Pharmacist and Supporting staff, the Doctor was ranked first by the pregnant women. Therefore, the role of Doctor is very important to motivate the pregnant mother who avail MCH services at regular intervals.

5.3.22 Among the confidentiality of the service providers, Doctor gained first position followed by Nurse and while history taking the Nurse gained first position followed by Doctor during physical check-up.

5.3.23 445 respondents felt waiting place available in the MCH centre is enough for them.
5.3.24 410 respondents felt the drinking water facility available in the hospital was good.

5.3.25 About the cleanliness of the toilet, 264 of the respondents felt it was good.

5.3.26 While receiving the mother and child health care services 321 respondents replied that their waiting time was reasonable.

5.3.27 The level of satisfaction about availability of mother and health care services, 59.2 per cent of the respondents felt high level of satisfaction.

5.4 UTILIZATION AND NON-UTILIZATION OF MOTHER AND CHILD HEALTH

5.4.1 All the pregnant women (100%) regularly received the ante-natal care during their pregnancy. It shows their higher knowledge in ante-natal care.

5.4.2 87% of the respondents confirmed their pregnancy in Government hospital. Therefore, the utilization of services available in the Government hospital is higher than the private hospital.

5.4.3 89% of the respondents replied that health worker visited their home during ante-natal care. The home visit by the health workers is given importance in the MCH care in order to promote the utilization of MCH services effectively.
5.4.4 Nearly 94% of the women registered their pregnancy within second month and received ante-natal care properly. The utilization of ante-natal care has helped to reduce maternal and infant mortality rate in Tamil Nadu.

5.4.5 Three fourth of the respondents, that is, 75 per cent utilized the ante-natal health care from 5 to 8 times. It may be due to the influence of health workers visit to the home of pregnant women.

5.4.6 Cent per cent of the respondents utilized all the services such as measuring weight, height, checking blood pressure, blood and urine test, abdominal and internal examinations, HIV test, ante-natal scan which are mandatory for every pregnant women.

5.4.7 The advices related to diet, new born care and family planning was given to cent per cent women during their visit to MCH centre for ante-natal check-up.

5.4.8 All the pregnant women (100%) received and consumed iron folic tablets during their pregnancy which shows 100 per cent utilization.

5.4.9 All the pregnant women (100) received TT injection during their pregnancy care.

5.4.10 93 per cent of the mothers consumed anti-worm tablet in the post-natal period.
5.4.11 All (100%) the pregnant women received the natal and post-natal care regularly.

5.4.12 The majority of the respondents 97% used public hospitals for their delivery. It again the reflection of facilities and care available in public health care sectors at free of cost.

5.4.13 Cent per cent respondents received information about the importance of breast feeding good health of the infant.

5.4.14 100 per cent children received BCG Injection, 86 per cent received Penta Vaccine, 99.2 per cent received Polio Vaccine, 68.2 per cent received Measles injection and 96 per cent of the children received Vitamin – A doses. It shows that the contemporary women are well knowledgeable about child health and vaccination.

5.4.15 100% of the respondents having immunization booklet in their hand and following the immunization schedule perfectly.

5.4.16 61.8% mothers received vaccination in Government hospitals at free of cost.

5.4.17 80.2% of the respondents were used family planning methods. The temporary methods of family planning like IUD (62.5%), Oral Pills (31%) and Condom (19%) is higher among women. The permanent method of family planning like Tubectomy (11.2%) and Vasectomy (2%) is found to be less among the respondents. 56% got marriage at the very young age of 19-20 years. Therefore, they may not be willing to adopt permanent method of family planning.
This study also revealed the gender disparity in the adoption of family planning method. Except few (2%) men, the women are targeted for the utilization of family planning methods.

5.4.18 The Doctor plays an important role in advice giving for adopting family planning methods to give space between the children.

5.4.19 All the respondents who are coming for the public hospital for their delivery (100%) know about the financial assistance given by the Government for the welfare of mother and child to promote institutional delivery.

5.4.20 Cent per cent respondents knows about the Dr. Muthulakshmi Scheme, 265 respondents knows about the Janani Suraksha Yojana Scheme, 329 respondents knows about the monitory benefit for family planning after two children.

5.4.21 100% felt that the financial assistance scheme was very much beneficial for them.

5.4.22 All the respondents (100%) have the feeling that financial assistance scheme provided by the Government was the main pushing factor for institutional deliveries and utilization of mother and child health care services.

All these findings reflected the facilities/services available in the Government run MCH centres. The MCH centre under Government control has all required services, service staff, Doctors, medicines and equipment on par with private hospital. The service available in these centres attracted the pregnant women
towards institutional delivery which reflected in decreased spontaneous abortion and still-birth.

5.5 SUGGESTIONS

5.5.1 Mother and child health is very much important so all the family members should be sensitized to give more care for them.

5.5.2 More awareness should be created among the pregnant women not to use tablets for abortion on their own choices without consulting a Doctor. The sale of such pills should be prohibited in the medical shop.

5.5.3 The menfolk should be sensitized about gender equality and giving space between children and using family planning methods like condoms and tubectomy. It will help to promote the well-being of both women and children.

5.5.4 The adoption of family planning method, that is, vasectomy is found to be less among men. The Government should strengthen its policies and programmes to motivate men to accept and adopt vasectomy. It may help to bring gender equality and to promote gender sensitization.

5.5.5 More awareness should be given about the financial assistance schemes for the mother and child health to the public through print and visual media will help to increase institutional deliveries throughout the nation.

5.5.6 Awareness should be created among general public about the utilization of Government schemes effectively though it is given at free of cost.
5.6 CONCLUSION

Women are the backbone of society because the contribution by the women only creates a world with human beings. The house with educated and well health women will definitely produce good family in general and citizen in particular. Once, the family is good everything will be in right direction. So, women have been targeted to carry out the entire burden and responsibilities of conception, contraception, child bearing and child rearing. This has increased the burden of women in manifold.

In the Indian context, women’s accesses to health services are influenced by socio-economic environment and attitude of the family. The basic need for the advancement of women in all spheres of achievement is depends only on their health status.

A woman’s health is critical to the well-being of her family and to the economy of her community and her country. Now-a-days, most of the households depending on women’s income and some of the family women are the sole income earners. The health of the women is be given more importance through various welfare measures in India.

Maternal and child health is attainable. Most complications of pregnancy and diseases in children have the same causes and can be prevented and effectively managed by simple and affordable interventions.

Improving maternal and child health will reduce the number of medical consultations and hospital admissions due to complications of pregnancy and childbirth and diseases among children. This will subsequently reduce the cost of
medical care, disability and death and the associated loss of productivity of women and children who suffer disabilities or die.

The most valuable benefit that could be derived from improving maternal and child health is to alleviate the misery and suffering of countless families. If this is achieved, then it can be truly claimed that quality of life has been improved.