AN ANTHROPOLOGICAL VIEW ON THE UTILIZATION OF NATIONAL HEALTH PROGRAMMES WITH REGARDS TO MOTHER AND CHILD HEALTH ; IN RURAL NORTH KARNATAKA

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Abstract: Despite the huge differences between developing and developed countries, access of health services is the major issue in rural India. Even though, the majority of the population lives in rural areas, but still people are not able to utilize government health policies and programmes. Since India got independence, several health programmes have been undertaken by the central government with the co-operation of state governments to improve the health of the mother and child. Evidences show that due to economic liberalization, there have been improvements in the lives of the rural populations in India. In spite of reduction in the percentage of people living below the poverty from 63 - 42% between 1991- 2001, every year around eight million children die from the curable diseases, and more than 350,000 women die from preventable complications related to pregnancy and childbirth. The present study was conducted in Belgaum district of Athani taluk. There are 684 households in the village and the number of total population was 3568. The study used anthropological research methods to collect data. This study focuses on National health programme which are ongoing in rural area of north Karnataka particularly on mother and child health.

Key words: Mother and Child health, National health programmes

INTRUDUCTION: The population in rural India continues growing larger, and their death rate is greater than in urban India. The death rate is almost 50% greater in rural India, and Infant Mortality is nearly twice as much. Maternal mortality rates (MMR) are also significantly high at 407 deaths/100,000 live births. In fact, MMR has actually risen over the last decade. Research also shows that maternal and child health is one of the largest health issues in rural India. The present paper mainly focuses about national health programmes which are ongoing in rural area of north Karnataka particularly on mother and child health such as antenatal-care and immunization respectively.

Objectives of the Study:

- To know the status of mother and children's health in rural area
- To know about the awareness among rural people regarding national health programmes related to mother and child
- To know about utilization of national health programmes regarding mother and child
- To understand the needs of mother and child health to improve their health

Methods and Methodology: The study was based on intensive and first-hand field-work and also this study applied anthropological research methods viz., Census-schedule, Interviews, Observation, Participant-observation, Group-discussions, Case-studies, and Discussions with key-informants to gather information related to national health programmes on mother and child health; their utilization in rural north Karnataka. Meanwhile the data was also collected from PHCs (primary health centre) and from CHCs (Community health centre) related to above mentioned aspect.

Study Area and People: The present study is based on an ethnographic field-work conducted in Mallapur village of Athani taluk in Belgaum district, Karnataka. Mallapur lies in the plains (bayalu simi) of Karnataka. The village is connected with some of the big towns and cities like Athani in Karnataka and Miraj in Maharastra. Mallapur is a multi-caste village in Karnataka state. In village, three religious groups (Hindu, Jain and Muslim) are residing. There are 684 households residing in the village. The hamlet had about 3568 population within 684 households. The primary health center (PHC) of Mallapur village is located about 2 km from the actual settlement of the village. Through this PHC, national health programmes and services are providing to mother and child in the village.

Mother and Child Health Related National Health Programmes in the Village:

Even though there are many national health programmes such as Antenatal-Care (check-ups and iron folic acid tablets), Postnatal-Care and immunization programme are implemented in the village (from 1996) and but the present study is mainly focused on immunization of children, immunization of pregnant women and supply of iron folic acid tablets for pregnant women.

Universal Immunization Programme: The Universal Immunization Programme in India aims to reduce infant and child mortality due to six vaccine-preventable diseases by immunizing all children less than one year old. The Health Ministry of Government of India launched Universal Immunization Programme (UIP) in the year 1985. Its two vital components are:

I. Immunization of children: In their first year of life against six deadly preventable childhood diseases viz, Tuberculosis, Diptheria, Partussis Tetanus, Measles and Polio, doses are most common under "Expanded Programme on Immunization" (EPI).
II. Immunization of pregnant women against tetanus is also carried out under EPI.

I. Immunization for Children:

The basic and compulsory immunization to be given to the children within the first year of life is provided by the PHC at Mallapur. Along with this, the vaccinations to be given to the children who are below 14 years of age are also provided. The vaccinations are not only given in the PHC, but also at the *anganwadi* and the government school.

Various vaccinations have to be given to the children under the age of 14 years to prevent different preventable diseases. B.C.G injection is given against tuberculosis (*kshaya*), .P.T - Diptheria *(nayee kemmu*), Partussis *(mangana bovu*) and Tetanus (*nanju*), and measles immunization for protection against measles *(gobbara)* and polio drops for prevention of polio *(polio*). Along with vaccinations, Vitamin 'A' drops are given to prevent blindness among children.

Some people say it is difficult to go to PHC since it is 2 kilometrs away from the actual settlement of the village. However majority of the people say that compared to earlier days, it is very convenient to take their children for vaccination because earlier they had to go to Ugar PHC, which is 8 km away from the village. The different vaccinations received by the children of 0 to 14 year of age. It show that, the total number of children (0-14 years) in the village is 1082, out of which 1030 (95.2%) have received B.C.G. vaccination. Out of the total number of the children, 946 (87.4%), 914 (84.5%) and 878 (81.1%) have received DPT I and polio I, DPT II and polio II, and DPT III and polio III vaccinations respectively. 799 (73.8%) children have received measles vaccination and vitamin 'A' Ist drops, 635(58.7%) have received DPT booster dose and vitamin 'A' II drops and 533 (49.3%) have received DT booster dose and vitamin 'A' III drops.

Immunization for B.C.G, DPT I - III along with polio drops and measles are not generally missed. Because the first set of immunization is generally in a continuous series, one after the other every month. However, the booster dose and other immunizations are given after a gap of months and as such those who are not aware do not immunize their children. Generally, they are the daily-wage workers. In case of the first batch of vaccination, the *anganwadi* teacher makes house visits and reminds the people. But for the

second batch the parents are told to bring the children after they complete one year of age. Therefore, parents tend to get busy with their work and forget.

II. **Immunization of Pregnant Women:**

The immunization of pregnant women is a part of the services provided for the antenatal care. Antenatal-care provides an opportunity for a variety of preventive interventions during pregnancy, including Tetanus Toxoid injections, educating women about nutrition, safe delivery and postpartum care (Govindasamy 1993). Once in a month *anganwadi* teacher registers the names of pregnant women in the village. Soon after that the pregnant woman is sent to the PHC for antenatal check-ups.

As a part of antenatal care package, TT injections are given to the pregnant woman, to protect her from tetanus, which is a bacterial disease. The pregnant woman receives two TT injections at PHC during the course of her pregnancy. The purpose of TT injection is to prevent women from injuries during the cutting of umbilical cord after the delivery. The pregnant woman receives the first TT injection during the 3rd month of her pregnancy, when she visits the doctor regarding the confirmation of her pregnancy. Generally the second TT injection is given to the pregnant woman after a month's interval from the first TT injection.

Women generally take both injections and only in some cases the second injection is missed. The first injection is given when the woman visits for the first time so she gets the first dose. However since the pregnant women do not complete all the required visits, the second injection may be missed. Those who go to private doctors, get both without fail. The PHC records (2005) show that the number of women who have received TT immunization from the PHC are 660.

According to WHO, the women belonging to 15 to 49 years age group have been considered as reproductive age group. Keeping the WHO framework in the present study, information has been collected from the women belonging to this group. Reproductive age group means the woman of this age group is physically able to carry pregnancy and give birth to the child. Legally the marriage age for girl is 18 years, however generally people of Mallapur marry a girl at the age of 15 years. Therefore information is given about women who have had at least one pregnancy. The women can be classified into three generations as per the reproductive age group. For analysis of the utilization of services, age group classification has been done in terms of considering women as belonging to three groups that is 15 to 25, 26 to 35 and 36 to 45 and above. For those who are now 45 and above the question of utilization of services is not significant because the programs and services were not in operation. Further the analysis also shows that the utilization of services has increased over a period of time because of increase in awareness as well as exposure to services.

Out of the interviewed women who have had at least one pregnancy, 524 women have received at least one TT during their pregnancy and remaining 363 women have not received TT during pregnancy. The data collected during study reveals that, 98 women have received TT and 29 have not received TT under 15-25 years of the age group. There are 215 women have received TT and 71 have not received in the age group 26-35 years, whereas 97 women have received and 86 have not received TT in the age group of 36-45 years.

Supply of Iron Folic Acid Tablets: The supply of Iron folic acid tablets to pregnant women is an important part of the services of the antenatal care. The health department is providing IFA tablets to pregnant women to prevent anemia. The deficiency of iron component in the blood of a person leads to anemia, which is generally found among pregnant women. The early detection of anemia among pregnant women provides a chance to avoid various complications viz, abortion, low birth weight of the baby and maternal mortality. The health worker provides 90 IFA tablets to each pregnant woman between 5 to 8 months of pregnancy. People believe that intake of tablets before 5 month may lead to abortion and that if pregnant women take tablets after 8 month the fetus might grow large in size and it may lead to complications in delivery. Hence they do not take any kind of tablets during this period in order to avoid complications during pregnancy and delivery. A woman

needs more energy during pregnancy to take care of herself and her fetus and she should have to take more additional nutritious foods viz., milk, (*halu*), vegetables (*kayeepalye)* green leaves *(tappala palle)* germinated seeds *(mallaki kallu)* and fruits *ihannu).* If she do not take additional care during her pregnancy, she may become physically weak and it may lead to complication during delivery either for her or for her new born baby.

The government has taken into consideration the health of the pregnant women and has started to provide IFA tablets free of cost to the people who are not able to take nutritious food during pregnancy. But the pregnant women avoid intake of IFA tablets which have been supplied through PHC because the people have their own notions about IFA tablets in village. People believe that intake of IFA tablets creates excess heat in the body of the pregnant women and as a result they suffer from indigestion, loose motion and vomiting sensation.

According to doctors iron folic acid tablets do tend to cause stomach ailments for a few days, until the body gets adjusted. But the women generally do not give a chance and discontinue consumption of tablets. And also more importantly, they believe that the fetus grows bigger in size, which leads to complications during the delivery. The women associate the tablets with strength *(shakti)* and they feel this strength makes the baby grow bigger in size. As a result of the bigger size of fetus, they feel normal delivery will not occur. And if there are complications, they feel that the pregnant women will have to go to hospital for delivery. Going to hospital delivery means more expenses which they can ill-afford. The color of the tablets is red and they have a pungent smell and the women say they do not like both these things. Further, when women are living in joint families, mother-in-law and other elderly women in the family say, there is no need to consume such things and they say they cause only problems. They say they did not consume such things and they delivered so many children without any problems. The health workers of the PHC persist in providing knowledge to the pregnant women about importance of IFA tablets, which prevent anemia during pregnancy. However, the pregnant women do not show interest and are not concerned about the consumption of IFA tablets. Those few women who visit private hospitals for regular checkup take the tablets which are prescribed by private doctors. The people believe that the medicines prescribed by the private doctor are good rather than the medicines provided through the PHC, even though both the medicines are same. The medical and paramedical-staff say that, the women in the region are generally suffering from deficiency of iron and are facing various problems like miscarriage, low birth-weight of the baby, premature birth and still birth. All these problems are associated with deficiency of iron. Refusal to take iron folic acid tablets or partial consumption of tablets is more or less common in Indian villages

Most often the beliefs are pertaining to the size of the baby or fears about miscarriage. Both these beliefs signify the importance associated with fertility and notions regarding modern allopathic medicines. Notions regarding heat creating effect of allopathic medicines often play significant role in consumption of medication in general and iron folic acid tablets in particular. Most of the women in Mallapur village are working as laborers and they come under below poverty-line-category. Therefore, they cannot afford money for antenatal care, postnatal care and neonatal care. The antenatal care, postnatal care and neonatal care provided through public health programmes become extremely relevant. Due to the deficiency of nutrients in pregnant women, several health problems such as low-birth-weight, morbidity, mortality, miscarriage and still-births are occurring. Therefore, to combat this problem, nutritious food is being provided once in a month, to the pregnant women who come under below poverty line category, through *anganwadi* to enable them to cater to their dietary requirements. However, because of the lower level of education and low awareness and prevailing belief systems women do not utilize the services provided to them appropriately.

The PHC data (2005) reveals that 380 institutional deliveries have been conducted. This data includes only the deliveries conducted by the PHC personnel Majority of women in Mallapur give

preference to non-institutional deliveries (1648) and the number of institutional deliveries is 663 in the village. Majority of the people belong to below poverty line category and give preference to non-institutional deliveries. People say that if they go to hospital for delivery it costs more money compared to home-delivery. Therefore they give preference to home deliveries. As the place of delivery is an important determinant for reducing the risk of infant and maternal deaths, so is assistance at the time of delivery. Assistance during delivery is also an important component in the reproductive health-care services because it can reduce the risk of obstructed labor during delivery. Assistance during delivery is highly associated with place of delivery; who has assisted during delivery, health personnel viz, doctor, Auxiliary Nurse Midwife (ANM), midwife, trained or traditional birth-attendant and non-health personnel viz., untrained traditional birth attendants, friends or relatives. This is an important factor. In Mallapur village 1135 deliveries have been attended by trained personnel and 1446 deliveries have been attended by untrained persons.

FINDINGS OF THE SUDY: Because of illiteracy and poor economic condition women's are not aware about proper utilization of health programmes, it need to give proper awareness regarding mother and child health programmes to improve their health status in the village.

CONCLUSION: Even though national health programmes are providing in the village under The Health Ministry of Government of India since 1985, however people of Mallapur village are still not utilizing all these services because they have their own notions regarding pregnancy. Hence it is necessary to create proper awareness among them and there is a need to bring change in attitude of the people regarding wrong-notion particularly about in-take of IFA tablets during pregnancy.

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