Scenario of Maternal Health in India: An Analysis of NFHS-4

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Abstract: Providing adequate health care services to both mother and the infant is detrimental for their survival and wellbeing. Antenatal care (ANC) is an essential component which can in reducing the health risks for mothers as well as their babies. During the first 24 hours after delivery a large proportion of maternal and neonatal deaths take place. Performing delivery at a health care facility centre under the supervision of medical attendants and in hygienic conditions not only reduces the risk of complications but also lessens the chances of infections during labour and delivery. This article on the basis of NFHS-4 data tries to present information on the ANC providers, the frequency of ANC visits and several other components of maternal health care. This article also endeavours to examine the NFHS-4 data on the birth of the child and the post-natal care. An attempt has also been made to provide information on the place of delivery, type of delivery, medical assistance during delivery, cost of delivery, out-of-pocket expenditures and postnatal health care check-ups for mothers as well as newborns.

Keywords: Maternal health, newborns, NFHS-4, antenatal care and institutional delivery.

Introduction

Health care services play an instrumental role during pregnancy, childbirth and even after delivery. Providing adequate health care services to both mother and the infant is detrimental for their survival and wellbeing. Proper monitoring of pregnancies could help in diagnosing and screening of complications. Antenatal care (ANC) is an essential component which can in reducing the health risks for mothers as well as their babies. ANC is important not only from the point of view of mother's health but also for the health of the infant. Performing delivery at a health care facility centre under the supervision of medical attendants and in hygienic conditions not only reduces the risk of complications but also lessens the chances of infections during labour and delivery (Derne, 2017).

The Government of India launched a health care programme known as National Rural Health Mission (NRHM) for the period of 2005-2012. This programme was launched in order to improve the access and availability of quality health care services and facilities, particularly for those people who are living in rural areas as well as for the other deprived sections of the society. One of the major goals of the NRHM is that every household should have access to improved and quality health care services through female Accredited

Social Health Activists (ASHAs). ASHA acts as a bridge between the community level and the governmental health system (Nagla, 2018).

In 2013, a sub-mission of the National Health Mission (NHM) was launched, which is known as the National Urban Health Mission (NUHM). Apart from the NRHM, it is one of the other sub-mission of the National Health Mission. Simultaneously, another programme known as the RMNCH+A (reproductive, maternal, newborn, child, and adolescent health) approach was launched. Its main objective is to address the issues of major causes responsible for the mortality among women as well as children. It also focuses on the matter of delays in accessing and utilizing health care services. This strategic approach was formulated for developing a better understanding of the 'continuum of care' and ensuring an equal focus on the various life stages (Patel, 2015).

This article is purely based on the secondary sources. This article on the basis of NFHS-4 data tries to present information on the ANC providers, the frequency of ANC visits and several other components of maternal health care. This article also endeavours to examine the NFHS-4 data on the birth of the child and the post-natal care. An attempt has also been made to provide information on the place of delivery, type of delivery, medical assistance during delivery, cost of delivery, out-of-pocket expenditures and postnatal health care check-ups for mothers as well as newborns.

1.1Pregnancy Registration

1.1.1 Registration of Pregnancies

In NFHS-4 [International Institute for Population Sciences (IIPS) and ICF, 2017], it was reported that eighty-five per cent of the women in the age group of 15-49 years had a live birth in the last five years. For all the groups except women in the age group of 35-49 years, the birth registration exceeded 80 per cent (Table 1.1).

1.1.2 Mother and Child Protection Card (MCP Card)

The Mother and Child Protection Card is a tool for providing information and education to mothers and other family members on various components of maternal and child health care. It links the maternal and childcare with a 'continuum of care' through the Integrated Child Development Services (ICDS) scheme and the National Rural Health Mission (NRHM). This card also includes some key services which are provided mothers and infants during antenatal, delivery, and postnatal care. It is also instrumental in providing complete immunization to infants and children, early and exclusive breastfeeding, complementary feeding, and growth monitoring. In NFHS-4 report it was highlighted that nearly eighty-nine per cent of women age 15-49 who had a live birth in the five years before the survey and registered their last pregnancy received an MCP Card for that birth (Table 1.1).

Table 1.1: Pregnancy registration and Mother and Child Protection Card

Background characteristic	Percentage of pregnancies that were registered	Number of pregnancies	Percentage of mother's given an MCP Card	Number of registered pregnancies
Mothers' age at birth				
<20	87.6	20,507	92.1	17,956
20-34	85.7	155,747	89.1	133,461
35-49	72.9	8,374	83.9	6,107
Birth order				
1	88.9	62,579	91.0	55,611
2-3	86.3	94,032	89.6	81,172
4+	74.0	28,016	83.4	20,741
Residence				
Urban	87.0	54,864	87.7	47,720
Rural	84.6	129,764	90.0	109,805
Schooling				
No schooling	75.7	51,277	85.1	38,829
<5 years complete	86.2	10,750	90.9	9,267
5-7 years complete	88.4	29,398	90.5	25,986
8-9 years complete	89.8	30,977	91.9	27,821
10-11 years complete	90.5	23,144	92.0	20,936
12 or more years complete	88.8	39,080	88.8	34,686

Source: NFHS-4

2.1 Antenatal Care Coverage

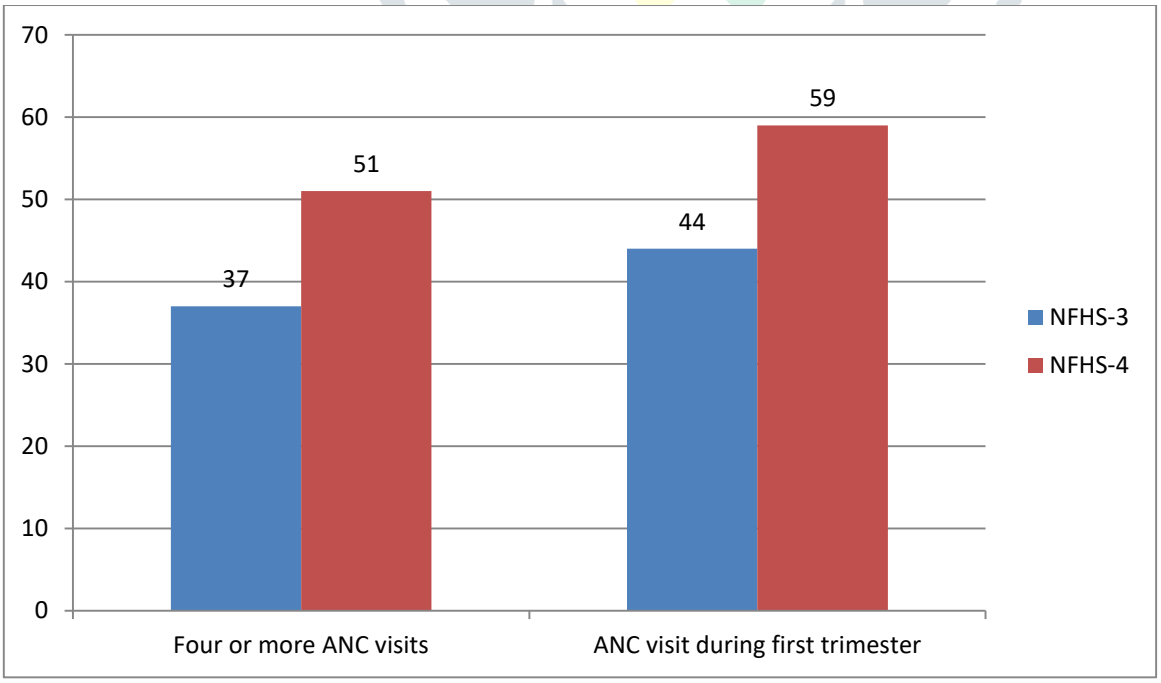
2.1.1 Skilled Providers

According to NFHS-4 data nearly seventy-nine per cent of women in the age group of 15-49 years received antenatal care at least once for their last birth from a skilled provider. More than half (59%) of the women received antenatal care from doctors and then it was followed by auxiliary nurse midwives (ANMs), nurses, midwives, and lady health visitors (LHVs) (20%). The data also revealed that the utilisation of ANC through skilled providers was higher in urban areas as compared to rural areas. The utilisation of ANC services increased with the rising education. Moreover, it was also observed that the women with first order child were more likely to receive ANC services.

2.1.2 Frequency of ANC Visits

As per NFHS-4 data, more than half i.e. 51 per cent of the women had at least four ANC visits and almost seventeen per cent of women had no ANC visits. 66 per cent of urban women had four or more ANC visits whereas only 45 per cent of rural women had four or more ANC visits. About fifty-nine per cent of women had their first ANC visit during the first trimester. While 18 per cent of women had their first ANC visit during the fourth and fifth months of pregnancy, 7 per cent first received ANC in the sixth month or later. The proportion of women who had at least four ANC visits during their last pregnancy was highest in Kerala (90%) and Andaman & Nicobar Islands (92%) and it was lowest in Bihar (14%).

Figure 2.1: Trends in antenatal coverage



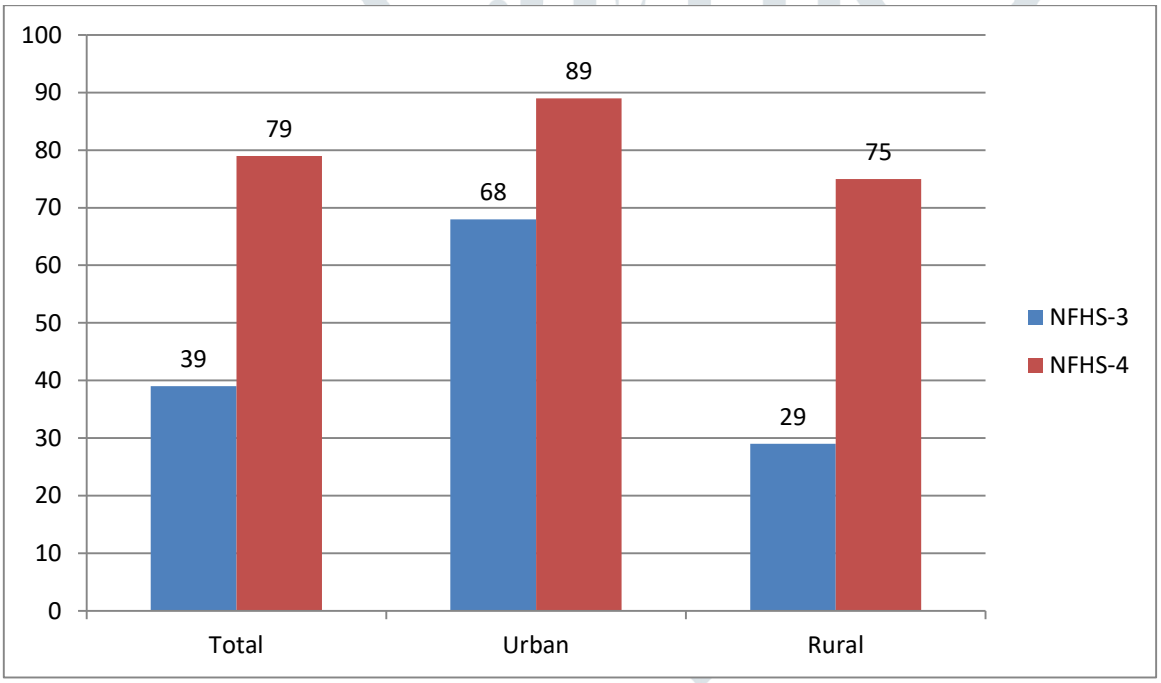
Source: NFHS-3 and NFHS-4

3.1 Delivery Services

3.1.1 Institutional Deliveries

For reducing the rate of maternal and neonatal mortality, it is essential that the number of institutional deliveries should be increased (Sujatha, 2014). According to NFHS-4 data about seventy-nine per cent of live births were delivered in a health facility centre. The data revealed that one of the most common reasons for not delivering at health care centre was that 40 per cent of the woman did not think it was necessary to deliver at the health facility. However, there were other important reasons also such as women (18%) said that health facility centres were too far or there was lack of availability of transportation, 18 per cent of the women reported that the husband or family did not allow them to have the delivery in a health facility and 16 per cent of the women asserted that the cost of institutional delivery was too much.

Figure 3.1: Trends in institutional deliveries

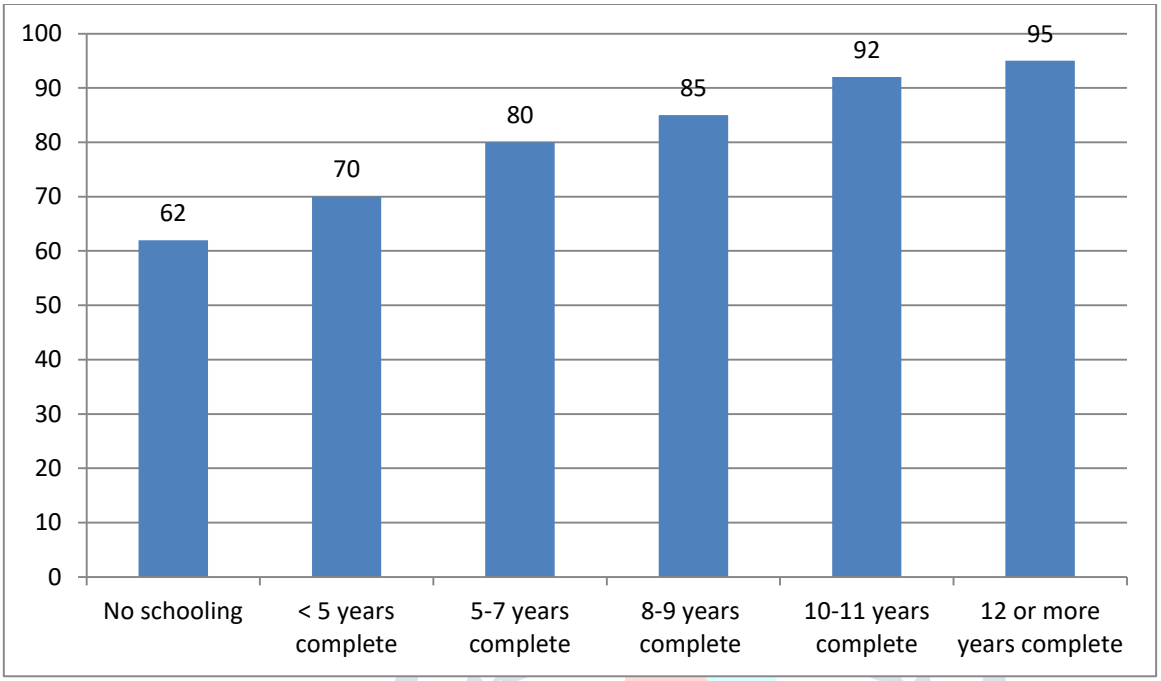


Source: NFHS-3 and NFHS-4

According to NFHS-4 data it was observed that the higher would be the birth order the lesser would be the chances of institutional delivery. It was reported that ninety per cent of the mothers who had four or more ANC visits delivered their babies at the health facility. When this was compared with women who had no ANC visits, it was revealed that only fifty seven per cent of them had institutional delivery. Moreover, women (89%) in urban areas had more institutional deliveries as compared to women (75%) in rural areas. The mother's educational status is closely associated with the place of delivery (Figure 3.2). As per the NFHS-4 data nearly ninety-five per cent of the mothers with 12 or more year of schooling had institutional

delivery. Likewise, mothers (95%) from the households of the highest wealth quintile had higher institutional delivery rates as compared to women (60%) belonging to lowest wealth quintile.

Figure 3.2: Institutional delivery by schooling



Source: NFHS-4

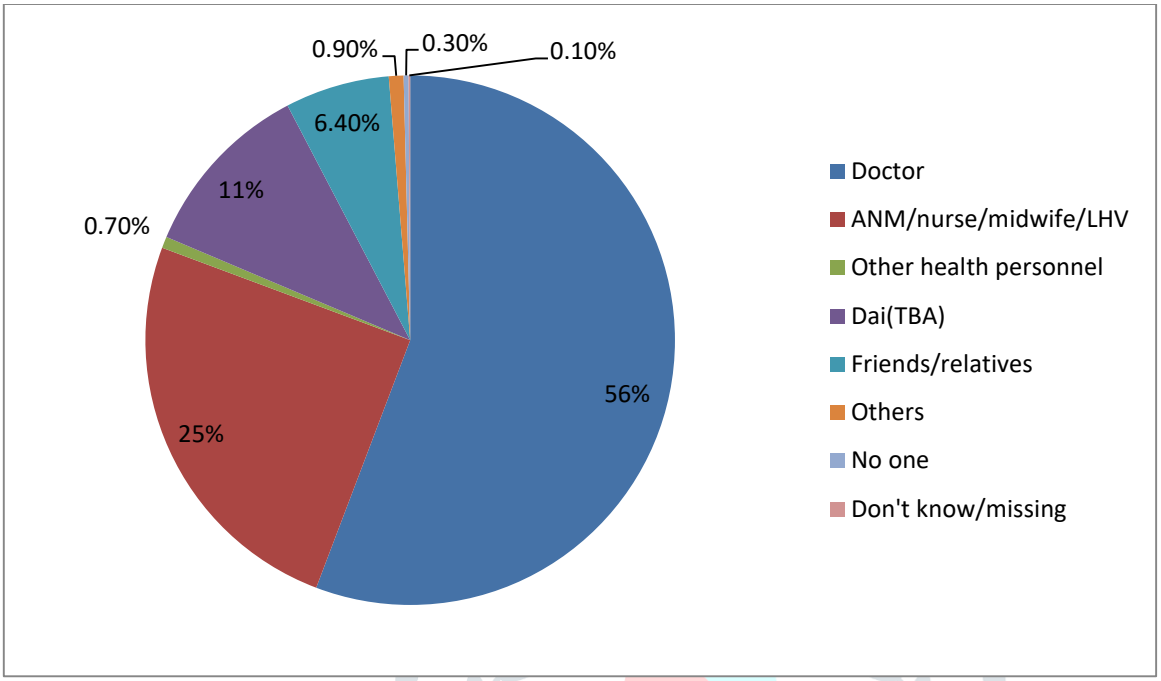
3.1.2 Skilled Assistance during Delivery

One of the most essential components which have a huge impact on the health of the mother as well as the newborn is the assistance during childbirth. Looking at the risk factors involved in the delivery process, it is important that a skilled attendant should manage the complications of pregnancy as well as delivery. A skilled attendant in complicated cases can play a detrimental role and can refer the mother and/or the baby to the next level of care. In the NFHS-4 data it has been revealed that 81 per cent of the births i.e. 8 in 10 live births were delivered by a skilled provider. The majority of births i.e. fifty-six per cent were attended by doctors and it was followed by ANMs, nurses, midwives, LHVs (25%), and dais (TBAs) (11%) (Figure 3.3).

According to NFHS-4 data almost ninety-three per cent of the live births to mothers were delivered by the skilled assistants. About nineteen per cent of the deliveries were done at home by skilled attendants. Ninety per cent of the births in urban areas were assisted by skilled provider as compared to seventy-eighty per cent in rural areas. The educational status of mother was found to be closely related with the skilled delivery. Nearly ninety five per cent of mothers who had completed 12 or more years of schooling gave birth to their newborns with the assistance of skilled providers. Ninety-six per cent of the women from the highest wealth

quartile received skilled assistance as compared to sixty-four per cent of women belonging to lowest wealth quartile.

Figure 3.3: Assistance during Delivery



Source: NFHS-4

4.1 Delivery Cost

According to NFHS-4 for every live birth among women in the age group of 15-49 years the average out-of-pocket cost paid in a health facility was Rs. 7,938. The average cost for the delivery was as high as five times in private health facilities as compared to public health facilities (Rs. 3,198).

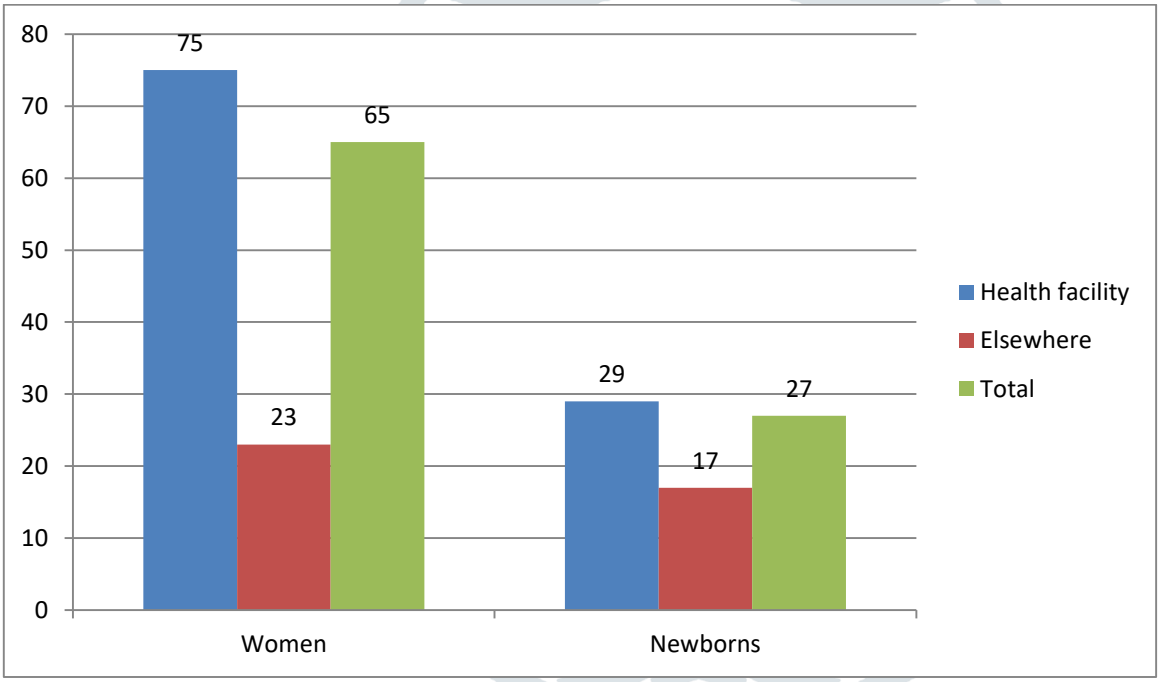
4.2 Postnatal Care

4.2.1 Postnatal Health Check-Ups for Mothers

During the first 24 hours after delivery a large proportion of maternal and neonatal deaths take place. Adequate postnatal care is important not only for mother but also for the infant and moreover, it provides mother essential information to on caring for themselves as well as for their newborn. By the Ministry of Health and Family Welfare (MoHFW) it has been recommended that all women who deliver their newborns in a health facility centre should be provided with the postnatal health check-up within the first 24 hours after delivery. Further, it has been suggested that women who deliver outside health facility should be referred to a health centre within 12 hours after delivery for postnatal check-up.

As per the NFHS-4 data it has been found that around sixty-five per cent of the mothers received a postnatal check within 48 hours after birth, whereas thirty per cent of the mothers did not get any postnatal checks. Through this survey it was revealed that women who delivered in health facility centres were three times more likely to receive postnatal care as compared to those who delivered their infants outside the health facility. A high proportion of urban women (73%) received postnatal check within two days of delivery as compared to rural mothers (62%). Women who are more educated (78%) are most likely to receive postnatal check-up as compared to those who had no schooling (51%). Moreover, it was also revealed through this survey that scheduled tribe women are less likely to receive postnatal care as compared to women from other caste categories.

Figure 4.1 Postnatal Care by Place of Delivery



Source: NFHS-4

Conclusion

Maternal health is one of the issues of serious concerns because it has implications not only on the mother's health but also for the newborn. The first 24 hours are crucial after the delivery for the mother as well as the infant. Therefore, it is essential that the infant should be delivered in a health facility under the supervision of the skilled assistants. The postnatal care is also very important as it plays a significant role in recuperation of women after the delivery. Globally, maternal death is a matter of serious concern and in India the situation is even worse especially in rural areas. Although, the NFHS-4 data shows that the significant improvement have been made in this context as compared to NFHS-3 data. However, more

efforts are required to be made in order to make quality health services easily accessible and available to socially deprived and excluded sections of the society.

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