AN INSIGHT INTO THE HIGH MATERNAL MORTALITY RATE (MMR), THE IDENTIFICATION OF LACUNAE AND STRATEGIES TO CURB THE LACUNAE IN THE PATH OF REDUCTION OF MMR IN DUMKA DISTRICT OF JHARKHAND.

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Abstract: The barometer of a society's development and cultural and social status is the treatment of its females especially the mothers at the time of the delivery of a child. This article makes an insight into the maternal mortality rate status of a tribal dominated district of Dumka. The headquarter of santhal pargana commissionary. Inspite of some genuine efforts on part of the government, there are some lacunae in the effective control of MMR.

This article tries to project those lacunae by identifying them and also proposes some grass root level strategies towards its effective remedy, in the hope that it will bridge the wide gap of acceptance of the problem of high MMR, and will be useful to the policy makers towards better implementation of programmes and policies in reduction of maternal mortality rate of Dumka District.

Keywords: barometer, development, maternal mortality rate, lacunae, implementation, dominated.

Introduction:

Globally heath status of woman and children is an important area of concern, when it comes to the heath sector front of any welfare government. Every government makes all possible efforts to improve the health status of expectant mothers, and special emphasis is given towards improvement is statistics of the maternal mortality rate (MMR) of the tribal areas, In this direction the Jharkhand Government has tried its best to improve the Rural health infrastructure the result of which is the decline in MMR from 167 maternal deaths per lakh live births in (2011-13) to 130 in (2014-16)which is exactly at par with the national average of MMR in (2014-16),but almost triple if compared to the MMR of kerala in the same period.

This shows that inspite of some genuine efforts by the state government towards upgradation and strengthening of rural health infrastructure in rural and tribal areas, there are some bottlenecks that are acting as lacunae in the reduction of MMR.

This article makes an insight into the reasons of high MMR, identifies the lacunae in the path of its reduction and suggests some strategies toward effective remedy of these lacunae, so that those lacunae can be effectively weeded out by our policy makes and those responsible for its effective implementation.

Database & Methodology:

The study is based on the compilation of data related to MMR in the state of Jharkhand and Dumka district from secondary data sources like newspapers, health reports of government agencies, census 2011 of Dumka district ,National portal of India and census India government fact sheets of 2012-13.

For the effective presentation, maps, pie-charts bar-diagrams, has been used in the hope that this article can be an effective guide for those interested in providing quality health care services

particularly for the disadvantaged group of the rural and tribal folk, so that morbidity and mortality among the mothers or "Janani" may be reduced.

Brief History of Dumka:

The district of dumka was created on 1st of June, 1983 with the remaining area under the then santhal pargana district after creation of new districts like Godda (on 17th May, 1983), Sahebganj (on 17th May, 1983) and Deoghar (on 1st of June 1983). Dumka town holds the distinction of being the headquarter of old Santhal Pargana district in the past.

Geographical Location of Dumka:

Situated at 86^0 16" North latitude and 87^0 15" East longitudes at a height of 472 feet above sea level, with an area of 3716.02 square kilometres. It ranks 10th among the districts of Jharkhand.

It has the credit of being one of the oldest homelands of tribal's like santhals, Paharias and Lohras. Gifted with stupendous natural beauty of mountains, hills, inland draining rivers and streams, natural flora and fauna flouring on hard underground rocks with topography of high ridges and valleys provide an ideal condition for the tribal folk to flourish and secure their cultural heritage.

Demography of Dumka District as per Population Census 2011:

As per the population census 2011 out of the total population of 13, 21,442, 6, 68,514 are males and the rest 6, 52,928 comprises of females, thus, giving a remarkable sex-ratio of 977 females/1000 males.

Male literacy stood at 72.96 and the female literacy of 48.82 projects the grim picture of the females in the district. The urban population was 6.8% and rural population 93.2%.

Status of Maternal Mortality Rate in india and Jharkhand:

The maternal mortality Rate (MMR) is one of most important barometer to scale the quality of institutional wealth care facilities extended to the expectant mothers regarding safe deliveries and maternal care at the time of the delivery of a child, the moment when a lady functions as the "Janani".

India has no doubt registered significant improvement in an area where it had lagged since centuries. Maternal deaths have reduced from 167 in 2011-13 to 130 per 100000 live births in 2014-16.

Kerala leading the table with an MMR of 46 per lakh live births in 2014-16.The decline has been most significant in the "Empowered action group"(EAG) status and Assam, where decline in MMR has been from 246 is 2011-13 to 188 in 2014-16.

The Status where economic and health indicators are a particular concern are Bihar, Chattisghar, Jharkhand, Madhya Pradesh, Odisha, Rajasthan, Uttarpradesh and Uttarakhand.

3 Best Status:	MMR 2011-13	MMR 2014-16
1. Kerala	61	46
2. Maharastra	68	61
3. Tamilnadu	79	66
3 worst states:		
1. Assam	300	237
2. U.P/Uttarakhand	285	201
3. Rajasthan	244	199

India	167	130

Despite this, India along with Nigeria, accounted for one-third of the global maternal deaths in 2015.

The rift in maternal health care facilities based on performance between status indicates major lacunae which are least addressed by the concerned worst performing status.

The MMR status in Jharkhand:-

The state had registered a considerable decline in the percentage of MMR. According to the sample registration survey statistics. The state had registered an MMR of 1165 during child birth, which were 43 less than previous survey done in the year 2011-13. Jharkhand had clinched the sixth spot among the states that had lowered their MMR.

The encouraging data of the state was due to efficient monitoring of Janani Suraksha, Janani Shishu Suraksha, and Pradhan Mantri Matritwa Suraksha Abhiyan and efforts to stop child marriage, curbing of teenage pregnancy, identification of high risk pregnancy category woman and providing them access to reach nearest referral hospital by 108 ambulance service.

Of the 8.3 lakh woman giving birth in Jharkhand 2200 woman die during pregnancy. Exports say that the maternal death can be prevented by increasing, institutional delivery and by reducing cases of anaemia among woman, but the situation of the state in both the fronts is quite discouraging.

The percentage of institutional delivery in Jharkhand according to national family health survey was 19.2, compared to all the states of the country, In Jharkhand 29.1% deliveries are attended by skilled health personnel, which is much less compared to the national average of 48.2% according to the NHFS III report. The rate of anaemia in the woman of Jharkhand is highest with 70.6% in comparison to other states of India; the report also says 17.5% mothers receive postnatal care from skilled health personnel within two days of delivery as compared to the national average of 36.4%

UNICEF state head Job Zachariah said "Major causes of maternal deaths in south Asia, according to WHO (2010) are post partum haemorrhage, eclampsia and obstructive labour. If institutional deliveries are conducted deaths because of these can be prevented by 40% to 60%"Zachariah cited child marriage as another reason behind high MMR."Jharkhand has the highest rate of child marriage after Rajasthan and Bihar with 51.8% girls who become pregnant as adolescents have the risk of infection, malnutrition and death."[1]

1. Citation: Usman G Ahmad N (2017) Health status of children in India.
Doi: 10.4172/2471-9870.10000138.

The identification of lacunde in reduction of MMR in Dumka District:-

The dualistic health care divide between urban and rural areas of dumka district becomes distinctly visible if the MMR is taken into account.

The MMR estimate of dumka district have dropped from 167 in 2011-13 to 130 in 2014-16,which is exactly at par with the national average of MMR in 2014-16 estimates, but almost triple if compared to the MMR of Kerala, which stood at a meagre 46/lakh in 2014-16.

This shows that inspite of some genuine efforts towards upgradation of and strengthening of rural health infrastructure in tribal areas, by the government there are some bottlenecks that are acting as a lacunae in the reduction of MMR in dumka district, some of which are as follows:

Early marriage among females:

Early marriage among females below the legal age 18 years is an area of major concern especially in rural areas, there is a positive correlation between early marriage of females and increased MMR:

Table 1.

State/District	Marriage among females below legal age (18 years) (%)			Currently married woman aged (20-24) years married before legal age (18years)(%)		
	Total	Rural	Urban	Total	Rural	Urban
Jharkhand	12.6	15.0	6.2	48.3	51.6	35.1
Dumka	22.6	23.9	8.5	58.2	59.0	43.9

The table (1) above shows that the marriage among females below legal age of 18 years in 23.9 in rural dumka as compared to urban areas. Out of currently married woman aged (20-24) years married before legal age is as high as 59.0% as compared to 43.9% in urban areas.

Early Pregnancy:-

Early pregnancy in the tender teen age is another major cause of high rate of MMR in the district.

Table (2)

State/District	Woman aged (15-19) years who already mothers or were pregnant at the time of survey (%)		
	Total	Rural	Urban
Jharkhand	46.7	46.2	49.7
Dumka	48.4	47.8	63.6

Table (2) above shows that woman aged (15-19) years who are already mothers or were pregnant at the time of survey(%) was almost half in the urban and the rural areas of both the state and district. Females with tender age can hardly bear the trauma, pain and responsibility of pregnancy and succumb to the excessive burden of pregnancy in their tender age.

Lack of proper spacing between two consequetivr child:-

Table (3)

State/District	Live births taking place after an interval of 36 month (%)		
	Total	Rural	Urban
Jharkhand	44.9	45.5	42.9
Dumka	51.5	51.5	54.7

Lack of proper spacing or gap between two consecutive children adds to the woe of high MMR. In Dumka district 51.5% of live births are taking place after an interval of 36 months, the rural and urban divides being roughly the same at 51.5% and 54.7% respectively.

A mother's body needs at least 3 years to recover from the weakness effects of delivery both physically and mentally. The table (3) clearly shows that almost half of the districts females get less than 3 years time for recovery after delivery of the first child.

Poor Nutritional status of expectant mother:-

The nutritional status of expectant mothers is quite poor adding to the problem of high MMR, Woman whose body mass index (BMI) is below normal (BMI<18.5kg/m^2) is 39% in rural areas and 35.6% in urban areas. Woman who are overweight or obese (BMI>25kg/ m^2) are 2.5% in rural areas and 1.6% in urban areas. It can easily be concluded that woman with low BMI are extremely prone to mortality at the time of delivery.

Anaemia among woman:-

Pregnant woman aged (15-49) years who are anaemia in dumka (<11.0g/dl) are 55.5% in rural areas and 59.3% in urban areas, Thus anaemia can be considered as the prime factor for high MMR in dumka.

Regarding cervix, Breast and Oral diseases:-

Total woman aged (15-49) years who have ever undergone examination of cervix were 10.9% Breast examination 3.1 and oral examination just 3.9% thus, more than 90% of total woman in dumka district are unaware or ignorant regarding cervix, breast or oral diseases and exposed to high risks of cancer, only to awake and arise when such diseases reach their last stage, when it is almost improbable to cure them.

Lack of maternity care:-

In (2015-16) mothers who had antenatal check-up in the first trimester was 58.3%.Mothers who had at least 4 antenatal care visits were just 29% .mothers who had full antenatal care were just 6.5%. Mothers who received post natal care from a doctor/nurse/LHV/ANM/Mid wife. other health personnel within 2 days of delivery we just 43.5%.These figures also reflect the lack of maternity care extended to the more than half population of the pregnant woman which sum up as the cause of maternal deaths.

Lack of awareness regarding hygiene, sanitation, and general cleanliness:-

Studies have shown that expectant mothers who are aware and practice personal hygiene, use improved sanitation free of open defacaetation and maintain cleanliness are less prone to disease or death during and after the birth of the child. In (2015-16) dumka district households using improved sanitation facility were just 12.1%, households using clean fuel for cooking were 9.0%, clearly shows the lack of proper hygiene, sanitation and general cleanliness.

Other Lacunae:-Low rate of people's participation rate in implementation monitoring and evaluation of maternal health care programmes, high level of illiteracy among woman, superstition, poverty, ignorance regarding government grants and aides among rural folk, inaccessible terrain, location of remote villages, apathy of institutional health department staff, urban attraction of the doctors and medical practitioners and last but not the least lack of accountability for maternal deaths are some common causes of high MMR in dumka district, making the dream of a welfare state for from reality for the rural tribal folk residing in remote villages left to their fate on the mercy of mother nature.

Strategies towards effective remedy to curb the lacunae in the path of MMR in Dumka district:-

1. **Improve the literacy rate of the district with special focus on rural woman folk:-**

There is a positive correlation between the high literacy rate of the females and low MMR. In order to reduce the MMR, the expectant mothers need to be educated regarding nutrition, health care, personal hygiene and cleanliness, precautions in the pregnancy stage and after birth of child. All these important awareness can be spread if and only if the rural folk are educated. An educated family prevents the forth coming disasters of morbidity and mortality by effectively taking precautionary measures against them.

The table below shows three status each with least and maximum literacy rates. Status having low MMR in (2014-16) had a healthy female literacy. While the status which was low ranking in the female literacy front had registered high MMR in (2014-16) Kerala with highest literacy rate recoded the lowest MMR in India.

Table-4:

Top 3 States with low MMR	Literacy rate (2011)	MMR in India 2011-13(per lakh live births)
Kerala	92.1	61
Maharashtra	75.48	68
Tamilnadu	73.86	79
Top 3 states with high MMR		
Assam	67.27	300
Uttar Pradesh	59.26	285
Odisha	64.36	222

Source: www.indiaenvironmentportal.org.in>.

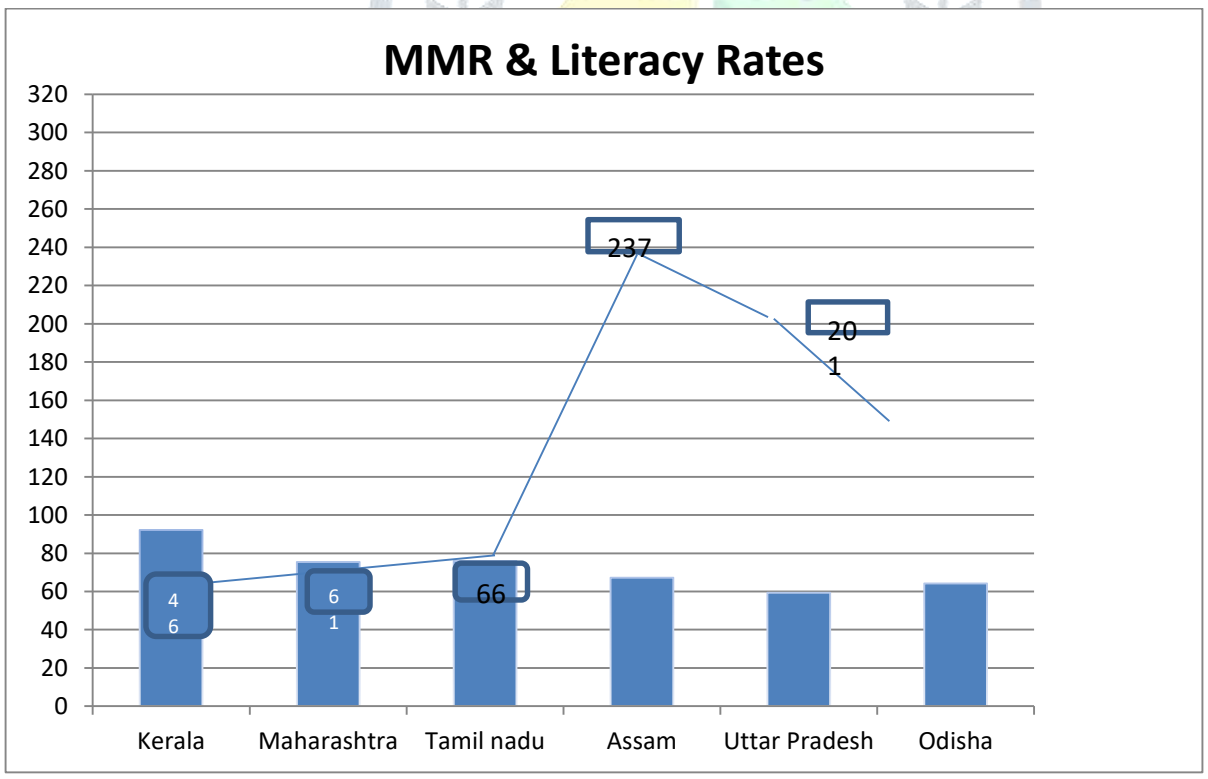
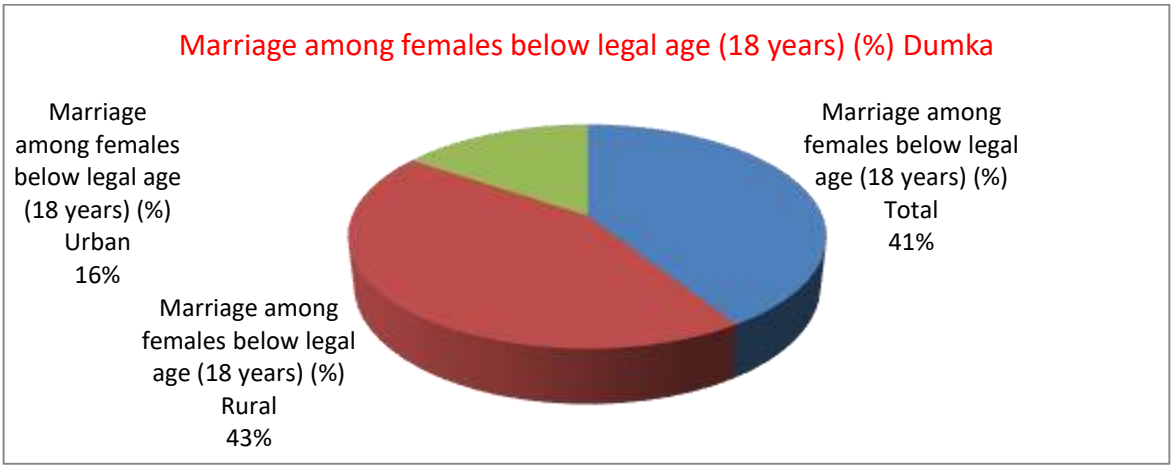
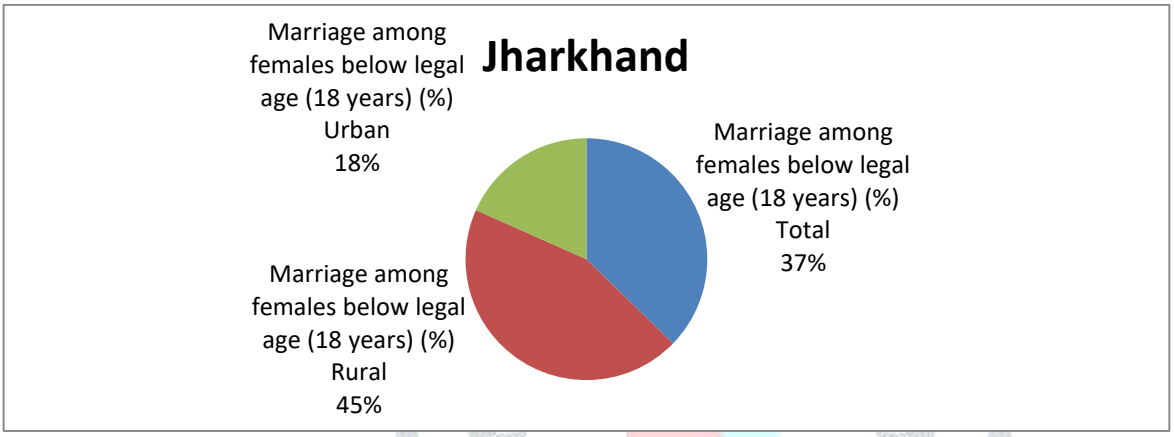


Fig. showing female literacy rates and MMR of different status





2. **Steps to reduce incidents of early marriage:-**

Early marriage of the females is also an area of concern as the females of tender age can hardly bear the burden of pregnancy. The government agencies should spread a network of informers to take into account that marriage of females before legal age is stopped by all means and the panchayets should be made accountable for any child marriage awareness programmes can also be utilised for this.

Measures to prevent early pregnancy:-

Early pregnancy among females also accounts for the toll of morbidity and mortality rates n pregnant woman. Moreover lack of proper spacing between two consecutive children also adds to the woes of pregnant woman and leads to their mortality. So the woman with late pregnancy after marriage may be given certain incentives. Widespread publicity and awareness programmes can be launched at a war level, contraceptive pills should be distributed at the community health centres. Compulsory registration of marriage can be a game changer in preventing marriage before legal age.

Enhancing Nutritional requirements of expectant mothers:-

Most of the death of ecpectant mothers takes pace due to anaemia, which is due to poor nutrition intake among females. The government should provide a package of nutritional diet, foric acid tablets, iron tablets, multivitamin tablets to the expectant mother's roght from the first trimester until delivery of child and six months after the delivery. Providing money to pregnant woman does not serve the purpose as that money is most likely to be diverted to other causes in the poverty struck families.

Enhancing maternity care facilities in remote rural areas:-

It is commonly seen that the community health centres have hardly any facility during medical emergency cases. Forget the CHC, even the sub-divisional hospitals hardly take any extreme medical emergency case. They act like first-aid providing agency and refer the cases to District Hospitals or to

neighbouring state for better medical aid. All these hardly provide any help to those residing in remote rural areas and succumb to death due to lack of treatment on time. Delay of time in medical emergencies proves fatal for the child delivering mothers if their cases are that of complex medical emergency.

So there should be robust enhancement of medical facilities in both men and machines health sub-centres public health centres, Community health centres, sub-divisional hospitals and district hospital. District hospital should have the latest state of the art medical facilities.

Awareness drive regarding hygiene, sanitation and general cleanliness:-

Expectant mothers should be educated about the merits of hygiene, improved sanitation facilities, personal and community cleanliness, use of clean smokeless fuel etc. For this help of teachers, ANM, Anganwadi workers and ASHA should be taken. One day shramdaan in a year of all the public and private employees should be encouraged for awareness and cleanliness drives. Socially useful and productive work (SUPW) should be made an essential subject at the matriculation, intermediate, graduation and post graduation level for the students. This will act as both means and end to keep the community clean.

Other strategies:-

Other strategies like effective monitoring and implementation of maternal health care programmes, awareness against superstation, stipend during and after pregnancy, increasing people's participation rates of local village folk in maternal health care programmes, making the bureaucrats accountable for maternal deaths due to non-implementation of maternal health care programmes bringing the segregated tribal societies to the main stream with proper transport and communication facilities, checking hazardous employment of woman, regular medical and health check up of woman involved as workforce in polluting industries like stone crushers, providing safe and clean drinking water facilities, implementing new schemes like health facility of your doorstep, ambulance facilities and overhauling of entire health department to set up an accountable and effective work culture towards extending a helping hand to the expectant mothers in distress etc. are some of the strategies that can effectively reduce the Maternal mortality rate in dumka district.

Conclusion:-

India has registered significant improvement in the area of reducing the MMR from 167 in 2011-13 to 130 per lakh live births in 2014-16, with Kerala leading the table with the least MMR of 46 in 2014-16, according to the new data released by the registrar general of India. The MMR of Jharkhand improved from 208 in 2011-13 to 165 in 2014-16.The MMR estimates of dumka district have dropped from 167 maternal deaths per lakh live births during (2011-13) to 130 in (2014-16). Which is exactly at par with the national average of MMR in the same period, but it is almost triple to that of MMR of Kerala.

So it becomes vital to analyse the maternal mortality rate estimates and identify the lacunae in the path of the reduction of MMR in dumka district and there after prepare strategies towards effective remedy of those lacunae, so as to bridge the gap of research literature in this sector in a tribal dominated district like Dumka, in the hope that it will be helpful to our policy makers and implementers as well as mankind as a whole in reducing the MMR.

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Friday 08 June 2018/PNS/RANCHI

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