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Effectiveness of Maternity Health Care Services and Integrated Child Development Services in Rural Areas of Himachal Pradesh

***Dr Shashi Punam &**Ms Manjula**

Abstract

This proposed research aims to identify maternity health care services and Integrated Child Development Services of rural areas of Himachal Pradesh. India currently contributes about a quarter of worldwide figures of maternity sickness or death maternity care effectiveness and have largely considered neglected by the health care services. Particularly since the introduction of the National Rural Health Mission, the importance of efficiency of treatment become acknowledged on the policymaking and organizational stages of nationwide medical services. Integrated Child Development Services (ICDS) scheme is world's largest community based programme and this scheme is targeted at children up to the age of 6 years, pregnant and lactating mothers and women 16–44 years of age. The scheme is aimed to improve the health, nutrition and education of the target community with the help of Anganwadi workers. ICDS is the foremost symbol of India's commitment to its children – India's response to the challenge of providing pre-school education on one hand and breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality, on the other. This research intends to investigate current situation of maternal and treatment throughout the previous few years and will assess the strategies for maternal health care and child care in rural areas. The main objectives of the study are to know the maternity health struggles affecting rural communities, to investigate the relationship among awareness and resource usage and several maternity variables and to examine the impact of Government policies and maternity health care in rural areas. It also suggests various thrust areas for its betterment and further improvement.

Keyword- Maternity Care, Anangwadi Worker, Medical Services, Child Care, Integrated.

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Introduction

The Indian government has approved the National Program of Integrated Services in an attempt to quicken healthy food and wellbeing initiatives for women and kids in tribal communities and underdeveloped areas of India, these services are maintained and delivered under integrated child development services (ICDS). Every woman between the fifteenth and forty-fourth years of age is given nutritional and medical instruction. Anganwadi information about health and eating habits are emphasized in particularly designed lessons, advertisements, regular trips by Anganwadi employees, preparing food demos, and radio and television. This integrated child development services program selects expectant and breastfeeding mothers from families of BPL, farm laborers, minimal growers, scheduled caste, scheduled tribe, and weaker segments of the society.

Despite having a high mountain geographical condition, Himachal Pradesh performs more effectively than other state in terms of health care indexes. In spite of becoming the biggest region in the context of territory in all the districts of Himachal Pradesh, Lahaul-Spiti is home to just 0.48% of the overall demographic of Himachal Pradesh. However, the maternity care indexes show that every district has not perceived equal improvements, (Parashar, 2016). Female of rural communities are impacted in numerous different aspects when maternity facilities in remote regions are unavailable. They faced substantial economic, strategic, socio-economic, socio and religious difficulties when they must transit long travel to delivery and it may also be a high possibility that a woman will go into labor and give birth while traveling (Hoang, H., Le, Q., & Terry, D. (2014). Due to heavy snowfall in winter, Lahaul & Spiti, Chamba, and Kinnaur are isolated from the rest of the country for several days and weeks throughout the year. And these rural areas geographic and climate conditions make it difficult for people to survive in this region. It could have an impact on how often women use medical treatment during pregnancy. So the various vertical health programmes initiated by the Government of India (GOI) from time to time did not reach out to the target community adequately.

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World Health Organization addressed that Women's health throughout pregnancies, delivery, and the postnatal period is referred to as maternity health. Each step should be a good experience that ensures mothers and their infants achieve their maximum wellness and health potential. Despite significant advances over the past couple of centuries, over 295 000 women dying while and after maternity and delivery in 2017and this figure is far too high (WHO, 2022). According to World Health Organization that each day, around 800 women died from avoidable causes connected to maternity and delivery, with poor nations accounting for 99% of all maternal mortality (WHO, 2016). Among almost poor nations, reducing and eliminating pregnancies-related death rates remains a problem (Campbell et al., 2006). Despite that, India has the greatest incidence of newborn deaths. India was responsible for one-fifth of all worldwide under-five mortality death till 2015 (UNICEF, 2015).

As per the report of Government of India that RGI figures for 2000, India's death rate among mothers was 407 per 100,000 live births. In the previous five years, there has been little variation in the pattern. This indicates that over 100,000 women die in India every year as a result of motherhood related complications (Government of India, 2002). Considering a long - term project of national-level maternal health legislation and programming activities throughout the previous 20 years, overall is very little proof that child care and maternal protection during pregnancy and post-pregnancy in India have improved considerably better. Therefore April 2005, National Rural Health Mission has been announced with great optimism "to provide accessible, affordable and quality health care to the rural sections especially the vulnerable populations" (Government of India, 2006).

Objectives of the study:

- To find out the main objectives of the scheme and Beneficiaries of Integrated Child Development Services in Himachal Pradesh.
- To know the maternity health struggles affecting rural communities.
- To investigate the relationship among awareness and resource usage and several maternity variables.
- To examine the impact of Government policies and maternity health care in rural areas.

Methodology

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This paper is completely based on secondary sources. Therefore, Science Direct, Google Scholar, PubMed, was searched and evaluated for papers on rural maternity care published between 2001 and 2020. Relevant articles and strategy documents from suitable organizations were likewise evaluated. Defined techniques of specific WHO for selecting value treatments have been employed in this research. Applying data obtained from National Rural Health Mission, as well as the Government of India's Annual Report 2001-2002 and reports of Health and Family Welfare Ministry. This report investigates the variables related with the adoption of maternity health care in rural communities.

Integrated Child Development Services (ICDS) and Beneficiaries: Directorate of Women and Child Development Himachal Pradesh:

The Integrated Child Development Services (ICDS) Scheme launched on 2 October 1975, by the Ministry of Women and Child Development. In shortly we can say that ICDS was launched in 1975 in accordance to the National Policy for Children in India. Over the years it has grown into one of the largest integrated family and community welfare schemes in the world. The main thrust of the scheme is on the villages where over 75 percent of the population lives. Urban slums are also a priority area of the programme. The main functions of this schemes are to lay the foundation for proper psychological, physical and social development of the child; To reduce the incidence of mortality, morbidity, malnutrition and school dropout; To achieve effective co-ordination of policy and implementation amongst the various departments to promote child development;

The Directorate of Women and Child Development was set up in the year of 2011 as a part of the department of Social Justices and Empowerment to give the much needed inputs to the holistic development of Children and women Empowerment in Himachal Pradesh.

The main objectives of the scheme are:

- Improvement in the health and nutritional status of children 0–6 years and pregnant and lactating mothers.
- To lay the foundation for proper psychological, physical and social development of the child and Reduction in the incidence of their mortality and school dropout.

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- Provision of a firm foundation for proper psychological, physical and social development of the child.
- Enhancement of the maternal education and capacity to look after her own health and nutrition and that of her family
- Effective co-ordination of the policy and implementation among various departments and programmes aimed to promote child development.

Services: The above objectives are sought to be achieved through a package of services comprising:

- Supplementary nutrition,
- Immunization,
- Health check-up,
- Referral services,
- Pre-school non-formal education and
- Nutrition & health education.
- Preschool education to children 3–6 year old
- Convergence of other supportive services like water, sanitation etc.

Beneficiaries: The beneficiaries are:

- Children 0–6 years of age
- Pregnant and lactating mothers
- Women 15–44 year of age
- Since 1991 adolescent girls upto the age of 18 years for non formal education and training on health and nutrition.

Maternity Health Struggles Affecting Rural Communities

Multiple circumstances contribute to a limitation of availability to strong maternity healthcare treatments in remote regions, such as primary health center, hospital and minimal maternity ward, safety issues and as well as health issues caused by socioeconomic influence on health. Those differences in accessing lead to lower clinical results for remote women and newborn kids. Those barriers to availability might have a significant impact on maternity healthcare effects such as early birth, poor newborn weight, mother death, serious mother

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sickness, also higher risk of postnatal anxiety. Women are more vulnerable because of their several expecting female residing in remote regions, particularly those far from clinics, hospitals have limited recourse to pregnancy services. Purohit explained in her research under the title of "Utilization of antenatal care services in a remote, tribal and hilly district of Himachal Pradesh" the research found that rural women used Health care facilities frequently, but there were also significant physiological, mental, and economic sufferings. Due to the lack of adequate antenatal care, inadequate transportation options, and unfavorable weather, women in Lahaul were forced to exit their towns and move to neighboring districts during the pregnancy period (Purohit, 2021).

Awareness of Maternity Variables

Total perception (56.6%) was generated by Anganwadi employees, only 84.9% of the 106 females were found to have good acceptance, 49.1% had listened about the scheme before becoming pregnant, 44.3% had listened regarding it while pregnant, and 15.1% were unaware of it. According to the investigation, obtaining the advantages of Janani Shishu Suraksha Karyakram was considerably correlated with literacy status (P = 0.001). But it turned out that female employment (P = 0.03) and literacy status (P = 0.001) were both considerably related to how satisfied they were with (Sharma, 2020). The issue of maternal deaths might result from the interaction of a variety of antecedent variables, some of which might be socially oriented, financial, or connected to medical services and sustainment that societal and traditional and financial constraints may restrict women's wellness activities, putting their pregnancies and deliveries at risk. High maternal deaths between mothers due to unsafe and risky pregnancies and childbearing medical conditions are caused by ineffective or failing a healthcare structure, which impedes efforts to reduce maternity deaths (Azuh, 2017).

India is one of many developing nations that is now conscious of the demands of working women. The Maternity Benefits Act, 1961, which was passed in India, is a significant process in this direction. Due to the fact that a parent does not have a kid solely for her own benefit, the passage of this Act reflects the larger socio-cultural obligation. She is clearly assisting in the development of the country by rationally tackling the problem. Therefore, motherhood advantages must be viewed as a mother's well-deserved bonus (Verma, A., 2020). Pradhan Mantri Matru

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Vandana Yojana Giving women financial benefits as temporary remuneration for their wages so they can relax properly earlier and after giving birth to their 1st live born baby, and the second is cash benefit offered would encourage breastfeeding mothers and pregnant women to seek out better health care. And this is how the Mukhya Mantri Bal Suposhan Yojana is, apart from this there is Pradhan Mantri Surakshit Matritva Abhiyan (Government of Himachal Pradesh).

Although all these schemes are being run by the Govt unlike urban areas, the percentage of maternal mortality will be higher in rural environment and tribal community because there are many different reasons for this like:- malnutrition, lack of health facilities, anemia, under weight, resorting to tantra vidyas instead of modern medical facilities, lack of full immunization etc.

Maternal Health Clinical Effectiveness

Improving prenatal care and competent delivery presence is insufficient to promote mother's or child's health. Post-pregnancies healthcare is also as critical (Lawn.etal, 2005).The strategies for reducing mortality rates include boosting availability of appropriate treatments, that can be given directly or as part of a package of connected interventions. Aside from reproductive making plans, maternity care with anemia medication, secure medical termination and postnatal care, also those that lower patient fatalities rates by adequate supervision in hospital (Goldie, 2010). However the multi dimensional the rapies are progressively being assessed, drawing on emotional, pedagogical, social, governmental, technical, and clinical aspects (Pittet, 2005).

In rural areas the basic maternal care and information regarding pregnancy is provided by ASHA worker, about the necessary protective measures during pregnancy and medicines like folic acid, Iren are distributed by ASHA worker. Even after delivery, the ASHA worker keeps in touch with the mother and child, provides important information and takes care of them. But if any difficulty arises during the delivery, so the women is referred to another hospital which is the time of her at risk so that Government medical centers have being criticized of becoming a indifferent to the needs of its patients. It is no surprise, then, that consumers see private-sector medical treatments as better to those provided through the national scheme. Might be impossible if efficiency elements are neglected when handling equality & medical care accessibility challenges for such rural communities. Managing qualitative concerns in maternity health service provisions is critical not only to lower maternal or morbidity, as well as because promote trust in

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the government health systems within rural communities and so raise preference for government hospitals.

Discussion

This data will support rural maternal health care professionals in continuing to offer appropriate healthcare to women in rural areas. Multiple approaches for increasing the usefulness and reliability of ASHA programs must be explored, since those are going to make significant influence on the effectiveness of NRHM in overall as well as the development of maternity health parameters in specific. Improving prenatal care and competent delivery presence is insufficient to promote mother's or child's health. Post-pregnancies healthcare is also as critical because the biggest cause of maternal death is the young age at the time of marriage and low knowledge of maternity care. And what is the main reason is that social and familial factors in which son preference are given priority, due to which the number of maternal deaths increases due to repeated abortions. Along with this , the high infant mortality rate and the declining health of the mother due to repeated pregnancies also increases the maternal mortality rate, because it is within 1 week of birth, more than two-thirds of newborn die, the main reason for this being low birth weight and malnutrition of the mother. We would like to demonstrate that there is a lot of complexity to reduce maternal mortality, but despite this it should not be ignored.

Recommendation:

- Effective strategies compatible with either of those suggestions must be implemented to promote rural maternal care facilities.
- Motherhood in rural areas should be cooperative, woman- and family-centered, socially conscious, and supportive.
- Women living in rural communities should receive as high medical coverage as possible, which is as close to their home as possible
- During their course, all surgeons and midwives must be educated to medical coverage, and fundamental competences must be reached.
- Abilities in nursing services, surgeries, and anesthesiology are important and must be inspired in family practice, or education programs, together with healthcare and midwives.

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- Continuous, coordinated, expert, and regionally supplied ongoing educational training and safe pregnancies initiatives should be supported.
- All maternal care institutions must include enhancement activities or effectiveness monitoring.
- Despite all efforts, community participation has been substandard and far below expectation. To enhance this we recommend involvement of elders and the menfolk in the family, opinion makers in the community, women groups, adolescents, Swastha Sangathans, Mahila Mandals, Gram Panchayats etc. Their cooperation will indeed be very exciting and full of potentials for further community motivation, mobilisation and participation. Community involvement at planning stage may also prove useful and should be encouraged.
- AWW, the key player in ICDS, must have more time for community motivational visits and interaction at AWC. This is possible only if less time is spent in non-productive work.
- AWW, ANM and other functionaries must receive more training and education in this respect in case this activity is to be continued.
- Better convergence and coordination among various departments, NGOs and groups involved in mother and child development is required to avoid duplication and avoidable expenditure. CTC-ICDS had recommended use of fixed day immunization sessions for interaction between ICDS, health functionaries and the community.
- Better training to AWW and Mukhya Sevikas, more inputs, better supervision, rational and equitable workload distribution, better logistics and realistic community expectation will go a long way to make ICDS programme better.

Conclusion:

It is vital that nationwide, provincial, statewide, or community authorities, as well as villages, collaborate closely to increase accessibility to increased maternity medical care in remote regions. To address the unsatisfied demand for maternity health services use, continuing health services initiatives must begin focusing poor households having pregnant women in rural communities. ICDS has been and is an excellent mother and child development programme. Its implementation has been good in most of the areas, outstanding in some, mediocre in other and poor in some other areas. Believing in overall outstanding performance rather than be content with small mercies in pockets of excellence we recommend an objective review and assessment

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of the ICDS and strengthening the weaker links. Although breastfeeding mothers and expecting women showed excellent awareness of the program Janani Shishu Suraksha Karyakram, it was discovered that they did not show even more worries about the schemes' continued existence. The requirement to increase the use of facilities that are specifically designed for women must be emphasized. To overcome the issue of maternity deaths and further enact brought grass - root national healthcare services facilities to the rural community, the administration should provide healthcare services. To raise public awareness of pregnancy health problems and the need for no-tolerance private medical centers delivery, health awareness programs, and mass awakening should be boosted.

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