# MATERNAL HEALTH SITUATION IN INDIA: AN INQUEST ON INFRASTRUCTURE AND BIO-CULTURAL DETERMINANTS OF HEALTH

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## Abstract

Maternal health is directly related to the population health of the nation. It is focused on the health of women during pregnancy, childbirth and the postpartum period which include the health of the infant. The cause of maternal mortality in India are manifold, but recent National Family and Health Survey reports (NFHS-3) have shown that about 38% of maternal deaths were caused by haemorrhage, mostly postpartum haemorrhage. After these among 'other conditions', anaemia, especially iron-deficiency anaemia was the main medical condition leading to maternal death. Postnatal care remained the most neglected area with only 42% of women receiving such care within two months of delivery. To address this health issue the government of India beforehand conceived a comprehensive programme branded as Reproductive and Child Health (RCH) in 1997 which has now become a flagship programme of the National Health Mission under the Ministry of Health and Family Welfare. The second phase of RCH was launched in 2005 as part of the National Health Policy 2002 and the Millennium Development Goals for the country with targets to bring down the infant mortality rate (IMR) to 28, the maternal mortality ratio (MMR) to 109 and the total fertility rate (TFR) to 2.1 by 2015. The significance of these three health indicators are obvious- the IMR is an excellent index for human development, the MMR is used to assess the quality of maternal healthcare services and the TFR-2.1, though hypothetical, is universally assumed as the sole index for replacement fertility level by which population size becomes stabilized. These targets for India are far from achieving as evident from the 2014 nationwide data (IMR= 39 and MMR= 181) although the TFR is expected to come down to 2.1 by 2020.

There are interesting facts to explain the persistent maternal health problems in India leading to a conclusion that both infrastructure planning and the cognizance of the bio-cultural determinants of healthcare are crucial in health policy formulation. To understand the factors affecting the maternal health situation in India we can conveniently categorize them as infrastructural and non-infrastructural. Considering the basic rural health infrastructural amenities in the country as reported by the Ministry of Health and Family Welfare in 2006, India have over 150 thousand health sub-centres, over 22 thousand primary health centres and over 4 thousand community health centres excluding the health facilities in the urban areas. The above figures give us a rough estimate that every rural inhabitant in the country has access to basic health infrastructure either within the village or in the vicinity of 1 mile radius. However, this do not ensure proper healthcare to the citizens as the recent reports of the Centre for Management of Health Services (2009) unveiled that over 50% of the health sub-centres and over 30% of the primary health centres in India do not have their own buildings and other basic amenities, and over 70% of the community health centres do not have linkages with a district blood-bank. Thus, the infrastructural factor poses a major challenge in solving the maternal health problem in the country.

In the non-infrastructural factors culture plays a very important role. India is immensely a multi-cultural, multi-lingual and multi-ethnic nation where the concept of health has different meaning in different social systems. Thus, the socio-cultural behaviour and social perceptions of the ethnic groups occupy an important position in maternal health research because these are deeply interwoven into every event. The entire health seeking behaviour of any community can be clearly understood in the light of their knowledge, attitude and practice. Many recent studies have highlighted several detrimental factors in the progress of maternal health in the country ranging from lack of emergency transport and communication systems and lack of blood-banking services in the rural areas to absence of institutionalized monitoring mechanism. But adherence to belief systems is also one of the main hurdles in service delivery for instance, in some rural areas there is a rampant dependence on traditional healers (shamanism) and mass denunciation of birth control measures. Some of the closely studied dimensions to understand maternal health include the educational level of women, occupation of women and the household economy of the ethnic groups because these variables are seen to be positively correlated with mother's health and inversely proportional to increased fertility and infant mortality.

The transitional relationship between maternal health status and life expectancy of the western demographic experience have shown that as fertility goes down below the replacement level and the maternal mortality ratio drastically reduce the life expectancy correspondingly increases. This has policy implication in India, where there is a continuous strive to divert the attention on maternal health to life expectancy but has not been amply successful owing to the burden of high maternal and infant mortality. India has witnessed a steady increase in life expectancy reaching up to 69.6 years in 2015 with a corresponding fall of maternal and infant mortality. It is felt that the achievement of the targets for maternal mortality ratio to touch the 100 border line and nation's fertility to attain the replacement level of 2.1 can be expedited through comprehensive planning inclusive of both the infrastructural and bio-social dimensions to ensure viable service delivery.