



## ACCESS TO POSTNATAL CARE SERVICES UNDER NRHM FRAMEWORK: AN ASSESSMENT IN NALBARI DISTRICT OF ASSAM

Political Science

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### ABSTRACT

Due to the poor maternal health condition, India was unable to reach the MDG-4 and MDG-5 within the time period. Postnatal Care (PNC) service is one of the major parts of and neglected areas of maternal health service. With the implementation of NRHM, and announcement of Janani Suraksha Yojana (JSSK) within the framework of NRHM, Govt. of India has also given special recognition for upgrading the condition of maternal health. Here, in this study, an attempt has been made to assess the PNC services under NRHM with the implementation of the provisions of JSSK in Nalbari district of Assam, the highest ranking district in the state, providing health services under NRHM.

### KEYWORDS

Maternal Health, Postnatal Care, NRHM, JSSK.

Women health is now a growing concern which basically relates to Reproductive and Maternal Health. WHO defined maternity health as "the care of a pregnant woman, her safe delivery, her post-natal examination, the care of her newly born infant and maintenance of lactation. In the wider sense, it begins much earlier in measures aimed to promote the health and well-being of the young people who are potential parents, and to help them develop the right approach to family life and to the place of the family in the community. It should also include guidance in parent craft and in problems associated with infertility and family planning."<sup>1</sup>

United Nations, in its Human Development Report (UNDP), has emphasised on reducing Maternal Mortality Ratio (MMR) and Infant Mortality Rate (IMR) as the key indicators to assess of human development. MMR and IMR are the two important concerns related to maternal health. With the growing international concern on women health and being a member state of UN, India has also adopted the Millennium Development Goals (MDGs) as explained by UN that was to be fulfilled by 2015. IMR and MMR come as the MDG-4 and MDG-5. But, due to the poor maternal health condition, India was unable to reach its goal within the time period. With the implementation of NRHM in 2005, and announcement of Janani Shishu Suraksha Yojana (JSSK) in 2011 as the schemes within the framework of NRHM, Govt. of India has also given special recognition and care for women for upgrading the condition of maternal health.

#### NRHM: A Health Programme in India<sup>2</sup>

NRHM 2005-2012 was launched in 18 states that were identified as low-performing states in the field of health care with poor public health indicators and weak infrastructure to provide effective healthcare to rural population throughout the country. The main goal of NRHM is to provide equitable, affordable, accountable and effective primary healthcare for rural people and to make it accessible especially for poor women and children and to reduce Infant Mortality Rate (IMR), Maternal Mortality Ratio (MMR), Total Fertility Rate (TFR) which are certain key indicators of women's Reproductive and Child Health (RCH) by promoting newborn care, immunization, antenatal care, institutional delivery and post-natal care.

Maternal health is a combination of three stages i.e. Antenatal care, Intra-natal care or Delivery Care and Postnatal Care. All the stages are equally important and equal areas of concern that need specific care for the protection of women health as a whole. Postnatal Care (PNC) service is the third stage of maternal health services which includes the postpartum period or postnatal period beginning immediately after the birth of a child and extending for about six weeks of delivery. Under NRHM, Janani Shishu Suraksha Karyakram (JSSK) is one of the important schemes which gives emphasis on taking care of lactating mother up to 6 weeks of delivery and sick new born (up to 30 days after birth) in Govt. Hospitals and accredited Pvt. Hospitals in both rural and urban areas with free and zero expenses. As PNC services, JSSK provides free drugs and consumables, free IFA tablets, free diagnostics tests such as blood test, urine test, ultrasound, free provision of blood, free diet during stay in the health institution and free transportation etc. during postpartum period.

#### Objectives:

1. Examine the functioning of JSSK ensuring women's access to Postnatal Care Service.
2. Find out the problems in realizing of the provisions of JSSK.
3. Provide some solutions through research for proper implementation of NRHM and its schemes.

#### Methodology:

The study was carried out in Nalbari District of Assam which is basically a rural district only with 2.39% urban population according to the Census Report, 2001, GOI. It is the lowest among all the districts of Assam in terms of urban population and highest in terms of rural population comprising 97.61%. According to Assam Human Development Report, 2003, in 2001, Nalbari district occupied 16<sup>th</sup> and 17<sup>th</sup> position in Human Development Index (HDI) and Gender Development Index (GDI) respectively.<sup>3</sup> The district has achieved a milestone in the state for securing 1<sup>st</sup> Rank for two consecutive years in 2014-15 and 2015-16 for best performance in 16 Dashboard Monitoring Indicators (as per GOI norms) and keeping its constituency till the current year 2016-17 up to January'17.<sup>4</sup> NRHM, being a rural based health mission, covers the rural health sector under its dimensions. That is the reason for selecting this particular district as the study area to make comprehensive study as a whole.

Considering the nature of the topic, the research is a descriptive and analytical both. The present study is based on both primary and secondary data. For primary data collection, field survey has been conducted. For survey, women beneficiaries were taken on the basis of purposive sampling delivered babies within five years. For understanding the health condition of women as vulnerable group, emphasis was given on women from BPL category, are vulnerable in terms of their socio-economic condition too. From seven CD Blocks, 158 respondents were interviewed. As Barkhetri is the biggest Block in terms of population and geographical area, highest respondents were taken from that block which was 30 in number. Interview was conducted through previously structured questionnaire. Further, discussion was made with health provider, i.e. Doctor, ANM, ASHA, Employees under NRHM, AWW and PRI members working with the Mission. Again, Govt. Reports, NRHM Reports, Statistical Hand books, DLHS-3, NFHS-4, DCHB 2011 etc. were also used. Secondary data were collected from a survey of literature from books, journals, articles, newspapers, internet sources etc. For data analysis, both qualitative and quantitative methods have been used.

#### Data Analysis:

The third phase of maternal health is related to postnatal care (PNC). Data collected from those women who have delivered babies on the basis of their post-delivery care during the stay in health institution and after their discharge from hospitals.

#### Access to Post Natal Care:

According to the recommendation of WHO, every new mother should receive care in the facility or health institutions or at home within 24 hours after delivery, Excessive bleeding, foul smelling vaginal discharge, fever with or without chills, severe abdominal pain, excessive tiredness or breathlessness due to anaemia, swollen hands, face and legs with severe headaches or blurred vision, painful engorged breasts or sore, cracked, bleeding nipples are considered as the danger

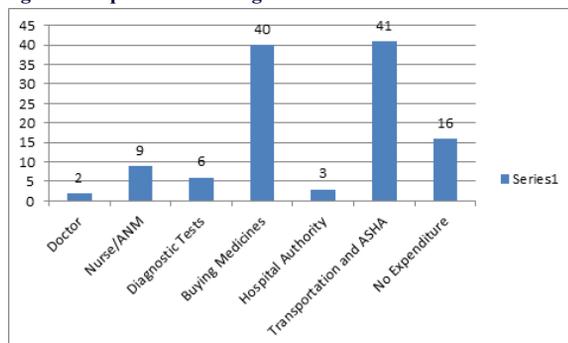
signs for the new mothers whom need special care. That is why WHO has recommended another three additional postnatal contacts excluding the care within 24 hours for all mothers and newborns too on day 3(48-72 hours), between days 7-14 after birth, and six weeks after birth.<sup>5</sup> Taking it into consideration, NRHM has also initiated some activities for the health personnel to provide PNC to the new mothers and newborns.

The PNC starts with the delivery of a pregnant woman. Out of the total respondents of 158, it was found that 152 women had gone for institutional delivery and 6 of them had delivered at home. Among the 152 women who had institutional delivery, 134 of the respondents constituting 84.8% in total reported that they had check-up before they were discharged from the hospital by health personnel. This check-up were done by the doctors in maximum number of cases. But 24 respondents constituting 15.2% of total respondents including 6 home deliveries were not checked by any health personnel.

After discharged from the hospital it is being recommended that women should make three PNC check-ups as mentioned earlier. It was reported that only 57 respondents constituting 36.1% got the PNC check-up at least once. Among these 57 respondents 29 of them visited the doctors, 28 went to ANM/Nurse. Whereas 33 respondents went to PHCs for PNC, 7 respondents went to Sub-Centres, 14 respondents went to CHCs or District Hospital and 3 of them went to private facilities for PNC, rest 77 respondents who received their first PNC during the stay in hospital did not receive any PNC check-up after their discharge from the health institution. Though only 36.1% new mothers have received PNC at least once, only 31 respondents constituting 19.6% of total respondents have received full PNC for 3 times.

It can be seen that in comparison to ANC and intra-natal care, awareness regarding PNC in Nalbari district is very much unsatisfactory. While the mothers were asked about their non-receiving of PNC check-up, maximum respondents said that they did not go for PNC because they did not feel the need. As they did not face any problem after delivery, they did not go for PNC check up. A large portion of respondents are not aware about PNC check up. They reported that the way ASHA motivated them for ANC and institutional delivery, no initiative can be seen from ASHA to motivate the mothers for PNC check-up. During survey, a few respondents from Pub-Nalbari Block mentioned that even the Doctor told them that PNC is not necessary if no problem occurs after delivery. From that same block, it was reported that if they call up the ANM for check-up, ANM does not want to come. Even if she comes she takes Rs. 150/- - 300/- per check-up. Another respondent from Madhupur Block mentioned that she was aware of PNC check-up, but unaware of free PNC check-up during the month of delivery. As she had financial problem, she did not go for PNC.

**Figure 1: Expenditure during PNC**



Regarding expenditure during PNC, 41 respondents out of 57 have reported that they have incurred expenditure on PNC in terms of paying to doctors and on medicines and to Nurse too. One respondent from Tihu Block has reported that she has to pay the ANM of her locality to cut the stitch that she got during her caesarean operation. ANM came home while she was informed and took Rs. 300/- for cutting the stitch which was actually a part of her PNC visit. However, expenditure on PNC was not much as compared to ANC and delivery. It can be said that this less expenditure may be due to non-availing of PNC facilities.

NRHM, under the scheme of JSSK has made all the transportation

facilities free. Free transportation is applicable in case of three different types of services. These are – free transportation from home to health institutions, free transport between facilities in case of referral where the referral service is available and drop back from institutions to home after 48 hours stay in hospitals. These three services were launched in Assam in the name of 'Mritunjay' 108 Service, Referral Service and 102 'Adarani' Service respectively.

**Table 1: Use of Free Transportation**

Services	No. of Respondents
108- 'Mritunjay'	67
Referral Service	1
102- 'Adarani'	106

Referral services are available freely if only the referral services are there. Other than the referral services, 108 and 102 services are 100% free. But it was found that 5 respondents among the 67 respondents who availed 108- 'Mritunjay' facility have to pay to the Driver for availing the facility. Regarding 102- 'Adarani' Service, out of 106 respondents availing the facility, 67 of them have to pay for availing this facility. It was reported that in the name of tea and refreshment and in the name of fuel, the drivers of 102 services took money and it was reported by the respondents from all the blocks. Respondents have to pay money starting from Rs. 50/- to Rs. 500/- sometimes. Only one (1) respondent from Tihu Block availed the referral service, but did not pay anything for availing the referral service. 37 respondents mentioned that the transportation services are reluctant to come showing their own problems regarding its functioning. 5 respondents mentioned about non-availability vehicles are not enough according to the need of the people. 9 respondents are unaware of these transportation services, 16 respondents have rented own car as they felt that waiting for vehicles during emergency can be risky, 5 respondents from remote villages mentioned about taking patients to the hospitals by pulling cart (Thela Gari), 6 respondents did not feel the service to be necessary and 3 respondents mentioned that they called in '108' services, but due to their communication problem, services informed that they were unable to take the vehicle to the proper place as the roads were not adequate to enter vehicles.

The postnatal care is not only limited to women's access to any number of PNC check-ups at a health facility; but also related to the sufficient time to rest to recover her after the delivery period. But it can be seen in **Table 2** that in case of maximum number of women, taking rest is just a myth.

**Table 2: Engagement in Household work after Delivery**

Time Period	No. of Respondents	%
Less than 15 Days	13	8.2
15-30 Days	56	35.4
30-40 Days	78	49.4
More than 45 Days	11	7
Total	158	100

Regarding complications during the 3 stages of maternal health, it was found that 51 respondents reported about their complications during pregnancy, delivery and post-delivery period. Headache, vomiting, weakness, low level of haemoglobin or anaemia, stomach pain, swelling of legs, excessive bleeding etc. were the problems faced by the respondents.

#### Findings:

The following observation can be made as the finding of the study:

- As recommended by WHO, regular checkups for lactating mothers is very important to know the availability of the danger signs for the new mothers. The study found that the scenario of postnatal care in the study area is not at all satisfactory. Respondents are not aware about the danger signs during their past-delivery period. Research showed that only 19.6% respondents have received the full PNC for 3 times.
- For a quality delivery and postnatal services, JSSK was implemented under NRHM. Provisions were made with free services to keep the lactating mothers attached to the health personnel to maintain the quality of their health. Despite this, a very negative picture was found in case of postnatal care. Respondents were reluctant to go for PNC checkups as they not aware about PNC and PNC related free services under JSSK. It was reported that 89.9% were unaware about the free provisions

under JSSK.

3. According to NFHS-4 (2015-16), Nalbari, 99.2% rural households in Nalbari district have the access to improved drinking water source. During this study, it was found that 91.1% have the facility of drinking water within their household campus and other 8.9% have to collect water either from neighbour or from the water facility provided by the Public Health Department in the villages sometimes which is not sufficient. Carrying water is the responsibility of the women only within the family and it becomes problematic during their pregnancy and post-delivery period. Respondents informed that there is no other way to escape from it. Just after delivery, even though they need not to collect water for the whole family for a very few days, but they have to collect it for the cleaning and washing of their own and their newborns.
4. Regarding the free transportation facility under JSSK, it was found that even among these respondents, who availed free transportation services, maximum of them reported that they had to pay the drivers of the vehicles in the name of tea or for fuel. The respondents who did not received the transportation service; more of them were due to their ignorance about the free service under NRHM. While a few respondents reported that waiting for '108' during emergency is risky as the vehicles are not available in most of the time. It was observed that respondents are aware of '108' services and '102' services to some extent, but unaware of the referral services under JSSK.
5. It was reported that a few respondents had pregnancy and delivery related problems that continued till their post-delivery period. 32.3% respondents reported complications including weakness, anaemia, stomach pain, swelling of legs, excessive bleeding etc.
6. As the respondents are unaware of PNC checkups, they are unaware of the role of ASHA and ANM too. It was found that ANM and ASHAs were not at all regular for PNC checkups. Motivation from other health personnel regarding PNC is also not satisfactory.
7. Among the respondents, 76.6% are housewives with no income. They are unpaid labourer of their house who has to depend upon others for every kind of needs. Therefore due to expenditure respondents did not want to go for medication if they feel no problem.
8. It was reported that women do not want to stay in the health facility as they feel their household and outside works (in case of labourers) can be hampered. A few women reported their starting of work just after their coming from the hospital. But majority respondents constituting 49.4% started working since 30-40 days. A major social reason is behind this 30 days rest for women 70.3% respondents are from Hindu religion. According to their religious norms, women are considered to be impure for one month after delivery. As they are considered as impure and stay separately they did not work for one month.
9. For adequate sanitation, hospitals have their own employees for cleaning, mopping and washing. But in the Govt. facilities, hygiene and sanitation is not up to the mark. Maintenance of hygiene is essential to protect the lactating mothers and newborns from outside threats and infections. But study found that for maintenance of hygiene respondents had to pay to the sweeper. Otherwise, they refused to clean and wash. Scarcity of water, unhygienic lavatory, improper disposal due to lack of waste management and unavailability of and unorganized dustbin, public health institutions fail to maintain its quality.

#### Problems in Realizing the Provisions of JSY and JSSK for ANC:

1. Reluctance of the lactating mothers for PNC, negligence of the family members and no motivation from the health personnel leads to unsatisfactory PNC services in the study area.
2. Scarcity of manpower, irregular supply of medicines, non-functioning laboratory, poor quality of machines for diagnostic tests, less number of ambulances, scarcity of vehicles for referral services etc. have been hampering in the enjoyment of maternal and child health services under JSSK.
3. The Health Information System is not strong under NRHM. People do not get information on the schemes, provisions and facilities under NRHM.
4. Again, there is a gap between the planning and execution of different provisions under NRHM. Planning in higher level and its implementation at ground level is mismatched which is one of the major defects of NRHM.
5. The major problem in implementing NRHM was found as huge

corruption in each and every layer of the health system in the study area. It was found that despite the provision of free and zero cost delivery for women and free treatment for children under NRHM, women had to bribe for PNC services. For this kind of expenditure, pregnant women are not interested to avail the facilities of the provided schemes.

#### Suggestions:

From the above mentioned problems for implementing NRHM, it is clear that these problems and barriers can be removed with proper planning and execution of this Mission. For this, certain strategies have to be maintained:

1. Initiatives should be taken from the Govt. in contributing their development of socio-economic background through Public Distribution System and Panchayat & Rural Development. It will help them to concentrate on their health coming out from the basic necessities of life.
2. Infrastructure should have to be developed, number of specialised doctors should have to be increased, and laboratory should have to be well-equipped and organised with new and developed technology to attract the women towards Govt. health services.
3. Appointment of Lady Doctors in every health institutions should have to be made compulsory to remove some social and cultural barriers.
4. Monitoring system should be effective and transparent for the PNC services especially the service provided by ANM and ASHA.
5. There should have to be the provision of rewarding the expecting mothers or becoming mothers for the best availing of PNC.
6. Behaviour of health provider matters a lot to understand the problems of women. Reproductive and maternal health is a closed area which people do not want to share with others. To extract actual information from women, health providers need to behave them softly, clearly, with caring attitude and respectfully.
7. Above all, lack of information is the main problem behind the implementation of the schemes under NRHM. Health Information System should have to be strengthened.

Experience from the study on NRHM showed that NRHM is an important inclusion in the Indian Health Sector and hence JSSK too. Though Nalbari district stood first among all the districts of Assam in delivering health services, PNC service shows a negative picture. But the problems in accessing PNC can be solved with an adequate strategy, active manpower, proper monitoring, technical support, involving different stakeholders and collaboration from every group of people living in the society with their strong mental and moral support.

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