CHANGES IN MATERNAL HEALTH CONDITION IN BIHAR & RAJASTHAN: A COMPARITIVE ANALYSIS FROM STATE FACT SHEET OF NFHS 3 & NFHS 4

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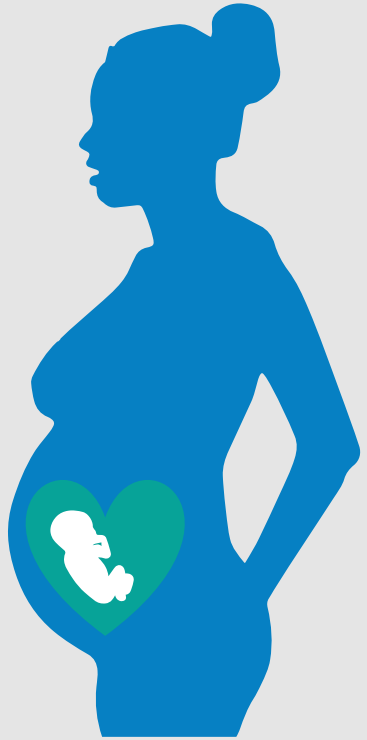

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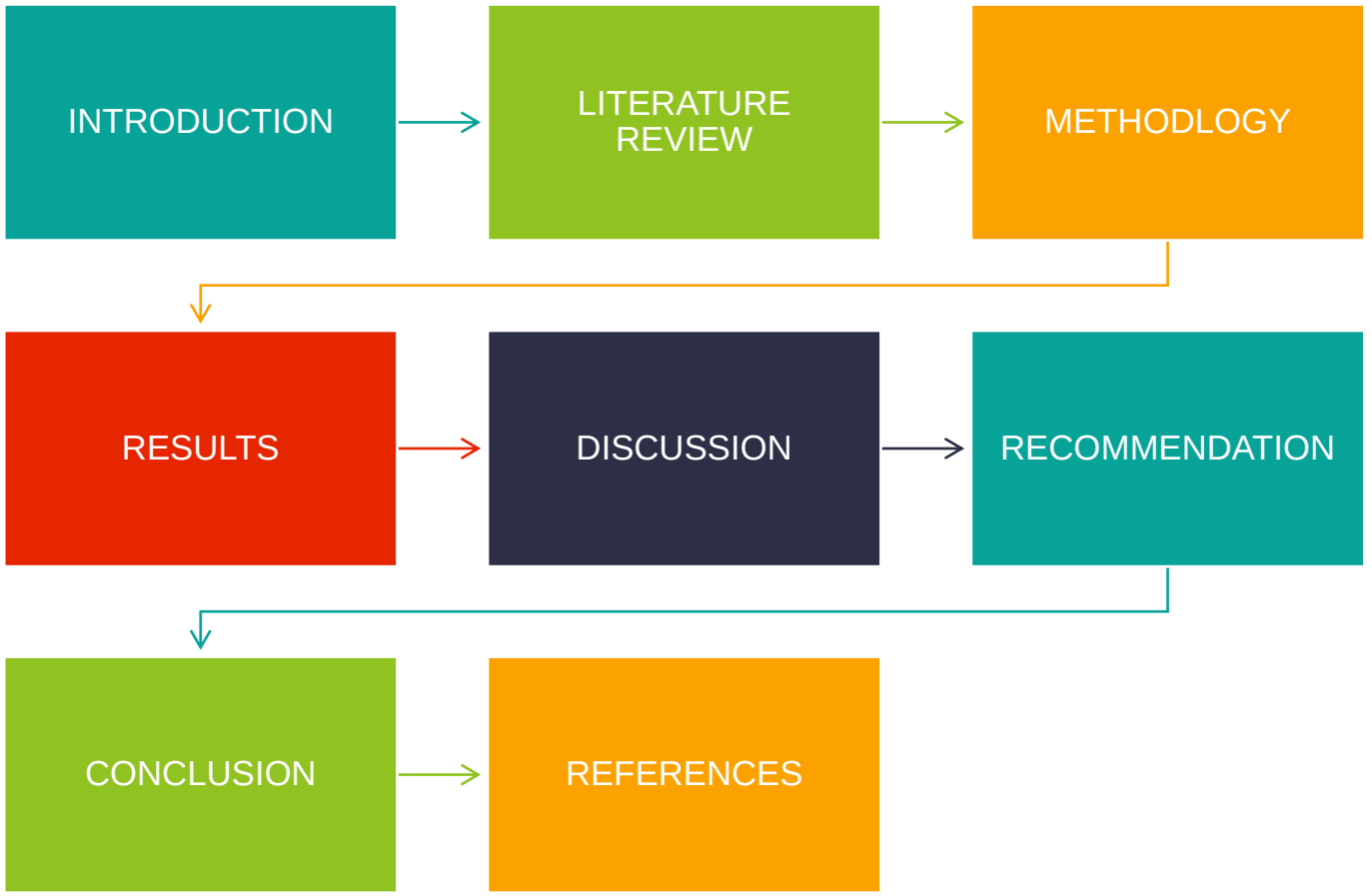
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INTRODUCTION

Maternity period is a special time for all the families but for some it proves to be difficult one as they lose their baby due to the complications during the pregnancy and after the delivery.

Maternal health is an essential part of any country's growth in terms of promoting equality and lowering poverty.

Good ANC connects a woman and her family to the formal health system, increases the likelihood of using a skilled attendant at birth, and promotes good health throughout the life cycle.

PNC is most important in the hours and days following delivery, women, babies, and children may be affected by a lack of care throughout this time period, which may result in death or impairment as well as missed opportunities to develop healthy behaviours.

As per RGI SRS, every year, almost 1.38 lakh women die during pregnancy period and childbirth.

LITERATURE REVIEW

“Unintended effects of Janani Suraksha Yojana on maternal care in India (Soumendu Sen, Sayantani Chatterjee, Pijush Kanti Khan, Sanjay K. Mohanty, 2020)”

- Recipients of JSY has the high number for the usage birth control, early breastfeeding, PNC check-ups than the non-recipients of JSY.
- Recipients of JSY in low performing states (LPS) done well in PNC, birth control and breast feeding than the high performing states (HPS)

“Time trends in prevalence of anaemia in pregnancy (K. Kalaivani and Prema Ramachandran, 2018)”

- Almost half of all pregnant women in India were anaemic according NFHS 2,3&4.
- Improvement was seen in HB status through distribution of IFA tablets during ANC.

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“The impact of a nurse mentoring program on the quality of labour and delivery care at primary health care facilities in Bihar, India (Saifuddin Ahmed, Swati Srivastava, Nicole Warren, Kaveri Mayra, Madhavi Misra, Tanmay Mahapatra, and K D Rao, 2019)”

- The women who gave birth in NM PHC received better treatment as to compared to women who gave birth in non-NM PHC.
- In both NM and non-NM groups the figures for B.P, monitoring temperature, haemoglobin were low in both the group.

“Inequalities in the utilisation of maternal health Care in Rural India: Evidences from National Family Health Survey III & IV (Balhasan Ali, Shekhar Chauhan, 2020)”

- This study finds out education, wealth play very important role in utilization of ANC, SBA, PNC. The women who are more educated are more likely to use these services than who are illiterate.
- The most significant factor to differences in PNC receiving is media exposure.

METHODOLOGY

The current study used a descriptive analysis on maternal health indicators acquired from National Health Family Survey. In Bihar, AMS collected data for NFHS 4 from 36772 households, 45812 women and 54812 men in 2015 and in Rajasthan, IIHMR university collected data for NFHS 4 from 34915 households, 41965 women and 5892 men in 2016. Data from maternal health indicators of Bihar and Rajasthan were compared with each other from the fact sheet of NFHS 3 and NFHS 4. The abstracted data compiled and analyzed using Microsoft Excel.

Objective: The study attempts to compare and evaluate the changes in maternal health condition in Bihar and Rajasthan. Using different indicators from the NFHS 3 and NFHS 4 fact sheet.

RESULTS

Table 1 Trends of Marriage and fertility.

State	NFHS-3	NFHS-4
Women between the age of 20 & 24 who married before reaching the age of 18 (%)		
Bihar	69	42.5
Rajasthan	65.2	35.4
The overall fertility rate (children/woman)		
Bihar	4	3.4
Rajasthan	3.2	2.4
Women between the ages of 15 to 19 who were already moms or pregnant during survey (%)		
Bihar	25	12.2
Rajasthan	16	6.3

RESULTS

Table 2 - The proportion of mothers that got ANC services.		
State	**NFHS-3**	**NFHS-4**
Women who get their first trimester ANC (%)		
Bihar	18.6	34.6
Rajasthan	34	63
Women who have had at least 4 ANC visits (%)		
Bihar	11.2	14.4
Rajasthan	23.4	38.5
Women who receive a full ANC package (%)		
Bihar	4.2	3.3
Rajasthan	6.3	9.7

RESULTS

Table 3- Women's protection against new-born tetanus and anaemia (%)

State	NFHS 3	NFHS 4
Women who had their most recent child vaccinated against neonatal tetanus (%)		
Bihar	73.2	89.6
Rajasthan	65.2	89.7
Anaemic pregnant women aged 15 to 49 years (%)		
Bihar	60.2	58.3
Rajasthan	61.7	46.6
Women who consumed IFA for a period of at least one hundred days during pregnancy (%)		
Bihar	6.3	9.7
Rajasthan	8.7	17.3

RESULTS

Table 4 women who receive JSY financial aid but have to pay out of pocket cost (%)	
State	**NFHS 4**
Women receiving financial aid through JSY (%)	
Bihar	53.9
Rajasthan	56.1
In a public health institution, the average out-of-pocket expense per birth (₹)	
Bihar	1724
Rajasthan	3052

RESULTS

Table 5- Women getting PNC (%)

State	NFHS 3	NFHS 4
Women who receive PNC treatment from any health care provider within 2 days after birth of a child (%)		
Bihar	13.4	42.3
Rajasthan	26.9	63.7

RESULTS

Table 6 Care during Delivery (%)		
State	**NFHS 3**	**NFHS 4**
Delivery to institutions (%)		
Bihar	19.9	63.8
Rajasthan	20.6	67.8
Institutional births in government facility (%)		
Bihar	3.5	47.7
Rajasthan	19	63.5
Home births are carried out by SBA (%)		
Bihar	9.7	8.2
Rajasthan	11.5	3.2
Births that are aided by medical personnel (%)		
Bihar	29.3	70
Rajasthan	41	86.6
Total deliveries via caesarean section (%)		
Bihar	3.1	6.2
Rajasthan	3.8	8.6
Caesarean section in a private setting (%)		
Bihar	17.2	31
Rajasthan	14.9	23.2
Caesarean section in government health facilities (%)		
Bihar	7.7	2.6
Rajasthan	11.7	6.1

DISCUSSION

ANC is essential for women's and their unborn children's health. Women may learn from competent health workers about healthy habits throughout pregnancy, better understand warning signals throughout pregnancy and childbirth, and receive social, emotional, and psychological support at this important period in their life through this type of preventative health care.

Giving iron supplements to iron deficiency pregnant women during the pregnancy improves the iron deficiency during the pregnancy and after childbirth.

Study shows that recipients of JSY has the high number for the usage birth control, early breastfeeding, PNC check-ups than the non-recipients of JSY.

RECOMMENDATION

Bihar and Rajasthan must work to reduce the number of teen marriages because in both the states percentage of teen marriages is high. Government should increase girl's access to high quality education, increase community engagement through media and take strict actions against the people who are not obeying the laws (Prohibition of Child Marriage Act, 2006).

Both Bihar and Rajasthan must work to raise knowledge about ANC visits or complete ANC visits through ANMs, ASHAs, AWWs, and other health professionals in order to protect mothers and infants.

CONCLUSION

Despite Bihar has improved maternal health in areas such as ANC, postnatal care, IFA tablets/syrup consumption, and institutional births, the numbers still fall short of those in Rajasthan. The women in Rajasthan shows tremendous performance in having at least four ANC visits. Bihar is 5 percent ahead of Rajasthan in terms of home births performed by experienced birth attendants, but still both the states need to work hard to improve good maternal health.

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THANK YOU