Summer Training Report

Part-1; Maternal Health in Sikkim, India – Comparative study Between NFHS - 4 & NFHS – 5

Part-2; Healthcare Marketplace

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<u>Part-1</u> Maternal Health in Sikkim, India – Comparative study Between NFHS - 4 & NFHS – 5

OBJECTIVES

- To describe the maternal health in Sikkim.
- To compare the various factors contributing to promote and increase maternal health between NFHs 4 & 5

MATERIAL AND METHODOLOGY

- Quantitative data from NFHS 4 AND 5 were collected from the NFHS factsheets that are related to maternal health and its factors like antenatal care, delivery care, postnatal care.
- This study is conducted to compare the trend of maternal health from NFHS 4 TO NFHS 5.
- Demographic indicators for Sikkim are taken from the Sikkim state portal

INTRODUCTION

BACKGROUND

Maternal health refers to the health of women during pregnancy, childbirth, and the postnatal period (WHO). It covers the health care aspects of family planning, antenatal care, prenatal and postnatal care to ensure a positive and satisfying experience, in most cases, and reduce rates of maternal morbidity and mortality.

- In 2017, approximately 810 women died from preventable causes related to pregnancy and childbirth every day.
- Between 2000 and 2017, the maternal mortality ratio dropped by about 38% worldwide.
- Out of all maternal deaths, 94% occurs in low and lower-middle-income countries.
- Young adolescents (ages 10-14) face a higher risk of complications and death as a result of pregnancy than other women.

DEMOGRAPHIC INDICATORS

- As per the official census, Sikkim has a total population of 6.1 lakh which is 0.0005 % of the total Indian population.
- The literacy rate in Sikkim has seen improvement from 68.81% 2001 census to 82.20% 2011 census
- 24.97% of the total population of Sikkim people live in urban regions and 75.03 % of the total population of Sikkim live in the villages of rural areas.

DEMOGRAPHIC INDICATORS	SIKKIM	INDIA
Description	2011	2011
Actual Population	6,10,577	1,210,854,977
Urban	153,578	377,105,760
Rural	456,999	833,087,662
Male	3,23,070	623,724,248
Female	2,87,507	586,469,174
Population Growth	12.89%	17.64%
Sex Ratio	890	943
Density/km2	86	382
Area km2	7,096	3,287,240
Literacy	81.42 %	74.04%
Male Literacy	86.55 %	82.14%
Female Literacy	75.64 %	65.46%

RESULTS AND DISCUSSION

- Maternal mortality refers to the death of a mother after giving birth or one and half months after getting rid of the pregnancy she was carrying. World Health Organization (WHO) defines maternal mortality rate as the number of women who die during and after pregnancy and giving birth.
- Under SDG 3 "Good Health and Well-being“ all countries have made their target to bring the global maternal mortality ratio to less than 70 per 100 000 live births by the year 2030.
- Maternal deaths occurring among mothers who were young aged between 15-24 years were high in India
- NFHS-4 had 83% the antenatal care utilized skilled birth attendance
- The government of India is working hard to address the causes of maternal health by adopting various frameworks including the RMNCH+A 2013

ANTENATAL CARE

Antenatal care according to the WHO refers to the check done on pregnant mothers from time to time to identify any complications, which may occur but not show symptoms to give directions and information concerning the pregnancy and the due delivery

- NFHS-5 shows antenatal care from a doctor was received by 67% of the mothers while only 14% of mothers received it from an auxiliary nurse midwife. However, NFHS-4 had better figures when compared to NFHS-5, where 71% got antenatal care from a doctor while 23% received it from an auxiliary nurse midwife.
- NFHS-4 indicates 5% of the mothers who has their last birth five years ago did not receive any antenatal care, while NFHS-5 shows the percentage was 13% .
- NFHS-5 showed an increase in the percentage of women who took the intestinal parasitic drug when they were pregnant, where NFHS-4 had 9% while NFHS-5 had 30%.

- In NFHS-4, women were advised on how to do family planning and the significance of giving birth in a health facility (94%), care for the cord (96%), breastfeeding (98%), and keeping the child warm (94%)
- In the NFHS-5 survey, women who were advised about breastfeeding were (92%) like keeping the child warm, for family planning and significance of health facility delivery (84%), while (83%) on caring for the cord (IIPS & ICF, 2021)

Indicator	NFHS-5 (%)	NFHS-4 (%)
Mothers received an antenatal check-up in the first trimester	63.7	76.2
Mothers received at least 4 antenatal care visits	58.4	74.7
Mothers whose last birth was protected against neonatal tetanus	92.0	97.2
Mothers who consumed iron-folic acid for 100 days or more when they were pregnant	54.7	52.8
Mothers who consumed iron-folic acid for 180 days or more when they were pregnant	31.5	26.8
Registered pregnancies for which the mother received Mother and Child Protection (MCP) card	94.6	99.1
Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery	69.3	74.2

DELIVERY CARE

- Women who gave birth through cesarean in the NFHS-5 report were 33%, increasing from 21% in NFHS-4.
- In the NFHS-4, Janani Suraksha Yojana (JSY) gave financial help to women while giving birth in a healthcare facility which formed 29%, a figure which dropped in NFSH-5 to form only 6% The women who were given priority for the financial assistance were those who hailed from the rural regions, 8% compared to 3% from urban in NFHS-5 .

Indicator	NFHS-5 (%)	NFHS-4 (%)
Birth in institutions	94.7	94.7
Public facility	78.6	82.7
Home Birth by a skilled worker	2.6	2.4
Births in presence of skilled personnel	96.5	97.1
Births by cesarean	32.8	20.9
Cesarean in a private facility	55.4	49.3
Caesarean in a public facility	30.4	18.1

MATERNAL CARE

Indicator	NFHS-5(%)	NFHS-4(%)
Women who received antenatal care	82.6	91.3
Women who had at least four antenatal care visits	58.9	74.1
Women who received antenatal care within the first trimester of pregnancy	68.6	76.6
Women who received full antenatal care	96.0	97.0
Deliveries assisted by health personnel	98.1	97.8

POSTNATAL CARE

WHO indicates postnatal care is the attention and help given to a woman and her child after giving birth and for the first one month and two weeks.

- The NFHS-5 report indicates 78% of women in Sikkim were checked after their last birth compared to 81% in NFHS-4
- NFHS-4 shows 75% of women had a postnatal check compared to 71% in NFHS-5 within two days of giving birth.
- NFHS-4 shows 82% of women who gave birth in public healthcare institutions and 92% of those in private ones went for postnatal checks. the NFHS-5 survey shows a drop in the figures where only 71% of mothers who gave birth in public healthcare institutions and 75% in private went for postnatal care, indicating a decrease.

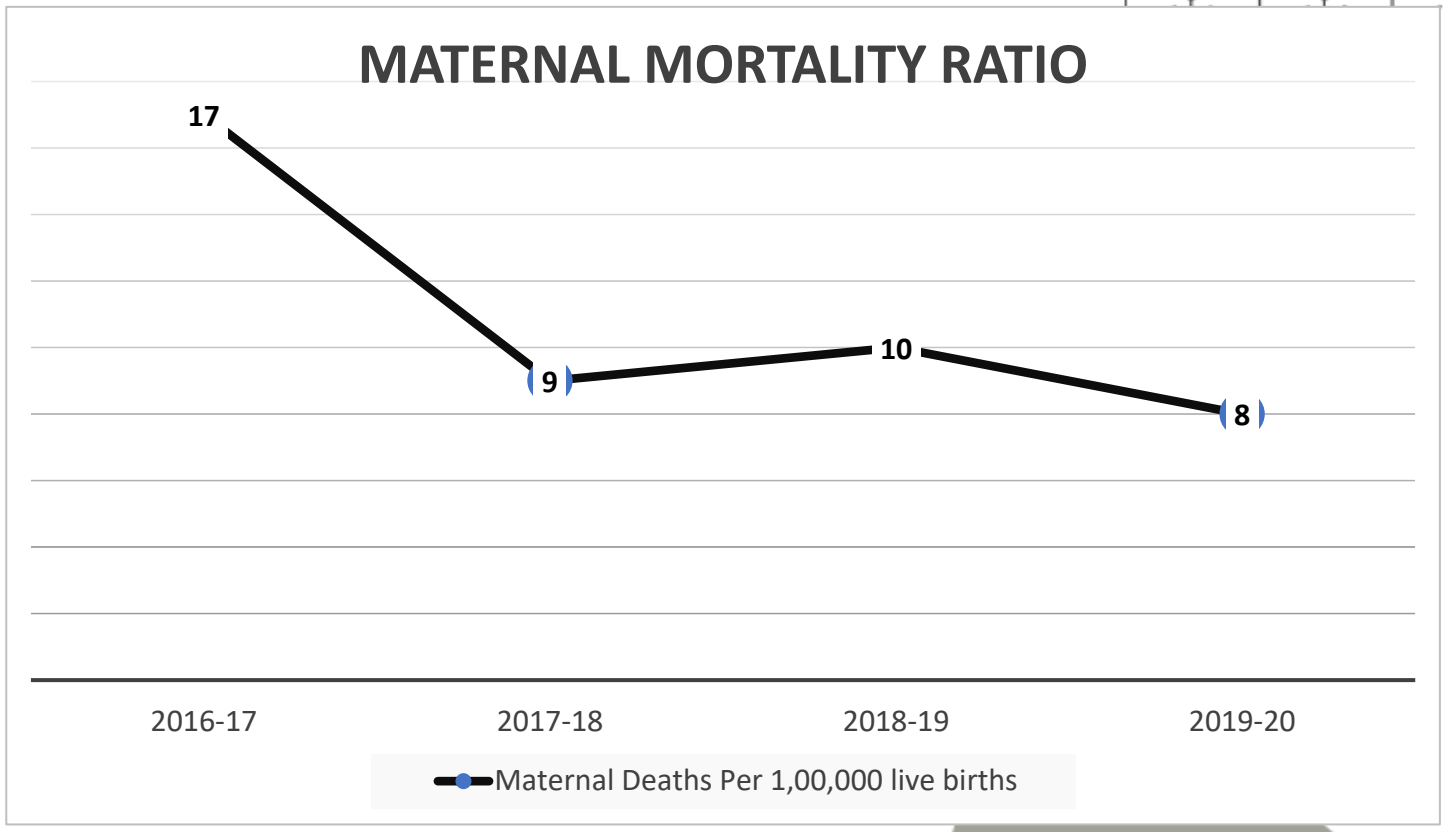
MALE INVOLVEMENT IN MATERNAL CARE.

Antenatal and delivery care information	Total (%)
Men for whom the child's mother received antenatal care	91.6
Men who were present at any antenatal care visit	76.2

- NFHS-5 did not engage with the involvement of males and their role in the care
- the NFHS-4 report shows that 96% of men who had children below the age of 3 years indicated the child's mother had received antenatal care.
- 89% of men said they attended no less than one antenatal check-up of the mother. A significant figure of 71% of men received advice from care providers or healthcare providers in the community on what to do if the woman encountered a complication with the pregnancy she was carrying.
- 93% of fathers were informed about the significance of mothers getting good nutrition care during the period they were pregnant.

CONCLUSION

The mothers who attended antenatal care in the NFHS-4 report were more when compared to NFHS-5. Also, mothers who took the intestinal parasite drugs increased from 9 % in NFHS-4 to 30 % in NFHS-5. Significantly, even though some figures dropped in antenatal, delivery, and postnatal care, there was an overall improvement in maternal health in the NFHS-5 survey, reducing the deaths of mothers after giving birth.



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Part-2 ONLINE COURSE :- Healthcare Marketplace by University of Minnesota

COURSE DESCRIPTION

To identify, define, and describe potential business and public policy solutions to the challenges facing society's growing demand for health services. . Students will master a body of knowledge on the health care sectors major components through reading and reflection

To understand diverse philosophies and cultures within and across societies as they relate to healthcare

Global market trends

Provider market in health Economy

Health insurance market, mid-20th century government and private health insurance

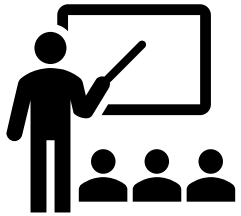
Evolution of healthcare marketplace

Medical technology market & its cost

What is the healthcare marketplace ?

COURSE OBJECTIVES

Learning Methods



Available on coursera

This course uses video lectures, cases, Assignments, Practice Quizzes & graded Quizzes

Each lesson has a practice quiz and each module have a graded quiz & assignment

COURSE MODULES

1. EVOLUTION OF THE HEALTHCARE MARKETPLACE
2. PHYSICIAN AND HOSPITAL SERVICES MARKET
3. INSURANCE MARKET
4. GLOBAL MEDICAL INNOVATION
5. MEDICAL TECHNOLOGY MARKETS

KEY LEARNINGS

MODULE 1

- Healthcare marketplace overview
- spending drivers and quality trends in the healthcare marketplace
- Pre and Post World War II situation in the healthcare marketplace and evolution

MODULE 2

- Price discrimination in the provider market
- Physician market evolution and physicians in 21st century
- How policies impact hospitals and hospital market Trajectory

MODULE 3

- What is health insurance? Its risks & how does it work?
- Private and public health insurance.

MODULE 4

- Difference between the medical device and a drug
- FDA approval of medical devices and drug

MODULE 5

- Key issues of 21st century
- Medical tourism
- Innovation and technology

Thank you

Adapt it with your needs and it will capture all the audience attention.