GAP ANALYSIS TO IMPROVE MATERNAL HEALTH SITUATION IN UTTAR PRADESH AND MADHYA PRADESH

Presented by-

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INTRODUCTION

- Maternal Health refers to women health from the stage of pregnancy, childbirth, and postnatal time.
- Maternal health care is the worldwide concern
- According to WHO 99% of the maternal death throughout the world is taking place in the developing countries
- MMR of India according to the SRS report 2016-2018 is 113/100,000
- MMR of Uttar Pradesh is 197/100,000 live birth (SRS 2016-18)
- MMR is 173/100,000 live births in Madhya Pradesh (SRS 2016-18)
- Assam has highest MMR and Kerala has lowest MMR respectively 215/100,000 and 43/100,000 (SRS 2016-18)

LITERATURE REVIEW

Title of the study Author's, year	Objective's	Key learning's
"Utilization, equity and determinants of full antenatal care in India: analysis from the National Family Health Survey-4" (Gunjan Kumar, Tarun S Choudhary, Akanksha Srivastava, 2019)	• To examine the utilization, equity and determinants of full antenatal Care in India.	• Full ANC utilization in India was inadequate and inequitable. • Half of the women did not receive the minimum recommended ANC visits • The positive association of full of ANC with ICDS utilization and child's father involvement may be leveraged for increasing the uptake of full ANC. • ANC are imperative for strengthening India's maternal health program.

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"Assessment of Janani Suraksha Yojana (JSY)- in Jabalpur, Madhya Pradesh: knowledge, attitude and utilization pattern of beneficiaries: a descriptive study" (Sanjeev K Gupta, Dinesh Kumar Pal, Rajesh Tiwari, 2011)	• To assess the social profile, knowledge, attitude and utilization pattern of JSY beneficiaries.	• 67% of the respondent arranged their own/hired vehicle for transportation for delivery. • 17.33% were motivated by the ANM/ASHA/DAI/AWW for institutional delivery. • Decision on expenditure depends on husband in one third cases. Husband decides the purpose for which money is to be used. • Arrangement of vehicle for transport is still a major issue

Title of the study Author's, year	Objective's	Key learning's
" Utilization of Maternal health services and its determinants: a cross sectional study among women in rural Uttar Pradesh, India"(Ranjana Singh, Sutapa B. Neogi, Avishek Hazra, 2019)	• This study assesses the utilization of health care services during pregnancy, delivery and post-delivery among rural women in Uttar Pradesh and examines its determinants.	• 83% of women had any ANC • 61% of women reported three or more ANC visits. • 68% of women delivered in a health facility. • 29% women stayed for at least 48 hours. • Contacts with health worker during pregnancy, marginalization, at least three ANC visits and institutional delivery were the strong determinant for the utilization of Postnatal care services (PNC) .

RATIONALE

In 1980 four states of India are coined a symbol BIMARU(Bihar, Madhya Pradesh, Rajasthan, Uttar Pradesh), means sick because they have high fertility rate, high MMR, high IMR, high population growth, and low literacy rate.

For the study purpose Madhya Pradesh and Uttar Pradesh have been selected because both the state are now improving in the maternal health indicators but still far behind the national average

In both the state GDP also goes high as compare to the past decade, socio-economic indicators like gender balance, education, and population growth, the disparity between the poor and rich states have reduced.

RESEARCH QUESTION

What is the maternal health situation of Uttar Pradesh and Madhya Pradesh according to NFHS-3 & NFHS-4?

OBJECTIVE

To assess the high priority districts to improve the maternal health situation

To suggest recommendations to improve the maternal health situation.

METHODOLOGY

- **Study design-** Descriptive
- **Study Setting-** Uttar Pradesh and Madhya Pradesh
- **Sample Size-** Data of NFHS-3 & NFHS-4 for Uttar Pradesh and Madhya Pradesh has been analyzed
- **Data collection Method -** Secondary data
- **Data collection Tool –** Data was abstract from NFHS fact sheets of Uttar Pradesh and Madhya Pradesh
- Uttar Pradesh, information was collected from 76,233 households, 97,661 women age 15-49 (including 15,387 women interviewed in PSUs in the state module), and 13,835 mean ages 15-54.
- Madhya Pradesh, information was collected from 52,042 households, 62,803 women age 15-49 (including 9, 994 women interviewed in PSUs in the state module), and 10,268 mean ages 15-54.

RESULT

Table 1- Percentage distribution of women getting financial support under JSY and incurring OOPE.	
State	NFHS-4
Percentage of Mother's who received financial support under JSY for births delivered in an institution	
Uttar Pradesh	48.7
Madhya Pradesh	61.1
Average out of pocket expenditure (OOPE) for each delivery in public health facility (Rs)	
Uttar Pradesh	1,956
Madhya Pradesh	1,481

Table 2- Percentage of those women who receiving ANC		
State	NFHS-3	NFHS-4
Women who received ANC in the first trimester		
Uttar Pradesh	25.7	45.9
Madhya Pradesh	39.3	53
Women who had at least four ANC visits		
Uttar Pradesh	11.1	26.4
Madhya Pradesh	22.3	35.7
Women who received full ANC		
Uttar Pradesh	2.7	5.9
Madhya Pradesh	4.7	11.4

Table 3- The Percentage of women who protected against neonatal tetanus & anemia		
State	NFHS-3	NFHS-4
Percentage of those women whose last birth was protected against neonatal tetanus		
Uttar Pradesh	64.5	86.5
Madhya Pradesh	70.7	89.8
Mothers who consumed iron folic acid tablets for minimum 100 days or more while they were pregnant (%)		
Uttar Pradesh	6	12.9
Madhya Pradesh	7.1	23.5

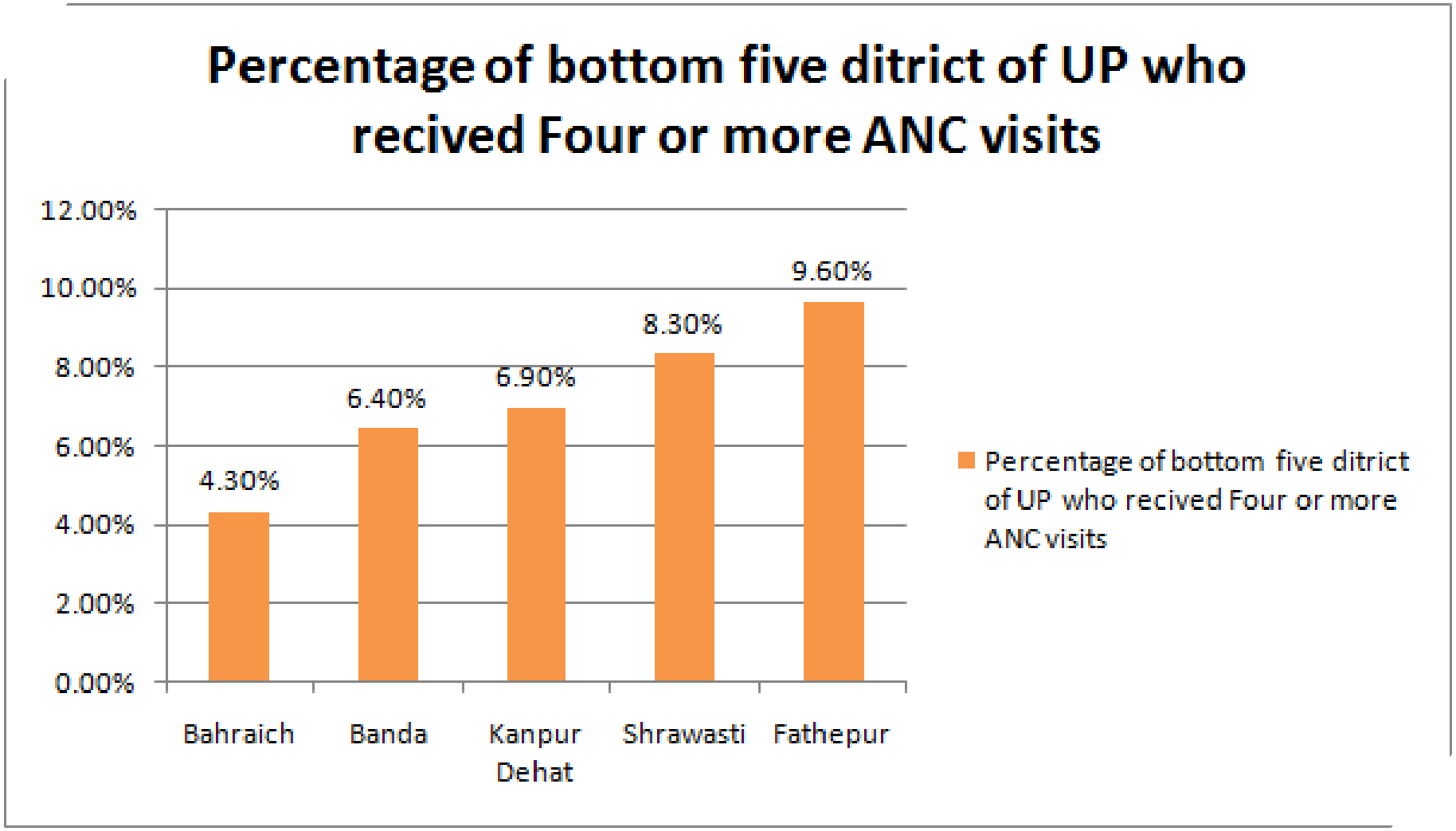
Table 4- Percent of newborn receiving care at health center and by skilled health care workers.		
State	NFHS-3	NFHS-4
Children born at home who were taken to a health service for examination within 24 hours after birth (%)		
Uttar Pradesh	0.1	0.8
Madhya Pradesh	0.2	2.5
Children who received a health examination after birth from health workers in 2 days of birth (%)		
Uttar Pradesh	N/A	24.4
Madhya Pradesh	N/A	17.5

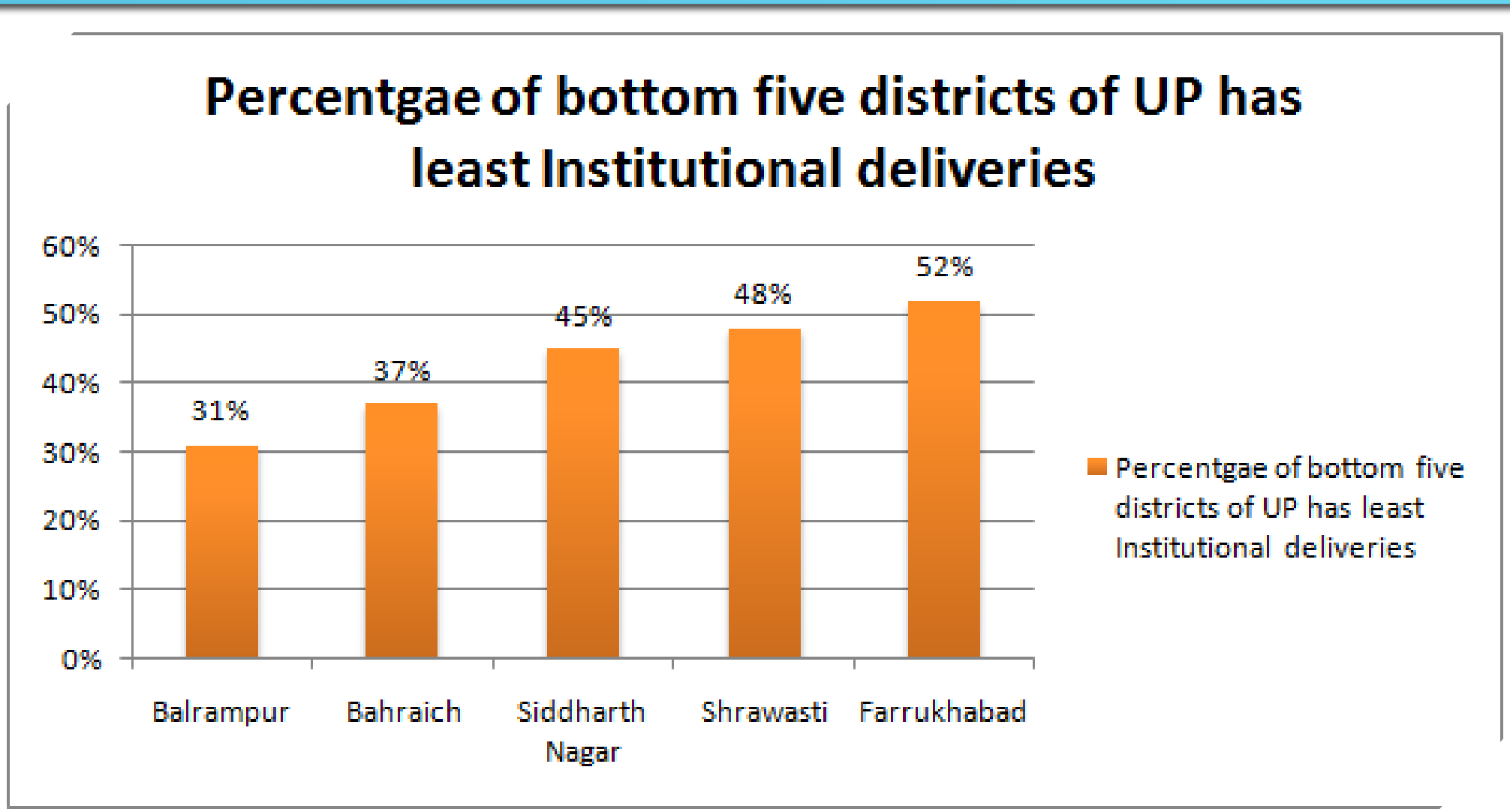
Table 5- Percentage of Delivery Care		
State	NFHS-3	NFHS-4
Percentage of institutional delivery		
Uttar Pradesh	20.6	67.8
Madhya Pradesh	26.2	80.8
Percentage of institutional births in public facilities		
Uttar Pradesh	6.6	44.5
Madhya Pradesh	18.4	69.4
Percentage of Home delivery conducted by experienced health personnel		
Uttar Pradesh	6.8	4.1
Madhya Pradesh	6.6	2.3
Percentage of births assist by health personnel		
Uttar Pradesh	27.2	70.4
Madhya Pradesh	32.7	78.0
Births delivered by caesarean section		
Uttar Pradesh	4.4	9.4
Madhya Pradesh	3.5	8.6
Births in a private health institution delivered through caesarean section		
Uttar Pradesh	26	31.3
Madhya Pradesh	28.8	40.8
Births in a public health institution delivered through caesarean section		
Uttar Pradesh	11.1	4.7
Madhya Pradesh	6.8	5.8

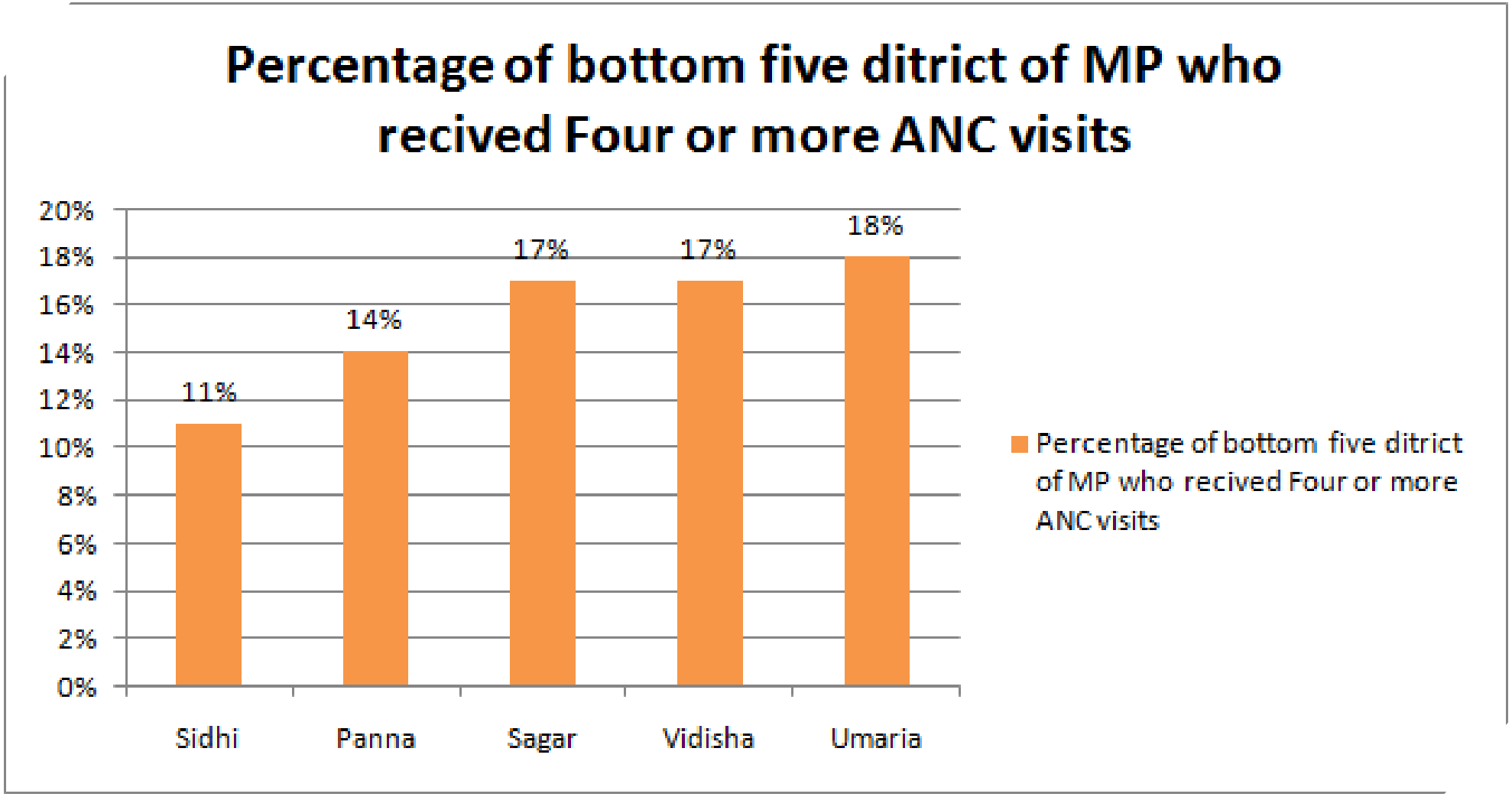
DISCUSSION

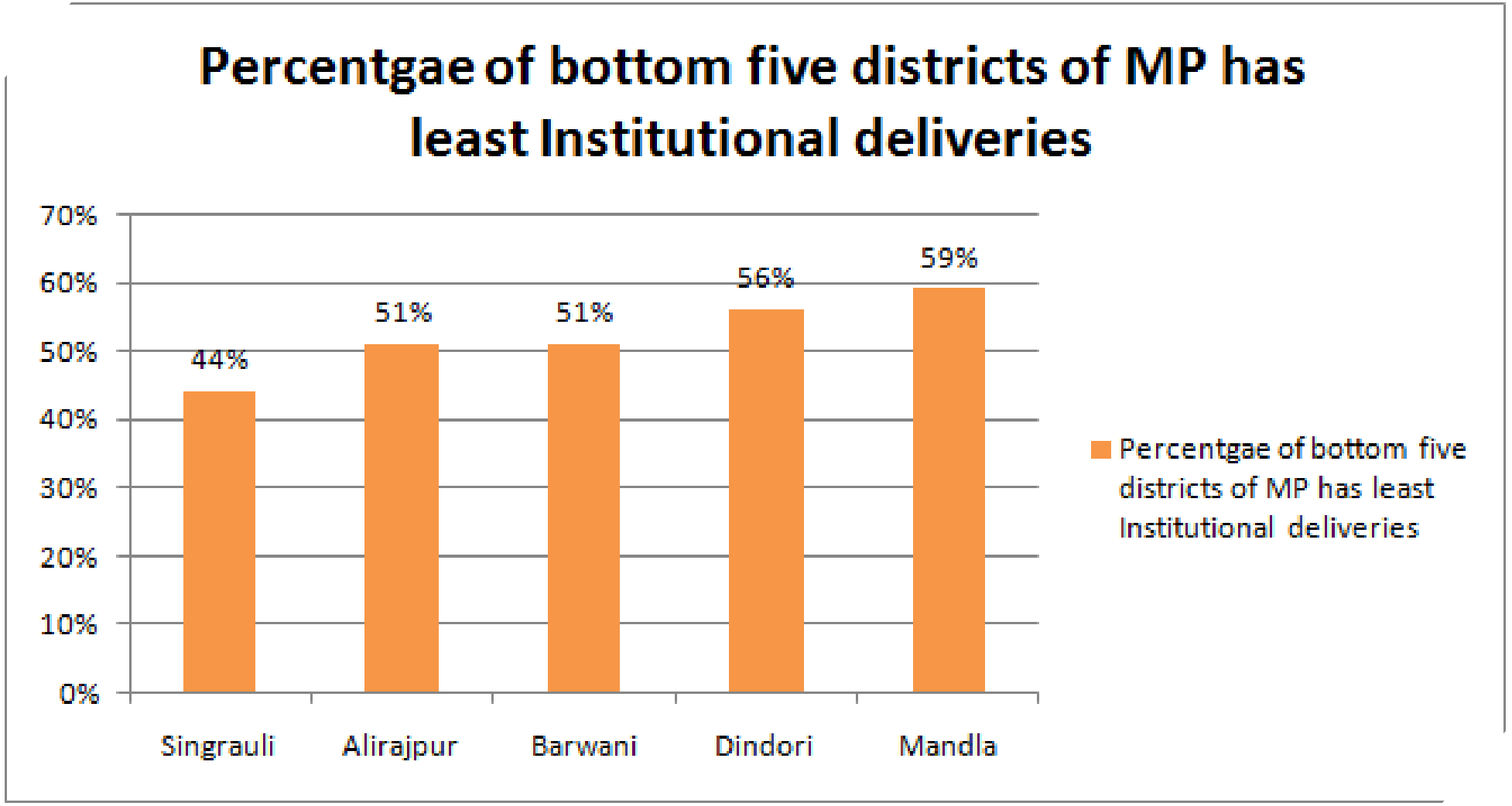
- The improvement showed in the maternal health indicator in the state of Uttar Pradesh and Madhya Pradesh not so far been attain as predictable.
- ANC perform a major responsibility in the running of safe maternity, ANC also able to be guiding to an early on intervention in case any problem during pregnancy.
- Factors in both states that have an effect on the use of maternal health services are mother religious, education level, income, age at when they get married and wealth giving to the family

- NFHS-4 figure shows a better performance of both states with respect to institutional childbirth as compared with NFHS-3. Home deliveries is still being done without any help or with minimal help of the skilled birth attendants, or other health workers
- Bahraich, Balrampur, Banda, Kanpur Dehat, Shrawasti, Fathepur, Siddharth Nagar, and Farrukhabad are High Priority District (HPD) of Uttar Pradesh.
- Sidhi, Panna, Sagar, Vidisha, Umaria, Singrauli, Alirajpur, Baewani, Dindori, and Mandla are High Priority District (HPD) of Madhya Pradesh.
- They are selected as High Priority Districts according to the relative ranking of districts has been done within a State and bottom 25% of the district be selected. They are performing very low in maternal health (Percentage of mothers who received four or more ANC visits, Percentage of Institutional Deliveries).


Percentage of bottom five ditrict of UP who recived Four or more ANC visits
12.00%
10.00%
8.00%
6.00%
4.00%
2.00%
0.00%
4.30%
6.40%
6.90%
8.30%
9.60%
Bahraich
Banda
Kanpur Dehat
Shrawasti
Fathepur
Percentage of bottom five ditrict of UP who recived Four or more ANC visits


Percentgae of bottom five districts of UP has least Institutional deliveries
60%
50%
40%
30%
20%
10%
0%
31%
37%
45%
48%
52%
Balrampur
Bahraich
Siddharth Nagar
Shrawasti
Farrukhabad
Percentgae of bottom five districts of UP has least Institutional deliveries


Percentage of bottom five ditrict of MP who recived Four or more ANC visits
20%
18%
16%
14%
12%
10%
8%
6%
4%
2%
0%
11%
14%
17%
17%
18%
Sidhi
Panna
Sagar
Vidisha
Umaria
Percentage of bottom five ditrict of MP who recived Four or more ANC visits


Percentgae of bottom five districts of MP has least Institutional deliveries
70%
60%
50%
40%
30%
20%
10%
0%
44%
51%
51%
56%
59%
Singrauli
Alirajpur
Barwani
Dindori
Mandla
Percentgae of bottom five districts of MP has least Institutional deliveries

CONCLUSION

- The maternal health situation not satisfactory in Uttar Pradesh, and Madhya Pradesh shows that there is a necessity of indulge supplementary in the actions associated to maternal health.
- We have to make plan that play critical role in improving the maternal health services are health structure escalation, strong political determination and the public recruitment.
- Early marriage is common in both the states, which is lower than the legal age permissible in country, it is an important issue of concern as observe the maternal health facility
- Community awareness plays an important role in improving the health status in both the state besides other effort.

RECOMMENDATIONS

ANC has an important role in maternal health, both the state has to focus on them, especially in Primary Health canters, Sub canters in remote areas.

Besides promoting institutional delivery, the delivery by Skilled Birth Attendants has to be increased in hard-to-reach areas mostly in tribal areas for minimization of the mortality and morbidity of pregnant women.

In both the states should make the policy that supports women for growing the learning and literacy levels of poor, rural women may improve their capability to make intelligent decisions about suitable reproductive care

To improve the maternal health situation in HPD we should put some interventions like; antenatal care package, tracking of high risk pregnancies, strengthening of delivery points in terms of infrastructure, manpower, equipment, supplies, implementation of JSSK and JSY.

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- **http://rchiips.org/nfhs/pdf/Uttar%20Pradesh.pdf**
- **http://rchiips.org/nfhs/pdf/Madhya%20Pradesh.pdf**