**Failure of Public health system to address maternal health in rural Rajasthan**

Abstract: *This article is based on the field report of situational analysis of maternal health in two blocks of Rajasthan (Banswara and Govindgarh). The article attempts to analyse gaps in addressing maternal health issues in India. These identified gaps are based on analysis and data collections in these two blocks. Although under National Health Mission (NHM) which is a flagship program of government, many structural mechanism are made responsible for providing basic care to mother but due to lack of accountability and transparency women are still at high risks. The burden of entire women’s health system falls under front line works without active collaboration of other line departments. The article stresses a collaborative and participatory approach to deal with failing system of maternal and child health by strengthening governance along with financial planning process.*

After long debates and struggles, women’s health are now included in discourse of public health system in India. Many interventions were made in regard to improve sexual and reproductive health but still heath of women is continuously exposing to high risks and complications during their pregnancy and their child births. Following are two case studies which will help us to analyse the gaps in providing adequate health care to women.

Parvati (name changed) is 19 years old and she is 8 months pregnant with her first child. She stays with her husband and mother in law in Govindgarh block of Rajasthan.

Her pregnancy was registered on the third month. Since registration, she has received two antenatal check-ups where her Blood Pressure (BP), haemoglobin, weight, urine, etc. were checked. Her BP and weight were normal but her haemoglobin was 9 g/dl signifying that she is suffering from anaemia. She missed her second cycle of Antenatal Care (ANC) as she had to go to her maternal house (as claimed by Parvati). During her 8th month of pregnancy, Parvati went for her second and final check-up when it was found that her haemoglobin had dropped to 6 g/dl.

The condition of Parvati was informed to a team of Participatory Research In Asia (PRIA) by community women. The team made a visit to her place. Parvati informed the team that she feels breathless, dizzy, and nauseous and she is unable to get up from the bed due to extreme weakness.

The team understood that Parvati was suffering from severe anaemia and she immediately needed blood transfusion as had also been suggested by doctors of the Primary Health Centre (PHC) where she had gone for her ANC. But her family thought they would have to pay money for blood transfusion and accordingly tried to arrange money for the same. It is then that the team from PRIA informed the family that Parvati’s treatment will be free of cost. The team suggested calling an ambulance on the next day and admitting her at Community Health Centre (CHC) for blood transfusion. She received 6 units of blood and now her health is improving.

In another incident, Rekha, also a resident of Govindgarh block, and aged 28 years gave birth to her second child in September, 2018. But sadly, the baby died after 15 days of its birth and the reason is not known to the family. The local ASHA informed PRIA’s team that during her pregnancy, Rekha was severely anaemic. The ASHA also informed that after the death of the child, Rekha stopped eating anything.

When the team visited her house, Rekha was lying in bed unconscious and severely underweight. At that time, her weight was about 25 kilos. Rekha’s 5 year child was sleeping in another bed. There was no one to take care of her and the child. Rekha’s husband had left in the morning for work. Her child eats at the Anganwadi centre and at night his father feeds him. When we investigated further about Rekha’s condition from the neighbourhood, we got to know that she was once admitted at a PHC but her condition had not improved and soon she was discharged from the hospital. Since then Rekha has been deprived of treatment, nutritious food and support for past eight months. Finding no other solution, her family is expecting her death any day.

The team from PRIA convinced Rekha’s family to admit her either at the nearest CHC or at the District Hospital. Next day Rekha was taken to the nearest CHC and from there she was referred to the District Hospital in Jaipur and immediately several tests were done. She was diagnosed with severe miliary TB and was further referred to TB Hospital, Jaipur where she will undergo nine months of treatment.

Both women are from Govindgarh block which is nearest to state capital. Govindgarh is a Census town city in the district of Jaipur, Rajasthan. The Govindgarh Census Town has a population of 7,735 of which 3,960 are males while 3,775 are females as per report released by Census India 2011. The male literacy is around 90.42 % while female literacy rate is 68.75 %. In terms of health facilities, besides a district hospital, there is a network of sub-health centres (SHCS/Sub-HCs), PHCs and CHCs across the district. CHCs have the highest spread, followed by PHCs and then sub-health centres (1). Looking at the census data we can say that it is comparatively one of the developed towns Rajasthan. Although it is developed town and closed to the capital city many women like Parvati and Rekha are deprived of their health entitlements and privileges. The status of women’s health is the same as any other part of the country. Problems like low registration of pregnancies, low coverage of ANC, lack of awareness, etc are rampant in rural Rajasthan.

The findings of baseline survey conducted by PRIA 2018 (2) in two of its intervention blocks of Rajasthan (Banswara and Govindgarh), highlights that health of women are at risk because of gaps like low registration of pregnancies, low coverage of ANC, etc. The survey shows that in Banswara 33% pregnancies were not registered for antenatal care. The situation is better in Govindgarh where 98% of pregnancies were registered.

Secondly, out of the total recorded pregnancies, 44.7% of women in Banswara and 62% of women in Govindgarh received the mandatory three ANCs. This shows that most women are deprived of adequate care. We found that reasons like lack of information, lack of family support, infrastructural failures, etc. that has led to the deprivation of timely and adequate pregnancy care.

**Discussion:**

With a global concerns to address maternal and child health and problems (which are mentioned above), Indian public health system provides structures and mechanism to improve the maternal and child health right from the village level. At the village level, frontline workers (ASHA, ANM and Anganwadi worker), Panchayat level committees like Village Health, Water, Sanitation and Nutrition committee and at block/state level health department and women and child department are responsible for optimum utilisation of public health system. But the question is whether all such mechanism is functioning and whether they are able to address maternal and child health?

PRIA, long work experience of grassroots level governance in Rajasthan, found that due to structural failures of health mechanisms like front line workers, due to non-functionality of standing committees like Village Health Water Sanitation Nutrition Committee (VHWSNC), etc women are vulnerable to poor health. Just how we saw in Parvati’s case, ASHA and ANM failed to realise some important factors like her age, her anaemia and ANC coverage. She just took two ANC but the ASHA whether due to lack of her knowledge or any other reason did not push Parvati to complete three cycles of ANC. Similarly in Rekha’s case, we again see that the frontline workers failed to provide timely care and information. On the other hand, while talking to ASHA workers, we were informed that they did ask both the families to consult doctors but there was delay in decision making at the family level.

We further asked whether they informed any Panchayat functionaries or members of VHWSNC to address issues related to Parvati and Rekha’s health, but they were not aware that such issues can be raised either in village level meetings like Gram Sabha or monthly meetings of VHWSNC. From our interventions, we observed that health of women is never focused upon at the community planning process or at the Gram Sabha agenda. Further, we found that there is low sensitivity towards women’s health at the governance level. Lastly, there is lack of an accountability mechanism at the governance level. These shows less efforts intervention are made to address women health and to provide her safe motherhood.

Apart from the structural failure, women health is never focused in planning and budgeting. In 2015, after the devolution of powers based on 13th and 14th Finance Commission’s recommendation, Panchayat has been given full autonomy to prepare and implement their local-level planning based on the community’s needs (3). Such plans are termed as Gram Panchayat Development Plans (GPDP). GPDP is prepared at the village level where all the community members along with front line workers and members of VHWSNC sit together and prepare an integrated development plan based on available state and centre sponsored schemes and programs in a participatory manner. It is surprising that in Rajasthan, in very few approved GPDPs, one can find activities related to improvement of women’s health. Majority of activities are related to building infrastructure. Hence, health is a little discussed issue in our country. Whether it is the centre’s budget or village level planning, health of women is excluded from the planning process and to make matters worse, there are frequent budget cuts.

**Conclusion:**

Because of such failures, mothers are dying every year during childbirths. Although there is reduction of maternal mortality ratio rom 212 per 100,000 live births in 2007-09 to 178 in 2010-12 and further to 167 per 100,000 live births in 2011-13 as highlighted in Sample Registration System (4), but pregnant women and lactating mothers are still at high risk. Another common reason for a high rate of maternal death is the prevalence of nutritional deficiency amongst women in India. 51% of all women of reproductive age in India are suffering from anaemia as highlighted in Global Nutrition Report: 2018 (5). This is the status of women in our country.

To conclude, it is to be highlighted that development of health indicators can’t be measured through construction of private wellness centres, hospitals or by providing health insurance to people. The governance mechanism and financial planning should be strengthened to provide comprehensive preventive health care delivery system.

Reference:

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