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Assessment of the Maternal Benefit Schemes in South 24 Parganas, West Bengal, India

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Abstract

India faces challenges in executing the Millennium Development Goals as outlined by the United Nations on lowering its maternal and child mortality, if not full eradication and West Bengal deserves special mention as it exhibits satisfactory level of safe institutional deliveries, but indeed reveals inter-district variations in the proportion of beneficiaries under maternal health improvement schemes. The findings indicate well established gaps between the target beneficiaries and those actually brought under the maternal health schemes. The situation is further complicated by its significant level of inter-block disparity. All these have been addressed in the present study that concerns the district of South 24 Parganas containing Sundarban, one of the richest biodiversity regions of India.

Introduction

Reproductive health is much more cumulative than what is perceived of. It involves components like women health, child bearing age, antenatal and post-natal check-ups, appropriate immunization programme with safe institutional deliveries and an overall awareness level that ensures all the above mentioned factors easily achievable. Sarkar (2011) mentions that it hardly matters how much the Govt. plans and spend for the health recovery and immunization campaigns for the mothers to be. All that counts is the successful implementation of the same through the manifold layers of its socio-political regions. In this regard, India faces deep challenges as far as realization of maternal benefits at state to district level are concerned. West Bengal is considered to be one of the high-performing states of India in various indicators of maternal health and institutional deliveries with a figure well above the national average; but there are indeed inter-district disparities and inter-block disparities as well (e.g., South 24 Parganas). West Bengal exhibits a better picture with a maternal mortality rate of 145 as compared to the overall country's performance in the years 2007-2009 (India-MMR 212). However Census of India (2011) confirm that it is the only state where the maternal mortality rate has increased by 3% (MMR being 141 as in 2004-2006) over the past decade. In more recent times the debate between women welfare and gender justice has become the centre stage in the international arena of 1994 United Nation's (UN) Conference in Cairo, UN's 4th International Conference on Women at Beijing in September 1995 and UN's Social Summit Conference at Copenhagen in March 1995. The study area suffers from inadequacies of minimum facilities of good maternal schemes which further complicate the overall situation of the region's social parameters.

Area of Study

The district of South 24 Parganas is located in the southernmost tip of West Bengal and touches the bay of Bengal. Agriculture is the main occupation of the people. It is both a resource-rich and poor-income region, therefore offering several components of disparity at social levels. Marked by poor infrastructure as well as poor quality of services and facilities, schools are very few in number and not at all standard. The region has certain pockets of low performance in the percentage beneficiaries of maternal benefit schemes that needs to be immediately addressed. Early marriages further worsened the situation. Geographically, the region is characterized by prolific

growth of rich and diversified mangrove vegetation and is densely populated owing to fishing, forestry and agricultural activities that provide its residents a good scope of occupation.

Methodology

The study is mainly based on secondary data that has been compiled and statistically interpreted. Inter-block study in the district of South 24 Parganas has been made possible with quantitative tools that highlight the 'problem areas' which require immediate address. Further, following the Human Development Report study, the entire district has been divided into three regions with an understanding that Region I has been characterized by urban-centrism, Region III includes Sundarbans and its adjoining intertidal areas with Region II lying in between (Table 1). The district, largest in the state, resembling an irregular triangle in shape, commands a vital strategic position not only for the state but also for the whole eastern part of the country. A balanced allocation of development funds and realization of the same in any welfare programme can be categorized as a must have for the end users here. Inequality measures through cumulative distribution of beneficiaries /mother to be and Z-score studies of the antenatal check-ups highlight such disparities.

Maternal Health

Launched in 2005, the National Rural Health Mission emphasized improvements of maternal health with safe institutional deliveries and strengthening linkages between communities, service providers and planning activities. Janani Suraksha Yojana, Ayushmati Scheme and Universal immunization programmes are well implemented in West Bengal though there remains inter-district and inter-block variations. Government of West Bengal (2007-2008) re-affirms the necessity of comprehensive planning for safe motherhood by providing all the expecting mothers (covered under the above mentioned programmes) to get the best care during child birth.

Findings

According to reproductive and child health programme a pregnant woman should have an antenatal check up by visiting to a doctor or another health professional in a medical facility, receiving a home visit from a health worker or both. In this context, two important issues related to antenatal care are Tetanus Toxoid Vaccination and iron and folic acid supplementation. In fact, an important cause of death in infancy mostly in rural areas is neonatal tetanus, which is caused by newborn infants becoming infected by Tetanus organisms usually at the umbilical stump.

Neonatal tetanus is most common among children who are delivered in unhygienic environments and when unsterilized instruments are used while cutting the umbilical chord. During early period of pregnancy or trimester vaccinations are proved to be nearly hundred percent effective in preventing tetanus among both the newborns and their mothers. The Tetanus Toxoid (T.T.) vaccine is given during pregnancy to prevent tetanus to the pregnant women as well as the baby. It also helps prevent premature delivery. In the first pregnancy, the health professionals usually recommend at least two doses of such vaccine. The first vaccination is given in the first trimester soon after pregnancy tests are confirmed and during first antenatal visits. The second dose of the T.T. vaccine is given at least four to eight weeks after the first. The WHO also recommends that a third vaccine be given six months after the second one to provide protection for at least five years. Surprisingly every block of South 24 Parganas record lower number of beneficiaries in the Tetanus Toxoid vaccination programme in the second dose than what were recorded in the first round of T.T. vaccination (Fig. 1).This may be attributed to lack of awareness in following up procedures during the trimesters. Every block of South 24 Parganas show same trend of lesser number of beneficiaries under this vaccination programme as compared to that of the previous dose of the same.

As far as the registered cases of pregnant women for antenatal checkups under government initiated programme are concerned, South 24 Parganas is a mixed bag of hope. Baruipur, Magrahat I and II, Kulpi, Sonarpur, Canning I and II, Basanti, Joynagar I and II, Patharpratima and Kakdwip record moderate positive score in the number of beneficiaries in the antenatal checkups and rest of the blocks record negative score in the distribution of registered cases of antenatal checkups. For the Region I it may be attributed to its more reliance on the private health centers and urban centric characteristics with proximity to Kolkata and its multi various health facilities .However, for the remaining regions, lack of awareness (owing much to less education) regarding government sponsored schemes may be the reason for less to none participation in these schemes (Fig.2).

Moreover, there have been recorded discrepancies between the percentages of women registered under Antenatal checkups to that of actually undergoing antenatal checkups. Each block of the district record less number of women covered under antenatal checkups than what had been registered for maternity benefit schemes in the year 2007-2008(Fig.3).It can be drawn here that in spite of the initial registration of mothers are some way or the other done but they are reluctant enough to complete 3 the antenatal checkups.

Apart, from the issue of tetanus, another threat to safe motherhood is nutritional deficiency in the form of Iron deficiency anemia. Not only has this posed threat to the mothers but also to the overall health of the newborns. Besides, there is an import aspect that highlights the overall performance of a district as far as

dealing with pregnancy related cases is concerned. The three regions in general have a 50% attendance by the government health clinics to the pregnancy related complicacies with 30-40 % cases being referred to other referral units nearby or distant urban centers. But poor are the performances of each region in the context of attending and treating the pregnancy related complications. This is an area which needs proper planning and provision for proper infrastructural facilities and adequate staff members to deal with the same in order to minimize the referral cases (Fig.4).

The referral transport scheme is an innovative programme to facilitate and encourage institutional delivery. Under this, poor pregnant women receives monetary support, to hire transport to reach the health institution/facility for delivery. This scheme complements the Janani Suraksha Yojana, which is a cash benefit scheme for encouraging institutional delivery. Some basic features include all women belonging to below poverty line irrespective of their age and number of children, to be covered under institutional deliveries initiated by Janani Suraksha Yojana. Earlier, beneficiaries were given monetary benefit at the rate of INR 4.00 per km for to and fro journeying from home to the facility subject to a maximum amount of Rs 240. The norm has been revised in the year 2006, and at present is categorized as for the women accessing a health facility within 0-10 km would be given INR 150; for those women accessing a health facility within 10-20 km would be given a cash assistance of INR 250 and for women accessing a health facility at a distance more than 20 km would be provided a cash benefit of INR 350 and above.

The Ayushmati scheme on the other hand has been designed to encourage institutional deliveries in the state by addressing both access and demand issues. It augments availability of institutions for safe delivery by partnering with private sector facilities, providing beneficiaries an additional option on the choice of an institution for delivery. The scheme aims to cut down out of pocket expenditure by promoting cash free institutional delivery. However the target beneficiaries are entitled to free delivery at any empanelled private facility only if they have been registered with the Antenatal Checkups and completed at least three antenatal check-ups. The Sunderbans region in and the remaining parts of South 24 Parganas district is one of the most remote and underserved areas in the state. It is a difficult terrain, with jungles, creeks and estuaries, making it a tangled network of waterways. Providing health services is a challenge in these areas. A Mobile Health Clinic Service was launched in 1999 in partnership with at least five Non Governmental Organizations for providing basic health services in the region. Service delivery contracts were established with these NGOs having local base in the Mobile boat dispensaries and used to reach remote islands in the region. Boat dispensaries travel to these islands with adequate stock of medicines, provision for conducting basic diagnostic tests (X-ray, blood test), doctors and other medical support staff. Ambulances are used in villages, which can be reached by land but their numbers are low. Link roads within the islands are often unevenly paved; this makes the task of bringing the pregnant women through such unpaved roads. Problems arise when the families often end up paying huge sum of money for transportation of mothers towards health centers as the local van pullers and boat owners refuse to go to health centers at lower rates.

However, the number of women who had undergone three post natal checkups are well below than that of the women who went three antenatal checkups. Apart from few cases in Thakurpukur-Maheshtala, Budge Budge I, Bishnupur, Bhangar II, Canning II, Basanti, Mathurapur I and II where the number of women undergoing postnatal checkups outlay the antenatal (due to somewhat better awareness levels and urban influence to a certain extent) most blocks of South 24 Parganas .exhibit gap (negative) between the number of women undergoing antenatal checkups and those following up in postnatal checkups.

It is thus imperative here that considering all the parameters of good reproductive health ,the Region III inclusive of the Sundarbans lags behind in its performance in the percentage beneficiaries of the universal vaccination programme towards the mothers to be. This is also true for the registered cases of women for antenatal checkups and postnatal following up process. This calls for zeroing the country's target in framing micro-level area based planning in the South 24 Parganas, more precisely in the Sundarbans.

The Way Forward

Efforts are being undertaken for a better reach to the communities through mass media, publication of newsletters, sending messages through email, organizing events and puppet shows in public fairs and folk media. Major thrust is always laid on increasing safe institutional delivery improving the quality of Antenatal as well as postnatal services .It also demands utmost strengthening of delivery services at Primary Health Centres at the block level. Trained Health personnel(or Dai) should be provided to promote & facilitate institutional deliveries .Exemption of any kind of charges for all pregnant women (irrespective of Above Poverty Line and Below Poverty Line category) for institutional delivery and treatment of children(neo-natal or less than one year of age)has been introduced throughout the state.Expansion of mobile health care systems for communities which are difficult to reach, (like Sundarbans) has been promoted. Monthly Gram Panchayat based Mobile Health Camps along with NGO run delivery centers in Sundarbans have been proved to be effective, especially in the inner tribal areas, confirms Sabuj Sangha (2008). Some basic and

significant findings of the study are as follows—

1. The blocks of South 24Parganas show a mixed bag of performance - the remotest blocks of Sagar, Falta, Kultali, Mathurpur and Bishnupur record lower cases of registered women for antenatal checkups and the gaps between those undergoing antenatal checkups and post-natal follow ups are also widened for them(as high as 63% for Sagar and Joynagar).
2. The gap remains positive though nominally, where women undergoing postnatal checkups outweigh those underwent antenatal checkups in some urban-centric blocks like Canning II, Thakurpukur-Maheshtala, Basanti and Budge Budge I.
3. Overall, the three sub-regions show 30-39% cases referred to other specialty centers for the treatment of complicated cases of pregnancies.
4. Gosaba, BhangarII, Budge Budge II, Basanti and Mandirbazar blocks exhibit greater inequalities between women brought under maternal health schemes and those undergoing three antenatal checkups.
5. The gendered impact of social, cultural and economic disparities across states has been referred to time and again by the official committees and commissions as well as by the social scientists. The gap between the state or the Centre and the end-users is indeed pronounced as far as the maternal health schemes are concerned. When a social project is to be carried out, such as the realization of benefit schemes to the utmost, the choices and accessibilities of the same should be defined. Likewise it this context, the maternal benefit schemes implemented in South 24 Parganas would reach the grass root only after its successful understanding by the target beneficiaries.

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Table - 1: Distribution of Blocks of South 24 Parganas based on Location and Proximity to Basic Amenities

Categories	Blocks
Region I: North West (Kolkata and its surroundings)	Thakurpukur – Maheshtala, Budge Budge I, Budge Budge II, Bishnupur I, Bishnupur II, Sonarpur
Region II: North East and Mid West	Baruipur, Bhangar I, Bhangar II, Falta, Diamond Harbour I, Diamond Harbour II, Magrahat I, Magrahat II, Kulpi, Mandirbazar
Region III: South (Sundarban)	Canning I, Canning II, Basanti, Gosaba, Joynagar I, Joynagar II, Mathurapur I, Mathurapur II, Kultali, Patharpratima, Kakdwip, Namkhana, Sagar

Source: Human Development Report –West Bengal (2006-2007)

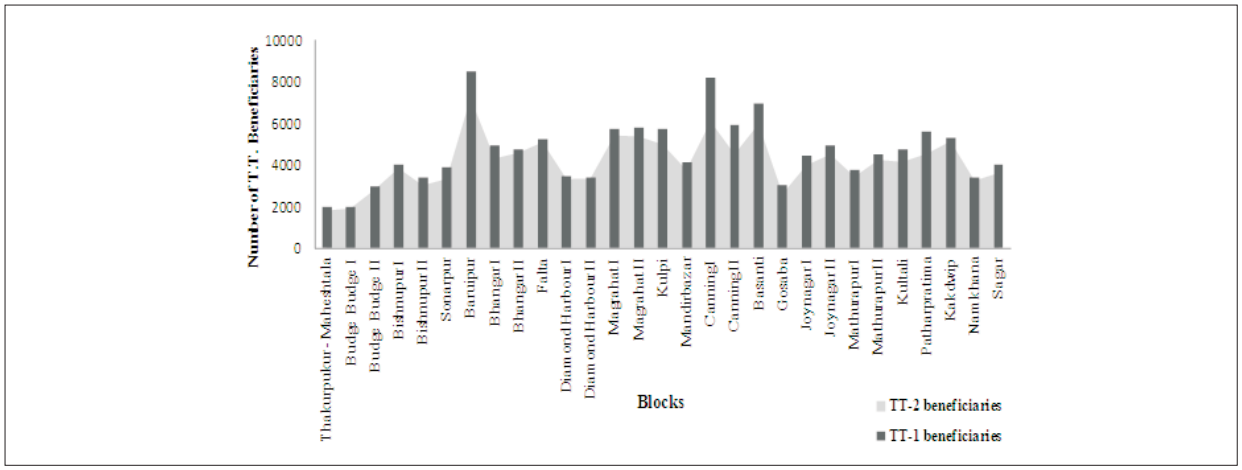

Fig. 1: Distribution of Beneficiaries under Tetanus Toxoid Programme, S. 24 Parganas, 2006 - 07

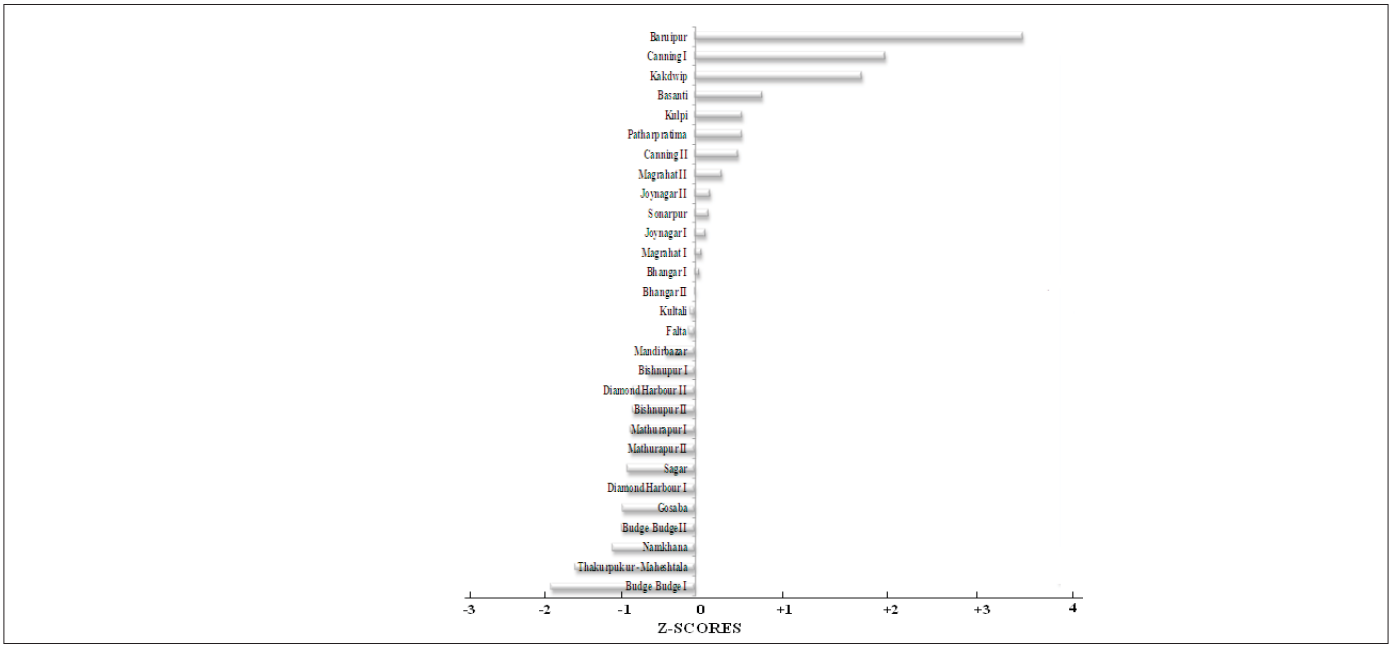

Fig. 2: Distribution of Blocks based on Z - Scores of Antenatal Check Up of Pregnant Women, S. 24 Parganas, 2007 - 08

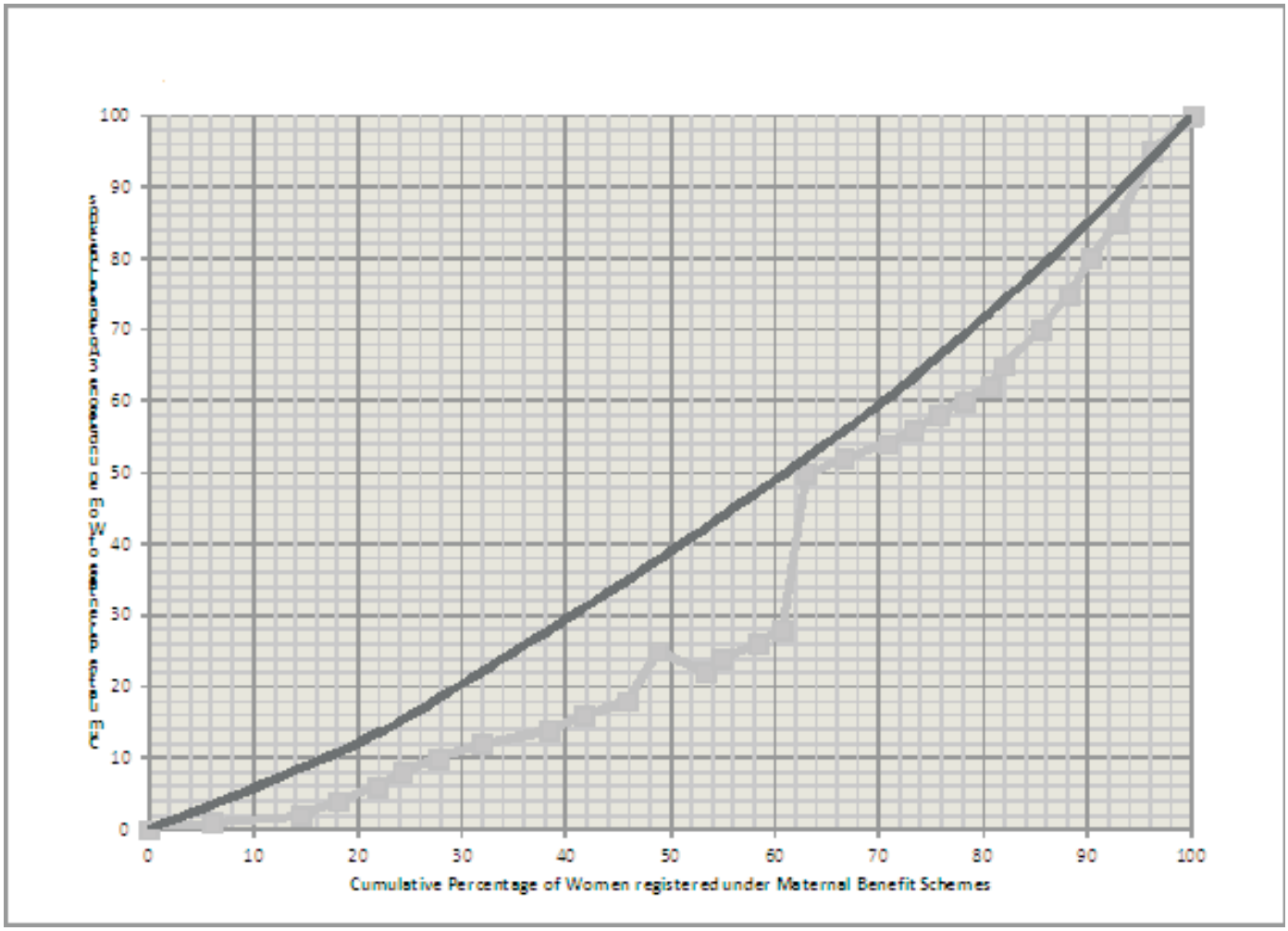

Fig. 3: Degree of Inequality between Women undergoing 3 Antenatal Check Ups and those Registered for Check Ups, 24 Parganas, 2007 - 08

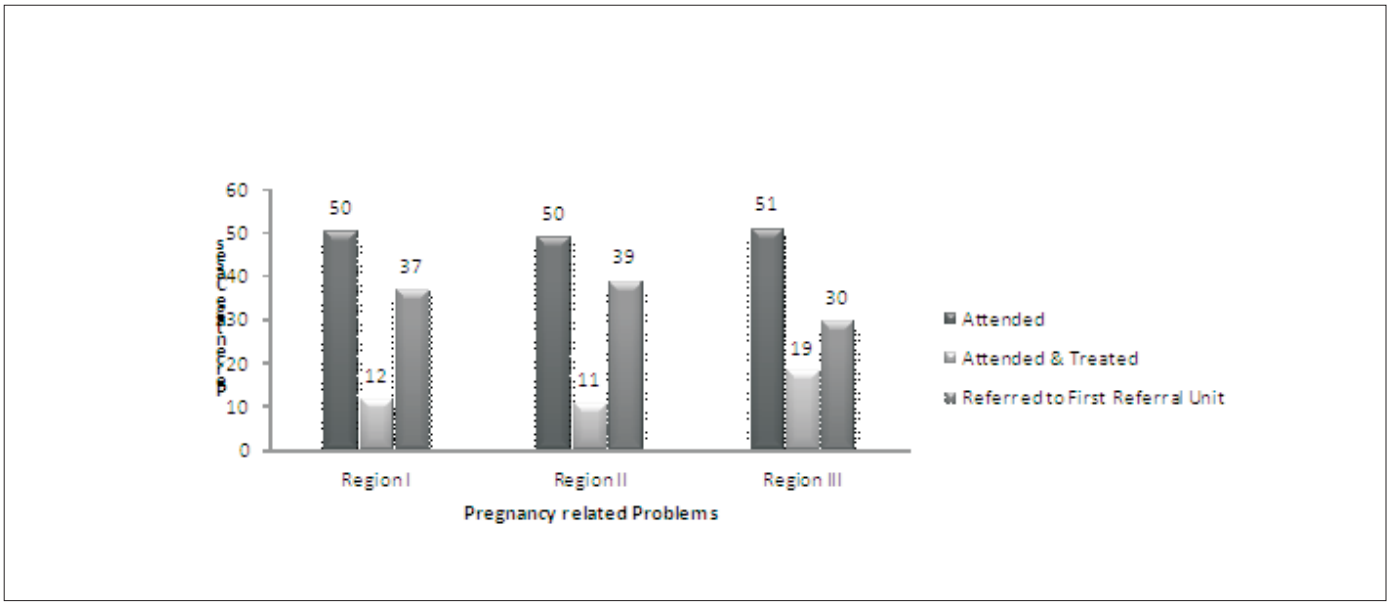

Fig. 4: Achievements of Govt. Agencies in the Micro-Regions of S. 24 Parganas, 2007 - 08

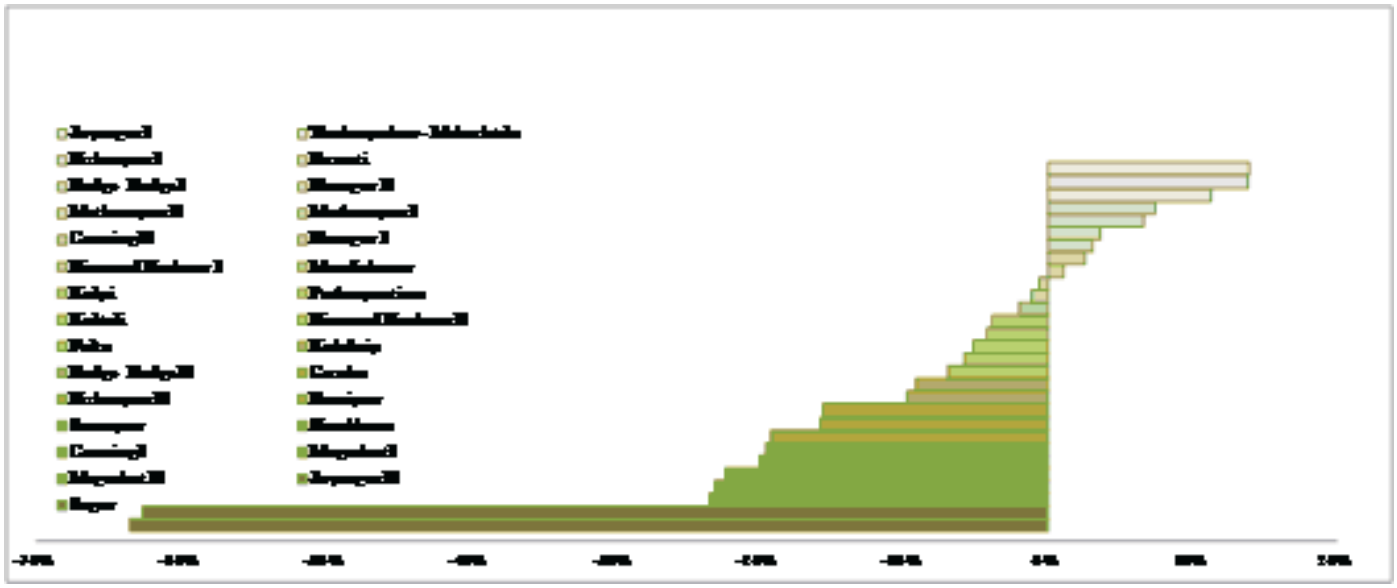

Fig. 5: Distribution of Women undergoing Antenatal and Postnatal Check Ups, S. 24 Parganas, 2007 - 08

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