Evaluating Reproductive Health Schemes – A Study on West Bengal, India

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Abstract:
Reproductive Health is given by the wellbeing of women during childbirth and is intrinsically important as far as their status and position in the society are concerned. United Nation’s guidelines indicate that the risk of maternal death gets reduced through basic education, adequate education and access to optimum level of antenatal services. Sample Registration System Bulletin (2011) highlighted that India has recorded a maternal mortality rate as high as 212 cases of maternal deaths per 1,00,000 live births which is a setback for the country’s overall progress in social sector. The eastern state of West Bengal however is well above the country’s average (MMR- 145), exhibits disparity in the beneficiaries under reproductive health schemes that is surely a cause of concern. Objective of this paper is to identify the ‘problem areas’ in the implementation of maternal benefit schemes in West Bengal at district level that may help the policy makers to frame an implicit strategy with necessary measures.

Keywords: Antenatal, Institutional Deliveries, Referral Transport, Reproductive Health, Social Wellbeing, Universal Immunization

“Social well-being is an end state in which basic human needs are met and people are able to coexist peacefully in communities with opportunities for advancement” (Institute of Peace, United States of America).

1. Introduction:
Social Wellbeing perceived as an “end state” thus ensures comprehensive planning for improvements of maternal and child health as well. Within the framework of World Health Organization's definition of health as a state of complete physical, mental and social well-being, it addresses the reproductive processes, functions and system at all stages of life. Reproductive health, therefore, implies that people are able to have a responsible, satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this are the right of men and women in particular to be informed of and to have access to safe, effective, affordable and acceptable methods of fertility regulation of their choice. The right of access to appropriate health care services enables women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant. The International Conference on Population and Development (ICPD) 1994 established an International consensus on a new approach to policies to achieve population stabilisation and healthy processes of child bearing. In India, the implications of the reproductive health approach would be to shift the focus from the use of family planning as a tool intended essentially for population stabilisation, to use family planning as one among a constellation of interventions that would enable women and men to achieve their personal reproductive goals without being subjected to additional burdens of disease and death associated with their reproduction. India being one of the fastest growing economies perhaps faces the biggest challenges when it comes to its gender related discrepancies and poor maternal health issues. India categorises its states based on maternal mortality rates exhibiting both High Performing States and Low Performing States. High performing are those which exhibits lower maternal deaths and higher institutional delivery cases. They also reveals higher rates of antenatal checkups and more percentages of folifer in takers during pregnancies and more number of beneficiaries under referral transport for delivery cases that may indicate a good governance and programme appreciation. Low Performing States are indeed low performer in institutional safe deliveries, Folifer consumption, Tetanus Toxoid injection, Antenatal checkups and low referral transportation. The condition worsens when disparities are even more visible at district levels of any state belonging to any of these categories. In order to understand the maternal mortality situation in the country better and to
map the changes that have taken place, specially, at the regional levels, states have been categorized into three groups namely, “Empowered Action Group” (EAG) States comprising Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Orissa, Rajasthan, Uttar Pradesh & Uttarakhand and Assam; “Southern” States which include Andhra Pradesh, Karnataka, Kerala and TamilNadu; and “Other” States covering the remaining States/UTs as was done in respect of Maternal Mortality Report (1997-2003) and also in the Maternal Mortality Bulletin (2004-2006). It is heartening that the Maternal Mortality Ratio of India has declined from 254 in 2004-2006 to 212 in 2007-2009. To understand the status of women in any society perhaps the focus should be on their reproductive health at broader context. This paper focuses on such gender related issues that identifies maternal health indicators on West Bengal state, India. The gendered impact of social, cultural and economic disparities across has been referred to time and again by the official committees and commissions as well as by the social scientists (Dewan Anjali, 2011). In that context reproductive health indicators are well explanatory in gender related study. Indicators are markers of health status, service provision or resource availability, designed to enable the monitoring of service performance or programme goals. Monitoring is a process of comparison, across populations or geographical areas, to highlight differentials or to detect changes over time (to measure progress) between reality and goals. Reproductive health affects the lives of women and men from conception to birth, through adolescence to old age, and includes the attainment and maintenance of good health as well as the prevention and treatment of ill health. Reproductive health services cover a wide range of programme areas. Comprehensive reproductive health care includes: counselling, information, education, communication and clinical services in family planning; safe motherhood, including antenatal care, safe delivery care (skilled assistance for delivery with suitable referral for women with obstetric complications) and postnatal care, breastfeeding and infant and women’s health care.

2. West Bengal and Maternal Health
Rates of maternal mortality and child mortality in West Bengal are lower than national averages. India with Maternal Mortality Rate of 212 and Infant Mortality Rate 47 lays primary focus on maternal and child health. Comparatively West Bengal plays a satisfactory role while dealing with problem and manages to maintain its MMR at 145 and IMR at 31 where the goal remains to be less than 100 MMR and less than 30. But there are challenges in relation to the cases of anaemia as compared to other states of India and other components of reproductive health at district level. As far as regional planning is concerned the measures of welfare should guarantee addressal of every issues at the micro level. The aim of a gender sensitive approach is to correct imbalances between the position of men and women in terms of access to resources and benefits as well as to understand the differences in terms of health status and health determinants. Health policies and programmes that incorporate a gender perspective, acknowledge gender as a key determinant of women’s health, including control of fertility, and actively involve women in programme planning, implementation and evaluation processes (Department of Health and Family Welfare, Government of West Bengal). (Table 1)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>India</th>
<th>West Bengal</th>
<th>Target by 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal Mortality Ratio</td>
<td>212</td>
<td>145</td>
<td>&lt;100</td>
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3. West Bengal and Maternal Benefit Schemes
Apparently it seems that West Bengal performs ‘high’ as far as maternal benefits are concerned. But there are pockets of underdevelopment at district to block levels where the region needs a thorough study. The condition worsens when there are within district disparities. Perhaps regional disparities in this regard are well pronounced as far as beneficiary-statistics are concerned. West Bengal has
implemented and is implementing the activities of National Rural Health Mission efficiently but there remains an interim disparity in the number and percentage of beneficiaries within various regions of West Bengal under such maternal health schemes that requires immediate addressal of Millennium Development Goals. West Bengal comes under broader wings of National Rural health Mission and its subcomponents namely, Janani Suraksha Yojana(Safe Motherhood Programme), Universal Immunization Programme encompassing institutional deliveries and referral transportation to the equipped health clinics, antenatal checkups including Folic acid consumption, Tetanus Toxoid immunization programme for the pregnant mothers etc. The schemes cumulatively are all aimed at safe motherhood for all mothers to be lying below the poverty line are implemented at district to block levels in the state.(Fig.1)

4. Observations
In India though Assam stands first as far percentage women suffering from Anaemia are concerned followed by Jharkhand and Bihar but West Bengal comes in the fourth position which is alarming for the health planners to achieve good maternal health following the Millennium Development Goals indicated by the United Nations(Fig. 1), Though West Bengal like all other states of India have lesser percentage of women suffering from severe Anaemia but have over 60 % women suffering from Anaemia with over 45 % women suffering from mild iron deficiency and 16 % suffering from moderate Anaemia(Fig.2).

![Fig.1 Maternal Health Benefit Schemes implemented in India](image1)

![Fig.2 Percentage of Women aged between 15-49 years with Anaemia in India-Position of West Bengal](image2)
Haemoglobin level for the women is important during pregnancy in particular and for that matter the state has undergone the programme of distribution of iron supplements (Folifer) during pregnancy to the target beneficiaries belonging to the Below Poverty Line. Here the situation for West Bengal is far from satisfactory. Over the three consecutive years, 2008-09, 2009-10 and 2010-11, only few districts like Puruliya, Hugli, Haora, Kolkata, Darjeeling, Uttar Dinajpur and Dakshin Dinajpur show positive change in the number of beneficiaries under the maternal health scheme of Folifer consumption. The remaining districts like Koch Bihari, Jalpaiguri, Malda, Murshidabad, Nadia, North and South 24 Parganas along with Barddhaman, Bankura, Birbhum, Pashim and Purba Medinipur reveal negative change in the number of beneficiaries under Folifer consumption programme over three consecutive years that may be attributed to low performance of the schemes at village to block levels which may further attributed to the end users ignorance due to lesser campaigns for maintaining good health during pregnancy (Fig.3).

Besides, the state shows inter-district variations in the count of beneficiaries under the programme of Janani Suraksha Yojana under safe institutional deliveries. Darjiling, North and South 24 Parganas, Barddhaman and Paschim Medinipur recorded negative performance (decrease) in the number of beneficiaries undergoing institutional deliveries from year 2008-09 to 2009-10 and 2010-11. The remaining districts of West Bengal manages to maintain positive performance (increase) in the number of beneficiaries undergoing institutional deliveries in government and non-governmental organizations and accredited medical centres (Fig.4).
Also, as far as the universal immunization programme is concerned, the state’s performance is far from satisfactory. The achievements in this regard, especially, the pregnant women undergoing Tetanus Toxoid immunization has been poor throughout the years 2000-01 till 2010-2011. This is indicative of poor awareness of maternal health programmes that may be attributed to the less than optimum penetration of welfare measures to the actual end-users of the scheme (Fig.5).

As far as welfare measures are concerned the major thrust is laid on the amenities laid on the accredited units where the delivery cases can answered at ease. Categorizing the districts of West Bengal on the basis of such amenities generate certain issues of concern. It is satisfactorily observed that districts of North 24 Parganas and South 24 Parganas along with Murshidabad, Hugli and Purba Medinipur show noticeable increase in numbers of government accredited private units that perform institutional deliveries. Thankfully Paschim Medinipur which is characterised by well concentration of backward population exhibit moderate increase in the overall distribution of such units along with Barddhaman, Darjiling Haora and Uttar Dinajpur. Bankura, Birbhum, Puruliya along with Koch Bihar, malda, Nadifa, Dakshin Dinajpur and Jalpaiguri exhibit no such increase or decrease in such units which is indeed concerning for the welfare measures at district levels. Institutional normal and caesarean deliveries have more than doubled from 2009-2010 to 2011-2012 (Fig.6A & 6B & 6C).
As stated earlier referral transport is a significant indicator of reproductive health identified by World Health Organization. In this context, districts of West Bengal are categorised into poor performing, unstably performing, moderately performing and strongly performing. Paschim Medinipur, Barddhaman, Puruliya, Murshidabad and Birbhum are satisfactorily performing to provide referral transport when in need for the mothers to be over three years. Darjiling, Uttar and Dakshin Dinajpur and Haora along with Kolkata are poor performing in this respect. It is perhaps understandable for Kolkata...
and Haora that the target beneficiaries are less in number owing to the city-centrism of them. But perhaps the northern districts of the state West Bengal are lagging behind in proper appropriation of the funds. Moderately performing are the districts of Koch Bihar, Purba Medinipur, Malda and Bankura exhibiting over the years a rising beneficiaries in this scheme of referral transport. Bankura was quitw ‘low’ in this regard in the year 2008-2009 but slowly has picked up in two consecutive years and manages to keep itself in moderate stage. The two 24 Parganas, Hugli, Jalpaiguri and Nadia are the districts behaving erratically over the years in the context of beneficiaries under referral transport. South 24 Parganas reveals a topsy-turvy achievement, with higher beneficiaries in the middle year of 2009-2010 than 2008-2009 and 2010-2011. North 24 Parganas and Nadia districts show indeed a decreasing trend in number of beneficiaries under referral transport over three years from its inception. Referral transport becomes extremely significant when there arise complications in delivery cases and demands proper care and attention(Fig.7).

Deprivations in basic amenities related to reproductive health for the women lead to worsened inter-district inequalities in the state that may once again be a major source of discrepancies in social wellbeing.

5. Way Forward:
The recommendations in this respect of improving the maternal health at the grass root level can be achieved with further strengthening the monitoring system, while harmonizing the target beneficiaries and actually reaching out to them. Availability & Retention of Specialists for doing caesarian section deliveries round the clock and need for nursing staff (to cope with additional workload & specialized job) perhaps pose the greatest challenge in effective implementation of maternal health schemes in an inter-fingered way.

6. Conclusion:
Universal access by 2015 to the widest possible range of safe and effective family planning methods, including barrier methods, and to the following related reproductive health services: essential obstetric care should be ensured (United Nations, 1994), is perhaps the major challenge of many developing countries like India. Planning at grass root level is what is required for a proper in and out addresial of the reproductive health issues. In most cases, the policies that advance economic growth and the aspects of Human Development differ, but do overlap in most cases which should be taken into account by the policy makers.
References: