

MATERNAL AND REPRODUCTIVE HEALTH CARE OF WOMEN IN CMC COLONY COIMBATORE

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INTRODUCTION

In most developing countries maternal health remains a major public health concern. Maternal health is the health of women during pregnancy, childbirth and the postpartum period. It encompasses the health care dimensions of family planning, prenatal, and postnatal care in order to reduce maternal morbidity and mortality. Preconception care can include education, health promotion, screening and other interventions among women of reproductive age to reduce risk factors that might affect future pregnancies. The goal of prenatal care is to detect any potential complication of early, to prevent them if possible, and to direct the woman to appropriate specialist medical services as appropriate. Postnatal care issues include recovery from childbirth, concerns about newborn care, nutrition, breastfeeding, and family planning.

Every day in 2017, about 808 women died due to complications of pregnancy and child birth. Almost all of these deaths occurred in low-resource settings, and most could have been prevented. The primary causes of death are haemorrhage, hypertension, infections, and indirect causes, mostly due to interaction between pre-existing medical conditions and pregnancy. The risk of a woman in a low income country dying from a maternal-related cause during her lifetime is about 130 times higher compared to a woman living in a high income country. Maternal mortality is a health indicator that shows very wide gaps between rich and poor and between countries.¹

Around 287,000 women die every year as a result of complications related to pregnancy, childbirth or postpartum, and almost all of these preventable deaths occur in developing countries. The difference in maternal mortality rates between developed and developing countries is the biggest global health inequity today thus the United Nations has included reduction of maternal mortality ratio to less than 70 per 100,000 live births by 2030 as one of the target in Sustainable Development Goals (SDG3.1)²

Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health implies that people are able to have a 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 (WHO). Good sexual and reproductive health is important for women's general health and wellbeing. It is central to their ability to make choices and decisions about their lives, including when, or whether, to consider having children. Sexual and reproductive health is not only about physical wellbeing – it includes the right to healthy and respectful relationships, health services that are inclusive, safe and appropriate, access to accurate information, effective and affordable methods of contraception and access to timely support and services in relation to unplanned pregnancy.

Although statistics from rural areas show less use of services than urban areas, the Indian Government has focused on rural healthcare since independence. Post-independence India developed a three-tier healthcare-delivery system to reach out to remote areas to provide primary care at the village level, secondary care at the subdistrict and district levels, and tertiary care at the regional level. Medical colleges were developed as apex institutes with specialities. Over the 50-year period since independence, India has expanded the public-health infrastructure to include 144,988 Subcentres (SCs), 22,669 Primary Health Centres (PHCs), and 3,910 Community Health Centres (CHCs).[Details of public-health facilities, 2006]

REVIEW OF RELATED LITERATURE

Sanneving, L., Trygg, N., Saxena, D., Mavalankar, D., & Thomsen, S. (2013) mentioned that In India, economic status, gender, and social status are all closely interrelated when influencing use of and access to maternal and reproductive health care in their paper on Inequity in India: the case of maternal and reproductive health.

Vora, K. S., Mavalankar, D. V., Ramani, K. V., Upadhyaya, M., Sharma, B., Iyengar, S., ... Iyengar, K. (2009). Maternal health situation in India: a case study revealed that Women of low economic status had availed 13% of institutional deliveries compared to 84% by women of the high wealth quintile. Only 19% of mothers of the lowest wealth quintile received postnatal care compared to 79% of mothers of the highest wealth quintile. These statistics reflect the inability of the public-health system to reach out to the poor and illiterate.

STATEMENT OF THE PROBLEM

The World Health Organization (WHO) estimates that, of 536,000 maternal deaths occurring globally each year, 136,000 take place in India. Estimates of the global burden of disease for 1990 also showed that India contributed 25% to disability-adjusted life-years lost due to maternal

conditions alone.³ Unfortunately, there is little evidence that maternity has become significantly safer in India over the last 20 years despite the safe motherhood policies and programmatic initiatives at the national level. The status of women is generally low in India thus makes the problem even worse. The educational and economic status of women influences the use of maternal care. Thus the current study would be an attempt to find out about the maternal and reproductive health care of women in CMC colony, Coimbatore.

RESEARCH METHODOLOGY

Objectives of study

- To know about the Socio demographic profile of the respondents
- To identify the available health infrastructure in the sample area
- To find out about the personal hygiene practices among the respondents
- To find general health services utilized by women
- To assess the knowledge on the awareness of government health care schemes of the respondents

RESARCH DESIGN

Descriptive study design was adopted by the researcher in their study.

Area of the study

Coimbatore is a major industrial city in India and the second largest city in the state of Tamil Nadu and has a population of 1,601,438 people. Though the city has well developed infrastructure in the field of education, health care and tourism, still Coimbatore city has a total of 319 pockets of slums with 46650 households. CMC colony is one of the slum area which is located in the south Coimbatore region.

Universe of the study

Women Residents of the CMC colony Coimbatore comprises the universe of the study.

Sample

The pregnant female residents who are staying in CMC colony were the selected samples for the study.

Sampling Technique

Hence the population is unknown, the Convenient Sampling method was adopted for this study. The researchers have collected data from the women based on their availability. This is non probability sampling method.

Sampling size

Using convenient sampling method the researcher have selected 60 samples from the population.

Tool of data collection

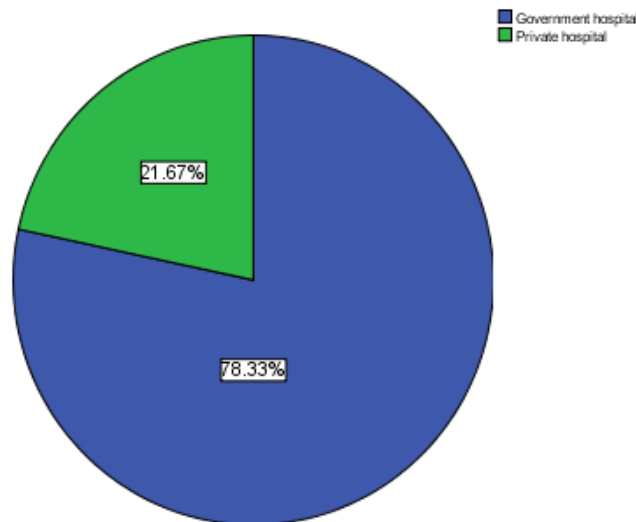
The researcher used Interview Schedule Method for data collection.

RESULT AND ANALYSIS OF THE STUDY

Type of family

Nuclear Family	53	88.3%
Join Family	7	11.7%
Total	60	100

Distribution of respondents based on carrying out their regular check ups



Respondents' view on their Health Status



Other Findings

- Majority of the respondents (83.3%) belongs to Hindu Religion
- Major proportion (65%) of the respondents get support from their parents
- Majority of the respondents (75%) do not like their living environment
- Majority (83.3%) of the respondents felt energetic and healthy to perform their day to day activities
- Significantly majority (65%) of the respondents gets sufficient sleep
- Majority (80%) of the respondents aware of nutritional services provided by the government for reproductive women
- Significantly majority (71.7%) of the respondents not aware about the services provided in Local Health Centre
- 55% of the respondents were not aware about RHS programme

SUGGESTIONS

Government should take necessary steps to improve the condition of the living environment of slum people since 75% of the respondent not satisfied with their living environment. Government should take necessary steps to increase the awareness on RHS programme since 55% of the respondent are not aware about RHS programme and about the local health center since 71.7% of the respondent aware not about local health center.

Government and voluntary organization can take initiatives in improving their living condition by providing employment opportunities and vocational training which will help in the development of the people.

The women in the slum can be provided employment opportunities and skill training or vocational training to increase their economic independence thus will majorly affect their health conditions.

Health education must be provided to the women and children about personal hygiene, reproductive and maternal health.

Social workers and volunteers can work on increasing their health awareness by conducting street plays, skit, dance, etc.

CONCLUSION

It is concluded from the above study that majority of the respondents were house wives and they were not aware of the maternal health and the policies of government for the maternal and reproductive health. Review of safe motherhood efforts in India shows that, despite major initiatives taken by the Government in the last 10 years, till recently, nearly half of all deliveries take place at home, and the coverage of antenatal care services is low. The MMR still remains at around 300-450. The challenge is how to make safe motherhood strategies in the future more successful. In India, economic status, gender, and social status are all closely interrelated when influencing use of and access to maternal and reproductive health care. Appropriate attention should be given to how these social determinants interplay in generating and sustaining inequity when strengthening policies and programs to reach equitable progress toward improved maternal and reproductive health.

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