Asia Pacific Journal of Marketing & Management Review
Vision : Let us Research

ASIA PACIFIC JOURNAL OF MARKETING & MANAGEMENT REVIEW
ISSN: 2319-2836
IMPACT FACTOR: 7.603
Vol 11, Issue 01, 2022

STATUS OF MATERNAL HEALTH AND ITS SERVICES IN GUJARAT: SOME OBSERVATIONS

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Abstract. *Gujarat state has come a long way in improving the health indicators since independence. The Gujarat Government has taken several initiatives to improve maternal health services, for instance -short training of medical officers and nurses to provide emergency obstetric care, partnership with private obstetricians to provide delivery care to poor women and an improved emergency transport system. Major policy and programme with reference to maternal health also discussed in the paper.Cheeranjivi Scheme and Janani Suraksha Yojana successfully implemented in the state. Comparative analysis of health indicator in Gujarat and India has also been discussed. This paper tries to explore the intervention of Government of Gujarat for up scaling the status of maternal health service. There are certain challenges has to deal with and they are shortage of human resource, lack of infrastructure and equipments and evidence based intervention for reduction in maternal mortality.*

Keywords: *Health care, Maternal Health, Maternal Health Services.*

INTRODUCTION BACKGROUND AND CONTEXT

The South-East Asia (SEA) Region accounts for more than 174 000 maternal and 1.3 million neonatal deaths every year, which is approximately a third of the global burden. The Region also accounts for one million stillbirths and 3.1 million deaths of children under five years of age annually. Thus, the SEA Region faces a great challenge in reducing maternal, newborn and child mortality as targeted in the Millennium Development Goals (MDGs) 4 and 5 (WHO, 2008)

Over half a million women die each year due to complications during pregnancy and child birth. Forty-four percent of these women are from Asia and the Pacific. The vast majority of these deaths are preventable. At the Millennium Summit in 2000, states resolved to reduce maternal mortality by three quarters by the year 2015. This commitment is encapsulated in the Millennium

Development Goals. Goal 5 is a commitment to improve maternal health: the reduction of maternal mortality is an outcome chosen to assess the progress in this regard. Halfway to the

MDG target date, it is clear that many Asian and Pacific countries that were reviewed will not meet Goal 5 unless action is taken now. Improving maternal health is one of the eight Millennium Development Goals (MDGs) adopted by the international community in 2000. Under MDG5, countries committed to reducing maternal mortality by three quarters between 1990 and 2015. Since 1990, maternal deaths worldwide have dropped by 34 % (WHO).

In recent years there has been an increased recognition of preventable maternal mortality and morbidity as a health, development and human rights challenge, which requires effective promotion

ISSN 2319-2836 (online), Published by
ASIA PACIFIC JOURNAL OF MARKETING & MANAGEMENT REVIEW.,
under Volume: 11 Issue: 01 in January-2022
https://www.gejournal.net/index.php/APJMMR

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and protection of human rights of women and girls, in particular their rights to life; to be equal in dignity; to education; to be free to seek, receive and impart information; to enjoy the benefits of scientific progress; to freedom from discrimination; and to enjoy the highest attainable standard of health, including sexual and reproductive health (UNFPA, 2010)

The high number of maternal deaths in some areas of the world reflects inequities in access to health services, and highlights the gap between rich and poor. Almost all maternal deaths (99%) occur in developing countries. More than half of these deaths occur in sub-Saharan Africa and one third occur in South Asia. The maternal mortality ratio in developing countries is 290 per 100 000 births versus 14 per 100 000 in developed countries (Conde et.al) There are large disparities between countries, with some countries having extremely high maternal mortality ratios of 1000 or more per 100 000 live births.(Patton et.al) There are also large disparities within countries, between people with high and low income and between people living in rural and urban areas.

OBJECTIVES

To study and ascertained status of maternal health care services in Gujarat.
To study the implementation aspects of state maternal health care services with reference to janani suraksha yojana and cheeranjivi yojana.
To suggest necessary measure for effective implementation of policy and programme in maternal health care service.

METHODOLOGY AND DATA SOURCE

The present study data and information relating to Reproductive and Child Health were gathered from NFHSs, IIM, District Level Household Survey and Ministry of Health and Family welfare Government of Gujarat, Sample Registration System, Census of India, UNICEF and evaluation of external agencies.

NATIONAL HEALTH STATUS WITH REFERENCE TO REPRODUCTIVE AND CHILD HEALTH

The National Family Health Survey of 1992-93 was the first to provide a national-level estimate of 437 maternal deaths per 100,000 births for the two-year period preceding the survey (International Institute for Population Sciences, 1995). But in spite of surveying nearly 90,000 households, it could not produce estimates at regional or state-levels owing to the smallness of the sample. Even at the national level, the sample inadequacies of the NFHS came into sharp focus when the second round of the survey in 1998-99 produced a maternal mortality estimate of 520, but failed to confirm statistically the possible rise in the level of maternal mortality (International Institute for Population Sciences and ORC-Macro, 2000).

MATERNAL HEALTH SCHEMES AND SERVICES IN GUJARAT

India continues to contribute about a quarter of all global maternal deaths. Each year in India, roughly 30 million women experience pregnancy and 27 million have a live birth (MoHFW, 2003c).

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Of these, an estimated 136,000 maternal deaths and one million newborn deaths occur each year. In addition, millions more women and newborns suffer pregnancy and birth-related ill health. To overcome this issues certain policy and programme with reference to maternal health has been initiated. Following discussion helps to know about maternal health schemes and services prevailing in Gujarat state.

JANANI SURUKSHA YOJANA

Janani Suraksha Yojana (JSY) under the overall umbrella of National Rural Health Mission (NRHM) has been initiated by modifying the existing National Maternity Benefit Scheme (NMBS). While NMBS is linked to provision of better diet for pregnant women from BPL families, Janani Suraksha Yojana integrates the financial/cash assistance with antenatal care during the pregnancy period, institutional care during delivery and immediate post- partum period in a health centre by establishing a system of coordinated care by ASHA, the field level workers. It is a fully centrally sponsored scheme.

The main objective of Janani Suraksha Yojana is to reduce the overall mortality ratio and infant mortality rate and to increase institutional deliveries. The Janani Suraksha Yojana has identified ASHA, the Accreditated Social Health Activist as an effective link between the Government health institutions and the poor pregnant women.

Janani Suraksha Yojana has succeeded in increasing institutional delivery in Gujarat, and by now more than three lakh women have benefited from this scheme as part of state's efforts to bring down maternal mortality rate (MMR) and infant mortality rate (IMR).

CONCLUSION

With reference to above discussion it has been rightly observed that there is good amount of improvement and upgradation in maternal health services in Gujarat. Gujarat state of India has come a long way in improving the health indicators since independence. With the onset Chiranjeevi Yojana in state the institutional delivery has increased from 55 % in 2005-06 to 82% in 2008-09. About Janani Suraksha Yojana Beneficiaries increased form (1,85,956) 72.36 %

(2007-08) to (2,13,391) 83.04 % (2008-09).The Emergency Management and Research Institute started it services in Gujarat state on 29th August, 2007 with the support of Government of Gujarat under Public Private Partnership model. It started the operations with 14 ambulances in Ahmedabad and Gandhinagar cities. Then after gradually it started deploying ambulances in different regions through a systematic survey based phase wise launch plan. On 21st September, 2008 with the strong support of Government of Gujarat, EMRI completed the task of deploying

400 ambulances in all 26 districts of Gujarat.(Source " Annual Administrative Report, 2009,GOG)

But certain challenges still Gujarat government has to deal with reference to maternal health service .Malavanker (2009) rightly point out that although the healthcare-delivery system looks good on paper, it has many problems which affect service-delivery in maternal healthcare. The key

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problems are inadequate infrastructure and equipment, shortage of human resources, lack of supplies, and inadequate monitoring and supervision. Authors firmly believed that maternal education needs to upscale which play a dominant role in awareness and access to health care. Shortfall of human resources ought to be filled up otherwise it weakens the medical and maternal health service. Skilled birth attendant appointment and training could be considered. Improvement and maintenance of health infrastructure are necessary as it leads to good quality of care. Lastly Government of Gujarat should constantly strives towards the awareness among policy-makers, implementing evidence-based interventions for reduction in maternal mortality, and through mobilization of civil society and professional bodies.

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