



The Social Science Review
A Multidisciplinary Journal
ISSN: 2584 – 0789

(Open Access, Peer-Reviewed, Refereed, Bi-Monthly Journal)
www.tsreview.in

BRIDGING THE DISPARITIES IN MATERNAL HEALTH CARE IN JUNGLE MAHAL DISTRICT: A COMPREHENSIVE ANALYSIS AND FUTURE PROSPECTS

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Abstract

This comprehensive article delves into the critical issue of maternal health care in the Jungle Mahal district of West Bengal, India, focusing on the Purulia Model's success as a case study. Maternal health, being a cornerstone of human capital formation and sustainable economic development, faces significant challenges in this region. Disparities in pregnancy care and delivery persist, influenced by various socioeconomic and geographic factors. Accruing knowledge from the body of research on disparities in maternal health, this article underscores the importance of healthcare access, social determinants, and health system roles. By analysing the Purulia Model's achievements, particularly the Special Newborn Care Units (SNCU) in Purulia Sadar Hospital, the study highlights the need for further research to address disparities and enhance maternal health outcomes. The urgency of tailored interventions to optimize health care services especially maternal health in India is emphasized.

Keywords: *Healthcare accessibility, Maternal health, Disparities, Pregnancy, Purulia Model*

Introduction

Maternal well-being stands as a critical facet of human flourishing, exerting profound impacts not only at the individual level but also resonating through broader societal and economic dimensions. The efficacy of maternal healthcare, encompassing both antenatal and postnatal aspects, assumes a important role in safeguarding the health of mothers and their progeny. However, persistent disparages in accessing and utilizing maternal health services persist, particularly within developing nations like India. This investigation focuses on the Jungle Mahal district, specifically Purulia in West Bengal, grappling with substantial challenges in maternal healthcare. Despite the successful implementation of the Purulia Model, incorporating Special Newborn Care Units (SNCU) at Purulia Sadar Hospital, the region contends with insufficient government healthcare facilities and suboptimal utilization rates for maternal health services (Sen et al., 2009). This study delves into the existing maternal health inequalities in the Jungle Mahal district and endeavours to delineate strategies for their mitigation. We scrutinize pertinent literature to glean insights into the determinants contributing to these maternal health disparities and underscore the necessity of tailored interventions.

Background

Health transcends mere absence of disease, embodying a state of complete physical, social, and economic well-being (WHO, 2006). It constitutes a linchpin for human happiness, longevity, and overall well-being. Maternal health assumes particular prominence due to its direct influence on child health and, by extension, the entire familial unit. Nevertheless, maternal health remains a formidable challenge in developing nations, with a substantial number of maternal deaths linked to pregnancy and childbirth (Khan & Maqbool, 2019). The terms "health inequality" or "disparity" delineate variations in health indicators experienced by disadvantaged social groups compared to advantaged counterparts, encompassing variations within each group, not solely the extremes of fortune (Braveman, 2006). Multiple studies underscore factors contributing to the reluctance of economically disadvantaged and socially marginalized individuals to opt for institutional deliveries (Lekha & Nayar, 2018). These studies highlight compromises in women's dignity during the birthing process, resulting in social exclusion. Variables such as maternal education, religion, and socio-economic status emerge as pivotal in determining the quality of care during maternal healthcare. Satisfaction with maternal health services is influenced by various determinants, including the medical facility's environmental conditions, staff competence, interpersonal skills, privacy, and promptness, with reproductive history, cost, accessibility, and socioeconomic status impacting satisfaction levels (Srivastava et al., 2015). Arguments abound that health service utilization is not solely contingent on facility proximity but is also shaped by individual characteristics like age, class, gender, and religion (Eyles & Woods, 1982). Socio-economic and organizational factors intertwine to impact accessibility and utilization, highlighting their interconnected nature (Joseph & Phillips, 1984). Multiple studies elucidate that health service utilization and its quality hinge on both service seekers and providers. Various factors, including individual knowledge, beliefs, attitudes, and societal practices, mould health-seeking behaviour (Shaikh & Hatcher, 2005). The role of the health system in society assumes a crucial role in determining community health status, resulting in poorer maternal and child health outcomes in marginalized areas such as slums, in comparison to other population segments.

Methodology

Traversing the pages of various studies illuminates the contours of health-seeking behaviour among women in village settings, particularly regarding the utilization of maternal health services during pregnancy and postnatal care. These journeys through different research landscapes underscore that the utilization and quality of health services rely not only on the seekers but also on the providers of these crucial services. Amidst these explorations, it becomes apparent that the behaviour surrounding basic maternal health services like antenatal care (ANC), delivery, postnatal care (PNC), and family planning services is not governed by a single factor but rather a complex interplay of many determinants. Access to maternal health services is not solely influenced by the socio-economic status of families but is significantly intertwined with individual knowledge, beliefs, attitudes, and prevalent societal practices. The role of the healthcare system within society plays a pivotal role in determining the overall health status of the community, especially concerning the well-being of mothers and children.

Summarizing the myriad health issues explored through literature, it's evident that micro-level, focused studies are pivotal to unearth the ground realities. These studies are essential not just to guarantee better utilization but also to ensure appropriate investments in maternal healthcare services throughout India. There's an imperative need to identify and understand the primary social groups that are falling behind in accessing these crucial services, shedding light on the reasons for their circumstances. As this journey through literature draws to a close, it emphasizes the necessity of further, deeper studies to unveil the unseen realities and bridge the gaps, ensuring equitable healthcare provisions, particularly in maternal health care, across India. The adventure continues, and there remains much ground to cover in the pursuit of comprehensive, accessible, and effective maternal health care services for all segments of Indian society.

Results & Discussion

Health stands as an elemental thread intricately woven into the intricate pattern of physical, social, and economic well-being (WHO, 2006). This conceptualization extends beyond the mere absence of disease, encapsulating a state of holistic wellness that permeates all facets of life. The inherent correlation between health and human happiness is unequivocal. At the individual level, enhanced health signifies heightened vitality and a more optimistic life perspective, serving as a catalyst for personal well-being and contentment. However, its ramifications extend beyond the individual, resonating through society and assuming a pivotal role in the trajectory of economic development. A plethora of scholarly literature underscores the indispensable role of maternal health not only in preserving the well-being of mothers but also in influencing the health outcomes of their children and, by extension, the entire family. Nevertheless, in many parts of the world, particularly in developing nations like India, pregnant women confront formidable challenges, ranging from limited access to healthcare services to substandard living conditions and diminished quality of life. Maternal health remains a substantial public health challenge in most developing countries, with stark statistics from 2013 portraying a grim reality, with approximately 289,000 women succumbing to causes primarily associated with pregnancy and childbirth (Tessema et al., 2015). Complications arising during pregnancy and childbirth stand as a leading cause of maternal mortality for women aged 15 to 49 in developing countries, with a staggering 800 women globally facing untimely and preventable deaths each day due to issues linked to pregnancy and childbirth, and a significant 20 percent of these cases occurring in developing countries such as India (Registrar General of India, 2018). The scourge of maternal mortality casts a long shadow over family well-being, resulting in economic productivity losses and perpetuating health disparities (Srinivasan, 1997).

Despite a decline in the maternal mortality ratio (MMR) from 212 in 2007 to 167 in 2013, these improvements are far from uniform, exhibiting dramatic variations across states and districts. The childbearing period remains the most precarious and pivotal phase in a woman's life cycle, where both her and her child's survival hang in the balance. While the care of pregnant women and newborns was historically considered a private matter entrusted to midwives and mothers, the late 19th century witnessed the seeds of public health programs dedicated to maternal and child welfare. In India, the cultural roots emphasizing special care during the prenatal period are reflected in dietary customs and traditional rituals, marking a transition from maternal health as a private affair to a public health priority in the 20th century (World Health Report, 2005). The recognition of the importance of maternal healthcare services in reducing maternal mortality and morbidity has gradually evolved over time. Despite progress, the low utilization of maternal healthcare services (MHCS) in India, influenced by factors such as poverty, illiteracy, and inequality, remains intricately linked to alarming rates of maternal mortality (Srinivasan, 1997).

In light of these challenges, the Government of India launched the Janani Suraksha Yojana (JSY) as part of the National Rural Health Mission, aiming to promote maternal and child healthcare utilization and provide effective, affordable, and high-quality healthcare services to the rural population. Despite these efforts, disparities in maternal healthcare persist, underscoring the need for a comprehensive examination of maternal healthcare inequalities in India. This narrative sets the stage for such an exploration, emphasizing the critical importance of addressing these disparities to achieve the overarching goals of well-being and development. Before the 20th century, maternal and child healthcare relied on rudimentary practices, with the responsibility of childbirth resting on traditional birth attendants. This era witnessed a lack of comprehensive healthcare for mothers and offspring, primarily rooted in traditional knowledge and practices. There is a considerable gap in the preterm infant mortality rate between developing and developed countries, Preventative strategies and health policies are needed to reduce preterm birth and its burden, especially in the developing world (Sefidkar et al., 2021). International collaboration in health gained momentum, culminating in the recognition of the moral imperative to safeguard the lives of mothers and children. The International Conference on Population and

Development (ICPD) played a crucial role in addressing maternal mortality, emphasizing family planning as a holistic approach to reduce maternal and child mortality. This narrative highlights the transformation in the approach to maternal and child health, recognizing its significance not just as a technical issue but as a fundamental human right intricately linked with national progress and well-being. The literature review underscores the multifaceted nature of maternal health disparities, with social determinants and health system characteristics contributing to the problem. While the success of the Purulia Model in reducing neonatal mortality rates is promising, it also underscores the imperative for increased government healthcare facilities and improved utilization of maternal health services.

Conclusion

Customized strategies are essential to ensure fair healthcare provisions, demanding ongoing research and dedicated efforts. The Purulia Model provides information that could lead to potential solutions for addressing the maternal health inequities that exist in the Jungle Mahal region. This article advocates for a thorough investigation into maternal healthcare inequalities, emphasizing their impact on well-being and development. The journey towards accessible and effective maternal healthcare services for all segments of Indian society calls for sustained commitment and targeted interventions. Summarizing the diverse health issues explored in the literature, it is clear that detailed, focused studies are crucial to uncover the realities on the ground. These studies not only enhance utilization but also guide prudent investments in maternal healthcare services across India. The intricate nature of maternal health requires meticulous attention, continual monitoring, and evidence-based approaches to cultivate a robust and inclusive healthcare system.

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