

## Essential quality of care during maternity among tribe's in Madhya Pradesh. An appraisal

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### Abstract

The safe motherhood is expressively imperative influence for the decrease of maternal and child morbidities. The possible use of maternal health care services moving the survival of maternal and child. In rural and tribal areas, frequently women are socially regressive, economically poor, illiterate accompanied by low awareness of the benefit of health and quality care services. Moreover, the tribal population have deprived and inequalities ways of understanding the illness and care of health issues. The quality of care with four Antenatal check-ups, ensuring child birth in health institution during maternity period must be help to improving maternal and new born health as well as reducing the risks of traditional birth attendants and tribal culture. This appraisal article intends to empower and promote to tribal peoples through suitable effective IEC educations implementation on the issues for healthier mother and new born.

**Keywords:** Tribal, Mother, Quality of care, Pregnancy, Institutional birth.

### Rational

The tribes establish about 8.6% of total Indian population (Census 2011) and are majorly scattered in difficult geographical location in hilly and dense forested areas in the country.<sup>1</sup> Tribes are existing in almost all the states with varying frequencies and mostly considered to be disadvantaged and deprived with to proper health care.<sup>2</sup> Progression of maternal health is very crucial due to exposing high morbidity & mortality. As maternal health refers to health care during pregnancy, delivery and after delivery up to 42 days which is considered crucial and vulnerable for each women. Maternal morbidity and mortality may be reduced if they have access proper utilization of maternal health care services with full ANC check-up, safe delivery & proper knowledge of danger sign during pregnancy and delivery with appropriate treatments within hospital environment in the case of occurring disease. Regarding the complete ANC care if pregnant women had a minimum of four visits and in each visit include measure of blood pressure, height & weight, urine test & blood test, abdominal & internal examination. Knowledge of danger sign during pregnancy as at least two tetanus toxoid

injections and Iron folic acid tablets or syrup utilised measured healthier mother. Safe delivery may must need to consider for their births in health institution which obviously to be assisted by a Doctor/nurse/or any health personal with full quality of health care. Owing to universally around 800 women die every day of preventable causes related to pregnancy and childbirth, 20% of these women are belonging from India. In this concern the assessments of mothers in lowest economic bracket (rural and remote areas) are having nearby 2.5 times higher mortality rate. The MMR (maternal mortality ratio) of India is 167 in 2016 but still high<sup>3</sup> after extensive efforts to achieve Millennium Development Goal-5. Although, the progress made has been uneven and inequitable, and many women are still lacking approaches to maternal and reproductive health care services. Further, in rural and remote areas of the country the grade of adolescent girls is especially vulnerable due to reason behind teenage marriage (age 13 to 19 years) and occurring pregnancies are very high.<sup>4</sup> In these contents, the Madhya Pradesh state ranked one of the highest MMR of 221 in India.<sup>5</sup> Inequity in the use of health care services and qualities of health care with

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full norms of reproductive is an important factor affecting the maternal survival and healthy child. In rural and tribal areas of Madhya Pradesh, mostly women are socially backward, low economic status, higher illiterate rate and less awareness about the utilization of health care services.<sup>6,7</sup> Moreover, the use of maternal health care services is not adequate in rural-India particularly in tribal communities' inhabitants in dense forest and hilly areas where the availability and accessibility of health care providers is also some low in tribal dominated district in the state.

### **Existing Situations**

The research question is focussed on the proper pregnancy care with quality which depends timely health care check-ups as per standard norms at least four check-up, two Tetanus Toxoid injection and consuming at least 100 iron folic acid tablets along with adaption of child birth in health institution influencing the healthy maternal outcome. But, the tribal traditional and cultural practices in rural and tribal area exposed the most common reason for accompanying the deliveries at home.<sup>8</sup> So, for the maternal mortality ratio (MMR) has higher in Madhya Pradesh than to the Country in the intended for measuring of maternal health scenario. At that point the use of antenatal care services during pregnancy at least four visits reported very low (29.6%), home delivery conducted by skilled health personnel only 2.6% and lower institutional birth (76.4%) in rural areas<sup>9</sup> of state M.P. The specific view and facts regarding the measuring the mother health in the tribal segment of population belt, the MMR discovered too higher (415) in the Shahdol Division<sup>10</sup> (Umariya, Shahdol & Dindori districts) in M.P state. For ever the such division covering large proportion of tribal population ranging from 45% to 64% of the district population. This region is also having underutilization of maternal health care facilities and with high rates of maternal mortality. So more, the 46 types of tribes recognized in the state and these population is devastating rural, with 93.6% be present in in rural areas.<sup>11</sup> Therefore, there is need to create awareness at the community as well as individual women for empowering them as enable to take decision on the health care issues and increasing their knowledge and

awareness which helped to proper availing the health facilities in terms of quality of care.

### **Prospective stratagem**

The formulation of suitable logic model can be the solution of quality of care through describing the difficulty in two ways; towards facilities of health care provider regarding quality of care, availability, skilled and behaviour with the patients, etc and another from user side like barriers of accessibility, accepting and availing of existing health care facilities, etc can be learn through introductory survey. Also, the information needs to obtain by interview method with pregnant, lactating and pre-school children mothers in reproductive age (15-9 year). On details of birth history information with use of ANC services, place of delivery, postnatal care, obstetric complications, child immunization, etc from need to collect. Then based on the survey findings, appropriate intervention strategy to be administered and doing pre-testing in such community to finalise its through in addition or deletion the necessary variables/questionnaires for the impact evaluation survey after administering and implementing IEC-education by involving the gross root health and nutrition workers like ASHA, Anganwari worker, male health worker, etc under the consenting with their health authorities for creating awareness among such tribal communities in the areas. The implementation of IEC intervention needs to be communicated in three commands on mass level, group communication and interpersonal communication to educate the women on the issues for proper use of health services with quality in terms of pregnancy care and for safe child birth care must go to the health institution. A communication of complete information on the issues to be creating the awareness through the implementation techniques. In group communication conveyed the message and discussion with the women who are recently given birth (within year) and currently pregnant women at common place where they frequently meet like village community place, Anganwari centre, etc. The net effect of intervention by increasing utilization of MCH services and awareness could be found improved with the adaption of this techniques. Also, the several meeting with health care providers would be organized for

making positive relations with women who are currently pregnant and during child birth through frequent contacts them with pointed. Thus, the feasibilities lead towards facts as awareness building and key care practices in the tribal community must be increased. The quality of maternal health care services as facilities in the regions and service users from community side would be increase in the sense of women attendance for early ANC registration, antenatal care check-ups, institutional delivery, early postnatal care, child immunization, etc. Subsequently, the good quality obstetric care facility, women encourage with empowerment also be increased on the issues which helped to save maternal and new-born deaths, disabilities and morbidities, etc which largely preventable. Verdicts on improving quality of care during pregnancy, child birth are imperative to attraction an action plan and policy implications. Ethical features for human protection, it is compulsory to adapt standard processer of consenting. Accordingly, after explaining the learning content and purpose of the aim to each screened respondent (women) required to take informed written consent as volunteer involvements. In the case of illiterate women need to consenting in the form of thumbing in the presence of family members or any other villagers. On the issues, all replies kept held in reserve confidential except the research team members.

### Conclusions

The qualitative of maternal health care throughout during the pregnancy, time of child birth, postnatal care and child immunisation will be increased among vulnerable tribal women owing to well prospective plan. The tribal population having high birth order, age at marriage below legal age, illiteracy is more likely to arise the maternal complications, therefore it is necessity to cover these inhabitants with full attention. Also, the socio-demographic factors influenced to the risk of difficulty in relation to maternity. The suitable and effective IEC-education strategy and proper implementations with involving the gross root health workers are necessary. The IEC education can empower and force to women for effective treatment during pregnancy. Then the consequently a special awareness programme may convince for improving

quality of cares during antenatal, natal and child immunisation might be giving results in triple benefit; reduction in the mortality of mother/women, neonates and preventing stillbirths. Additionally, new-borns also can be surviving by specific care during the birth including early skin to skin contact with mother, tapping colostrum along with elite breastfeeding and added care for sick babies. In prospect views imperative need to prioritize the exclusive interventions with effective communication skills for that yield maximum benefit in terms of maternal health outcomes.

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### Conflict of Interest

None.

### References

1. Census of India 2011: Office of the Registrar General & Census Commissioner, India Ministry of Home Affairs, Government of India.
2. National Commission for denotified, nomadic and semi-nomadic tribes  
[socialjustice.nic.in/writereaddata/UploadFile/NCDNT2008-v1%20\(1\).pdf](http://socialjustice.nic.in/writereaddata/UploadFile/NCDNT2008-v1%20(1).pdf) access on 27/12/2018
3. <http://unicef.in/Whatwedo/1/Maternal-Health>. accessed on 14/12/2016
4. Linda et al; Global health beyond 2015: Inequity in India; the case of maternal and reproductive health;  
<http://www.globalhealthaction.net/index.php/gha/article/view/19145>
5. Maternal Mortality Ratio Bulletin 2011-13 - Census of India;  
[http://www.censusindia.gov.in/vital\\_statistics/mmr\\_bulletin\\_2011-13.pdf](http://www.censusindia.gov.in/vital_statistics/mmr_bulletin_2011-13.pdf)
6. D Kumar, A Verma, VK Sehgal, Neonatal mortality in India, Rural and Remote Health, 7:833. (Online), 2007, Available from: <http://www.rrh.org.au>
7. Pandey G.D & Goel Ak 1999: Socio-Demographic Characteristics of Abujmaria of M.P, South Asia *Anthropologist*, 1999;20:85-89
8. S.S. Mumbare, R Rege: Ante natal care services utilization, delivery practices and factors affecting them in tribal area of North Maharashtra: *Indian J Comm Med* 2011;36;4:287-90.
9. National Family Health Survey-4, 2015-16, Madhya Pradesh-Key indicators
10. Annual Health Survey-2011-12 of M.P., Maternal mortality ratio

11. Census of India website-2011, censusindia.govt.in.

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