RURAL HEALTH: CHANGING SCENARIO

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Maternal and child health has dependably been in the focus of government's health programmes. An array of the government-sponsored programmes is proof of this fact. Examples include *Janani Suraksha Yojana (JSY), Janani Sishu Suraksha Karyakram*, Integrated Child Development Scheme, *Rashtriya Bal Swasthay Karyakaram*, Reproductive Maternal Neonatal Child & Adolescent plus programme and the latest being the *Mission Indradhanush* launched by the present Governement.

In this article, we have discussed in brief the achievements made in the field of maternal and child health across rural parts of India in last ten years. In addition, we have identified the areas of challenges and discussed a few new initiatives launched by the present Government. The basis of this discussion is the comparison between the results of the 3rd and 4th round of National Family Health Survey (NFHS). During this period India recorded a period of accelerated economic growth and launched National Rural Health Mission (NRHM) whose key objective was to address the health care needs of citizens living in rural and backward areas of the country.

'Adolescent' is the first phase of the reproductive cycle of a female. One of the objectives of National Population Policy-2002 has been to stop child marriage and to delay first pregnancy till 20 years of age for a female. Although there is a law prohibiting child marriages in India, but NHFS-4 (2015-16) data proves that merely making laws isn't enough but strict implementation is equally important. Child marriages are not only happening and but many of these 'teen' age brides are even becoming pregnant before the legal age for marriage. Still NFHS-4 data gives us a reason to cherish, as declining trend in child marriages is seen across most of the Indian states. Early successive pregnancies before 25 years of age among women, is a common cause of multiple health problems including anemia, malnutrition, maternal mortality, and infant mortality. NFHS-4 data shows that there has been a reduction in the proportion of women who are anemic as compared to NHFS-3 (2005-06). However, the results do not match the efforts that were put forth towards this problem.

Prime minister's pet project ***"Beti Bachao-Beti Padhao"*** is a concrete step in this regard. It is meant to prevent sex selective abortions, ensure survival & protection of the girl child and education of the girl child. Wide spread adoption of the scheme will empower women throughout life span continuum.

One of the core objectives of NRHM was to reduce the maternal mortality rates (MMR) to less than 1 per 1000 live births. There has been an unpreceded improvement in the provision of antenatal, intra-natal and postnatal care, and that too in government hospitals. This is indicated by an increase in the proportion of institutional deliveries, deliveries in public facilities, elimination of neonatal tetanus, early registration of pregnancies etc. All these factors have resulted in the reduction of maternal mortality ratio across all states. This can be attributed to host of government schemes such as placing ASHA in every village, cash incentives under the JSY, improvement in primary healthcare (PHC) services, the launching of dedicated maternal and child (102) ambulance services, etc.

It would be a felony, if it is not mentioned here that simply focusing on increasing institutional deliveries and reducing MMR has diverted attention away from other dimensions of maternal health. One such dimension reported by NHFS -4 is availing of 'full' antenatal care by pregnant women which is defined as "providing at least four antenatal visits, at least one tetanus toxoid (TT) injection and taking iron folic acid tablets or syrup for 100 or more days". Most of the states performed very poorly on this aspect, even states that performed superior on all other aspect performed only satisfactorily on this aspect.

A possible solution for this problem might be a mobile-based initiative "***Kilkari***" app launched recently which is dedicated to improve mother-child care right from registration of pregnancy till the infant become fully immunized. It works by delivering a series of pre-recorded mobile messagesthat will enhance awareness among pregnant women, parents of children and field workers about the importance of Anti Natal Care (ANC), institutional delivery, Post-Natal Care (PNC) and immunization etc.

Reproductive health of women is a highly private and sensitive issue, especially in rural areas. One important aspect of reproductive health care for women is the area of 'family planning'. Unable to provide family planning services to women, especially in a country such as India, is not only undesirable but also unjustifiable. Unfortunately, the high burdened northern states have not shown any significant improvement. An innovative approach in this regard **Social Franchising Scheme** introduced in Uttar Pradesh and Bihar to boost the private sector involvement in family planning. Currently, most family planning methods are women centric. It would be a good idea to increase the options in the current basket of choice for contraceptives. A 360 degree re-designed holistic **Family Planning Campaign** with a new logo has been launched by the present government to influence the demand for family planning services.

In few state and many districts of India, the prevalence of HIV has reached the epidemiological level of more than 1.0 per cent among antenatal women. Thus, it is a need of hour that all girls (and also boys) from the beginning of their reproductive phase, should have comprehensive knowledge about HIV and other sexually transmitted infections. This is vital for achieving zero new HIV cases, especially among pregnant women. NFHS -4 reported the proportion of women having the comprehensive knowledge of HIV varied from average to low. There is a need to boost this knowledge but it is a challenge to increase the reach in rural and tribal areas of India. Another indicator which should make government concerned, is the fraction of women who know that use of a condom can prevent HIV/STI.

Cancer is an emerging public health problem in India. The only effective strategy to counter this threat is to devise a programme based on prevention, screening and early treatment. In this regard, NFHS-4 shows that only a small fraction of rural women had ever undergone a cervix, breast or oral examination. This is despite the fact that these are the three most common sites for cancers among women in India.

Similar to maternal health, there have been remarkable improvements in a various parameter related to child health. One of the core objectives of NRHM and Millennium Development Goals (MDGs) was the reduction of infant and under-five child mortality rates. All states recorded decline in infant mortality and under-five mortality rates. But this decline in mortality rate was higher in urban areas as compared to rural areas. In some states, infant mortality rates for rural areas are almost twice that of urban areas.

There have been some indirect benefits of increased institutional deliveries. Benefits include a reduction in pre-lacteal feeding, early initiation of breastfeeding and increase in the proportion of those receiving BCG vaccine (for TB) at birth. The proportion of children aged 12-23 months, who were fully immunized, also showed marked improvement, yet most states are only half way through. Between the years, 2009-2013 full immunization coverage has increased by only 1 per cent every year. This indicates that despite improvements, many children will continue to die from vaccine preventable disease due to the slow pace of improvement.

Thanks to the ***Mission Indradhanush***, full immunization coverage rate is expected to see a boost of 5-7 per cent. A remarkable feature of this

mission is that it has selectively focused on districts where immunization programme was performing poorly. *Mission Indradhanush* aims to achieve full immunization of at least 90 per cent children by 2020, by reaching out to the children who have been left out or missed during the routine immunization rounds. Thus, it will be no surprise if our country reports a marked jump in the proportion of fully immunized children in the near future.

There has been an increase in the proportion of children suffering from diarrhea who received Oral Rehydration Salt (ORS) across all states but this pace of improvement is not sufficient because diarrhea is still the most common cause of death among children less than five years of age in India. Every village has ASHA worker and it is her duty to provide ORS to children when they suffer from diarrhea and yet not all children with diarrhea receiving ORS. Introduction of rotavirus vaccine may prove a game changer in this regards. **Rotavirus vaccine** was launched in Odisha, Haryana, Himachal Pradesh & Andhra Pradesh this year and will be expanded to the entire country in a phased manner.

Foundation of a good nutritional status of children is laid down by the feeding practices employed by mothers. The first stage in providing nutrition to a newborn is a practice of exclusive breastfeeding. The next stage in child's feeding is complementary feeding. Status of both exclusive breastfeeding and complementary is not what it should be. Especially the status of adequate complementary feeding is the worst and a real cause of worry. The proportion of breastfed children aged 6-23 months who are fed 'adequate' complementary feeding varied from low to negligible throughout the surveyed states. Such poor feeding practices are not always limited to poor families. These facts reflect the poor knowledge related to complementary feeding among mothers and caregivers from all income groups.

Poor feeding habit is a cause for poor nutritional status of children resulting in malnutrition (stunting and wasting). As the descriptive epidemiology reveals that malnutrition is more than just a medical condition, in reality, it is a social problem. Improvement in this regard can only be achieved by resolving issues related to social determinants of malnutrition such as providing safe drinking water, providing toilets, ending open defecation, and promoting hand washing. If highly ambitious ***Swachh Bharat Abhiyan*** matches its aspiration, may prove a game changer in transforming social attitude.

Before concluding we would like to comment on one problem which affects citizens of all ages and both genders that is high out of pocket health expenditure. An episode of a serious illness among family member(s) can cause an adverse burden on the financial condition of family especially among economically weaker families, thus shaking the base of their financial security. Millions of families either falls below poverty lines or become even poorer or defer health care needs due to inability to pay for health care. Two initiatives announced by the present government in the Budget 2016-17, are positive steps towards reducing the extent of this problem. First is introduction of a **'New Health Protection Scheme'** which provides an amount of Rs 1 lakh to each family towards meeting the healthcare bill. Second is opening a chain of 3000 ***Jan Asushadi stores*** across the country. Both this initiatives will ensure reduction in out of pocket expenditure related to in patient care and out patient care respectively.

Conclusion: World has decided to end 'preventable maternal and child' death by 2030. If India has to accomplish this goal, then government must look beyond the health sector and address the social determinants of maternal and child health most importantly women education. In addition to maternal and child health, the government of India must ensure health assurance and not just health insurance to every Indian. In order to provide health assurance, government must ensure three things and they are

(i) end preventable deaths

(ii) ensure health and well-being

(iii) expand enabling & supportive environments for sustainable health of all but especially for India's mothers and children.

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