

Behavioural Prevention: India

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There are various socioeconomic conditions that exacerbate maternal mortality in Uttar Pradesh (UP), India. Additionally, a lack of public health (Chatterjee & Paily, 2011) care in Uttar Pradesh contributes to high incidences of maternal mortality. In Uttar Pradesh, socioeconomic conditions, which contribute to poor health, include lack of medical training and accountability (Mehotra) and general lack of medical facilities within rural Uttar Pradesh (Chatterjee & Paily, 2011) For example, only 22% of Uttar Pradesh's mother's deliver their babies in an institutional setting; public health infrastructure in the state is far below national averages (Mehotra, p.4). Post natal care does not reach many mothers, as less than 1% of mothers received health check ups during their breastfeeding stage (Mehotra, p.4). In addition, Primary Health Care (PHC's) are inconsistent with their operating hours, thereby creating barriers for those who need require health care assistance (Mehotra, p.6). Nationally, the Indian government reduced public health spending to 0.9% of GDP in 1999, down from 1.3% in 1990 (National Rural Health Mission, 2011). Despite having a program of universal healthcare, many Indians are financially burdened by health care needs. On average, hospitalized Indians spend 58% of their annual income on health care expenses, while over 40% must borrow money to cover costs and 25% fall under the poverty line, due to expenses (National Rural Health Mission, 2011). In terms of available doctors, Uttar Pradesh has a shortage of medical colleges. Health policy in Uttar Pradesh seeks one medical college for every 500, 000 people; however, UP is short 24 medical colleges

(Mehortra, p.20). Though the Government of Uttar Pradesh (GOUP) is making efforts to increase the number of doctors in UP, it is difficult to keep certified doctors in rural areas (Mehortra, p.21). It is clear by these examples that socioeconomic determinants play a major role in the poor quality of the public health care in India.

Due to existing negative social determinants of health and a failing public health system in UP, behavioural prevention is paramount to keep oneself healthy. There are several basic hygienic principles that help prevent illness and disease. These behavioural tips can help keep a mother healthy and safe during pregnancy, as maternal mortality is a severe threat for women in India. For general cleanliness, wash hands with soap and water before cooking and eating, as well as after bowel movements. It is also important to bath and wash yourself regularly (Werner, 2011, p. 247). Make sure you're always wearing something on your feet because there's a chance of getting a hookworm infection, which can lead to anemia (Werner, 2011, p. 247). Assuming a woman has become pregnant wishfully, the following actions can help reduce maternal mortality. However, if a woman has become pregnant unwillingly or wishes to terminate the pregnancy, a safe and clean abortion is the best option. Do not resort to inducing abortion by yourself, as it can lead to many infections, bleeding, and death (Culwell et al., 2010).

Mothers must take every precaution during their pregnancy to ensure proper health for themselves and for their baby. It is important to maintain a healthy and regular diet, as you are feeding for two people. Do not smoke or drink while pregnant because it can harm the baby's development, as well as the mother's health (Werner, 2011, p. 247). It may be uncomfortable to move around frequently during a pregnancy, rest is important;

however, it is also important to get some exercise, stretch your legs out a little, etc. Do not take any medicines that were not prescribed by your doctor (Werner, 2011, p. 247).

Throughout a pregnancy your body will react and feel different. There are several things that occur, that are normal for women during pregnancy: however, you must be cautious and address these issues. It is normal to experience nausea and vomiting throughout your second and third month of pregnancy, as well as in the mornings. To help with this discomfort it is best to eat smaller meals frequently throughout the day, rather than a few large meals (Werner, 2011, p. 248). It is common for women to experience swelling throughout the body, and particularly in their feet. To address this issue, relax throughout the day with your feet propped up and try to avoid salty foods. As mentioned, anemia is a big issue in UP. Women in rural areas are especially prone to having anemia. Maintaining a health diet by eating things such as “beans, chicken, cheese, eggs, meat, fish, dark greens and vegetables,” will help to make the mother and the baby stronger. It especially notable for women in UP to have iron and folic acid supplements to help with their anemia (Werner, 2011, p. 248). Finally, many women experience discomfort from hemorrhoids. To help with the pain, it is suggested to take a warm bath, or kneel with the buttocks in the air (Werner, 2011, p. 248).

As a result of high incidences of maternal mortality, both the government of India and non-governmental organizations have initiated programs focussed on reducing maternal mortality. In 2005, the program Janani Suraksha Yojana (JSY) was initiated by the government, to reduce neonatal and maternal deaths (Lim, 2010). The program gives

cash as an incentive for mothers to give birth in a health facility. Money is given to health workers and families in order to encourage childbirth in, clean and safe health facilities. Funded by the Bill and Melinda Gates Foundation (2010). While results vary state to state, 7% of pregnant women in Uttar Pradesh received JSY payments and up to 44% in other states (Lim, 2010). Data also shows that the majority of deaths that were prevented were perinatal and neonatal and there was little affect on maternal mortality (Lim, 2010). Another program initiated by UNICEF in 2004 was the “Women’s Right for Life and Health” project which targets poor women and children, ensuring they receive health care. The goal of the project is to “provide early detection of health risks and immediate treatment of pregnancy-related complications by competent and qualified personnel” (UNICEF, 2004). Results show an increase in the use of health facilities by women and an increase in the delivery of births attended by skilled attendants (UNICEF, 2004). A third program addressing maternal mortality is a non-governmental organization Save a Mother. The organization works within Uttar Pradesh to educate women about “pregnancy, nutrition and immunization” (Save A Mother, 2012). Data from May 2009 to June 2011 shows a significant decrease in maternal mortality and neonatal deaths. Maternal mortality has been reduced by 91%, while neonatal saw a reduction of 57% (Save A Mother, 2012). It is clear that maternal mortality is still an issue in Uttar Pradesh and India at large, but efforts by the governments and NGOs have made some significant impacts.

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