Health for All by 2000 AD : The Role of MCH Services

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The health of the mother is bound with the health of the children which in turn to a large extent underlies the development of Society as a whole. Pregnancy and child birth are the greatest health risks many women face in their reproductive years. The birth of a child is a happy event all over the world. But it is painful too. Its pain is known only to those women who suffer it and those who attend on them.

Existing Health Infrastructure

Maternal and Child Health and Family planning (MCH & FP) were integrated in the Fourth Five Year Plan for better effectiveness and they cannot be considered apart. The present trend is to offer MCH care package with nutrition and general health services as compact "Family Welfare services" included in 20 point programme of Govt. of India, and made an essential and integral part of the overall socio-economic development programme in the country, in co-ordination with other sectors like Education, Poverty alleviation programmes, and Housing.

Rural areas

The infracturcture in rural areas is based on a Primary Health Centre (PHC) for a population of 50,000 and a sub centre (SC) for 5,000 people. Sub-centres are peripheral outposts of delivery system managed by Health Worker (one male and one female) to provide preventive and promotive health care in addition to MCH and FP. Government of India realised that deliveries by trained *dais* are crucial. Hence training programmes for local women as *dais* were organised. Health Guides (HG) are also involved in MCH & FP activities. Anganwadi Worker (AWW) from Integrated Child Development Scheme (ICDS) is guided by Community Development Project Officer (CDPO) for the same. Thus all these categories of Health Workers are posted at the periphery for 1000 population to give first level contact care.

Urban areas

The general trend is towards institutional delivery in maternity hospitals and Nursing Homes. Some are run by Municipal Corporation and others by Voluntary Organizations. Obstetric and paediatric specialised care is available at district level.

Services Offered

The Central Govt. sponsored the following additional schemes for strenthening MCH services: Immunisation of infants and children against the six killer deseases of childhood, and of expectant mothers to safeguard them against tetanus. This activity is carried on in Hospitals, Dispensaries and MCH centres in Urban areas and PHC and SC in rural areas. There are prophylactic schemes against nutritional anemia among pregnant and nursing mothers, FP acceptors and children of 1-5 years of age. Programme of Oral Rehydration Therapy (ORT) is another important child survival scheme. Besides, drugs and vaccines are supplied by Department of Family Welfare which procures all Vaccines, IFA (Iron & Folic Acid) and Vitamin 'A' Supplies and then supplies them to Union Territories and States.

Achievement

In the First Five Year Plan (FYP) high priority was accorded to MCH services and efforts were made to improve their quality by supporting the training of health personnel. In II FYP Coordinated Welfare Extension Project was initiated by CDB, thus emphasizing the role of local bodies and communities in promoting services to children through implementation of ICDS Scheme, and training for *dais* was introduced. IV FYP aimed at enabling deprived sections of population to overcome social, economic and physical handicaps and thus improve quality of life. In, VII FYP greater importance was accorded to child welfare, assigning top priority to ICDS scheme.

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Environment and the Health of Mother and Child

Physical factors like lack of safe drinking water and poor housing facilities; socio-cultural and religious beliefs and taboos, food fads; discrimination against girl child, the burden of heavy physical labour, poor nutrition and unduly prolonged breast feeding are some of the factors which have adversely affected the health of mother and child in the Indian conditions. According to WHO, 50% of all sickness is attributable to contaminated water and poor sanitation directly or indirectly. The then Director Dr. Mahler said that the number of drinking water taps per 1000 persons will become a better indicator of health than the number of hospital beds.

Magnitude of the Problem

Child More than a million children die annually in third world before their first birthday. They are caught in vicious cycle in which malnurition and infection continue to erode their health. For every passing minute three new born babies die. Out of every ten children born, one does not live to see his/her first birthday. Acute respiratory infection take the toll of 4 million annually. Cough and Cold turns into Pneumonia, killing approximately 2-3 million children per year. 29% of infant deaths and 22% of child deaths are due to lack of medical attention.

In preschool children Malnutrition, Respiratory Infection Diarrhoea coexist, or occur one after the other.

Child does not die due to severity of one disease but cumulative burden of several factors.

50% death in 0-5 yrs is due to Malnutrition caused by improper feeding practice exclusively or jointly with infection.

Of Malnutrition in children it has been rightly said: "It quietly steals away their energy. It greatly restrains their growth. It gradually lowers their resistance. It impairs their intellectual attainment" (DAVID MORLEY)

An invisible malnutrition touches the lives of approximately one-fourth of the population of the developing world.

2,50,000 children in India need to be protected today, who are blind due to Vitamin A deficiency and everyday another 80 are added to the list.

Mother Half a million women die annually for want of essential care during pregnancy and child birth, leaving one million motherless who in turn become "at risk" children. This amounts to mortality of a mother every minute with 15 of them in morbidity.

Nearly 3/4 of MMR in developing world is due to direct obstetric causes, and two lakhs of maternal deaths result from illegal abortion, thus reflecting the unmet needs of F.P..

There are 60-70% poor urban and remote area rural women, with maternal deaths of 20%. Mutual effects of malnutrition and infection cause great havoc during periods of rapid growth. India has the highest prevalence of nutritional anemia in women i.e. 15-20% at the onset of pregnancy, and 60-70% before child birth, resulting in 30-40% Low Birth Weight (L.B.W.).

The census of 1981 in India estimates that out of a total population of 118 million pre-scholoers 48% are below poverty line, thus being at "higher risk" for Malnutrition resulting from inadequate food intake and repeated infection. 10% girls become mothers before they fully mature. They have a straight jump from childhood to premature womanhood, 44% of women are 15-18 years of age and 43% female deaths are of those who are 15-20 yrs of age. Three-fourth of the deliveries are attended by untrained *dais*, contributing to unsafe practices of delivery with high Mortality and Morbidity. There were 129 million eligible couples in 1986 with 2.5 million joining every year for F.P. coverage.

According to W.H.O. estimates there are 450 million disabled in the World-300 million adults, and 150 million children. 70% of these disabilities are preventable and occurred in early childhood.

Major causes of disabilities in children: Common diseases (CD): Measles, Polio, T.B., Leprosy. Nutritional deficiency, Complication of pregnancy and child birth, and Accidents.

All the above figures show the importance of MCH services, for attaining the goal of 'Health for All by 2000 AD'.

Recomended Guidelines for Improvement

Risk-free maternity is based on four principles.

- Improvement of social conditions of women.
- Basic care for all women during pregnancy and child birth.
- Essential obstetric care for all women who are threatened with complications of pregnancy.
- Access to F.P. for all complications.

Appropriate technology for Traditional Birth Attendants (TBA) consists of three clean's:

- Clean surface on which delivery takes place.
- Clean hands by T.B.A.
- Clean cutting of umbilical cord; and by
- Keeping the baby warm immediately after delivery.

Role of Female Health Worker

- For providing supportive services for T.B.A. and H.G.
- For referral of "high risk" patients.
- For ensuring safe domiciliary care for normal labour.
- Health education, and motivation at higher level.

Essential obstetric functions at First referral level by W.H.O.

Surgical functions, anaesthetic functions, Medical treatment, Blood replacement, Manual or assessment function, F.P. support, Management of woman at high risk. Neonatal special care.

Suggestions for better F.W. service

-- Specific Steps
-- Supportive steps
-- Steps based on Primary Health Care Approach

Specific steps

Female literacy: "Illiteracy is a personal tragedy and a powerful force in possessing inequalities and oppression".
- "Train a man, you train an individual, train a woman and you build a nation".
-To decrease B.R., I.M.R. and M.M.R., improve nutrition, proper immunisation, and schooling of female children enhances ability to take care of children, in later life. 4 years of schooling of mother reduces 50% of infant mortality. 24 separate studies in 15 different nations established that the level of mother's education even within the same economic class is a key determinant of her child's health.

For women's upliftment

- Raise the marriage age of girl to atleast 20 years.
- Improve women's status by bringing about economic independence through various income generating programmes of social welfare and Shramika Vidhyapeeths.
- Raise Physical quality of life index (PQLI) by change in life-style and outlook.
- Improve social status by avoiding sex discrimination.

Women leaders: The saying "All the flowers of the future are in the seed", shows the importance of mother. The main thrust of present day health programmes is to utilise full potential of women by giving them major role in health and family welfare. Raise women leaders from the community, and from all disciplines, who in turn will spread the message of Health.

Pre-and post-natal service: Prenatal-checkup, detect high risk cases, and referral. Conduct only normal and safe deliveries. Natal care Cardiffs count 10 for 10-12 hrs. If less seek medical help. Prenatal care of mother and child follow-up till 6 weeks for mother.

Appropriate technology for the care of Mother and Newborn, identifying priority areas.

Role of trained *Dai*: Strict implementation of one TBA per 1000 population.
- Follow up of trained *Dais* to emphasize on the three 'cleans's'.
- Replace kit equipment after use. Give incentives encouragingly.
- Supervise T.B.A, otherwise they will go back to old practices.

Role of Health Worker: H.W. has to give supportive services for T.B.A. Practice skills at a higher level. Organise women leaders for F.W. activities. Assume responsibility to take up difficult cases, referral, etc.

Strengthen the refereral complex: Effective two-way communication is essential. Strengthen the weak links. Provide ambulance services for emergency care, equipped with facilities for obstetric emergency.

Ensure utilization of existing facilities:
- Ensure that health care is available within the radius of 5 Kms.
- Rectify logistic factors to the extent possible e.g., lack of transport.
- On survey it was revealed that the cause of under utilization of service is due to unconcerned attitude of clinic personnel, long waiting hours etc.

Need to improve F.W. services: Safe drinking water, Nutritious foods, F.P. are essential for Health.

- Lay emphasis on F.P. before 20 years and after 35 years. Equal attention must be given to temporary methods of F.P. Studies indicate spacing gives rise to taller, heavier, and intelligent babies and decreases I.M.R.
- M.M.R.I. is more if children are too many, too close, too early or too late.
- I.U.D. insertion can be safely handled by H.W.(F). with minimal training.
- Role of T.B.A, H.G, A.W.(F), with supportive services of H.W.(F) is essential. All Govemment Departments and agencies - public and private - must accept population stabilization as their main objective and reflect this in all their programmes for responsible and planned parenthood. Scheme of Security Certificates for couples having no sons can be implemented effectively throughout.

Total Immunization: It is the most powerful and cost effective weapon of modern medicine. It is essential for all parents to know why, when, where and how many times their infants should be immunised. The

success of the immunization programme lies in the administration of potent vaccine at the right age, in right dose and by right technique. One fourth of the deaths can be covered by 90% coverage of measles vaccination. 65% of diarrhoeal deaths can be prevented by O.R.T., so popularization of O.R.T. is essential. T.T. immunisation for mothers ought to be improved from present 39% to 100%.

Health manpower development: Continuing education of health team members is an important investment in any programme concerned with improving health care. Communications and management skills have to be improved at the supervisory level. Training modules have to be issued. Up dating of allotted staff in urban and rural health services is essential for effective care. Post of Lady Medical Officer at P.H.C. is necessary for traditional women to accept M.C.H. services readily.

Health facilities for adolescents: Health education in school health clinics on topics like reproductive health, sex-education, population education, M.T.P. will generate some awareness regarding health in this group of the population.

Voluntary services: Involve Voluntary Heath Organisations whose role is vital in F.W. to bridge the gap between the demand/need and supply.

Records and reports: Establish recording and reporting systems with provisions for enquiry into the cause of death.

Supportive Steps

Health Education: Role of Health Workers is vital. Some diseases have roots in childhood, hence supportive and educational health services should be provided. Active role of H.W. needs to be outlined in achieving specific targets like awareness regarding nutrition and immunisation. Encourage traditional practices which are safe and natural, but harmful ones need to be abolished by effective health talks which all community development workers can iniatiate. Since acute respiratory infections are on the rise, appropriate drugs to treat the condition are given to H.W. in kit, with guidance to identify the disease. Involve people in Indian System of Medicine, Homeopathy, Unani, and in Health Education.

Environmental sanitation: Modify the physical environment by providing safe water, proper disposal of refuse, etc.,

Nutrition of mother & child: Reduce Malnutrition. Avoid conditions that lead to maternal depletion syndrome. Utilise the supplementary feeding programmes in the proper perspective. Growth monitoring is an important practical tool which can contribute significantly in achieving the goal. Supplement TAB I.F.A. for 1-5 yrs children, and for A.N. mothers, and in later term of the pregnancy, with total iron requirement in pregnancy being 1000 mg. Supply iron fortified foods, and Vitamin 'A' prophylaxis. Human Milk banks can be opened to help high risk babies to survive.

Steps based on Primary Health Care approach

Appropriate Technology for Health: At the grass roots levels provide TBA H.G, A.W.W services as per the needs of our country.

Equitable distribution of health and resources: Basic health service should be made available to all, rich as well as poor, urban as well as rural population. The inequality in distribution of health facilities has to be patched up. Specially rural poor must be made aware as to what health services exist for them, where when and how much. They should know about these as their right to health.

Inter sectoral co-ordination: Multisectional approach to attain the goal is the key element, as no single sector can function in isolation successfully.

Community participation: Health services ought to be administered to community rather than involve its participation. Enhance people's participation, which is an essential component of health care through Health Education intersectoral co-ordination, legislation and Health *melas*. While children are the future of human race, they are voiceless and powerless in decision making. Much of the suffering is preventable with political commitment and broad public support. Implement legislations strictly with regard to dowry, prostitution, pollution and child labour.

Conclusion

Every living being is struggling for life. Premature deaths of hundreds of beings indicate the failure of our civilisation. Research studies have proved that primary health care based on involvement of people, community and intersectoral activities provide an ideal setting for MCH care. Appropriate training, close supervision, and two-way communication are essential for providing health care. While primary health care does have MCH as its prime component what needs to be seen is whether it is really reaching those who need it.

As the saying goes "There is only one pretty child in the world and

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every mother has it. There are 22 M children, 25 M expectant mothers annually. Each of these is precious and needs to be protected." Every birth should be viewed as a medical emergency and we should be prepared to meet the challenge of 23 M medical emergencies.

Gabriel Bistral, the Nobel Prize winner from Chile, said:
"We are guilty of many efforts and many faults, but our worst crime is abandoning the children, neglecting the fountain of life.
"Many of the things we need can wait, the child cannot, right now is the time, his bones are being developed To him we can't answer tomorrow-- *His name is today.*"

Much needs to be done to prevent complications in the first place. For this we will have to look beyond the services into the lives of women themselves and the socio-economic and cultural environment in which they live. Adequate financial output, proper co-ordination of planning and implementation and administration, extensive community participation, and active health education are crucial for improving and utilising MCH services for achieving the goal of "Health for all by 2000 AD."

This paper was presented by the author at a short-term course for nurses held at Gandhi Medical College, Hyderabad.