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JAPAN INTERNATIONAL COOPERATION AGENCY (JICA)

DEPARTMENT OF HEALTH AND FAMILY WELFARE,
THE GOVERNMENT OF MADHYA PRADESH, INDIA

THE DEVELOPMENT STUDY ON REPRODUCTIVE HEALTH IN THE STATE OF MADHYA PRADESH, INDIA

Final Report

Volume 4 - Data Book

March 2002

SYSTEM SCIENCE CONSULTANTS INC.

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CHAPTER 1
INTRODUCTION

1 INTRODUCTION

1.1 BACKGROUND

Over the years Government of India has been making concerted efforts to make improvements in the National Family Welfare Programme. Several Bilateral and International Agencies, sharing the concerns, have also been providing the GOI with technical and financial assistance in these efforts. The programme aimed primarily at reducing national population growth and addressed along with improvement in maternal and child health care services. As the concentration of programme was more on family planning by offering incentives and disincentives, the reproductive health issues did not get the due attention of the programme planners/implementers. In the past few years the government as well as those concerned came to recognize that the existing strategies were resulting in neglect of quality related to reproductive health services. People were not being served well, and the programme was failing on many accounts, especially on reproductive health front. People were not satisfied with the public health care delivery services – and large proportion of them remained under served or poorly served by the health system.

The 1994 International Conference on Population and Development in Cairo helped focus the attention of governments on making programmes more client-oriented with an emphasis on the quality of care and services and care. In line with the conference recommendations, the Government of India acknowledged the need to abandon the use of targets for monitoring its family welfare programme. It recognised that the top-down target approach does not reflect user needs and preferences and de-emphasises the quality of care provided. The Reproductive and Child Health (RCH) programme, which began in 1996, integrates all family welfare and women and childcare services with the demand explicit objective of providing beneficiaries with need-based, client-centred, demand-driven, high quality integrated RCH services.

Women in Madhya Pradesh did not receive an antenatal check-up for almost two out of every five births in the three years preceding the survey. Mothers of only 28 percent of births received at least three antenatal check-ups (down slightly from 30 percent in NFHS-1) and 15 percent had four or more check-ups. The proportion of births for which mothers received two or more tetanus toxiod injections during pregnancy rose from 45 percent in NFHS-1 to 55 percent in NFHS-2, but is lower than the all-India average of 67 percent. Mothers in Madhya Pradesh received IFA supplements for 49 percent of their births (a proportion which is lower than all-India average of 58 percent) (NFHS-1 47 percent). 20 percent of births in Madhya Pradesh took place in health facilities (much lower than the national average of 34 percent for the country as whole), up only slightly from 16 percent at the time of NFHS-1. Thirty percent of births in the three years preceding the survey were attended by a health professional (much lower than the national average of 42 percent of deliveries attended by a health professional) in NFHS-1 it was 26 percent. Only 10 percent of the non-institutional births were followed by a check-up within two months of the delivery. 34 percent of ever-married women reported at least one type of problem related to vaginal discharge, and 22 percent reported symptoms of a urinary-tract infection.

Overall, 54 percent of women in Madhya Pradesh have some degree of anaemia slightly higher than the average for the country as a whole (52 percent) 38 percent of women are mildly anaemic, 16 percent are moderately anaemic and 1 percent are severely anaemic

IMR of 86 for the period 0-4 years before NFHS-2 is almost unchanged from the IMR of 85, 0-4 before NFHS-1. The under-five mortality rate of 130 for the period 0-4 years before NFHS-2, is somewhat higher than the under-five mortality rate of 130 for the period 0-4 years before NFHS-1. It indicates that 1 in every 12 children born during the five years before NFHS-2 dying within the first year of life, and 1 in every 7 children dying before reaching age five.

It is clear that reproductive and child health programmes in Madhya Pradesh need to be intensified in order to achieve further reductions in infant and child mortality and better coverage of individual components of reproductive health services.

Before initiating intervention programmes in the proposed 5 districts, JICA proposed to undertake a study regarding (1) Knowledge, Attitude and Practice (KAP) Study on Health Care Seeking Behaviour, (2) Beneficiary Interview Survey, (3) Study on Health Facilities and Human Resources, and (4) Community Survey in five districts in MP. Towards this objective, the ORG Center for Social Research Ltd. has been entrusted with the responsibility of conducting a study on reproductive health in Madhya Pradesh.

1.2 STUDY PERIOD

The field work of all surveys were conducted in February and March 2001 after training of interviewer and pre-test of questionnaires.

1.3 STURCTURE OF THE REPORT

The report consists of six chapters: Chapter 1 – introduction, Chapter 2 - knowledge, attitude and practice (KAP) study on health care seeking behaviour, Chapter 3 –beneficiary interview survey, Chapter 4 - study on health facilities and human resources, Chapter 5 – community survey and Chapter 6 – community health provider survey.

Chapter 6 is the result of interviews with health providers in communities which were conducted during the community survey.

Focus group discussions (FGD) with adult men, adult women, adolescent girls and adolescent boys are also conducted to obtain qualitative information on their perception on RCH and health care seeking behaviours. It covered 23 communities (5 urban communities and 18 villages). Results of the discussions are described in the related part of each chapter. The summaries of the FGDs are attached as Annex 6.