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Maternal and Child Welfare in Tribal Communities: Issues, Policies, and Remedies

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Introduction:

Today's children are the future generation. For their good health, it will help in physical and mental development. Considering all these aspects, this subject has been chosen. Any national development plan that emphasizes human development necessarily begins with child welfare. Investment made in the health and education of children reduces hunger and malnutrition, increases hope of living, and reduces the death rate. The program for the welfare of women and children and the nutrition program for pregnant women, lactating mothers, and children should especially be accelerated in tribal, hilly, and backward areas.

This is the 15th point of the 20-point program, and for the holistic development of mothers and children, the Integrated Child Development Scheme (ICDS) is being implemented. Although all schemes and mechanisms are functioning in Melghat, the rate of malnutrition has decreased. Even today, most parents consider children's malnutrition and diseases as divine wrath or possession and seek treatment accordingly. Tribal people are strongly bound by traditional beliefs and are unwilling to move away from them. Eradication of blind faith and improving the nutritional level of children and pregnant women will help reduce child mortality. Hence, this subject has been chosen.

Keywords: Infant Mortality Rate (IMR), Live Births, Post-neonatal Mortality, Child Health, ICDS, Tribal Communities.

Objectives:

- To evaluate the implementation of Integrated Child Development Service Schemes and the delivery of services.

Research Methodology:

This study was conducted using the survey method. Before starting the research work, prior preparation and testing were done to collect information. After 4 to 5 visits, guidance studies were conducted, rapport and trust were established, and evaluation was carried out. This research was conducted in 10 Anganwadi centers of Amravati district. Interviews were taken of ICDS officers, workers, helpers, supervisors, beneficiaries, their parents, and social leaders. The main research was conducted from 2004 to 2006 using interview schedules and observation methods to collect information from beneficiaries. This method provided useful and significant information for the research. The location of the project is decided where there is the greatest need, such as urban slums, backward rural or tribal districts, drought or

flood-prone areas. For this project, the state government appoints employees at three levels: Project Officer, Supervisor, and Anganwadi Worker.

Results and Discussion:

The Utility of Services Provided to the Beneficiaries of the Integrated Child Development Scheme (ICDS): To improve the supplementary nutrition and health status of children aged 0 to 6 years, to lay the foundation of children's physical, mental, and social development, to reduce the rates of child mortality, childhood diseases, malnutrition, and school dropouts, to give mothers nutrition and health education so that they can take better care of the general and nutritional needs of their children, and to bring about effective coordination among various departments regarding policy and implementation for promoting child development – these are the objectives of the scheme. To achieve these objectives, various services are given to beneficiaries in an integrated manner.

The utility of those services has been examined. In the study area, 90.00 percent of beneficiaries in the age group of 0 to 3 years take the benefit of supplementary nutrition, 86.50 percent take the benefit of health services. 84.00 percent of beneficiaries take immunization and 60.00 percent take referral services. In the age group of 3 to 6 years, 62.50 percent of beneficiaries take the benefit of informal school education. 90.00 percent of pregnant women take the benefit of supplementary nutrition. 80.00 percent of pregnant women were found to be taking health checkups as well as immunization. At the end of the study, it was found that 100.00 percent of beneficiaries in Anganwadi centers under the study area had incomplete protection from Vitamin A. This means that in the Anganwadi centers under the study, the dose of Vitamin A was not given. The reason for this is lack of knowledge about diseases caused by deficiency, not considering it important, etc.

Regarding the maternal mortality rate in the country, UNICEF conducted the National Family Health Survey in 1993, and its review is as follows: more than one lakh women die every year in India due to causes related to pregnancy and childbirth. According to UNICEF's report on women's deaths during childbirth, until the 1990s, about 1 lakh 10 thousand women were dying in childbirth, according to the National Family Health Survey of India. Regarding women's deaths in childbirth, so much negligence is shown that consistent information on women's deaths during delivery is not available, the report says. The causes of maternal death are delivery by midwives, unhygienic conditions and bleeding, early pregnancies. In Tamil Nadu, maternal mortality has decreased due to better care of women during delivery. In the study area, in tribal regions, home deliveries by traditional birth attendants (midwives) are more prevalent. This can be one of the reasons for infant mortality and maternal mortality.

To see how prepared the study area was to provide health services during and after childbirth, the medical services available at that time were evaluated. After the study it was found that 70.90 percent of deliveries were conducted at home. If the mother was at risk, then 10.00 percent deliveries took place at PHC centers / sub-centers, government hospitals, or private hospitals. After research it was found that of the deliveries conducted at home, 70.00 percent were conducted by trained midwives. 10.00 percent were conducted by health workers, private doctors, or untrained persons.

Due to iron deficiency, maternal deaths during childbirth, low birth weight babies, etc. happen. Because due to adolescence and menstruation, deficiency of iron occurs in the body. In the Integrated Child Development Scheme, services are provided to give protection from anemia. In the study, these services were included. It was found that 70.00 percent of Anganwadi centers gave protection from anemia, while 30.00 percent gave incomplete protection. From the survey in the study area, it was seen that from December 2006, for one month, the stock of folic acid capsules and liquid medicines had run out, and replenishment was not being done seriously. The beneficiaries in that area were found to consider these tablets unimportant, and even where folic acid tablets were available, they were not taken regularly. Behind all these things is the ignorance among beneficiaries.

Neonatal Mortality:

According to the researcher, this rate is actually higher. But due to unavailability of real data and due to time limitations, exact figures could not be obtained. The age of marriage being very low is a major reason for the higher rate of infant mortality. In Melghat overall, the rate of malnutrition is very high. It is found that there is a difference between the information of the health department and the reality. Until true information comes forward, the rate of malnutrition will not reduce.

Sr. No.	Birth of Children	2004-2005		2005-2006	
		According to Health Department	According to Health Researcher	According to Health Department	According to Researcher
1	Live birth	188	188	114	114
2	Mortality within 7 days	004	005	005	006
3	Mortality from 7 days to 1 year	007	009	002	004
4	I.M.R(Infant Mortality Rate)	58.51	74.46	61.40	87.71

Conclusions:

In the age group of 0 to 3 years, 80 percent of children take the benefit of supplementary nutrition. 86.50 percent take the benefit of health services. 84.00 percent of beneficiaries take immunization and 60.00 percent take referral services. In the age group of 3 to 6 years, 62.50 percent of beneficiaries take the benefit of informal school education. 90.00 percent of pregnant women take the benefit of health checkup and immunization.

In 100.00 percent of Anganwadi centers under the study area, beneficiaries had incomplete protection by Vitamin A. It was found that there was no knowledge about diseases caused by deficiency. 70.00 percent of deliveries are conducted at home by midwives. Only if the mother is at risk – 10.00 percent deliveries happen at PHC centers, sub-centers, government hospitals, or private hospitals. In 70.00 percent of Anganwadi centers protection from anemia was provided. In 30.00 percent of Anganwadi centers, incomplete protection was provided. According to information from the health department, in 2004–05 the infant mortality rate was 58.81 percent. According to the researcher, the rate was 74.46 percent. In

2005–06, according to health department information, infant mortality rate was 61.40 percent, while according to the researcher it was 87.71 percent.

Recommendations:

To give nutrition and health education, to prevent child marriages, to maintain spacing between two children, to restrict the number of children to two, to give training to women conducting deliveries, to provide immunization, supply of Vitamin A, folic acid and regular health checkups. The government should provide employment so that the responsibility of nurturing children rests with the mothers themselves. Vacant posts of health officers and doctors should be filled.

In the health department, necessary ambulances and medical supplies should be available. In remote villages, roads and electricity supply should be provided so that immunization and health facilities will become accessible. Evaluation of the schemes being implemented should be done. Training should be given to prepare food from the grains grown in their own fields. Women should be provided employment through cottage industries so that instead of going to the forest, they can stay at home, take care of themselves and their children.

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