

GOVERNMENT HEALTH SCHEMES AND REPRODUCTIVE HEALTH OF WOMEN: A STUDY IN TEA GARDEN OF ASSAM

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This paper is an attempt to observe the Government health schemes and its practicality in the tea garden areas of Assam. This study mainly focuses on reproductive health related schemes of both Central and State government. The study is exploratory in nature and both primary as well as secondary data have been collected by using methods like interview, observation, case study etc.

Keywords: Reproductive Health, Government health Schemes, Awareness, Tea garden.

Introduction

Medical and health care services ought to be inside the compass of each and every citizen of a nation. The risk of maternal and newborn child mortality and pregnancy-related complexities can be diminished by expanding access to quality health care facilities like prenatal care, antenatal care and postnatal care. After independence, Indian government has been taking initiative to improve reproductive health of women and various national health schemes and programmes have been introduced. Before the independence of India, the health survey and development committee was established in 1943 and this committee called for a national family planning programme with an aim to improve the health status of all citizens. After this, lady Rama Rao initiated and established family planning association of India in 1949 (Robinson, &

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Ross: 2007). In this context, the Planning commission of India has also allotted required fund for women health. In India the starting of reproductive health programme was related to the 1st (1952-56) and 2nd (1956-61) five year plans of the country. Earlier the concept of reproductive health was based on population control and part of the family planning programmes. In the second five year plan, states have been provided 3 corer for the establishment of about 2100 maternity and child health centre. These centers were integrated with primary health facilities and proper training of health and auxiliary personnel have been arranged. At the end of the Second five year Plan nearly 4500 maternity and child welfare centers were established, each centre serving a population varying between 10,000 and 25,000. As a result of that, the cases of severe anemia in areas where antenatal services are well established were reduced and there has been a steady decrease in the infant mortality rate. During the Second five year Plan, importance was given on maternity and child welfare services and it has turn into an integral part of the over-all health services in rural areas of India. In most of the states of our country Maternity and Child Welfare Bureau have been established and its services have been provided by the primary health centres and again it is also supplemented by services provided by welfare extension projects and by voluntary organizations.³ As a part of fifth five year plan (1974-79), Minimum Needs Programme was initiated which includes pregnant mothers, lactating mothers and pre-school children. In the 6th five year plan importance were given on family planning and it has to be viewed as an essential component of the total package of health delivery system which includes Health, Family Planning and Maternal and Child Health.

Research Methodology

As the purpose of this study is concerned with govt. health schemes and it's availability among the tea community of Assam, The Borbam tea garden of Sivasagar district of Assam was selected as the field. Sivasagar earlier known as "Rangpur", the historical city of Assam is situated 363 K.M. east of Guwahati (The capital of Assam). The Borbam tea Garden was established in 1865 and is situated on the South bank of the river Brahmaputra, located between the district towns of Sivasagar and Jorhat and close to the Nagaland border. The Tea garden is owned by the company named "Goodricke" and the name Borbam is derived from 'BOR' meaning very in the local language and 'BAM' meaning highlands, as it was located on the

³ <http://planningcommission.gov.in/plans/planrel/fiveyr/3rd/3planch32.html> accessed on 27th September, 2019

higher grounds on the banks of the river Jhanji. Total population of Borbam Tea garden is 9855 consisting of 2998 male and 3925 female and 1128, 1804 Adolescent and Children respectively. In this study the married women belonging to the category of 15 to 49 years of age⁴ of Borbam Tea Garden in Sivasagar district were considered as the respondents. To fulfillment of the purpose of this study, purposively 300 married women from the Borbam Tea garden including the two divisions i.e. Baghjan and Haluwating were selected. The argument behind the application of purposive sampling in this study was that with the exercise of a good judgment, some married women from all the 'lines' or 'Bastis' were considered as respondents who were satisfactory in relation to the objectives of this study. A common strategy was followed to handpick the married women of the various 'Bastis' who were interested to provide necessary data without any hesitation. The data of this study have been collected from mainly two sources, i.e. primary source and secondary source. These sources helped to gather most relevant information to meet the objectives of the study.

Findings

Family planning is extensively associated with the status of reproductive health. The different studies revealed that frequent application of different means for family planning may effect on reproductive health. Initially the birth control movement gives importance on the individual woman and her well-being. But, due to falling death rates in the twentieth century and non-reduction in number of births led to concerns about the adverse effects of large populations. Government of many countries takes action to tackle the potential problem of population explosion. India developed its first national family planning policy in 1952 (Mathai, 2008). Family planning decreases health risks to women and gives them more control over their reproductive lives. With better health and more control over their lives, women can take advantage of education, employment and civic opportunities. By Promoting family planning method in countries with high birth rates, it can be possible to reduce poverty and hunger and avert 32% of all maternal deaths and nearly 10% of childhood deaths. In the past 40 years, family-planning programmes have had a noteworthy influence in raising the prevalence of contraceptive practice from less than 10% to 60% and reducing fertility in developing countries from six to about three births per woman (Clelan, J. et al : 2006). Low use of family planning

⁴ <http://www.who.int/reproductivehealth/topics/infertility/definitions/en/> accessed on 15 August 2017, 10.53am

methods may be the byproduct of, the fear of side effects, weak motivation for fertility control and societal/familial disapproval of family planning (H, Tuladhar, et al : 2008). India was the first country in the world to have launched a National Programme for Family Planning in 1952. In light of reproductive health awareness of tea garden women, an attempt has been made to explore whether the respondents are aware of family planning programme or not. In this context, all the respondents were asked the same question. Initially some of the respondents hesitated to give the response, but later on they put their answer in the structured interview schedule. Apart from the application of the tools, researcher also tried to ask certain questions related to family planning programme by maintaining the research ethics strictly. It was also observed that those who are not illiterate and read up to the mark, they tried to say something more about the family planning compared to others. The study shows that out of the total 300 respondents, a major portion i.e. 207 (69%) are not aware of family planning programme, but when the word is defined in vernacular languages and appraised the meaning, they understand it proper way. On the other hand, the remaining 93 (31%) respondents have aware of family planning programme and in some context, they even practice it.

This study is also an attempt to examine the accessibility of medical facilities in tea garden. As the dwellers of the tea garden, especially the poor women, must be provided proper medical facilities under government schemes. The study focuses on the accessibility and provision of medical facilities available in the garden. The tea garden women have right to safe their health in a proper way. The right to health for all people means that every individual irrespective of class, caste and creed should have easy access to the health services they need, when and where, without suffering financial hardship. In this study the respondents were asked regarding the provision of medical facilities available for them and it was found that all the 300 respondents of this study have been able to access the health facilities available for them. Maximum number of respondents i.e. 167(55.66%) expressed that the hospital of their tea garden is the primary medical facility access by them. According to them, in case of serious situation garden authority also refer them to civil hospital Sivasagar, Jorhat and Assam medical college. On the other hand 89 (29.66%) respondents said that they directly visited Community health centre situated in Amguri Town. Again 22 (7.33%) respondents opined that Primary health centre is the main provision of healthcare for them. India is one of the countries where Infant Mortality Ratio and Maternal Mortality Ratio are still high and people's preference regarding

home delivery of baby is one of the causes of it. Home delivery of baby is related to higher risk of maternal deaths, therefore it is necessary to reduce the number of home deliveries for the improvement of maternal health. About every maternal death can be averted if mothers could deliver at a well-being environment under the care of skilled birth attendant. The nearness of skilled birth attendant amid labor in a clean and hygienic situation with essential abilities to perceive and oversee any developing complexities lessens the probability of birth entanglements, diseases or passing of either the child or mother (Moindi et al. : 2016). In the present study the respondents were asked about their preference regarding the place of child birth and from their answers it was depicted that, about 69% respondents prefer to the institutional delivery of their near and dear one's. The study reveals that, the introduction of government health schemes and facilities provided under these schemes would help the people of the tea garden. As well as government, the garden authority also takes many awareness programmes through the Angana Wadi Worker, ASHA and other health workers, for which mindset of the people of the tea garden changes gradually. Government of India has launched various health schemes to protect the reproductive as well as child health of the people of India. Reproductive, Maternal, Newborn, Child and Adolescent Health approach has been launches in the year of 2013 with the motive to look at and address the major causes of mortality among women and children as well as the delays in accessing and utilizing health care and services. Reproductive and Child Health Programme under the National Rural health Mission (NHM) is being implemented to promote institutional deliveries so that skilled attendance at birth is available and women and new born can be saved from pregnancy related deaths.⁵ Janani Suraksha Yojana (JSY) is a safe motherhood intervention under the National Rural Health Mission (NRHM) being implemented with the objective of reducing maternal and neo-natal mortality by promoting institutional delivery among the poor pregnant women. JSY integrates cash assistance with delivery and post-delivery care. The success of the scheme would be determined by the increase in institutional delivery among the poor families. The scheme provides cash assistance to mothers who have delivered in Government Health Institutions and accredited Pvt. Hospitals. All mothers from Rural Area, Urban Area irrespective of age, birth order, or income group (BPL & APL) will get a cash assistance of Rs. 1400/- and 1000/- respectively, if delivered at Public Health Facility or

⁵ <http://www.nhm.gov.in/nrhm-components/rmnc-h-a/maternal-health/background.html> Accessed on 17th Sept. 2018, 11pm

Accredited Private Hospital and Rs. 500/- is provided for Home Delivery only for BPL category.⁶ In the present study the respondents were asked whether they have availed any facility under the Janani Suraksha Yojana. Interestingly it was found that 222 (74%) respondents benefited by this scheme. The remaining 78 (26%) respondents who have not availed any facility under Janani Suraksha Yojana were asked “why they have not availed any facility under this scheme?” in response to this all the respondents replied that they were not aware of this scheme. JSY is a central government sponsored health scheme, but the respondents of this study have no idea about it. Among the various governmental health schemes Mother and Child Tracking System (MCTS) is one of the most effective initiative throughout the country and tea garden was also included for implementation of this system. Both the woman and child of tea garden have to avail this facility. In this study when the respondents were asked about Antenatal care (ANC) and Postnatal care (PNC), initially they could not understand anything about the technical terminology, i.e. ANC & PNC. But after appraising the terminology in vernacular language, at least more than fifty percentages of the total respondents, i.e. 178 replied that they heard about it. But at the same time when they were asked who introduced this “Mother and Child Tracking System” for complete immunization of mother and child, no respondents has been found those who has this information. MCTS is an initiative launched by Government of India to improve the system of health care delivery and to strengthen the mother and child monitoring mechanism. This system is designed with an aim to gather sufficient information and to track all the pregnant women and children of (0-5 years) so that they receive full maternal and child health services. In this study the respondents were investigated in terms of MCTS and it was found that 174 (58%) of the respondents were tracked under Mother and Child Tracking system. The remaining 126 (42%) respondents were asked regarding their reasons of not getting MCTS coverage and it was found that maximum number of respondents i.e. 62.69% have not aware of MCTS and even they have not been informed by any health facility providers. On the other hand 37.30% respondents expressed that, they have no time and even not interested to get them registered under MCTS.

Discussion

One of the achievements of National Health Mission (NHM) is the patient transport ambulances operating under Dial 108/102 ambulance services. 108 is predominantly an

⁶ <https://nhm.assam.gov.in/schemes/janani-suraksha-yojana>, Accessed on 17th Sept. 2018, 11pm

emergency response system, primarily designed to attend to patients of critical care, trauma and accident victims etc. same as 102 services essentially consist of basic patient transport aimed to cater the needs of pregnant women and children though other categories are also taking benefit and are not excluded.⁷ From this study it has been found that 195 (65%) respondents used the governmental ambulance services. They even said that the ambulance services are a good initiative of government as it is vital in any emergency cases. Only 105 (35%) respondents mentioned that they were not used the ambulance services. They expressed various reasons of not using the ambulance services. One of the main reasons is lack of awareness. Some of the respondents don't know about the ambulance services like 108, 102. They even have no knowledge that Pregnant women are entitled to free transport from their homes to government health facilities, between the facilities in case they are referred on account of complications, and back to their homes after delivery is provided through the 102 ambulance services. In other cases, the respondents expressed that, in their area the road condition is not as convenient for the ambulance to reach. They were unable to get the benefit of ambulance service despite of their desire. The ministry of health and family welfare (MoHFW) of Central Government also launched the Janani Shishu Suraksha Karyakaram (JSSK) in 2011. The initiative entitles all pregnant women delivering in public health institutions to absolutely free delivery, including caesarean section, free drug and consumables, free diagnostics test such as urine, blood test etc. Pregnant women are also entitled to free transport from their homes to government health facilities, between the facilities in case they are referred on account of complications, and back to their homes after delivery (Xavier : 2014). In this context the respondents of the present study were asked "whether they availed these facilities under JSSK?" In response to this, 207 (69%) respondents expressed that they have availed the facilities under this scheme. The respondents, those who heard and availed the facilities under this schemes; they were asked about the free entitlements for pregnant women, but only 36 (17.39%) respondents out of 207 respondents said that they heard that it includes only free and cashless delivery. Significantly the pregnant women, as beneficiary, have to obtain some significant entitlements like free C-Section, free drug and consumables, free diagnostics, free diet during stay at hospital, free blood, exemption of user charge, free transport from home to hospital etc. but the respondents thought that the free and

⁷ <http://www.nhm.gov.in/nrhm-components/health-systems-strengthening/emri-patient-transport-service.html> Accessed on 17th Sept. 2018, 11pm

cashless delivery consist of all these facilities. Again this scheme also provide free entitlements for sick newborns till 30 days after birth, but out of the total 207 respondents only 19 (9.17%) respondents availed this facilities and ASHA workers helped them in this context. Mamata was a scheme introduced by government of Assam with an objective to reduce Maternal Mortality Rate and Infant Mortality Rate in the state. Under this scheme Post-delivery hospital stay of 48 hours is necessary for a mother and her newborn child. A gift hamper called as “Mamata Kit” was provided which contains essential products like baby powder, mosquito net, baby oil, a flannel cloth etc. In this context, the respondents of the present study were questioned, whether they have availed the facilities under Mamata Scheme. In response to this maximum number of respondents i.e. 219 (73%) respondents opined that they have not received any kit as they left the hospital before 48 hours. The 219 respondents were again asked about the reasons for leaving the hospital. In this context, 138 (63.01%) respondents said that they left the hospital due to their poor economic condition. They told that more bills would be paid by them if they spent more days at the hospital. On the other hand, 55 (25.11%) respondents said that they were not aware regarding the time that should be spend by a mother in the hospital after her delivery. The remaining 26 (11.87%) respondents expressed that they were unable to stay 48 hours at the hospital for their family problem. Communicable diseases are more harmful than normal disease as it spread very fast. In context of the population of Tea garden, the case of communicable disease is more risky as most of them are not aware of it. Communicable disease like HIV/AIDS, Tuberculosis, STD, Leprosy are dangerous for each and every people and for that reason Government of India takes many initiative to control and prevent it. National AIDS Control Programme (NACP) was launched in 1992 with a motive to prevent and control HIV/AIDS in India. In the same way National Leprosy Eradication Programme was launched in 1983 for early detection of leprosy case through trained health workers. In this study the respondents were asked about the scheme/programme of communicable diseases; which provides information about communicable disease. But, unfortunately only 31 (10.33%) respondents have been found who have partial information regarding these programmes. Interestingly it was found that the 31 respondents were from the young age group (15-25years), and they have higher educational qualification in comparison to other respondents. On the other hand 269 respondents have failed to express the meaning of the word “communicable”.

The Government of India has also launched “Mission Indradhanush” in 2014 to improve the coverage of immunization in India. Through the scheme 90% coverage of immunization for all children and pregnant mother was targeted. In this study the respondents were asked whether they have heard Mission Indradhanush programme. But unfortunately not a single respondent has been found those who heard about it. In the 21st century, India is still has to deal with many pregnancy related complications. The rate of IMR, MMR is still high in the Country. Socio-cultural taboos, lacks of awareness, superstitions are still remain as the major hindrances which affect the reproductive health of women. For a better reproductive health a woman has to aware about the problems and the measures that is to be taken. Early registration of pregnant women is vital. After the registration, they have to do pre-natal, antenatal, and post natal checkups which is completely free. The Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) has been recently introduced to provide fixed day quality antenatal care services to women in their 2nd/3rd trimesters of pregnancy on the 9th day of every month. The initiative aims to ensure that assured and comprehensive antenatal services are provided to pregnant women at designated health facilities by Obstetricians/ medical officers.⁸ In the present study the respondents were questioned regarding checkups during their pregnancy period and the study reveals that maximum number of respondents i.e. 222 (74%) have performed their antenatal checkups i.e. necessary for both mother and their child. On the other hand 78 (26%) respondents said that they have not performed health checkups during their pregnancy. Those 78 respondents were again asked regarding their reasons of not performing health checkups and it was found that lack of knowledge is the prime reason for not performing health checkups by the respondents. In this study it has been observed that one of the vastly practiced habits among the people of Tea garden is sewing of Tobacco which is very harmful for them. It is one of the causes of Throat cancer. As like male, most of the females of the tea gardens used it in their day to day life. By internalizing the harmfulness of sewing tobacco, the Government of India launched the National Tobacco Control Programme in the year of 2007-08 with the aim to create awareness regarding the harmful effect of tobacco consumption, limits the production and promotion of tobacco. In this study when the respondents were asked about the National Tobacco Control Programme, only 14 (4.66%) respondents gave positive response and said that they heard about it. They expressed

⁸ <https://nhm.assam.gov.in/schemes/pradhan-mantri-surakshit-matritva-abhiyanpmsma>, Accessed on 18th Sept. 2018, 11am

that though the government officials or any other health facilitators never come to their garden to provide the information regarding this programme, however, they heard it from the doctors of 'garden hospital'. In light of this programme, the 14 respondents, those who aware of it, were asked about it's objectives, but they failed to give answer.

Conclusion

The study indicates that in case of government health schemes a good number of respondents were not aware of the schemes implemented by the government in terms of reproductive health. But at the same time they have availed the provision of local medical facilities provided by the private hospital owned by the tea garden, Sub-centre, Primary health centre and Community health centre. It was revealed from the study that, lack of education still standing as a stumbling block for tea garden women to pursue adequate knowledge of reproductive health and to get themselves aware regarding the government health schemes. Even in the 21st century they are surrounded by the old age traditional beliefs, practices and taboos.

References

- Cleland, J., : Family planning: the unfinished agenda. *The Lancet*, 368(9549), 1810–1827
- Bernstein, S., Ezeh, A., Faundes, et al. 2006
- Mathai, M : The global family planning revolution: three decades of population policies and programmes, *Bulletin of world health organization*, 86(3), 161-240
- Moindi et al : *BMC Public Health* 16:114
- 2016
- National Health mission : *Maternal health care*
<http://www.nhm.gov.in/nrhm-components/rmnch-a/maternal-health/background.html> (Accessed on 17th Sept. 2018, 11pm)

- National Health mission : *Reproductive health schemes*
<https://nhm.assam.gov.in/schemes/janani-suraksha-yojana>, (Accessed on 17th Sept. 2018, 11pm)
- National Health mission : *Reproductive health schemes*
<https://nhm.assam.gov.in/schemes/pradhan-mantri-surakshit-matritva-abhiyanpmsma>, (Accessed on 18th Sept. 2018, 11am)
- National Health mission : *Patient transport service*
<http://www.nhm.gov.in/nrhm-components/health-systems-strengthening/emri-patient-transport-service.html> Accessed on 17th Sept. 2018, 11pm
- Planning Commission of India : *Five year plans*
<http://planningcommission.gov.in/plans/planrel/fiveyr/3rd/3planch32.html> (accessed on 27th September, 2019)
- Robinson, W.C., & Ross, J.A. (Eds) : *The global family planning revolution: three decades of population policies and programmes.* The World Bank, Washington DC. 2007
- Tuladhar, H et al. : *Awareness and practice of family Planning methods in women attending Gyne OPD at Nepal Medical College Teaching Hospital* 2008
- World Health Organization : *Definition of Reproductive Health*
<http://www.who.int/reproductivehealth/topics/infertility/definitions/en/> (accessed on 15 August 2017, 10.53am)
- Xavier R : *Saving lives through rural ambulance services: Experiences from Karnataka and Tamil Nadu states, India, Transport and Communications Bulletin for Asia and the Pacific.* 2014