CommonHealth

Sahayog
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WOMEN CENTERED MATERNAL HEALTHCARE & PRACTICES

Voices from Marginalised Community Women of Khordha District of Odisha.

2022

by SAHAYOG
In collaboration with CommonHealth

Acknowledgement

We express our gratitude to the women involved in the study for their valuable contributions made through activities such as role-playing, free listing, and open discussions, which enriched the depth and richness of the report.

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Secretary

SAHAYOG

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Introduction & Background of the study

SAHAYOG is an officially registered voluntary organization operating in Odisha since 2008. The organization concentrates on improving maternal, child, and adolescent health. It strives to accomplish this by ensuring improved access to patient-centered healthcare and services to TB patients. Moreover, the organization is committed to promoting gender equality and quality education among the vulnerable and marginalized groups of Odisha. SAHAYOG is an active member and partner of the CommonHealth Forum, working collaboratively to advance sexual and reproductive health rights (SRHR) and the right to safe abortion in Odisha. This study, conducted by SAHAYOG in collaboration with CommonHealth—a coalition comprising various organizations and individuals focused on reproductive health. With a strong history of advocating for the advancement of sexual and reproductive healthcare to promote women's health and well-being, the coalition aims to reshape the discourse on women's health. The coalition emphasizes the importance of a women-centric approach to maternal health services and is initiating discussions on this crucial topic. To gain insights into women's preferences, CommonHealth conducted a qualitative study among marginalized communities in nine locations in India. SAHAYOG, on the other hand, conducted in-depth qualitative interviews with Shabar community women in two panchayats of Jatani Block in Khordha District.

Methodology & Key questions used in the study

The study was qualitative study involved consulting women at the grassroots level to understand their expectations and requirements from maternal health services. It has used role plays, free listing and group discussions to gathered the information. The study included gathering opinions from healthcare workers operating in the region to provide insights into the design of women-centered maternal health services.

Key Questions

- What is Women-Centered Maternal Health Care? What will be the different components of the health system in terms of needs (infrastructure, human resources, supply), delivery, and experience of care?
- Do current maternal health policies and programs provide for women-centered maternal health care? What changes are needed to make maternal health policies and programs women-centric?
- What are women's perceptions of what they expect and what they receive in terms of health care during pregnancy and childbirth?

Geographical, Social, Economic, and Health Conditions of the Study Population :

The study focused on women from the Shabar caste, all of whom belonged to the daily wage labor class. Total 3 consultations organised in three villages from two gram panchayats. The women interviewed were between the ages of 22-35, including pregnant women, lactating mothers, and mothers of 3-4-year-old children. Education from never going to school to one attended 12 years of schooling. All families had their ration (Khauti) card and a state government-sponsored health insurance card (Bijuswasthya Bima Card). ICDS workers, ASHA, and female ANMs focused on the health issues of this population more than other castes. Almost all women have ANC, with some having done ANC four times. They attend VHND, register their pregnancy, obtain MCP cards, and receive benefits from the JSY and Mamata/Pradhan Mantra Matriva Vandana Yojana (PMMVY) scheme. Most go to government health centers for delivery, and only those with high-risk pregnancies or requiring a cesarean section go to private hospitals, which incurs higher costs.

Key Findings

Expectations from the husband and marital family

- Freedom (for the woman) to make decisions about pregnancy and delivery-related care.
- Freedom and support (for the woman) to rest and sleep when needed and to consume adequate food, satisfy food cravings
- Care and support from and involvement of husband throughout pregnancy and delivery, accompanying the wife for ANC visits to hospital;
- Responsibility taken by husband for preventing pregnancy and use of contraception
- No pressure to have children immediately after marriage, and to have sons. These affect the woman's peace of mind.
- Support, or at the least, no opposition to adhering to the healthcare provider's advice.
- Care and support for all pregnancies, not limited only to the first pregnancy. Support and care in case of mishaps (miscarriage, stillbirth).

Expectations from the community

- No pressure to have children immediately after marriage.
- No pressure to have sons.
- Physical and financial support in case of emergencies during pregnancy and/or delivery.

Expectations from the Frontline Workers

- Husband and family members should also be counselled by the ASHA/AWW/ANM on care and support for the pregnant woman.
- When a woman repeatedly misses VHND attendance, the ANM should make a house visit and provide healthcare and advice as needed.
- They should respond to calls from pregnant women.
- The ASHA, AWW and ANM should make house visits to advise and support women and family members postpartum.
- Male Health worker need to discuss with community (male engagement) in regular basis on use of contraception, husband's responsibility etc.

Expectations from the public health system – ANC

- Women expect good quality nutritional support provided to pregnant women and lactating women through the ICDS centres.
- Contraceptive services for reversible methods should be provided at the community level .
- PHCs and higher-level health facilities should have adequate infrastructural facilities for check-ups for pregnant women - enough place to sit, fan, drinking water, clean toilet at a minimum.
- PHCs should have the equipment and supplies for routine investigations and care during pregnancy: scanning facilities are a must.
- Human resources in the PHCs should be adequate to cater to the volume of pregnant women coming for ANC.
- Fixed days for ANC is a good idea, but a woman coming on another day should not be turned away.
- To ensure the availability of rare or negative blood types in district hospitals.
- Respectful care for all women

Expectations from the public health system – delivery care

Demands for informal payments by hospital workers at all levels, from the watchman and sanitary worker to the nurses, and withholding services and care when payment is not made is one of the biggest problems that women face, and should stop.

- Free ambulance service for transporting mother and child to home after delivery should be implemented
- Delivery wards should have good infrastructure - adequate number of beds kept clean, protection from mosquitoes and pests, clean toilets, fan and so on.
- Free food should be provided to all women admitted for delivery.
- Women should receive support from the nurses for initiating breastfeeding.
- No woman should be left unattended when she is in labour. Along with family member as birth companion ASHA worker provision also reestablished.
- No woman in labour should be left to the care of a trainee nurse alone.

- District hospitals should be equipped for providing care for any emergencies during delivery, including blood transfusion, and should not refer patients to higher level facilities or the private sector.
- Unnecessary referrals from CHCs and PHCs of women in labour to higher-level facilities by nurses should stop.
- Women should not be abused, humiliated or treated with disrespect during childbirth.
- Insertion of IUD postpartum, without the woman's knowledge or consent should stop.

Recommendations for Policy and Programmatic Changes :

- There should be a woman doctor in every facility providing ANC and delivery care.
- The number of nurses in the delivery wards should be planned to ensure that no woman will be left unattended.
- The capacities of AWW and ASHA should be enhanced to provide appropriate information and support to pregnant women, including on contraception and government schemes.
- Tribal women prefer delivering close to their homes, in health subcentres. HSCs in tribal areas must have experienced ANMs those are skilled midwives.

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