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Advancing Maternal Health in Himachal Pradesh: Progress and Challenges towards Achieving SDG 3 Targets

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Abstract

Maternal health is an important facet of healthcare, particularly in underdeveloped nations such as India, where maternal mortality remains high. Himachal Pradesh, a northern Indian state, has made great pace in improving maternal health outcomes in recent years. Maternal mortality ratio (MMR) in the state has decreased dramatically, owing to better access to healthcare services and the adoption of numerous maternal health programmes. In the state, institutional delivery has climbed to 91 percent. In Himachal Pradesh maternal mortality has decreased from 103 per 100,000 live births in 2011 to 55 per 100,000 live births in 2020-21, which is better than the worldwide objective. It also advances in institutional deliveries and prenatal care coverage, indicating improved awareness and utilisation of maternal healthcare services. Nonetheless, despite these advances, significant problems remain persist like geographical constraints, particularly in distant and mountainous locations, obstruct access to quality healthcare services, putting maternal health at risk. Inadequate infrastructure, a lack of competent healthcare personnel, and social issues such as gender norms and cultural practises all contribute to the current discrepancies in maternal health outcomes. The present study investigates the situation of maternal health in Himachal Pradesh, a northern Indian state, with a specific emphasis on its alignment with Sustainable Development Goal 3 (SDG 3) – guaranteeing healthy lives and fostering well-being for all at all ages. The paper also examines the present condition of maternal health indicatorsin Himachal Pradesh, identifies difficulties, and indicates viable options for meeting SDG 3 objectives.

Keywords: Maternal health, Sustainable Development goals, Himachal Pradesh.

Introduction

Maternal health refers to women's health throughout pregnancy, delivery, and the postpartum period. It often includes the health care elements of family planning, preconception, prenatal, and postnatal care to create a happy and rewarding experience. Maternal health can also minimise maternal morbidity and death in some circumstances and concerned with the health &well-being of pregnant women. According to WHO, despite the fact that maternity is seen as a gratifying natural experience that is emotionally draining for the mother, a substantial number of women have health issues and, in some cases, die .As a result, there is a need to invest in women's health. The investment may be made in a variety of methods, the most important of which are healthcare cost subsidies, maternal health education, supporting good family planning, and providing progressive health checks on women with children.

Maternal wellbeing is a crucial aspect of healthcare, especially in developing countries like India, where maternal mortality remains high. The issue of maternal health is crucial for the progress of any nation in terms of promoting equality and reducing poverty. The survival and welfare of mothers are significant not only for themselves but also for solving various socio-economic and developmental issues. The provision of maternal healthcare services is key to ensuring the health and wellness of mothers and their offspring, which in turn, impacts the overall health and nutritional status of the population. Himachal Pradesh, a northern Indian state, has made great pace in improving maternal health outcomes in recent years. Maternal mortality ratio (MMR) in Himachal Pradesh has decreased dramatically, owing to better access to healthcare services and the adoption of numerous maternal health programmes. In the state, institutional delivery has climbed to 91 percent. Maternal mortality in Himachal Pradesh has decreased from 103 per 100,000 live births in 2011 to 55 per 100,000 live births in 2020-21, which is better than the worldwide objective. Maternal health holds immense significance within the Sustainable Development Goals (SDGs), particularly SDG 3, which strives to guarantee healthy lives and well-being for everyone, regardless of age.

As per the UNICEF (2020), globally there has made great progress in lowering neonatal and maternal mortality in recent decades. The neonatal mortality rate was nearly halfin between 1990 and 2020. But many nations still arestruggled to improve mother and infant survival and reduce

stillbirths due to unequal access to inexpensive, high-quality health care and services. A high proportion of maternal and neonatal mortality occur in war or displacement contexts. Every day, over 6,500 newborns die during their first month of life. An estimated 2.4 million infants died globally in 2020. In every two minutes, a woman dies during pregnancy or delivery throughout the world. There are expected to be 287,000 fatalities globally in 2020. Sub-Saharan Africa accounted for almost 70% of maternal mortality. The major causes of maternal mortality include severe bleeding, high blood pressure, pregnancy-related illnesses, and complications from spoilt abortions. All of these are generally avoidable with access to high-quality healthcare. If this trend continues, the lives of almost 1 million additional women will be jeopardised by 2030. If present trends continue, 48 million children under the age of five would die between 2020 and 2030, with half of them being newborns.

White Ribbon Alliance India (WRAI) to provide and enlighten women on healthcare practises, as well as to make different healthcare programmes available and accessible throughout pregnancy, delivery, and post-natal services. All nations across the globe have agreed on a new aim to reduce maternal mortality by 2030. One ambitious goal is to "reduce the global Maternal Mortality Rate to less than 70 per 100,000 births, with no country having a maternal mortality rate that is more than twice the global average.The Government of India recognised 11 April, the date of Kasturba Gandhi's birth, as National Safe Motherhood Day in 2003, in response to WRAI's proposal. "Every year on April 11, on the birth anniversary of Kasturba Gandhi, the wife of Mahatma Gandhi, the National Motherhood Day is held to promote awareness about proper access to care throughout pregnancy, delivery, and postnatal services. India is the first country to have done so.

The government has made a number of measures throughout the years to minimise maternal and newborn death rates. India is attempting to reach the Sustainable Development Goals (SDG) target of reducing maternal mortality to less than 70 per 100,000 live births by 2030. A variety of government schemes, such as the PradhanMantriSurakshitMatritvaAbhiyan (PMSMA) and JananiShishuSurakshaKaryakram (JSSK), have been implemented to help with this.

➢ Review of Literature:

Kassim M. (2021) conducted "A qualitative study of the maternal health information-seeking behaviour of women of reproductive age in Mpwapwa district, Tanzania", to explore the maternal health information seeking behaviour of rural Tanzania. Researcher was used qualitative approach of study, data was collected purposively from eight focused group discussion and thematic analysis was done. This study revealed that there is a need of maternal health information in most of the women of rural Tanzania , as also found that there is lack of health facilities and professional health workers.

Hamal, M., Dieleman, M., De Brouwere, V. *et al.* (2020) in his study "Social determinants of maternal health: a scoping review of factors influencing maternal mortality and maternal health service use in India" conducted scoping review of peer reviewed journals of Pubmed and Science Direct of qualitative and quantitative analysis in India after 2000. Researchers found in his study that caste, religion, gender, education, culture and economic status were the most important factor for the maternal health services and maternal mortality rate in India.

Olonade, O., Olawande, T. I., Alabi, O. J., &Imhonopi, D. (2019) in his study" Maternal Mortality and Maternal Health Care in Nigeria: Implications for Socio-Economic Development" the functionalist viewpoint was utilized as a theoretical tool to study the functions of numerous interconnected societal components, with a focus on pressing concerns impacting maternal mortality and assessing the maternity care system. This study revealed that direct and indirect causes of medical related of maternal mortality, socio-economic and various socio-cultural factors that influence the outcome of the pregnancy.

Rutaremwa, G., Wandera, S.O., Jhamba, T. et al. (2015) studied the "Determinants of maternal health services utilization in Uganda" to examine the maternal health services. In this study researchers was used data from the 2011 survey and sample of about 1728 women of reproductive age (15-49) was analyzed by multinomial logistic regression model. Researchers

found in this study that women higher education, residence and socio-economic status are more likely to utilize the health care services as compared to others.

Say, L., &Raine, R. (2007) conducted a study on "A systematic review of inequalities in the use of maternal health care in developing countries: examining the scale of the problem and the importance of context". In this study, researchers investigate the potency and effects of maternal health care interventions in developing countries based on maternal domicile and socioeconomic level. Researchers discovered substantial variance in maternal health care usage in methodological variables, health care users, health care suppliers, and social and cultural difficulties.

Marie Furuta, &Salway, S. (2006) studied "Women's Position within the Household as a Determinant of Maternal Health Care Use in Nepal. Researchers analyzed the data of women aged 15-49 from the demographic and health survey of Nepal 2001 to explore the women positions within their household decision-making , employment and decision in family planning. Logistic regression model was used to assess the relationship of these variables to availability of antenatal and delivery care. In this study, researchers found that few women are reported in participated in decision making and even fewer in control over earnings and employment. More than half of the women are reported to discussion in family planning with their husbands. It was also found that in this study women secondary education play vitalfunction in the utilizationof medical provisions.

Objectives of Study:

The present study has fulfil the following objectives

1. To examine the present situation of motherly wellbeing and its services in Himachal Pradesh.

2. To identify the challenges related to the various health indicator of maternal health.

3. To suggest the possible way out for meeting to SDG 3 objectives in Himachal Pradesh for healthy lives of all ages.

Research Methodology: This Study was based on Narrative review. Researcher has reviewed Government reports, NFHS, Research papers etc for analyzing and deep understanding of the Maternal Health services and situation in Himachal Pradesh.

This study is limited to the secondary data analyzed only for Himachal Pradesh.

➢ Maternal Health Situation and Progressin Himachal Pradesh:

Maternal health is an important component of total public health, and its improvement is critical for women's well-being and community development. Sustainable Development Goals (SDGs) approved by the UNO United Nation Organization in 2015, establishing a worldwide agenda to address the most pressing social, economic, and environmental concerns. SDG 3 notably focuses on guaranteeing healthy lives and fostering well-being for all people of all ages, including maternal mortality reduction and maternal health improvement**.**

- **Maternal Mortality Ratio (MMR):**

The maternal mortality ratio (MMR) is an important measure of maternal health. Himachal Pradesh has made great progress in lowering MMR during the last several decades. To achieve the SDG 3 objective of fewer than 70 maternal deaths per 100,000 live births by 2030, however, continued efforts and targeted interventions are required.

• Coverage for Skilled Birth Attendance (SBA) and Antenatal Care (ANC):

Antenatal care is critical in protecting pregnant women's well-being and recognising potential dangers. Himachal Pradesh has prioritised boosting ANC coverage and encouraging early and routine check-ups. In Himachal Pradesh, according to NFHS 5, 77.7% of women received four ANC examinations, Bilaspur, Kinnaur, Shimla, Sirmaur, and Solan had considerably greater ANC coverage, ranging from 75.3% to 88.2%, whereasHamirpur, Chamba, Kullu, Kangra, and Lahul&Spiti had inadequate complete ANC coverage, ranging from 56.3% to 65.6%. According to HMIS 2019-20, around 92.5% of deliveries occurred in institutions, with 82.9% occurring in public health facilities.Efforts have been undertaken to raise women's awareness and enhance the availability and accessibility to ANC services, particularly in rural and disadvantaged regions.Antenatal care (ANC) and skilled birth attendance (SBA) are

critical for healthy pregnancies and births. These programmes seek to promote prompt diagnosis and management of high-risk pregnancies, as well as the provision of necessary testing and immunisations, as well as counselling on maternal nutrition and healthy lifestyles. Despite the fact that Himachal Pradesh has pursued many efforts to enhance ANC and SBA coverage, discrepancies persist, particularly in distant and marginalised groups. Improving skilled birth attendance is an important technique for lowering maternal mortality. Himachal Pradesh has prioritised institutional births and the training of experienced birth attendants. To successfully handle problems during labour, an emphasis is focused on providing round-the-clock obstetric care, emergency services, and establishing referral links

- **Postnatal Care (PNC):**

Postnatal care is critical for both the mother's and the newborn's health and well-being. Himachal Pradesh has undertaken methods to increase postnatal care coverage, like as healthcare professional home visits, health education, and breastfeeding assistance. These programmes seek to meet the unique requirements of postpartum mothers while also reducing complications and neo-natal death.

- **Family planning programmes:**These programs are critical for women's empowerment and reproductive rights. Himachal Pradesh has taken steps to provide access to family planning services, such as providing contraception, counselling, and information on various family planning options. These activities assist women make informed reproductive health decisions and support responsible family planning practises. The total fertility rate (TFR) has dropped from 2 in 2005 to 1.6 in 2018. The overall unmet demand in the state is 7.9, with 2.8% unmet requirement for spacing, according to the NHFS 5 research. The Una district had the highest total unmet requirement (15.8%), while the Solan district had the lowest (2.9%). In the state, around 63.4% of married women reported using any modern approach of family planning (NFHS 5), with sterilisation being acceptable to 37.7% of females and 3.3% of males.
    - **Improving Healthcare Infrastructure:** Himachal Pradesh has prioritised the improvement of healthcare infrastructure in order to guarantee the accessibility and ease of access of maternal healthcare services. This involves the establishment and improvement of primary health care facilities, community

health centres, and district hospitals. Access to excellent maternity care has increased due to the establishment of healthcare institutions in distant and underprivileged communities.

There are presently 2,092 Sub-centres (SCs), 564 Primary Health Centres (PHCs), and 85 Community Health Centres (CHCs) in place, compared to the required 1,375sub centre, 226 Primary Health Centres, and 56 Community Health Centres. Similarly, in urban regions, there are 24 Primary Health Centres against the required 15, accounting for more than 60%. The state contains nine District Hospitals, eighty-three Sub District Hospitals and six government medical institutes. As functional First Referral Units, the state has 12 District Hospitals, 5 Sub District Hospitals, and just 1 Community Health Centre. There are 105 Sub Centres, 47 Primary Health Centres, and 8 Community Health Centres in tribal catchments, compared to the needed 133 Sub Centres, 20 Primary Health Centres, and 5 Community Health Centres.

Himachal Pradesh has recently initiated the Ayushman Bharat - Health and Wellness Centres (AB-HWCs) in September 30, 2020. Under this program there 1131 Health and wellness centres,17 Urban Primary Health Centre , 512 Primary Health Centre, and 602 Sub Health and wellness Centre are operationalized .

Community-Based Programmes: In Himachal Pradesh, community participation has been a cornerstone of maternal health initiatives. Accredited Social Health Activists (ASHAs), for example, play an important role in raising awareness, supporting behaviour change, and connecting women to maternity healthcare facilities. Under the NRHM, all 12 districts in Himachal Pradesh are equipped with Mobile Medical Units.Under the National Rural Health Mission (NRHM), the state has 98.20% of the neededaccredited social health Activist (ASHAs) in place, while the NUHM has 97.06%. The current doctor-to-staff nurse ratio is 1:1, with 9 public health practitioners (staff nurse, Auxiliary and nursing midwife,specialists and Medical Officers) per 10,000 people. These programmes have been successful in reaching out to and meeting the needs of marginalised and rural populations.

- **Efficient health information systems:**It is essential for monitoring and assessing maternal health programmes. Himachal Pradesh has put in place comprehensive health information systems to gather information on a variety of maternal health indicators. This information is used to evaluate programme success, identify gaps, and make evidence-based decisions in order to enhance maternal health outcomes.

The Ministry of Health and Family Welfare(MoHFW) is aiding all States/ UTs in enforcing the Reproductive, motherly, New- born, Child, Adolescent Health and Nutrition(RMNCAH N) strategy under the National Health Mission(NHM) grounded on the Annual Programme perpetration Plan(APIP) submitted by States/ UTs in order to reduce child Mortality Rate(IMR) and motherly Mortality Rate(MMR). The government's involvements are as follows

➢ Interventions to Reduce (Maternal Mortality Ratio):

- **(JananiSurakshaYojana):** This programme was started in April 2005 ,to demand promotion and conditional cash transferwith the intention of minimising Maternal and Infant Mortality by encouraging pregnant women to utilise institutional delivery.
- **(JananiShishu'sSurakshaKaryakram): :**JananiShishuSuraksa scheme aims to eliminate out-of-pocket expenses for pregnant women and sick newborns by offering free transportation, diagnostics, medications, free birth including caesarean section other public health facilities.
- **(SurakshitMatratvaAshwasan SUMAN):** This scheme seeks to eliminate all preventable maternal and newborn deaths by giving assured, respectable, considerate, and quality care at free of cost for every woman and child visiting a public healthcare institution, with 0% tolerance for denial of treatment.
- **(PradhanMantriSurakshitMatritvaAbhiyanPMSMA):** On the 9th of every month, the PradhanMantriSurakshitMatritvaAbhiyan (PMSMA) offers pregnant women with a scheduled day, free of cost guaranteed and quality Antenatal Care.

- **LaQshya's** :Its purpose is to improve the standard of care in delivery rooms and maternity operations facilities so that expectant women have fair and outstanding treatment during deliveries and the initial afterbirth period.
- The Midwives programme was created to train Midwives nursing practitioners who are competent in accordance with International Confederation of Midwives (ICM) standards as well as capable of providing caring women-centered, reproductive, pregnancy, and new-born health care services.
- The infrastructure, machinery, and skilled employees have been enhanced at over twenty-five thousand 'Delivery Points' around the country to deliver comprehensive RMNCAH+N services.
- First Referral Units (FRUs) will be fully modified by ensuring employees, blood holding units, referral connections, and so on.
- Child and maternal health Sections have been created in hospitals with high caseloads to enhance the quality services provided to children and their mothers.
- Maternal Death Surveillance Review (MDSR) is utilised in both hospitals and communities. The purpose is to take corrective measures at the right pace and increase obstetric care quality.
- Village Health, Sanitation, and Nutrition Day (VHSND) is a monthly community service programme that provides maternity and child care, as well as nutrition.
- Pregnant women receive an MCP Card and a Safe Parenting Booklet to teach them on diet, rest, warning symptoms of being pregnant, support systems, and institutional deliveries.

➢ India And Sustainable Development Goal(SDG):

The 2030 SDG agenda evolved from the 2015 Millennium Development Goals (MDGs). Millennium Development objectives (MDGs) are a set of eight developmental goals developed in the year 2000, with strives to be met by 2015.World leadership officially approved the Resolution entitled "Transforming our World: The 2030 Agenda for

Sustainable Development", which articulates 17 SDGs and 169 associated goals, at the special UN Summit held in New York from September 25 to 27, 2015. The Prime Minister of India was also present the UN Summit.

In the Baseline Report 2018, the SDG India Index was produced, revealing India's progress profile on various particular Goals based on 62 key indicators identified by the NITI Aayog and 306 national indicators developed by the "Ministry of Statistics and Programme Implementation". In actuality, it is an attempt to measure Goal-wise progress primarily through the outcomes for the State of India's activities and policies. But only thirteen of the seventeen Sustainable Development Goals have been examined (goals twelve, thirteen, fourteen and 17 have been left out). Because the required state-specific information hadn't been completed by at the moment the Report was produced in December 2018, progress for the Sustainable Development Goals thirteen, fourteen, and twelve could not be measured.

On a scale of 0 to 100, a composite score was produced depending on progress towards the objectives and associated goals, with 0 -8 representing the lowest possible score and 100 being the highest.

The national score for the SDG Index (all India) is 57, and with a goal of 100 to be achieved. The states' performance varies from 42 to 69, while the union territories' (UTs') performance ranges from 57 to 68. Kerala and Himachal Pradesh are the states with the highest scores, both of which are 69. Chandigarh is the clear leader among the UTs, with a score of 68. Based on their performance, states and universities have been categorised as performers, front runners, or aspirants.

- **India Performance on Goal 3 :**

  Five national-level indicators have been devised to track India's advancement achieving the third goal of Healthy Living and Well-being, which includes four of the 13 SDG targets for 2030. The following are the five indicators: (i) Maternal Mortality Rate; (ii) Infant Mortality Rate; (iii) Child Immunisation Cover; (iv) Tb Prevalence (v) Healthcare Workforce. Based on these five parameters, the country's SDG Index Score for Goal 3 is 52, with state scores ranging from 25 to 92 and UT scores ranging from 23

to 66. Kerala is the best-performing state, and Puducherry is the best-performing union territory.

India has worked tirelessly to tackle all facets of Goal 3 while also developing its healthcare system. Among the government's numerous initiatives are the National Health Mission (NHM) and its sub-missions, the NRHM (National Rural Health Mission), and the National Urban Health Mission (NUHM).

➢ Challenges and Barriers:

Despite advances in improving maternal health in Himachal Pradesh, obstacles to achieving optimal maternal health outcomes exist. Understanding and resolving these issues is critical for improving maternal health and the well-being of mothers and their families. In Himachal Pradesh these are critical areas that demand attention and action.

- **Geographical obstacles and poor Access:** The steep terrain and dispersed population of Himachal Pradesh provide substantial problems in terms of geographical obstacles and poor access to maternal healthcare services. Because remote and hilly areas lack adequate transportation infrastructure, pregnant women have a difficulty to reaching healthcare facilities on time. As a result, access to prenatal care, competent birth attendance, and emergency obstetric care is hampered.
- **Socio-cultural variables and Gender Inequality:** In Himachal Pradesh, socio-cultural variables and gender inequality have a substantial impact on maternal health outcomes. Traditional practises, cultural conventions, and gender prejudices frequently impede women's reproductive health decision-making authority and autonomy. This can result in care delays, insufficient use of maternal health facilities, and poor health-seeking behaviours.
- **Limited Awareness and information:** There is a substantial lack of awareness and information regarding maternal health and the need of obtaining care on time. Many women, particularly those living in rural and marginalised areas, are unaware of the value of prenatal care, competent delivery attendance, and

postnatal care. Inadequate knowledge of pregnancy and delivery risk indications, as well as a lack of comprehension of family planning strategies, leads to unsatisfactory maternal health outcomes.

- **Health Workforce Shortages:** Himachal Pradesh continues to struggle with the supply and distribution of trained healthcare practitioners, particularly in rural and isolated areas. Inadequate staffing, unequal distribution of healthcare providers, and a scarcity of competent birth attendants and obstetricians all impede the delivery of appropriate maternal healthcare. This causes delays in emergency obstetric treatment and has an influence on the broader system.
- **Financial restrictions:** In Himachal Pradesh, financial constraints are a significant obstacle to getting maternity healthcare services. While many healthcare treatments are offered at public health institutions for free, indirect charges like as transportation and other fees place a strain on women and their families. Women with limited financial means may be discouraged from getting timely and adequate care, resulting in poor maternal health outcomes.

➢ Strategies for Advancing Maternal Health in Himachal Pradesh:

- Strengthening Health System Capacity
- Addressing Socio-cultural Barriers
- Enhancing Inter-sectoral Collaboration
- Improving Data Collection and Monitoring
- Increasing Community Engagement
- Ensuring Sustainable Financing

➢ Conclusion:

Himachal Pradesh has achieved remarkable progress in maternal health advancement, as revealed by decreasing the maternal death ratio and improvements in important mother health indices. State's emphasis on expanding the provision of prenatal services, skilled labour and delivery, postpartum services, and family planning initiatives has contributed to better mother health outcomes. It has put in place a variety of initiatives and methods to improve maternal health. These include improving healthcare infrastructure, involving people through

community-based programmes, improving healthcare personnel' skills and capabilities, adopting comprehensive health information systems, and promoting ANC, SBA, PNC, and family planning services.These activities have led to improving maternal health outcomes and are critical to attaining SDG 3 on excellent health and well-being. Himachal Pradesh can promote maternal health and safeguard the well-being of women and their families by continuing to implement and develop these initiatives.

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