

**MATERNAL HEALTH SITUATION IN
EMPOWERED ACTION GROUP OF STATES
OF INDIA: A COMPARATIVE ANALYSIS
OF STATE REPORTS FROM
NATIONAL FAMILY HEALTH SURVEY
(NFHS)-4 AND 5)**

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INTRODUCTION

Maternal health, referring to the well-being of women during pregnancy, childbirth, and the postpartum period, serves as a crucial indicator of overall development. A key metric for maternal health is the Maternal Mortality Ratio (MMR), which is a significant measure in assessing maternal well-being. The Sample Registration System (SRS) report by the Registrar General of India (RGI) indicates that the Maternal Mortality Ratio in India was 113 per 100,000 live births during the period 2016–18, a rate comparatively high among developing nations. Fundamental parameters for assessing maternal health include institutional deliveries, deliveries conducted by healthcare professionals, antenatal care (ANC), postnatal care (PNC), and pregnancy outcomes [1].

In India, maternal health occupies a central position in public health discussions, engaging academicians, researchers, and policymakers. This review aims to highlight the utilization of National Family Health Survey (NFHS) data for comprehending the maternal health scenario in India. The findings reveal a plethora of studies leveraging NFHS datasets to analyze various aspects of maternal health at national, regional, and district levels. These studies have extensively explored elements such as service utilization, health-seeking behavior (including ANC, PNC, and IFA tablet consumption), regional disparities, and the influence of socio-economic determinants, spanning from NFHS 1 to NFHS 5 [2].

To enhance comprehension of the maternal mortality situation and monitor changes, states have been categorized into three groups: "Empowered Action Group" (EAG) States, encompassing Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Odisha, Rajasthan, Uttar Pradesh & Uttarakhand, and Assam; "Southern" States, consisting of Andhra Pradesh, Telangana, Karnataka, Kerala, and Tamil Nadu; and "Other" States, covering the remaining states and union territories.

RESEARCH OBJECTIVES

1. To assess the situation of maternal health in EAG states based on analysis of NFHS-4 and NFHS-5 data.

2. To do a comparative analysis of key maternal health indicators of these states using NFHS data and to correlate the findings with socio-demographic factors.
3. To identify state-wise priority areas for action.

RESEARCH METHODOLOGY

In conducting this secondary study, a descriptive design was employed to utilize data extracted from the reports of the National Family Health Survey (NFHS-4 and NFHS-5). The focus of the research was on the Empowered Action Group (EAG) regions in India, encompassing Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Odisha, Rajasthan, Uttar Pradesh, and Uttarakhand. The study's duration spanned three months, commencing on March 1, 2023, and concluding on May 31, 2023. The analysis of the gathered information was performed using the statistical software SPSS version 27, enabling a comprehensive and systematic evaluation of the data derived from NFHS-4 and NFHS-5 reports within the specified timeframe and geographical scope.

RESULTS & DISCUSSION

According to the latest NFHS-5 data, there was a increase in the number of mothers receiving first trimester antenatal check-ups as well as those who have had at least four ANC visits, as compared to the previous NFHS-4 survey. States such as Madhya Pradesh (NFHS-4=53%; NFHS-5=75.4%), Bihar (34.6% to 52.9%), and Uttar Pradesh (44.9% to 62.5%) have shown significant improvements in antenatal check-up rates. However, Chhattisgarh has seen a decrease in the percentage of mothers receiving antenatal check- ups in the first trimester (70.8% to 65.7%). The data also revealed that there has been an improvement in the percentage of mothers receiving at least four antenatal care visits in all states except Chhattisgarh. The largest improvements were observed in Odisha (59.1% to 91.9%), Uttarakhand (30.9% to 61.8%), and Madhya Pradesh (35.7% to 57.5%). Bihar remained relatively stable, while Jharkhand and Chhattisgarh experienced a minor decline in percentages. Across all states, there was a noteworthy increase in the percentage of expectant

mothers consuming Iron and Folic Acid (IFA) for at least 100 days during their pregnancy. Madhya Pradesh exhibited the most significant improvement, with an increase from 23.5% to 51.4%, followed by Odisha (36.5% to 60.8%) and Uttarakhand (24.9% to 46.6%). Odisha (88.4%) and Rajasthan (85.3%) were the states with the highest coverage of post-delivery care in NFHS-5, while Bihar (57.3%) had the least. Although Bihar has made significant progress, it still lags behind other states, highlighting the need for further improvements. Jharkhand was the sole state to experience a decrease in postnatal care provision (69.1-66.7%).

CONCLUSION

Finally, by comparing state data from the National Family Health Survey NFHS-4 and NFHS-5, this dissertation attempted to give a complete study of the maternal health condition in the Empowered Action Group (EAG) states of India. Significant changes and trends in maternal health indices were found, reflecting both success and persisting problems.

The comparison of NFHS-4 and NFHS-5 data revealed improvements in a number of critical maternal health indicators across the EAG states. Maternal mortality ratios have decreased, prenatal care coverage has increased, institutional delivery rates have increased, and availability to competent birth attendants has improved. These advances were made possible by a variety of efforts and interventions undertaken by the government, civil society organisations, and healthcare professionals to improve maternal health services.

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