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NEWBORN HEALTH AMONG TRIBES OF MADHYA PRADESH - AN OVERVIEW

Ravendra K. Sharma

Newborn Health in India

In India, the infant mortality showed an appreciable decline during 1980s and early parts of 1990s. Thereafter, its pace of decline has stagnated considerably. Earlier decline in the infant mortality rate (IMR) have been largely due to reduction in post-neonatal mortality. Neonatal mortality rates (NMR) has not declined substantially. As a result currently almost two-third of IMR is being contributed by the NMR. Consequently, the focus of child health has now shifted to neonatal health.[1, 2] About 1.2 million neonates die annually in India alone, amounting to almost one-fourth of all global newborn deaths[3]. Two-third of infant deaths in India occur in the first month of life, and three-fourth of newborn deaths occur in first week and 90 percent of all neonatal deaths occur by the fifteenth day of life.[4, 5] Most of newborn in India die due to tetanus and low birth weight (LBW).[3] Nearly 70 percent of perinatal and newborn mortality occurs in LBW infant.[6] About one-third of newborn children in India are of low-birth weight. Many of these deaths can be prevented through increasing the awareness and utilization of antenatal care, institutional deliveries, postnatal visits and newborn care practices. Health of a mother and her newborn child depend on care she received during pregnancy and delivery and also on the care she and her infant receive during the first few weeks after delivery. Postpartum checkups within two months after delivery are particularly important that take place in non-institutional settings.[7]

Two-third of all deliveries and three-fourth of deliveries in rural areas take place at home. Nearly 60 percent of deliveries in rural areas are still attended by untrained persons. A recent study conducted in rural Uttar Pradesh on new born care practices show that the new blade was used to cut the umbilical cord in most of the deliveries, but in more than two-third cases some substances (turmeric powder, mustard oil, ash, mud or talcum powder) were applied to the cord after cutting it. Most of the babies were not dried immediately after

delivery, and most of the time these babies were dried after the delivery of placenta.[5, 8] Very few babies are breast fed immediately (within an hour) after birth and just slightly more than one-third were breast fed within first day of birth. Only 71.6 percent of children aged 12-23 months received BCG injection and 13.1 percent of them received Polio-0 drop.[4]

Newborn Health in Madhya Pradesh

Madhya Pradesh, the state having comparatively higher infant and child mortalities in the country, has an Infant mortality rate of 86.1 per 1000 live births, higher than the national average, and neonatal deaths comprise approximately 64 percent of infant mortality.[9] Among scheduled tribes of state, the infant mortality was 101 per 1000 live births and neonatal mortality comprises about 69 percent of infant morality. Immunization coverage is low in the state but situation is very precarious in case of scheduled tribe children. Only about 54 percent of tribal children aged 12-23 months received BCG and mere two percent received Polio-O drop (Table 1). Although breastfeeding is nearly universal in Madhya Pradesh, but very few children are put to the breast immediately after birth. Only 10 percent of children breastfeed within one hour of birth, and only 29 percent initiated breastfeeding within one day. In the state, almost three-fourth women (71 percent) squeezed out the first milk from the breast before they initiate breastfeeding.[9] Children from scheduled tribes have poorest nutritional status and high prevalence of wasting in this group (25 percent) is of particular concern. Two-third children aged 6-35 months in Madhya Pradesh were suffering from any kind of anaemia, but in case of tribal children about 84 percent of them were anaemic (Table 1).

Table 1: Different health indicators for children in Madhya Pradesh

Health indicators		SC	ST	OBC	Others	Total
Mortality Indicators	NMR	68.2	69.4	58	42.2	59.8
	IMR	101.5	101	92.3	72.4	92.5
Immunization (among 12-23 months children)	Polio-O	7.8	2.2	12.8	17.6	10.1
	BCG	66.5	53.8	64.7	79.4	64.9
Beast feeding	% women breastfed within one hours	7.7	15.4	7.9	9.3	9.9
	% women squeezed out first milk	73.5	73.8	73.1	68.2	71.1
Nutritional status of children under aged 3 years	Underweight (weight for age -2SD)	57.5	64.5	55.4	40.5	55.1
	Stunted (height for age -2 SD)	52.7	59.9	51.5	37.2	51.0
	Wasted (weight for height -2SD)	19.9	24.7	18.7	16.3	19.8
Anaemia	children aged (6-35 months)	71.4	83.9	73.1	70.9	75.0

Compiled from different tables of NFHS-2, Madhya Pradesh[9]

Table 2: Percentage of women received different maternal health services in Madhay Pradesh

Caste/Tribes	Percentage of women received				
	No ANC	No Tetanus	No IFA	Home delivery	No post-natal visit
Scheduled Castes	37.5	29.9	51.0	84.0	90.0
Scheduled Tribes	55.7	47.8	64.3	92.7	92.7
Other backward castes	35.8	25.8	48.3	78.1	89.3
Others	21.2	13.7	38.8	61.7	86.5
Total	**38.5**	**29.9**	**51.1**	**80.0**	**90.0**

Compiled from different tables of NFHS-2, Madhya Pradesh[9]

Health of a mother and her newborn child depends on the care she received during pregnancy, delivery and post-delivery periods. Despite Government's various initiatives, more than one-third women do not receive any ANC services during their pregnancies. The condition of antenatal care among tribal women is appalling - as about 56 percent of scheduled tribal women did not receive any ANC services, and 48 percent of them did not receive any TT injection. About two-third tribal women (64 percent) did not receive any IFA tablets or syrups. Nearly 91 percent of deliveries among scheduled tribes were conducted at home as compared to 80 percent in the state. Untrained persons assist about 70 percent of total and 86 percent of scheduled tribes women's deliveries in the state. Post-natal visits within first few days or weeks are very crucial for the health of mothers and their baby. Recognizing the importance of post-partum checkups, reproductive and child health (RCH) programme recommend three post-partum visits,[7] but the condition of sorry state is reflected in Madhya Pradesh, as 90 percent women did not receive any post natal visit by health worker (Table 2).

Some Socio-Cultural Practices Associated with Newborn Health and Care among Tribes of Madhya Pradesh

Maternal and child health studies among tribal population have been remained largely neglected.[10] Only few studies tired to explore the social-cultural practices associated delivery care and utilization of MCH services [11-18]. But most of these studies were either focused on the delivery care or on the utilization of Government health services pertaining to neglected child care/health. Demographic studies carried out among the tribes of Madhya Pradesh reported a very high infant and child mortality. About three-fourth of the infant deaths among tribal infants occur during neonatal period.[11, 12] A comparison of population indicators has revealed that the primitive tribes are lagging behind the population of the state by about three decade.[13] Pregnancy is considered as normal phenomena by all tribal women and no special care or rest is taken by them during their pregnancies. Woman continues her all routine activities, i.e. cooking, fetching wood and water, taking care of elder offspring etc. till the labour pain starts. Most of the deliveries are conducted by traditional dais and assisted by mother-in-law, sister-in-law and other elder women of their communities.[12, 14.] Mostly the umbilical cord is cut with the blade or sickle. In some tribes, cord is cut by bamboo piece or arrow-head in case of male child and by a knife or blade in case of female child.[12] After delivery both mother and baby take bath with warm water mixed with turmeric.

The child is also given a massage with locally available oil (mustard or tora oil) and child is kept warm through indigenous methods. Firewood is lit at the place of seclusion, which keeps the place warm.[15] Most of children are put on breastfeeding after few hours, even some time after the two-three days but colostrum



Baiga couple with their newborn baby



Bharia woman working and taking care of child

is usually not discarded. Prelacteal like honey, goat milk, warm water etc. are common among tribal population and some time women also put their babies on other women's breast before initiating their breast milk to baby.[12, 16]

Most of the tribal women do not utilize maternal and child health (MCH) services provided at Government health services.[9,15] The utilization of antenatal, natal and postnatal services is very low among them. The frequently reported reasons for not availing antenatal services are lack of awareness, non accessibility, higher services charges, etc.[9, 18] During the child illness or general health problems, the first line of treatment is the traditional healers. Only when his/her treatment doesn't work they approach private doctors/health service providers. Primary health centers (PHC) are used in only very severe cases. It is believed that traditional healer can treat certain diseases like small pox, measles and leprosy. Usually PHC is approached as the last option.[11,12]

Conclusion

Major causes of neonatal deaths are infections, asphyxia, trauma, birth injuries and complications of prematurity, problems related to low birth weight (LBW) and malformation.[3, 19] Most of these problems occur due to inadequate care during the antenatal period and during labour.[19] Many of these deaths can be prevented through increasing the awareness and utilization of antenatal care, institutional deliveries, postnatal visits and newborn care practices. About one-third of newborn children in India are of low-birth weight, indicating that many pregnant women in India suffer from nutritional deficiencies. Improvement in a woman's nutritional status, coupled with proper health care during pregnancy can substantially increase her child's birth weight.[20] Thus there is a need to strengthen the Integrated Child Development Services (ICDS), extending nutritional supplementation for all children in the age group (0-6) years, pregnant and lactating women. The strengthening of health system is critical for effective newborn health management. The Government should focus on reduction of the neonatal mortality rate (NMR), through implementing an Integrated Management Neonatal and Child Illnesses (IMNCI) Programme, and strengthening the Universal Immunization Programme (UIP). There is an imperative need to study the practices associated with child care, i.e., very first thing did with baby, cord cutting, wrapping & drying, thermal care, breast feeding, immunization, early childhood morbidities and treatment seeking by different tribal communities and to study the cost associated with utilization of MCH services. The cost study would be very much helpful for NGOs to develop some kind of cost-effective community based intervention and to Government for mobilizing its resources for better coverage, quality and utilization of MCH services, particularly among tribal communities.

Acknowledgement: Author sincerely acknowledges the scholarly help received from Dr. K. B. Saha, Dr. J. Roy and Dr. R. C. Mishra in finalizing this article.

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Dr. Ravendra Kumar Sharma
Research Officer (Health Economics)

National Symposium on Tribal Health

The centre organized National Symposium on Tribal Health on 19th & 20th October 2006 at RMRCT Complex, Jabalpur. The symposium was inaugurated by Prof. N. K. Ganguly, Director General, ICMR, New Delhi and was presided over by Prof. R. C. Mahajan, S. N. Bose INSA Research Professor & Emeritus Professor, PGI, Chandigarh. Mr V. K. Bathom, Director, TADP, Govt. of Madhya Pradesh, Bhopal was the guest of honour. Lt. General D. Raghunath, Principal Executive, STDC Bangalore and Prof. A. P. Dash, Director, National Institute of Malaria Research, New Delhi were also present to grace the occasion. Prof. N. K. Ganguly also inaugurated auditorium of the centre.

In plenary session Dr. T. Krongthong, WHO Regional Office for South-East Asia delivered plenary lecture on "Malaria Epidemiology and Control in South East Asia". Dr. R. C. Mahajan was the chair person, Dr. V. K. Bhasin was the Co-Chair person and Dr. Neeru Singh was the rapporteur. In the post lunch session Dr. Sampat Krishnan, WHO Regional Office for South-East Asia delivered a lecture on International Health Regulations and its Implementations, Challenges in the context of Tribal Health.

In two days long deliberations, ten scientific sessions were held covering the broad topics in Tribal Health, Malaria, Nutrition, HIV, Tuberculosis and Haemoglobinopathies. Dr. R. S. Paranjape, Director NARI, Pune delivered a lecture on "HIV Status: Country Scenario". In total 125 abstracts (73 oral and 52 posters) were presented at the symposium. Four oral and four poster presentations were given cash prizes.

Apart from the national dignitaries some international scientists also attended the symposium. Dr. Chandra Mohan Daniel, London School of Hygiene and Tropical Medicine, Dr. Feiko Ter Kulie Liverpool School of Tropical Medicine and Dr. Uday Kumar from CDC, Atlanta presented their papers.

The brainstorming interactions and discussions among scientists on the above topics raises pertinent issues to achieve optimum level of tribal health. It gives glaring indication to have strategic planning to address Genetic and Nutritional disorders, TB, HIV, Malaria and Filaria among tribals vis-a-vis to their social development. The emphasis has been made to do research in collaboration with state govt. Hon'ble Health Minister of M.P., Sh. Ajay Vishnoi took initiative in this regard and visited the centre to discuss on-going scientific activities with the scientist soon after this symposium.

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1. Dolla C. K., Kumar D. (2007). Risk Factors for Perinatal Hazards in Primitive Tribes of Madhya Pradesh, India, Current Science (accepted).

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Conference/ Workshop Attended

All scientists and research staff attended the National Symposium on Tribal Health organized by the centre on 19th & 20th October 2006 and presented papers.

1. Dr. Neeru Singh attended a workshop on "Malaria" and delivered a lecture on 'Malaria in Pregnancy' at Bhubaneshwar during 12th -14th Feb. 2007.

2. Dr. Neeru Singh attended VIII Sir Dorabji Tata Symposium on "Arthropod Borne Viral Infections" and chaired the session 'Viruses and Vectors' at Sir Dorabji Centre for Research in Tropical Diseases, Bangalore on 10th & 11th March 2007 .

3. Dr. Tapas Chakma attended as resource person in an "International Learning Exchange Programme", UNICEF at Dhar and Jhabua on 14th & 15th November 2006.

4. Dr. R. B. Gupta attended workshop on "Problems of Health and Nutrition among Tribals - Its Cause and Remedies" at Jagdalpur, Chhattisgarh during 8th -10th February 2007.

5. Dr. R. B. Gupta attended conference on "Biosocial Aspects of Human Growth Nutrition and Development" at Chandigarh, on 20th & 21st November 2006.

6. Dr. S. R. Qamra attended workshop on "HIV/ AIDS, Prevention, Care and Support Programme" at Banglore on 9th & 10th November 2006.

7. Dr. S. R. Qamra was invited by Jeevan Jyoti Health Service Society, Meghnagar, Jhabua to evaluate HIV/AIDS work and assessment of HIV/AIDS problems at Jhabua and Mandsaur during 12th -16th Dec 2006.

8. Dr. S. R. Qamra attended workshop on "Problems of Health and Nutrition among Tribals - Its Cause and Remedies" at Jagdalpur, Chhattisgarh during 8th -10th February 2007.

9. Dr. S. R. Qamra attended a conference on "Biosocial Aspects of Human Growth Nutrition and

Development" at Chandigarh on 20th & 21st Nov 2006.

10. Dr. S. R. Qamra attended workshop on "Integrated Tribal Devlopment Project" at Bhopal on 11th December 2006.

11. Dr. S. R. Qamra received training on "Community Health and Development Trainers" during 17th July - 26th August 2006.

12. Mr. Gyanchand attended international symposium on "Vector and Vector Born Diseases" at CRME, Madurai during 13th -15th October 2006.

13. Mr. Gyanchand attended VIII Sir Dorabji Tata Symposium on "Arthropod Borne Viral Infections" at Sir Dorabji Centre for Research in Tropical Diseases, at Bangalore on 10th & 11th March 2007.

14. Dr. K. B. Saha attended workshop on "Ethics in Social Science Research in Health" at Rewari during 27th November - 1st December 2006.

15. Dr. K. B. Saha attended "Bhopal Seminar" (Contemporary Issues and Reproductive Health), Bhopal, during 17th -19th January 2007.

16. Dr. K. B. Saha attended workshop on "Problems of Health and Nutrition among Tribals - Its Cause and Remedies" at Jagdalpur, Chhattisgarh during 8th -10th February 2007.

17. Dr. K. B. Saha attended conference on "Recent Advances and Challenges in Reproductive Health Research", New Delhi, during 19th - 21st February 2007.

18. Dr. K. B. Saha attended international conference on "Population Association of America (PAA)", at New York City, USA during 29th - 31st March 2007.

19. Mr. Dinesh Kumar attended international conference on "Sixth Forum for Ethical Review Committees in Asia & the Western Pacific" at Bangkok, Thailand on 29th & 30th November 2006.

20. Dr. Jyothi Bhat delivered a lecture on "Bio-safety in Microbiology laboratory" in training to Blood bank Officers and Technicians of VCTC centres held on 2nd & 3rd February 2007 at Jabalpur.

21. Dr. Jyothi Bhat attended VIII Sir Dorabji Tata Symposium on "Arthropod Borne Viral Infections" at Sir Dorabji Centre for Research in Tropical Diseases, at Bangalore on 10th & 11th March 2007.

22. Dr. Ravendra K. Sharma, attended and presented paper(s) at "Bhopal Seminar" (Contemporary Issues in Population and Health) at Bhopal during 17th -19th January 2007.

23. Dr. D. C. Jain Attended "Bhopal Seminar" (Contemporary Issues in Population and Health) at Bhopal during 17th - 19th January 2007.

24. Dr Arvind Verma, attended 24th ISMS conference and presented a paper at PSG Institute of Medical Sciences & Research, Coimbatore during 1st - 3rd December 2006.

25. Mr. Arvind Kavishwar attended workshop on "Statistics in Clinical Research" at National Institute of Pharmaceutical Education & Research (NIPER) Mohali, Punjab during 27th - 29th October 2006.

26. Mr. Ajay Goel, attended 24th ISMS conference and presented a paper at, PSG Institute of Medical Sciences & Research, Coimbatore during 1st - 3rd December 2006.

27. Mr. S.N. Singh attended 2nd All India Conference of CGLA, at Indira Gandhi National Forest Academy, Dehradun during 29th - 31st October 2006.

28. Mr. S.N. Singh attended national conference on "Innovation in Indian Science, Engineering & Technology" at IGRI, Pusa, Delhi on 26th Nov. 2006.

29. Mr. Atul Karkare attended international conference on "Actions to Strengthen Linkages between Sexual and Reproductive Health and HIV/AIDS" at Mumbai during 4th - 8th February 2007.

Workshops/Symposium Organised

1. The institute organized National Symposiums on Tribal Health on 19th & 20th October 2006 at RMRCT, Jabalpur.

2. WHO sponsored workshops on "Rapid Assessment of Burden of Malaria in Pregnancy in Madhya Pradesh" were organized for Doctors and Other Health Staffs on 5th September 2006 at Satna and on 15th December 2006 at Bhopal.

3. Five Malariology Training workshops for Medical Officers of various districts of Madhya Pradesh were organized during the month of October and November 2006.

4. Two workshops were organized jointly by NIMR (FS) Jabalpur and Directorate of Health Services, Bhopal under EMCP for the Professors of Medical College Jabalpur, Scientists of NIMR and State Health Officers, in the month of November 2006 and January 2007 at NIMR FS , Jabalpur.

AWARDS

Dr. Ravendra K. Sharma, Research Officer of the centre received "Young Scientist Award" for third best oral research paper presentation at the National Symposium on Tribal Health at RMRCT, Jabalpur.



Mr. M.P.S.S. Singh, Research Assistant of the centre received "Young Scientist Award" for third best poster presentation at National Symposium on Tribal Health at RMRCT, Jabalpur.



Centre received first prize for "Best Biodiversity" award of the year 2007. Dr. Neeru Singh received the award from the Commissioner of the Jabalpur on 24th March 2007.



EVENTS

Inaugural Function

Auditorium of the centre was inaugurated on 19th October 2006 by Prof. N. K. Ganguly, Director General, ICMR, New Delhi.



National Symposium

National Symposium on Tribal Health was organized by the centre on 19th & 20th October 2006.



Fifty-two scientific posters were displayed during symposium on different thrust areas.



National Science Day

On this day posters were exhibited to show the scientific achievements of the centre.



Foundation Day

The centre celebrated its Foundation Day on 1st March 2007. Prof. A.P. Dash, Director, National Institute Malaria Research, New Delhi, presided over the function and Dr. Geeta Vanage, Deputy Director, National Institute for Research in Reproductive Health, Mumbai delivered lecture as chief guest.



Visits

Hon'ble Health Minister, Sh. Ajay Vishnoi, Govt. of Madhya Pradesh visited the center on 25th January 2007 and discussed various scientific activities with the scientists of the centre.



Prof. N. K. Ganguly, Director General, ICMR, New Delhi visited centre on 30th December 2006.



Prof. N. K. Ganguly during his visit also felicitated Mrs. P. L. Pande, Assistant Director on completion of her 25 years of service.



Lt. Gen. D. Raghunath, Principal Executive, STDC, Bangalore visited centre to review and discuss the ongoing projects with scientists of the centre on 31st January 2006.



Farewell

Mrs. P. L. Pande, Assistant Director of the centre attained superannuation on 31st January 2007.



Mr. Doman Ram, Security Guard of the centre attained superannuation on 28th February 2007.



The centre bid farewell to Sh. C. A. Thomas, Administrative Officer on 17th April 2007.

