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NOURISHING FUTURES: MATERNAL AND CHILD HEALTH IN BANKURA

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ABSTRACT

This study explores maternal and child health in the Bankura district of West Bengal, focusing on nutritional practices, healthcare access, and intervention outcomes. Despite improvements in institutional deliveries and immunization rates, challenges persist in antenatal care utilization, early breastfeeding, and complementary feeding. The role of frontline workers like ASHAs, along with initiatives such as Operation Pusti, has been significant in improving community health indicators. However, disparities remain, especially among tribal populations. The research emphasizes the need for targeted nutrition programs, better birth preparedness, and culturally sensitive healthcare strategies to ensure healthier futures for mothers and children in Bankura.

I. INTRODUCTION

Maternal and child health remains one of the most crucial indicators of a region's socio-economic development and healthcare efficacy. In the rural and semi-urban landscape of India, districts such as Bankura in West Bengal offer a microcosmic view of the larger public health challenges the country faces. Bankura, with its mix of tribal and non-tribal populations, presents a complex scenario where cultural traditions, economic disparities, limited healthcare awareness, and infrastructural challenges intersect to shape maternal and child health outcomes. The importance of addressing these issues lies not only in reducing morbidity and mortality rates among women and children but also in laying the foundation for a healthier and more productive society. The development of a child begins long before birth, and the health and nutritional status of the mother plays a determining role in shaping the life outcomes of the child. Therefore, maternal health cannot be viewed in isolation but must be considered within a broader spectrum of public health strategies that include child nutrition, antenatal care, healthcare access, and postnatal follow-up.

Over the past two decades, India has made significant progress in reducing maternal mortality and improving child survival through concerted efforts under national programs like the National Rural Health Mission (NRHM), Janani Suraksha Yojana (JSY), and Janani Shishu Suraksha Karyakram (JSSK). These programs have facilitated an increase in institutional deliveries and improved access to antenatal and postnatal services. However, despite these gains, Bankura remains a district where health indicators are far from optimal. For instance, although the institutional delivery rate in Bankura is high—over 85% according to recent government data—early initiation of breastfeeding and exclusive breastfeeding practices are still suboptimal. In a district where agriculture remains the primary source of livelihood, seasonal poverty, food insecurity, and limited awareness about nutrition among mothers exacerbate health challenges. Malnutrition among children under five continues to be a pressing concern, affecting both physical development and cognitive abilities, and often leading to preventable illnesses and long-term disabilities.

Healthcare infrastructure in Bankura includes a range of medical facilities, from one government medical college and hospital to primary health centres and sub-centres scattered across its blocks. However, the mere presence of infrastructure does not guarantee

accessibility or quality of care. Shortages of trained personnel, stock-outs of essential drugs, and socio-cultural barriers often prevent women, especially from tribal communities, from seeking timely care. The level of education and awareness among mothers plays a pivotal role in determining how health services are utilized. For example, studies have shown that literate mothers are more likely to avail themselves of antenatal services, understand the importance of nutrition, and adopt safe childcare practices. In contrast, communities with low literacy rates and traditional beliefs often rely on local healers and ignore institutional interventions, thereby increasing risks for both mothers and newborns.

One of the striking features of maternal and child health in Bankura is the role of community health workers, particularly Accredited Social Health Activists (ASHAs), who act as a vital link between the healthcare system and the community. These frontline workers are instrumental in mobilizing women for institutional deliveries, ensuring immunization, and spreading awareness about nutrition and hygiene. In many cases, ASHAs are the only point of contact that rural women have with the healthcare system, making their role both indispensable and challenging. The success of community-based interventions like Operation Pusti, which targets undernourished children and promotes improved maternal nutrition, has highlighted the impact of grassroots mobilization and local leadership in addressing public health concerns.

Despite the efforts being made, several challenges persist. The practice of early marriage and adolescent pregnancy remains widespread, contributing to poor maternal health outcomes. Adolescent girls are often undernourished, and when they become mothers, the risk of complications such as anaemia, low birth weight, and neonatal mortality increases significantly. The double burden of undernutrition among mothers and children further complicates the scenario, leading to an intergenerational cycle of poor health. Moreover, sanitation and access to clean drinking water continue to be inadequate in many rural areas of Bankura, leading to high incidences of diarrhoea and other waterborne diseases among children. These environmental health determinants are often overlooked in maternal and child health strategies, yet they play a critical role in shaping health outcomes.

Another aspect that warrants attention is the inadequacy of mental health services for expecting and new mothers. Postpartum depression and anxiety are often underreported and

rarely treated in rural regions, adding another layer of vulnerability to maternal health. The stigma associated with mental health and the lack of trained professionals in this field mean that women continue to suffer in silence, often affecting their ability to care for their children and themselves. Integrating mental health screenings into routine maternal check-ups could be a vital step towards comprehensive care.

In addition, healthcare services must become more culturally sensitive, particularly when dealing with tribal populations. Traditional beliefs and practices around childbirth, nutrition, and healthcare are deeply embedded in the social fabric and cannot be ignored. A one-size-fits-all approach to healthcare delivery often leads to mistrust and underutilization of services among tribal communities. Therefore, it is essential to engage local leaders, use culturally appropriate messaging, and involve the community in designing and implementing health interventions.

Furthermore, the use of digital health technologies presents new opportunities for improving maternal and child health in districts like Bankura. Mobile health applications, telemedicine, and AI-driven tools can help bridge the gap in healthcare delivery by providing remote consultations, health education, and follow-up care. Given the increasing penetration of mobile phones, even in rural areas, these tools can be powerful allies in promoting health-seeking behaviour among women. For instance, voice-based applications that deliver health messages in local languages could be particularly effective in overcoming literacy barriers.

This study, titled “Nourishing Futures: Maternal and Child Health in Bankura,” aims to explore the multifaceted challenges and opportunities associated with improving maternal and child health in the region. It delves into existing health indicators, evaluates the effectiveness of government schemes, and assesses the role of frontline workers and community-based interventions. Through a detailed examination of available data, field reports, and case studies, the research seeks to offer actionable insights for policymakers, healthcare providers, and development practitioners working in the field of public health. The ultimate goal is to contribute to the design and implementation of more effective, inclusive, and sustainable health strategies that can ensure healthier futures for mothers and children in Bankura. By understanding the socio-cultural, economic, and infrastructural dimensions of healthcare in this district, the study hopes to illuminate pathways for transformative change

that align with national goals and international health standards.

II. SERVICE UTILIZATION AND MATERNAL PRACTICES

Antenatal Care (ANC):

- Around 69% of pregnant women in Bankura initiate antenatal care during the first trimester.
- Approximately 74% of women complete the recommended minimum of four ANC visits.
- Services such as iron-folic acid supplementation, tetanus toxoid injections, and basic obstetric screenings are commonly provided during ANC visits.

Birth Preparedness and Complication Readiness (BPCR):

- Overall BPCR awareness among pregnant women is moderate, with only about 52% demonstrating satisfactory preparedness.
- Less than 15% of women plan for emergency blood donors, which reflects a lack of complete emergency planning.
- Transportation planning is better, with a majority of women identifying facilities for delivery in advance.

Institutional Delivery:

- Over 85% of deliveries in the district take place in health institutions, mainly public health centres and district hospitals.
- This increase is partly due to incentives under the Janani Suraksha Yojana (JSY) and support from ASHA workers.
- However, some home deliveries still occur, especially in remote and tribal regions.

Postnatal Care (PNC):

- Postnatal care services are underutilized, with fewer women receiving checkups within 48 hours of delivery.
- Lack of awareness and distance from health centres are major barriers to adequate PNC.

Breastfeeding Practices:

- Early initiation of breastfeeding within one hour of birth remains low, at around 13.6%.
- Exclusive breastfeeding for the first six months is practiced by approximately 57% of mothers.
- Many mothers lack knowledge of proper feeding techniques and the importance of colostrum.

Complementary Feeding:

- Timely initiation of complementary feeding is observed in about 55.7% of children aged 6–8 months.
- Food diversity and feeding frequency are often inadequate, especially among poor and less-educated households.

III. COMMUNITY-LEVEL INTERVENTIONS

1. **Role of ASHA Workers:** Accredited Social Health Activists (ASHAs) serve as a critical link between the health system and rural families in Bankura. They are instrumental in identifying pregnant women, encouraging early antenatal registration, promoting institutional deliveries, and ensuring timely immunization for both mothers and children. ASHAs also educate families on nutrition, hygiene, and early childhood care. Their door-to-door visits, coupled with regular follow-ups, have significantly contributed to increased healthcare service utilization in remote areas.

2. **Anganwadi Services under ICDS Scheme:** The Integrated Child Development Services (ICDS) program operates through Anganwadi Centres (AWCs), which

provide supplementary nutrition, health checkups, and referral services to pregnant and lactating women and children under six. In Bankura, AWCs also offer pre-school education and health education, thus contributing to the holistic development of children and mothers. However, the effectiveness varies depending on staff training, supply chain stability, and infrastructure.

3. **Janani Suraksha Yojana (JSY):** This conditional cash transfer scheme has led to a marked increase in institutional deliveries by offering financial incentives to women who opt for childbirth in government institutions. In Bankura, JSY has been successfully implemented with the help of ASHAs and Auxiliary Nurse Midwives (ANMs), reducing the number of unsafe home births, especially among economically disadvantaged groups.

4. **Janani Shishu Suraksha Karyakram (JSSK):** This program provides free and cashless services to pregnant women and sick newborns in public health institutions. It covers free diagnostics, medicines, blood, and transport. In Bankura, JSSK has improved access to institutional care by removing financial barriers that previously prevented timely care-seeking.

5. **Operation Pusti:** Launched during the COVID-19 pandemic, this district-level initiative focused on identifying and addressing child malnutrition. It involved ASHA and Anganwadi workers conducting home visits, promoting breastfeeding, encouraging skin-to-skin contact, and providing nutrition counseling to mothers. Operation Pusti led to significant improvements in child health and nutrition indicators, making it a model for community-driven health action.

IV. CONCLUSION

In maternal and child health in Bankura reflects both the progress made through government initiatives and the persistent challenges rooted in socio-economic and cultural contexts. While institutional deliveries and immunization coverage have improved, gaps remain in antenatal care, nutrition, and community awareness, particularly among tribal populations. Community-level interventions such as the work of ASHAs, ICDS programs, and Operation Pusti have shown significant positive outcomes. However, sustained efforts, enhanced

training, culturally sensitive outreach, and integrated digital tools are essential to bridge existing disparities and ensure a healthier future for mothers and children in the district.

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