

OVERWHELMING SOCIAL EXCLUSIONS AND THE MATERNITY CARE ISSUES IN INDIA

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ABSTRACT

Maternal health remains a staggering challenge, particularly in the developing world. Globally, a woman dies from complications in childbirth every minute. (Jessica Capshaw). The status of maternity care of the downtrodden and marginalized strata of society in India becomes vulnerable irrespective of the progress in the reduction of overall morbidity rates. As of now, the hindrances to maternity care caused by social exclusion based on socio-cultural-economic parameters have been addressed by the judiciary, urging the government to bring positive changes. The availability, accessibility, and affordability of maternity care are influenced by these parameters and subsequently deprive a group of women from accessing quality, adequate, and timely perinatal and postnatal care. It is the moral duty of the State apparatus to eliminate social exclusions that escalate the poor state of maternal care in India. India should educate its population to take preventive and precautionary steps to reduce maternity risks and enhance the health of women.

Keywords: *Maternity Care; Social Exclusions; Maternal Mortality; Marginalization*

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Introduction

“No woman, more so a pregnant woman, should be denied facility or treatment at any stage irrespective of her social and economic background. This is where the inalienable right to health which is so inherent in the right to life gets enforced”¹.

This observation by Hon’ble Justice S Muralidhar reveals the absoluteness of the right of a pregnant woman to access timely and quality maternity care.² Maternal health is an essential factor in the development of the health status of the country. In a developing country like India, the primary factor behind the poor status of maternal health is the lack of resources to achieve advanced standards of maternity care. However, the socioeconomic inequalities among women deprive a certain class of women from accessing proper care during maternity. Drawing the relation between societal status and the extent of health care especially maternity care has become a need of the hour in Indian society. The government tries to bring a two-way approach to tackle the overwhelming social exclusions and their impact on maternity care. Firstly, the government focuses on the elimination of root causes of social exclusion amongst the women such as social, religious, cultural, and economic factors, and secondly through the provision of healthcare support or monetary support to these socially disadvantaged sections to have a positive birthing experience as declared by the Ministry of Health and Family welfare.

Need to focus on Maternal Health

Diversity is the hallmark of India. Differences and the accompanying social conditions play an inevitable role in determining health levels. India holds one of the global highs in maternal mortality rates which accounts for more than 12% of the world’s maternal death rates³. The maternity health status depends on the utilization of the available maternity care facilities and the community’s access to other supporting factors. The phase of maternity is a significant factor that shapes the future population of India. Maternity care has been an issue of major concern for India’s health sector since its independence. India being a populous country that

¹ Hon’ble Justice S Muralidhar, (2010) SCC OnLine Del 2234.

² Hollie McKay, “Jessica Capshaw puts a spotlight on global maternal health care needs”, foxnews.com May 11, 2012.

³ 2017 Survey by World Health Organization & United Nations Children’s Fund, Sep. 19, 2019, <https://www.who.int/news-room/fact-sheets/detail/maternal-mortality>.

experiences a population explosion is duty-bound to make sure that public health is on par. In order to ensure a healthy and prosperous upcoming generation, India needs to focus on maternal health.

According to UNICEF India, the direct causes of maternal deaths are severe bleeding, infections, high blood pressure during pregnancy, other delivery-related complications, and abortion-related issues, howsoever, these common causes of maternal mortality in India are largely preventable and treatable⁴. Access to adequate antenatal and postnatal care is essential, implying that the health of present and future generations is based on the standard and level of maternity care. Working on the causes of maternal mortality to frame an efficient response requires statistical data regarding the impact of correlation between the causes and their effects.

Reduction of maternal mortality rates and healthy motherhood must be a priority for the government at all levels since the reproductive capacity of the women has a pivotal position in determining the health standards of the population in addition to child care. The third element of Sustainable Development Goals (SDGs) is to bring down the global maternal mortality ratio (MMR) to less than 70 per 100000 live births by the year 2030 and individually the countries should strive to maintain the MMR below 140 per 100000 live births⁵. The accessibility, availability, and affordability of the maternity care services provided vary from person to person based on socio-economic parameters. The modest implementation of maternal health care services coupled with the poor utilization of the same due to the disparities in the above-mentioned spheres leads to the miserable level of maternity care and the alarming rate of maternal mortality in India.

In order to ensure a standard growth of maternal health care, policies must focus on strengthening socio-economic and political factors. The more people are excluded from the general course of society, the most vulnerable they become. In the instant case of maternal health care, the impact of social exclusions is evident. Unequal access to social and economic factors deprives the opportunity of vulnerable sections to enjoy a standard health status like the advantageous strata of society.

⁴ *Maternal Health; United Nations Children's Fund's Concerted Action to Increase Access to Quality Maternal Health Services*, UNICEF India, <https://www.unicef.org/india/what-we-do/maternal-health>.

⁵ *Sustainable Development Goals*, United Nations, <https://sdgs.un.org/goals>.

Social Exclusion and Women's Health Status in India

Access to maternity care in India is influenced by two factors generally divided into demand-side and supply-side. The demand-side of maternal health care is affected by the sociocultural differences in society. As defined by Levitas, "Social exclusion is a complex and multi-dimensional process. It involves the lack or denial of resources, rights, goods, and services, and the inability to participate in the normal relationships and activities, available to the majority of the people in a society, whether in economic, social, cultural, or political arenas. It affects both the quality of life of individuals and the equity and cohesion of society as a whole"⁶.

Women are considered to be a vulnerable section of Indian society. Despite the gender inequality concerns and the deprivation of the rights of women, the disparities within the class of women have to be addressed while discussing the issue of maternal health in India. The social, economic, or cultural status of a woman plays an essential role in achieving a commendable position in the following areas where gender inequality practices exist. Education, health, employment, political representation, and management are the noticeable realms. Unequal access to these sectors which are crucial to the development of women is a matter of concern. From the bird's eye view of women's problems to the worm's eye view of maternity care and the impact of social exclusion requires an in-depth analysis of the status of maternal health and health care in India.

Over time, studies have pointed out that maternal health care is highly determined by social exclusionary practices which are evident from the lag in the maternal health care index in South and North Indian states. In South India, the standards of health care are high compared to North India where severe discriminatory practices prevail against women. As society progresses and the members get quality education, especially about health, better standards of maternity care can be ensured.

Social disparities that act as a barrier to maternity health care access are largely centric on the religious and customary practices of the household. Studies show that, mainly in rural India, mothers refuse to take antenatal and postnatal care which is significant for the health of both mother and the child due to customs. Although many social groups are reluctant to accept modern medicine, they substitute it with ayurvedic or traditional medicines. However, there

⁶ Ruth Levitas & Ors, *The Multi-Dimensional Analysis of Social Exclusion*, Jan. 1, 2007, University of Bristol.

are many other societies where people are against any kind of medicine and believe in the automatic cure of disease.

Social Exclusions and Maternity Care in India

The correlation between social exclusion and maternity care in India can be analysed through the lens of Naila Kabeer's 'framework of social exclusion' (2000). The disadvantages or forms of social exclusion can be economic, cultural, and even representational. Social exclusion refers to the deprivation of certain sections of society from the larger opportunity of forum enjoyed by the rest of the society. The above-mentioned forms of social exclusions are deep-rooted in Indian society thereby culminating in the vulnerability of the weaker section of the society, specifically, during maternity. Social institutions and the power relations between different strata or classes create social exclusions in society.

According to Naila Kabeer institutions exclude people in two ways. Firstly, through the mobilization of institutional bias. In India, health services are available to everyone and the law commands that no one shall be deprived of their right to access healthcare facilities. However, the forms of exclusion or the reasons for exclusion twist the law merely due to institutional bias. Women who belong to the upper class of society can have better access to education, nutrition, sanitation, and quality health care, unlike lower-class women. Although the government tries to provide equal maternity care through various programs, the healthcare officials and the workers show discrimination in rendering services. Multiple cases have been reported across India, specifically, in rural areas, where class-caste barriers and related social subjugations are frequent.

Secondly, the discrepancy between the policies formulated and the manner of implementation is an issue for social exclusion in the health sector. Corruption among the officials deprives the target population from accessing government-promised maternity health care. Community access to maternity care initiatives by the Central and State governments helped to a large extent to improvise the status of maternal health in India. However, the disparity in maternal health indicators among various states needs to be addressed. India's backwardness in maternal health care and the challenges faced by the maternal community can only be addressed by strengthening the socio-economic and political factors which improvise the public living standards.

Social Exclusions and the Availability of Maternity Care

The rural-urban divide is a macro issue under the impact of social exclusions on maternity care in India. Working women in urban areas are most likely to avail of maternity services compared to working women in rural areas. The informational gap between the two groups is the fundamental reason behind such a difference. Also, there is an evident gap in the infrastructure and technology of the maternal health care services provided by the public and private sectors in the urban and rural areas. The unequal availability of institutions of maternity care to rural and urban women makes rural women vulnerable to high health risks along with the substandard quality of the rural healthcare system poses a challenge to socially vulnerable groups. Moreover, the poor and uneducated women of rural India are more susceptible to underutilizing the available maternity care services due to the socio-cultural circumstances to which they are subjects. Development and efficient use of technology in the health sector is a dream for rural people whereas it is a reality in urban areas, at least on a percentage basis.

Maternal health inequities are related to differences in mental and social well-being⁷. In rural areas, generally, the rights of women are highly suppressed. Socio-economic disparities in the status of women impact the disrespectful treatment of women during maternity. The general inequities in access to healthcare facilities on the grounds of financial stability and sociocultural identity are far evident in the case of maternity care. Lack of primary education, knowledge about their health status, religious practices, and socio-cultural barriers prevent women from availing of the maternity care provided by the government through various social welfare schemes. This status of women is worsened by the class distinctions within society.

Rural areas are characterized by the existence of classes and class differences. Women who belong to the upper strata of society have better options for maternity care compared to the lower classes. Moreover, recent news portrayed the reluctance of healthcare workers to provide healthcare services to lower-class women. India is yet to completely learn the lesson to emphasize individuals over their community or class titles. Article 15 of the Constitution says that “the State shall not discriminate against any citizen on grounds only of religion, race, caste, sex, place of birth, or any of them”⁸. Reports show that, in rural areas, women are even deprived of services during delivery due to the persisting caste-class issues in India. In Rajasthan, a doctor denied treatment to a heavily bleeding pregnant woman due to her social status and the

⁷ Laura Sochas, *Women Who Break Rules: Social Exclusion and Inequities in Pregnancy and Childbirth Experiences*, *Social Science & Medicine*, www.elsevier.com/locate/socscimed.

⁸ India Const. art. 15.

woman lost her child due to non-treatment⁹. Denial of maternity care on the basis of caste, creed, class, economic status, social conditions, etc. will amount to a violation of Article 21 of the Constitution.

The very recent judicial pronouncements, (some of them are discussed in the following part of the paper) portray the significance of maternity care in relation to the right to health and the inviolable nature of such rights of women. Refusing the treatment of a pregnant woman is wrong in both legal and moral senses. The professional ethics and morality of a health care provider or official are put into question if such a refusal is based on socio-economic parameters. India should educate its young population to treat everyone as individuals by breaking the stereotypes of society.

Social Exclusions and the Accessibility to Maternity Care

The major part of India's maternal population faces either non-availability or inaccessibility to maternal health care provisions due to a number of social factors. Illiteracy and lack of knowledge about a healthy maternity environment often lower the demand for maternity healthcare services. Literacy, knowledge about the existing health care systems, economic status, cultural background including conventional approach, often superstitious practices, to maternity care, regressive standards or practices followed by society, urban-rural disparities, etc. are some of the factors that aggravate the pathetic state of maternity care in India.

The caste system is a factor that deprives certain groups of access to quality maternity care. Although during the post-independence period, India has achieved commendable progress in eliminating caste disparities, it still remains a bane to equal access to healthcare facilities, especially in rural India. Scheduled Castes and Scheduled Tribes (SCs & STs) are conventionally perceived to be the most disadvantaged sections of society. Studies have shown that 'antenatal and postnatal care and institutional delivery are worst among SCs & STs compared to the rest of the population'¹⁰. Decades of affirmative action by the government have not created many changes to the situation. Poor financial conditions, illiteracy, ignorance about proper healthcare, and remoteness of location are the factors that deprive this vulnerable group of availing quality and adequate maternity care. One of the major factors that causes a

⁹ Manya Lohita Ahuja, *Rajasthan Woman Loses Child, Alleges Doctor Denied Her Treatment Due to Religion*, Apr. 7, 2020, <https://www.idiva.com/opinions/ideas/woman-loses-her-child-as-doctor-denied-treatment-because-of-her-religion/18008148>.

¹⁰ Abhishek Kumar, Aditya Singh, *Explaining the Gap in the Use of Maternal Healthcare Services Between Social Groups in India*, *Journal of Public Health*, Vol. 38, No. 4, pp. 771.

higher maternal mortality rate among these social classes is the poor health conditions of mothers due to frequent child-bearing mainly as a result of a lack of awareness about the use of contraceptives. The promotion of institutionalized health education is a must to tackle these issues.

Focus on Maternal Health Literacy will help to address the adverse maternal and child outcomes of pregnancy. The financial stability of the family also influences a mother's access to maternity care. Prioritizing other needs of the family over and above the needs of women in general, and mothers in particular, in poor households, hinder the accessibility to efficient health care.

Oppression of lower classes of society by the socially advantageous group deprives the former of having complete knowledge about their rights and the socially beneficial systems available to them. In the case of maternal health, the upper-class group of society either manipulates or diverts the resources allocated by the government for the betterment of the disadvantaged groups, or conceals the information from them. The negative impact of these is reflected in the Maternal Mortality Rates of India. The question of inaccessibility comes into the picture when a certain group is unable to access the existing or available resources. To summarise, caste, class, socio-educational status, economic conditions, and customs are the major factors that fabricate social exclusions and subsequent deprivation of maternity care.

Social Exclusions and the Affordability of maternity care

Socially deprived sections of society find modern maternity care expensive, unnecessary, and unaffordable. They rely on local and custom-based conventional practices during delivery which poses a high risk to the life of the mother as well as the child. The caste system that exists even today prevents the lower caste groups of society from accessing education and health services. This fallacy is even aggravated by the economic instabilities of the families to afford maternity care. The failure to provide timely, adequate, quality care due to financial insecurities has led to the death of many women. Antenatal and postnatal expenses of delivery prevent a large section of the population from accessing institutional delivery and related treatment.

Policies and Initiatives by the Government

According to World Health Organization Reports, the maternal mortality ratio in India is at a global high. The WHO proposed Ante Natal Care (ANC) service provision which includes

timely assessments and nutrition and health promotion accompanied by the care provisions such as immunization and distribution of iron supplements as a solution to reduce maternal mortality rates. It also includes educating women to prepare themselves and their families to face the period of pregnancy, delivery, and also postpartum stage.

India since the 1970s has been focusing on empowering maternal health and reducing maternal morbidity rates. As part of this agenda, major programs like Safe Motherhood initiatives were taken. The regional disparity is a major issue that triggers maternal health care policymakers. A number of policies and initiatives have been made to focus on the improvement of maternity health indicators including the following.

Under this broader approach, the government initiated the Child Survival and Safe Motherhood Programme in 1992 in partnership with the World Bank and the United Nations Children's Fund (UNICEF). Accordingly, "the safe motherhood component of the program focuses on maternal health, detection and treatment of complications, teaching traditional birth attendants clean delivery practices and strengthening referral facilities for obstetric emergencies"¹¹ and subsequently a Reproductive and Child Healthcare Policy was enacted. UNICEF aids the implementation of the MoHFW's (Ministry of Health and Family Welfare) policy that focuses on the provision of skilled healthcare services to everyone, especially, socially disadvantaged sections of society.

Janani Suraksha Yojana 2005

Janani Suraksha Yojana or the JSY is one of the earliest initiatives under the National Health Mission that aimed at 'reducing maternal and neonatal mortality by promoting institutional delivery among poor pregnant women'¹². The scheme also focuses on addressing maternity care in Low Performing States (LFS) in order to eliminate regional differences in maternal health care. Accredited Social Health Activists or ASHA workers provide efficient assistance to this Centrally Sponsored Scheme to reach out to the beneficiaries. Women with weak socioeconomic status are covered under the scheme and the government aids them with monetary assistance during delivery and post-delivery time. Especially, the Low Performing States and women who belong to scheduled Castes, Scheduled Tribes, and Below Poverty Line are given importance under this scheme.

¹¹ United Nations Children's Fund, UNICEF India.

¹² *Janani Suraksha Yojana*, National Health Mission, <https://nhm.gov.in/index1.php?lang=1&level=3&lid=309&sublinkid=841>.

Janani-Shishu Suraksha Karyakram 2011

Even after the implementation of the Janani Suraksha Yojana in a commendable manner, 25% of women were reluctant to avail of maternal health care services due to pre-delivery and post-delivery expenditure. The scheme emphasizes the elimination of these out-of-the-pocket expenses for post-delivery diagnosis in cases of institutional delivery. To reduce the maternal morbidity rate, India should incentivize its maternal population to switch to institutional delivery through the provision of free medicines and other necessities.

DAKSHATA (2015)

In 2015, the Government of India introduced the Dakshata scheme with the objective of strengthening the quality of care during pregnancy. The scheme aims the tracking pregnant mothers who belong to the disadvantageous groups of society and also the capacity building of the ASHA workers to provide skilled assistance to the beneficiaries of the scheme.

Pradhan Mantri Surakshit Matritva Abhiyan

The Pradhan Mantri Surakshit Matritva Yojana was launched by the Ministry of Health & Family Welfare “to provide a fixed day for assured, comprehensive, and quality antenatal care free of cost to pregnant women on the 9th of every month”¹³ and “strengthens antenatal care detection and follow-up of high-risk pregnancies contributing to the reduction of maternal deaths and reducing the Maternal Mortality Rate in India”¹⁴. The program is aimed to bring a public-private partnership in tackling the issue of maternal morbidity. Women are provided with a periodical analysis of their health status throughout the period of pregnancy and post-delivery. Maternity education and awareness counselling sessions are also part of the program to deal with and overcome post-partum depression.

Labour Room & Quality Improvement Initiative

The above-mentioned schemes were successful in promoting institutional delivery in India, especially in rural India. Despite this revolutionary progress the scale of maternal morbidity has not reduced considerably. Labour Room and Quality Improvement Initiative is an ambitious program by the Ministry of Health and Family Welfare launched in 2017. The program focuses on improving the quality of maternity care to bring down mortality rates (both

¹³ Pradhan Mantri Surakshit Matritva Abhiyan, National Health Mission, <https://nhm.gov.in/index1.php?lang=1&level=3&sublinkid=1308&lid=689>.

¹⁴ *Supra* Note 3.

maternal and infant mortality rates). The positive birthing experience of women, improvisation of the infrastructure, and widening the demand side of maternity care are the intended outcomes of this initiative.

Maternity Care and Social Exclusions: Constitutional Framework

The Constitution of India obliges and directs the government to take various parameters for the betterment of maternity care since the higher Maternal Mortality Ratio is a hindrance to a productive population as well as to a progressive future. Article 21 of the Constitution implies the right to health as a fundamental right. Denying maternity care to a woman is a gross violation of this fundamental right. To ensure better health for all, India is striving to achieve universal healthcare. India is a welfare state hence it is duty-bound to help the vulnerable sections of the society to access maternity care. The combined effort of policymakers, administrators, health care workers, and front-line workers can bring down the MMR (Maternal Mortality Ratio) of India which is essential to determine the health care progress and the developed status of our nation.

The Directive Principles of the State Policy also advises the government under Article 47 to increase the level of nutrition and the standard of living and to improve public health¹⁵. The improvisation of the living conditions of pregnant women who belong to the socially and economically weak sections of society is a Constitutional direction for the government. Identifying the beneficiary population accurately and efficiently implementing the policies framed are the administrative obligations of the State, whereas, educating the vulnerable population about their rights, available healthcare schemes, and healthy lifestyles is the social obligation.

Judicial Response to Social Exclusions and Maternity Care in India

A number of cases challenging the non-implementation of various schemes for the promotion of maternity care by the Government have been filed through responsible civil societies like Human Rights Law Network. The Hon'ble Delhi High Court heard *Laxmi Mandal v. Deen Dayal Harinagar Hospital & Ors.* (2008)¹⁶ and *Jaitun v. Maternal Home MCD, Jangpura & Ors.* (2009)¹⁷; two cases that related to the non-implementation of the policies concerning maternity care. In the first case, Shanti Devi, a pregnant woman who belonged to the below

¹⁵ India Const. Art. 47.

¹⁶ *Laxmi Mandal v. Deen Dayal Harinagar Hospital & Ors.*, (2010) SCC OnLine Del 2234.

¹⁷ *Jaitun v. Maternal Home MCD, Jangpura & Ors.*, (2010) 172 DLT 9.

Poverty Line (BPL) category was denied essential maternity care in an emergency and life-threatening situation by the hospital authorities due to their inability to pay for the hospital expenses. In the latter case, the pregnant woman was verbally abused by the hospital staff by calling her social and cultural status. Hon'ble Justice S Muralidhar while deciding these cases, concluded that "the denial of maternal health care services is a violation of fundamental constitutional and human rights"¹⁸. The Court ruled maternal mortality as a gross human right violation and alarmed the government to tackle the issue at the latest.

The right to health is yet to be recognized as a fundamental right in India. The 226th report of the Law Commission suggested the express Constitutional recognition of the right to health under Part III of the Constitution. If this suggestion gets adopted practically, growth in maternal healthcare can be witnessed. The critical analysis of existing plans and policies and the efficient monitoring of present and future initiatives by the judiciary can serve the public interest. The judiciary can review and control the corruption and the discriminatory approach of the policy implementers and healthcare workers toward vulnerable sections of the population.

Conclusion

India is an emerging economy with a strong population. The maternal Mortality Ratio is crucial for the determination of the conditions of health of the Indian population. The Indian government has been focusing on investment in public healthcare, especially, maternal healthcare, to reduce the level of maternal morbidities and to ensure universal healthy motherhood. The flaws in the allocation of resources and the implementation of these welfare measures are to be addressed from an administrative perspective. However, the real barrier to the improvement of maternity care is the socio-economic inequalities and the related social exclusion. The ills of Indian society pertaining to caste-class distinctions need to be cured to eliminate the fallacy of social exclusions. It is high time to address this issue as the impact of social exclusions in maternal care is capable enough to endanger the life of the mother and the child. The government should also work towards popularizing the use of contraceptives to prevent frequent child-bearing. Educating women about reproductive health and antenatal and postnatal care must be a priority. The regional disparities in maternal healthcare and the differences in accessibility, availability, and affordability must be studied on a case-to-case basis to formulate efficient solutions to reduce MMR.

¹⁸ *Id.*

The protection of the maternal population is essential for the general good of society. Government intervention to compensate for the gaps created by social exclusions coupled with the training of the population about the rights of themselves and others is the key to overcome the overwhelming social exclusions and maternity issues. Neither of these solutions can work in isolation. Rather a comprehensive and systematic approach is required to expect a prosperous future generation. Uniform adoption and implementation of new trends in maternal care across the country can bring progress to the present status on par with global standards.