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Assessing Maternal Health and Healthcare Accessibility among Women in Partapnagar Block of Tehri Garhwal, Uttarakhand

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Abstract: *Women are the Pillar of the economy of the hills. The role of women in the shaping of Uttarakhand, we can understand through the fact that the maximum youth male population of Uttarakhand is migrating from rural to urban areas for job opportunities and better living standard of life so it is the hill women who take care of the entire household in the absence of the males. Despite facing maternal health challenges, hill women continue to manage all their responsibilities in the same way, leaving them with little time to focus on their own well-being. Additionally, limited access to healthcare services in rural areas, compounded by financial constraints and a lack of health awareness among women, further exacerbates the seriousness of maternal health issues. Due to this lack of nutrition, anaemia, calcium deficiency, weakness in women and high maternal and infant mortality rates are common. Maternal health is a critical indicator of the overall well-being of communities, and understanding the factors influencing maternal health outcomes and healthcare accessibility is paramount for effective public health interventions. The study aims to explore the status of maternal health, challenges, and opportunities faced by women in this region during pregnancy, childbirth, and the postpartum period, with a specific emphasis on the accessibility and quality of healthcare services. By identifying specific challenges faced by women in Partapnagar Block, the study aims to inform targeted interventions and policy recommendations to improve maternal health outcomes and healthcare accessibility in this region.*

Keywords: *Maternal health, women's health, hills women, healthcare accessibility.*

1. INTRODUCTION :

Although maternal deaths have declined at the global level, they remain high in many low- and middle-income countries (LMICs), including India especially in hilly rural areas, where maternal health continues to be a major public health issue. Maternal health includes women's health during pregnancy, childbirth, and the post-partum period. (WHO) The maternal mortality ratio (MMR) and infant mortality rate (IMR) in these regions often remain high due to factors such as long distances to healthcare facilities, poor quality of care, and lack of awareness regarding available services. Factors like a place of residence, religion, and standard of living of the household are other few socio-economic factors that are responsible for maternal health care service seeking behaviour. (Pandey, A., Mishra, P., et.al, 2002). Research consistently demonstrates an inverse relationship between female literacy and mortality rates, specifically infant mortality (IMR) and maternal mortality (MMR). Higher literacy levels among women are associated with lower IMR and MMR, indicating that educated women are more likely to access healthcare services and adopt practices that enhance maternal and child health. In spite of implementation of various programmes like Janani Suraksha Yojana, JSSK etc., Tehri- Garhwal had discouraging statistics, where minimum maternal care seeking behaviour was observed. Lack of awareness and attention among the common masses is a major reason, as the state is far behind the acceptable literacy levels. (Census of India, 2011)

Partapnagar is one of the blocks in Tehri Garhwal district, characterized by its entirely hilly terrain. Situated on the northern side of the district, it shares a border with the expansive Tehri Dam. The construction of the Tehri Dam has significantly reduced this block's connectivity to cities like Tehri and Rishikesh, forcing the residents of Partapnagar to travel long distances for essential services such as healthcare and higher education. Additionally, many villages' lands were submerged due to the dam, leading to a decline in agricultural productivity. Consequently, migration rates are at an all-time high, and since migration is predominantly male-driven, women are left to shoulder all household responsibilities. In this scenario, women are burdened with multiple roles, including managing household duties like cooking, caring for children and the elderly, working in the fields, tending to livestock, collecting fodder for cattle, fetching water, marketing, and gathering fuel from forests. As a result, every woman is engaged in at least 10 to 12 hours of daily labor across various activities. This heavy workload significantly impacts their health, leading to widespread issues such as iron deficiency, bone-related problems, calcium deficiency, migraines, back pain, full-body aches, and general weakness among rural women. Most of the residing households depend on subsistence farming and have usually small size of land for cultivation which is not enough to survive. Many men in the study area have moved to cities in search of employment. So, most of the women are engaged in farming. (Pandey, B. W., Negi, et.al). Hence, most of the families in rural areas have poor lifestyles and are not able to make life easy. In India, the government has implemented several initiatives, such as the Janani Suraksha Yojana and ASHA worker programs, to improve maternal health outcomes in rural areas. Despite these efforts, many women in hilly and remote areas like Partapnagar continue to experience challenges in accessing timely and adequate maternal healthcare.

1.1 Objective of the Study

The study aims to explore the status of maternal health, barrier to access health facilities, challenges faced by women in this region during pregnancy, childbirth, and the postpartum period, with a specific emphasis on the accessibility and quality of healthcare services.

2. Study Area:-

Partapnagar is one of nine development blocks in Tehri Garhwal district, covering an area of 190 square kilometers and located between 30.44° N latitude and 78.47° E longitude. According to the 2011 Census, it has a population of 62,618, with 29,834 males and 32,784 females. The overall literacy rate is 75%, with male literacy at 92% and female literacy at 61%, indicating a significant gender gap in education. Female literacy, being low, is an important marker of women's status and development in the region. The block has two Community Health Centers (CHCs) in Partapnagar and Lambgaon, but the district hospital is 60 kilometers away, making access to healthcare challenging. ASHA workers provide essential healthcare services at the local level. Data for this study were collected from five villages: Kandiyal Gaon, Mukhmal Gaon, Bagi Gaon, Manjaf Gaon, and Kordi Gaon. Each of these villages is approximately 15 kilometers from the nearest CHC. The sex ratios in these villages are notably higher than the state average. The population of Kandiyal Gaon village is 2,114 out of which 1143 members are females. Sex ratio of the village is 117. total population of Mukhmal gaon is 1,091 comprising of 191 families. The village has a male population of 563 and female population of 528. The sex ratio of Mukhmal Gaon village is 938. The population of Bagi is 650 comprising of 122 families. The village has a male population of 311 and female population of 339. The sex ratio of Bagi village is 1090. The Manjaf village has population of 2,135 comprising of 404 families. The village has a male population of 985 and female population of 1,150. The sex ratio of Majaf village is 1168 and Kordi gaon has population of 1,404 comprising of 282 families. The village has a male population of 644 and female population of 760. The sex ratio of Kordi village is 1180.

3. Methodology: -

The current study is based on the quantitative and qualitative methods. The primary data have been obtained by the questionnaire, in-depth interview and personal observation in the field. Purposive random sampling method was applied to select samples. For the study 60 women, some of them delivered during the past 3 years, some pregnant women, health workers have been studied from the villages of Pratapnagar block. The secondary data has been obtained by the District Handbook, Department of health and family welfare, reports, Research Paper and Magazines. After the collection of data, data analysis and presentation has been done through statistical methods, maps and diagrams.

4. Result and Discussion: -

Table: 1 Profile of Rural women respondents

Age group of respondent women		
AGE Group	**No. of Respondents**	**Percentage**
19-25	18	30
26-32	29	48.3
33-39	13	21.6
Total	60	100`
Literacy status of women respondent		
Literacy Status	**No. of Respondents**	**Percentage**
Up to 8th	10	16.6
9 to 12th	32	53.3
Graduate	14	23
Illiterate	4	7
Family type		
Joint family	32	53.3
Nuclear family	28	46.6

Source: Field Study

The study examined rural women across various age groups, all of whom have experienced maternity at least once in their lives. The majority of the women (48.3%) belong to the age group of 26-32, followed by 30% in the age group of 19-25, and 13% in the 33-39 age groups. Most women have gone through the maternity period once, with some participants currently pregnant. Regarding education, 7% of the rural women are illiterate, while 14% have attained a graduate-level education. Additionally, 53% of the women reside in joint families, while 47% live in nuclear family settings.

Table 2: Working hours of women during maternity health

Working hours	No. of Respondents	Percentage
1-3	**5**	**8.3**
3-6	**14**	**23**
6-9	**19**	**31.6**
9-12	**22**	**36.6**

Source: Field Study

It is evident that the primary responsibility for family duties falls on the shoulders of women, who must work for long hours each day. Only 8.3% of women report working 1-3 hours per day, whereas the majority, 36.6%, work at least 9 to 12 hours daily, and 31.6% work between 6 to 9 hours, even during their maternity period. The data highlights that most women are required to work extended hours. Respondents indicated that these work hours remain unchanged during critical phases of pregnancy and post-delivery. Women also reported spending considerable time on tasks such as fodder collection, fetching water, grazing cattle, and working in agricultural fields, which are essential economic activities they continue to perform throughout their pregnancy.

Table 3: Health conditions/issues related with respondent women

Issues related to health	Percentage
Symptom of anaemia	**67**
Nutrient deficiency	**70**
Low weight	**69**
Weakness	**74**
Body pain	**59**
Migraine	**56**

Source: Field Study

Findings suggest that women in hilly areas are the most active participants in both household chores and community activities. Even during pregnancy and the postpartum period, they engage in excessive physical labor, often taking on the role of the head of the household. As a result, they face various health issues, which further complicate their pregnancies and overall well-being. In the study area, nearly all women neglect their nutritional needs while working throughout the day. Consequently, 67% of women suffer from anemia, 70% experience nutrient deficiencies, 69% have low body weight, 74% report feeling constant weakness, yet they continue to support their families daily. Additionally, 59% of women suffer from body pain, primarily due to low bone density.

Table 4: ANC antenatal visit during their maternity time

ANC visit	No. of Respondents	Percentage
Four ANC visit	28	46.6
Two ANC visit	32	53.3
Have knowledge on time of first ANC	37	61.6
Only ANC need in first pregnancy	51	85
Postpartum ANC visit follow	27	67.5

Source: Field Study

During an **Antenatal Care (ANC) visit**, healthcare providers monitor the health of both the mother and the developing fetus to ensure a healthy pregnancy. These visits play a crucial role in identifying and addressing potential risks. The data indicates that in the study areas, only 46% of women attend the recommended four antenatal care (ANC) visits, and 61.6% of women are aware of the appropriate timing for their first ANC visit. However, many women are unable to access necessary services due to financial constraints, heavy workloads, and a lack of knowledge, which prevents them from attending subsequent ANC visits. “All respondents reported that essential services such as ultrasounds, blood tests, and urine tests are unavailable at nearby hospitals, making it difficult for doctors to properly monitor fetal health. As a result, women must travel a minimum distance of 60 kilometers to access these services at city hospitals, which is particularly challenging during pregnancy.” Consequently, many women are unable to complete the four recommended ANC visits.
ASHA workers play a vital role in raising awareness and educating women about the importance of ANC visits. They conduct door-to-door visits to inform pregnant women and their families about government services available to them under various health schemes. Vaccination services for both mothers and newborns are also provided under these programs.

Table 5: Consultation with doctors during maternal health

Status	No. of Respondents	Percentage
Yes	**26**	**43.3**
No	**14**	**23.3**
Rarely	**20**	**33.3**
TOTAL	**60**	**100**

Source: Field Study

Having proper consultation during pregnancy is must for both mother and child health. But only 43.3% of women agreed with having proper consulting with doctors during their pregnancy and most of them accepted that they have health issues so consulting with doctors is essential for them. Other hand 23.3 percent respondents did not take any consultation with doctors due to economical, social and other reasons and if there are any issues with their health they prefer home remedies.

Table 6: Place of delivery

Place of delivery	No. of Respondents	Percentage
Home	**8**	**20**
Village health centre	**17**	**42.5**
In town hospital	**9**	**22.5**
Transit from one health centre to other centre	**6**	**15**

Source: Field Study

For a safe delivery, it is essential that childbirth occurs under the supervision of skilled healthcare professionals. However, in rural hilly areas, access to proper healthcare facilities is not always feasible for everyone. During data collection, it was found that 20% of women delivered at home under the guidance of skilled local women in the villages. Additionally, 42.5% of women gave birth in village health centers, which often lack adequate healthcare services. In serious or critical cases, these women are referred to district hospitals or city hospitals, which are located far from primary health centers. As a result, 15% of women end up delivering during transit between health facilities.
Women who aware about pregnancy complications, or those who have the means to stay in city areas, prefer to deliver in city hospitals, accounting for 22.5% of deliveries. "One respondent shared that she was unaware of the critical signs of her pregnancy, which led to complications during delivery. She was eventually referred to a district hospital located 50-60 kilometers away from the primary health center, an experience she described as extremely painful. She expressed that had proper healthcare facilities been available at nearby hospitals, she would not have endured such difficulties. Sadly, it is not uncommon to hear of instances where women and newborns do not survive while in transit to better-equipped health facilities."

Table 7: Barriers and challenge to access the health facilities during maternal health

Barrier/challenges	Percentage%
Financial issues	**68**
Far distance of hospitals	**63**
Quality of health facilities	**70**
Heavy workload at home	**57**
Social norms	**43**
Lack of knowledge	**49**

Source: Field Study

There are numerous barriers and challenges that hinder access to maternal healthcare facilities in rural areas, including social, economic, and cultural factors. The key challenges identified in the study include financial constraints (68%), long distances to hospitals (63%), inadequate quality of healthcare services (70%), heavy household workloads (57%), social norms (43%), and a lack of knowledge about healthcare (49%). The quality of healthcare services emerges as the most significant challenge, with 70% of respondents reporting that, despite the presence of hospitals, essential facilities and qualified doctors are often unavailable. This forces many to seek private medical care for even minor health concerns. Additionally, 63% of respondents indicated that the long distances to hospitals in hilly areas lead people to seek medical attention only in severe cases. Financial constraints are also a major obstacle, with 68% of respondents agreeing that economic limitations prevent individuals from accessing healthcare services regularly.

These findings highlight the multifaceted barriers that rural populations face in accessing essential maternal health services, further complicating efforts to improve maternal and child health in these regions.

Table 8: Government initiative improved the maternal health

Status	Percentage
Improved	**46.6**
Not improved	**23.4**
Some better than before	**30**

Source: Field Study
The study indicates that government initiatives have significantly improved maternal health outcomes. A majority of 46% of women acknowledged that maternal health has been improving progressively with the support of government programs. Respondents cited various schemes such as the Janani Suraksha Yojana, Matritva Poshan Abhiyan, Newborn Vaccination Programs, Anganwadi centers, and the assistance of ASHA health workers as key contributors to these improvements, providing support at every stage of pregnancy and postpartum care.
However, 23% of respondents expressed that there is still a need for further improvements in maternal healthcare, while others noted that they have experienced some improvements compared to previous conditions. These findings reflect a positive impact of government interventions, though there is still room for enhancing the maternal healthcare experience for women in rural areas.

5. Recommendation :

- Establish and improve necessary healthcare infrastructure in rural areas, including access to essential facilities such as ultrasound machines, and blood and urine testing, to ensure that women receive comprehensive antenatal care close to home.
- The number of doctors, particularly specialists in maternal and child health, should be increased in rural health centers. Ensuring the presence of qualified healthcare providers will improve access to quality healthcare for women during pregnancy and childbirth.
- Encourage and facilitate the education of women in rural areas to improve health literacy, awareness of maternal healthcare services, and overall empowerment.
- Encourage institutional deliveries by providing financial incentives and improving the quality of care at primary health centers. Village birthing centers with skilled attendants could also be established to ensure safer deliveries closer to home.
- Conduct regular health awareness campaigns in rural villages to educate women and families about maternal health, nutrition, the importance of antenatal visits, and available government schemes.
- To reduce physical labour over women, the government should create employment opportunities for males in their native place so that outmigration can be controlled.

6. Conclusion:

The assessment of maternal health and healthcare accessibility among women in Partapnagar Block of Tehri Garhwal, Uttarakhand, reveals both progress and challenges. While government initiatives have improved maternal health services, many women still face significant barriers, such as financial constraints, long distances to health facilities, and inadequate healthcare quality. Additionally, heavy workloads and a lack of awareness further hinder access to essential maternal care. Addressing these challenges through enhanced infrastructure and lack of human resources especially, senior officials and specialists, financial support, and educational efforts is crucial for improving maternal health outcomes in this rural, hilly region. Improved maternal health does not only benefit the current generation, but it also affects the health of the new-born.

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