



Exploring The Role Of Community Engagement In Improving Maternal And Child Healthcare Access And Utilisation: A Case Study Of Health Schemes Implemented In Rural Maharashtra

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Abstract:

Maternal and child health inequities continue worldwide, especially in low-resource settings such as rural Maharashtra, India. Despite government attempts via health initiatives like as the JSY, JSSK, and MJPJAY, healthcare access remains a concern. Community involvement appears to be a promising technique for addressing these difficulties by incorporating communities in healthcare decision-making. This study looks at the influence of community engagement on maternal and child healthcare access in rural Maharashtra, with a focus on Nagpur District. The study analyses health-care awareness levels and the effectiveness of community involvement efforts using a approach that includes both qualitative as well as quantitative findings. The findings show varied attitudes, with a large percentage expressing both positive awareness and scepticism. While community interaction is seen positively, doubts arise, demanding tailored solutions. The study emphasises the necessity of continued efforts to develop knowledge and increase community engagement in healthcare decision-making in rural Maharashtra to improve maternal and child health outcomes. Future research ideas include qualitative inquiry, community-based interventions, contextual analysis, policy analysis, and longitudinal investigations. These initiatives seek to improve tactics and close gaps in equitable maternity and child healthcare access in rural Maharashtra and beyond.

Keywords: Health Schemes, Child Care, Maternal Care, community engagement, etc.

1. Introduction:

Maternal and child health is a main area or health issue worldwide, with gaps in access to healthcare services leading to avoidable mother and child humanity and morbidity, particularly in low-resource settings. Despite the government's concerted efforts to improve maternal and child healthcare through initiatives such as the JSY, JSSK, and MJPJAY, challenges remain, particularly in rural areas where access to healthcare is often limited.

Community involvement has emerged as a potential technique for tackling these difficulties, with an emphasis on including communities in healthcare decision-making processes to ensure that services are responsive to local needs and preferences. The research aims to investigate the impact of society involvement in improving mother and child health issues access and use in the context of health initiatives implemented in rural Maharashtra, with a particular emphasis on Nagpur District.

The justification for focusing on rural Maharashtra stems from the fact that rural regions house a sizable proportion of the population, as well as ongoing gaps in healthcare access and outcomes when compared to cities. Nagpur District, located in Maharashtra's eastern area, is a microcosm of these difficulties, with a mix of urban and rural inhabitants and various levels of access to healthcare facilities. This study intends to offer empirical data to rural healthcare policy and practice by investigating the effectiveness of community involvement approaches in enhancing maternal and child healthcare access and use.

The incorporation of community engagement strategies into existing health schemes provides a chance to create a connection between healthcare providers and communities, empower individuals to take control of their health, and foster long-term improvements in mother and child health outcomes. The research aims to elucidate the mechanisms by which community involvement influences healthcare-seeking behaviour, identify obstacles and facilitators to participation, and propose strategies for increasing community involvement in healthcare decision-making processes by combining quantitative analysis of healthcare utilisation data and qualitative insights from key stakeholders such as community members, healthcare providers, and policymakers. By addressing these research objectives, this project hopes to offer actionable information to guide the design and implementation of community-centered interventions targeted at improving child and maternal health outcomes in rural Maharashtra and beyond.

2. Literature Review:

According to Barua, A., et. al (2003), The scheme that supports child and mother health services provided by the Government of India through its programmed under Family Welfare is very limited, however this system is not free from defects like unproductive working schedules, a lack of operational equipment, inadequate contraceptive and medicine supplies, a lack of health workers' skills and knowledge, and limited access to services in villages without health centres. Under the new plan for the new Reproductive and Child Health, new variety of services are to be added, reinforcement of the health system is required and improvement in service delivery is also required. It highlights the feasibility of creating a more effective system with a small number of realistic inputs to improve female accessibility to services.

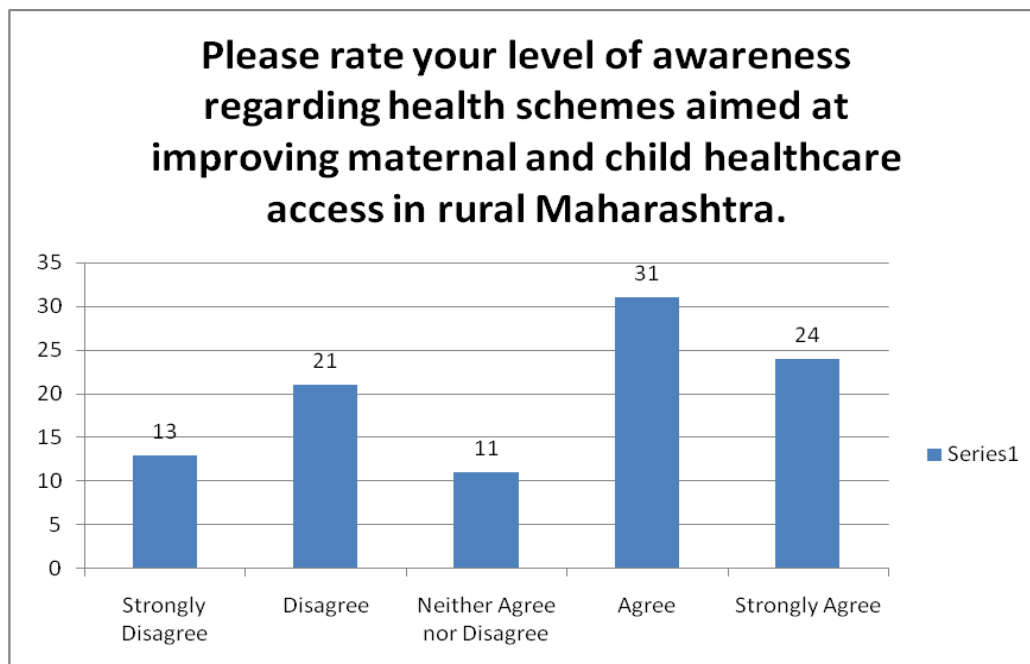
According to Gupta M. et al. (2016), between 2005 and 2012, India implemented the National Rural Health Mission (NRHM), a multi-pronged community intervention. The objective was to close the mother-child health (MCH) gap by enhancing the affordability and acceptability of excellent medical care. The purpose of this study was to look at stakeholders' opinions and attitudes towards the effectiveness of NRHM's medical sector policies in terms of enhancing MCH status and reducing disparities. From September to December 2013, 33 comprehensive interviews (n=33) were conducted with project managers, residents, and mothers, in addition to 8 focus groups (n=42) with medical professionals in Haryana after the NRHM.

3. Objectives:

1. To examine the awareness of beneficiaries towards health schemes in enhancing maternal and child healthcare access and utilization in rural Maharashtra.
2. To examine the effectiveness of community engagement strategies implemented within the framework of health schemes in enhancing maternal and child healthcare access and utilization in rural Maharashtra.

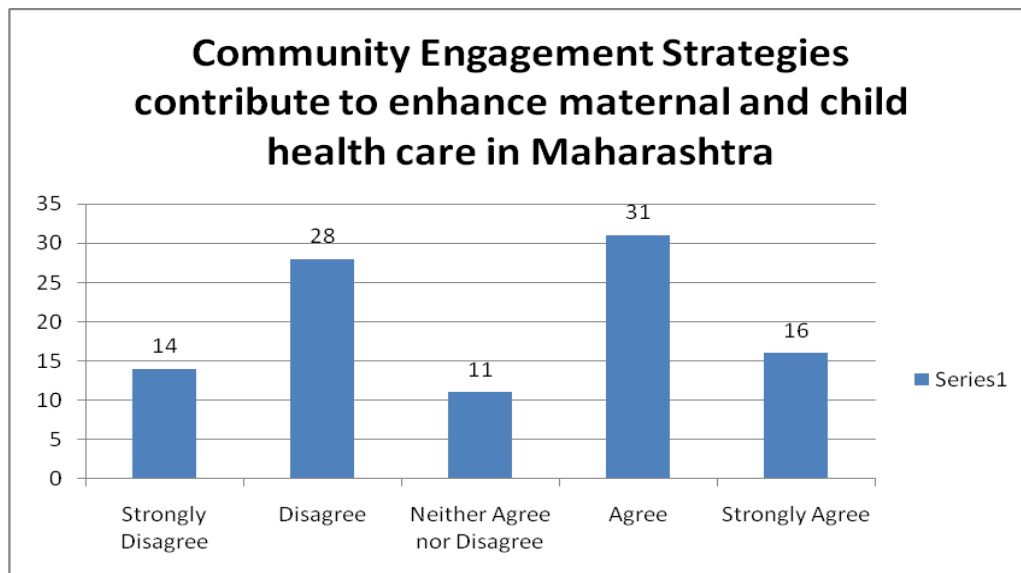
4. Data Analysis:

For the purpose of this research, primary data has been collected from beneficiaries through semi-structured questionnaire distributed to 100 beneficiaries of health schemes in Maharashtra. For sampling, convenient non-probability sampling technique has been undertaken to select the sample size of 100 beneficiaries. A descriptive research technique has been applied to describe the awareness level of beneficiaries and effective of community engagement strategies implemented by government of Maharashtra.



1.1 Please rate your level of awareness regarding health schemes aimed at improving maternal and child healthcare access in rural Maharashtra

The data provided indicates the respondents' levels of awareness regarding health schemes aimed at improving maternal and child healthcare access in rural Maharashtra, from the data, it appears that a majority of respondents either agree or strongly agree with the statement regarding their awareness of health schemes for maternal and child healthcare access in rural Maharashtra. Specifically, a total of 55 respondents (31 who "Agree" and 24 who "Strongly Agree") express positive awareness of these health schemes. Conversely, there are 34 respondents (13 who "Strongly Disagree" and 21 who "Disagree") who express a lack of awareness or disagreement with the statement. Additionally, there are 11 respondents who remain neutral on the issue.



1.2 Community Engagement Strategies contribute to enhance maternal and child health care in Maharashtra

According to the findings, attitudes are mixed on the role of community involvement initiatives in enhancing maternal and child healthcare access and use in rural Maharashtra. A total of 47 beneficiaries (14 who "Strongly Disagree" and 28 who "Disagree") are skeptical or disagree with the statement. In contrast, 47 beneficiaries (31 "Agree" and 16 "Strongly Agree") agree that community participation techniques have a beneficial impact. Furthermore, 11 beneficiaries stay indifferent, indicating neither agreement nor disagreement.

5. Findings:

Based on the data presented, the findings indicate that respondents had a complex opinion of health plans aiming at enhancing maternal and child healthcare access in rural Maharashtra. While a significant number of respondents agree (31) or strongly agree (24) with the statement, indicating positive awareness of these health schemes, a sizable proportion disagree (21) or strongly disagree (13), indicating a lack of awareness or differing perceptions among respondents. Furthermore, a sizable proportion stay indifferent (11), indicating ambiguity or ambivalence about their awareness of these programmes.

Similarly, the data show that respondents are divided on the role of community involvement initiatives in improving maternal and child healthcare access and use in rural Maharashtra. While a significant number agree (31) or strongly agree (16) with the statement, indicating belief in the positive impact of community engagement strategies, there is also a significant proportion who disagree (28) or strongly disagree (14), indicating scepticism or differing

opinions. Furthermore, a sizable proportion (11%) stays indifferent, showing a lack of clear consensus among respondents about the efficacy of these tactics.

6. Conclusion:

The data emphasises the importance of ongoing efforts to raise understanding of health schemes with the goal of boosting maternal and child healthcare access in rural Maharashtra, in addition to the necessity of continued investigation and improvement of methods for community engagement to effectively address healthcare challenges in the region. While there is evidence of good knowledge and belief in the possibility of community participation, there are also considerable impediments and opposing viewpoints that require additional investigation. Moving ahead, governments and healthcare stakeholders should prioritise targeted initiatives to enhance awareness, encourage community participation, and address respondents' concerns about equal access to maternal and child healthcare services in rural Maharashtra.

7. Suggestions:

Moving forward, there are various possibilities for future research that might expand on the study's results and further efforts to improve maternal and child healthcare availability and use in rural Maharashtra. In-depth interviews or focus group discussions might provide greater insights into the numerous elements impacting health-care awareness and perceptions of community involvement methods among regional stakeholders. Furthermore, designing and analysing community-based interventions suited to the local environment might give useful knowledge on the most successful techniques for raising awareness and community involvement.

A contextual study that takes into account socio-cultural, economic, and infrastructural issues unique to various parts of rural Maharashtra may be useful in developing tailored interventions that suit community needs and preferences. Furthermore, an examination of existing healthcare regulations and guidelines may influence lobbying activities and policy changes targeted at promoting community-centered approaches to healthcare delivery. Longitudinal studies that follow changes in awareness and community participation over time might provide insights into the long-term viability and efficacy of interventions, directing ongoing efforts to improve maternity and child healthcare outcomes in rural Maharashtra. By exploring these research areas, stakeholders may continue to fine-tune programmes, close gaps, and advance equitable and accessible maternity and child healthcare for all people in rural Maharashtra.

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