Hamari Awaz Suno

(Listen to Our Voices!)

Asks of women from Rajasthan
On
Quality and Respectful
Maternal Health Care Services
Introduction

Rajasthan, one of the high focus states of the National Health Mission (NHM) has demonstrated significant progress in reduction of maternal and infant mortality. Over time, access to and coverage of health services has improved.

According to the World Health Organisation (WHO), to achieve the desired health outcomes, availability of essential human and physical resources, evidence-based practices, respectful and effective communication and community engagement supported by requisite financial resources, is essential.

Most importantly, women's perceptions of quality of services determine their uptake of health services.

“What Women Want”

In India, a national campaign anchored by White Ribbon Alliance India (WRAI), known as “Hamara Swasthya, Hamari Awaz” reached out to more than a million women across states to seek their recommendations on quality of care.

The White Ribbon Alliance (WRA) launched a worldwide “What Women Want” campaign to support the movement for gender equality and women's empowerment by asking women about their expectations related to quality reproductive and maternal healthcare services.

CHETNA, a member of WRAI has anchored the Rajasthan White Ribbon Alliance since 2002 called SuMa-Rajasthan Surakshit Matritva Gathbandhan. SuMa undertook the responsibility of engaging with women and explore their asks to improve reproductive and maternal health services in Rajasthan. The campaign is known as “Hamari Awaz Suno” and implemented in 23 districts of the state. This is a document on What Women Want for quality maternal health services in Rajasthan.
**What Women Say**

A few quotes from these women illustrate their needs.

"There is a health centre in our village but ANM comes only occasionally. Sub centre was upgraded to Primary Health Centre level. Doctors are not available in the PHC and there is no facility of ambulance. Health centres should have electricity, water, toilets, accommodation arrangements, which are not there. Even though there is a health centre, treatment is not available." (Dhapu, 34, Barmer)

“When there is no health center in the village, what can one talk about the health of women? They have made Anganwadi centers where one does not even get a pill for bringing down fever. ASHA does not have anything, she only discusses about our health. All these facilities should be there.” (Guddi, 23, Ajmer)

“There should be female doctor and nurse, who we can easily share our problems. If there are female doctors, women and girls will be able to easily tell their problems and get proper treatment.” (Tara, 37, Ajmer)

“Every hospital should have a X-ray and Sonography room and it should have a nurse and a doctor. There should be a wheelchair for taking the pregnant woman to the Operation Theatre and labour room. Patients should get good quality tea, coffee, milk, breakfast and juice from the canteen” (Maina, 24, Tonk)

*Names changed to maintain confidentiality.

**Service availability**

Women said about inadequate human resource, infrastructure and poor medical supplies.

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Many women shared information regarding the way they are treated by the health service providers, particularly when they come in labour. Women talked about verbal and sometimes even physical violence at the hands of health service providers.

“A woman in labour pains is slapped if she cries out in pain. Nurse, doctor should not slap the woman. They should talk affectionately and conduct the delivery so that woman trusts them. Doctor or nurse should not intimidate any woman in labour. They scare the woman by instilling fear about operation. It should not be so. In the labour room, there should be a woman from her household, so that the hospital staff cannot misbehave”. (Rampyari, 32, Karauli)

Many women said that this treatment was meted out to them as they are perceived to be poor and ignorant. They talked about the discrimination at health facilities and the need to educate women about their entitlements.

“In our village there are women from different social groups. Women and girls should not be discriminated against by the facilities. The poor, rich, high and low caste should be treated as equals. In hospitals, doctors hesitate to touch a poor woman, it should not be so. All should be treated equally and health related information should be given so that they can get proper guidance and move ahead in their lives.” (Santosh, 34, Chittaurgarh)

Women talked about the need for information related to health and health service providers to address this situation.

“The doctor’s mobile number should be displayed at the crossroads in the village. And the ambulance numbers should be displayed in the villages so that common people have no difficulty in getting to the hospital. Doctor’s behaviour should be good” (Raji, 34, Sawai Madhopur)

Women stressed upon the need to be treated respectfully and about the need for training health service providers to do so.

“Women should spoken to with respect. If disdain is shown while talking to the woman, she hesitates to talk about it. It is necessary for the staff to talk respectfully with the family and other people. Awareness and sensitisation programmes should be organised even with nurses or doctors working in government or private hospitals on sensitivity and seriousness of women’s health so that they deal with women health issues with due sensitivity and seriousness”. (Geeta, 24, Dungarpur)
Entitlements

Women talked about their entitlements under government schemes and the difficult process involved in benefiting from these.

“We have to earn wages to fulfill our daily needs. We do not own land. In such a situation, for making a Mamata card or for Bhamashah scheme, the documents are available at Kuchaman Seva Kendra. We are unable to take out time and to get the documentation for Mamta Card, it should be simplified.” (Mauli, Nagaur)

Women talked about the need for free blood availability during emergencies. Thirty two year old Shanti’s experiences highlighted the difficulties they face during obstetric emergencies,

“There should be arrangement for free blood for pregnant women. If not free, it should be at reasonable price or should cost less money. They charge more for a blood bag, which women of the working class cannot afford. Or they ask for blood for providing blood, in such times pregnant women have to suffer. To ensure that schemes reach the common people, the government should work closely, form linkages and disseminate information so that the poor get the benefits” (Shanti, Jalore)

Many women across all the 23 districts talked about the demand for informal payments in the government health facilities. This payment was particularly expected of them after delivery, before they were discharged. To quote one of them,

“Here the doctor and nurses staff work only after taking money. During delivery, they openly demand money. On being told, for appearance sake the doctor says that no money will be taken. But the doctor examines less patients in the hospital. He examines most patients at home and takes more money from them. All types of free medicines should be available in the hospital.” (Suman, 30, Bharatpur)

Women in all the 23 districts particularly those from distant villages in Bundi and Udaipur talked about the need for free transport arrangement during obstetric emergencies

“During monsoons, in 6-7 villages of Khatkad Gram Panchayat which are in the forests, women in labour are brought to the government centre on a string bed with great risks. There should be some special arrangement so that the delivery is safe. (Maina, 42, Bundi)

“Women of Below Poverty Line (BPL) family are given ghee (clarified butter) after delivery on first birth. But because they are poor, they do not buy ghee during the second delivery. And their health deteriorates. Therefore, she should also get ghee during the second delivery so that she can maintain her and her child’s health. And, even though BPL, adolescent girls are unable to get sanitary napkins. Therefore, I request you that all teenage girls should be given the facility of sanitary napkins.” (Champa, Tonk)
Others

There were a range of miscellaneous asks of women. Some talked about the need for separate arrangements for women, others talked about the quality of supplies at AWCs (Anganwadi Centres) and health facilities.

“We have to stand in the long queue for the (registration) slip and the room for slips for women should be separate. At the health centre there should be arrangements for water and toilet for women.” (Maya, 32, Jaipur)

“Water and electricity should be available. There should be sitting arrangements for family members accompanying the women. There should be at least two beds in the Subcentre.” (Rekha, 43, Jodhpur)

“The government hospital does not provide good medicines. The quality of the tablets in the hospital is not good. And inadequate doses of medicine are provided.” (Santosh, 40, Sikar)
Asks of Women in 22 Districts of Rajasthan (In %)

In all, 6972 women from 239 villages and hamlets of 22 districts of Rajasthan were approached by SuMa to seek their asks on Quality of Maternal Health Services and expectations from the government health system in particular. This is what they asked for:

49% Service Availability
21% Equity Respect No Discrimination
21% Entitlements
9% others

More than one fifth (21.3%) of these women said that the health service providers should be available at government facilities 24 hours of the day to provide timely and round the clock services.

Close to 9 percent had a range of miscellaneous asks such as:
- Basic amenities (safe drinking water and electricity) in villages as well as health facilities;
- Good quality of supplementary food at AWCs;
- Good quality medicines,
- Separate registration counter and ward for women
- Comfortable seating arrangement for waiting patients and their relatives at the health facility.

Women also expected that they would be provided with comprehensive and relevant information in easily comprehensible, local language to make health related decisions.

Some women asked for camps to be organised wherein they could get all the services as per their needs. They were of the opinion that it is easier for them to talk about and get treatment for RTIs/STIs in the relative anonymity of camps.
Asks of Women in 22 Districts of Rajasthan (In %)

**Between 5 to 8 percent**
- women had expectations that the government facilities would be clean, functional,
- have requisite supplies, infrastructure
- female health staff to provide them free services.

In free services, women specifically mentioned medicines, food, sanitary napkins for adolescent girls and blood for women during obstetric emergencies and doctors and nurses not prescribing medicines from outside or demanding money for services.

**2% or less women said that**
- at the village level they wanted the ASHAs and ANMs to be available
- at the facility level, there is adequate required equipment particularly X ray and sonography machines so that they do not have to go to bigger cities for accessing these services.
- the labour room should not have any male staff in attendance,
- they should be allowed to have a companion / attendant of their choice in the labour room,
- their privacy should be ensured
- should receive benefits as per their entitlements under different government schemes, preferrably in the same facility.

24 women said that they expected functional AFHCs in their area.

**Less than 5% of these 6972 women asked for**
- respectful, non-discriminatory services provided without any discrimination and abuse.
- government facilities should ensure availability of free transport to the remotest corner of the village during medical emergencies.
District wise asks of women

We want free care and services
We want women doctors and obstetricians/Gynaecologists.
District wise asks of women

We want free transport facilities

Sawai Madhopur: 7.7%

Churu: 1.51%

Nagaur: 4.3%

Sikar: 1.0%

Jaipur: 5.1%

Tonk: 1.5%

Barmer: 4.6%

Rajasthan: 6.4%

Sirohi: 11.1%

Jodhpur: 3.0%

Ajmer: 1.5%

Bundi: 6.4%

Bundi: 7.0%

Kota: 0.3%

Alwar: 1.3%

Sawai Madhopur: 2.0%

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District wise asks of women

*We want round the clock services for all seven days and on time.*
We want Equity and no Discrimination
District wise asks of women

*We want adequate supplies at health facilities*
Key Recommendations

Based on the asks of the women the key suggestions or recommendations are as follows:

1. When health services are based on the needs of women, it is more effective health care. Women's asks and voices must be taken in to account in design and planning of health services. Gram Sabha, constitutionally mandated, are such spaces where communities can express their wants. Given the social structure, Mahila Gram Sabhas or women's assemblies must be held to ensure women's participation and say in health service planning and provisioning.

2. Human Resource is a critical component of health service delivery. While adequate and skilled human resources must be made available, rational deployment and strengthening their soft skills must be integrated in the skill enhancement training programmes.

3. The health services must be planned so service providers should be available round the clock, particularly female service providers should be available to address women's health concerns. ASHAs and ANMs should be available regularly in the field.

4. Women should be treated with due respect and sensitivity while maintaining their privacy and confidentiality. Staff should be trained, mentored and sensitised for respectful, non-discriminatory behaviour.

5. Strengthening and upgrading public health facilities is the need of the day. Health facilities should be clean, well equipped with requisite supplies and equipment for providing quality maternal care. They should have proper seating arrangements for waiting patients. In order to ensure this and for the development of the facility, Rajasthan Medicare Relief Society or Rogi Kalayan Samitis need to be strengthened and training provided so that local action can be taken.

6. Entitlements for free services needs to be ensured. Women should not be required to purchase prescribed medicines or pay for consultation, diagnostic procedures, medicines, blood or other services.

7. While adequate budgetary provisions are needed, mechanisms need to be in place so that people are not asked to pay. Services and supplies should be free of cost. No medications should be prescribed from outside and informal payments by service providers should be stopped.

8. Women should be told about and should be provided with all their entitlements. They should be provided with all information necessary for health related decision making.

9. Timely and rational referral and availability of free transport for women during emergency and for referral to higher facility like district hospital and civil hospital should be arranged.

10. Free sanitary napkins for adolescent girls should be ensured as their entitlement. Separate clean toilets for girls in secondary schools and at each household level should be secured.

11. Safe drinking water and separate clean toilets for women should be available at the health facilities.
Authors: Vd. Smita Bajpai, Project Director, CHETNA, Ahmedabad, Dr. Alka Barua, Sr. Researcher and Pediatrician, Ahmedabad