

INITIAL IMPACT OF “FIRST 1000 DAYS OF LIFE” PROGRAMME IN 23 BLOCKS OF TAMIL NADU. AND PREVENTIVE MEDICINE

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Abstract

INTRODUCTION : The theme ‘First 1000 Days of Life’ begins with pregnancy planning and goes up to when the child reaches his/her second birthday. The major components for a healthy 1000 days’ survival of a child includes adequate health care, nutrition, stimulation for early childhood development, quality childcare practices and a clean, safe environment which will have an influence in the future of a child. Eleven low performing districts in women and child health and nutritional status were selected by State Planning Commission namely Perambalur, Karur, Thiruchirapalli, Ariyalur, Sivagangai, Villupuram including Kallakuruchi, Pudukottai, Thiruvannamalai, Vellore (Integrated) and Thirunelveli and Tenkasi. 23 Blocks identified from the above districts were included for this program.

The conditional cash transfers in developing countries reduces poverty and increases consumption especially in a short term and this window can be used as an opportunity for improving health seeking behaviour, Prevention of Anemia and improved Weight gain of pregnant mother and early childhood up to 2 years.

1. Health seeking behaviour should be improved through health facilities by sensitizing the mother and her spouse, which in turn the quality of health services can be improved on demand creation,
2. The weight gain during the pregnancy,
3. Prevention and management of Pregnancy induced Anemia.

The Maternal Weight Gain should be 9-11 Kgs for an average Indian woman. The minimum weight gain should be 2 Kg at 18-20 weeks, 3+ kg in the 26-28 weeks and 4 kg in the 37-40 Weeks. If the mother gains weight of the said minimum level in the specified trimester, then only the cash benefit was awarded.

Regarding Anemia, a minimum haemoglobin concentration of 11 gm% is considered normal and because of increased fluid volume, mid-trimester dilutional anaemia is expected. Hence a minimum value of 10 gm% may be considered normal in the second trimester and 11 gm% is considered normal in third trimester.

First Incentive of Rs.1000/- at 18 – 20 weeks, Second Incentive – Rs.1000/- at 26 – 28 weeks, Third Incentive – Rs.1000/- at 37– 40 weeks, First incentive for Baby - Rs.500/- at 6th month, Second Incentive for the Baby Rs.500/- at 12th month, Third Incentive for the Baby Rs.500/- at 18th month, Fourth Incentive for the Baby Rs.500/- at 24th month.

AIM : To measure the initial impact of ‘First 1000 Days of Life’ program on health seeking behaviour, Prevention of Anemia, and Weight gain of pregnant mothers in 23 blocks of Tamil Nadu.

METHODS : A retrospective PICME secondary data-based study was conducted in 23 blocks of Tamil Nadu during October 2023. Data was collected from PICME data base by using state login ID comprised details of pregnant mothers registered, treated, and provided with cash benefits under ‘First 1000 Days of Life’ program from November 2022 to February 2023.

RESULTS : The baseline maternal health indicator - Early registration of pregnancy (within 12 weeks) was improved from 79 % during 1st instalment period to 86 % and 85 % during 2nd and 3rd instalment period respectively. Mothers getting eligibility of conditional cash transfer after receiving proper treatment for anemia and weight gain improved to 72 % during 1st instalment period, 66 % during 2nd instalment period and 58 % during 3rd instalment period comparing to their eligibility at their first visit to PHC 64 % during 1st instalment period, 64 % during 2nd instalment period and 51 % during 3rd instalment period.

CONCLUSION : Indicators revealing the health seeking behaviour of pregnant mothers such as mothers getting eligibility after proper treatment for underlying cause shows the impact of conditional cash transfer programme. These findings help us to generalize the activities to all the 388 blocks in the future.

KEY WORDS : Conditional Cash transfer, Health seeking behaviour.

INTRODUCTION

The theme ‘First 1000 Days of Life’ begins with pregnancy planning and goes up to when the child reaches his/her second birthday. The major components for a healthy 1000 days’ survival of a child includes adequate health care, nutrition, stimulation for early childhood development, quality childcare practices and a clean, safe environment which will have an influence in the future of a child. Eleven low performing districts in women and child health and nutritional status were selected by State Planning Commission namely Perambalur, Karur, Thiruchirapalli, Ariyalur, Sivagangai, Villupuram including Kallakuruchi, Pudukottai, Thiruvannamalai, Vellore (Integrated) and

Thirunelveli and Tenkasi 23 Blocks identified from the above districts were included for this program.

The conditional cash transfers in developing countries reduces poverty and increases consumption especially in a short term¹ and this window can be used as an opportunity for improving health seeking behavior, Prevention of Anemia



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and improved Weight gain of pregnant mother and early childhood up to 2 years.

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Regarding Anemia, a minimum hemoglobin concentration of 11 gm% is considered normal and because of increased fluid volume, mid-trimester dilutional anemia is expected. Hence a minimum value of 10 gm% may be considered normal in the second trimester and 11 gm% is considered normal in third trimester.

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AIM

The present study aimed to measure the initial impact of 'First 1000 Days of Life' program in 23 blocks of Tamil Nadu.

METHODS

STUDY DESIGN: Descriptive study

SAMPLING TECHNIQUE: Non-Probability – Convenient sampling.

INCLUSION CRITERIA: All pregnant mothers registered, treated, and provided with cash benefits under 'First 1000 Days of Life' program from November 2022 to February 2023 in 23 blocks of Tamil Nadu.

DATA COLLECTION: A retrospective PICME secondary data-based study was conducted in 23 blocks of Tamil Nadu during December 2023. Data was collected from PICME database by using state login ID comprised details of pregnant mothers registered, treated, and provided with cash benefits under 'First 1000 Days of Life' program from November 2022 to February 2023.

OPERATIONAL DEFINITION: Exploring initial impact in two aspects: 1. Health seeking behaviour of pregnant mothers to get an institutional care by measuring percentage of mothers got eligible for cash benefit after proper institutional care. 2. Motivation given by the field functionaries to pregnant mothers to get quality health services using conditional cash transfer as a tool by measuring percentage of mothers registered early in pregnancy.

RESULTS

In the present study a total of 59,400 pregnant mother details were fetched from PICME database during November 2022 to February 2023. Out of them, 49,133 were registered early (within 12 weeks) by the VHN / UHN in PICME portal which was a baseline maternal health indicator. This indicator was improved from 79 % during 1st instalment period to 86 % and 85 % during 2nd and 3rd instalment period respectively. (Figure 1)

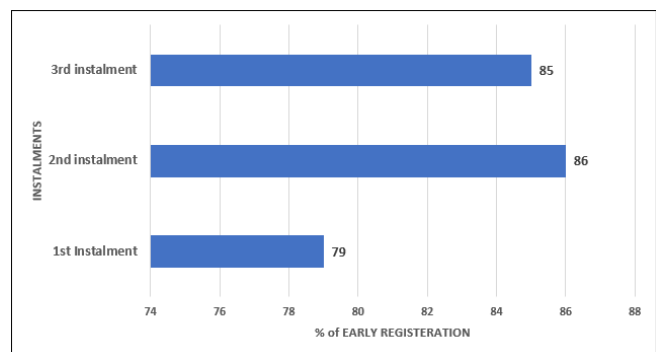


Figure 1: early registration of mothers (%)

Mothers getting eligibility of conditional cash transfer after receiving proper treatment for anemia and weight gain was improved to 72 % during 1st instalment period, 66 % during 2nd instalment period and 58 % during 3rd instalment period comparing to their eligibility at their first visit to PHC which was 64 % during 1st instalment period, 64 % during 2nd instalment period and 51 % during 3rd instalment period respectively. (Figure 2)

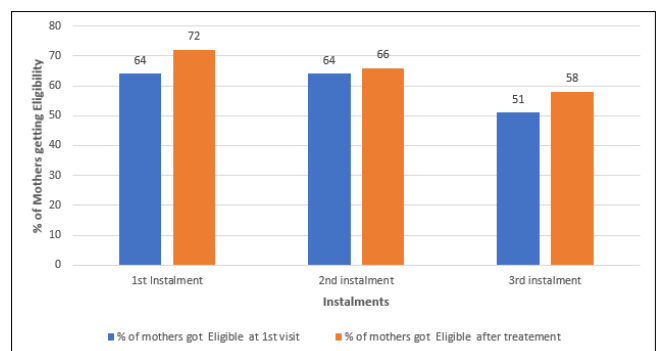


Figure 2: Eligibility for conditional cash transfer (%)
1st Visit vs After treatment

DISCUSSION

The antenatal mothers are given care and conditional cash benefit with kind benefit to reduce the out of pocket expenditure and to improve their nutritional status.² The present study aimed to measure the initial impact of 'First 1000 Days of Life' program in 23 blocks of Tamil Nadu one of such conditional cash benefit program. In the present study the baseline maternal health indicator - Early registration of pregnancy (within 12 weeks) was improved from 79 % during 1st instalment period to 86 % and 85 % during 2nd and 3rd instalment period respectively. This was due to intense knowledge poured by the field functionaries giving primary care to pregnant mothers by motivating them to get registered early (within 12 weeks) by VHN / UHN in PICME so that they can get conditional cash benefit. Similarly in a study done by Lakshmi et al in 2019 on Awareness regarding maternity benefit schemes among antenatal women in rural Tamil Nadu said that cash benefits indirectly helped to strengthen the primary health centers and first referral units to convert eligible mothers to enable institutional deliveries at a large scale.³ In the present study mothers getting eligibility of conditional cash transfer after receiving proper treatment for anemia and weight gain was improved to 72 % during 1st instalment period, 66 % during 2nd instalment period and 58 % during 3rd instalment period comparing to their eligibility at their first visit to PHC which was 64 % during 1st instalment period, 64 % during 2nd instalment period and 51 % during 3rd instalment period respectively and this was similar to the findings of glassman et al that conditional cash benefit programs have increased antenatal visits, skilled attendance at birth, delivery at a health facility, and tetanus toxoid vaccination for mothers and reduced the incidence of low birthweight.⁴ This can be due to the health seeking behavior of pregnant mothers to get quality health services so that they can improve weight gain during the pregnancy, prevent anemia.

CONCLUSION

Conditional cash transfer programs are increasingly being adopted and scaled in developing countries, particularly programs that target specific outcomes relating to maternal health, child health, and/or vaccination practices. This type of evaluation can help us understand linkages between transfers, conditionality, utilization, and outcomes. The result of this study reveals the improvement in the way of demand generation among pregnant mothers to seek proper institutional care. Indicators revealing the health seeking behaviour of pregnant mothers such as mothers getting

eligibility after proper treatment for underlying cause shows the impact of conditional cash transfer programme. These findings help us to generalize the activities to all the 388 blocks in the future.

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