

IMNCI towards Realizing MDG Goal: Taking Childcare to the Doorsteps of Community in the Shivpuri District of Madhya Pradesh

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In 2002, the MDGs were adopted with the fourth goal specifically focusing on reducing the infant and child mortality. Various health intervention programs are implemented since then to improve the health indicators in India. But the socio-economic context and cultural belief system are complex and need to be explored as the acceptance of these programs rest on the community for which they are implemented. This paper looks at how IMNCI reaches rural families by trying to situate it in the cultural and economic context of nurturing new borns in the Shivpuri District of Madhya Pradesh. It further scouts the problems faced by the service providers in convincing the community members to avail medical services. Finally, it discusses the concerns and fears of the people who are unable to access the health care facilities.

This paper is based on mixed methodology of quantitative and qualitative approaches to obtain empirical data from the mothers on the knowledge received from the ANM or AWW, the referrals made by ANM or AWW and the community's perceptions toward the IMNCI approach. The service providers were also interviewed to understand the problems faced by them and the extent to which they are successful in curtailing under five deaths.

The findings show that the ANMs and AWWs, despite of their consistent effort, still face difficulty to build trust and to promote the use of health care services by mothers for their children. Furthermore, people have mixed feelings about the biomedicine and they get influenced with the prevalent beliefs within the community. Besides the economic constraint, the practice of taking a child to the unqualified health practitioners is widely accepted thus challenging the efficacy of biomedicine. Hence the effectiveness and full implementation of IMNCI is possible only through the continued support and coordination between the health providers and community members.

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