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# YOUR HEALTH

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'Together for a #PeriodFriendlyWorld',



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# YOUR HEALTH

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# Motherhood and Patriarchy

Editorial

Motherhood, as a social construct within patriarchal societies, is often shaped by expectations that limit women's autonomy and reinforce traditional gender roles. Patriarchy, a system of male dominance, positions women primarily as mothers, emphasizing self-sacrifice and domesticity. This can lead to the idealization of motherhood, potentially overlooking the diverse experiences and challenges women face while navigating both personal and professional lives.

## Here's a breakdown of the key aspects:

### 1. The Social Construction of Motherhood:

- Motherhood is not solely a biological experience but a social one, shaped by cultural norms and expectations.
- Patriarchal societies often define motherhood as a woman's primary role, influencing her identity and societal expectations.
- This can lead to the idealization of motherhood, where women are expected to prioritize their children's needs above their own, potentially leading to feelings of guilt, inadequacy, or resentment if they deviate from these expectations.

### 2. Patriarchy and Motherhood:

- Patriarchy, a system of male dominance, often reinforces traditional gender roles, limiting women's opportunities outside the domestic sphere.
- In many cultures, women are expected to prioritize motherhood and domestic responsibilities, often at the expense of their personal and professional aspirations.
- This can lead to a conflict between the pressures of being a "good mother" and the demands of a career or other pursuits.

### 3. The Idealization of Motherhood and its Consequences:

- The idealization of motherhood can create unrealistic expectations for women, leading to feelings of inadequacy and guilt when they struggle to meet these ideals.
- This idealization can also obscure the diverse realities of motherhood, including challenges like postpartum depression, financial difficulties, or the complexities of single parenthood.



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### 4. Feminist Perspectives on Motherhood:

- Feminist scholars have challenged the patriarchal construction of motherhood, highlighting the social and cultural forces that shape women's experiences.
- They argue that motherhood should not be seen as a monolithic experience, but rather as a diverse set of experiences shaped by social, economic, and cultural contexts.
- Feminist perspectives also emphasize the importance of women's agency and autonomy in making choices about their lives and bodies, including whether or not to become mothers.

### 5. The Need for Change:

- It is crucial to challenge the patriarchal structures that limit women's choices and create unrealistic expectations about motherhood.
- In conclusion, motherhood within patriarchal societies is a complex issue, often shaped by limiting expectations and idealizations. Feminist perspectives offer valuable insights into the social construction of motherhood and the need for change to create a more equitable and supportive environment.

One case of the newly emerging COVID-19 variant NB.1.8.1 and four instances of the LF.7 type have been detected in India, according to INSACOG data.

A meeting chaired by the Director General of Health Services and attended by experts from the National Centre for Disease Control, ICMR, and other key health institutions recently reviewed the situation.

However, several regions have reported localized increases. Delhi recorded 23 new cases, Andhra Pradesh reported four in the last 24 hours, Telangana confirmed one, and a nine-month-old in Bengaluru tested positive amid a gradual rise over the past 20 days. Kerala reported 273 cases in May alone.

#### What are LF.7 and NB.1.8 subvariants?

As of May 2025, the World Health Organization (WHO) classifies LF.7 and NB.1.8 subvariants as Variants under Monitoring, not as Variants of Concern or Variants of Interest. But these are the variants that are reportedly driving the rise in Covid cases in China and parts of Asia.

According to data from the Indian SARS-CoV-2 Genomics Consortium (INSACOG), one case of the NB.1.8.1 variant was reported in Tamil Nadu in April, while four cases of the LF.7 variant were detected in Gujarat in May.

In India, the JN.1 variant continues to be the most prevalent, accounting for 53% of the samples tested, followed by BA.2 at 26%, and other Omicron sublineages making up the remaining 20%.

While the World Health Organization's preliminary assessment considers NB.1.8.1 to pose a low global public health risk, its spike protein mutations—A435S, V445H, and T478I—indicate a potential for higher transmissibility and immune escape compared to other variants.

#### What are symptoms of NB.1.8.1?

- Sore throat
- Fatigue
- Mild cough
- Fever
- Muscle aches
- Nasal congestion
- Persistent low-grade hyperthermia (elevated body temperature due to failed thermoregulation, distinct from typical fever)
- Headaches



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- Nausea
- Loss of appetite
- Gastrointestinal issues

#### Transmissibility and Spread

NB.1.8.1 has shown a higher rate of transmissibility compared to some earlier variants. Preliminary findings indicate that it may have an improved ability to bind to human cells, potentially contributing to a rise in infection rates. The variant has been identified in international travelers arriving at major U.S. airports, including those in California, Washington, Virginia, and New York, highlighting the need for ongoing surveillance and public health vigilance.

Although some countries where NB.1.8.1 is more prevalent have reported a rise in cases and hospitalizations, current data does not suggest that the variant causes more severe illness than other circulating strains.

#### How to protect yourself?

- To protect yourself and others:
- Stay up to date with COVID-19 vaccinations and booster shots.
- Wear masks in crowded or enclosed spaces.
- Practice good hand hygiene.
- Monitor for symptoms and get tested if you feel unwell.
- Follow local health guidelines and advisories

## Eye Problems During Pregnancy

Pregnancy is a physiological event in every woman's life. There are some changes in different organs during this period. Ocular events can be from a simple change of colour in the lids to sight threatening retinal conditions. Most changes are usually temporary and resolve after childbirth. The changes can be grouped into three categories: first group is physiological, second group is pregnancy specific and the third group is changes in eyes due to pre-existing diseases.

### Physiologic changes:

There are significant hormonal changes in the body during pregnancy. One of the commonest changes is seen in eyelids. There is increased pigmentation of skin called melasma due to raised level of melanin.

Blurring of vision at that period can be simply due to elevated hormonal levels. There may be structural and functional changes in the cornea due to water retention. It happens during later part of pregnancy. There may be change in refraction and wearing a contact lens may be difficult temporarily. Pregnancy may temporarily induce dry eye also due to alteration of tear gland function. All these problems are temporary and resolve after childbirth. There may be change in the pressure of the eye, particularly in the second half of pregnancy intra ocular pressure decreases. It comes to pre-pregnancy level within two months after childbirth.

### Pregnancy-specific changes:

Hypertensive disorders are not very uncommon during pregnancy. It is seen in 10% of all pregnancies that include gestational hypertension, preeclampsia, eclampsia and HELLP Syndrome. Blurring of vision is the commonest manifestations of hypertensive disorder. There might be impaired colour vision, decreased field of vision also. The optic nerve also may be affected in some cases. Sometimes it leads to significant loss of vision due to serious changes in the retina. The impairment usually reverses within few weeks after childbirth. There might remain some residual damage if the manifestation is severe during pregnancy. All pregnant ladies with hypertension should undergo routine eye examination and at the same time get adequately treated for hypertension.



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### Pre-existing disease:

Gestational diabetes is a known condition where there is temporary rise of blood sugar level during pregnancy. Pregnancy is a risk factor for worsening of existing Diabetic Retinopathy. Evidences show that diabetic retinopathy can develop and progress during pregnancy. The progression of retinopathy is affected by the duration of diabetes, degree of retinopathy before pregnancy, glycemic control, and presence of other co morbidities such as hypertension. Any mother known to have preexisting diabetes should undergo eye checkup periodically from the early stage of pregnancy.

Although Vitamin A deficiency has been controlled significantly in India; there are communities where it still exists sub-clinically. Pregnancy increases the demand for Vitamin A in mother. A pregnant lady might experience night-blindness if she is already nutritionally deficient. Direct Vitamin A supplementation is not recommended during pregnancy, balanced diet rich in Vitamin A should be given to the mother.

### Prevention:

Pregnancy is a natural event in woman's life. Majority  
...contd on page 08

## Optimal Nutrition for Maternal Health and Menopause: A Guide for Women

Maternal health refers to the health of women during pregnancy, childbirth, and the postpartum period. Health of the women is an important part of public health because the well-being of mothers affects not only the health of their babies and families but also the communities.

Strengthening health systems and empowering women through education along with economic support will ensure good self-care and improved maternal health.

Antenatal care includes regular health check-ups during pregnancy, monitoring for complications, nutritional advice, supplements and immunizations. Safe delivery in a clean, safe environment with skilled birth attendants and postnatal care like monitoring for infections, bleeding, spacing of births with family planning and support for breastfeeding and nutrition are also pivotal for ensuring good maternal health.

Nutrition during pregnancy is essential for the health of both the mother and the developing baby. A well-balanced diet supports foetal growth, reduces pregnancy complications and ensures maternal well-being.

**Balanced Diet** is a key principle of pregnancy nutrition include all major food groups: carbohydrates, proteins, healthy fats, vitamins, and minerals. Focus should be on having whole foods that are locally available like fruits, vegetables, whole grains, legumes, lean meats, and dairy.

Adequate Caloric requirements are given below. *Focus should be on quality, not just quantity—choose nutrient-dense foods, not empty calories*

- 1st trimester: No extra calories needed (but nutrient density matters).
- 2nd trimester: +~340 kcal/day.
- 3rd trimester: +~450 kcal/day

Macronutrient needed are protein, approximately 71 g/day for foetal tissue growth, uterus, breast tissue. Carbohydrates are necessary for baby's brain development and as energy source. Healthy fats like Omega-3s supports brain & eye development in foetus.



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**Nutrition during lactation** needs special attention. Breastfeeding increases a mother's nutritional needs, and a balanced diet supports milk production, maternal health, and infant growth. There is increased caloric needs of around 500 kcal/day above pre-pregnancy needs (especially in the first 6 months). Total of approximately 2,300 to 2,700 kcal/day depending on body size, activity level, and milk production is needed.

Adequate hydration is very important. Extra fluids are essential to support milk production. Lactating mothers need drink about 3.1 liters/day, around 12 cups of water, milk, soup, etc. Drink to thirst is the most practical advice for a mother, especially during and after feeding sessions.

Protein-rich items like eggs, dairy, lean meats, legumes, tofu, healthy fats containing food like avocados, nuts, seeds, fatty fish (e.g., salmon), whole grains like oats, brown rice, whole wheat bread, fruits and vegetables that is high in vitamins, minerals, and antioxidants are the best foods for a lactating mother. Micronutrients needed include calcium, iron, vitamin D, B12 iodine, choline, omega-3 fats. These can also be supplemented.

It's preferable to avoid alcohol, caffeine:  $\leq 300$  mg/day (about 2–3 cups of coffee). High-mercury containing fishes like swordfish, king mackerel, tilefish, and shark, highly processed foods, trans fats, added sugars, and preservatives can be avoided.

### Nutrition and Self Care during Menopause

Menopause, marks the end of menstruation and fertility usually occurring between ages 45–55 years, sometimes earlier. It's a natural biological process, but a decrease in oestrogen level and other hormonal changes can cause various physical and symptoms. Self-care, good nutrition, exercise and adequate supplementation can significantly ease this transition. Key nutrients that are required during menopause are calcium as got from dairy, tofu, green leafy vegetables, almonds. Vitamin D is got mainly from sunlight along with other sources like fatty fish, fortified foods which prevents bone loss, osteoporosis, helps calcium absorption and improve immunity. Magnesium also supports bone health, reduces anxiety, sources of which are nuts, seeds, whole grains, dark chocolate. Proteins help maintain muscle mass as it is got from pulses, lean meats, legumes, eggs, dairy, soy. Phytoestrogens are plant-based oestrogens that may

reduce symptoms and are got in adequate amounts from Soy (tofu), flaxseeds, legumes. Omega 3s got from Salmon, walnuts, flaxseeds, chia seeds support heart and brain health, mood. Adequate intake of whole grains, fruits, vegetables, legumes provide high amount of fibre which is very important for better digestion also helps reduce cholesterol levels.

Nutrition is very important for women especially during the pivotal stages of pregnancy and menopause. It's a cornerstone of women's health and an often-neglected aspect throughout her life. By embracing a balanced, nutrient-rich diet, women can support a healthy pregnancy, reduce complications, and lay a foundation for long-term wellness. Appropriate dietary choices can help manage symptoms, protect bone health, and reduce the risk of chronic diseases during menopause.

Empowering women with knowledge about their unique nutritional needs allows them to take control of their health. Whether planning for motherhood or navigating midlife changes, nourishing the body with whole foods, key vitamins, and mindful eating practices is essential for vitality, resilience, and well-being.

....contd from page 06

## Eye Problems During Pregnancy

Dr. Asim Kumar Sil

of the changes in the eyes during pregnancy are temporary and takes some time to disappear after delivery of child. Preexisting systemic co-morbidities like Diabetes, Hypertension, Kidney disease etc. need special attention at the time of pregnancy. It is always good to consult an eye doctor to get the best guidance about the eye problems.

### Ref:

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 Bastos Maia S, Rolland Souza AS, Costa Caminha MF, Lins da Silva S, Callou Cruz RSBL, Carvalho Dos Santos C, Batista Filho M. Vitamin A and Pregnancy: A Narrative Review. *Nutrients*. 2019 Mar 22;11(3):681. doi: 10.3390/nu11030681. PMID: 30909386; PMCID: PMC6470929.

## Maintenance of Menstrual Hygiene

Access to safe and dignified menstruation is a fundamental need for women and girls in a world where every girl can learn, play, and safeguard her own health without experiencing stress, shame, or unnecessary barriers to information or supplies during menstruation. Meeting the hygiene needs of all adolescent girls and women in all settings is enables human rights, dignity, and public health. A growing evidence base from low- and middle-income countries shows that many girls are not able to manage their menses and associated hygiene with ease and dignity. This deprivation is even more acute for girls and women in emergencies. These girls and women cannot practice good menstrual health and hygiene at home, at school, at work or in other public settings, due to a combination discriminatory social environments, inaccurate information, poor facilities, and limited choice of absorbent materials. Public infrastructure and policies in health, WASH, and education under-prioritise and underresource menstrual hygiene, support, and knowledge. In addition, myths and taboos often promote a high level of secrecy about even the most basic menstruation facts – leading to shame and exclusion for women and girls. Inaccessible WASH facilities, access to information and materials are barriers for women and girls with disabilities manging their menstruation hygienically and with dignity<sup>1</sup>.

Adolescent women are often inexperienced in MHM. They lack adequate and correct knowledge about their bodies, especially the reproductive system and its working, given the social prohibitions on discussing these issues. They also lack the disposable income to buy hygienic menstrual products. Inability to manage menstrual hygiene can have serious consequences for their physical, mental, and emotional health, as well as their social development and educational attainment. Therefore, managing menstrual health and hygiene among adolescent women is a major public health concern for policymakers in low- and middle-income countries, including India.

India hosts about one-fifth of the world's population of adolescent women. Unfortunately, most of them, especially those living in rural areas, typically face many restrictions that limit their agency and



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autonomy. During menstruation, these restrictions become much more severe, preventing them from participating in many aspects of social life, worshipping, bathing, cooking, and sexual activity. Millions of adolescent girls in India drop out of school every year due to restrictions on mobility, a lack of restrooms and disposal facilities in schools, and fear or shame caused by the odour and stains of menstrual blood. The situation is further worsened by the widespread ignorance around puberty and menstruation, the lack of access to menstrual hygiene products, and the absence of adequate water, sanitation, and hygiene facilities, leading to poor menstrual hygiene practices (Figure 1 and Figure 2)

Poor menstrual hygiene practices may cause reproductive and urinary tract infections in addition to rashes, itching, foul odour, and many other reproductive health morbidities. Poor menstrual hygiene management can also compromise women's educational and economic opportunities. In addition, several sustainable development goals (SDGs) such as SDG 3 (healthy lives and well-being for all), SDG 4

(inclusive and equitable education), SDG 5 (gender equality), and SDG 8 (equal economic opportunities) cannot be achieved without ensuring safe and dignified menstruation women of all ages. Therefore, it is crucial for the policy makers to understand the access to and use of menstrual hygiene methods among adolescent women, especially in rural areas of India, where a large proportion of the country's adolescent population resides<sup>2</sup>.

The Ministry of Health and Family Welfare has introduced a scheme for promotion of menstrual hygiene among adolescent girls in the age group of 10-19 year in rural areas.

The major objectives of the scheme are:

1. To increase awareness among adolescent girls on Menstrual Hygiene
2. To increase access to and use of high quality sanitary napkins to adolescent girls in rural areas.
3. To ensure safe disposal of Sanitary Napkins in an environmentally friendly manner.

The scheme was initially implemented in 2011 in 107 selected districts in 17 States wherein a pack of six sanitary napkins called “Freedays” was provided to rural adolescent girls for Rs. 6. From 2014 onwards, funds are now being provided to States/UTs under

National Health Mission for decentralized procurement of sanitary napkins packs for provision to rural adolescent girls at a subsidized rate of Rs 6 for a pack of 6 napkins. The ASHA will continue to be responsible for distribution, receiving an incentive @ Rs 1 per pack sold and a free pack of napkins every month for her own personal use. She will convene monthly meetings at the Aanganwadi Centres or other such platforms for adolescent girls to focus on issue of menstrual hygiene and also serve as a platform to discuss other relevant SRH issues. A range of IEC material has been developed around MHS, using a 360 degree approach to create awareness among adolescent girls about safe & hygienic menstrual health practices which includes audio, video and reading materials for adolescent girls and job-aids for ASHAs and other field level functionaries for communicating with adolescent girls<sup>3</sup>.

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2. BMC Public Health 22, 2126 (2022). <https://doi.org/10.1186/s12889-022-14622-7>
3. <https://nhm.gov.in/index1.php?lang=1&level=3&sublinkid=1021&lid=391>



## Taboos on Menstruation Mental Health

Menstruation is often shrouded in taboo and stigma, which can negatively impact mental health. This silence surrounding menstruation can lead to feelings of shame, fear, and confusion, particularly for young menstruators. It can also contribute to a lack of accurate information about menstrual health, making it difficult for individuals to understand and manage their experiences.

Here's a breakdown of how menstruation taboos affect mental health:

### 1. Shame and Isolation:

- **Period Shame:** The stigma surrounding menstruation can lead to feelings of shame and embarrassment, making it difficult for individuals to openly discuss their experiences or seek support.
- **Isolation:** In some cultures, menstruating individuals are isolated from family and social activities, leading to feelings of loneliness and exclusion.
- **Secrecy and Silence:** The need for secrecy and silence around menstruation can exacerbate mental health issues, particularly in cultures where it's considered taboo.

### 2. Lack of Information and Support:

- **Limited Access to Information:** Taboos can prevent individuals from accessing accurate information about their menstrual cycle, its phases, and how it might affect their mental and physical health.
- **Inadequate Support:** Lack of open conversations and support systems can make it difficult for individuals to navigate menstrual-related challenges, including mood changes and physical discomfort.

### 3. Negative Impact on Self-Esteem and Body Image:

- **Body Shaming:** The association of menstruation with impurity or dirtiness can contribute to negative body image and self-esteem issues.
- **Emotional Regulation:** Mood changes associated with menstruation may be dismissed or ridiculed, leading to feelings of invalidation and frustration.

### 4. Mental Health Conditions:

- **Exacerbation of Existing Conditions:** Menstruation can exacerbate existing mental health conditions like depression and anxiety.
- **Increased Risk of Suicidal Thoughts:** Research suggests that fluctuations in mood across the



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menstrual cycle can be linked to suicidal thoughts and behaviors.

### 5. Cultural and Societal Impact:

- **Gender Inequality:** Menstruation taboos often perpetuate broader gender inequalities by silencing women and girls and hindering their full participation in society.
- **Social Restrictions:** Cultural beliefs about menstruation can lead to restrictions on daily activities, religious practices, and social interactions.

### Breaking the Taboo:

- **Open Communication:** Creating safe spaces for open and honest conversations about menstruation is crucial.
- **Education:** Providing accurate and age-appropriate information about menstruation is essential for dispelling myths and reducing stigma.
- **Challenging Negative Norms:** Actively challenging harmful social norms and beliefs about menstruation is vital for promoting positive attitudes and behaviors.
- **Seeking Support:** Encouraging individuals to seek support from healthcare professionals, counselors, or support groups is important.

By addressing the taboos and stigma surrounding menstruation, we can create a more supportive and inclusive environment for individuals to manage their menstrual health and overall well-being.

## From Borders to Birthrooms: How West Bengal is Strengthening Maternal Health for All

South 24 Parganas, West Bengal—A young girl, nervous yet determined, stepped into a rural hospital to register her pregnancy. She carried a valid birth certificate from a local Gram Panchayat, stating she was 18. But her she demeanor and slight frame told a different story—she was likely much younger, around 15. The staff treated her with kindness, aware of their responsibility to both provide care and alert the authorities, as the law requires in cases involving minors.

Her journey, possibly from across the Bangladesh border, touches on several key issues: early marriage, adolescent pregnancy, identity access, and the unwavering commitment of the health system to serve every woman with dignity. This single case speaks volumes about the balancing act that West Bengal's health system performs daily—between compassion and compliance.

India's progress in reducing maternal deaths is a story worth celebrating. According to the Sample Registration System (SRS) 2020–22, India's Maternal Mortality Ratio (MMR) has dropped to 88 per 100,000 live births, a clear sign of the nation's march toward the Sustainable Development Goal (SDG) 3.1 target of below 70.

West Bengal, while still facing unique challenges, has also made consistent and commendable progress:

- MMR declined from 113 (2014–16) to 97 (2019–21).
- Although the latest figure of 105 (2020–22) shows a slight uptick, it reflects better reporting and surveillance post-pandemic—a positive sign of an active health system, not a failing one.

One of the biggest contributors to maternal deaths continues to be early motherhood. Nationally, 36% of maternal deaths occur among women aged 15–24. Girls married too young are at greater risk during childbirth, often lacking both physical readiness and social support.

But West Bengal is fighting back with innovative, people-first strategies:

- The Kanyashree Prakalpa, a flagship state program, has empowered over 7 million girls to delay marriage by supporting them to stay in school.



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- Community networks and youth groups supported by civil society organizations like CINI, White Ribbon Alliance, BOGS and others are creating safe spaces for girls to learn about health, rights, and their future.

What sets West Bengal apart is its collaborative spirit. Government and non-government actors are joining forces to tackle maternal health from all angles—health, education, nutrition, legal protection, and more.

- Health programs like Janani Suraksha Yojana (JSY) and LaQshya ensure that women—especially from rural and marginalized communities—get safe dignified delivery care at no cost.
- Adolescent health days and peer-led sessions are becoming platforms for education and confidence-building.
- District task forces, frontline workers, and panchayats are playing active roles in identifying high-risk pregnancies and ensuring timely referrals.

These are not just programs—they are a public promise: every woman, every girl, every mother matters. The latest SRS 2021 report puts West Bengal's

Total Fertility Rate (TFR) at 1.4—among the lowest in the country. This is not just a number. It reflects informed choices, access to family planning, and empowered women. It also points to a brighter demographic future.

Health workers, ASHAs, ANMs, and block-level officials across the state deserve appreciation. They work through festivals, floods, and field challenges to bring maternal care closer to homes.

Yes, challenges remain:

- Some communities still grapple with early marriage traditions.
- Border areas pose identity and legal complexities.
- Adolescents need more tailored health services.

But the foundation is strong, and the intent is clear. West Bengal is not standing still—it's stepping forward with care, courage, and coordination. It is showing how a state can be both compassionate and compliant, both ambitious and inclusive. As India moves forward in its maternal health journey, West Bengal stands as a promising example: a state that listens, learns, and leads—with its people at the heart of every policy.

Sources:

- Special Bulletin on Maternal Mortality in India (2020–22), Office of the Registrar General of India
- SRS Statistical Report 2021, Ministry of Home Affairs



## Healthy Babies need Healthy Mothers

As Mother Nature provides sustenance, shelter and all the resources for human survival, every mother can do the best for her child's optimum growth and development from the early days of conception. A mother's role in fetal nutrition is so crucial that she should maintain a healthy lifestyle and manage stress even when she is planning for her pregnancy. Many researches suggest that maternal nutrition plays a great part even in fetal brain development, future cognitive abilities and her child's IQ levels.

### Here's how Key Nutrients and Their Effects:

- Folate: Crucial for preventing neural tube defects and supporting brain development.
- Iron: Essential for fetal growth and development, including brain function.
- Calcium: Essential for bone development of the fetus and essential to prevent chances of the mother's future calcium deficiency.
- Omega-3 Fatty Acids: Supports fetal brain development and cognitive function.
- Protein: Necessary for fetal growth and development, including brain function.
- Seafood: Rich in omega-3 fatty acids, which can increase offspring's intelligence quotient (IQ).

### Dietary Patterns and Cognitive Outcomes:

- Varied Diet: A balanced diet rich in fruits, vegetables, whole grains, and lean proteins supports better cognitive development in children.
- Western Diet: A diet high in processed foods, sugar, and saturated fats may negatively impact cognitive development and IQ.
- Breastfeeding: Extended breastfeeding duration is associated with improved head circumference growth and cognitive outcomes.

### Mechanisms:

- Brain Structure: Maternal nutrition influences brain structure, including white matter development, which is linked to cognitive function.
- Neurodevelopment: Adequate nutrition during pregnancy supports healthy neurodevelopment, laying the foundation for future cognitive abilities.



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### Long-term Effects:

- Cognitive Performance: Maternal diet quality during pregnancy is associated with better cognitive performance in children, including improved IQ scores.
- Brain Volume: Better maternal diet quality is linked to larger brain volumes in children, which can impact cognitive function.

### Consequences of Poor Maternal Nutrition

1. Birth Defects
2. Low Birth Weight
3. Preterm Birth
4. Increased Risk of Chronic Diseases: Poor maternal nutrition can increase the risk of chronic diseases in the offspring, such as diabetes and cardiovascular disease.

### Foods to Avoid in pregnancy

1. Raw or Undercooked Meat: Risk of food-borne illnesses.
2. High-Mercury Fish: Shark, swordfish, and king mackerel may harm fetal development.
3. Excessive Caffeine: Limit caffeine intake to

200mg/day.

4. Processed Foods: Limit foods high in sugar, salt, and unhealthy fats.

5. Toxins: Avoid smoking, alcohol and substance abuse.

### Tips for a Healthy Pregnancy Diet

1. Eat a Variety of Foods:

Include a range of fruits, vegetables, whole grains, and lean protein sources.

2. Stay Hydrated:

Drink plenty of water throughout the day.

3. Avoid Overeating:

Eat small, frequent meals to manage nausea and heartburn.

4. Consult a Healthcare Provider:

Get personalized dietary advice from your healthcare provider.

By acknowledging the interconnectedness of these factors, we can work towards supporting healthy pregnancies and fetal development and as a result healthy pregnancies and optimum fetal developments can be achieved.

**#PERIOD  
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WORLD**



## WB Government Initiatives on Mother's Health Care

The West Bengal government has several initiatives focused on improving maternal health. These include the West Bengal Transport Workers' Social Security Scheme which provides financial assistance for childbirth or miscarriage. Additionally, the state has initiatives like Janani Suraksha Yojana (JSY) under the National Health Mission, aiming to reduce maternal and neonatal mortality by promoting institutional deliveries. The state also focuses on post-natal care through programs like Swasthya Ingit, which includes telemedicine services for pregnant women, and by enhancing post-natal monitoring by ASHAs.

### Key Initiatives:

- **West Bengal Transport Workers' Social Security Scheme:**

This scheme provides financial assistance of Rs. 6,000/- for childbirth or miscarriage to eligible beneficiaries, with a maximum benefit of two times per beneficiary.

- **Janani Suraksha Yojana (JSY):**

A safe motherhood intervention under the National Health Mission, providing cash assistance to pregnant women for institutional deliveries and post-delivery care.

- **Swasthya Ingit:**

This initiative incorporates telemedicine services to provide high-quality healthcare for pregnant women, aiming to end preventable maternal mortality.

- **Enhanced Post-Natal Monitoring:**

The government emphasizes regular visits by ASHAs (Accredited Social Health Activists) to identify and refer high-risk mothers during the post-natal period, ensuring timely intervention and reducing maternal and neonatal mortality.

- **Triple Elimination Initiative:**

West Bengal is pioneering a pilot project to eliminate mother-to-child transmission of HIV, syphilis, and hepatitis B, in partnership with the William J. Clinton Foundation.

Other relevant aspects:

- **State Mission Authority:**

This body, chaired by the Chief Minister, focuses on



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women-centric schemes, including those related to maternal health.

- **State Resource Centre for Women (SRCW):**

Provides technical support to the State Mission Authority.

- **Waiting Huts:**

The state government has constructed waiting huts near hospitals to provide safe delivery options for mothers in remote areas.

- **Integration with Private Sector:**

The government engages with private practitioners to participate in campaigns and provide services at government health facilities.

- **Sishu-Saathi Scheme:**

This scheme, though focused on pediatric care, also includes detection and treatment of heart ailments in children, indirectly benefiting families and

contributing to overall well-being.

Health Club is working as an Associate Health Partner of Dept of H&FW, GoWB on this subject in the district of several areas of North 24 Parganas, West Bengal,

over more than last three years.

We are also offering a “Health on Wheels” project in different parts of West Bengal, where we are providing a large number of health check-ups by reaching by a Medically Equipped Bus in the rural & urban sectors of West Bengal in a very reasonable rate. We are also doing Cancer Screen for Women.

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