

Utilization of Maternal Health Care for Fertility Control in Some States of India

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1. Introduction

There are many socio-economic factors which affect the utilization of maternal health services and it's also varies from state to state in India. There is more maternal morbidity during the reproductive ages 15-49 of women. It adversely affects the health of women. Studies show that out of pocket expenditure on health services are very high. The Government of India gradually initiated many health and social programmes to provide the health services free of cost in public health facilities. Janani Suraksha Yojana and Janani Shishu Suraksha Karyakaram are programmes by which government provide free health services to women.

Maternal health care services are not at the level of the requirement and the burden of its utilization is high particularly among the poor section of women in the community. The situation of maternal and child health care utilization is poor in the some states of India due to their poverty and low income level which ultimately affect for reducing the fertility level. The lack of awareness, poverty, low level of education and lack of resources are some of the reasons for populations suffering from maternal and infant mortality in some of the selected states in India. There is a gap between poor and rich in the utilization of maternal health care in selected states. There is a large disparity at economic and social level in maternal health care. Many socio-economic factors like; place of residence, age, education, religion and caste etc. is the factors in utilization

of maternal health services. Never the less many efforts of government, women were not going for safe delivery and other health services owing to lack of awareness also.

2. Objectives

To understand the determinants of antenatal care, postnatal care and skilled birth attendant among women by socio-economic and demographic characteristics in some selected states of India.

Sources of Data and methodology

The secondary sources of data like; National Family Health Survey (NFHS-3), collected in the country during 2005-06 have been used. The NFHS-3 nationwide survey covered 124,385 women in the reproductive age groups 15-49 years respectively in India. The analysis was made on the collected information of women who had experienced childbirth in their reproductive aged 15- 49 years.

3. Results

For the study, the place of residence, birth order, age, education of women, exposure of mass media, sex of household head, wanted child, caste, religion and wealth have been considered as main variables; and antenatal care, skilled attendants at birth and postnatal care are outcome variables presented in Table 1.

Table 1: The effect of antenatal care, post natal care and skilled birth attendants at birth by background characteristics among women of some states in India, NFHS-3(2005-06)

Background Characteristics	Full ANC OR [CI]	Skilled Birth Attendant OR [CI]	Postnatal Care OR [CI]
Age			
15-24 [®]	1.00	1.00	1.00
25-34	1.6***[1.3, 1.9]	1.5***[1.3, 1.7]	1.7***[1.4, 1.9]
35-49	1.5**[1.0, 2.2]	1.5***[1.3, 1.8]	1.9***[1.4, 2.3]
Birth order			
1 [®]	1.00	1.00	1.00
2	0.6***[0.5, 0.7]	0.5***[0.4, 0.5]	0.6***[0.5, 0.7]
3 and more	0.4***[0.3, 0.5]	0.3***[0.3, 0.4]	0.4***[0.3, 0.4]
Wanted Child			
Wanted then and later [®]	1.00	1.00	1.00
Wanted no more	0.7*[0.5, 1.0]	0.8***[0.7, 0.9]	0.7***[0.6, 0.8]
Sex of HH head			
Male [®]	1.00	1.00	1.00
Female	0.9 [0.7, 1.2]	0.9 [0.8, 1.1]	0.8*[0.7, 1.1]
Mass media exposure			
No [®]	1.00	1.00	1.00
Yes	1.4**[1.4, 1.8]	1.2***[1.1, 1.3]	1.3***[1.2, 1.5]
Place of Residence			
Urban [®]	1.00	1.00	1.00

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Rural	0.8***[0.7, 0.91]	0.58***[0.6, 0.7]	0.5***[0.5, 0.6]
Educational			
No Education [®]	1.00	1.00	1.00
Primary	1.7***[1.3, 2.3]	1.6***[1.4, 1.8]	1.6***[1.4, 1.9]
Secondary	3.0***[2.4, 3.9]	2.0***[1.8, 2.3]	2.0***[1.8, 2.4]
Higher secondary	6.4***[4.7, 8.6]	8.3***[6.0, 11.6]	4.45***[3.6, 5.6]
Religion			
Hindu [®]	1.00	1.00	1.00
Muslim	0.6***[0.5, 0.9]	0.6***[0.6, 0.7]	0.8***[0.7, 0.9]
Others	0.9 [0.6, 1.3]	1.0 [0.7, 1.4]	1.1 [0.811, 1.5]
Caste			
Schedule Caste [®]	1.00	1.00	1.00
Schedule Tribe	1.5**[1.1, 2.2]	0.8**[0.8, 1.0]	1.1 [1.0, 1.4]
OBC	1.1 [0.9, 1.4]	1.3***[1.2, 1.4]	1.2**[1.0, 1.1]
Others	1.2 [1.1, 1.6]	1.4***[1.2, 1.6]	1.4***[1.2, 1.6]
Wealth Index			
Poorest [®]	1.00	1.00	1.00
Poorer	1.2 [0.8, 1.6]	1.3***[1.2, 1.5]	1.3**[1.1, 1.5]
Middle	1.5**[1.1, 2.1]	1.8***[1.6, 2.0]	1.7***[1.4, 2.0]
Richer	2.2***[1.5, 3.1]	2.6***[2.3, 3.0]	2.4***[2.0, 2.9]
Richest	4.3***[3.0, 6.1]	6.1***[5.0, 7.3]	4.8***[3.9, 5.9]
[®] Reference category; ***P<0.01; **P<0.05; *P<0.1			

Ante natal care

The odds of women aged 25-34 years having ANC service was 55 percent more than that of women aged 15-24 years. The same for women aged 35-49 was 53 percent more. It was seen that the women having parity of 2 were 36 percent less likely to have ANC care as compared to those who had of parity one. In comparison to those who had no mass media exposure, the people who had, they were 1.3 times likely to go for ANC. Rural women were 24 percent less likely to avail ANC as compared to Urban. In comparison to Hindus, Muslims were 44 percent less likely to go for ANC services. Highest educated women were 5.4 times more likely to go for ANC as compared to those not educated. Schedule Tribes were 1.5 times likely to go for ANC as compared to Schedule Castes. Similarly, richest women were 3.2 times more likely to go for the same as compared to poorestwomen.

Post-natal care

It was found that the women who were from the age group 35-49 years, the odds of them going for post-natal care was 87 percent more than the reference of those of age 15-24 years. Keeping the women whose parity was 1 as the reference category, the likelihood of a woman having parity 3 and more and going for post-natal care was 37 percent less. In comparison to those who had no media exposure, the women who had any exposure, their odds of these care were 1.3. Muslim women were 18 percent less likely to go for PNC as compared to Hindu women. With increase in educational attainment, it was found that the likelihood of a woman going for PNC was also increasing. There was a wide disparity between poorest and richest women in availing PNC services, the odds of the latter was 4.7. Conclusion: The results of the study found that place of residence, exposure to mass media, education, caste, and wealth became strong predictors of utilization of maternal health care. The results are found significant for all the EAG states and India. However, utilization of maternal health care was determined by mainly education, wealth and place of residence, but other predictors were also strongly affected. The results of the study portray that for first birth, women

were more interested to use maternal health care. Although, utilization of maternal health has increased during 2015-16, increment in skilled attendants at birth has increased much better. South Indian states like Kerala and Tamilnadu has achieved satisfactory level of utilization. But in EAG states the condition of maternal health utilization is still very low as compare to India. The main cause of this low utilization of maternal health care in these 8 economically backward states are low income, low educational status, poverty, and huge gap between poorer to richest. The results of the study also revealed that women in urban area were using more maternal health services, while those women who were higher educated were more utilizing maternal health services. Women from upper strata of the society were using more maternal health service while poorest were still far away from satisfactory level. The study indicated that utilization of antenatal care, skilled attendants at birth and postnatal has increased among all states. The study found that education and wealth were strong predictors of utilization of antenatal care, skilled attendants at birth and postnatal care in India. The study also suggested that with increment in wealth, utilization of maternal health care services was also increase; and there were direct and positive association with wealth and maternal health care. Maternal health care has been also increasing with attainment of higher education. Overall study found that place of residence; age, birth order, education, caste; religion and wealth were strongly and significantly associated with utilization of antenatal care, skilled attendants at birth, and postnatal care in India.

4. Skilled birth assistant

The odds of women aged 35-49 going for SBA was 1.4 times more than those aged 15-24 years. Women of parity 3 or more were 63 percent less likely to go for the same assistance as compared to the women who had a parity of one. In comparison to wanted child, an unwanted child's mother had 29 percent less chances of getting delivered by SBA. In comparison to women of scheduled caste, the other backward cast were by women were 15 percent more likely

to be assisted by SBA for delivery. As compared to poorest women, the odds of women from richest wealth quintile going for SBA were 72 percent more.

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