

Reach and Utilization of Maternal and Child Health Services in India: A Study of Women and Reproductive Health

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Abstract

Maternal and Child Health has remained an integral part of the Family Welfare Programmes in India. The National Family Health Survey-3 (2005-06) provides enormous data related to Maternal and Child Health care- antenatal, delivery and post natal care for the women while for child care variables like child immunization-use of BCG, DPT 1 to 3 and Polio 1-3 etc. are available. The present paper therefore aims to provide the prevailing situation regarding reach and utilization of the MCH services in India as well as among the different states. It was observed that in India around 77 percent women received antenatal care for their most recent birth during the five years preceding the survey. Interestingly the rate of increase was higher in rural area as compared with urban areas. State-wise variations were noticed with regard reach and utilization of antenatal care services. Further, highest cases of safe delivery assisted by health personnel were found for the state of Tamil Nadu (91 percent) and lowest for Nagaland (12 percent). With regard to child care services percentage values obtained for fully vaccinated children range from 81 percent from Tamil Nadu and 21 percent for Nagaland. Besides providing state wise comparative picture with regard to MCH services the paper intends to discuss factors affecting utilization of MCH services among the regions of the country by using logistic regression analysis. In addition attempt would be made to discuss some of the plausible reasons for the variation in the utilization of MCH services.

Keywords: Reach and Utilization of Maternal and Child Health Services

Introduction

In India, the striking interregional diversity is an important confounding factor. As such, the current research analyzes data for India as a whole and for the states of Bihar, Madhya Pradesh, Rajasthan, and Uttar Pradesh in the north and Andhra Pradesh, Karnataka, Kerala, and Tamil Nadu in the south. These two groups of states are distinctly different socio-economically and culturally and are fairly representative of the north-south dichotomy observed by Dyson and Moore (1983). Southern women typically enjoy greater freedom, an outcome of the Dravidian culture, and higher levels of literacy, education, and employment. Northern women are strongly subjected to the traditional conservatism of the Mogul legacy and are predominantly illiterate, less educated, and less likely to work outside the home.

Objectives

The objective of the present study is to provide the prevailing situation regarding reach and utilization of the maternal and child health services in India. And the specific objectives are as follows:

1. To study the reach and utilization of maternal health services in India and its major states.
2. To study the reach and utilization of child health services in India and its major states and
3. To examine the factors affecting the maternal and child health services in India and its states.

Data and Methodology

The NFHS-3 gathered during 2005-06 information on various aspects of maternal-care utilization has been used in India as well as the major states. Specifically, for each live birth in the five years preceding the survey, a woman was asked if she had received antenatal care. If she did, she was asked who administered the care, how many months pregnant she was when she first received antenatal care, how many antenatal care visits she had in all, whether she had received an injection to prevent tetanus during her pregnancy and, if so, how many injections she had received, whether she had received iron/folic-acid tablets while she was pregnant, where she gave birth, and who assisted with the delivery.

Conclusions

To improve the availability of and access to quality health care, especially for those residing in rural areas, the poor, women, and children, the government recently launched the National Rural Health Mission for the 2005-2012 periods. One of the important goals of the National Rural Health Mission is to provide access to improved health care at the household level through female Accredited Social Activities (ASHA), who act as an interface between the community and the public health system. The ASHA acts as a bridge between the ANM and the village, and she is accountable to the Panchayat. She helps promote referrals for universal immunization, escort services for RCH, construction of household toilets, and other health care delivery programmes.