

The effects of socio-economic factors on the utilization of maternal health care services in Jharkhand: Evidence from DLHS-3 (2007-08), India

Introduction:

Pregnancy related complications are the most leading causes of death amongst women in the reproductive age in the developing and under developing world. According to the United Nations report (2005) more than half a million women in all developing countries die each year during pregnancy or childbirth and 20 times that number suffer serious injury or disability. The Effective maternal health care is not reaching the women of the Third world yet (WHO, 1986) and the improving maternal health is one of the eight MDGs. It's globally accepted that the use of maternal health care services helps in reducing maternal morbidity and mortality. The utilization of maternal health services is a complex phenomenon and it is influenced by several socio-economic factors.

Review of literature:

This is observed that the Spousal communication had the strongest associations with all maternal health seeking behaviours and this finding corroborates evidence from studies conducted in India and elsewhere that spousal communication influences the likelihood of receiving antenatal and delivery care [Furuta and Salway 2006; Mullany, Hindin and Becker 2005], and post-partum care [Matthews et al 2003].

Sabiti et al found that the Economic substantiality has been identified as important in influencing the maternal health care service utilization behaviour of women. For example, a study in more than 50 countries showed that on average more than 80% of births were attended for the richest women compared with only 34% of the poorest women (Gill, Pande and Malhotra 2007).

According to Mekonnen and Mekonnen (2003), Religion and religious norms and beliefs are strongly associated with the use of maternal health care services. In a study using the 2000 Ethiopian Demographic and Health Survey data, it was found that individuals professing Orthodox/ Catholic, Muslim and Protestant faiths tended to use more Maternal health care services than those following traditional beliefs.

Srivastava A. et al. (2014), they have found in their study that the utilization ANC was associated with women's characteristics such as age, education, levels of education, working status, religion and birth order. Maternal health care service utilization from a doctor or nurse or a trained worker was significantly associated with age at marriage is 18 years and above, family size are 3 or above, birth order is 2 more, nuclear family and higher socio-economic status.

The objectives of this study-

1. To study the socio-economic factors for utilization of maternal health care services among women in Jharkhand.
2. To examine the sources of information and awareness of maternal health care services among women in Jharkhand.

Hypothesis:

H₁: The socio-economic factors are does not effect on the utilization of maternal health care services in Jharkhand.

H₂: There is no role of sources of information for awareness of maternal health care services among women in Jharkhand.

Data sources and Methodology- The paper used data from District Level Household Survey 3rd Round (DLHS-3, 2007-08). The DLHS-3 data provides information on maternal health indicators and Households and socio-economic characteristics. SPSS, STATA software and logistic regression technique has used for the analysis.

Findings- The coverage of ANC was highest in Hazaribagh district with 74.7 percent and lowest in Giridih district only 38.5 percent. The utilization of Antenatal care (ANC) services differ district by district. The proportion of women who received at least three Antenatal cares is only 30.5 per cent and 30.8 per cent women had received their first Antenatal care in the first trimester of the pregnancy. 55 percent of women were received at least one TT injection, and only 56 per cent women were consumed 100 IFA Tablets/syrup. In terms of Full Antenatal care only 9 per cent of women received full Antenatal care in Jharkhand State.

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