DIFERENTIAL UTILIZATION IN REPRODUCTIVE HEALTH CARE: NORTHERN VERSES SOUTHERN INDIA

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1.1 Introduction:

Utilisation of reproductive health care by women is intrinsically related with fertility and its outcome. The present paper therefore is an exploratory attempt to discover factors affecting utilisation of reproductive health care in four large states of India viz. Bihar and Uttar Pradesh in North India and Andhra Pradesh and Karnataka in South India. While all four exhibit low female age at marriage, but fertility differentials reveal Bihar and Uttar Pradesh to lag much behind Andhra Pradesh and Karnataka.

1.2 Objectives, Variables, Data-source, Methodology:

The prime objective of the study is to identify factors that lead to differential utilisation of reproductive health care facilities by married women, questions prevailing to norms and to focus on policy implications in the light of prevailing prejudices.

The variables chosen are **antenatal visits during pregnancy, baby's postnatal check within two months of delivery** and **place of delivery**.

The ever married women's sample (15 to 49 years) from NFHS 3 (National Family Health Survey, India, 2006-07) has been chosen for the study.

Simple frequency distribution through maps and tables along with bivariate analyses with Chi Square tests have been done to study spatial patterns and background characteristics. To study the socio-economic determinants of the reproductive health care indicators a model has

been made using binary logistic regression for each indicator. This model runs regression for each indicator with different set of blocks or groups of background variables added each time to it. This model firstly has been used to run the regression on the set of "*basic individual characteristics*" which includes place of residence, level of education, wealth index and religion. The second regression is computed on the first set including "*household characteristics*" which comprises of the sex of household head, number of household members and age of household head. The third regression is computed on the second set including "*marriage and fertility characteristics"* which comprises of age at marriage, age at first birth, children ever born and contraceptive usage. The fourth regression is computed on the third set including "*occupational characteristics*" which comprises of occupation type, working for, work place, work period and mode of payment. The fifth regression is computed on the fourth set including "*autonomy and awareness characteristics*" which comprises of media exposure, mobility autonomy and decision making autonomy. The sixth or the final regression is computed on the fifth set including "*states*". The importance of this model is that, it records the change in the significance of variables with addition of special set of characteristics.

1.3 Results and Discussion:

1.3.1 Spatial Trend in the country:

Women in Bihar and Uttar Pradesh practice the least **antenatal care visits** during pregnancy in the country while Andhra Pradesh and Karnataka fall in the category of states with highest antenatal visits in the country. Almost all the states have shown least practice of baby's **postnatal check** within two months of delivery, and **deliveries at home**.

1.3.2 Bivariate Analysis with Chi Square tests:

Most of the background characteristics in all the states have significant influence in deciding the place of delivery even though majority of the deliveries take place at home. In terms of post natal check-ups, most women avoid it irrespective of any background characteristic. However, significant proportion of women goes for antenatal check up's during pregnancy across all the states.

Sex of the household head has an influence of place of delivery in most of the states. However in Bihar it is seen a household headed by a male has more influence towards government or private places of deliveries rather than at home. Aged females in a household tend to have less say in family matters and also cling more to traditional norms than males who having more exposure and have idea of health care needs. This can be the reason for women from households headed by males going for better reproductive health care facilities in institutions. Also, women from families having less household members tend to go more for government or private places for deliveries and also undertake post natal check-ups after two months of delivery. This can be cited to the affordability factor that sometimes it gets difficult for families to afford government or private places or to undertake post natal check-ups for every baby born (if more than 3 in the household) and the family tends to take it casually. Age at first birth and children ever born to a woman has considerable influence over reproductive health care needs by women across all states. Women having higher age at first birth and lesser number of children born tend to avail more reproductive health care facilities. Also, it is seen that women who either do not work or work at home are the ones availing more reproductive health care facilities. This can be cited to the time factor as working women have less time to devote towards health care. Lastly, Bihar is the only state that does not have any influence of women empowerment like that of mobility autonomy or decision making autonomy over reproductive health care.

1.3.3. Model for Socio-economic Determinants:

The study shows, **antenatal care** practices are more prevalent than **postnatal care** practices in all the states among which the northern states practice the least while the southern states practice more. Majority of the **deliveries** in all the states take place at home. It can be said that most women believe that the phase from pregnancy to delivery is important and needs to be taken care of. Therefore the period after delivery, i.e., the postnatal period is seen to be less important in all the states as seen by the low prevalence of postnatal check-ups within two months of delivery. The small number going for postnatal check-ups seem to be the ones who are suffering from some kind of illness like fever, low BMI, anaemia and others.

Basic background characteristics influence **antenatal** care the most in both the group of states. With higher education and high on wealth index women tend to go more for antenatal

care practices. **Marriage and fertility characteristics** influence the northern states more than the southern states. With increasing age at marriage and first birth, less number of children born and modern contraceptive usage women antenatal visits increase in the northern states while only women with less number of children tend to go for antenatal care in southern states. **Occupational characteristics** like women who are self-employed or work for someone else go less for antenatal care in both groups, women who work seasonally or occasionally tend go more for antenatal care in northern states while less in southern states, women who work for cash go more for antenatal care than women who work for kinds in both the groups of states. Only the southern states show moderate influence of **media exposure** on antenatal visit practices. Bihar and Karnataka show less prevalence of antenatal visits during pregnancy within their groups.

Postnatal checks are very less prevalent in both the groups of states. However, **educational** background and **occupational characteristics** show moderate influence on postnatal checks in both the groups. The influence of education in the **northern states** come at a later level, i.e., after the inclusion of **autonomy and awareness characteristics**. Women working away from home tend to go for postnatal checks more than women in southern states while vice versa in the northern states. Similarly, women who get paid in cash and kind go for postnatal checks in southern states while vice versa for the northern states. Women working seasonally go less for postnatal checks than others in southern states. Within the southern group of states Karnataka show lower instances than Andhra Pradesh in terms of postnatal check-ups.

Basic background characteristics affect **place of delivery** to a large extent in both the groups. While education affects both **northern and southern states**, wealth index and religion affect the place of delivery largely in the southern states. **Household characteristics** too affect place of delivery in both the groups largely. The influence of female household heads diminishes with the inclusion of **autonomy and awareness characteristics** among women. Lower age of household heads and lesser number of household members influence selection of government or private places of deliveries in northern states while higher age of household head and larger number of household members influence selection of government or private places of deliveries in southern states.

Marriage and fertility characteristics like higher age at first birth and lesser number of children influence selection of government or private **places of deliveries** in both the groups of

states. While modern usage of contraceptives influence selection of government or private places of deliveries in the **southern states**.

Both the group of states show significant influence in the choice of government or private places of deliveries by women who work in home and who work seasonally or occasionally.