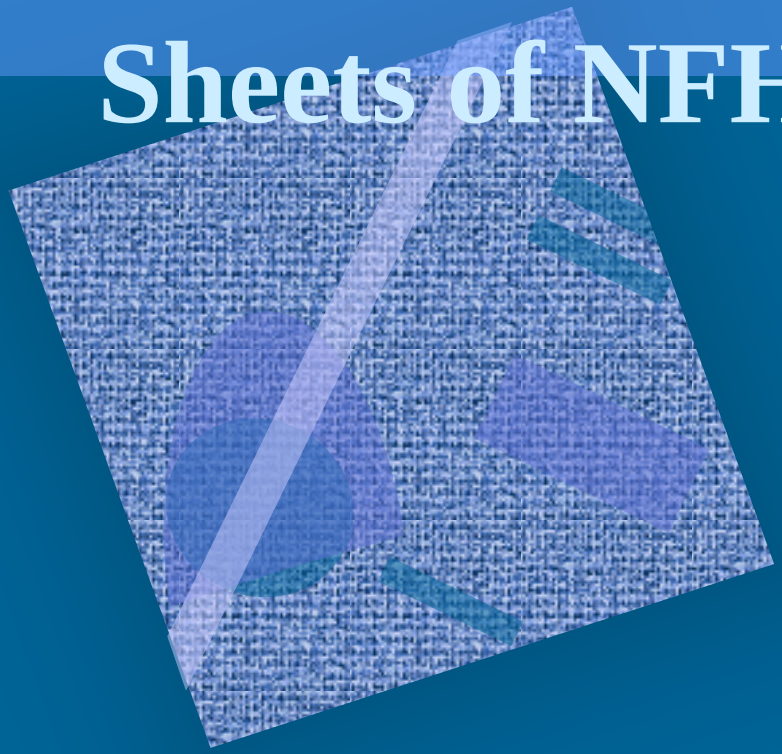
Comparative Analysis of Maternal Health situation in Rajasthan and Uttar Pradesh using State Fact Sheets of NFHS-3 and 4



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Introduction

- Globally, 99% maternal deaths in developing countries, nearly 830 women per day die to preventable pregnancy causes. (WHO)
- Causes – hemorrhage, sepsis, hypertension, obstructed labour and abortion.
- SRS 2015-17: MMR of India – 122 per 100,000 per live births, MMR of Rajasthan – 186 per 100,000 live births, MMR of Uttar Pradesh – 216 per 100,000 live births.
- High interstate variation in MMRs – 229 (Assam) and 42 (Kerala) per 100,000 live births.
- India's SDG goal – MMR under 70 per 100,000 live births by 2030.

Literature Review

Title of the study (Author/s, year)	Objective/s	Key findings
Predictors of Maternal Health Services Utilization by Poor, Rural Women: A Comparative Study in Indian States of Gujarat and Tamil Nadu (Kranti Suresh Vora, Sally A Koblinsky, Marge A Koblinsky, 2015)	To examine the role of JSY/CY and other healthcare system and social factors in predicting poor, rural women's use of maternal health services in Gujarat and Tamil Nadu	•Maternal healthcare services were used more by the women of Tamil Nadu than by those of Gujarat. •The women of Tamil Nadu were entitles with cash assistance for home deliveries under some scheme, which implied the failure of JSY in predicting institutional deliveries. •ANC was not incentivized, due to which schemes like JSY/CY failed to provide adequate ANC. •In Tamil Nadu, institutional delivery and CS delivery were predicted by women's education, while those in Gujarat were predicted by husband's education.

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Title of the study (Author/s, year)	Objective/s	Key findings
Rates, Indications, and Outcomes of Caesarean Section Deliveries: A Comparison of Tribal and Non-Tribal Women in Gujarat, India (Gayatri Desai et. al., 2017)	• To estimate and compare rates, determinants, indications and outcomes of caesarean section • To assess how the inequitable utilization can be addressed in a community-based hospital in tribal areas of Gujarat, India	•When compared to the non-tribal population, the CS delivery was notably less in tribal population. •Factors like age of the woman, number of pregnancies, history of CS delivery and distance from the hospital affected the CS rates. •No significant difference was found between incidence of birth asphyxia and case fatality rate, among both the population.

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Title of the study (Author/s, year)	Objective/s	Key findings
Out-of-pocket Expenditure on Prenatal and Natal Care Post Janani Suraksha Yojana: A Case From Rajasthan, India (Dipti Govil et. al., 2016)	•To examine the variation in OOPE in accessing maternal health services •To examine the extent to which JSY incentives covered the burden of cost incurred •To understand the differential and determinants of OOPE	•Factors like place of ANC, type of delivery and delivery complication determined the variations in OOPE. •The OOPE in public health center for normal delivery was US$44 and that for complicated delivery was US$145. •JSY contributed to 44 % of the total cost per delivery. The share was 77 % in normal delivery and 23 % in complicated delivery. •OOPE was predicted by factors like educational level of women, economic status of the family and complications during pregnancy.

Research Question

What is the maternal health situation of Rajasthan and Uttar Pradesh as per NFHS-3 and 4?

Aim

- To assess the situation of maternal health in Uttar Pradesh and Rajasthan on the basis of NFHS-3 and NFHS-4 data.

Methodology

- Study Setting – Rajasthan and Uttar Pradesh
- Study Type – Descriptive
- Sample Size – Data of NFHS- 3&4 factsheets of Rajasthan and Uttar Pradesh has been analysed
- Data Collection Method – Secondary data
- Data Collection Tool - Data was abstracted from NFHS fact sheets of Rajasthan and UP

Results

Table 1 – Per cent distribution of women who acquired ANC services.		
State	**NFHS-3**	**NFHS-4**
Women having antenatal check-up in the first trimester (%)		
Rajasthan	34	63
Uttar Pradesh	25.7	45.9
Women having at least 4 antenatal care visits (%)		
Rajasthan	23.4	38.5
Uttar Pradesh	11.1	26.4
Women receiving full ANC package (%)		
Rajasthan	6.3	9.7
Uttar Pradesh	2.7	5.9

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Table 2 – Per cent distribution of women protected against neonatal tetanus and anemia.		
State	**NFHS-3**	**NFHS-4**
Per cent of women whose last birth was protected against neonatal tetanus		
Rajasthan	65.2	89.7
Uttar Pradesh	64.5	86.5
Per cent of mothers who fed on IFA for one hundred days or greater when they have been pregnant		
Rajasthan	8.7	17.3
Uttar Pradesh	6	12.9

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Table 3 – Per cent distribution of women getting financial assistance under JSY and incurring out of pocket expenditure.		
State	**NFHS-4**	**State**
Per cent of women getting financial assistance under JSY		
Rajasthan	56.1	Rajasthan
Uttar Pradesh	48.7	Uttar Pradesh
Average out of pocket expenditure per delivery in public health facility (Rs.)		
Rajasthan	3,052	Rajasthan
Uttar Pradesh	1,956	Uttar Pradesh

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Table 4 – Per cent of newborn receiving care at health center and by skilled health care personnel.		
State	**NFHS-3**	**NFHS-4**
Per cent of newborn delivered at home who were taken to a health facility for check-up within 24 hours of birth		
Rajasthan	0.1	1.2
Uttar Pradesh	0.1	0.8
Per cent of newborn receiving health checkup after birth from a healthcare professional within two days of delivery		
Rajasthan	NA	22.6
Uttar Pradesh	NA	24.4

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Table 5 – Per cent of Delivery Care

State	NFHS-3	NFHS-4
Per cent of institutional deliveries		
Rajasthan	29.6	84
Uttar Pradesh	20.6	67.8
Per cent of institutional births in public facilities		
Rajasthan	19	63.5
Uttar Pradesh	6.6	44.5
Per cent of home deliveries conducted by skilled birth attendants (SBA)		
Rajasthan	11.5	3.2
Uttar Pradesh	6.8	4.1
Per cent of births assisted by a health personnel		
Rajasthan	41	86.6
Uttar Pradesh	27.2	70.4
Per cent of total caesarean section deliveries		
Rajasthan	3.8	8.6
Uttar Pradesh	4.4	9.4
Per cent of caesarean section in private facilities		
Rajasthan	14.9	23.2
Uttar Pradesh	26	31.3
Per cent of caesarean section public health facilities		
Rajasthan	11.7	6.1
Uttar Pradesh	11.1	4.7

Discussions

- Growth in the indicators of maternal health in Rajasthan and UP has not yet been attained as anticipated.
- Full ANC package should be mandatory to guide an early intervention in case of any complication in pregnancy.
- In both states, factors that play a major role in the utilization of maternal health services are religion, education, age at marriage, income and wealth distribution.

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- NFHS- 4 statistics shows an improved performance in institutional deliveries as compared to NFHS 3, however, home deliveries are still being carried out without any assistance or with minimal assistance of the SBA, or other health personnel.
- In spite of so much training of health care professional under unified Management of Childhood Illnesses (IMNCI) and neonatal and Skill birth attendant, the performance at the grass-root level is atrociously poor.
- High proportion of Caesarean section deliveries in private hospitals indicates the inclination of private hospitals towards CS deliveries, purposively due to money-making factor.

Conclusion

- The maternal health situation in Rajasthan and Uttar Pradesh indicates that there is a requirement of indulging more in the activities related to maternal health.
- Some important strategies that play a crucial role in improving the maternal health services are health system strengthening, stronger political will and community mobilization.
- Average age of marriage in both the states, which is lower than the legal age of marriage in the country, is also a subject of concern

Recommendations

- Poor maternal health situation in Uttar Pradesh can be improved by proper and adequate use of resources.
- Maternal health situation in Rajasthan which is comparatively in a better state, can be strengthened to achieve the anticipated maternal health objectives.
- Along with the promotion of institutional deliveries, the delivery by SBA must also be encouraged especially in hard to areas.
- The frontline workers can also counsel the society through various IEC materials for the utilization of maternal health services.


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