Systematic Integrative Review on Access to Maternal Healthcare Services in Bihar, Uttar Pradesh and Madhya Pradesh

By

Aishwarya Singh Rajput

Dissertation submitted in partial fulfillment of the requirements of the degree

MBA Hospital and Health Management

Academic year, 2018-2020

The IIHMR University, Jaipur

1, Prabhu Dayal Marg, Sanganer, Airport
Jaipur 302029, Rajasthan
Ph: 0141 3924700, Fax: 3924738
Website: **www.iihmr.edu.in**

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TO WHOMSOEVER MAY CONCERN

This is to certify that Dr. Aishwarya Singh Rajput student of MBA Hospital and Health Management/ from The IIHMR University, Jaipur has undergone internship training at IIHMR University from 5th March 2020 To 6th June2020

The Candidate has successfully carried out the study designated to him during internship training and his approach to the study has been sincere, scientific and analytical.
The Internship is in fulfillment of the course requirements.

I wish him all success in all his future endeavors.

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The IIHMR University, Jaipur

Professor
The IIHMR University, Jaipur

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The certificate is awarded to

Name Dr. Aishwarya Singh Rajput

In recognition of having successfully completed her
Internship in the department of

Name of Department_____

and has successfully completed her Project on

A Systematic Integrative Review on Access to Maternal Healthcare Services in Bihar, Uttar Pradesh and Madhya Pradesh

Date_____

Organization IIHMR University

He/ She comes across as a committed, sincere & diligent person who has a strong drive and zeal for learning

We wish him/her all the best for future endeavors

Mentor **Training &Development** **Zonal Head-Human Resources**

THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled A Systematic Integrative Review on Access of Maternal Healthcare Services in Bihar Madhya Pradesh and Uttar Pradesh

and submitted by Dr. Aishwarya Singh Rajput Enrollment No 0706 Under the supervision of Dr. J.P. Singh

for award of MBA in Hospital and Health and Hospitals of the University carried out during the period from 5th March2020 to 6th June 2020

embodies my original work and has not formed the basis for the award of any degree, diploma associateship, fellowship, titles in this or any other institute or other similar institution of higher learning.

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ABSTRACT

Globally, Indian women have comparatively inequitable or low maternal healthcare accessibility than other developed or developing countries which results in lower health status and high maternal deaths. The main issues, challenges or barriers behind lower access to maternal healthcare services by Indian women are not taken seriously in account or administered. An attempt is made to understand the accessibility and utilization of MH services by Indian women in various states. This systematic integrative review study aims on accessibility of maternal healthcare services for Indian women of reproductive age (15-49) and utilization of these services in majorly contributing states of India. Evidence from previous studies and a few articles of maternal health services in India suggests that Indian women experience many challenges and issues in accessing maternal healthcare services, especially during pregnancy, childbirth, post-natal care and antenatal checkups, reflecting inequity and low accessibility.

Objectives: This systematic integrative study focus to comprehensively deals with existing evidence on barriers, accessibility and challenges or issues to available maternal healthcare services by Indian women in various states and to identify issues that need to be administered to enhance access for maternal health care services and encourage women for utilization of these services .

Methods: We conducted a systematic integrative review study of published and review literature published between 2010 and 2020 on maternal healthcare accessibility and barriers to these services. Studies like accessibility of MH service, challenges or issues faced for utilization by women in major contributing states of maternal mortality in India like Bihar, Uttar Pradesh and Madhya Pradesh included. Methodology followed was based on Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) for a time frame from 2010 to 2020.

Results and Discussion: The most significant challenges or issues for accessing MH services were the top-down approach of intervention programmes which leads to inequity and inaccessibility among women. Challenges like distance, cost, transport, accommodation, language barriers and lack of knowledge about existing services are administered for 11 studies from different states.

Conclusions: Findings from studies would give experiences into understanding the barriers in existing approaches for Indian women and accessibility to MH services. And based on that endeavors to be made to guarantee the correct maternal health policy and programmes to be implemented to reduce the burden for maternal healthcare accessibility.

Acknowledgement

Behind every study there stands myriad of people whose help and contribution makes it successful. It has been a remarkable experience to work on this project in guidance of *Dr. Jagajeet Prasad Singh.* I am thankful to him for his valuable guidance and cooperation during the project.

During the Global disaster like COVID-19 *Dr. Jagajeet Prasad Singh* has made it easier to carry the project with immense ease and patience and, ushered in such difficult time of crisis. I have been benefited from the project. I would also like to thank my *Family* and *friends* for the cordial environment which made it smooth to complete my project in time.

So, this acknowledgement is an attempt to thank each one who was directly or indirectly involved in the preparation of project.

Table of contents

Abbreviations

ITEM	
WHO	World health organization
MCH	Maternal and Child Health
MHC	Maternal Health Care
PHC	Primary Health Centre
CHC	Community Health Centre
MDG	Millennium Development Goals
SDG	Sustainable Development Goals
MMR	Maternal Mortality Rate
ANC	Ante natal Care
PNC	Post-natal Care
MHC	Maternal Health Care
UP	Uttar Pradesh
MP	Madhya Pradesh
SC	Sub Centre
SC	Schedule Cast
ST	Schedule Tribe
MH	Maternal Health

1. INTRODUCTION

Maternal well-being is the soundness of women in pregnancy, labor, and baby blues period. It envelops the overall services areas of family assembling, previously established gradient, pre-birth, and perinatal consideration so as to guarantee a confident and satisfying experience, much in time, and lessen unfortunate events and mortality, in other instances.[1] Maternal health spins around the wellbeing and health of ladies, especially when they are pregnant, at the time they conceive , and during raising of child. WHO has shown that despite the fact that parenthood has been considered as a satisfying normal encounter that is enthusiastic to the mother, a high level of ladies experience a ton of difficulties where they endure wellbeing shrewd and in some cases even pass on [2] Because of this, there is a need to put resources into the betterment of ladies [3]The speculation can be accomplished in various manners, among the primary ones being financing the medicinal services cost, instruction on maternal wellbeing, empowering successful family arranging, and guaranteeing dynamic determine the status of the strength of ladies with children.[3]

Maternal and child wellbeing are a significant angle for solid society. The circumstance of maternal wellbeing must be improved. Millennium Development Goals (MDG) suggested by the UNDP (United Nations Development Program) centers around improving the circumstance of maternal and child death rate through MDG 4,5 (Reduction of Child Mortality and Improvement in Maternal Health). Notwithstanding such a large number of endeavors made by various universal organizations and nearby government the advancement isn't a lot. There are various purposes behind maternal and newborn child mortality like various infections of which water borne illnesses and HIV/AIDS are the significant ones. Aside from the illnesses diverse social components has likewise led to maternal mortality like destitution, poor sanitation offices, and polluted water flexibly, societal position of ladies, absence of training and so forth. Because of destitution numerous individuals face the issue of access to quality wellbeing administrations during the time of pregnancy, which are regularly expensive in private clinics. health services administrations offered in open clinics need quality which is most significant with regards to the treatment of pregnant ladies. [12]

Maternal and child death rates have been significantly greater amid provincial networks. There is an absence of disaggregated information accessible on maternal wellbeing the same number of nations have not perceived their masses, and their health status is to a great extent undocumented ladies experience errors due to their sexual, ethnic and social characters. Moreover, their interest in common, political, monetary, social and social circles is restricted, so their opinions are occasionally heard. Proof from established nations and a couple of fostering nations recommends Indigenous ladies experience different hindrances in getting to social equality during conceptive age, particularly pregnancy and labor, reflecting discrepancy and gap of their rights to health. Wellbeing status legitimately influences the profitability and proficiency of individuals. The inequal distribution of services in community is a significant reason for concern. [12]

States like Bihar and Uttar Pradesh where the circumstance is pathetic. Uttar Pradesh and Bihar which are first and third biggest territory of India individually from the perspective of population with bad basic health facilities, yet additionally show wide interregional and interdistrict varieties. Such a circumstance from one perspective neutralizes the enthusiasm of poor people and denied segment of population living in these zones and on the other outcome in the states enduring significantly in the wake of having rather rich common asset base. It is pivotal accordingly to comprehend the degree to which these two in reverse states reasonable as far as wellbeing status and health framework and distinguish the inter region and inter district variety there so as to propose proper strategy management, and likewise insights of M.P province of India having 269 maternal deaths on each 100,000 live births was mid the states with highest Maternal Mortality Rate in the nation [4]. A portion of the key explanations for the elevated Maternal Mortality Rate in the state are lower proficiency levels among populations, troublesome geographic territory in certain pieces of the state, insufficient accessibility and lower usage levels of emergency obstetrics and decreased levels of use of ANC, safe delivery and postnatal care services [5]. Insufficient accessibility of healthcare framework and economic imbalance, sexual orientation inconsistencies, cultural standards and perspectives of network and specialist organizations may be identified with low degrees of use of healthcare benefits in the state. The proficiency rates in the state in 2017 were 80.5% for males and 60% for females separately. The state government has set a driven objective of lessening MMR to 220 for each 100,000 live births constantly 2018. So as to accomplish this objective, the state government is concentrating on expanding the utilization of maternal health services including institutional conveyances, skilled participation at delivery and strengthening crisis obstetric services [5].

It is generally acknowledged that utilization of MHC services supports in lessening maternal grimness and mortality. Be that as it may, the usage of maternal healthcare benefits and services is a mind-boggling marvel impacted by many components. Different examinations directed overall [6-10] and in India [11- 12] have perceived financial dynamics and delivery of services condition as significant elements for the utilization of MHC. An examination on impact of area level qualities on utilization of maternal and regenerative healthcare services led in Uttar Pradesh province of India announced solid community level effects on use of services. This study further featured a requirement for scrutinizing past personal components while inspecting behavior to seek healthcare looking for conduct [12]. Constructive connection between level of maternal training and utilization of MHC services has been shown by past investigations in India [13,14,15]. An investigation on the utilization of antenatal consideration benefits in M.P recorded critical relationship among the utilization of ANC consideration and elements, for example, female literacy, family unit's way of life, typecast and religion [12]. There’s a need of insight clearly the economic social and service delivery related components at various levels influencing the utilization of MHC services. Yet few areas for exploration is available and accessible with regards to Madhya Pradesh province of India.

This study tends to the issues and issues identified with the decentralized services under the beginning of NRHM in India with an attention on Bihar, Madhya Pradesh and Uttar Pradesh. Specifically it centers around the issues identified with the accessibility of Human resources in the health services, the infrastructure of facilities be it government or private in the provincial (rural) zones, the accessibility of health and healthcare units in the emergency clinics and the quantity of institutional deliveries occurring in the government facilities. Also, estimate the impacts of personal, civic and regional level qualities over the use of MHC services along with

exceptional reference to ante-natal consideration, proficient participation at birth and postnatal care. M.P is the subsequent biggest state of the nation as far as territory and positioned sixth as far as population. Based on population qualities/issues it was characterized under the BIMARU states in 1991 and under EAG (engaged activity gathering) after 2001. With the onset of 21st century, these issues got more consideration and resultant improvement in the circumstance. High maternal mortality is among the numerous issues the state is confronting and accessibility of MHC services is the main noticeable arrangement of this issue. This study tends down spatial variety over the state in the maternal services usage .and paper tends to the issues and issues identified with the decentralized maternal services under the beginning of NRHM in India with an emphasis on Bihar. Specifically it centers around the issues identified with the accessibility of HR in the healthcare division, the infrastructure of facilities in the emergency clinics particularly in the provincial territories, the accessibility of medication and medication packs in the clinics and the quantity of institutional deliveries occurring in the administration emergency clinics. Therefore, present investigation was directed with the goals to accessibility of antenatal care administrations and to comprehend the variables related with use of ante-natal health care services benefits in the field of ancestral zone of Madhya Pradesh., Bihar and Uttar Pradesh.[12].

1.1OBJECTIVE

As a major aspect of the SDG 3, the objective is to reduce the worldwide MMR fraction to under 70 for each 100 000 live births all around by 2030(13). Antenatal consideration (Antenatal care) is a substantial determinant of maternal death and ANC visit is a significant part of MHC. This investigation is done to analyze the utilization of MHC and to comprehend the components related with usage of antenatal care benefits in innate region of highest Maternal Death rates like Madhya Pradesh, Uttar Pradesh and Bihar.
This piece is a bid to,

- Analyze the factors affecting utilization of Maternal Healthcare Services in states Madhya Pradesh, UP, and Bihar.
- Cross analysis among three states to determine the issues in use of maternal healthcare services.
- Policy recommendation for better utilization of maternal healthcare services.

2.LITEREATURE REVIEW

Maternal health suggests the ailment of overall physical, mental, and social prosperity of ladies during pregnancy, labor, and the baby blues period. Whilst parenthood is regularly a positive and satisfying experience, for some ladies it is related with affliction, sick welfare, and indeed, even demise. Although, lowering maternal mortality now and again requires various methodologies for advancing maternal wellbeing, they are fundamentally related. inequalities in healthcare can be defined as imbalance in status or in the distribution of determinants between different population groups. Madhya Pradesh is among the one of the least evolved condition of the nation and this low level of improvement is liable for lower level of maternal social insurance use in the state. But a few regions of the focal and western Madhya Pradesh others are as yet showing an extremely low degree of improvement, The state is ethnically assorted and described by the

higher centralization of populace in country regions that is another account for the spatial imbalances in the state. thus, it is worth to examine the spatial variety in the use of MHC services offices in the express that is ruled by the rustic populace and ethnically assorted and financially in reverse also. [1]

As a major aspect of SDG 3, the objective is to lessen the global MMR proportion to under 70 for each 100 000 live births all around by 2030. Antenatal consideration (Antenatal care) is a significant determining factor of MMR and ANC visit is a significant part of MCH. This review is done to survey the use of ANC and to comprehend the components related with usage of ante-natal care benefits in innate region of M.P. In this way, present investigation was led with the goals to evaluate the use of antenatal consideration administrations and to comprehend the components related with use of antenatal consideration benefits in innate zone of Madhya Pradesh. The study uncovered that that early ANC enlistment during first trimester and information on mother about the necessities of antenatal consideration were noteworthy factors related with full usage of ANC benefits by pregnant ladies. Use of ANC can be influenced by huge number of factors including socio-segment. This is an effort to substantially figure out all the factors. [2]The schooling levels in the state in 2011 were 80.5% for men and 60% for females individually. The state government has set a driven objective of decreasing Maternal Mortality Rate to 220 for each 100,000 live births incessantly 2012. To accomplish this objective, the state government is concentrating on expanding the utilization of MHC services administrations including institutional conveyances, talented participation at conveyance and fortifying crunch care services. the study on impact of network level qualities on the utilization of MCH directed in U.P province of India revealed solid network degree effects on administration use. An investigation on the utilization of ante-natal consideration benefits in M.P documented huge relationship amongst the consumption of antenatal consideration and factors, for example, ladies' instruction, family unit's way of life, Race and religion. There’s a need of away from the socio-social and administration conveyance related components at various levels influencing the utilization of MCH. Be that as it may, almost no exploration in such manner is accessible with regards to Madhya Pradesh territory of India. [3]

Likewise, U.P population had been developing at yearly exponential pace of 2.3 % during 91-01 and its general public is relied upon to arrive at 249 million by 2026 from a base populace of 166 million out of 2001. Under-five death rate in UP is among the most elevated in the nation what's more, thus improving inclusion of the previously mentioned MCH administrations proceeds to be a substantial test for strategy creators what's more, program implementers. To accomplish these objectives at, state or nearby level, there’s a need to decipher national objectives so that region explicit mediations can be worked out. Be that as it may, meeting these objectives at the state/nearby level might require more prominent venture, for instance, by improving the gracefully including HR and by making request. couple of key focuses should be noted. One, the expansion in usage of chose MCH benefits under the JSY conspire was lazy during the early stage in Uttar Pradesh. As referenced before, the use of institutional conveyance would increment at a quicker rate in the following four to five years than the rate follows the presentation of the *Janani Suraksha Yojana*. Therefore, the prerequisite of TT infusions is likewise liable to increment immensely as patterns in any ANC visits show a skyward arrangement. [4]

While imbalances in MCH services usage have been very much portrayed, most investigations have been constrained to uni-dimensional investigations [13, 14]. In any case, a few

examinations have discovered that the association of social determining factor at a smaller scale levels makes noteworthy contrasts in MCH services use. This review investigates the collaborations between determining factor of maternal social care use markers. The discoveries in this paper features that the connection of riches and education can assume a solid job in emphasizing or decreasing human services use among ladies. The investigation likewise uncovers that religion and ladies' age at marriage additionally communicate with riches also, proficiency to make substantial aberrations in usage. The investigation gives bits of knowledge into the impact of crossing points of determining factor, and features the significance of utilizing a more nuanced comprehension of the effect of co-happening types of underestimation to viably grasped disparities in medicinal services usage (5)

This examination investigates the predominance and variables related with the use of maternal and MHC among wedded immature ladies in India utilizing the third round of the NFHS (2005–2006). The discoveries recommend that the use of MCH administrations among youthful ladies is a long way from palatable in India. Somewhat over 10% of immature ladies used antenatal consideration, about half used safe conveyance services and about 41% of the offspring of pre-adult ladies got full inoculation. Enormous contrasts by urban–rustic habitation, instructive accomplishment, religion, monetary status and district were clear. Both glaring impact and fixed impact parallel logit models yielded measurably noteworthy financial and segment factors. Ladies' instruction, riches quintile and locale are the most significant determinants for the use of MHC. Healthcare services projects should concentrate more on instructing youths, offering monetary help, making awareness and mentoring family units with wedded pre-adult ladies. Additionally, there ought to be considerable monetary help for the arrangement of conveyance and kid care for wedded ladies underneath the age of 19 years. [5,6]

India's development publicity and fantasy about rising as a monetary superpower are being tested today, in addition to other things, by its inability to cultivate a comprehensive development way and give way to majority of its populace essential comforts of training and wellbeing. There exists incredible disparity at national and intrastate degree regarding the major segments of human advancement wellbeing and instruction. Points: The current work endeavors to gauge the degree of the disparity in MHC status and social insurance benefits in the two most crowded conditions of India in particular U.P and state Of Bihar.[7].The examination discovers MHC status is impacted by human services offices, yet various different factors essentially government's responsibility and strategies. There exists adequate writing to build up that a country that doesn't admission well in arrangement of fundamental luxuries and healthcare facilities like wellbeing and training will not have the option to build up the maximum capacity and ability of its workforce and simultaneously will neglect to bear the essential obligation of a government assistance state. Wellbeing status straightforwardly influences the profitability and productivity of individuals. The lopsided dispersion of health services centers and fulfillment of health status is a significant reason for worry here. We have on the one outrageous state like Kerala and Tamil Nadu that can coordinate the most developed developing business sector economies in wellbeing pointers and on different, states like Bihar and Uttar Pradesh where the circumstance is pitiful. [8]

Low utilization of maternal human services administrations is one reason why MMR is still impressively high among adolescent females of India. To build the usage of these managements, it is important to recognize factors that influence administration use. As far as anyone is concerned, no national level investigation in India have yet inspected the concern in the setting

urban pre-adult mothers. The current investigation is an endeavor to fill the space. A few financial and segment factors influence the usage of maternal social insurance administrations among urban young ladies in India. Advancing the utilization of family arranging, female training and older in age at time of marriage, focusing on defenseless gatherings, for example, poor, ignorant, high equality ladies, including media and root level specialists and cooperation between network pioneers and social insurance framework could be some significant arrangement level intercessions to emphasize the neglected need of maternal care services among urban young people[9]

This investigation investigates the commonness and variables related with the usage of maternal and youngster human services administrations among wedded pre-adult ladies in India utilizing the 3rd round of the NFHS. The discoveries propose that the usage of MCH among adolescent females is a long way from agreeable in India. Somewhat over 10% of young ladies used antenatal consideration, about half used safe conveyance administrations and about forty one percent of the children of young ladies got full inoculation. Enormous contrasts by urban–rustic habitation, instructive achievement, religion, financial status and area were obvious. Mutually gross impact and fixed impact twofold logit models yielded measurably noteworthy financial and segment factors. Ladies' instruction, riches quintile and locale are the most significant contributing factor for the usage of MCH services administrations. Social insurance programs should concentrate more on teaching young people, offering budgetary help, making mindfulness and mentoring families with wedded youthful ladies. Besides, there ought to be significant money related help for the arrangement of conveyance and kid care for wedded ladies underneath the time of 19 years. [10,11]

3.METHODOLOGY

An integrative review utilizing a systematic methodology was led utilizing the are view structure endorsed by Integrative audits incorporate accessible proof on a given point and give a complete comprehension to apply the information into rehearses We efficiently analyzed existing writing, including every single methodological methodology permitting non-exploratory and test studies to be completely examined. This methodology was picked over a systematic review (traditional) to consolidate factors related with getting to maternal health services for accounted women. Favored Reporting Items (PRISMA) Meta-Analyses and systematic review rules were followed), refer Fig. 1

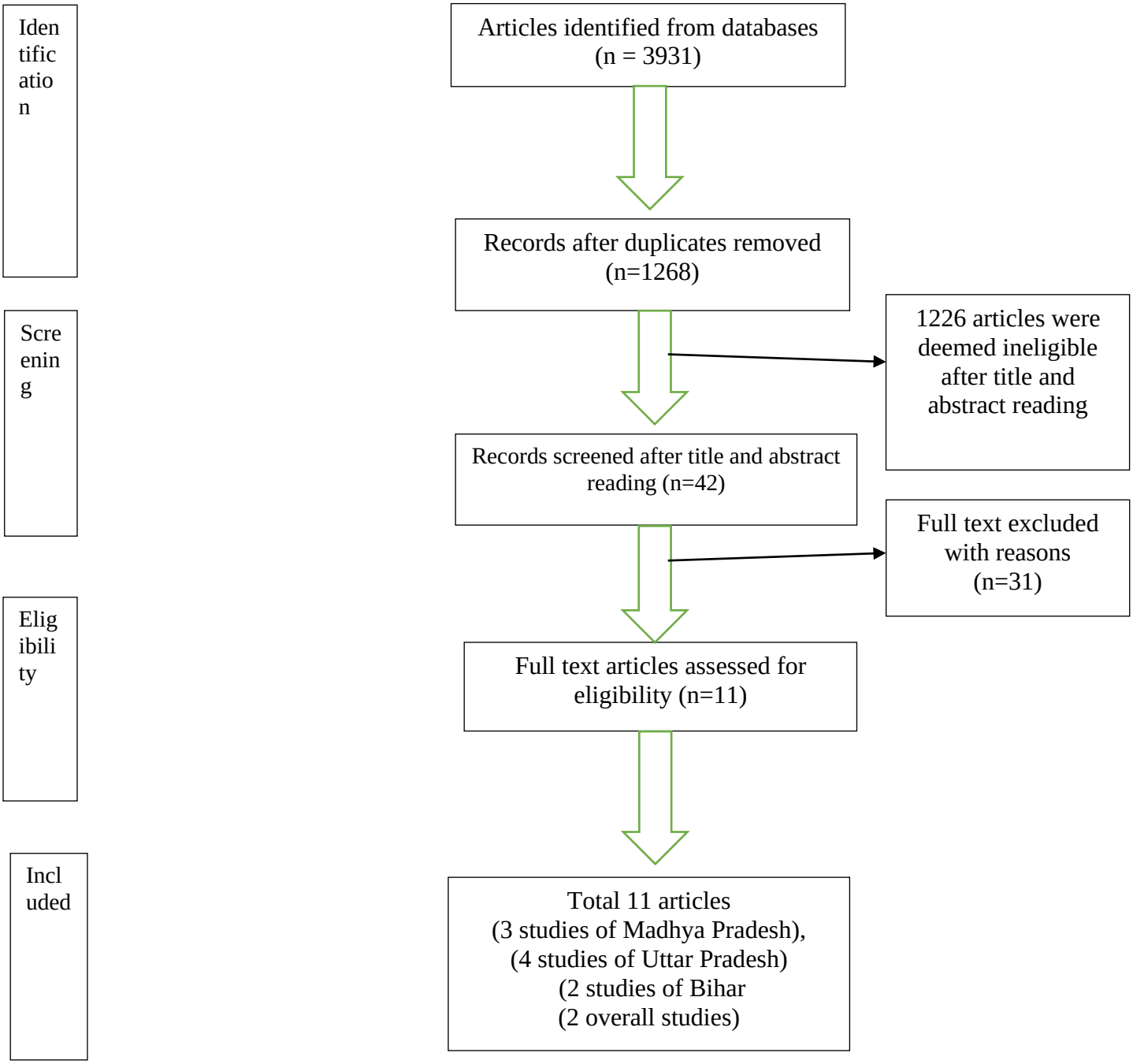
3.1ELIGIBILITY CRITERIA

Studies were qualified for incorporation in the event that they were (1) from lower-and center states, (2) concentrated on pregnant ladies' medical problems in their reproductive age , (3) researched pregnant ladies getting to MH care administrations (ante-natal, delivery and post-natal consideration) at CHC and PHC. As PHC's have created to be all around open anmoderate

to people and family’s areas. Articles that identified difference or disparity with respect to availability were incorporated.

Every included paper was distributed on pregnant individuals both minority and majority. Members were identified as "ethnic groups" such as “SC, ST, 'Backward classes', Tribes',

Figure1 Search and Selection Process for articles , PRISMA -flowchart



"Adivasi's" ("unique occupants") reflecting attributes of natives and Learns about access to services in high-salary urban areas as low salary rural areas Studies that concentrated on optional or tertiary medicinal services or primarily specialized, (for example, gestational diabetes) apart from MH issues were barred.
Inclusion criteria:- the study includes the women of reproductive age(15-49) seeking maternal health services like, ANC deliveries and post- natal checkups, women are included from three states namely Bihar, U.P, and M.P, tribal, minority and majority individuals were considered

Exclusion criteria: -women of non-reproductive age was excluded.

3.2 DATA ANALYSIS
DATABASE/ SEARCHES

Five databases were looked: google scholar, research gate, Medina, Microsoft Academic Search, and PubMed in addition to more than 200 articles from G.S and research gate in addition to electronic references of selected reads for GS and reference arrangements of incorporated articles. The inquiry system was constrained to important articles distributed in English somewhere in the range of 2010 and 2019 to catch progress in Accessibility of Maternal Healthcare services' during the MDG period. Catchphrases utilized were: "conveyance of maternal services", "Maternal healthcare services", "aberrations like", "entrants*, recognize*, adjust*, adapt* and utilize* (usage or utilization)", and Challenges and issue of MH services in Bihar, Madhya Pradesh and Uttar Pradesh.

DATA EVALUATION AND EXTRACTION

Results were hooked on Endnote and copies eliminated. Names and digests were investigated to decide qualification for full-content survey dependent on the consideration and rejection measures by one analyst. Qualification for consideration was resolved after arriving at group accord. Two commentators freely surveyed the methodological nature of the final articles utilizing the Qualys scoring framework for subjective and quantitative research. Quantitative and subjective examinations were scored relying upon whether they completely met the models (2 focuses), mostly met the measures one point) or not under any condition. Quantitative examinations were scored against fourteen measures and subjective investigations against(ten). A measure for "proof of moral methodology" were added to the Qualys scoring bringing about a most extreme complete conceivable score of 22 for subjective and 30 for quantitative plans. Blended technique contemplates were scored utilizing the rules for quantitative and subjective investigations. Contradictions were settled by agreement.

4.RESULTS

The electronic database search recovered 3931 articles and 1268 copies were found. In the wake of understanding Title and Abstracts 1226 records were avoided (Fig. 1) as they didn't meet consideration standards. Most of articles were rejected because the emphasis was not on MH care administration usage at essential consideration level or included high-salary nations.

Following audit of 30 full-text articles from database searches, references and reference records, 22 records were prohibited. 11 examinations met the incorporation measures and nine met the quality rules for consideration. Among two blended technique examines, two examinations were identified as methodologically 'weaker in their subjective segment; in any case, their quantitative segment scored above half. In this way, just the quantitative parts were incorporated. The rest of the examination was identified as methodologically not so strong.

4.1STUDY TRAITS

Attributes Of the 8 examinations that met the relevance standards generally centered around maternal services, access, to post-natal consideration was the least referenced administrations. Table 1 shows the attributes of each investigation. All investigations identified that use of MH care administrations was lesser among females in Madhya Pradesh. Bihar and Uttar Pradesh than other states which have better accessibility and lesser maternal ratio.

Table1-Summary of key characteristics of the included studies in the systematic integrative review of women's access to maternal healthcare services in MP, UP, and BIHAR

Sr. no	Title	Study setting	Aim	Data collection	Study Design	Sample size
1	Three dimensional inequalities in utilization of MHC services in M.P	Rural India /empowered action group	1)To analyze the pattern of antenatal and postnatal care in M.P 2) to describe the spatial variation in the safe delivery across the district.	Census, NFHS-4 and GIS mapping	-	-
2	Usage of ante-natal care services in tribes of M. P	Tribal districts of Madhya Pradesh	1) to assess the utilization of antenatal and postnatal care services 2) To understand the associated factors with utilization of antenatal care services in the tribal district of Madhya Pradesh	Questionnaire, cluster sampling	Cross sectional study	210 registered pregnant women

3	Determining contributing factors in utilization of MHC services in M.P, the multilevel analysis	district level household	The aim of this study was to estimate the effects of community, individual and district level characteristics on the utilization of maternal healthcare services with special reference to(ANC), skilled attendance at delivery and postnatal care (PNC).	DLHS-3, multi-stage stratified systematic sampling design	Cross- sectional	15,782 women taken from 2,246 primary sampling units in 45 districts were included in the study.
4	Future need in public health facilities in U.P for MCH services	public health facilities in Rural Uttar Pradesh	1) The expected increase in workload of public healthcare facilities in providing various Maternal care services until 2015, 2) The extent to which this raised demand could be met by the existing network of healthcare facilities.	DLHS-3, NFHS-3, Survey	Quantitative Study	-
5	Understanding the crossings of social contributing determinants of MHC utilization in U.P, India	Rural Household in 25 Districts,	To explore the intersections of social determinants of maternal health services utilization using method; Classification and Regression Trees (CART) algorithm	Survey	Quantitative Study	From rural households in 25 districts. -(n = 5,565)
6	A cross sectional study on quality of MC services conducted on borders of districts of U. P	Saifai block of district Etowah	1)To assess the coverage level of antenatal, intranatal and post- natal services among pregnant women in rural Etowah 2) To find out the relationship of different socio	Systematic random sampling in 30 villages	Cross- sectional community-based study	n= 2136 blocks out of 93709, from 210 women who delivered during april2010 to March 2011

			demographic factors with utilization of these services			
7	A comparative study on healthcare status and healthcare services between BIHAR and U.P.	Rural health care settings of districts of UP and Bihar	The attempt of present work is to measure the extent of the inequality in health status and health care services in two of the densely populous states of India namely U.P and Bihar.	Annual Health Survey 2011, Statistical Diary 2011	-	-
8	Study on Reorganization of MCH Services.	Madhubani districts in Bihar	to analyze the maternal health conditions in Bihar	Questionnaire, FGD, interview	Cross sectional	Districts of Bihar
9	Use of MHC amongst adolescent females in urban India	India	Identify the factors which affect maternal service utilization	Household Survey (2007-2008). DLHS-3	Quantitative	643,944 (13-29years) of age. Ever married
10	A study on associated factors on utilization of ANC services; in selected stated like M.P, U.P, BIHAR.	Rajasthan, Odisha, Chhattisgarh and Madhya Pradesh	Examine the factors associated with the utilization of ANC services among women in four State	Household and Facility Survey, 2007-08 (DLHS-3)	Cross sectional	Tribe women of selective states(19-28years).
11	Evaluation on use of Maternal and child Healthcare in adolescent married females: India	29 states of India including (empowered action groups) which includes Madhya Pradesh and Uttar Pradesh	Is to investigate factors affecting the use of three key maternal and child health care utilization, namely, full antenatal care, safe delivery and full immunization, among married female adolescents and their children in India	DHS, NFHS 2005-2006, interview, survey	Quantitative Study	124,385 ever married Women age (15-49)

4.2FINDING FROM STUDIES

Inequality in Utilization of Maternal Healthcare Services

Imbalances in the use of maternal consideration are regular the nationwide. A few considers have been led to gauge the disparities identified with usage of maternal consideration. Ethnicity, religion and monetary conditions are regular components answerable for these disparities. Also, spatial variety in the usage of the services is additionally normally apparent In this way, it is worth to consider the spatial variety in the usage of maternal social insurance offices in the express that is commanded by the provincial populace and ethnically various and monetarily in reverse too. MHC services are progressively open.

MHC services are progressively open to the wealthier while human services benefits for the poor stay backward. According to the WHO report 2005, danger of death for children under five years is multiplied if their mothers pass on in labor. In any event 20% of the weights of illness among youngsters under five Diary of Rural Development Review are inferable from conditions legitimately connected with poor maternal and conceptive wellbeing, sustenance and nature of obstetric and infant care. orphans are more averse to go to class and may live in families with less wellbeing and advancement than normal (WHO Report,2005). Wellbeing imbalances can be characterized as contrasts in wellbeing status or in the circulation of wellbeing determinants between various populations gatherings. For instance, contrasts in portability between older individuals and more youthful populaces or contrasts in death rates between individuals from various social classes. It is essential to recognize disparity in wellbeing and imbalance.

Literacy /education, Awareness and Socio- Economic Status

The distinction in use of ANC administrations might be because of variance in awareness of mothers, accessibility of MHC and medicinal services chasing conduct of pregnant ladies. mother's knowledge about the necessities of antenatal consideration were altogether connected with usage of ANC administrations which was consistence with the report from India, Ethiopia. In our examination proficiency of spouses was fundamentally related with usage of full ANC benefits by their significant other which is consistence with the reports of other examines completed in India So spouse's knowledge may be assuming a significant job in supporting the mother to get to the antenatal also, other wellbeing administrations. Higher utilization of ANC administration by well off groups could be because of the effect of training on mindfulness, better the comprehension of data what's more, better the information about significance of the administrations. Study shows, housewife antenatal moms fundamentally used full antenatal consideration contrasted with working ladies. Comparable finding was accounted for in other studies (1,3,2,6) The poor use of antenatal consideration by working ladies may be because of the way that they couldn't stand to lose their wages. In this examination, salary was seen essentially connected with usage of full ANC administrations. Jat et al have revealed financial status and mother's training as the variables related with the utilization of ANC services.30 Previous different investigations likewise announced that financial status is a significant determinant of ANC use by mothers. The education rates in the state in 2011 were 80.5% for

males and 60% for females separately. The state government has set a driven objective of diminishing MMR to 220 for every 100,000 live births continuously 2012. So as to accomplish this objective, the state government is concentrating on expanding the utilization of maternal human services administrations including institutional conveyances, gifted participation at conveyance and fortifying crisis obstetric consideration services. [5]

Policy Suggestion

Wellbeing/Health strategies globally have for the most part evolved with a top-down methodology where service privileges of the standard populace get need over minority. Thus, pregnant females' entrance to medicinal services administrations is obliged by financial, land and social boundaries with restricted comprehension of the obstructions or empowering influences to getting to maternal wellbeing (MH) benefits by ladies of conceptive age. This audit centers around accessible medicinal services administrations for Indigenous ladies of conceptive age and their openness and use of those administrations in lower-and center pay nations. Various nations utilize various terms (ethnic/ innate/Aboriginal/Adivasi) to demonstrate their Local people group: we utilize the term "MCH" (World Health Organization 2007) to keep up consistency of revealing outcomes. This paper expects to thoroughly orchestrate existing proof on access to accessible MH care benefits by Indigenous ladies in lower-and center pay nations and to distinguish holes that should be routed to help Pregnant ladies to get to these services.

Religion and Language

Studies have indicated that social group (e.g., caste), religion and women’s age at marriage also play a crucial role in determining utilization of healthcare services [12]. Known socio-segment pointers of wellbeing disparities and factors known to influence medicinal services use were incorporated as free factors in the model. The chose factors included social gathering, religion, family unit riches, ladies' education status, time of ladies, and age at marriage.

A branching measure was made to group religion of family units as Muslim or non-Muslim. To concentrate on the most predominant type of religion-based underestimation, the little extent of family units that were neither Hindu nor Muslim were delegated non-Muslim. Financial status of members was surveyed through the Riches Index, which is a nonstop proportion of family unit riches and is utilized in the DHS in India [6]. The riches record was separated into 5 equivalent quintiles to arrange family units as either most reduced, low, medium, high and most noteworthy riches layers. Every layer involved 20% of test families. Ladies' proficiency status was estimated as a dichotomous variable to catch regardless of whether respondents could peruse and compose. What's more, period of members at the hour of meeting and their age at their first marriage were treated as nonstop factor. Thus, religion stands as one of the issues in accessing and utilization of healthcare.

Barriers- distance/transport/infrastructure

The framework of facilities such as sub centers. and community health centers emergency clinics is likewise not acceptable. The emergency clinics come up short on the infrastructural offices like the correct spot for sitting patients, absence of beds for the patients, and inappropriate

structure for the medical clinic offices to be accessible to the patients. The quantity of rooms in the emergency clinic is additionally not legitimate. The absence of transport offices and legitimate clinical administrations in the rustic zones likewise makes issue for needy individuals who need to travel significant distance at the hour of crisis. Studies have shown the major cause of maternal mortality in state like Madhya Pradesh is transportation. This issue needs to be resolved and should be made easier for the accessibility.

Table-2 Major issues discussed in articles included for review

Common Discussed Issues	Article No
Inequality in utilization of maternal healthcare services	1,6,4,7,8,10,11
Literacy /education	2,3,6,7,11
Socio- economic status	3,4,1,2,6
Barriers- distance/transport/infrastructure	1,3,4,6,10,11
Awareness	5,4,1,7,8,10,11
Religion	1,4,6,3,11
language	1,5,6,7,3,8,11
Policy suggestion	1,7,8,4,2,10

4.3Policy Recommendations to Improve Accessibility of Maternal Health Services

Two investigations (Study 6 and 7) guaranteed that current strategies followed a "one-size-fits-all" approach which neglected to address holes in maternal consideration administrations. Three investigations (4,6,7) accentuated the requirement for a base up arrangement approach, guaranteeing network cooperation. Vertical models and domineering nature of existing service accessibility were reprimanded where community's and native's social issues were disregarded

Studies 4 and 5 prescribed planning projects to help human rights and sexual orientation value. Study 4 condemned the social settings and differences in monetary limits of Indigenous individuals and supported fusing Indigenous qualities, for example, working with TBAs. Study 8 suggested the advancement of network level quality social insurance conveyance frameworks for Indigenous ladies who needed uncommon consideration during pregnancy.

Integration of findings from Included Studies

All examinations uncovered that MH administration access among pregnant ladies was lower. More elevated levels of instruction, financial variables (level of salary and cost of administrations) and separation to administrations were basic topics identified across included quantitative and blended strategy contemplates, identified with ANC administration get to. Issues

identified with health centers deliveries were fundamentally talked about in subjective investigations. All investigations likewise underlined need to execute socially proper wellbeing mediation programs (refer Table no 3).

5.DISCUSSION

This integrative writing survey analyzed openness and use of MH care administrations among ladies of regenerative age in lower-and center salary nations. Ten examinations met the consideration rules with most quantitative research concentrated on antenatal administrations and most subjective research on conveyance administrations. Access to PNC administrations/services was the least referenced in the included examinations. Discoveries uncovered that Indigenous ladies got to antenatal administrations if there were doorstep benefits and got to care facilities conveyance on the off chance that they confronted entanglements during work. Inability to think about social, monetary and social components identified with medicinal services dynamic for group of people could clarify poor use of MH care administrations.

Pregnant ladies experienced boundaries in getting to MH care benefits in two phases: before getting to the administrations (outside the facility) and in the wake of getting to the services (inside the institute). Boundaries outside the facility included absence of information, separation to the services, expenses of getting to care, and endorsement from family, especially spouses. Worldwide experience shows that minority population experience orderly separation and abuse by dominant part of communities; ladies inside minority ethnic groups experience twofold segregation influencing access to social insurance administrations. Hindrances looked inside the PHC’s, CHC’s and SC's identified with the authoritative conduct of care staff and absence of comprehension about the clinical techniques made pregnant ladies hesitant or terrified of utilizing care services. The World Health Organization and United Nations Children's Fund (UNICEF) (2015) suggest that ladies pick birthing positions and their favored ally to go with them all through work during non-crisis conveyance. Obtrusive methods and socially unseemly practices of care suppliers prompted doubt and dread.

Maternal healthcare programs for wellbeing of people may flop because of their top-down nature. Although mediation programs in Madhya Pradesh, Bihar and Uttar Pradesh embraced intercultural administration arrangements for pregnant ladies, those projects had constrained open door for network commitment. Without connecting with individuals through network support, it is difficult to distinguish networks' needs, (for example, framework to arrive at the

healthcare centers, financial moderateness), and organize needs as indicated by suitable social qualities.

Mediations need to target specialist co-ops, by selecting healthcare staff from Indigenous people group and give social skills and knowledge. Socially fit mindfulness programs for communities on each level with focused messages about the significance of getting to MH administrations are required. To create economical and effective social and sustainable policies for ladies, it is imperative to guarantee network support from the earliest starting point to make a feeling of having a place among pregnant ladies and their natives.

Discoveries from an ongoing population concentrate on holistic wellbeing identified that numerous nations didn't perceive maternal wellbeing living inside the nations, and, the requirement for sacred acknowledgment of pregnant females to achieve the SDGs. These gatherings were missing in information detailed in the earlier Millennium Development Goals time. Gathering and introducing disaggregated information for pregnant ladies are significant in close coordinated effort with people to comprehend and screen inequalities.

Models from created nations uncover that in spite of having MH care administrations for ladies, states like Uttar Pradesh and Bihar are endeavoring to address social assorted variety needs. In India, maternity care administrations for pregnant ladies were a successful program for empowering ladies during pregnancy and conveyance. services were overseen by people group where individuals felt increasingly enabled, and the administrations were profoundly esteemed. Such studies enable low performing states to overcome their faults and drive for better results. Research on populace fragments helpless against low medicinal services use has principally utilized bivariate examination of ward factors across singular layers (for example rank, religion and so on.) and strategic relapse models surveying affiliations between results of intrigue and key social determinants while controlling for different elements. Both strategies have genuine impediments in giving a more profound comprehension of the crossing points of financial determinants of human services utilization.

Examining information through the CART strategy in one of the selected papers, we have featured the interaction between these determinants and exhibited how they meet up to influence human services use. Discoveries from our examination exhibit that cooperation between family riches, education and religion are fundamentally connected with human services use of ladies. findings from this examination further the current comprehension of crossing points of social determinants of maternal services usage in Uttar Pradesh, India, broadening the discoveries of past considers that have distinguished the impacts of sexual orientation, education, social gathering, age at marriage and spot of home on healthcare services uses in India have likewise illustrated how sexual orientation and class work together to influence non-treatment of diseases and stopping of treatment [14]. The present investigation used a novel technique, CART, to quantitatively explain imbalances in medicinal services usage among segment fragments of ladies of country Uttar Pradesh dependent on the convergences of their riches, proficiency, social gathering, religion and age at marriage.

Endeavors ought to be made to check the pattern of individuals moving from the private segment to the open area for institutional conveyance due to the JSY by broadening the JSY impetus to authorize private centers as well. Given that the expanding volume of administration prerequisites can't be overseen by the open area alone, open private association models could be tried, and fruitful ones scaled up. Moreover, there is an earnest need to guarantee a standard supply of power to all useful PHCs. Without standard power flow, working hours are confined even in 24x7 care units as the two suppliers and customers might want to leave the centers without delay. Thorough endeavors are expected to make open offices progressively proficient and open to the individuals. General healthcare centers ought to be spread across areas to decrease the remaining burden of a hardly any working healthcare units.

Religion and cast indicated extensive effects on the utilization of ANC and safe delivery services though no critical impact of these components was found on post-natal consideration in our examination. A multi-state study led in southern India showed that standing had fluctuated impact on the utilization of maternal medicinal services benefits in various states; for instance, this examination announced that having a place with a lower position was a more grounded correspond of institutional conveyance in Andhra Pradesh while in different states being an individual from booked rank or clan diminished the probability of utilizing maternal services. The job of monetary turn of events, populace wellbeing staff proportion, status of sexual orientation value and ladies' strengthening at area level might be investigated in such manner.

TABLE 3-Key maternal healthcare services antenatal care (ANC), delivery and post-natal care (PNC) discussed in each study

Article no	Key Objective related to accessibility maternal of service	limitations
1	Spatial inequality in utilization of postnatal, antenatal and institutional deliveries	_
2	To understand the factors associated with utilization antenatal care services in the tribal district of Madhya Pradesh	Correlates of maternal health care utilization are missing from analysis e.g. distance
3	The objective of this study was to estimate the effects of individual, community and district level characteristics on the utilization of maternal health services with special reference to antenatal care, skilled attendance at delivery and postnatal care.	No explanations of causality
4	The expected increase in workload of public health facilities in providing various Maternal health services until 2015,	Only selected services are considered for analysis.
5	To explore intersections of social determinants of (MHC)utilization using method, Classification and Regression Trees (CART) algorithm	It do not provide an estimate of the relative strength of the determinants in any interaction
6	To assess the coverage level of antenatal, intra natal and post-natal services among pregnant women in rural Etowah	Women from urban areas were not included
7	The work attempts to measure the extent of the inequality in health status and MCH services in the two most dense populous states of India namely Uttar Pradesh and Bihar.	The major limitation of this study is that some of the important indicators could not be

		included, which are necessary for reflecting the real picture of health situation in the two states.eg life expectancy
8	To analyze the maternal health conditions in Bihar	-
9	Identify the factors which affect maternal service utilization	do not include many community and health system variables that are thought to have influence on health care utilization
10	examine the factors associated with the utilization of ANC services among women in four States	post-natal care is not included in the study
11	To investigate factors affecting the use of three key maternal and child health care utilization,	factors, local beliefs, behaviors and practices related to maternity could also not be captured in this study

6.STRENGTHS AND LIMITATIONS

While orderly in approach such reviews hazard missing significant papers. To beat this, search methodologies were tried on different occasions and creators of included examinations were reached. This study included assorted examinations for which it was difficult to total findings. In any case, the topical rundown gives combined proof. Moreover, individuals from high-salary areas were excluded, which may have restricted what could be gained from models of care; notwithstanding, steering of socially proper birthing projects could be beneficial to spots, for example, Madhya Pradesh and Bihar.

7.CONCLUSION

In support to conclusion there are eight various common issues discussed (table-2), Now if we look closely most common issues found in Madhya Pradesh are Inequality in utilization of maternal healthcare services, Religion and Barriers- distance/transport/infrastructure which is found to be the biggest issue of all and needs to be taken care of .Likewise in Bihar it is seen that Socio-economic status, Literacy /education and Awareness have tuned out to be the hindrance in utilization of maternal services and in U.P language, Policy design, Religion and Literacy /education are the common problems. Keeping these insights in mind Policy makers should design the policies to overcome the local problems rather than keeping one blanket of issues.

Existing research on access to maternal health care services, and how policy impacts on their health accessibility, enlightens key barriers or challenges in developing and delivering services. Improving the level of education of women, better transportation facility, knowledge about government maternal health policies and affordable services could significantly increase access to maternal health care. To gain a wider understanding of MH services accessibility among women, more focus of government authorities is needed particularly for delivery, Antenatal checkup and post-natal care. Interpretation of wellbeing information into successful administrations to line up with nearby social qualities will improve access to maternal human services for Indian women. Instruction and strategy change are fundamental to help women during their early bearing years. Strategy change, practice changes and better instruction will empower women to settle on educated decisions and enable them to birth their infants as per the social inclinations. Findings from studies would give experiences into understanding the barriers in existing approaches for Indian women and accessibility to MH services. And based on that endeavors to be made to guarantee the correct maternal health policy and programmes to be implemented to reduce the burden for maternal healthcare accessibility.

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