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

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Introduction

Women in developing countries were experiencing life threatening and other serious health problems related to pregnancy or childbirth. This situation was worse in developing countries like India due to unawareness and inaccessibility. 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,Then It was adopted following the world summit for children in 1990 considering ANC as a specific goal for comprehensive maternal health care. It is the care that pregnant women should have during her pregnancy for protection of her and safe delivery. Evidence suggests that adequate antenatal and postnatal care use has association with improved pregnancy outcome both for child and mother.

OBJECTIVE

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.

- 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.

Key Variables

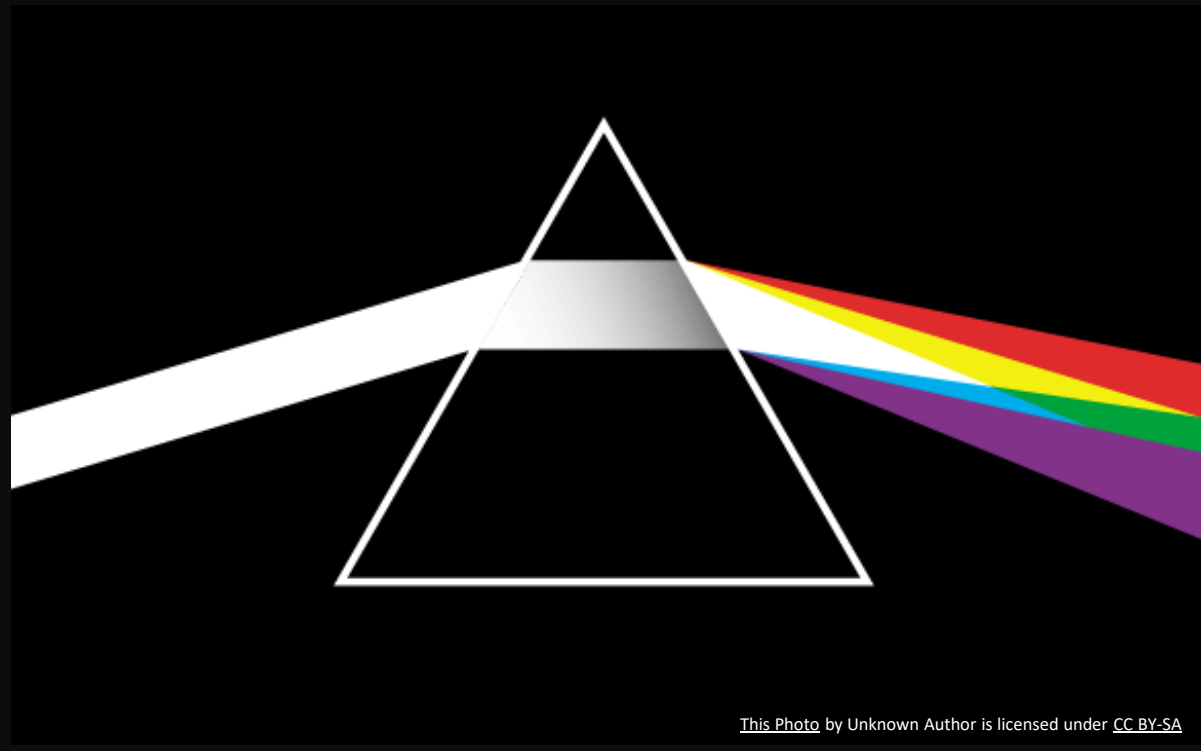
- Age
- Sex
- Occupation
- Educational status of woman
- Barriers
- Socio –economic status
- Language

SPECIFIC VARIABLES

- Barriers- distance/transport/infrastructure
- Awareness
- Socio- economic status
- Inequality in utilization of maternal healthcare services
- Geographic Demography

METHODOLGY

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)



METHODOLOGY

- **Type of Study**

Systematic Integrative Review

Studies Published between 2010-2020

- **Study Area**

Madhya Pradesh , Bihar & Uttar Pradesh

- **Duration**

2010-2019

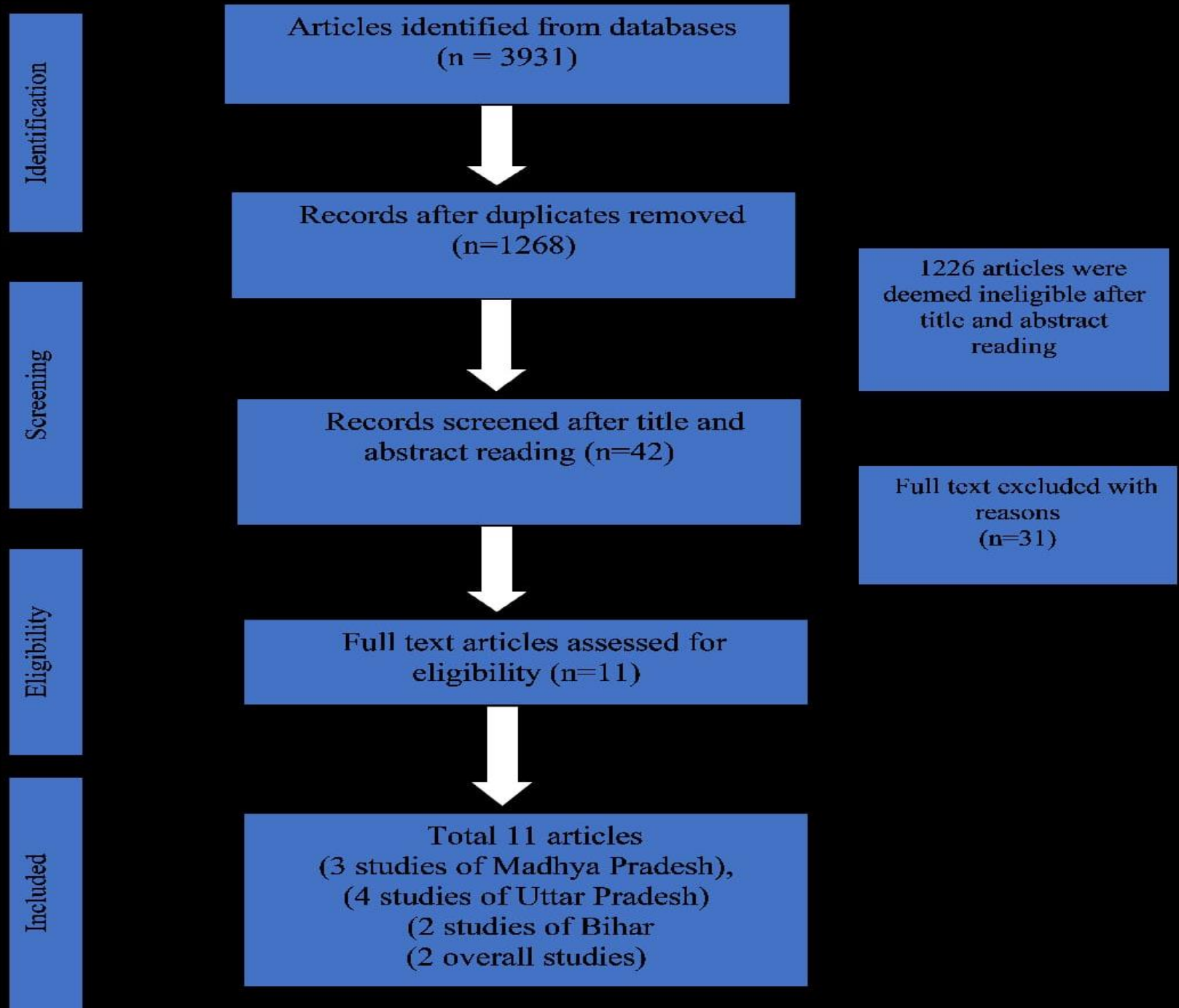
- **Study Population**

women of reproductive age(15-49)

- **Sample**

11 Studies from different states

Figure1 Search and Selection Process for articles , PRISMA - flowchart



Inclusion Criteria

- includes the women of reproductive age(15-49)
- Women seeking maternal health services like, ANC deliveries and post- natal checkups, women are included from
- Women 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.

Data Analysis

Five databases were looked

1.google scholar
2. research gate
3. Medina
4.Microsoft Academic Search,
5. PubMed in addition to more than 200 articles

Qualitative & Quantitative Researches were segmented from selected 11 articles

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 demographic factors with utilization of these services	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

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 demographic factors with utilization of these services**	**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**
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)

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

POLICY RECOMMENDATIONS

- 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.
- 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 8 suggested the advancement of network level quality Maternal Healthcare Services frameworks .

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
			post-natal care is not included in the study
10		examine the factors associated with the utilization of ANC services among women in four States	factors, local beliefs, behaviors and practices related to maternity could also not be captured in this study
11		To investigate factors affecting the use of three key maternal and child health care utilization,	

Discussion

- According to the **latest** data for 2015-17, **Madhya Pradesh** has a MMR of 188 per lakh live births—the third highest in country, now lets talk about it,
- 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.
- 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.
- There is an earnest need to guarantee a standard supply of power to all useful PHCs.
- 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 hardly any working healthcare units.

Strengths

All the Issues discussed are justified as much as possible.

Limitations

Dynamic Data
Unrecorded Issues
Continuous Change
Duration

CONCLUSION

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.

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.

“There is nothing as powerful as mother’s love, and nothing as healing as a child’s soul.”

Thank you