



# EXTENT OF DELIVERY HEALTH CARE SERVICE UTILIZATION: A STUDY IN JORHAT DISTRICT OF ASSAM

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## ABSTRACT

*A delivery in proper hygienic condition in health institution under the assistance of trained health professionals is substantial for reducing maternal and neonatal mortality. Hence, utilization of such services can help in overall improvement in the health status of both the baby and the mother. The present paper is an attempt to analyze the utilization pattern of Delivery Care Services in the rural areas in the Jorhat district of Assam. By preparing a*

*multistage sampling method, the required primary data have been collected from 233 women (unit of study) belonging to age group 15-49 who experienced her last pregnancy during five years preceding the survey. 87.12 percent of delivery occurred in institutions, with 6.01 percent at private hospital and 81.12 percent at government hospital. Government should take necessary steps to improve the level of education and awareness among the women regarding benefits of utilizing the services adequately.*

**Key Words:** *Delivery care, Post-natal care, Utilization*

## **INTRODUCTION**

Health care services during the pregnancy period and after delivery period are vital for the survival and wellbeing of both the mother and the new-born. As per UNICEF's data, globally, out of 800 maternal deaths every day, 20 per cent of these deaths are from India. Deprived women in isolated areas are the least likely to receive sufficient maternal health care services during delivery time. This is especially true for regions with low level of education, less number of skilled health workers, poverty, long distance to health centres, inadequate services, lack of information, and rigid cultural practices. Hence, it is very much necessary to identify the factors that influence institutional delivery so that effective measures can be taken to facilitate the same. Encouragement of deliveries in proper hygienic conditions under the assistance of trained health professionals is substantial for reducing maternal and neonatal mortality.

The present paper is an attempt to analyze the utilization pattern of Delivery Care Services in the rural areas in the Jorhat district of Assam. The district Jorhat has been selected for the study because as per NFHS-4 (2015-16) data on utilization of delivery health care services in different districts among women with a live birth in the five years

preceding the Survey in Assam, the percentage of births delivered in a health institution (95.9 percentage) and percentage of deliveries assisted by health personnel (97.1 percentage) is the highest in the district as compared to other districts of the state.

## **DATA AND METHODOLOGY:**

Both primary and secondary sources of information are used in the study. Primary data are collected from the respondents through a sample survey in the area selected with the help of well structured questionnaire. The information related to health care service utilization was collected from a women belonging to age group 15-49 who experienced her last pregnancy during five years preceding the survey. Secondary data have been collected from different government sources and reports of such other research organizations that deal with maternal health statistics like National Family Health Surveys (India & Assam), Census of India, 2011, and Directorate of Economics and Statistics, Jorhat (2011). By preparing a multistage sampling method, the required primary data have been collected from 233 households. Out of the six blocks in Jorhat district, Jorhat block has been selected with the highest percentage of rural population. In the next stage, out of 27 Gaon Panchayats (G.P) in the Jorhat Block, three G.Ps has been selected purposively on the basis of highest, median and lowest rural population. In the next stage, from each G.P, two villages have been selected based on highest and lowest rural population. Thus, a total of six villages have been selected for the study. In the last stage of the sampling procedure, 10% of the sample households have been selected randomly for survey. Hence, a total of 233 households are selected as sample households.

## **RESULTS AND DISCUSSION:**

### **Indicators of Delivery Care Service Utilization:**

#### **1.1 Place of Delivery:**

The important requirement for safe motherhood is to promote deliveries in proper hygienic environment under the supervision of trained health professionals. The present study finds that the extent of institutional delivery is satisfactory in the areas of study. Out of total sample respondents, 203 mothers delivery (87.12 percent) occurred in institutions, with 14 births (6.01 percent) at private hospital and 189 births (81.12 percent) at government hospital. Remaining 30 live births (12.87 percent), took place at home.

#### **1.2 Assistance at Home:**

Maternal health problems including mortality are likely to be caused by unhygienic and traditional practices of childbirth. In the study, an effort was made to identify the type of birth attendant at home and the results revealed that the highest percentage of live births (60.00 percent) was attended by traditional birth attendant (Dai). It has been observed that 23.34 percent of the live births were attended by family or relatives. The remaining 16.66 percent were conducted by trained birth attendant (ANM/nurse/ Lady Health Visitor).

### **Reasons for choosing delivery care services:**

On being asked the reasons for preferring institutional

delivery, majority of the respondents (14.29 percent) reported that they experienced pregnancy for the first time; 12.81 percent revealed that the health facility is at a nearby distance and thus it is convenient for them to rush to the hospital at the time of delivery. About 13.30 percent respondents replied that they were concerned about the health status of the new-born. Some of the other reasons reported by the respondents for opting institutional delivery are like they were accompanied by their counterparts and family members to health facility, awareness and information provided by ASHA and other health workers, provision of government assistance under schemes (JSY) and encountered diseases during pregnancy.

## **Reasons for not delivering at hospitals:**

The following table depicts the reasons reported by the respondents for choosing non-institutional delivery.

**Table: 1**

### **Reasons for Non- Institutional Delivery**

<b>Reasons Reported</b>	<b>Number of Respondents</b>	<b>Percentage of Respondents</b>
Unwillingness of the respondent as no complications was experienced during previous pregnancy	5	16.67
Too costly	6	20.0
Long distance to health institution	3	10.0

<b>Reasons Reported</b>	<b>Number of Respondents</b>	<b>Percentage of Respondents</b>
Poor quality services at health institution	5	16.67
Untimely delivery	2	6.67
Not a tradition in the family	4	13.33
Had experienced pregnancy earlier and is not the first child	5	16.67
Total	30	100.0

## **Source: Field Survey**

## **Post Natal Care after Delivery period:**

The Ministry of Health and Family Welfare (MoHFW) recommends that women whose delivery has taken place in a health facility must receive a postnatal health check within the first 24 hours after delivery and that women giving birth outside a health facility should be referred to a health facility for a postnatal check within 12 hours after giving birth. It has been found in the study that out of 233 respondents, 153 respondents (67.67 percent) went for postnatal check-ups after the last delivery and the rest 80 respondents (i.e. 34.33 percent) did not.

## **Association between utilization of delivery care and postnatal care:**

The association between place of delivery and utilization of postnatal care service by the sample women after the last delivery is studied by applying the chi-square test. The cross

tabulation of the place of delivery and use of postnatal care services shows that the percentage of women attending postnatal checkups is higher (71.92 percent) among those who attended institutional delivery than those who did not go for institutional delivery (23.33 percent). On the other hand about 76.67 percent respondents who delivered at home did not attend postnatal checkups.

## Table: 2

### Association between institutional delivery and postnatal care

Place of Delivery	Post Natal Care		Total
	Yes	No	
Place of Delivery	7(23.33%)	23(76.67%)	30(100.0)
Institutional Delivery	146(71.92%)	57(28.08%)	203(100.0)
Total	153(65.67%)	80(34.33%)	233(100.0)

The observed chi-square ( $\chi^2$ ) value has been found to be 27.368, which is significant at 1% level with 1 degree of freedom. This implies that there is association between delivery at any health institution and utilization of postnatal care services.

## CONCLUSION:

Safe delivery at health institution under of supervision of trained health professional is very much essential to reduce maternal health issues as well as control infant mortality. Government should take initiatives to improve education among girls, particularly beyond middle school to make them aware of the complicacies. Moreover, efforts should be made to strengthen the reproductive health care programmes in the rural backward areas for the adolescent mothers'. Multipurpose health workers like ASHA may also be given effective training

to monitor pregnant women at household level and also motivate them to go for institutional delivery.

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