ABSTRACT

Inter-Linkages between Maternal, Child Health Care and Contraceptive Dynamics in India

Utilization of prenatal care, delivery care and child immunization have been proven low cost interventions to prevent maternal and childhood morbidity and mortality. At the national level according to NFHS-2005-06, the coverage of at least one ANC visit is around 77 percent and health workers motivation during ANC visits leads more than half women to deliver birth in an institution. Four out of five women return to the health center for postnatal care after utilization of previous two subsequent services. Furthermore, utilization of previous three maternal health care services improves coverage of child immunization. Around two out of three children get fully immunized if mother utilized previous all three consecutive services. It could be argued that received motivation from health workers to women at the time of first contact during ANC visits would turn up women for institutional delivery and subsequent health care utilization. Consequently, this strategy may considerably improve maternal and infant health. The broad objective of the proposed study is to examine in the Indian context, how utilization of maternal, child health care services and contraceptive dynamics are intertwined together. However, the specific objectives of the thesis are

- To examine the level, trends and differentials in consistent utilization of maternal and child health care services of most recent birth and across successive births.
- To understand the influence of woman’s frequency of contact with the health workers during pregnancy on institutional delivery and child immunization.
- To investigate the behavioral consistency in use of delivery care services, across successive births.
- To explore the impact of prenatal, delivery and postnatal care utilization on initiation and types of contraceptive use.

This study banks on secondary data collected by National Family Health Survey, conducted in 1992-93, 1998-99 and 2005-06. Propensity Score Matching method has been applied to estimate the net impact of ANC visits on utilization of subsequent health care services after removing the presence of selection bias in the NFHS-2005-06 data. Results obtained from PSM are compared with results estimated from conventional models to assess the likely effects of biases when the issues of selection bias are not taken into account. Findings point to significant positive effect of number of antenatal consultations on institutional delivery and child immunization services after removing the selection bias. While addressing the issue of the behavioral consistency in use of delivery care services multivariate multilevel model has been applied and results suggest that delivery in an institution is independently favoured by previous delivery use in an institution. With the help of retrospective monthly information about five-year contraceptive history available in NFHS-III data we have tried to formulate the association between use of different MCH services and contraceptive adoption. Results from proportional discrete hazards multilevel logistic model using complimentary log-log link function shows that utilization of all the three MCH services separately emerged as a significant predictor of early adoption of contraceptive method. Results suggest that early as well as number of contacts with health workers significantly change woman’s attitudes towards institutional delivery and child immunization. Therefore, there is need to focus on these issues through Accredited Social Health Activists and front level workers. Women who do not come to the health center for utilization of MCH services require special attention. So that women can make at least one visit for preventive care services.