WOMEN'S AUTONOMY AND MATERNAL HEALTH CARE UTILIZATION IN JALANDHAR: AN EMPIRICAL ANALYSIS

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CHAPTER-I

INTRODUCTION

1.1. MATERNAL HEALTH

The maternal health can be defined as the women health during the pregnancy, maternity care is the main care in relation to a pregnancy or postpartum period and child born, childbirth and in the postpartum period consumption of an maternal health care services has remarked very little in most of a developing countries like in India even there is a role of private and public sectors are on a running of an advanced health care services. However Women have a beliefs and their attitudes, during the childbirth period is one of the important factor of an International Maternity Health Policy. Maternity care includes antenatal and postnatal health of the mother for the newborn child. Antenatal care gives secure pregnancy and healthy baby to women (Rawat et al.2015).

1.2. WOMEN'S AUTONOMY

The women's autonomy can be simply define as women's independence of development, discernment on individual earning, choice with regarding to the economic freedom from fights or fearful from husbands for their own rights. Independence of women and its relation with reproductive behavior is one of the most important area that decrease the maternal death and it also promote child health condition. Many scholars has investigated that women's independency regarding maternal health issue are highlighted that position of women is a major factor of maternal deaths and misery. In addition the position of women in the society and endowment for an education and less power regarding their life and rights doesn't have a positive impact on their strength and their families. There are some socio-economic, cultural and demographic determinant that stimulate the access for women to health care services during child birth.

Women's autonomy is explained as the ability and self-determination to act by their self or it can be define as better utilization of maternal health care services, mainly prenatal and postnatal care. This expressed as women's capability to prepare or to deliberate choices to manage assets and contribute in judgment. It was highlighted that in many proceedings of women's autonomy contain right to use to and manage of assets, contribution in economic decisions, self-respect,

and motility. Women's dependency and its association with reproductive health and behaviour have emerged as a focal point of investigations and interventions around the world. Recent studies show that status of women as an important determinant of maternal health.

1.3. WOMEN'S STATUS

In the life of girl's "position" refers to both the respect rendered to persons and the personal influence available to them while women's value prestige, it is the level of personal autonomy that appears to influence demographic behavior and resulting conclusions. The Autonomy has been defined as the capacity to manipulate one's personal situation through control over resources and information in order to make decisions about one's own concerns or about close family members. Women's autonomy thus can be hypothesized as their ability to regulate events in their lives even though men and other women may be opposed to their wishes.

1.4. WOMEN'S UTILIZATION OF MATERNAL HEALTHCARE

Women's utilization of maternal healthcare can be define as different dimensions of health i.e. physical access to health, structure and maintenance, technical capacity, and affordability. There are several factor that affects women's utilization on maternal health care i.e. community and religion. In the economical and educational position, age, parity, and problems experienced during pregnancy or birth were major factor that influence maternal health care utilization.

With the Safe motherhood practices, such presence 'more than four' antenatal visit, established delivery care, and attending for check-up after delivery, have appeared as three of the most significant indicators for tracking the status of maternal health around the biosphere (Gavidia,2015).

1.5. MATERNAL MORTALITY

Maternal mortality refers to deaths caused by pregnancy or childbirth related complications. Million of the women from in developing countries pass away each year due to difficulties during pregnancy and child born. One major factor that effect of the high maternal mortality is the less utilize of MHS for deliveries.

In the country like India from one of the rising nation having the higher ratio of maternal death, even the government has propelled several mothers health care programs for reducing maternal mortality and a few additional maternal and child health complication, nevertheless still it is lacking behind to accomplish Millennium Development Goal (Gogoi, Unisa & Prusty,2014). However MCH is define as a important components of the RCH scheme for maternal woman to obtain at least three antenatal check-up, two Tetanus Toxin injections (TT) and a filled course (100 tablets) of Iron and folic acid supplementation.(Rawat et al.,2015).Parental death is exaggerated via a number of socioeconomic literary factors i.e. status of women in the household and culture at large, instructive barrier and economic status in the society, convenience facility (distance, transport) obtain ability and quality of care (availability of educated regarding the health facility), (Singh et al., 2011). Main objective of MHS is to reduce the infant and maternal morbidity and mortality. Mother's education level and making decision power about their health care is defining as the greatest powerful predictors within many others women for dropping infant mortality.

1.6. THE ANTE NATAL CARE FOR WOMEN:

In the normal sense women who take four and overhead antenatal received two with tetanus toxic (TT) vaccine throughout child birth or acquired 100+iron folic acid (IFA) tablets is simply defined as Any Ante Natal Care.

1.7. FULL ANC:

The women which take more than four ANC or who accept more than two tetanus toxic (TT) vaccines 100+iron folic acid (IFA) tablets during their child birth are measured as full Ante Natal Care.

1.8. INSTITUTION DELIVERY:

Women who deliver their child in any health association (public or private) come under Recognized delivery.

1.9. POST-NATAL CARE (PNC):

A postnatal care service is a major factor which can help to reduce maternal and neonatal morbidity and mortality in many countries. The women which are attending postnatal care in between two weeks after child birth is considered as Post Natal Care.

The use of ANC and institutional delivery services play a major role in age, women education, caste, wealth index, region and birth order whereas there was remarkable influence in place of residence, caste, wealth index, region and birth order was found in postnatal care.

1.10. PARENTAL EDUCATION:

The mother's education is an important factor that contributes in the health of a children .The mother's education affects the health of children.

1.11. OBJECTIVES OF THE STUDY:

1. To examine the impact of women's autonomy in health care utilization.
2. To examine the impact of socio economic on maternal health care utilization.
3. To define the rights and to protest the girls or women universally.
4. To examine the influence of mother's demographic characteristics on maternal health.

1.12. NEED OF STUDY:

High rates of maternal mortality and morbidity are related to knowledge about health services, the access to and utilization of services subject to availability. Examining and addressing the social-cultural dimensions of the problem is therefore as vital as dealing with the medical dimensions of maternal mortality. While existing interventions intended to benefit target group is yet to be met, the targeted Millennium Development Goal is yet to be realized. This means that there are other factors causing restraint to accessing health care service usage by pregnant women in addition to medical factors, hence an examination of the same is very important.

CHAPTER-II

REVIEW OF LITERATURE

J.Jejeebhoy and Sather (2001) analyzed that woman fewer independence and power on their personal life as compare to other women. The reason was found as Islamic societies that affect their position, education and autonomy. Regional disparities i.e. decision making, freedom of movement, and right to use and manage the monetary resources, cultural disparity in girl's liberty was found in Pakistan. It was highlighted that women whose dowries were large were a smaller amount probably comprise suffer family violent behavior compare to further women. Girl's right to use and manage on assets was found very less. Skilled with occupation were found as important attribute of self-determination.

Bloom et al.(2001) found the effect high level of schooling and less educating families on women's autonomy. Highly socio, demographic effect was found in Uttar Pradesh. It was identified that mother-in-law was having control on women's decision making. It was highlighted that economic, educational status, age, parity were important factor for exploitation for pregnancy services and education was completely connected to these factors. It was analyzed the health seeking behavior during pregnancy and suggested the dimension of women's autonomy. It was found that autonomy has higher outcome of exploitation on MHS. It was highlighted that antenatal care use has a positive relation on women's maternal health.

Mahmood (2003) found that maternal education was a major determinant to child death than mother's schooling. It was observed that demographic, nutritional and health seeking behavior factors were responsible for higher neonatal mortality in Pakistan. It was identified that the reason for higher neonatal mortality was due to the high proportion of premature births and the lower utilization of health services. The importance of prenatal care in rural area was found as a good indicator of survival during neonatal period. Maternal education was associated to reduce post-neonatal mortality. It was analyzed that the causes of mortality after neonatal period was due to poverty, insecure water facility, non-utilization of health service.

Cham et al. (2005) examined the association between social-culture and health care services determinant for maternal death in rural area of Gambia. It was analyzed that culture child birth

and pregnancy were usually regard totally women's equity. It was observed that elder women in their menopause were found as expert on pregnancy and childbirth in rustic areas of the country. These women consulted when there is complication in the pregnancy or during puerperium. It has been found that there was lack of transportation facilities, such as poor road conditions, lack of readily available transport were affecting in the maternal healthcare. Poor management of staff and doctors also creates a problem in the maternal care. They concluded that major health centers are strategically located in the Gambia, but accessing them does not necessarily mean to receive appropriate care.

Mullany (2006) that male partner's education plays a major role in women's reproductive health. It was analyzed that instruction about health care services for the period of the antenatal period can diminish the pregnancy or delivery complications and improve birth outcomes. It was identified that educating men about physical condition care of the family was highly promote the health-seeking behaviors such as antenatal care (ANC) and child booster. It was found that women who were educated with their husbands were highly prepared for birth as compare to women who were receiving no education.

Marie Furuta and Sarah Salway (2006) found that women's education play a significant role regarding their decision about health in Nepal .It was highlighted that those women who had no education or less educated having less decision making power about health as compare to educated women. Husband's education also plays a similar participation in maternal health care. Education women were usually received antidotal or delivery care as compare to educated women. It is identified that an educated woman were more influenced to her mother-in-law's decisions and on the other hand set up the new ideas in family about the value of skillful health services and to give them new thoughts about the importance of skillful health care. It was suggested that there is a need to recover husband-wife strengthen and communication that influence the women inside household.

Simkhada et al.(2006) identified the problems facing maternal health in Nepal. It was found that majority of the women were dependent on their husband or laws about spending money for health so most of the women do not take ANC visit that leads to high mortality. It was identified that women's were having not having the rights surrounded by family and community and even for receive care during pregnancy and childbirth also. It was found that conditions of roads or

infrastructure were very poor in rural areas that lead to difficulties during pregnancy. It was analyzed that there was no telephones facilities so complications arises during the pregnancy. It was suggested that improve in women's educational status is the best way to improve the maternal health as well as women's status in the society.

Qureshi and Shaikh (2007) examined the women's precise regarding maternal health is retreating in developing country due to social and cultural barrier that restrict their empowerment .It was found that maternal mortality rate and infant mortality rate was high in Pakistan. The family played an important role in women's substantial, community and maternal arrangement. Mother's small position, schooling and less decision making power on their own life was not positively related with health and with family. It was suggested that there is a need to develop women's skill by giving them opportunity .There is a need to build some small-scale business to give them employment. State need to promote the girl's schooling and girl's employment schemes.

Babar T. Sheikh, Juanita Hatche (2007) found the factor that affect health care utilization in Pakistan. It was analyzed that people of rural areas were mostly dependent on government dispensers and paramedic because of social mobility. It was found that in many of the primary health care facilities no doctors were there and there were less female doctors to look for women patients. It was identified that in rural areas lack of qualified staff, medicines and quality of care was there. It was suggested that there should be more focus on the rural areas because it was lacking behind the facilities.

Effendi R. et al. (2008) has identified the factor that relates to utilization of antenatal care (ANC) among postpartum mothers in Indonesia. It was found that women whose husband had low educated were less likely to ANC visits than the high educated women and women whose husband were laborers were less attending the ANC visit. It was highlighted that due to socioeconomic and demographic factor ANC utilization was low. It was analyzed that women with high study and high knowledge were having positive attitude towards ANC. It was suggested that antenatal care services was important factor for utilization of maternal health.

Fotso et al.(2009) highlighted the demand of underprivileged women for MHC. It was found that there was a relationship among the household's wealth, education and physical condition

correlated to location of delivery. It was identified that the effect of mother's self-sufficiency, rights and liberty was weak on maternal women. It was highlighted that there is a need to improve women's livelihoods and women's schooling of expert MHS. It was analyzed that women's autonomy is associated with women's education and selection for place of delivery. Women's autonomy is found as a component of MHS utilization. It was explored that there was a strong relationship among utilize of ANC and childbirth services.

Adhikari and Sawangdee (2011) examine the factors that affect infant mortality in Nepal. It was found as non-educated women were less experienced about child deaths than skilled women. Skilled women were highly accomplished about their physical condition were capable to modify the conventional balances about autonomy. It was identified that child deaths were minor within the mothers which was independent about to take their rights about their health. It was found that Mother's less education and supervisory about wellbeing is the major factor for affecting or reducing infant mortality

Karlsen et al. (2011) identified the factor that associated the high mortality. It was found that females with lower education level was frequently as compare to those women which were highly educated .It was highlighted that female education and maternal mortality are related to each other.

Singh et al. (2012) found the cultural and social attribute that influence the exploitation of MHS amongst rural minor women. It was found that exploitation of secure deliveries care were considerably less amongst Muslim women compare to other women that belong to another religious. It was identified that education has a important determinant on the use of MHS. It was analyzed that policies and programs of government should be there to recover education opportunity for rural minor girls. Those women which were included in higher order birth was expected to use less maternity care services .It was suggested that birth order must be using to target schooling and knowledge for safe motherhood programs in rural areas.

Ergano et al. (2012) observed the consequence of society and major health care intervention on MHS exploitation. It was found that MHS utilization was affecting via women's grow old, learning, family unit, matrimonial position, first wedding, belief, accessibility of capable health check and essential moment to travel to the nearby health services. It were analyzed that ANC

was a high crash on maternal health. It was suggested that antenatal care is a important key to reduce maternal mortality and it has a positive impact on it. It was found that education has a positive impact on ANC services. It was analyzed that high-risk pregnancies was covered by ANC services

White et al.(2012) identified that maternal morbidity and mortality was highly influenced by the condition of ANC, appropriate postnatal care and institutional delivery .It was found only few of women receive the WHO's suggested antenatal care(four or more) visits from a capable provider, the majority of the women were delivering at home and few receive postnatal care. Study contributed to accepting the authority of interpersonal and social factors about mother's health status thereby to design the programs and policies to improve the health of women is characterized by high maternal mortality.

Koch et al. (2012) found the effect of administrative boundaries on mother's health. It was identified that constraint about abortion was the major factor for child mortality in many of the developing countries. It was found that most of the maternal deaths were caused by abortion prohibition. It was highlighted unsafe abortions were the reason for maternal mortality. It was suggested that without mother's schooling level and accessibility of MHS facilities, medicine and trained workers were not sufficient for improving mother's health. It was found that schooling of the women were highly associated through maternal mortality.

Mahapatro (2012) found the socio economic factor that influence of maternal health care utilization. It was highlighted the ratio of women utilization and motherly and child born care was high in urban area as compare to rural areas. It was found that due to lower accessibility of modern health, lack of transport ,high cost of transports women and children in rural areas were lacking behind as compare to urban states. It was highlighted that socio-economic and demographic variables was a significant factor for health seeking behavior of women. It was found that women having more education were expected to exploit the maternal health services compare to those women which were not educated.

Pokhrel et al.(2012) explored condition of health for the duration of gravidity and baby born amongst the women in Biratnagar. The women's small position in the public, non availability of access and problem of terrain geographical, poverty, illiteracy were main reasons affiliated on

behalf of poor maternal health position. It was found that role of the family was the main factor that associated for health behavior seeking during pregnancy and also during childbirth used for MHS. It was analyzed that small individual position, Illiterateness and scarcity within the women were main challenge during child birth and pregnancy. It was found that type of family (joint/nuclear) had also impact on the health seeking behavior of the women.

Reuben K. Esena Mary and Margaret Sappor (2013) associated the factor of utilization of skilled delivery services in the Ga East and identified the attributes which contributed toward the low down uptake of skilled care in Ga East Municipality. It was found that most of the women do not search for skilled care due to high charge of health, the detachment of health facility, and due to superiority of care that arises complication in deliveries so health facilities user fee found as one of the determinant of utilization of skilled delivery services. It was analyzed that quality of service plays a important role in health seeking behavior. It was found that cost of skilled care play a major role for maternal health.

Rakesh Kumar Singh and Shraboni Patra (2013) found that there are significant variations in the utilization of antenatal facilities in EAG (Empowered Action Group) states of India. It was found that women who had experienced about pregnancy were attending the ANC. It was found that, religion, education level, caste and wealth index were a major factor that contributes utilization of maternal care. It was suggested that there is a need to set separate policy for maternal care in EAG states and there should be awareness for illiterate and scheduled caste/tribe peoples. It was identified that antenatal care is one of the most important factor for controlling maternal morbidity and mortality.

Kitui etal. (2013) identified risk factors or the factors which affect delivery place for maternal women in Kenya. It was found that distance or were not have transportation found as major reason that leads to difficulty in physically accessing a health facility so the mothers in Keneya delivery at from expert health worker. It was found that those women receiving regular antenatal care services and those with small equality were more expected to deliver in a health facility. It was analyzed that substantial way to get good health facilities due to lack of transport distance and economic consideration were significant barrier for maternal health.

Ganesh Dangal and Tutsi Ram Bhandari (2014) analyzed that women's autonomy was affected by individual attributes about girl as well as socio-cultural laws .It was found that learning attainment, employment, earning, spousal age difference, type of family were the major factor that indicate the women's rights regarding the utilization of maternal and reproductive health care. It was found that most of the deaths occurred due to low resources of health facilities. The maternal health care services found as a major factor that contributes for higher maternal morbidity and maternal deaths in many developing countries.

Nigatu et al.(2014) identified that individual's earnings were highly connected with autonomy of women. It was found that higher household women's monthly earning was more likely to be extremely self-sufficient compare to other area. In nuclear families women were less likely to be autonomous. It was analyzed that individual's livelihood was linked with autonomy of a women those were have an working husband were highly independent compare to other women which were had jobless husband. In nuclear family women was not as much autonomous. Their autonomy might be disapprovingly affected if women live with mother-in-law.

Rawat et al.(2015) found the correlation among socio-economic status and ANC. It was identified that higher level of women's education has a greater impact of maternal health facility. It was analyzed that women with having higher education were more aware about their health and access to health care facilities. It was found that husband's education also plays a important role in women's access health. It was found that socio-economic position, women's schooling, category, born categorize were major determinant of maternal care. It was suggested that promoting mother's education will have greater outcomes on MHS.

CHAPTER-III

RESEARCH METHODOLOGY

The present chapter deals with the research methodology applied for the analysis of the data.

3.1. RESEARCH DESIGN

The type of research is descriptive research. It will be conducting among the utilization of maternal health in Jalandhar.

3.2. DATA COLLECTION

Primary data has been collected from public and private hospitals randomly. For the collection of data a questionnaire will be prepared. Questionnaire will consist of three parts; first part of the questionnaire will include profile of the respondents. Second part includes direct cost and indirect cost due to outpatient care of maternal health. Third part of the questionnaire measures the direct cost and indirect cost due to inpatient care. Fourth part of the questionnaire socio-economic implication of maternal health care utilization.

3.3. SAMPLE

The sample size of the present study will be 100 respondents who will be suffering from women's autonomy in maternal health from the past one year.

3.4. SAMPLING TECHNIQUE

The convenience sampling technique has been used for collection of the data.

3.5. METHOD OF DATA ANALYSIS

The analysis of the data has been made the help of mean, median, percentage, frequency and t-test.

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