

Better Care at Home': Is it a cultural barrier in utilizing maternal health care services among currently married women in India

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Objective: The need for culturally appropriate health facilities is core to WHO's mandate on 'Health For All' and considered pertinent to care during pregnancy, childbirth and postnatal period. But due to the geographical diversity there exist different cultural beliefs and practices especially on health care. Cultural factors like beliefs exert an important factor in accessing health care services, choice, and practices. Therefore the study intends to analyze the perception and practices of maternal health care utilization, the reason for non institutional delivery and skilled birth attendant for last delivery among the Indian women.

Method: Study uses India Human Development Survey 2011-2012 (IHDS-II). IHDS-II covered issues on maternal health care, education, employment, economic status, marriage, fertility, gender relations, etc. It was jointly conducted by the University of Maryland and the National Council of Applied Economic Research (NCAER), New Delhi, India. Present study is based on 13,832 currently married women of 15-49 years, who gave birth during last three years of the survey. Bivariate statistics are used to assess the association, and bivariate probit model is applied to know the joint probabilities of unskilled birth attendant and home delivery among women.

Results: It is found that the main reasons for women resort for home deliveries are because of cultural factor (62%) followed by lack of awareness. Result reveals that 43% of deliveries are attended by friends/relatives and 36% by traditional birth attendants. Bivariate probit model displays that women with higher education, higher income and urban residence are more likely to go for skilled birth attendant as well as institutional delivery; whereas women with higher parity and no ANC visit are less likely to either go for institutional delivery and skilled birth attendant ($p < 0.01$). One of the interesting findings is that women who reported that they did not avail skilled birth attendant as well as had home delivery are less likely to report delivery and post partum complications. The joint probabilistic from the model shows that 22% women will neither avail skilled birth attendant nor institutional delivery.

Conclusion: Non-institutional delivery poses a great risk for survival to both mother and child, and challenge to the Government. In India, although there are various programmes designed to improve maternal and childhealth, for a large proportion of women it is customary to deliver at home without any skilled birth attendant. In the absence of complications, in many parts of the country, it is not culturally acceptable to visit health care. Such culture and behaviour is the challenge in achieving the Sustainable Development Goals (SDGs) no. 3 - to improve maternal and childhealth.

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