IJNRD.ORG ISSN : 2456-4184
INTERNATIONAL JOURNAL OF NOVEL RESEARCH AND DEVELOPMENT (IJNRD) | IJNRD.ORG
An International Open Access, Peer-reviewed, Refereed Journal

# Use of maternal health care services in Bihar

**Sanchita Gour**
Research Scholar (Home Science)
Patna University,Patna (Bihar)

Abstract: - The use of maternal health care services is a complicated issue that is affected by a number of variables. Therefore, the goal of this study is to use the DLHS-III to analyse maternal healthcare service utilization and the factors that influence it at the community and regional levels. All of these things have been analysed using bi-variate and multiple logistic regressions. In poor nations like India, enhancing maternal health has proven to be quite difficult. This study examines how women feel about the caliber and satisfaction of the services provided for maternity health. It was carried out in Bihar with qualitative techniques. The results shows that maternal health has improved, particularly with the rise in institutional childbirth services. The Janani Suraksha Yojana (JSY)'s implementation is responsible for this. However, there are a number of difficulties. The human treatment and social care that can be produced through social sensitivity and other beneficial desired behavioral changes are, in our opinion, the most critical needs. However, maximal delivery was found to be typical in both rural (98.5%) and urban (88.4%) settings. The percentage of births that had been carried out by untrained people was equally high in both rural (96%) and urban (89%) settings. A total of 65%, 29%, and 28% of ANCs, institutional deliveries, and PNCs were used, respectively. The use of ANC services and services at the time of delivery varied greatly and significantly across rural and urban settings. The most significant factors of ANC usage and institutional delivery were caste, birth order, mother's education, and the socioeconomic level of the household. Increase the use of maternal health services at the community level, and keep your attention on the most vulnerable members of your community (the poor and SC/ST groups), as well as regional awareness campaigns.

**Key words: Maternal Health Care Services, JSY, ASHA, Community Development, Bihar.**

## Introduction

Usage of maternal medical services administrations remained feeble in the vast majority of emerging nations like India, notwithstanding expanding private and public areas for cutting-edge medical services administrations.

Considering high maternal mortality, the substandard status of ladies other than the sketchy nature of administrations, and investigating the elements that influence the use of maternal medical services It was extraordinary among young ladies and needs quick consideration with regards to conceptive privileges and human morals. Ladies of the conceptive age group were the most vulnerable piece of the populace in the event of medical problems, particularly when they became mothers. Maternal wellbeing alludes to the soundness of women during pregnancy, labor, and the pregnancy period. Because of inconveniences during pregnancy or labor, in excess of 350,000 women pass on every year. Among these, very nearly 100% of the demise was in non-industrial nations. The decay pace of maternal mortality is extremely sluggish, yet the required yearly decline rate is 5.5 percent to meet the MDG focus of diminishing by 3/4 the maternal mortality proportion by 2015. A portion of 1,000,000 ladies kick the bucket every year, and, what's more, 300,000,000 ladies on the planet experience the ill effects of long-term or momentary sickness achieved by the absence of medical services during pregnancy and labor (UNICEF 2009). India alone records a fifth of the worldwide maternal mortality. In India, different endeavors have been attempted under Conceptive and Youngster Wellbeing, Stage II (RCH-II) to work on maternal and kid wellbeing. One original effort is the Janani Suraksha Yojana (JSY). JSY is a protected parenthood medication under the Public Rural Wellbeing Mission (NRHM) and is being executed with the target of decreasing maternal and neonatal mortality by advancing institutional conveyance among the poor pregnant ladies. JSY, sent off on April 12, 2005, is being executed in all States and Association domains, with an accent on low-performing States like Uttar Pradesh, Uttaranchal, Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Assam, Rajasthan, Orissa, and Jammu and Kashmir. These are called low-performing states (LPS) as they have low institutional conveyance rates. JSY centers around poor pregnant ladies and offers a restrictive money move (CCT) plot for institutional conveyances. It is a 100% halfway-supported plan, and it coordinates cash help with conveyance and post-conveyance care. JSY has distinguished Certify Social Wellbeing Extremist (ASHA) as a successful connection between the public authority and the poor pregnant ladies. According to the rules of NRHM, the job of ASHA, or other connection wellbeing specialist related to JSY, is to distinguish poor pregnant ladies as recipients of the plan and report or work with enrollment for Antenatal consideration (ANC). The ASHA is supposed to help pregnant ladies get essential confirmations at any important place as well as help them get no less than three ANC tests, including TT (lockjaw pathogen) infusion and IFA (iron and folic acid) tablets. ASHA ought to likewise distinguish a practical government wellbeing focus or a licensed confidential wellbeing establishment for reference and conveyance. They are expected to advise on institutional conveyance, escort the recipient lady to the foreordained wellbeing place, and remain with her till the lady is released. 32% of Indian ever-hitched ladies announced being denied in one of the three aspects; 43 percent were denied in none. A lady denied in every one of the three aspects was more uncertain than those not denied in any. Who got ANC or PNC? A birth that happened with clinical help was more modest for denied ladies in three aspects than for those denied in none. These examples were right for each larger Indian state. Differentials in usage of maternal consideration administrations were higher across hardship levels in states where administration inclusion was low than in states where administration inclusion was

high. In addition, pay contrasts in admittance to maternal consideration were enlarging across and inside nations as unfortunate ladies were getting less administration than the people who were in an ideal situation. The decrease in utilization neediness isn't related to a decrease in hunger or an improvement in the wellbeing of the populace. In some cases, more than 2 out of 5 Indian kids under five are undernourished, and a big part of the ladies are frail. Medical services funding plans shift across nations and inside a nation over the long run with government change. These varieties have solid ramifications for money appropriation, yet they also influence the way medical services are used. The mix of family arrangements was more adequate for the essential, basic objective. The subsequent goal was to make the program productive and savvy through the better utilization of wellbeing focuses and a wellbeing workforce. India is one of the emerging countries with a high rate of maternal mortality. The government sent off numerous maternal medical services (MHC) projects to diminish MMR and some other unexpected maternal and child problems. However, it actually needs to be completed to satisfy the Thousand Years Advancement Objective. Advancing MCH is one of the fundamental parts of the RCH program for ladies to get no less than three antenatal examinations, two Lockjaw Pathogen infusions (TT), and a full course (100 tablets) of Iron and folic acid corrosive supplementation. Male wellbeing Aide at PHCs 1863 required. Thus, there is a need i) to break down the usage of maternal medical services administrations and ii) determinants that influences use of maternal medical services administrations in Bihar.

**The Study**

This study was conducted in the territory of Bihar, which is one of the great center states under NRHM. Among the 39 regions of Bihar, Patna, being the state capital, is generally illustrative of the financial status of the state. Patna has an all-out populace of 4,718,592, of which 58% are rural. The MMR in Patna is 268 while the TFR is 2.3. Regardless of having the highest extent of institutional births (68.3%), Patna ranks least concerning MCH. Because of these aggregate reasons, the Patna was picked. The center region was Bihta, the forthcoming outer municipality of Patna, where new instructive establishments, including the super durable grounds of IIT Patna and different offices, are being arranged. The point we are attempting to make is that Bihta is supposed to provide general medical care offices and, in this way, would act as a significant space to assess a significant public strategy of the public authority. Subjective techniques were utilized in this review to zero in on understanding discernments, issues, and difficulties in regards to maternal fulfillment with wellbeing administrations. 32 top-to-bottom meetings (IDIs) and eight center gathering conversations (FGDs) were directed locally with ladies and the specialist organizations at the essential level. The ladies incorporated the people who have as of late conveyed as well as eager moms. The review centered on Level I offices in the general wellbeing framework. Level I offices incorporate births at Wellbeing Sub Focuses, Essential Wellbeing Places, Extra Essential Wellbeing Communities, and at home. In this region, just ordinary conveyances occur at the Local area Wellbeing centers, so these offices are likewise important for the review. In like manner, information on conveyances led between June 2021 and August 2023 was gotten from the region's wellbeing data framework, and a rundown of utilitarian Level I offices was distinguished. From each useful office, the rundown of ladies who had conveyed in the referenced time span was gotten from ASHAs, and the

respondents were chosen arbitrarily. To comprehend issues and difficulties in regards to maternal fulfillment with wellbeing administrations, top-to-bottom meetings and FGDs were additionally directed with ASHA, Conventional Birth Orderly (TBA), and ANM, as they are the primary contact points in giving maternal medical care at Level 1 offices. First, inside-and-out interviews were led, and, in view of the reaction and primer examination of the discoveries, the FGD guide was additionally refined and conversation was directed. The respondents were generally 18–28 years of age and were, for the most part, unskilled. A couple had accomplished an essential degree of instruction. The vast majority of the respondents were lower-ranking Hindus. This can be attributed to the discoveries of a prior study that inspected the rank variety in the regenerative wellbeing status of ladies. Most of them have Below Poverty Line (BPL) cards, and their spouses fill in as workers. In the vast majority of cases, they have 2–3 kids. Throughout our examination, we understood that the individuals for whom JSY was implied were intensely dependent on the ASHA laborers. One can comprehend this dependence as the number of inhabitants in the review was principally low-status, provincial, and unskilled. Because of this, we needed to go through ASHA laborers to reach the members. In any case, our point was to grasp the encounters of ladies and, when we reached out to them we attempted our level best, utilizing sociology systems, to fathom their encounters and assumptions about maternal wellbeing. A few variables emerged from the examination of our information. A portion of these validated the current examination writing, while a few supplemented it. Notwithstanding, some stuck out, and they guide us to take a new gander at maternal wellbeing and the methodologies we have for it.

**Objectives**

- The main objective of this study was to assess the maternal health situation of Bihar and MP based on National Family Health Survey (NFHS-3) and 4 fact sheets.
- To restore, promote and maintain health of mother and baby
- To establish good nutrition of the baby.
- To prevent complications.
- To promote breast feeding.
- Reduce maternal mortality and morbidity.
- Reduce per natal and neonatal mortality and morbidity.
- Regulate fertility so as to have healthy children when desired.
- Provide basic maternal and child health care to all mother and children.
- Promote and protect health of mothers.
- Promote and protect physical growth and psycho-social development of children.

**Vulnerability Measures**

To figure out numerous hardships/weaknesses, a variable coordinating the three components of hardship in light of schooling, riches, and rank was built as they were utilized in the Human Neediness Records and the Multi-faceted Destitution File (rather than standing, they utilized wellbeing). The low training classification is named for those ladies who didn't finish five years of tutoring. For training, a lady is viewed as denied or powerless on the off chance

that she revealed in her singular overview that she had not finished five years of tutoring. This cut-off is picked in light of the fact that individuals with a couple of long stretches of schooling have been found to have better wellbeing than those with no training. As NFHS doesn't gather data on utilization or pay of the family, family monetary intermediaries like lodging quality, family conveniences, and purchaser durables were utilized to develop the composite abundance quintile. The individuals who are the most unfortunate or less fortunate from the abundance quintile as such have been considered financially "poor" and center, more extravagant, and "nonpoor." Standing, a lady is thought of as powerless in the event that she has a place with a booked station or Planned Clan. Utilizing the three components of weakness in view of schooling, abundance, and position, eight classes of weakness are conceivable: training, riches, and station; schooling and riches; instruction and standing; abundance and rank; just training; just abundance; just station; and none. The first four classifications characterized weakness for quite a while; the following three covered every aspect; and the last class covered none. The state-level information is adequate to show differentials in MCH care for every one of the eight classes of weakness or hardship.

**Discussion**

The utilization of maternal wellbeing administrations in Bihar remains low in comparison with other Indian states. For occurrences, the examination in this study shows that 62.0 percent ladies got any ANC, 5.6 percent full ANC, 32.7 percent institutional conveyance, and 35.1 percent PNC at present in Bihar. Notwithstanding, Kerala had practically widespread inclusion in the utilization of maternal wellbeing administrations, including any ANC (98.8%) and the utilization of institutional conveyance (99.5%). Similarly, high figures were likewise tracked down in Tamil Nadu and Andhra Pradesh (DLHS-3, 2007–08). A review of the local area-level impact of the use of regenerative and maternal wellbeing administrations directed in the Uttar Pradesh (U.P.) province of India, detailed solid local area-level management on help use, albeit the sort of local area impact differed according to administration type. This concentration further shows that individual and family factors in deciding an individual's use of administration were influenced by the qualities of the local area in which the individual lives. The result of this study exhibited the need to look past people while inspecting medical care for conduct. The review shows areas of strength for exceptional follow up on higher family financial status with the use of each of the four signs of maternal wellbeing administrations. Prior examinations have likewise detailed a positive relationship between financial status and any antenatal consideration, institutional conveyance, and postnatal care. Findings related to the high impact of more elevated levels of ladies schooling on the utilization of maternal wellbeing administrations are uniform across different investigations in India and different nations. The higher educated ladies are more mindful about their wellbeing, the accessibility of maternal medical services administrations, and the utilization of this mindfulness and data in getting to the medical services administrations. Spouse Training could play a comparable role in going with the ladies' admission to the wellbeing administrations. In country settings, maternal wellbeing administrations are conveyed through government-run CHCs, PHCs, and Sub-Wellbeing foci. In metropolitan settings, these administrations are performed by clinical universities, local and common clinics, and

metropolitan wellbeing posts. Maternal wellbeing administrations from nursing homes, confidential medical clinics, wellbeing focuses, and confidential experts are likewise helped in both rural and metropolitan settings. Admittance and accessibility of medical care administrations are expected to be more prominent in metropolitan settings. The discoveries of this study in regards to the more grounded impacts of metropolitan home on the utilization of any ANC administrations and institutional conveyance are consistent with the aftereffects of past examinations. No impressive contrasts in the utilization of any ANC were tracked down among Hindu and Muslim ladies. The use of any ANC and institutional conveyance administration assumes a critical role in age, ladies schooling, standing, abundance record, district, and birth request, though there was a striking impact instead of home, station, abundance file, locale, and birth request in post pregnancy care in our review. A multi-stage concentrate in southern India showed that the position had shifted on the utilization of maternal medical care administrations in an alternate state. Lower rank was a more grounded result of institutional conveyance in UP, though in different states, planned standing or booked clan diminished the probability of utilizing maternal wellbeing administrations. This investigation discovered that the utilization of PNC was very much controlled by the location of the home. It very well may be on the grounds that all ladies who conveyed their children in wellbeing offices were given PNC before releasing them, and giving or looking for PNC was irrelevant in the instances of home conveyances, paying little mind to home in metropolitan or provincial settings. Apart from these certified paramedical and clinical faculty, an immense organization of unfit specialists likewise lays out a tremendous piece of private medical care in the state. The capability of private medical care suppliers to control the use of maternal wellbeing administrations should be additionally explored. It is additionally astounding that hatred has a high shortfall of wellbeing offices and HR for medical services in the SC/ST populace. This issue should be further explored. Further examination is likewise expected to portray the territorial level variables related to the usage of maternal wellbeing administrations. Additionally, the capability of financial turn of events, status of orientation value, populace wellbeing staff proportion, and strengthening of ladies at the area level might be explored in such a manner. The result of this study has a contingent connection to proof-based programs for maternal medical care. These results highlighted the need for taking staggered approaches alongside examining the elements influencing the utilization of maternal wellbeing administrations at individual, local area, and territorial levels. The amount of variety at the local area level found in this study shows the need to contextualize endeavors for expanding the use of maternal wellbeing administrations. This concentration additionally uncovered the presence of a few unmeasured elements at the local area level impacting the use of maternal wellbeing administrations. Consequently, taking on area explicit methodologies alongside portraying and tending to locale level variables influencing the use of maternal wellbeing administrations will improve yield.

**Limitation of the Study**

This study has few impediments that should be considered when deciphering the results. The third round of DLHS is an information hotspot for this study, which depends on the detailed data of respondents. Despite the fact that there are worries about self-revealed conduct, it is fair to consider that predispositions are more uncertain in

maternal medical services-related issues in the context of other delicate issues like sexual ways of behaving. Optional information utilized for this investigation was from a cross-sectional overview. In this way, we could analyze the relationship between illustrative factors and four marks of the use of maternal wellbeing administrations. It couldn't show the decision about causality. It very well may be certain that the connections found are expected to manage unmeasured individual, local area, and territorial-level factors that are connected with both reliant and autonomous factors in our assessed models. A few connections of maternal medical care use are absent from this investigation, like the distance of wellbeing offices from the spot of home, and this might have impacted the examples of use of maternal wellbeing administrations.

**Conclusions**

As we have seen, interpersonal behaviours of the providers, the influence of community health workers in choosing the place of delivery, accessibility of the health facility, emotional support during delivery, belief in clinical care in terms of the presence of skilled staff, availability of medicine, and lastly the cost of the services all affect women's decisions to have institutional or home births. This study looked beyond the effects of individual factors and examined how factors at the local and regional levels affected the use of maternal health services. The likelihood of utilising maternal health services was consistently higher in metropolitan areas. On each of the four indicators of the use of maternal health services, we discovered sufficient diversity at the community and region of residence. Between rural and urban settings, there was a considerable difference in the usage of ANC services and other services at the time of delivery. Utilisation of maternal health care produced intriguing results in terms of influencing factors, that has a considerable conditional relationship with an evidence-based maternal health programme. The most significant factors of ANC usage and institutional delivery were the socio-economic position of the family, the mother's education, caste, and birth order. In order to increase the use of maternal health services, it is best to encourage mother education. The findings of this study demonstrated that using any ANC enhances the likelihood of delivery in a hospital. This ultimately boosts PNC usage. Therefore, it is essential to encourage pregnant women to use any ANC. Maternal health care should be given more attention because of the importance of particular groups' access, including SC/ST, the poorest, and higher birth order groups. Increase maternal health service use in Bihar in addition to individual levels. Therefore, there is a constant need for regional-level interventions and to concentrate on the community's most vulnerable groups (the poor and SC/ST groups). Future research into the factors responsible for the unexplained regional and local variances in the use of maternal health services is necessary. Women are much more likely to choose to birth in a facility when it is readily available, affordable, and there is accessible transportation. It is necessary to address the availability of laborer and the provision of medication during labour and delivery. When choosing where to give birth, women are careful to account for both official and informal costs since costs and financial incentives do matter.

**References**

[1]. Shrivastava R, Singhal M, Joshi A, Mishra N, Agrawal A, Kumar B. Barriers and opportunities in utilizing maternal healthcare services during antenatal period in urban slum settings in India: A systematic review. Clinical Epidemiology and Global Health. 2023 Jan 21:101233.

[2]. Barman K, Roy R, Adhikary M, Saha A, Debnath T. Role of Demographic and Socio-economic Factors for Influencing on Utilization of Maternal Health Care Services Among the Scheduled Tribe Women: An Experience from the EAG States of India. Global Social Welfare. 2023 Mar 6:1-5.

[3]. Prasad RD, Ghosh K, Shri N. Does health insurance coverage improve maternal healthcare services utilization in India? Evidence from National Family Health Survey-5, 2019–21. Journal of Public Health. 2023 Jun 13:1-3.

[4]. Shri N, Singh M, Dhamnetiya D, Bhattacharyya K, Jha RP, Patel P. Prevalence and correlates of adolescent pregnancy, motherhood and adverse pregnancy outcomes in Uttar Pradesh and Bihar. BMC Pregnancy and Childbirth. 2023 Dec;23(1):1-2.

[5]. Raghunathan K, Kumar N, Gupta S, Chauhan T, Kathuria AK, Menon P. Learning together: experimental evidence on the impact of group-based nutrition interventions in rural Bihar. World Development. 2023 Aug 1;168:106267.

[6]. Sahu S, Mehta PK. Implications of Policies on Maternal and Reproductive Health in Bihar. Global Social Welfare. 2023 Jun 17:1-0.

[7]. Bango M, Ghosh S. Reducing infant and child mortality: assessing the social inclusiveness of child health care policies and programmes in three states of India. BMC Public Health. 2023 Dec;23(1):1-8.

[8]. Haggenmüller V, Bogler L, Weber AC, Kumar A, Bärnighausen T, Danquah I, Vollmer S. Smartphone-based point-of-care anemia screening in rural Bihar in India. Communications Medicine. 2023 Mar 22;3(1):38.

[9]. Sharma S, Singh L, Yadav J, Gupta U, Singh KJ, Rao MV. Impact of COVID-19 on utilization of maternal and child health services in India: Health management information system data analysis. Clinical Epidemiology and Global Health. 2023 May 1;21:101285.

[10]. Singh A, Kumar V, Singh H, Chowdhury S, Sharma S. Assessing the coverage of full antenatal care among adolescent mothers from scheduled tribe and scheduled caste communities in India. BMC Public Health. 2023 May 1;23(1):798.

[11]. Sharma H, Singh SK. The burden of unintended pregnancies among Indian adolescent girls in Bihar and Uttar Pradesh: findings from the UDAYA survey (2015–16 & 2018–19). Archives of Public Health. 2023 Dec;81(1):1-6.

[12]. Patel SS. Explainable machine learning models to analyse maternal health. Data & Knowledge Engineering. 2023 Jun 3:102198.