

Utilization of Maternal and Child Health Care Services among Muslims in India

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Introduction:

Every year millions of women, newborns and children die from preventable causes. While the interventions that could save their lives are widely known, particularly in India they are often not available to those who are most in need. One of the UNICEF's leading priorities across the world is to ensure that every child has the best possible start to life—a safe birth, sound newborn care with good nutrition emerged as a healthy child. But these priorities face some of the toughest challenges in India. Despite major improvements in the last 30 years in health system in India, lives continue to be lost to early childhood illness and inadequate newborn care and childbirth related causes. For these infants and children who do survive, the prevalence of early childhood illness poses a serious threat to their growth and development.

According to the World Bank most of the maternal and child death in India can be prevented; many are due to the lack of appropriate care during pregnancy and at the time of childbirth, inadequate services for identifying and managing complications. However a large proportion of women and child still do not receive antenatal checkups inability to meet the cost related to visiting a health facility, their thinking that it is not necessary, lack of knowledge and inadequate health services etc (IIPS, 2002).

There is a wide gap in the utilization of maternal and child health care services among the Muslims in India (Reproductive and Child Health Survey, Phase II, 2002). Certain sections of the population are poor and could not get the existing medical care facility.

In view of the above, an attempt has been made to study the differentials, accessibility, utilization pattern and factors affecting on utilization of maternal and child health care services among Muslims in India.

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Rationale of the Study:

The present study is aims to analyze the inequalities existing among the Muslims in the utilization of maternal and child health care services and there is a need to identify some of the factors responsible for such equalities

Several studies have been conducted in the general area of utilization of health care services so it is important in any health service utilization study to find out the awareness of health needs before analyzing the utilization pattern. To get a clear idea about the perception regarding the need for curative health care, we should know the people's knowledge of illness, cause of occurrence, kind of health services (allopathic, homeopathic and ayurvedic etc) available and sought and type of health centers visited, those who have not explored the health needs, reasons and factors affecting on utilization of maternal and child health care services among Muslims.

Data Source and Methods:

For the analysis purpose data has been used through RCH-2002, District level household survey (DLHS-2) 2002-2004 and Facility Survey under Reproductive and Child Health Project (2002-2003). By using SPSS (Statistical Package for Social Science), bivariate analysis techniques will be used to understand the variations in socio-economic and demographic parameters of maternal and child health care services. A logistic regression model will also be used to assess the factors and variation of different determinants such as socio-economic, demographic and maternal and child health care contain indicators on utilization of health care services.

Objectives:

1. To find out the occurrence of maternal and child health care service among the Muslims in India..
2. To investigate the extent of utilization of health facilities among the Muslims in India.

3. To explore that at to what extent eventual socio-economic inequalities are explained by differences in demographic determinants and health needs among the Muslims.

Conclusion:

Women's relatively low status particularly among Muslims and the risks associated with reproduction exacerbate what is already an unfavorable overall health situation. Though the proportion of women who had received antenatal check-ups from a doctor increased steadily with education and standard of living, but among the Muslim women received very less antenatal check-ups in India (Table 1). At present, only one-third of the deliveries in India take place under the guidance of trained person, while the remaining are home deliveries. In fact, this is part of the problem faced by Indian women in relation to their access to basic and good quality health care services.

Saving the millions of women, newborn and children who die each year from preventable causes attends the alarming challenge. Creating MCH services of care can result in considerable progress towards achieving these goals.

The aim of a welfare state must include at least the right of every baby particularly for the Muslims to be given an equal chance to live, to be educated and to be enabled to develop its skills commensurate with its ability, to attain adulthood and the right to work, to have minimum standard of life, and thus to contribute the personal and social progress of the communities.

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Table 1: Percentage Distribution of Utilisation of Maternal and Child Health Care Facility among Muslims in India

MCH Services	India	Muslim
Antenatal Checkup		
Any ANC Check-up	73.4	68.8
ANC at home by ANM	6.1	2.3
Doctor	50.8	71.7
ANM/Nurse/LHV	18.4	12.2
Other health professionals	0.3	0.4
Other	0.7	1.3
Place of ANC Check-up		
ANC check-ups only at home	6.1	3.4
Government health facility	32.6	31.3
Private health facility	29.5	30.2
PHC	9.8	6.7
SC	9.1	9.6
ISM facility	4.9	5.6
Other	4.7	2.4
Women Received Antenatalcare		
ANC check-up in the first trimester of pregnancy	40.2	37.5
Three or more check-ups	50	46.8
At least one tetanus toxoide injection	80.1	77.5
Adequate amount of IFA	20.4	18
Full ANC check-ups	16.4	14.5
Place of Delivery		
Public	18.7	17.3
Private	21.8	21.1
Home	59	61.3
Other	0.5	0.3
Assistance During Home Delivery and Safe Delivery		
Doctor	14.6	4.1
ANM/Nurse/LHV	7.4	5.7
TBA	11.2	11.6
Untrained Dai	50.8	57.3
Relative/friends	24.8	20.2
Non	1.2	1.1
Immunisation		
Initiation of Breastfeeding		
Within two hours of birth	27.7	26.5
Within one day of birth	43.8	42.7
After one day of birth	55.3	56.3
Percentage whose mother squeezed first milk from breast	56.6	56.6

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Vccination of Children		
Polio	43.0	39.2
BCG	75.0	63.8
DPT-1	73.2	61.8
DPT-2	67.1	55.5
DPT-3	58.2	47.7
Polio-1	72.5	62.1
Polio-2	67.1	56.5
Polio-3	57.2	47.3
Measeles	56.0	44.9
Full vaccination	45.8	36.1
No vaccination	19.8	30.1
Vitamin A and IFA Supplimentation for Children		
Percentage who received at least one dose of vitamin-A	3.1	25.5
Percentage who received IFA tablet/syrup	5.4	4.1
Awareness of Diarrhoea (Type of practices)		
Knowledge of diarrhoea management	64.7	67.5
Give ORS	27.6	26.8
Salt and sugar solution	31.4	35.7
Continue normal food	4.8	4.6
Give plenty of fluids	6.6	6.7
Continue breastfeeding	6.2	6.7
Don't know	33.6	31.1
Awareness of Pneumonia		
Percentage of wonem aware of danger signes of pneumonia	41.3	44.3
Difficulty in breathing	66.7	65.8
Chest indrawing	68	68.9
Not able to drink and take feeding	16.3	17
Excessive drawsy and difficulty in keeping awake	10.7	10.4
Pain in chest and productive cough	35.9	38.7
Condition gets worse than before	14.8	15.3
Wheezing and Whistling	33	33.2
Rapid breathing	28.5	26.1

Source: RCH-III, India