

Extended Abstract

Impact of Maternal and Child Health Care Services on Contraceptive Adoption in India: A Calendar Analysis

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Introduction

Apart from prenatal, natal and postnatal health, use of family planning methods is also important dimension of women health. As we cannot consider a child health program without immunization, women's health without family planning is also incomplete. The Government of India has launched several programmes throughout the country related to family planning as well as maternal and child health from time to time and updates its strategies. The idea behind launching these programs was that family planning should ensure that births are properly timed, properly spaced and ended by choice and to improve maternal, neonatal and child health. Family planning programs have yielded noticeably positive gains over the past few years. Overall contraceptive prevalence rate has steadily increased from 41 percent to 48 percent during the period 1992/3-1998/9 and 56 percent by 2005/6 (NFHS-I, II & NFHS-III). In spite of these gains, fertility is still high and many couples are unable to effectively choose the number and timing of their births.

The Govt. of India has implemented fertility control programmes and also programs which are might be helpful for maternal and child health. The experience of many countries indicates that integrated services lead to better fulfillment of client needs by providing an integrated package of family planning, reproductive health and MCH services through one provider, at one service delivery point. It would be really a good effort if all service delivery points are fully integrated, with all services offered. In the same institution, a mother should be able to deliver her child, receive postnatal care, and receive family planning services. These challenges are immense, but not insurmountable.

There are rising evidence the socioeconomic factors responsible for utilization of maternal and child health services are also responsible for use of contraceptives (Monteith et al., 1987). Winkioff (1988) shows that a high correlation between contraceptive use and maternal and child health services may be due to similar background factors. On the other hand, studies in Bolivia, Egypt and Thailand shows that prenatal care for the child is a

noticeable strong predictor of mothers' subsequent use of modern contraceptives (Zerai and Tsui, 2001).

Rationale of the Study

Research has shown that fertility has declined in Indian settings where there has been simultaneous proliferation of contraceptive use. Also, research shows that family planning programmes continued to be closely interlinked with maternal and child health activities in several countries. Researchers have tried to link contraceptive use and utilization of MCH services (Sinha, 1997; Seiber et al., 2005). Most of the researchers have tried to show the impact of utilization of antenatal care services on ever-use of family planning methods. Nevertheless, research investigating the nature of this relationship is not well understood, in the sense that ever use of contraceptive is a weak indicator to capture this aspect. Ultimately, studies are only able to show the association between the utilization of antenatal care services and ever-use of family planning methods. Although the conceptual case for a relationship between MCH service and contraceptive use is compelling, the relationship has still been somewhat murky. In the present study, with the help of a reproductive calendar, concerted attempt will be made to examine whether utilization of maternal and child health care services is one of the major networks for adoption of contraceptive use. We will examine the type and duration of specific contraceptive use, after utilization of MCH services. It is crucial to know because probability of conception after childbirth is a vital question for those who do not hurry to conceive a new baby right after birth. Overall the present research sets out to investigate the broad nature of the association between utilization of maternal health care, child health care and family planning services in India.

Objectives of the Study

The broad objective of the proposed study is to examine in the Indian context, how utilization of maternal health, child health care services and contraceptive dynamics are intertwined together. However, the specific objective of the study is to explore the impact of prenatal, delivery and postnatal care utilization on continuity and type of contraceptive use.

Research Hypotheses of this study is that continuity of contraceptive use is high among women who receive postnatal care.

Data and Methodology

In order to achieve the proposed objective this study will use data from recent round of National Family Health Survey-3 (NFHS-2005-06). The samples are nationally representative and are designed to produce estimates at the national and state levels. NFHS data are collected in a cross sectional format, but the recent National Family Health Survey-III conducted during 2005-06 for the first time collected retrospective monthly information about contraception. This calendar data provides unusually detailed information about a five year contraceptive history but has hardly been used in India. The study takes advantage of calendar data gathered in conjunction with the individual questionnaire in which female survey respondents were asked to report retrospectively their pregnancy status, pregnancy outcomes as well as contraceptive use on a month-by-month basis for a period covering 67 to 69 months from January 2001 to what-ever month the interview took place in 2006. A five-year contraceptive history (January 2001 to January 2006) was collected for each woman who, or whose husband, was not sterilized at the calendar's start. The information related to maternal and child health care is available in each successive round of the NFHS data. These survey data collected information about prenatal, delivery care and postnatal care from women who had a birth during the five years preceding the survey.

Many reports in the past have focused on the levels, trend and differential of contraceptive use. Few have tried to find out the reason of non use of contraceptives (Sedgh et al., 2007; Westoff, 2006). However, it remains unanswered and yet to be studied whether the utilization of maternal health care services encourages the use of contraceptives? It is hypothesized that a pregnant woman who utilizes the maternal health care services, comes into contact with the health workers and is thus more likely to adopt and continue contraceptive more effectively after child birth. In the present objective, the major interest lies in finding whether after controlling for socio-economic and demographic factors, the duration of family planning method use is longer among the women who previously utilized maternal health care services? Therefore, the importance of use of maternal health care services for promoting, acceptance of family planning can be well emphasized.

Yet the causal role of maternal health care utilization in acceptance and continuation of contraceptive remains the subject of discussion, primarily because establishing causality requires meticulous experimental designs. This lack of clarity about variables and their causal

nexus weakens research analysis. Five-year contraceptive history calendar will solve this problem up to certain extent. To fulfil the propose objective only those women will be selected, who have given at least one birth and had resumed menstruation. About 683 (8.01 percent) zero parity women were using any form of contraceptive method in recent NFHS-3 survey.

Appropriate bi-variate and multi-variate techniques will be used to fulfil the proposed objective.

Result

Preliminary analysis shows that the intensity of antenatal service and institutional delivery Health service use does have a causal impact on subsequent spacing contraceptive continuation, after controlling other important socio-economic and demography factors. It is expected that the result of this research work will improve policymakers' understanding of the determinants of maternal and child health care utilization which leads to decline maternal and neonatal mortality/morbidity in the India and serve as an important tool for any possible intervention aimed at improving the low utilization of maternity care services.

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