understand inequalities in health care utilization across different types of deprivation. Although prior research in India has identified household wealth, place of residence, maternal education, caste, cultural factors, type of health program and community as key determinants of the use of maternal services, little is known about inequality in use of these services across multiple deprivations. Accordingly, the aim of this study was to identify and understand these differences. The objective was not to provide numerical estimates of multiple deprivations, but to understand the differentials in basic maternal care across multiple deprivations.

This study contributes three major findings to the literature. First, the use of maternal care services—antenatal care visits, medical assistance at delivery and postnatal care—varies significantly among Indian women by level of deprivation. In general, the utilization of these services was lowest among women with all three dimensions of deprivation studied, followed by those with two dimensions and then those with one dimension; service use was highest among those not deprived in any dimension. Second, on the basis of national analyses, education exerts a greater influence on the use of maternal health services than wealth or health. Given this finding, programs using mass media or local health workers to spread information among women with low education may be effective in increasing the utilization of maternal care services. Third, the deprivation-related inequalities in maternal care vary substantially by Indian state. In general, the differences between those with multiple deprivations and those with none appear to be high in the states where service coverage is low, and low in the states where service coverage is high. Such differences may arise from differences in availability, accessibility and quality of care in public health centers (fewer than 10% of households usually use public health services in Bihar and Uttar Pradesh, compared with more than three-quarters of those in Tamil Nadu);12 program priority of state government; administrative efficiency; political commitment and cultural barriers.

A number of programs are being implemented to increase maternal care utilization in India. The most notable among them is the Janani Suraksha Yojana (JSY), which has been operational since April 2005. JSY is a 100% government-sponsored scheme under the National Rural Health Mission that provides conditional cash transfers to poor and marginalized populations within India to increase institutional deliveries and postnatal care in the country.41 Studies indicate that although JSY has increased institutional delivery substantially, the poorest and the least-educated women were not those most likely to receive the benefit.42 Hence, there is a need to promote maternal care services to the poorest women.

Conclusions

This study’s findings suggest that research on health inequality take into account multiple deprivations using unit data. The indicators used to define multiple deprivations should be context specific and, therefore, may not be uniform across countries. For example, if data on income or consumption expenditure are available, such indicators may be preferred to economic proxies like wealth. If the educational level of a country is relatively good, the indicators of schooling may be modified. Furthermore, trend analyses should be undertaken to understand changes in service coverage among deprived groups over time. Finally, reproductive and child health programs that attempt to identify women who suffer multiple deprivations may be effective in increasing service coverage among these groups.

REFERENCES