



Factors Determining Institutional Delivery in India

For Prelims: Related Initiatives such as Janani Suraksha Yojana (JSY), Pradhan Mantri Matru Vandana Yojana (PMMVY), LaQshya Programme, Poshan Abhiyaan, National Family Health Survey-4.

For Mains: Socio-economic factors determining the institutional delivery, Step Taken to Increase Institutional Deliveries.

Why in News

Recently, a paper published in the peer-reviewed journal **Global Health Action** analysed the **factors that act as a barrier in low coverage of institutional deliveries.**

- According to the study, **poverty, education, and exposure to a community health worker are more important than age at marriage** in determining whether a mother will be able to have a safe birth in a medical facility.
- The research comes at a time when the government has proposed to **[raise the age of marriage for women to 21 years](#)** in order to reduce maternal deaths.

Institutional Delivery

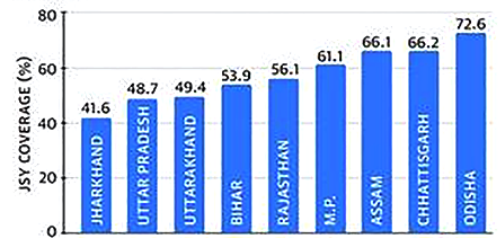
- It means giving birth to a child in a medical institution under the overall supervision of trained and competent health personnel.
- It also signifies an availability of amenities to handle the situation and save the life of the mother and child.

Key Points

- **About:**
 - **Study:** It is a first-of-its-kind study on utilisation of institutional delivery in the country.
 - The study is unique in its **exploration of socio-demographic factors** as well as **barriers in low coverage of institutional deliveries**, which is a key intervention in averting the risk of **[maternal mortality](#)** due to childbirth-related complications.
 - **Data:** The study analyses data on **State-level maternal mortality ratio** (2016 to 2018), as well as the **[National Family Health Survey- \(NFHS\) 4](#)** (2015-2016).
 - **Focus of Study:** It focuses on **nine Low-Performing States (LPS)** with high burden of maternal mortality — Assam, Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Odisha, Rajasthan, Uttar Pradesh and Uttarakhand.
 - These States constitute **about half of the country's population** and **contribute 62% of [maternal deaths](#), 71% of [infant deaths](#), 72% of under-five (years) deaths**, and **61% of births in the country**.
 - They also account for **12% of global maternal deaths**.

- India has a **maternal mortality rate of 113 per 100,000**, and the rate remains “alarmingly high” in these nine States at 161 deaths per 100,000.

- **Findings of the Study (Socio-demographic factors):** // **Low coverage** | The Janani Suraksha Yojana (JSY) coverage was 55.7% in the nine States evaluated for the study. It was less than 50% in Jharkhand, Uttar Pradesh and Bihar



Safe haven:
A labour room in a health centre in Sitapur, U.P.

1 The total Janani Suraksha Yojana coverage in India was just 36%

2 Among the States in the study, the share of institutional deliveries was the highest in Odisha (86.6%), Rajasthan (85.8%) and M.P. (82.3)

- **Poverty** is responsible for **more than twice** as much as age at marriage in determining whether a woman will seek institutional delivery.
 - In Assam, **women from the richest wealth index were almost 14 times more likely to deliver in a health institution** than those from the poorest wealth index.
 - Similarly, the **odds of delivering in a health facility** among the richest women were about **five to six-fold higher in states like Jharkhand, Madhya Pradesh, and Uttarakhand** than the poorest women.
- **Education is 1.5 times more important** than age at marriage.
- Among other factors, interaction with a **community health worker** and **awareness campaigns** had a greater impact than age at marriage.
 - The **influence of educational attainment** appeared to be strongest in Assam and Chhattisgarh, where women with a higher level of education were about five times more likely to deliver in a health facility than women who had no education.
- However, **distance to the health facility** and **age at marriage** had almost similar influences on institutional deliveries.
 - As far as barriers in accessing institutional deliveries were concerned, about **17% of women expressed distance or lack of transportation**, and **16% cited costs**, to be some of the challenges.
- Other reasons were **facility closures (10%), poor service or trust issues (6%)**.
- **Institutional Deliveries in India:**
 - **National Scenario:** Over the past two decades, India has made progress in increasing the number of institutional deliveries.
 - Institutional births have increased substantially with **over four-fifths of the women delivering in institutions in 19 States and UTs (NFHS-5)**.
 - Institutional delivery is over 90% in 14 out of the total 22 States and UTs.
 - According to the **NFHS-4**, institutional deliveries increased from 39% in 2005-06 to 79% in 2015-16.
 - Further, the institutional births in public institutions increased from 18% to 52% in the same time period.
 - **Step Taken to Increase Institutional Deliveries:**
 - **Janani Suraksha Yojana:** [Janani Suraksha Yojana \(JSY\)](#) is a 100% **centrally sponsored scheme** which is being implemented with the objective of reducing **maternal and infant mortality** by promoting institutional delivery among pregnant women.
 - **Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA):** It has been launched to focus on conducting special **AnteNatal Check-ups (ANC)** checkup on 9th of every month with the help of Medical officers to detect and treat cases of anaemia.
 - **Pradhan Mantri Matru Vandana Yojana (PMMVY):** It is a **maternity benefit**

programme being implemented in all districts of the country with effect from 1st January, 2017.

- **LaQshya Programme:** **LaQshya (Labor room Quality Improvement Initiative)** intended to improve the quality of care in the labor room and maternity operation theatres in public health facilities.
- **Poshan Abhiyaan:** The goal of **Poshan Abhiyaan** is to achieve improvement in the nutritional status of Children (0-6 years) and Pregnant Women and Lactating Mothers in a time-bound manner.

Way Forward

- The state-specific interventions **should not only aim to increase the number of public health facilities but also to improve associated quality of care.**
 - The **inadequate clinical training** and **insufficient skilled human resources** affected the **quality of available maternity services** resulting in low coverage of institutional deliveries.
- The government should ensure **adequate availability of medical staff, emergency medical services** such as ambulances, vaccinations, maternity care, etc. to the urban as well as rural areas.

Source: [TH](#)

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