FACTORS INFLUENCING UTILIZATION OF MATERNAL NEONATAL CHILD HEALTH (MNCH) SERVICES AMONG ETHNIC GROUPS IN NEPAL

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ABSTRACT

The National Reproductive Health Strategy (1998) and Second Long-Term Health Plan (1997-2017) of Nepal envisaged an urgent need to improve Maternal and Neonatal Child Health (CBMNC) outcomes. The extent to which MNCH is being underutilized calls for immediate concern and attention. Very little is known about how or how well the socio-cultural differentials like ethnicity/caste influences MNCH services utilization. This study examined the influence of ethnicity and other factors on the utilization of MNCH services among 1629 reproductive aged women, using Nepal Community based Maternal and Neonatal Health Care (CBMNC) baseline survey data from 2005. The analysis uses a binary and multinomial logistic regression technique to explore the influence of ethnicity in MNCH services utilization.

The result shows that MNCH services are underutilized in the study area. Only one out of five births is carried out in health institutions and one in two women seek neonatal care. Among those who have delivered at a health facility, more than half of them had unplanned institutional delivery as they seek services only after emergency problems are seen during labor and delivery. The results from multivariate analyses confirmed the importance of ethnicity in explaining the utilization of MNCH services. Higher caste ethnic groups retain a net effect on ANC and delivery service use, independent of other factors. One of the interesting findings is that typical ethnic groups like Tharu/Rajbansi are less likely to use services compared with lower caste ethnic groups like Dalit. This study concludes that ethnicity, parity, socioeconomic status, media exposure, community services and knowledge on MNCH are widely recognized as an important predisposing and enabling factors for seeking MNCH services.

The findings suggest the need to develop an explicit social targeting strategy to intensify services among lower and marginalized groups like Tharu/Rajbansi, Muslim and Dalit, which can more effectively target work for equity. The findings also suggest the need to give attention in incorporating and reinforcing delivery & neonatal components in community services.

KEY WORDS: MATERNAL AND NEONATAL CHILD HEALTH (MNCH), ETHNICITY

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