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Annals of Biology 41 (1) : 145-157, 2025

<http://agribioj.com>

Impact Score : 0.32
(Scopus)

Reproductive and Maternal Health Interventions in Districts of Uttar Pradesh

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(Received: July 30, 2024; Accepted: October 9, 2024)

ABSTRACT

Maternal mortality ratios (MMR) vary significantly across states. Achieving the Sustainable Development Goal (SDG) of universal health coverage requires greater equity in sub-state access to health interventions. The present study analyses progress in maternal and reproductive health (RMH) interventions at the district level in Uttar Pradesh (UP) using data from National Family Health Survey (NFHS) rounds 4 and 5. The individual RMH indicators and the composite index of RMH interventions for 75 districts in UP revealed progress although coverage remained low in many districts and large differences persisted across districts. The mean coverage among women in the adoption of modern family planning practices (MOD-PP), as well as pregnant women having four or more Ante Natal Check-ups (ANC-4), and usage of iron folic acid (IFA) for 100 days or more, was found to be low. While a spatial clustering of socio-economic indicators was seen across the four regions of Uttar Pradesh: Western, Central, Bundelkhand and Eastern, RMH coverage showed no statistically significant spatial variation in these regions in 2019-21 in contrast with 2015-16 suggesting a trend of regional equality in RMH interventions in the state. Multivariate regression results showed that variations in RMH coverage across districts were predicted by socio-economic factors. The significant progress made by some districts, especially in the Eastern region suggested that government RMH policies and community health workers like Accredited Social Health Activists (ASHAs) could be a crucial and effective link between the government and pregnant women. Expanding fertility choices and ensuring safe motherhood for pregnant women requires a contextual understanding of the inter connections between social, economic and cultural factors.

Key words: Reproductive and maternal health, sub-state variations, socio-economic determinants, Uttar Pradesh

INTRODUCTION

Maternal mortality ratio (MMR) defined as the number of deaths per 100,000 live births declined significantly in India from 130 to 97 during 2014-16 to 2018-20 as per the data

state level, the present paper contributes to the literature by exploring a lesser-researched issue of disparities in RMH services coverage at the sub-state level i.e. district level in Uttar Pradesh (U. P.) using data from National Family Health Survey (NFHS) rounds 4 and 5. It is well