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Access to Maternal Health Care Services among Women in Rural Area: A Case Analysis of Kathua District, J&K

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ABSTRACT
Health of mother is crucial factor in determining the health of children. The future of nation ultimately depends upon the base i.e., children. It is important to address that whether the mothers have access to health care services or not. The present study was conducted with the objective to analyze the status of access to health care services by mothers in the study area. The study was based on primary data. Primary data was collected through well structured questionnaire. Multistage purposive sampling was applied for the selection of study area and respondents. A total of 160 mothers were surveyed for the fulfillment of the objectives of the study. It was found that all the mothers had gone for pregnancy test. Majority of the mothers taking nutritional supplements needed during the period of pregnancy. Majority of the mothers had access to health care services available to them in the study area.

INTRODUCTION

World Health Organization defines "Maternal health as the health of women during pregnancy, childbirth and the postpartum period." It is known that motherhood is often a positive and fulfilling experience, but for too many women it is associated with suffering, ill-health and even death (WHO 2010). Koblinsky and Campbell (2003) observed that nearly half of all maternal deaths in developing countries occur during labor pain or Delivery or in the immediate postpartum period. Further, a child nutritional status is highly associated with mother's health status during her pregnancy period (Derbyshire, 2011). Investing in the health of women and children is a significant component of the right to health and child care (United Nation Economic and Social Council (2000). Current state of maternal and child health directly or indirectly conditions for future status of public health (Victora et.al. 2008).Health is determined by various social, political, economic, and cultural and environment factors and not just by the biomedical ones. The various evidences showed that health outcomes can be improved by working on social determinant of health (United Nation Development Programme, 2011). Health sector progress includes family planning, immunization, provisions of antenatal and postnatal care. The improvement beyond the health sector includes reduction in total fertility rate, infant mortality rate (Kuruvilla et.al 2014).

In India also efforts have been taken from time to time i.e., from British rule time for improving the maternal and child health but major steps were taken only after independence. Bhore Committee on health known as "health survey and development committee" set up in 1946. It is one of the important milestones in Indian health policy and program. The committee reported that India was facing the problem of high maternal and infant deaths and also stated that maternal and child health should be given highest priority. The recommendations of the Bhore committee on health policy are reflected in the postcolonial government of India's Five-Year Plans. With the Bhore Committee Report, public health became the responsibility of the national government, although the implementation remained in the hands of the individual states. The Committee suggested three-tiered referral system; with primary health care services emphasizing preventative care to be available in primary health centers (PHCs) at the village level, secondly secondary curative services to be available at the district level, and thirdly tertiary services to be available in the urban centers, often

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attached to medical teaching and research institutions. Rural women seeking allopathic services during childbirth were encouraged and expected to use this three-tiered system according to their needs (Hollen. 2003). After independence in 1952 India initiated national level family planning programme and later on the five-year plan incorporated maternal and child health programme with realization of the Relationship between child mortality and family planning. Parents cannot be expected to limit the size of their families unless they have some confidence that the children they already have will survive to adulthood (Bhende and Kanitkar 2008).Health of the mother is a major determinant of infant mortality. Women with poor health condition may deliver a weak child, the probability of whose survival becomes very low. In contrast, a woman who is healthy, takes nutritious diet and proper medical care, delivers a healthy child. Thus, health status of women contributes an important component in Maternal and Child Health (MCH) care.

One of the UNICEF's leading priorities across the world is to ensure that every child should have the best possible start of life. A safe birth, sound newborn care with good nutrition ensures as a healthy child. These priorities face some of the toughest challenges in world as well as in India. Despite major improvements in the last 30 years in health systems, lives continue to be lost due to early childhood illnesses and inadequate newborn care. Among the infants and children, the prevalence of early childhood illness poses a serious threat to their growth and development. On the other hand, pregnancy complications, birth order, anemia and lack of health facilities are faces by many mothers, which may lead to maternal death International Conference for Population Development. The World Health Report of 2005 "Make Every Mother and Child Count" says that almost 11 million children under five years of age died from causes that are largely preventable. Out of total, 4 million babies do not survive in the first month of life. At the same time, more than half a million women die during pregnancy, at the time of childbirth and after child birth. The report says that reducing this toll with the Millennium Development Goals, depends largely on every mother and every child having the right to access to health care from pregnancy through childbirth, the neonatal period and childhood. Maternal, child health and nutritional outcomes have been key public health issues in developing countries including India.

Globally, United Nations and World Health Organization (WHO) have played significant role to reach standardized health status realm for all the people. 2030 Agenda for Sustainable Development put forward equity as an important part, with its perspective of a world with equitable and universal access to quality health care. Health of women and social status are pivotal links between the health of a population and its prospects of sustainable development of a country. Health has to be identified as an important aspect across the life-time, it can be affected by actions in childhood and adolescence, during the reproductive years and beyond later in life and across the generations. There is reciprocation between social, cultural and biological determinants of health; for example, by ensuring gender inequality vulnerability exposure of girls and women to risks can limit and access to health care and information would be more liberal. Followed by, health and development of children also depend to a large extent on their family, community and environment.

Good health of children inculcates a sense of security in the parents that their offspring will survive and live a healthy life. Under basic maternal and child health care services, the mother should be provided with ante-natal, natal and post natal care, and infants should be monitored for their growth and development, adequate immunization with protection, and early detection and treatment of other child diseases. The significance of maternal and child health and the crucial role in improving the quality of our human resources has been stressed and the major thrust of all welfare programmes has been directed towards the health of mother and children, emphasizing preventive, promotive and other aspects of maternal and child services.

Review of Literature:-

Mothers need special care during pregnancy and children need regular medical checkup and nutrition supplement to avoid childhood illness (Yesudian, 1988). Rosenfield &Deborah (1985) have advocated that maternal and child programme focused more on child health, neglecting the aspect of women's health and safe delivery. Irma T. Elo (1992) observed that the bivariate effects of female schooling show a strong positive association education and the use of maternal

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health-care services with the effects being stronger for delivery assistance than prenatal care. Maternal and child health reflects the level of development of both community as well as the performance of the health care delivery system (SuviKupari, 2005). The existing health system does not sufficiently meet the needs of pregnant women, particularly for complications of pregnancy and obstetrical emergencies (Surg VadmPunita Arora, 2005). Three major problems need to be addressed i.e. an absence of links between communities, sub-centers, and referral facilities; shortages of equipment and trained staff at referral facilities and a lack of emergency transport facilities. Mothers and young children considered to be the most vulnerable group in the community, needs special medical care. Access to the health care facilities, women are often governed by their age, education, earning, occupational status and role in the family coupled with the cost of health care services (Abdul Salam et. al. 2006). Health problems in developing countries could be solved by better nutrition, clean water, sanitation, access to maternal care and prevention, immunization and availability of essential drugs (Ramalakshmi, et. al., 2006). Maternal complications and poor prenatal outcomes are highly related with underutilization of antenatal and delivery care services and poor socioeconomic condition of the patient (Owolabi, 2008).Lack of medical attention at birth does not only adversely affect maternal health, but also increases the risk of neonatal mortality in the population (Nair P. et. al., 2000; Mattias Roost et. al. 2009). In developing countries, mothers and child health care services are not available adequately. Maternal and child health care remains a major challenge to the global health system, especially in developing countries (Patton et.al. 2010).Jat. et al. (2011) found that household socio- economic status and mother education were the important factors associated with the use of ANC and skilled attendance at delivery.
Any improvement in the levels of antenatal care and postnatal care among women are desirable to lower down the maternal mortality (Alagrajan& Singh, 2012). Socioeconomic status pays a vital role in health outcomes, access and availability of health care and overall quality of care (Singh 2013). Rawat et al. (2015) found that there is positive association between socio-economic status and any ANC, full ANC, institutional delivery and PNC. They concluded that the household socio- economic status, mother education, caste and birth order were the important/significant determinants which were associated with the use of any ANC and institutional delivery.

Statement of the Problem:- Maternal and child health program is improving women's and children's health by increasing availability, accessibility and utilization of basic health services as well as strengthening the health system to enable sustainability. Improving the well-being of mothers, infants and children is an important public health goal. Their well- being determines the health status of the future generation and can help predict future public health challenges for families, society and the health care system. The maternal and child health is significant because it reduces the risk of pregnancy related complication and infant mortality can be reduced by increasing access to antenatal care, prenatal care. The healthy birth outcomes and early identification and treatment of developmental delays and disabilities and other health conditions among infants can prevent death or disability and enable children to reach their full potential (Watson et.al., 2006). The review of literature provides an understanding of the situation of maternal and child health. There is remarkably little previous research on maternal and child health in Kathua district. Keeping in view the dearth of information concerning maternal and child health the study in hand is initiated to fill these gaps. The purpose of the study is to evaluate the maternal and child health status and also explore the various factors determining the level of access to health care services.

Objective of the study: To assess the utilization pattern of basic maternal health care services in the study area.

Research methodology: The present study is based on primary data. The present study has been conducted in 4 blocks of district Kathua. A multistage random sampling and purposive sampling technique has been used to select the study area and the respondent respectively. The main purpose of the study is to examine the status and utilization pattern of basic maternal and child health services. For this purpose, respondents have been selected by using purposive

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sampling where women having at least one living child under 2 years of the age in a household. Total women surveyed were 160 in four blocks of district Kathua i.e. total sample size of the study are 160. The four blocks surveyed were Bani, Barnoti, Duggan and Hiranagar.

Table 1st Distribution of sample respondents based on their responses regarding education level, occupation and income status

Characteristics/block		Bani		Barnoti		Duggan		Hiranagar		Total	
		No.	%	No.	%	No.	%	No.	%	No.	%
Education	Illiterate	6	15	2	5	3	8	0	0	11	7
	1-8	9	22.5	13	32	1	3	2	5	25	15
	9-12	21	52	18	45	15	37	16	40	70	44
	Graduation	1	2.5	4	10	8	20	12	30	25	15
	PG/Professional	3	8	3	8	13	32	10	25	29	19
occupation of the respondent	Housewife	37	93	38	95	36	90	33	82.5	144	90
	Wage employed(org)	2	4	0	0	2	5	2	5	6	4
	wage employed(unorg)	1	3	2	5	2	5	5	12.5	10	6
income of the respondent	5000-10000	2	67	2	100	4	100	1	14.3	9	56
	10000-15000	0	0	0	0	0	0	3	42.9	3	19
	20000-25000	0	0	0	0	0	0	1	14.3	1	6
	30000&above	1	33	0	0	0	0	2	28.6	3	19

Source: - Field survey

Table 2.2 provides the information regarding the education, occupation and income status. It was revealed in the table that 44% of the respondent's attained education up to higher secondary level followed by 19 % and 15% who are post graduates and graduates respectively.In the above table it has been observed that majority of the respondents are housewife, whereas only 6% and 4% respondents are employed in both unorganized and organized sector respectively. The table also shows that the 56% of the respondents in the study area revealed that their monthly income is between Rs.5000-10000/ followed by 19% who responded it is in between Rs.10000-15000 and above the 30000/-. Only 6% of the respondents reveled that their monthly income is between Rs.20000-25000/-.

Table 2 highlights the distribution of sample respondents on the basis of responses regarding the pregnancy confirmation test. 58 % of women revealed that they came to know about their pregnancy after two months of being pregnant followed by 34 % who know after one month. The above table depicts that 100 % of women had done their pregnancy confirmation test in the study area.

Table 2nd Distribution of Sample Respondents based on their Responses regarding the Pregnancy Confirmation Test

Criteria		Bani		Barnoti		Duggan		Hiranagar		Total	
		No	%	No.	%	No.	%	No.	%	No.	%
months pregnant (know about pregnancy)	1	12	30	13	33	16	40	14	35	55	34
	2	17	43	25	62	24	60	26	65	92	58
	3	11	27	2	5	0	0	0	0	13	8
confirmation test	Yes	40	100	40	100	40	100	40	100	160	100

Source: - field survey

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Table 3rd distribution of respondents Based on their responses regarding pregnancy

characteristics		Bani		Barnoti		Duggan		Hiranagar		Total	
		No.	%	No.	%	No.	%	No.	%	No.	%
Pregnancy Registered	Yes	40	100	40	100	40	100	40	100	160	100
registered with	Govt.doctor	6	15	23	58	19	48	40	100	88	55
	AWW	28	70	11	27	8	20	0	0	47	29.375
	Asha worker	6	15	6	15	13	32	0	0	25	15.67
	Other	0	0	0	0	0	0	0	0	0	0
received mother and child protection	Yes	40	100	40	100	40	100	40	100	160	100
received antenatal check up	Yes	40	100	40	100	40	100	40	100	160	100
	No	0	0	0	0	0	0	0	0	0	0

Source: - field survey

Table 3 shows that all the mothers registered the pregnancy for the most recent live birth. Among the registered pregnancies, 55 % of the mothers registered their pregnancy with government doctor and 29.3 % of the mothers registered their pregnancy with Anganwadi worker whereas only 15 % of the mothers registered their pregnancy with Asha worker. The above table shows that all the mothers received a mother and child protection card (MCP card) and received antenatal care (ANC) for their last birth from a skilled provider.

Table 4th Distribution of sample respondents Based on their responses regarding antenatal care

Characteristics		Bani		Barnoti		Duggan		Hiranagar		Total	
		No.	%	No.	%	No.	%	No.	%	No.	%
months of last pregnancy received antenatal care	1.0	8	20	11	27.5	13	32.5	11	27.5	43	27
	1.5	3	8	2	5	3	7.5	2	5	10	6
	2.0	18	45	15	37.5	21	52.5	20	50	74	46
	3.0	11	27	12	30	3	7.5	7	17.5	33	21
received antenatal care	govt.	39	98	40	100	40	100	40	100	159	99
	Private	1	2	0	0	0	0	0	0	1	1
distance covered to reach centre	2-5 kms	19	47	0	0	8	20	30	75	57	36
	5-8 kms	0	0	4	10	3	7.5	10	25	17	11
	8-12 kms	0	0	32	80	6	15	0	0	38	24
	12-16kms	21	53	4	10	11	27.5	0	0	36	22
	16-25kms	0	0	0	0	12	30	0	0	12	7
number of times received ANC	2	6	15	1	2.5	0	0	0	0	7	5
	3	23	58	6	15	2	5	5	12.5	36	22
	4&<4	11	27.5	33	82.5	38	95	35	87.5	117	73

Source: - field survey

Table 4 shows that 46 % of the women had started their first antenatal care (ANC) at 2 months of pregnancy followed by 27 % of the women had started their first antenatal care at 1 month. The table also shows that majority of the women received antenatal care (ANC) from government facility. In Block Bani 98 % of the sample women have received antenatal care from government facility. In the other blocks i.e. Barnoti, Duggan, Hiranagar all the sample women received antenatal care services from government facility. The above table also highlighted that 36 % of the women who received ANC from health facility which was located between 2-5 kms from their home followed by 24 % of the women who said that it is located between

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8-12 kms from their home. The above table also depicts that majority of the women i.e. 73 % have four or more antenatal care visits, as it is recommended. Whereas only 22 % of women have three antenatal care visits followed by 5% who have two antenatal care visits.

Table 5th shows the distribution of sample respondents based on their responses regarding pregnancy test. In the study area, all the women who received antenatal care for their last birth received each of the services needed to monitor their pregnancy; having their weight taken, urine test and blood pressure measurement (99 % each), abdomen examination and their ultrasound test also performed (100 % each) along with blood sample (95 %). In case of delivery date, it was higher %age amongst women i.e. 97 % and women received limited advice on signs of pregnancy i.e. only 26 % received advices. Sample Women from all blocks surveyed reported that they received limited advice on sigh of pregnancy; however, whereas it is slightly higher in case of women in Barnoti block i.e. 50 %.

Table 5th Distribution of Sample Respondents Based on their Responses Regarding Pregnancy Test

		Bani		Barnoti		Duggan		Hiranagar		Total	
		No.	%	No.	%	No.	%	No.	%	No.	%
weight measured	**Yes**	39	97.5	40	100	40	100	40	100	159	99
	No	1	2.5	0	0	0	0	0	0	1	1
height measured	**No**	40	100	40	100	40	100	40	100	160	100
Blood Pressure measured	**Yes**	39	97.5	40	100	40	100	40	100	159	99
	No	1	2.5	0	0	0	0	0	0	1	1
Blood tested	**Yes**	32	80	40	100	40	100	40	100	152	95
	No	8	20	0	0	0	0	0	0	8	5
urine tested	**Yes**	38	95	40	100	40	100	40	100	158	99
	No	2	5	0	0	0	0	0	0	2	1
Abdomen examined	**Yes**	40	100	40	100	40	100	40	100	160	100
Ultrasound done	**Yes**	40	100	40	100	40	100	40	100	160	100
Delivery date told	**Yes**	36	90	40	100	40	100	40	100	156	97
	No	4	10	0	0	0	0	0	0	4	3
Delivery advise given	**Yes**	8	20	20	50	5	13	9	22.5	42	26
	No	32	80	20	50	35	87	31	77.5	118	74
nutrition advice given	**No**	40	100	40	100	40	100	40	100	160	100

Source: - field survey

Table 6thDistribution of respondents based on their Responses regarding injections and (IFA) tablets taken during prenatal care

		Bani		Barnoti		Duggan		Hiranagar		Total	
		No.	%	No.	%	No.	%	No.	%	No.	%
tetanus injection	**Yes**	40	100	40	100	40	100	40	100	160	100
times tetanus injection given	**One**	8	20	0	0	3	8	0	0	11	7
	Two	32	80	40	100	37	92	40	100	149	93
given folic acid tablets	**Yes**	38	95	40	100	40	100	40	100	158	99
	No	2	5	0	0	0	0	0	0	2	1
Number of days you taken IFA tablets	**Below 100 days**	18	45	21	52.5	22	55	19	47.5	80	50
	100 and above	21	52.5	18	45	16	40	21	52.5	76	46
	don't remember	1	2.5	1	2.5	2	5	0	0	4	3

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Source: - field survey

It can be seen from above table that all the sample women received TT injection in the study area. Majority of the respondent women took two times tetanus injection during period of pregnancy. In the Block Bani majority of women received two TT injections and 20 % of women received only 1 TT injection. All the sample mothers consumed iron and folic acid (IFA) supplement in block Barnoti, Duggan and Hiranagar. Whereas 50 % of mothers consumed them for the recommended 100 days or more and 46 % of mothers consumed them for below 100 days

Table 7th Distribution of sample respondents based on their responses Regarding delivery of child

		Bani		Barnoti		Duggan		Hiranagar		Total	
		No.	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	%
your child delivered	**govt.hospital**	16	40	36	90	28	70	36	90	116	72
	private hospital	2	5	2	5	1	2.5	4	10	9	6
	at home	22	55	2	5	11	27.5	0	0	35	22
if govt, who assisted delivery	**Doctor**	18	45	38	95	29	72.5	40	100	125	78
delivered at home, who assisted	**Doctor**	4	10	0	0	0	0	0	0	4	4
	Nurse	2	5	0	0	0	0	0	0	2	2
	trained Dai	8	20	0	0	7	17.5	0	0	15	9
	Others	8	20	2	5	4	10	0	0	14	8
reason of not going to hospital for delivery	**not necessary**	10	45	1	50	6	55	0	0	17	49
	poor quality service	7	32	0	0	1	9	0	0	8	23
	no time to go	5	23	1	50	4	36	0	0	10	28
if born at home, taken to health facility within 24 hours	**Yes**	2	9	1	50	1	9	0	0	4	14
	No	20	91	1	50	10	91	0	0	31	86

Source: - field survey

Table 7 highlighted that 72% of births taken place in a health facility (mostly a government facility) and 22% took place at home.The above table also shows that 49% of the respondents responded that it is not necessary to going health facility for delivery and 28% respond that they have no time to go hospital for delivery. Only 23% of the respondents responded that there is poor quality of services. The table also highlighted that 86% of children not taken to a health facility within 24 hours of his/her birth. Whereas only 14% of children taken to a health facility within 24 hours of his/her birth.

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Table 8 Distribution of sample respondents based on their responses regarding health problems

		Bani		Barnoti		Duggan		Hiranagar		Total	
		No.	%	No.	%	No.	%	No.	%	No.	%
suffered health problems during pregnancy	swelling of hands and feet	12	30	10	25	8	20	7	17.5	37	23
	paleness/weakness	13	32.5	14	35	10	25	8	20	45	28
	excessive vomiting	3	7.5	7	17.5	9	22.5	7	17.5	26	16
	Hypertension	7	17.5	3	7.5	6	15	3	7.5	19	12
	excessive bleeding	4	10	4	10	5	12.5	9	22.5	22	14
	No problem	1	2.5	2	5	2	5	6	15	11	7
problems faced while delivery	abnormal position of foetus	4	10	1	2.5	1	2.5	0	0	6	4
	premature labor	2	5	0	0	0	0	0	0	2	1
	prolonged labour	3	7.5	18	45	19	48	17	42.5	57	36
	high BP	2	5	10	25	3	7.5	6	15	21	13
	obstructed labor more than 12 hours	2	5	4	10	4	10	6	15	16	10
	No problem	27	67.5	7	17.5	13	33	11	27.5	58	36

Source: - field survey

Table 8 shows that 28% of the respondents responded that they suffered from problem of paleness or weakness during the period of pregnancy and 23% suffered from problem of swelling of hands and feet. Whereas 16%, 14% and 12% of the respondents responded that they suffered from problem of excessive vomiting, excessive bleeding and hypertension respectively during the period of pregnancy. Only 7% responded that they have no problem during pregnancy period. The above table shows that 36% of the respondent faced with problem of prolonged Labour while their delivery and 36% not faced any problem during their deliveries.

Table 9th Distribution of sample respondents based on their responses regarding Postnatal Care (PNC)

		Bani		Barnoti		Duggan		Hiranagar		Total	
		No.	%	No.	%	No.	%	No.	%	No.	%
checkup within 2 days of delivery	Yes	19	47	39	97	27	67	40	100	125	78
	No.	21	53	1	3	13	33	0	0	35	22
stay in hospital after delivery	1hr-24hrs	1	6	1	2	3	10	5	12.5	10	8
	24hrs-36hrs	8	44	15	39	14	48	23	57.5	60	48
	36hrs-48hrs	1	6	3	7	6	21	0	0	10	8
	48 hrs and above	8	44	20	52	6	21	11	30	45	36
doctor or other health professional check your health	Yes	39	97.5	40	100	40	100	40	100	159	99
	No.	1	2.5	0	0	0	0	0	0	1	1
checkup during two-month period	home visit	0	0	0	0	1	2.5	0		1	1
	govt. hospital	40	100	38	95	38	94	37	92.5	152	95
	private hospital	0	0	2	5	1	2.5	3	7.5	6	4

Source: - field survey

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Table 9 shows that 78 % of mothers have postnatal check within 2 days of the birth as it is recommended, whereas 22 % of mothers not gone through any postnatal checkup (PNC). The above table also shows that 48 % of mothers stayed in hospital after delivery for 36-48 hours and 36 % of mothers stayed for more than 48 hours in hospital. The above table also shows that 99% of mothers have their check up by a doctor during the postnatal period. 95% of sample women have their check up in a government health facility and only 4% examined in a private health facility. In the block Barnoti, Duggan and Hiranagar all the sample mothers checked up by doctor during the postnatal period. In the block Barnoti, Duggan and Hiranagar 95%, 94% and 92.5% of mothers have their checkups in a government health facility respectively.

Table 10 Distribution of sample respondents based on their responses regarding problems during postnatal period

		Bani		Barnoti		Duggan		Hiranagar		Total	
		No.	%	No.	%	No.	%	No.	%	No.	%
problems in postnatal period	lower abdominal pain	6	15	20	50	6	15	11	27.5	43	27
	excessive bleeding	0	0	0	0	1	3	0	0	1	1
	No	34	85	20	50	33	82	29	72.5	116	72
how it treated	from pharmacy without doctor	0	0	0	0	0	0	4	36.4	4	10
	from govt hospital	6	100	18	90	6	86	3	27.3	33	75
	from private hospital	0	0	2	10	1	14	4	36.3	7	15

Source: - field survey

Table 10 shows that 72% of mothers responded that they didn't experienced any of the mentioned problems in postnatal period. Only 27% experienced a problem of lower abdominal pain. 75% of the mothers treated these problems from government health facility and 15% get treatment from private health facility. Only 10%of the mothers treated from pharmacy without consulting doctor or health professional. As per the table 36.4% were treated from pharmacy without consulting doctor and 36.3% of mothers responded that they get treated from private health facility. Only 27.3% got treatment from government health facility.

Table 11th Distribution of sample respondents based on their responses regarding out of pocket expenditure, supplementary Nutrition, govt. financial assistance and maternity benefit

		Bani		Barnoti		Duggan		Hiranagar		Total	
		No.	%	No.	%	No.	%	No.	%	No.	%
out of pocket expenditure	2000	8	20	17	42.5	16	40	24	60	65	41
	3500	10	25	9	22.5	5	12.5	3	7.5	27	17
	6000	8	20	6	15	7	17.5	5	12.5	26	16
	15000	14	35	8	20	12	30	8	20	42	26
supplementary nutrition	yes	40	100	40	100	40	100	40	100	160	100
know Janani Suraksha yojana	yes	18	45	36	90	28	70	36	90	118	74
	No	22	55	4	10	12	30	4	10	42	26
receive any govt financial assistance	yes	18	45	36	90	28	70	36	90	118	74
	No	22	55	4	10	12	30	4	10	42	26
total amount received	1400	18	45	36	90	28	70	36	90	118	74

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Maternity benefit under PMMVY	**5000**	11	28	19	48	16	40	22	55	68	42

Source: - field survey

Table 11 highlighted that 41 % of the mothers responded that the average out of pocket expenditure for a delivery in a health facility is Rs. 2000 followed by 26 % who revealed that it is Rs. 15000. The above table also depicts that all the mothers received supplementary nutrition from the Anganwadi Centre in the study area. It is also highlighted that 74 % of the mothers know about the scheme of Janani Suraksha Yojana (JSY) followed by 26 % who do not know about the scheme of JSY. 74 % of the sample women received financial assistance under the JSY scheme for their most recent birth and 26 % did not received any financial assistance. It is also highlighted that 42 % of the mothers received maternity benefits under the programme of Pradhan Mantri Matru Vandana Yojana (PMMVY) for the first live birth.

Table 12th Distribution of sample respondent based on their responses regarding the child feeding after birth

		Bani		**Barnoti**		**Duggan**		**Hiranagar**		**Total**	
		No.	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**
start feeding your child	**First hours of life**	7	17.5	2	5	6	15	7	17.5	22	14
	Within the first day	27	67.5	38	95	34	85	30	75	129	81
	1-3days	6	15	0	0	0	0	3	7.5	9	5
Duration of feeding	**Exclusively for 6 months**	40	100	40	100	40	100	40	100	160	100
currently feeding child	**Yes**	40	100	40	100	40	100	40	100	160	100
anything to drink other than mother milk	**Yes**	26	65	29	72.5	29	72.5	27	67.5	111	69
	No.	14	35	11	27.5	11	27.5	13	32.5	49	31
given to drink	**milk other than mother milk**	8	31	17	59	15	52	14	52	54	49
	Janam gutty	18	69	12	41	14	48	13	48	57	51

Source: - field survey

Table 12 shows that 81 % of children started feeding within the first day of life, but only 14 % started feeding in the first hour of life as it is recommended. The above table depicts that all the children are exclusively breastfed for 6 months in the study area as well as all the children are currently feeding for more than 6 months as it is recommended. The table also shows that 69 % of children are feeding or drink other than mother milk. Out of this 69%, 51% of children feed Janam gutty and 49 % were feed milk other than mother milk.

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Table 13th Distribution of sample respondents based on their responses regarding child care

		Bani		Barnoti		Duggan		Hiranagar		Total	
		No.	%	No.	%	No.	%	No.	%	No.	%
checkup within days after birth	Yes	22	55	39	97.5	33	82.5	40	100	134	84
	No	18	45	1	2.5	7	17.5	0	0	26	16
health issues infant faced	Diarrhea	2	5	1	2.5	1	2.5	0	0	4	2
	pneumonia	4	10	2	5	4	10	5	12.5	15	9
	Jaundice	5	12.5	7	17.5	3	7.5	5	12.5	20	13
	No	29	72.5	30	74.5	32	80	30	75	121	75
checkup take place of child	govt hospital	11	100	10	100	8	100	10	100	39	100

Source: - field survey

Table 13 shows that 84 % of children received a health checkup for two days after birth. The above table also shows that 75 % of children did not face any of the health issue after birth. On the other hand, 13 % have symptoms of Jaundice and 9% have symptoms of pneumonia, only 2 % of children suffer from problem of diarrhea after birth. All the respondent's children have taken to a health facility or health provider for checkup (mostly of Government facility). Majority of the children suffering from problems went to government hospital for checkup.

Table 14th Distribution of sample respondents based on their responses regarding immunization of children

		Bani		Barnoti		Duggan		Hiranagar		Total	
		No.	%	No.	%	No.	%	No.	%	No.	%
BCG injection	Yes	33	83	40	100	33	82.5	40	100	146	91.25
	No	7	17	0	0	7	17.5	0	0	14	8.75
Vaccination Penta (DPT+HepB+HiB)	Yes	37	92	40	100	36	90	40	100	153	95.62
	No	3	8	0	0	4	10	0	0	7	4.37
Number of Penta injections	Two	14	35	0	0	6	15	0	0	20	12.5
	Three	26	65	40	100	34	85	40	100	140	87.5
polio vaccine (OPV'0')	Yes	22	55	39	98	30	75	40	100	131	82
	No	18	45	1	3	10	25	0	0	29	18
polio vaccine excluding polio'0'	yes	40	100	40	100	40	100	40	100	160	100
Number of polio dosses	two	11	27	0	0	0	0	0	0	11	7
	three	29	73	40	100	40	100	40	100	149	93
vaccination against measles	yes	37	92	34	85	39	98	33	82.5	143	90
	no	3	8	6	15	1	3	7	17.5	17	10
Number of measles injection	one	20	54	10	29.4	20	51	18	54	68	47
	two	17	46	24	70.5	19	49	15	46	75	53
injection of Hepatitis B	yes	35	87	40	100	38	95	40	100	153	96
	no	5	13	0	0	2	5	0	0	7	4
where received injection	Govt.	8	22	1	3	27	68	18	45	54	34
	Anganw.Centre	13	35	17	43	4	10	0	0	34	22
	sub Centre	16	43	22	55	9	22	22	55	69	44
problems faced at health centers	No	40	100	40	100	40	100	40	100	160	100

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Source: - field survey

The 14 shows that 96 % of children aged 6-24 months received all the basic vaccination against childhood illnesses at any time before the survey. Most children are at least partially vaccinated; only 4% have not received any vaccination at all. Overall 96 % of children have received a BCG vaccination. 91 % have received the three recommended doses of DPT vaccine; only 9 % have received the two doses of DPT. Among the total sampled children, 82 % of children have received the dose of '0' Polio vaccine; only 18% have not received '0' Polio vaccine. The above table also highlighted that all children have received the doses of Polio vaccine excluding Polio '0' vaccine whereas 93 % have received the three recommended doses of Polio vaccine. Overall 53 % of children have received all two recommended doses of measles and 47 % have received at least one dose of measles. The table also shows that 96 % of children have been vaccinated against hepatitis B. The above table shows that 44 % of children have received all basic vaccination from sub- Centre, 34 % have received from government hospital (i.e. PHC and CHC); only 22 % have received from Anganwadi Centre.

Conclusion and Main Findings of the Study:-

The present study "Access to Maternal Health Care Services: A study of Four Blocks of District Kathua, J&K" conducted with the objective to analyze the status of access to maternal health care services across four blocks of Kathua districts surveyed. It was observed that 64 % of women were married between 21-25 years and 32% were married in between 18-20 years of age. All the sample women revealed that their pregnancy took place on time. 71% were delivered by traditional birth attendant, 29% births were delivered by caesarean section. 58% of women revealed that they came to know about their pregnancy after two months of being pregnant followed by 34% who know after one month. The study shows that 100 % of women had done their pregnancy confirmation test in the study area. All the mothers registered their pregnancy for the most recent live birth. Among the registered pregnancies, 55 % of the mothers registered their pregnancy with government doctor and 29.3 % of the mothers registered their pregnancy with Anganwadi worker whereas only 15 % of the mothers registered their pregnancy with Asha worker.All the mothers received a mother and child protection card (MCP card) and received antenatal care (ANC) for their last birth from a skilled provider. It was found that 46% of the women had started their first antenatal care (ANC) at 2 months of pregnancy followed by 27% of the women who started their first antenatal care at one month. Majority of the women received antenatal care (ANC) from government facility. Majority of the women i.e., 73% had four or more antenatal care visits, as it is recommended. Whereas only 22% of women had three antenatal care visits followed by 5% who had two antenatal care visits. All sample women received TT injection. Majority of the respondent women took two times tetanus injection during period of pregnancy. Study shows that 99 % of mothers consumed iron and folic acid (IFA) supplement.72 % of births took place in a health facility (mostly a government facility) and 22 % took place at home. Also found that 49% of the mothers responded that it was not necessary to going health facility for delivery and 28% responded that they had no time to go to hospital for delivery. Only 23% of the respondents responded that there was poor quality of services. 86% of the children were not taken to a health facility within 24 hours of his/her birth. Whereas only 14% of children taken to a health facility within 24 hours of his/her birth.

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