
Tijo George¹ Mala Ramanathan¹ Udaya Shankar Mishra²

¹Achutha Menon Centre for Health Science Studies, Sree Chitra Tirunal Institute for Medical Sciences and Technology, Trivandrum, India,
²International Institute for Population Studies, Mumbai, India

Published on: Jun 16, 2023
URL: https://tghncollections.pubpub.org/pub/nenvxylm
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Introduction: Migration is a vital livelihood strategy for many poor globally and in India. The focus has been more on labour migration, especially among men, while most migrants are women due to marriage migration. Our study aims to estimate the use of maternal health care services among married women aged 15-49 years in South India by type of migration and examine the effects of migration and other relevant background characteristics on maternal care service use.

Methods: This study used data from National Family Health Survey- round IV (NFHS 15-16). NFHS surveys are large-scale, multi-round surveys conducted throughout India, covering 6,01,509 households with 6,99,686 ever-married women aged 15 – 49 years. Type of migration was obtained from the data using mother tongue and years lived in the current place of residence. The study is restricted to south Indian states, which have unique mother-tongue. The sample population is different for Adequate antenatal care (16,952) than for delivery at a health facility (16,924) and skilled delivery assistance (16,924), and timely post-natal care (7440). The study used descriptive and logistic regression analysis with four outcome measures: adequate antenatal care, delivery at a health facility, skilled delivery assistance and timely post-natal care.

Results: Nearly 83 percent were migrants, and among migrants, 74.6 % were intra-state migrants. Seventy-seven percent of eligible women had received adequate antenatal care, 96 % delivered at a health facility and received skilled delivery assistance, and 74 % received timely post-natal care. Our findings show that inter-state migrant women had 34 percent lower odds of receiving adequate antenatal care when compared to residents/settled migrants. The odds of delivery at a health facility were the same for interstate migrants compared to residents/settled migrants. Inter-state migrants had a 29 percent lower odds of skilled delivery assistance (OR: 0.71) when compared to residents/settled migrants. However, the inter-state migrant woman had 1.25 times higher odds of receiving timely post-natal care when compared to residents/settled migrants.

Conclusion: To improve women’s reproductive and maternal health services in India, we must consider the differences in utilising these services by type of migration and other background characteristics.