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Assessing the Importance of Institutional Delivery and Postnatal Care in Marginalized Areas: A Community-Based Study in Gwalior, Madhya Pradesh

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Abstract

Institutional delivery and postnatal care (PNC) are critical to reducing maternal and neonatal mortality, particularly in marginalized populations. This study, conducted in tribal and underserved regions of Gwalior district, Madhya Pradesh, used a mixed-methods design to assess awareness, utilization, and barriers. Among 500 women surveyed, 72% delivered in institutions, but only 48% received adequate PNC. Barriers included cultural norms, poor access, low awareness, and lack of autonomy. Awareness of JSY and JSSK schemes was moderate, yet benefit utilization remained limited. Community health workers, especially CHOs and ASHAs, were crucial for outreach. The study underscores the need for culturally responsive strategies and stronger frontline health infrastructure.

Keywords: Institutional Delivery, Postnatal Care, Marginalized Communities, Maternal Mortality, CHO, ASHA, Madhya Pradesh

1. Introduction

1.1 Background of the Study

India faces a significant burden of maternal and neonatal deaths, particularly in rural and tribal populations. Institutional delivery and postnatal care are proven strategies for reducing preventable complications and deaths. However, cultural practices, poor access, low literacy, and mistrust of health facilities hinder their utilization in marginalized areas. In Madhya

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Pradesh, one of India's poorest-performing states in maternal health, a large proportion of deliveries still occur at home, and PNC services remain underused.

1.2 Significance of the Study

This study holds critical relevance in the context of public health gaps in tribal and marginalized areas. Despite the implementation of major national schemes like the **Janani Suraksha Yojana (JSY)** and **Janani Shishu Suraksha Karyakram (JSSK)**, maternal and neonatal outcomes remain suboptimal in districts like Gwalior. The findings offer actionable insights into barriers and drivers of maternal care utilization and can guide policymakers and healthcare workers in designing targeted, culturally respectful interventions.

1.3 Scope of the Study

The study was carried out among women of reproductive age (18–45 years) in tribal and underserved areas of Gwalior district, Madhya Pradesh, who delivered in the past 24 months. It explored service utilization, socio-cultural beliefs, awareness of government schemes, healthcare access, and the roles of health workers like ASHAs, ANMs and CHOs. The research specifically focused on rural and tribal settings, excluding urban, high-resource environments.

1.4 Objectives of the Study

General Objective:

- To assess the importance and impact of institutional delivery and postnatal care services on maternal and neonatal health outcomes in marginalized areas.

Specific Objectives:

1. To determine the prevalence of institutional delivery and PNC utilization in the study area.
2. To identify key barriers and facilitators influencing the uptake of institutional delivery and PNC.
3. To assess maternal and neonatal health outcomes associated with institutional vs. home deliveries.

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4. To recommend context-specific, culturally appropriate strategies to improve service utilization.

2. Materials and Methods

- **Design**: Mixed-method, community-based study
- **Sample Size**: 500 women (delivered within last 24 months)
- **Location**: Rural and tribal areas of Gwalior, MP
- **Sampling**: Multi-stage purposive sampling.
- **Data Tools**: Structured questionnaires, facility checklist.
- **Ethics**: Institutional approval and informed consent obtained.

3. Results

Table 1: Age-wise Distribution of Respondents (n=500)

Age Group (Years)	Frequency	Percentage
18–22	105	21.0%
23–27	198	39.6%
28–32	115	23.0%
33–37	55	11.0%
38–45	27	5.4%
Total	**500**	**100%**

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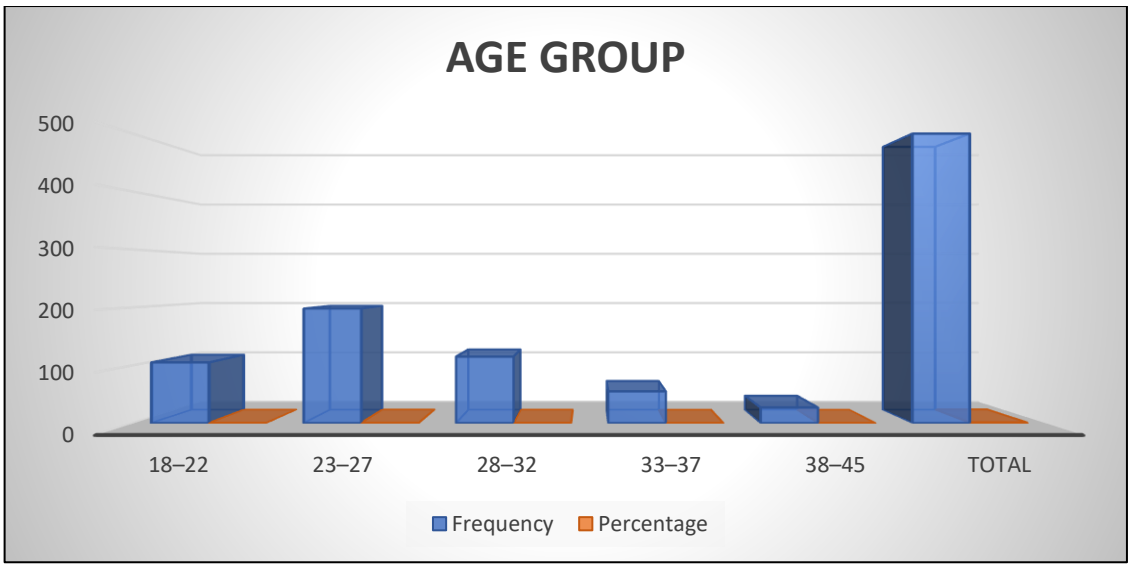

Table 2: Educational Status of Respondents

Education Level	Frequency	Percentage
Illiterate	165	33.0%
Primary (1–5)	145	29.0%
Secondary (6–10)	110	22.0%
Higher Secondary+	80	16.0%
Total	**500**	**100%**

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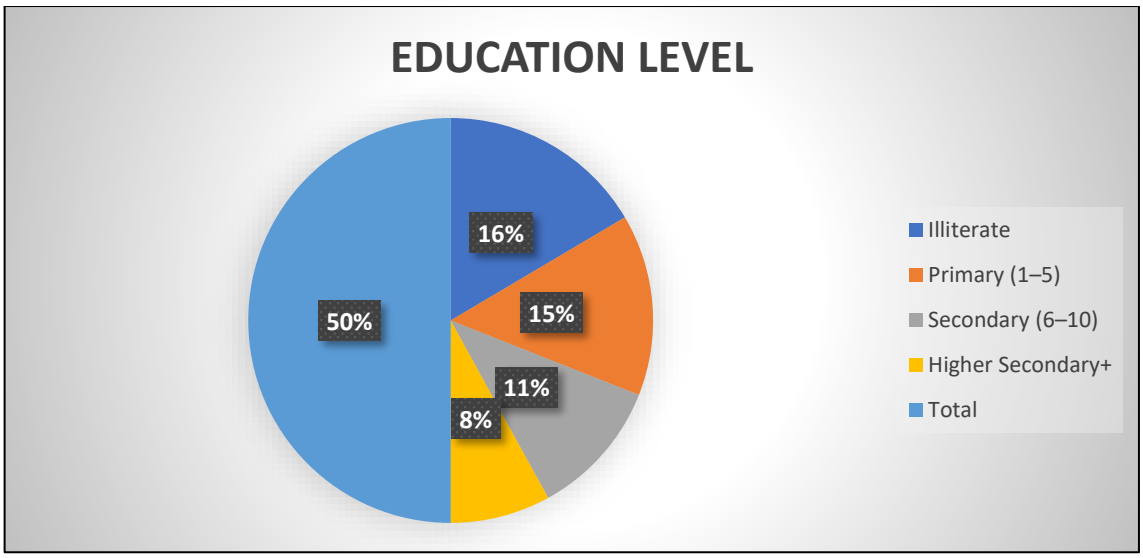

Table 3: Place of Delivery

Type of Delivery	Frequency	Percentage
Institutional	360	72.0%
Home-based	140	28.0%
Total	**500**	**100%**

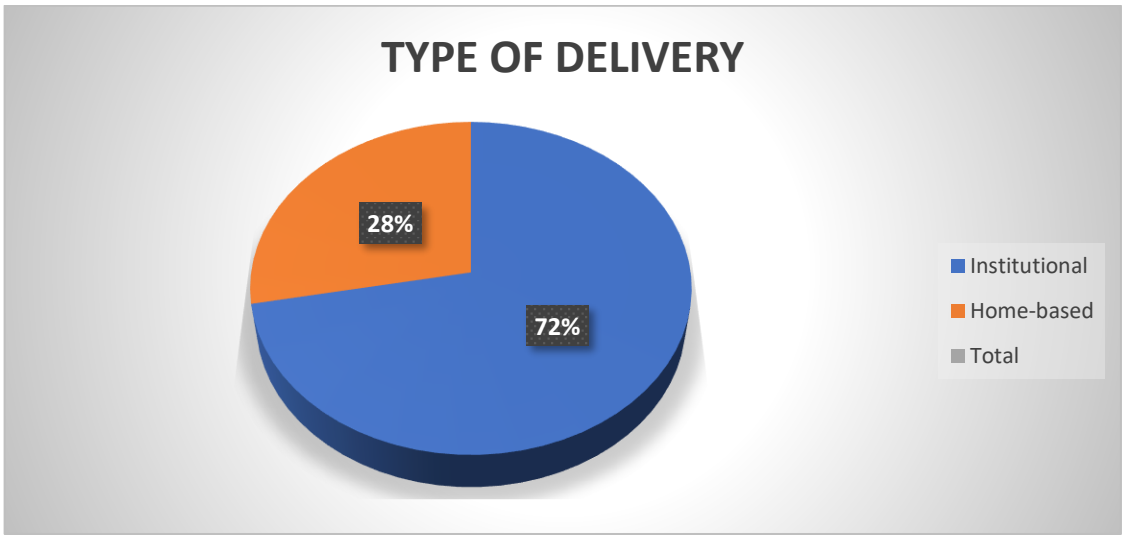

Table 4: Reasons for Choosing Institutional Delivery (n=360)

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Reason	Frequency	Percentage
Better health care facilities	190	52.8%
ASHA/ANM guidance	110	30.6%
High-risk pregnancy	35	9.7%
Government schemes (JSY/JSSK)	25	6.9%

Table 5: Reasons for Home Delivery (n=140)

Reason	Frequency	Percentage
Distance to facility	59	42.0%
Cultural/traditional belief	35	25.0%
No transport during labour	25	18.0%
Fear of mistreatment	21	15.0%

Table 6: Reasons for Not Receiving PNC (n=260)

Reason	Frequency	Percentage
Lack of awareness	104	40.0%
Cultural restrictions	39	15.0%
Perceived unnecessary	65	25.0%
No visit by health worker	52	20.0%

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Table 7: Awareness and Availing of Government Schemes

Scheme	Heard About It (%)	Availed It (%)
JSY (Janani Suraksha Yojana)	62.0%	54.0%
JSSK (Janani Shishu Suraksha Karyakram)	56.0%	50.0%

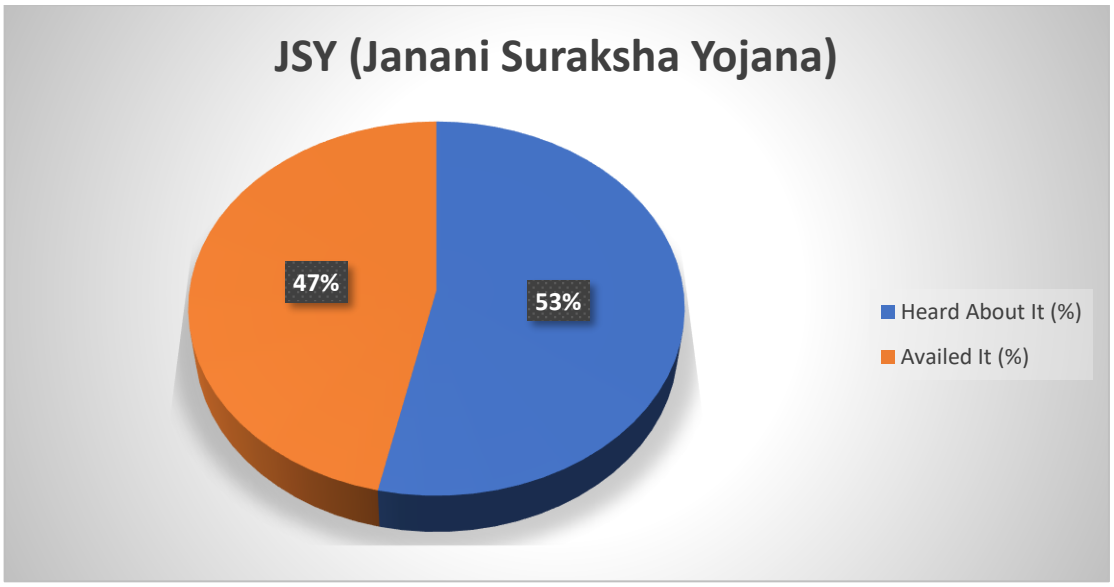

Table 9: Decision-Maker for Place of Delivery

Decision Maker	Frequency	Percentage
Husband	200	40.0%
Mother-in-law	125	25.0%
Woman herself	150	30.0%
Others	25	5.0%

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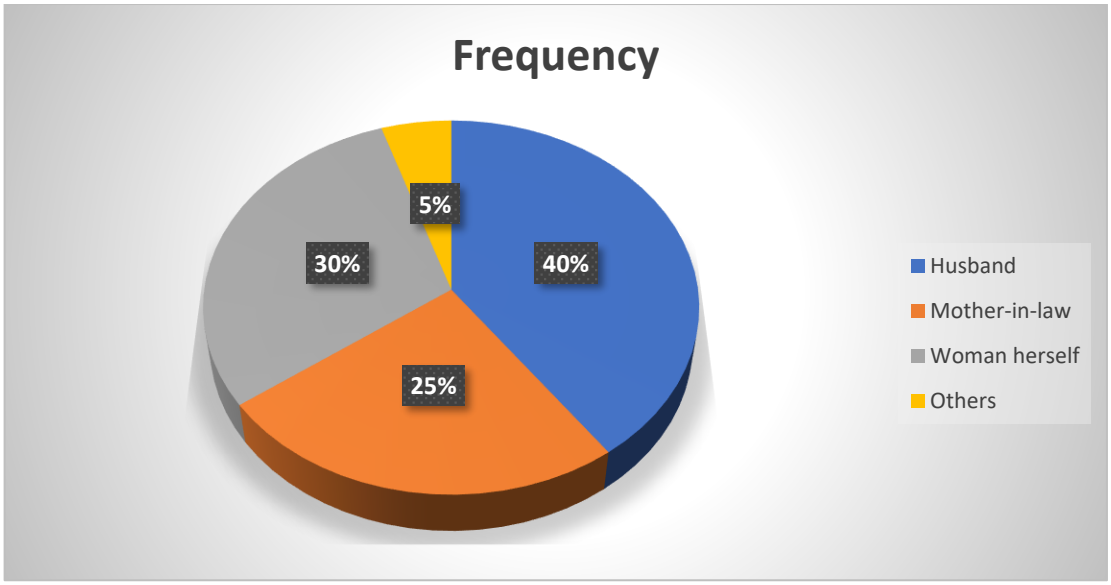

4. Discussion

The study confirms the dual burden of low education and high cultural resistance that reduces the uptake of institutional maternal health services. While awareness of JSY/JSSK exists, systemic bottlenecks prevent full utilization. Traditional beliefs around postpartum seclusion and home birth rituals are still strong. Inaccessibility, absence of female staff, and facility mistrust hinder progress. Strengthening CHOs and community-based counselling is pivotal.

5. Conclusion

Institutional deliveries are improving, yet nearly one-third of women still deliver at home. Postnatal care remains severely underutilized. A multi-pronged approach- improving health infrastructure, building community trust, and addressing socio-cultural barriers- is essential to improving maternal health in marginalized settings.

6. Recommendations

- Recruit and train more female staff in PHCs
- Improve awareness of JSY/JSSK through CHOs and ASHAs
- Mobile vans for remote village transport
- Culturally sensitive health education materials in local dialects
- Engage husbands and elders in maternal decision-making

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