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# Where to deliver? Analysis of choice of delivery location from a national survey in India



Amardeep Thind<sup>1</sup> , Amir Mohani<sup>2</sup> , Kaberi Banerjee<sup>3</sup>  and Fred Hagigi<sup>4</sup> 

<sup>1</sup> Department of Family Medicine, Department of Epidemiology and Biostatistics, University of Western Ontario, London, Canada

<sup>2</sup> Dept of Internal Medicine, Hospital of Saint Raphael, New Haven, USA

<sup>3</sup> Department of Obstetrics & Gynecology, Moolchand Hospital, New Delhi, India

<sup>4</sup> Department of Health Services, UCLA School of Public Health, Los Angeles, USA

 author email    corresponding author email

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## Abstract

### Background

In order to reduce maternal mortality, the Indian government has increased its commitment to institutional deliveries. We assess the determinants of home, private and public sector utilization for a delivery in a Western state.

### Methods

Cross sectional analyses of the National Family Health Survey – 2 dataset.

### Setting

Maharashtra state. The dataset had a sample size of 5391 ever-married females between the ages of 15 to 49 years. Data were abstracted for the most recent birth ( $n = 1510$ ) and these were used in the analyses. Conceptual framework was the Andersen Behavioral Model. Multinomial logistic regression analyses was conducted to assess the association of predisposing, enabling and need factors on use of home, public or private sector for delivery.

### Results

A majority delivered at home ( $n = 559$ , 37%); with private and public facility deliveries accounting for 32% ( $n = 493$ ) and 31% ( $n = 454$ ) respectively. For the choice set of home delivery versus public facility, women with higher birth order and those living in rural areas had greater odds of delivering at home, while increasing maternal age, greater media exposure, and more than three antenatal visits were associated with greater odds of delivery in a public facility. Maternal and paternal education, scheduled caste/tribe status, and media exposure were statistically significant predictors of the choice of public versus private facility delivery.

### Conclusion

As India's economy continues to grow, the private sector will continue to expand. Given the high household

expenditures on health, the government needs to facilitate insurance schemes or provide grants to prevent impoverishment. It also needs to strengthen the public sector so that it can return to its mission of being the safety net.

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