
Downloaded from: http://researchonline.lshtm.ac.uk/3364165/

DOI:
Introduction

Many inequalities in the coverage of essential interventions in pregnancy, childbirth and newborn care, especially those that require contact with the health system, persist within countries [1]. Although economic inequalities may be the most visible and profound, there can be other sources of social disadvantage [2]. Poverty and caste are important determinants of health, including maternal healthcare in India [3,4]. We conducted a descriptive analysis of socio-economic and caste-based inequalities in the coverage of:

(a) interactions between women and front-line health staff
(b) Interventions for antenatal, intrapartum and postnatal care

Methods

We conducted a survey with 5258 households in November 2012 in 80 villages across 40 blocks of six districts. 604 women with a live birth 12 months preceding the survey were interviewed about the care they received.

Households were divided into five quintiles, from most poor to least poor. Castes were categorised as ‘scheduled castes and tribes’, ‘other backward classes’ and general castes, using government nomenclature.

We used Chi-square test for trend to assess the relationship between coverage indicators and socioeconomic quintiles. We also used the Chi-square test for associations between coverage indicators and caste.

About caste in India

The caste system in India is a unique combination of economic deprivation and social exclusion, as it divides society into hierarchically organised social groups, with the most privileged at the top and the most disadvantaged at the bottom.

Prior to India’s independence in 1947, the socially disadvantaged castes were categorised as ‘depressed classes’[5]. In 1935, the ‘Government of India Act’ notified the socially disadvantaged castes and tribes as ‘scheduled castes’, and a list of these castes and tribes was made available for all states [6]. The Constitution of India (26th January 1950), abolished caste based untouchability and provided several safeguards for ‘scheduled castes’ and ‘scheduled tribes’ including reservations in government jobs [5]. The Constitution also made it obligatory for the government to look after the welfare of all other socially and educationally disadvantaged classes [7], commonly known as ‘other backward classes’.

Currently there are 1,263 ‘scheduled castes’ constituting 16.6% of India’s population [5] and 705 ‘scheduled tribes’ constituting 8.6% of India’s population [8]. The list of ‘other backward castes’ is bigger, with 2,404 castes and population estimates varying from 52% in the Mandal Commission Report in 1980 [9], to 40.2% in the 62nd round of the National Sample Survey in 2008 [10].

Results

We found socio-economic inequalities in six out of eight interaction indicators, and only one caste based one (Table 1)

<table>
<thead>
<tr>
<th>Coverage of interactions</th>
<th>Q4 (%)</th>
<th>Q3 (%)</th>
<th>Q2 (%)</th>
<th>Q1 (%)</th>
<th>Q0 (%)</th>
<th>P value</th>
<th>Scheduled castes &amp; tribes (%)</th>
<th>Other backward classes (%)</th>
<th>General castes (%)</th>
<th>Total (%)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antenatal care attended by a health worker during pregnancy</td>
<td>48</td>
<td>50</td>
<td>50</td>
<td>45</td>
<td>42</td>
<td>0.004</td>
<td>49</td>
<td>51</td>
<td>46</td>
<td>42</td>
<td>0.298</td>
</tr>
<tr>
<td>Contact with a skilled* health worker at least once during pregnancy</td>
<td>69</td>
<td>72</td>
<td>72</td>
<td>67</td>
<td>64</td>
<td>0.001</td>
<td>66</td>
<td>69</td>
<td>66</td>
<td>64</td>
<td>0.298</td>
</tr>
</tbody>
</table>

Table 1: Coverage of interactions by socio-economic status and caste groups

In intervention indicators, socio-economic inequalities were observed in Caesarean section births and BCG vaccination of infants (Table 2)

<table>
<thead>
<tr>
<th>Coverage of interactions</th>
<th>Q4 (%)</th>
<th>Q3 (%)</th>
<th>Q2 (%)</th>
<th>Q1 (%)</th>
<th>Q0 (%)</th>
<th>P value</th>
<th>Scheduled castes &amp; tribes (%)</th>
<th>Other backward classes (%)</th>
<th>General castes (%)</th>
<th>Total (%)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antenatal care attended by a health worker during pregnancy</td>
<td>48</td>
<td>50</td>
<td>50</td>
<td>45</td>
<td>42</td>
<td>0.004</td>
<td>49</td>
<td>51</td>
<td>46</td>
<td>42</td>
<td>0.298</td>
</tr>
</tbody>
</table>

Table 2: Coverage of interactions by socio-economic status and caste groups

Conclusions

There were more socioeconomic than caste based inequalities and more inequalities in interactions between women and the health system than in the coverage of interventions. As ‘scheduled castes and tribes’ and ‘other backward classes’ constituted 80% of our responders as well as the surveyed population, the health system here will need to make special efforts to increase interactions with the poorest women in these social groups.

References


Ideas for maternal and newborn health

ideashlshtm.ac.uk