

## A COMPARATIVE ANALYSIS OF MUSLIM AND NON-MUSLIM IN INSTITUTIONAL DELIVERIES AND ITS SOURCES IN INDIA

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**Abstract:** In the developing world, even today, perhaps delivery is the commonest event where life and death stand side by side for both, the expectant mother and her forthcoming new born.

**Objectives:** This study aims to understand to what extent differentials exist in institutional deliveries as well as in the public and private share of institutional deliveries among Muslim and non-Muslim women in India.

**Materials and Methods:** We have used the data from the third round of District Level Household and Facility Survey (DLHS-3), conducted in 2007-08. Bivariate analysis was performed with the help of SPSS version 20.0.

**Results:** Approximately 47 percent of the deliveries took place in health institutions and 53 percent at home or other places in India. The utilization of health facilities at the time of delivery was relatively low among Muslims in comparison to non-Muslims. Result also confirmed that the non-Muslim women were having the higher percentage (4 percentage points) of public institutional deliveries compared to Muslims. Women with younger age, higher education, higher income level and belonged to urban areas went more for childbirth at a health facility. Result also confirms that the India is still far behind in receiving 100 percent of safe delivery as it is one of the goals set by the United Nation for MDG.

**Conclusion:** Women age, education, income and residence were the important determinants of delivery at health institutions. The Government should focus on poor, uneducated and rural women for reducing the gap in institutional deliveries as well as to ensure the 100 percent safe delivery in the country.

**Keywords:** Institutional Delivery, Muslim, non-Muslim, Public, Private.

**Introduction:** Reproductive ill-health among women is a major contributor to mortality and morbidity in South Asia. Each year almost 185,000 South Asian women die from a pregnancy related cause, and millions are affected by illness or disability brought about by childbearing.<sup>[1]</sup> Each year in India, roughly 30 million women experience pregnancy and 27 million have a live birth. Of these, over 100,000 maternal deaths and one million newborn deaths occur annually.<sup>[2]</sup> Millions more suffer pregnancy related ill-health. Although pregnancy-related mortality and morbidity continue to take a huge toll on the lives of women and newborns, and despite a series of programmatic initiatives, there is little evidence that maternity has become significantly safer over the last 20 years.

It is well established that giving birth in a medical institution under the care and supervision of trained health-care providers promotes child survival and reduces the risk of maternal mortality. Delivery conducted by SBAs is the fifth Millennium Development Goal (MDG) and an indicator of progress towards reducing maternal mortality worldwide.<sup>[3]</sup>

Despite the uniformity in program <sup>[4]-[7]</sup> design throughout the India, there is considerable variation in the proportion of institutional deliveries among different religions. Mostly Muslims lack behind from the facilities institutional delivery and other Reproductive and Child Health (RCH) facilities somehow due to knowledge or socio-economic conditions. Therefore, one needs to understand whether the Muslim and non-Muslim differentials

vary by level of women's education, residence and economic status. This study aims to understand to what extent differentials exist in institutional delivery as well as in the public and private share of institutional delivery among Muslim and non-Muslim women in India.

**Materials and Methods:** Sources of Data: The data source for this study was India's third District Level Household and Facility Survey (DLHS-3), conducted in 2007-08. DLHS-3 collected data from 34 states and union territories of India (excluding Nagaland) of 6,43,944 ever married women aged 15-49 years, residing in 7,20,320 households.

**Methodology:** Muslim and non-Muslim were chosen as Control Variables. We have selected Hindu, Christian, Sikh, Buddhist/Neo-Buddhist, Jain, Jewish, Parsi/Zoroastrian and No religion as non-Muslim. Dependent variables were the Institutional Delivery and its sources. We have categorized sources of institutional delivery into public and private. Women Age, Residence (Rural and Urban), Education, Wealth Index were considered as independent variables.

**Statistical Analysis:** The data were analyzed using Microsoft Excel-2007 and Statistical Package for Social Sciences (SPSS) version 20.0. Results were summarized and presented as percentages. Bivariate analysis was performed to study the differentials in the institutional delivery and its sources by the selected background characteristics in India.

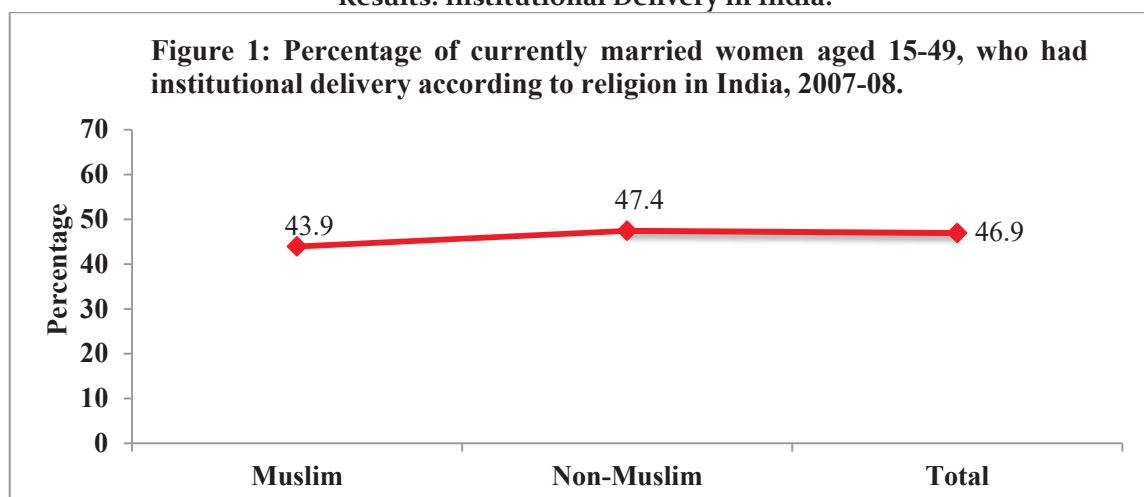
**Results: Institutional Delivery in India:**

Figure 1 shows that percentage of institutional delivery among aged 15-49 years currently married women by religion. Approximately forty-seven percent of the deliveries took place in health institutions and fifty-three percent at home or other places in India. Around 47 percent and 44 percent of deliveries took place in health institutions among non-Muslims and Muslims respectively. There was three percentage points difference between Muslim and non-Muslim in institutional delivery

**Institutional Delivery with Selected Background Characteristics in India:**

Table 1: Percentage of currently married Muslim and non-Muslim women aged 15-49, who had institutional delivery by selected background characteristics, India 2007-08.

Background Characteristics	Religion		Total
	Muslim	Non-Muslim	
Age group			
15-24	47.4	50.2	49.8
25-34	44.4	47.5	47.0
35-49	31.8	33.4	33.1
Residence			
Rural	32.4	38.5	37.8
Urban	61.5	72.8	70.4
Education			
Illiterate	25.5	25.9	25.8
Literate	62.6	62.2	62.2
Wealth Index			
Poor	17.5	24.9	24.0
Non-poor	55.6	61.7	60.7

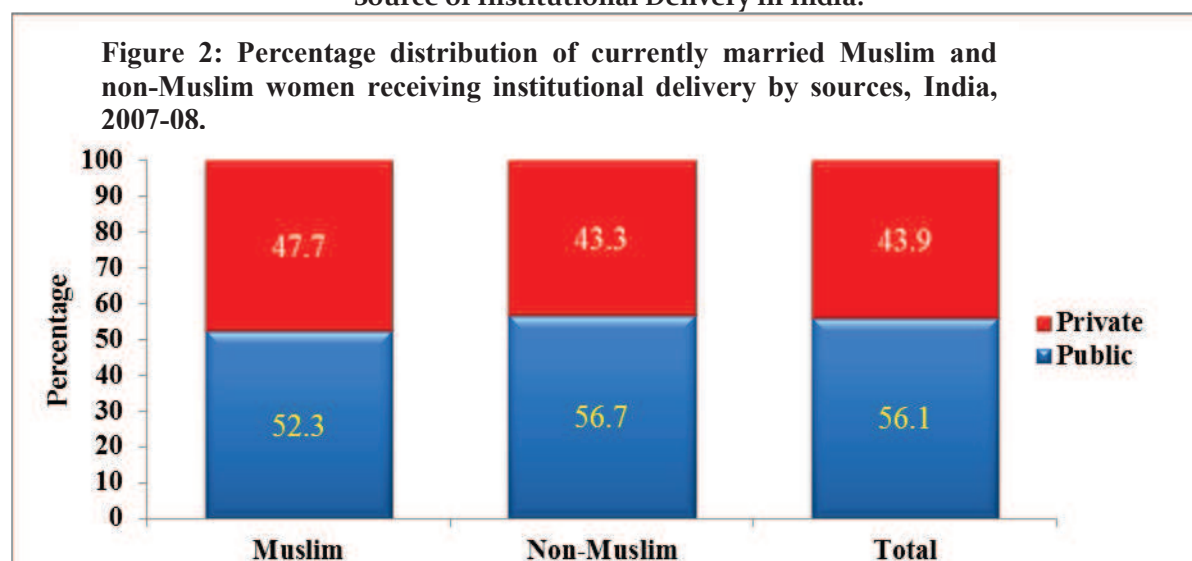
The percentage of births in the health institutions was higher among 15-24 years age group women (50 percent) compared to the other age groups (Table 1). In all three age groups, institutional deliveries were lower among Muslim women than the non-Muslims. It is clear from the above table that the institutional deliveries were decreased in same percentage (3 percentage points) from first age group to second age group and from second to third age group (near about 13-14 percent points) for both religions.

Near about 7 and 11 percentage points differences were found between these two religious groups in rural and urban areas respectively. The percentage of institutional deliveries was increased with the change of residence from rural to urban. The scenario of institutional delivery was approximately same among Muslim and non-Muslim illiterate (26 percent) and literate (62 percent) women. Significant improvement (36 percentage points) in institutional deliveries was found due to literacy among both the religions.

Only 24 percent institutional deliveries were noticed among poor women, but among non-poor women, it was 61 percent. Near about similar (37 percentage

points) gap was observed between poor and non-poor women of both religions.

#### Source of Institutional Delivery in India:



The above figure (figure 2) shows the percentage distribution of deliveries in public and private health institutions amongst the currently married Muslim and non-Muslim women in India. Fifty-six percent of currently married women had institutional delivery at public health institutions and 44 percent at private institutions. Non-Muslim women were having the higher percentage (4 percentage points) of public institutional deliveries compared to Muslims.

#### Source of Institutional Delivery with Selected Background Characteristics in India:

Table 2: Percentage Distribution of currently married Muslim and non-Muslim women receiving institutional delivery according to background characteristics by sources, India, 2007-08.

Background Characteristics	Muslim		Non-Muslim		Total	
	Public	Private	Public	Private	Public	Private
Age group						
15-24	51.3	48.7	59.4	40.6	58.3	41.7
25-34	52.9	47.1	54.4	45.6	54.2	45.8
35-49	53.5	46.5	56.5	43.5	55.9	44.1
Residence						
Rural	59.6	40.4	61.8	38.2	61.5	38.5
Urban	46.4	53.6	49.0	51.0	48.5	51.5
Education						
Illiterate	63.3	36.7	68.5	31.5	67.6	32.4
Literate	47.7	52.3	53.3	46.7	52.6	47.4
Wealth Index						
Poor	70.3	29.7	75.0	25.0	74.6	25.4
Non-poor	49.8	50.2	52.0	48.0	51.7	48.3

The percentage of deliveries at private health institutions were higher among Muslims compared to the non-Muslim women in all three age groups. In rural areas, women from both communities were more likely to go to public health institutions compared to the private health institutions, but in urban areas, the situations were completely reverse.

Deliveries were higher among Muslim (70.3 percent) as well as non-Muslim (75 percent) poor women at public health institutions compared to the private health institutions. But in the case of non-poor women, the percentage of deliveries at private and public health institutions were near about same (near about 50 percent). Both the literate and illiterate

Muslim women were more likely to go to private health institutions as compared to the non-Muslim women.

**Discussion:** This study makes an attempt to understand where the currently married women have gone for their last delivery and which types of facilities they have utilized. A comparison was made among Muslim and non-Muslim for the same.

Approximately 47 percent of the deliveries took place in health institutions and 53 percent at home or other places in India. The study revealed that the utilization of institution at the time of delivery was relatively higher among non-Muslim compared to the Muslim women. Researchers also found that the utilization of safe delivery care was found to be significantly lower among Muslim women than among women belonged to other religions.<sup>[8]-[12]</sup>

The percentage of births in the health institutions was higher among 15-24 years age group women (50 percent) compared to the other age groups and which was in conformity with other findings.<sup>[8], [11-13]</sup> Comparable findings for institutional delivery was reported in a study where utilization of institution at the time of delivery was higher among the higher age group.<sup>[14]</sup>

Results also suggested that the percentage of institutional deliveries was increased with the change of residence from rural to urban. This signifies that urbanization was played a major role in choosing the institutional deliveries in both religious communities.<sup>[10], [13], [14]</sup> Significant improvement (36

percentage points) in institutional deliveries was found due to literacy among both the religions. The economic condition had a positive influence towards the institutional delivery. Near about similar (37 percentage points) gap was observed between poor and non-poor women of both religions. Many researchers also found that the women with higher education, higher income level went more for childbirth at a health facility.<sup>[12], [14]</sup>

Result also confirmed that the non-Muslim women were having the higher percentage (4 percentage points) of public institutional deliveries compared to Muslims.<sup>[13]</sup> There are many reasons which may lead to occur this kind of scenarios like faith, scepticism, religious barrier, more faith on Unani, Ayurveda doctors and hakim, lack of female Muslim doctors in the various hospitals and health institutions.

**Conclusions:** By observations from the present study, we can conclude that the utilization of health facilities at the time of delivery was relatively low among Muslims in comparison to non-Muslims. As is evident from the results of the study, Muslim women were more likely to go to private health institutions for their delivery compared to the non-Muslims. There is a growing preference for facility delivery particularly among women with younger age, education, income and those who belonged to urban areas. The Government should focus on poor, uneducated and rural women for reducing the gap in institutional deliveries as well as to ensure the 100 percent safe delivery in the country

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