Empowering Maternal Health: Unveiling the Impact of Women's Healthcare Decision-Making among Left-Behind Women in Rural Koch Bihar

Author: Moslem Hossain, Email:- moslemgeo@gmail.com
Institution: Department of Geography, Central University of Karnataka, Karnataka, Pin-585367, India

INTRODUCTION

Women's healthcare decision-making power is vital for well-being and has far-reaching implications for gender equality, human rights, sustainable development, economic productivity, social justice, and equity.

This study compares the impact of women's healthcare decision-making power on the comprehensive utilization of maternal health services among left-behind women and their counterparts in rural Koch Bihar, West Bengal. We also included the resident husband women for comparative analysis.

DATA & METHODS

Our fieldwork was conducted from October 2022 to February 2023 in rural Koch Bihar, West Bengal. We employed a mixed-methods approach involving surveys, interviews, and focus group discussions with left-behind women in the district. The study included 384 women aged 15-49 who had given birth to a live baby within the five years preceding the survey, with 192 having migrant husbands and 192 having resident husbands. We analysed the data to explore the relationship between women's healthcare decision-making power and comprehensive maternal healthcare services.

RESULTS

Table 1 Utilization of Maternal Health Care Services among migrant and non-migrant households.

MCH Services	Household status				Total	
	Migrant Household		Non-migrant Household		%	N
	%	n	%	n		
ANC care						
4+ ANC	61.46	118	73.44	141	67.45	259
2+ Tetanus	77.08	148	83.85	161	80.47	309
100 days IFA Consumption	52.08	100	64.06	123	58.07	223
Delivery Care						
Institutional Delivery	75.52	145	78.65	151	77.08	296
Skilled birth attendance	82.29	158	79.17	152	80.73	310
Post Natal Care						
PNC within 24 hrs	76.04	146	72.92	140	74.48	286

Figure 1: Prevalence of ANC Visits by Women's Educational Level.

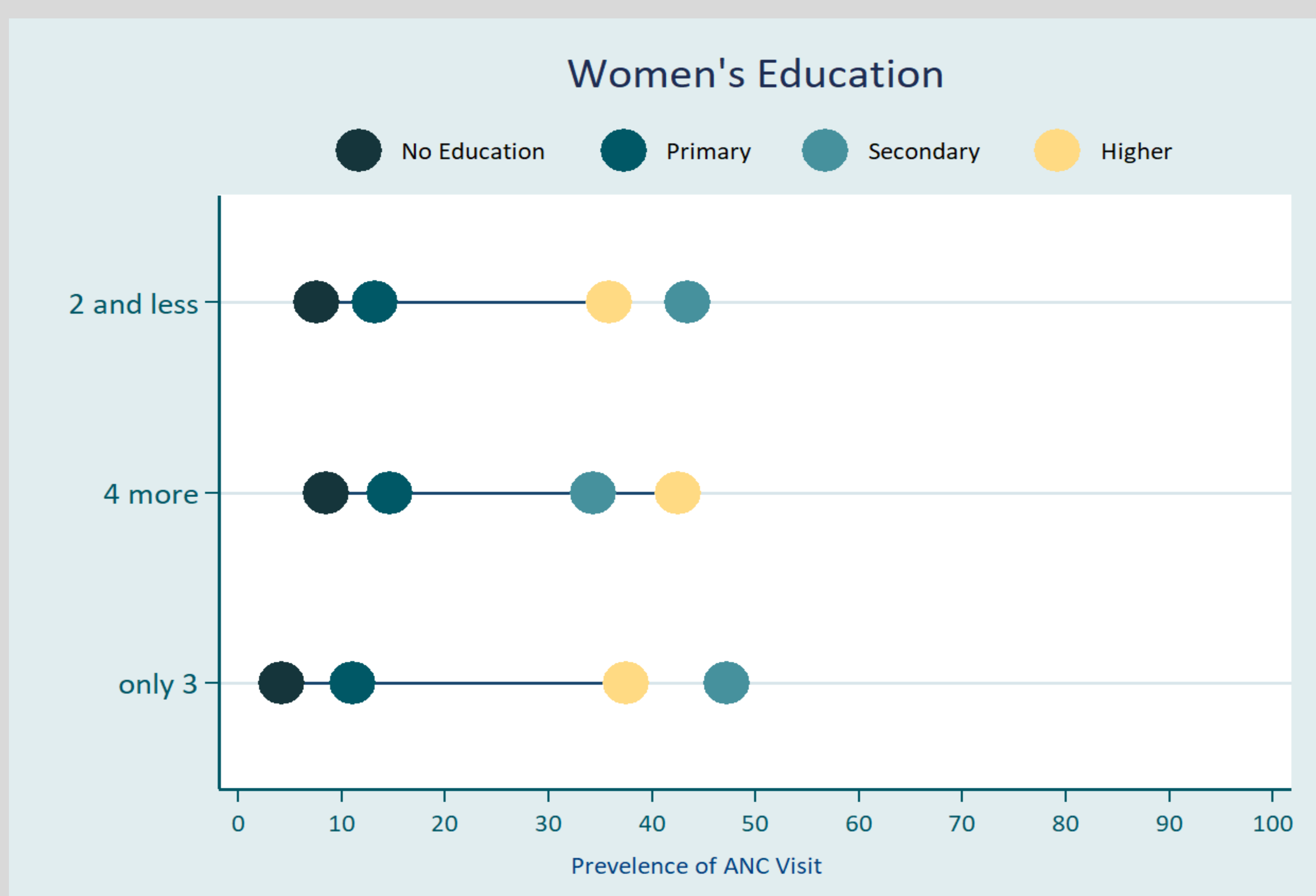

Table 3 Summary result of Fairlie decomposition analysis showing the mean difference in the utilization of Full Antenatal Care

Total number of observations	384
Total number of observation (Migrant)	192
Total number of observation (Non-migrant)	192
Mean prediction for Migrant	0.7708
Mean prediction for Non-migrant	0.8385
Mean difference (Migrant-Non-Migrant)	0.0677
Total explained	0.1637
Percentage explained	41.36
Percentage unexplained	58.64

Fig 2. Average Days to First Antenatal Care (ANC) Visit During Gestational Periods, Stratified by Wealth Quintiles.

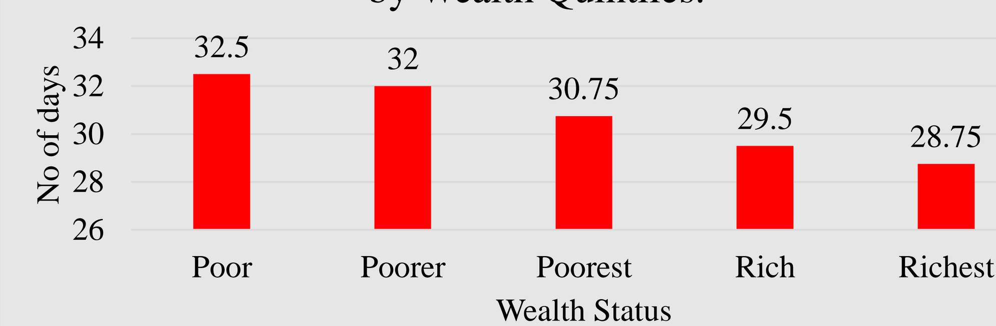

Figure 3: Average Days for First ANC Visit During Gestation Periods by Social Group.

Social Group	Average days
SC	66.5
OBC	62.25
Others	24.75

Table 4 presents the contribution of factors explaining the gap between migrants and non-migrants for accessing full antenatal care

Variables	Coefficient [95% CI]	% Contribution	P-Value
Household wealth index	0.132[0.077-0.178]	78.13	< 0.001
Women working status	0.017[-0.035-0.070]	10.74	< 0.001
Getting Cash to Spend	0.010[-0.018-0.039]	6.24	< 0.001
Exposure to mass media	0.008[-0.025-0.042]	5	< 0.001
Free to visit Market	0.005[-0.011-0.022]	3.24	0.063
Women BMI	0.001[-0.012-0.014]	0.77	0.019
Women age	0.001[-0.007-0.009]	0.55	0.021
Women's education	0.0008[-0.003-0.004]	0.53	0.42
Health care Decision	0.0007[-0.009-0.010]	0.49	0.16
Ownership of bank account	0.000[-0.001-0.001]	0.05	0.11
Social Group	0.000[-0.004-0.004]	0.01	< 0.001
Religion	-0.000[-0.009-0.008]	-0.27	-0.09
Age at marriage (In years)	-0.000[-0.003-0.003]	0	< 0.001
SHG Member	-0.000[-0.004-0.003]	-0.54	-0.43
Husband education status	-0.002[-0.007-0.003]	-1.08	-0.67
BPL_family	-0.006[-0.027-0.015]	-3.85	-0.59
Total	0.164	100	

Figure 3: Concentration Curve for Full Antenatal Care in Migrant and Non-Migrant Households.

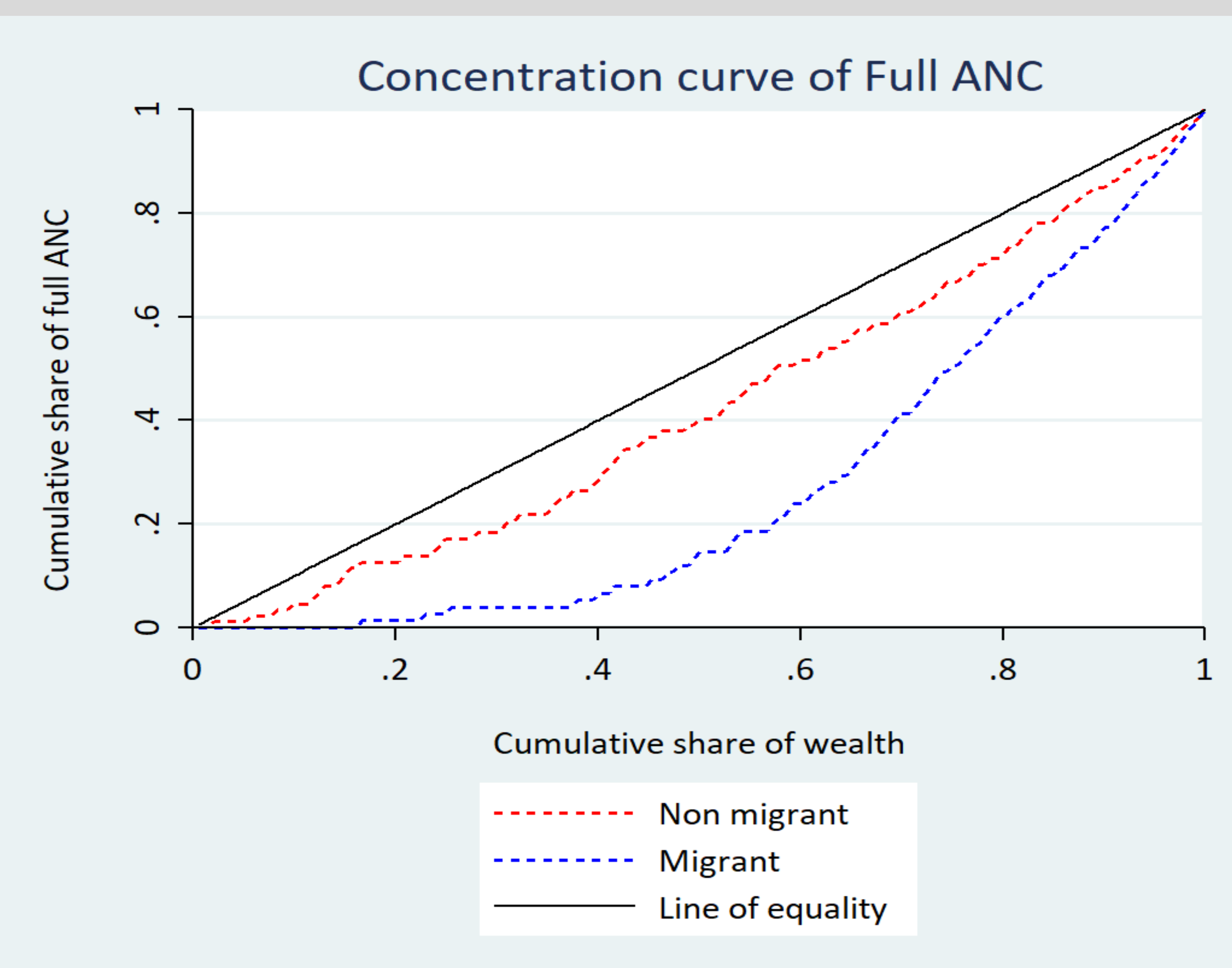

Table 2: Concentration Index Values of Maternal Healthcare Indicators in Migrant and Non-Migrant Households

MHC Indicators	Migrant Households					Non-Migrant Households				
	Coef.	Std. Err.	t	P>t	[95% Conf. Interval]	Coef.	Std. Err.	t	P>t	[95% Conf. Interval]
Full ANC	0.3886	0.0401	9.68	0	0.3095-0.4678	0.2612	0.0285	9.15	0	0.2051-0.3173

DISCUSSION

The study indicates a significant association between health care decision-making dynamics and maternal health service utilization. Women with migrant husbands who make decisions jointly with their spouses are less likely to access maternal health services compared to those who make decisions independently. Conversely, women with resident husbands have higher odds of utilizing maternal health services when making joint decisions.

In contrast, women with migrant husbands who make health care decisions alone are more likely to access comprehensive maternal health services, while decisions made jointly, by the husband alone, or by in-laws or others are associated with lower likelihood.

CONCLUSION

This study aimed to examine the influence of women's healthcare decision-making power on maternal healthcare services in households with migrant and non-migrant husbands in the Koch Bihar district of West Bengal. Specifically, it sought to determine whether women with higher healthcare autonomy were more likely to access maternal care services, particularly in the context of the husband's out-migration.

Our findings suggest that husband migration is a risk factor for unhealthy behaviours among women in rural Koch Bihar. Furthermore, these findings should guide policymakers and healthcare providers in developing tailored interventions to address the specific needs of left-behind mothers.

REFERENCES

1. Antai, D. (2010). Migration and child immunization in Nigeria: individual- and community-level contexts. BMC public health, 10(1), 1-12.
2. Akinyemi, J. O., Odimegwu, C. O., & Adebowale, A. S. (2017). The effect of internal migration, individual and contextual characteristics on contraceptive use among Nigerian women. Health care for women international, 38(10), 1075-1094.
3. Antman, F. M. (2013). The impact of migration on family left behind. In International handbook on the economics of migration. Edward Elgar Publishing.
4. Choithani, C. (2020). Gendered livelihoods: Migrating men, left-behind women and household food security in India. Gender, Place & Culture, 27(10), 1373-1394.
5. Das, U. (2015). Can the rural employment guarantee scheme reduce rural out-migration: Evidence from West Bengal, India. The Journal of Development Studies, 51(6), 621-641.
6. Gietel-Basten, S., & Scherbov, S. (2019). Is half the world's population really below 'replacement-rate'?. PloS one, 14(12), e0224985.
7. Thapa, N. R., Adhikari, S., & Budhathoki, P. K. (2019). Influence of internal migration on the use of reproductive and maternal health services in Nepal: An analysis of the Nepal Demographic and Health Survey 2016. PloS one, 14(5), e0216587.