

## **Delivery Care for Scheduled Tribe Women in India: A Disaggregated Regional Analysis**

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*India has a high pregnancy and childbirth related maternal mortality rate. The present paper, based on the data from the District Level Household Survey-Reproductive and Child Health (DLHS-RCH) 2002-2004, asserts that tribal women received low delivery care vis-à-vis non-tribal women. Multivariate analysis shows that educational level, standard of living, and ante-natal care visits have a significant effect on safe delivery care. The majority of the scheduled tribe women, being socially and economically backward, are at a distinct disadvantage in getting safe delivery care. The degree of their disadvantage, which also varies spatially, is very high in the central-Indian tribal belt.*

### **I Overview of the Problem**

Pregnancy and childbirth related causes are the second-highest cause of mortality among women after HIV/AIDS. Nearly 99 per cent of these deaths occur in developing countries (WHO *et al.*, 2003; WHO 2004). It is estimated that India accounts for the highest absolute number of maternal deaths in the world (UNICEF 2004). According to the estimates of the National Family Health Survey-2, 1998-1999 (NFHS-2), the Maternal Mortality Ratio (MMR) in India is 540 per 100,000 live births (IIPS/ORC-Macro 2000). As per the estimate of the Sample Registration System (SRS), the MMR is 254 for the period 2004-2006 (Registrar General, 2009). One of the Millennium Development Goals (MDGs) adopted by the United Nations is to achieve 75 per cent reduction in MMR from the 1990s' level (UN 1994, 2000, 2004). Although prenatal care has been widely available and used, availing of medical services for delivery care lags far behind, contributing to the high maternal mortality. The World Health Organisation (WHO) estimates that globally only 40 per cent of births take place in medical facilities and 53 per cent with a skilled birth attendant (WHO 2004). In India, only 41 per cent of births were in medical facilities and 48 per cent were assisted by health personnel in the case of delivery at home (IIPS 2007).

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