

Religion, Education and Health Issues

Determinants of familiarity of infant and maternal health care facilities among pregnant women and mothers in some selected rural areas of Nepal

Vijaya R. Sharma

University of Colorado at Boulder

Tirshana Sharma

University of Colorado at Denver

Rural areas of developing countries like Nepal are characterized by subsistence living, low level of income, low literacy and schooling, very thinly spread and professionally and materially least equipped multiple types of health care facilities that range from traditional faith healing to western medicine-based facilities. Add to these characteristics the generally inferior status of women in the society and their household. The problems of high infant mortality rate, lower-than-males' female life expectancy, and other measures of women's low health status are generally attributed to the above and few other characteristics of rural areas. In spite of gradual expansion of modern health care facilities, many pregnant women and mothers in rural areas of Nepal seek services of traditional birth attendants and private practitioners of questionable qualifications. Often the physical and financial access is a contributory factor, but lack of familiarity or awareness of the availability of modern facilities could also be a factor. Women may be placed in a hierarchy of levels of familiarity about a facility. Some women may have only heard of a facility, with no clue about the type and quality of its services. Some women may be aware and yet for some reason they may carry a negative image of the facility and hence may have never used its services. Some women may be aware and may have even used the services of a facility, but may have made up a negative or positive image, and therefore could be repeatedly using or not using its services any more. It can be argued that the demand for services of a health care facility is a function of level of familiarity with the facility. In the proposed paper we intend to examine the determinants of level of familiarity of infant and maternal health care facilities among pregnant women and mothers in some selected rural areas of Nepal, especially the role of formal schooling and informal education in a society.

We intend to collect data from a sample of women in four to six villages of Nepal, who have been or were pregnant and/or had a successful or unsuccessful outcome of pregnancy within the last one year. We plan to use a snowball sampling technique, beginning with one sample subject from one of each type of health care facility in that area and then reaching the village of each initial sample subject and following up with the survey of more women in that village. We plan to regress the levels of familiarity with pre-identified explanatory variables for estimating an ordered probit model.