

# Trends and Inequalities in Institutional Deliveries in Nepal: Evidence from 1996 to 2022 Nepal Demographic and Health Surveys.

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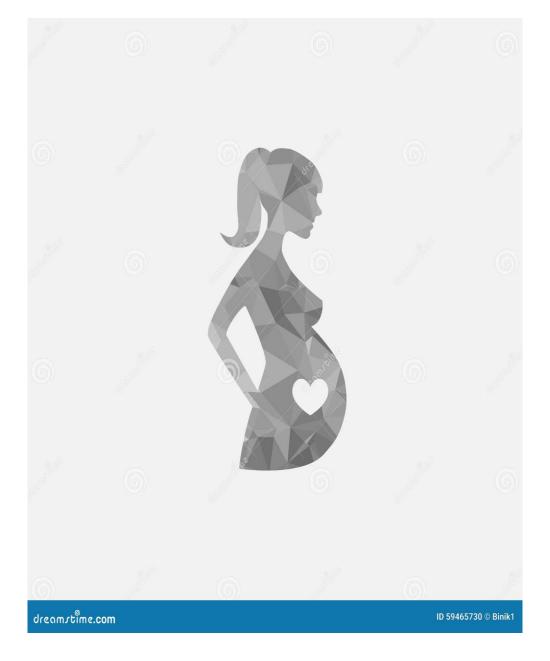
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#### Today's Highlights:

- 1. Introduction
- 2. Objectives
- 3. Methodology
- 4. Results
- 5. Conclusion

### 1. Introduction

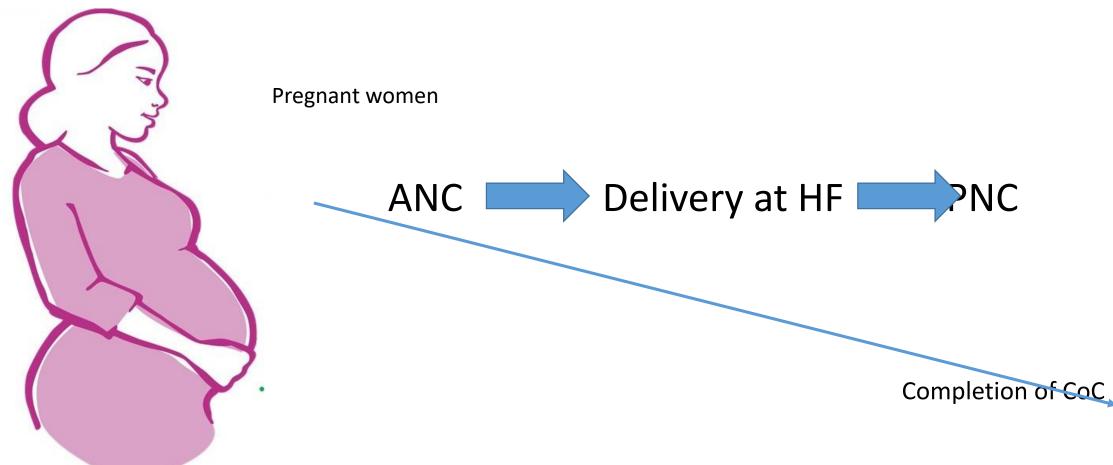


## Introduction: Utilizing Health Facilities During Childbirth

- Utilizing health facilities during childbirth is important for reducing maternal and child morbidity and mortality.
- Nepal has been promoting maternal healthcare services for many years through a free delivery and transport scheme for women who deliver in health facilities.
- Literature suggested that wealth status and caste/ethnicity are the major factors in inequalities in health facility utilization in Nepal.

#### Introduction:

Institutional delivery is a major component in the Pathway of a continuum of care for maternal healthcare services



## 2. Objective of the study



This study gauges the trend of institutional deliveries in six different Demographic and Health Surveys and assesses the inequalities in wealth and caste/ethnicity for institutional deliveries

#### 3. Methodology: Data from NDHS

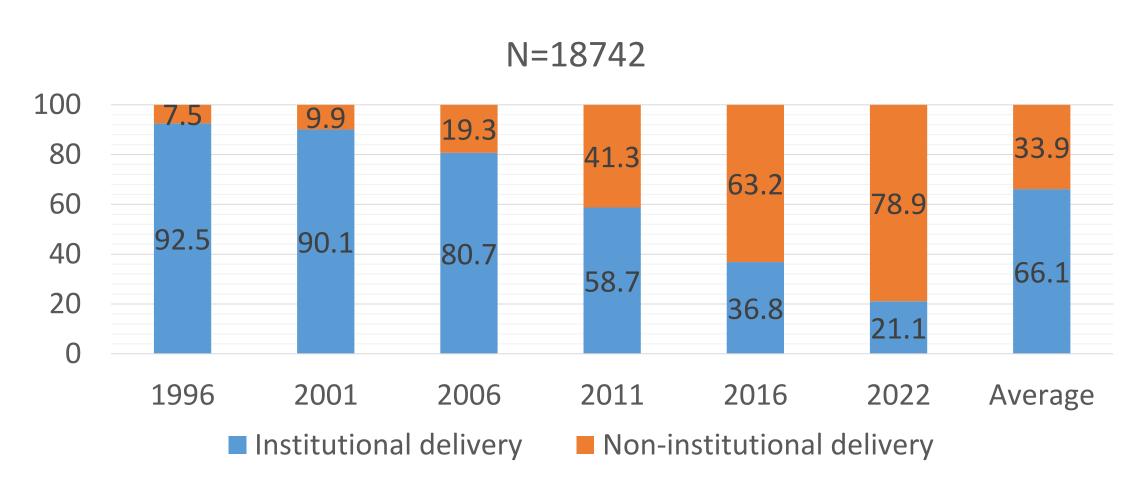
- This study is a further analysis of Nepal Demographic health Surveys (NDHS).
- The study used all six rounds of survey data: 1996, 2001, 2006, 2011, 2016 and 2022.
- The different survey collected data from births of the last 3 to 5 years.
- The survey years 1996 and 2022 collected data for the last three years only, other four surveys collected data for last five years.
- To make uniformity, the analysis used the births from the last three years preceding the survey.
- The women who had the last live births in the last three years preceding the survey were pulled into a single dataset of 18,742 after applying sample weight.
- As the analysis covered the last live births in the last three years preceding the survey, the study covered 1993 to 2022, almost 3 decades.

#### Data analysis

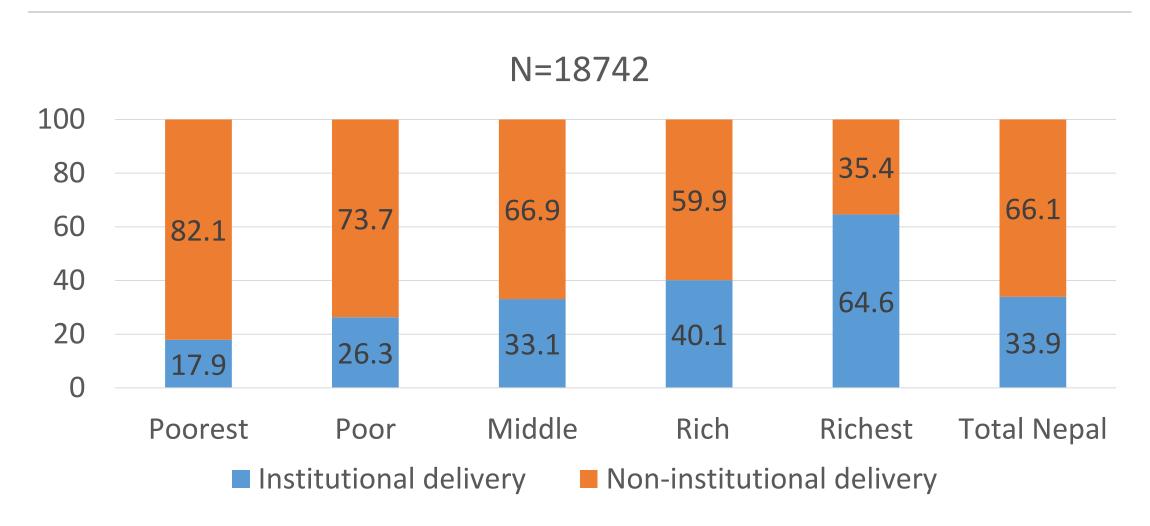
- Carried out trend analysis from 1996 to 2022
- Analyzed pattern of Institutional Delivery situation for wealth and caste/ethnicity
- The Concentration Index (CI) is used to calculate the inequality of utilization of HF during childbirth

• The CI of 0 means perfect equality of utilization of complete CoC across all wealth quintiles. In contrast, positive CI (towards1) indicates that utilization is more concentrated among higher quintiles and negative CI indicates pro-poor inequality.

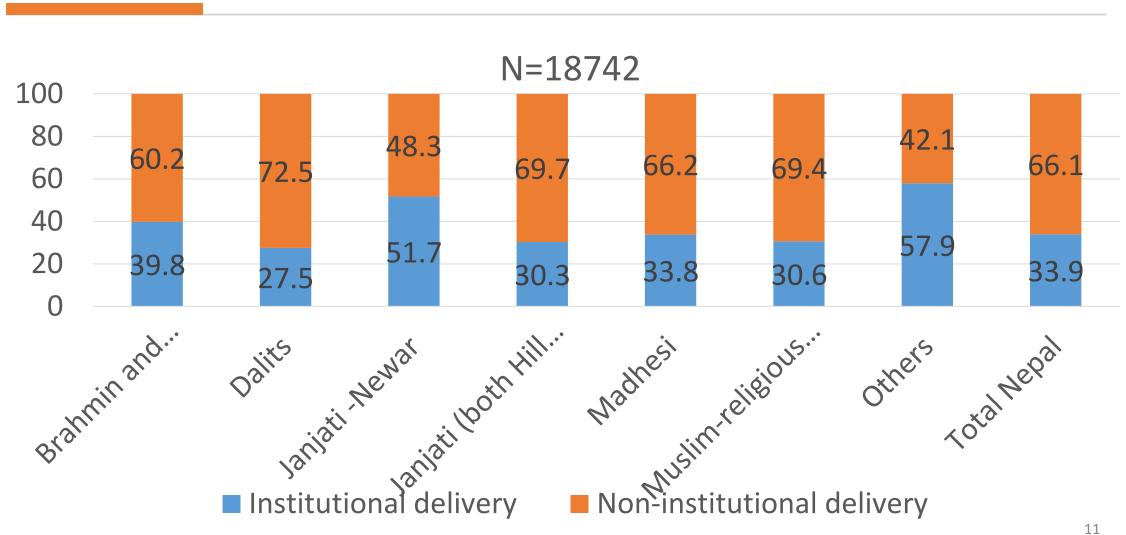
Result: Institutional delivery was 34% in aggregate for the last 30 years and ranges from 7.5% in 1996 and 78.9% in 2022 (Increased by 10 folds)



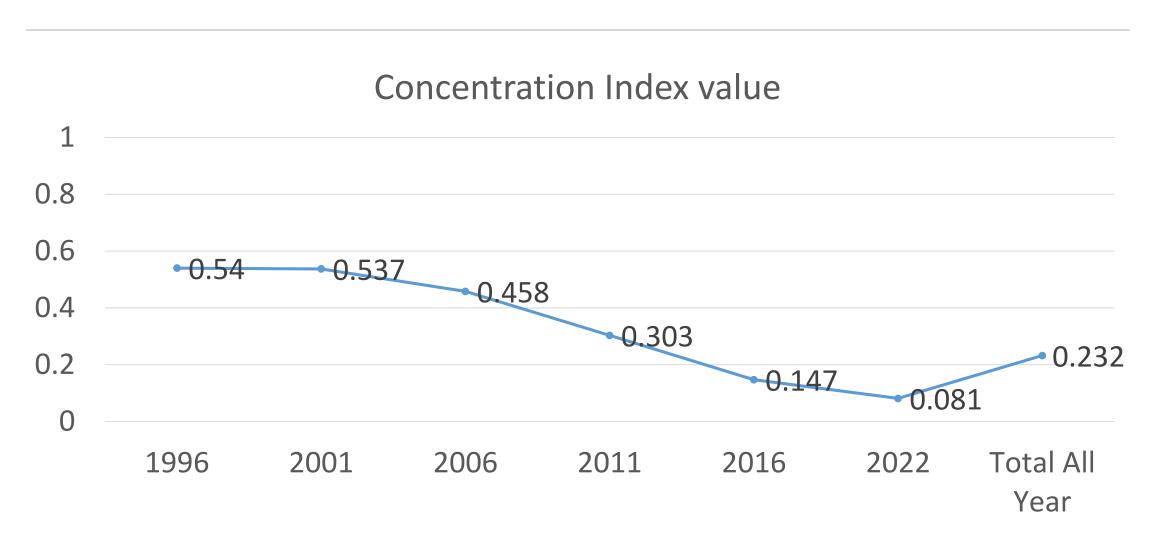
## Result: 18% poorest women delivered in HFs whereas the rate was 65% among the richest women



#### Result: There is a significant gap in receiving Institutional Delivery in women of different Caste groups



## Result: Inequality is significantly persisted in Institutional Deliveries in Nepal.



#### Conclusion and way forward

The Institutional Deliveries have increased by more than 10 folds in 2022 from 1996, there are still 1 fifth of women who do not have access to health facilities for their childbirth.

There was a significant gap in utilizing HFs during childbirth among different wealth quintiles and different caste/ethnicity groups

Inequality significantly persists in institutional deliveries in Nepal.

The planner and policymaker should **emphasize strengthening Institutional Deliveries** for specific target groups in Nepal to reduce the gap among women.

#### Brief Bio of Presenter

Sujan Karki is a public health professional from Nepal, with over 20 years of experience in research methods, data analysis, monitoring, evaluation, and learning. He holds a Master's Degree in Public Health, an MA in Population and Reproductive Health Research, and an MPhil in Population Studies. He is currently doing PhD in Applied Demography and Social Research at the Institute for Population and Social Research, Mahidol University, Thailand.



## Thank you