

Assessing the Demand-side and Supply-side Constraints in the Utilization of Maternal and Child Health Care Services in Rajasthan, India

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Abstract

Maternal and child health (MCH) care play pivotal roles in shaping the health landscape of any society, and yet, in regions like Rajasthan, India, challenges persist in ensuring seamless access to these vital services. This research paper presents a comprehensive examination of demand-side and supply-side constraints affecting maternal and child health care utilization in the districts of Jaipur and Bikaner in Rajasthan. Using primary survey data, the research assesses women's experiences with antenatal care, institutional delivery, postnatal care, and child immunization, while identifying key barriers to access. The findings reveal substantial supply-side challenges, including long waiting times, inadequate staffing—particularly the absence of female doctors—poor service quality, lack of privacy, insufficient availability of free medicines, and inconsistent cleanliness in health facilities. Demand-side constraints such as lack of awareness, cultural perceptions that pregnancy and childbirth are natural events not requiring medical attention, family restrictions, transportation barriers, time constraints, and the absence of financial incentives further hinder utilization. The study concludes that improving maternal and child health care requires a dual approach that strengthens health system infrastructure and service quality while simultaneously addressing socio-cultural and economic barriers at the community level. These insights can guide policymakers in designing targeted interventions to enhance MCH outcomes in Rajasthan.

Keywords: *Maternal and Child Health, Utilization, Demand-side, Supply-side, Constraints*

Introduction

Maternal and child health (MCH) constitutes a critical pillar of public health and is central to improving the overall well-being of communities. Despite significant progress in expanding primary health care services across India, many regions—particularly

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