

Women's Experiences of Institutional Delivery in 2 blocks of Uttar Pradesh in 2008

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Method for selection of respondents

- Capacity-building workshop in February 2008,
- Survey in two blocks of UP with 10,000 population each to identify women who had a delivery between January – March 2008
- 129 deliveries were found, with 54 women who attempted to deliver in institutions
- Out of 54, only 20 women were interviewed based on their informed consent (could not do all due to time constraints)

About Uttar Pradesh

- 183 million population
- MMR is 517/100,000 live births;
- 78% home births (NFHS 3, 2005-06)
- Half the women are anemic (have remained thus for NFHS 2 and NFHS 3);
- Less than one-third receive ante-natal care and less than 15% receive post-natal care from a formal provider (NFHS 3, 2005-06)

About the study area

Indicator	For UP	For Azamgarh	For Mirzapur
% Rural population	79.2%	92.5%	86.5%
% Scheduled castes	21%	26%	27%
% Muslims	18.5%	15%	7.5%
% Below poverty line	32%	32.87%	68.38%
Female literacy rate	43%	43.4%	39.26%

Profile of the 20 respondents

- Live in areas around 50 km from district headquarters
- Local NGO is working on women's health
- Age 20-35, average age 25.5 years
- Block A- First delivery for 4 women; 6 women have 13 earlier pregnancies, mostly institutional delivery
- Block M - First delivery for 1 woman; 9 women have 32 earlier pregnancies – only first was institutional delivery (ID)
- One family member also interviewed for each

Continuum of care: Ante-natal care

- Block A- 9/10 received TT shots, 1 got IFA, 4 got some check-ups ; Block M – 4/10 received TT shots, 2 got IFA, 3 got some check-ups
- ASHA's role - visit for motivating them for Institutional Delivery (ID); accompanied 5 women in M to hospitals, 2 women visited post-partum
- Why did only 7 out of 20 get ante-natal check-ups when 13 received TT shots from both govt and pvt?
- Why did women (6 of A, 3 of M) seek treatment for complications in pregnancy (some quite serious) from only private providers? Is there a poor perception?

Continuum of care: delivery

- Decision to deliver in a hospital – planned early by most (8/10 in A and 7/10 in M); ASHA's information about 1400 was also a motivating factor for a few
- 4 (A) +9 (M) women went to govt institutions; 4 women report delays on arrival
- Formal admission - 3 in M, 0 in A
- Seeing a doctor in govt instn – 0 in M, 3 in A
- In A, women report rudimentary facilities, lack of water or electricity at the centres
- A woman in M had to leave for the night as there was no electricity (delivered in a tractor while trying to return)

Continuum of care – post-partum

- No post-partum observation in institutions: had to leave as early as 30 min after delivery; leave early even if it is 3 am at night
- 8 women suffered from post-partum complications – fever, bleeding, ‘weakness’; 6 in A went to private doctors; 1 woman in M and 1 in A went to the govt instn
- 2 women in M report the ASHA visited them after delivery

Quality of care - 1

- One tribal woman in M reached an empty sub-centre and was delivered by the local ASHA; faced abuse for being unable to pay her Rs 200
- Another's delivery in M was done by the ASHA and Dai, since the ANM was busy chatting
- Another one in M was asked to leave when her labour was not progressing; had to beg the ANM to 'do something'

Quality of Care - 2

- In A, one woman with slight pains was asked to leave at once by the staff at the institution
- In M, a woman who reached the PHC on a holiday, had to first wait, then was told to come back later even though her amniotic fluid had drenched her clothes. She returned home after waiting there till 2pm. By 6 pm she was in agony; the ANM came and gave her an injection, then left. Finally she delivered late at night with the help of neighbours.

Quality of care- 3

- One SC woman in M had to travel home with the cord attached as the ANM would not cut it unless they paid her what she demanded
- One Brahmin woman in A had to lie in a mess all night as the private doctor would not clean her (cleaned the baby only)
- Some improvement is noted: *“This time the nurse did not behave badly. However during my previous delivery, she had scolded me and even slapped me”* (UPA-9, 22yrs, OBC).

Quality of care - injections

- Every single women who reached an institution received up to 4-5 'dard bhadhaney wali sui' (injections for increasing the pain)
- No regular checking by qualified medical personnel (some did not see any doctor); babies born 30 min-3 hours later
- In A, 3 women were administered IM injections, 7 were given IV injection
- In M, all the 8 women received IM injections; one was given by the ASHA (leaving the 2 who delivered in tractors)

Costs and JSY

- In A – 8/10 women had heard of JSY; 4 were eligible, 3 attempted to get it, only 1 got the money
- In M – 9/10 knew about the JSY; all 9 had applied, 7 had got the money – mostly spent on food and treatment
- *“The reason why the health personnel do not listen to us is that we are tribals and the health personnel have neither any compassion nor any respect for us” (Father-in-law of UPM 8 who had travelled a long distance to try to get the JSY money)*

More expenses than JSY money

- *“If the expenses in the government hospitals are so much then what was the use of going there? It is better to go to private hospitals instead. For the government health personnel, patients do not matter; they are not interested in saving their lives, the only thing that interests them is making money ... the government health services do not work for the benefit of the poor and needy people.”*
(Husband of UPA 2, OBC)
- *“If you do not have money, then the nurses will not treat you, in fact they will turn you away”.* (UPM 8, 22yrs, ST)

Who bears the costs of care?

- Private institutions – C-section can cost 13000 to 35000; normal delivery can cost 1000 to 2100
- Government institutions – costs of delivery from 300 to 1900 (In A) and 200-500 (in M)
- Pregnancy complications treatment – 250-4800
- Post-partum complications treatment- 100-10,000
- To claim JSY – 250 to 500 (card, travel)

Transportation

- In A, women went in jeeps (6), motor-cycle(1), carts (3); in M, women went in jeeps (2), carts (2) and tractors (4)
- Costs range from 300, 400, 600 to 3000
- One returned on a cycle half an hour after childbirth
- One returned after hitch-hiking a lift part of the way on a truck at 3 am (baby got pneumonia, spent 10,000 on treatment)

Key Concerns emerging

- Women contacted the health system during pregnancy but received little beyond a TT shot
- Transportation is painful for all, no help from for this for referral or after discharge
- ASHA's role encouraging in M; higher JSY in M
- Institutions are not yet ready to receive women and staff may delay or refuse care
- Facilities quite basic, does not make it any improvement over home delivery

Key Concerns - 2

- No women saw a government doctor in M, but were were given intra-muscular injections to speed up labour (even by an ASHA), few IV
- Deliveries actually done by ANM or ASHA or Dai; women may not be cleaned up; one was refused cord cutting by ANM
- Poor post-partum care or follow-up, despite serious complications
- Expensive treatment for complications is borne privately; some quite irrational
- Overall costs can be very high for poor families

Thank you!

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