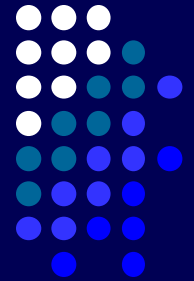


Quality of care in rural Karnataka: Women's experiences of institutional deliveries

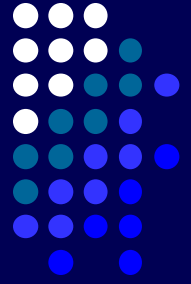
Belaku Trust
Bangalore
April 22, 2009

Karnataka profile



- MMR 123/100,000 (UNICEF), 228 (written response in Assembly)
- IMR 48/1000
- NMR slow decline
- Median age at first birth 19.1 years
- One of 10 states at or below replacement level
- Slightly better than national average on most counts
- Wide disparity within the state – Hyderabad
Karnataka

Study area



Taluk within Ramnagaram District, Bangalore
Rural until 2008

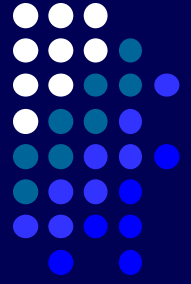
Headquarters of taluk 60 km from Bangalore

Large taluk - geographical spread and
population

Varied level of development within the taluk

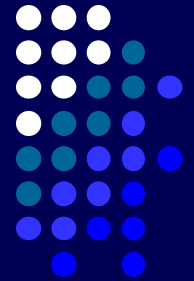
Flagged as one of the 33 backward taluks in the
state

Study respondents



- 8 villages chosen, distance from town headquarters (4 – 25 km), avg 13km
- Potential respondents from each village: those who participated in a larger, concurrent QoC study and delivered in stipulated time
- 10 women, 6 randomly chosen, 4 purposively (SC and health centre mix)
- 6 women SC (4 Dalits), 4 OBCs (dominant caste)

Summary of deliveries



Total number of women who delivered: 10

Institutional deliveries: 10

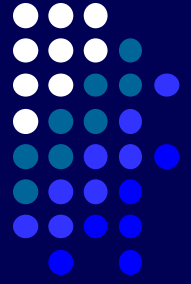
ANMS/Nurses

- Subcentre: 1
- PHC : 3

Docs/combo

- Taluk hospital : 1
- District hospitals : 2 (both C-sections)
- Private hospitals :3 (1 C-section)

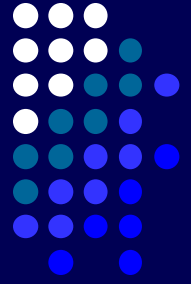
ANC



All women received ANC

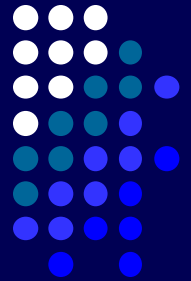
- 3 depended solely or in part on home visits by ANM
- 3 went to PHC, 3 to private doc, 1 to city govt hosp
- Costs: 1 woman spent Rs 10 for 5-6 ANM visits, rest saw more than 1 provider, spent between Rs 1000-4000

ANC - Quality



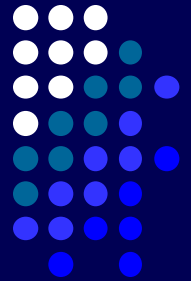
- All women received at least 3 ANC visits, content varied
- Between 3-9 injections reported
- 3 had sonograms in private clinics
- 3 women specified no physical exams

Quality of care in institutional births



- Overall, women perceived the care to be satisfactory to good, but only when payments and tips regularly given
- Desire for female providers
- Discomfort with health centres - procedures, being alone, multiple injections
- Lack of communication about developing complications

Transportation



All of the women used private transport

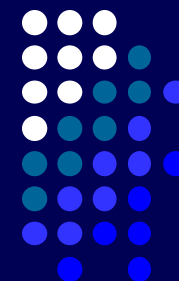
Hired cars - 2

Autos - 7

Both - 1

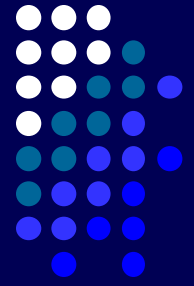
2 respondents DK cost, remaining spent
between Rs 100 - 2000

Costs of Delivery



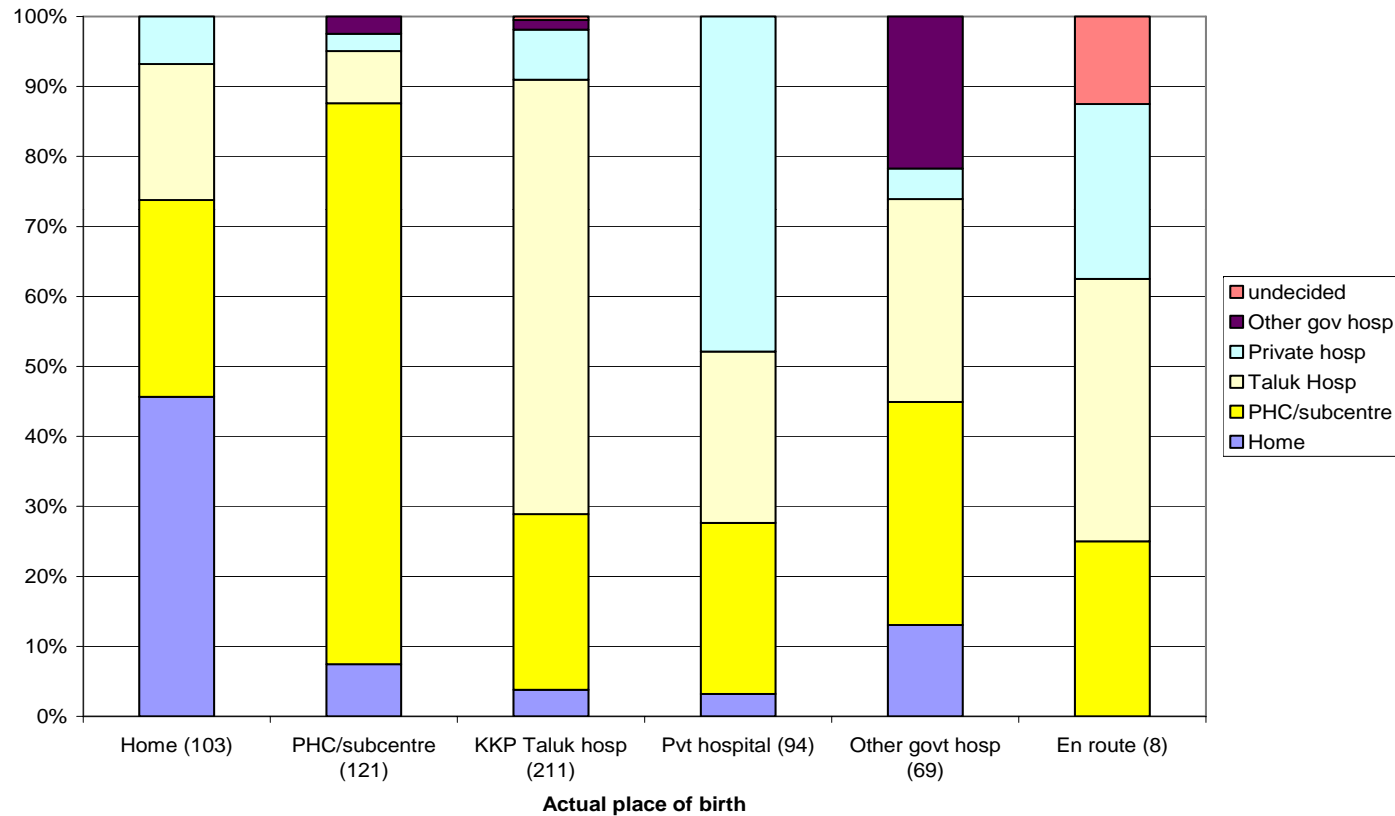
Caste group	SC Dalit	SC	SC Dalit	SC Dalit	OBC	SC	SC Dalit	OBC	OBC	OBC
Econ status natal home	Low	Med	Low	Med	Low	Med	Med	Med	High	High
Total reported cost (in Rs)	700+	8000 Loan	600 Loan	700+ Loan	1500 Loan	5000 (pvt) Loan	1700 Loan	20,000 (pvt) Loan	22,000 bill amt Rs 15,000 Loan	10,000 (pvt)

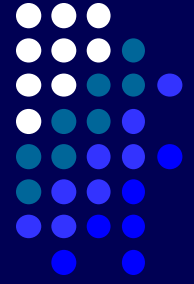
JSY



- FIL and husband of 1 woman received money
- 9 women did not receive JSY:
 - 2 women already have 2 children
 - 2 women do not have income certificate/BPL card
 - 2 did not ask; one because she was not living in marital village
 - 1 asked doctor in district hospital
 - 1 told ineligible, delivery by private provider
 - 1 not aware

Switching from planned to actual place of delivery (N = 608)

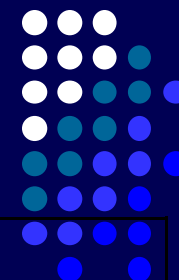




Reasons for switching

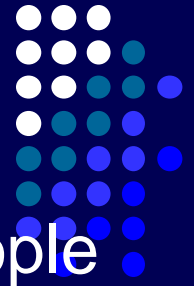
- Referred upwards (26%)
- Self decision (24%)
- Facility closed (24%)
- No time (9%)
- Transport problem (9%)

Cost of Delivery Care (N=608)



Type of cost	PHC or Taluk hospital	Other Govt hospital	Private clinic/hospital
Provider payments	Rs. 600 min 0 max 8000	Rs. 700 min 0 max 6000	Rs. 3400 min 0 max 28,000
Medicine	Rs. 300 min 0 max 2800	Rs. 600 min 0 max 8000	Rs. 650 min 0 max 15,000
Travel	Rs. 200 min 0 max 2500	Rs. 550 min 25 max 5000	Rs. 300 min 0 max 4700
Total cost (normal deliveries)	Rs. 1200 min 0 max 15,000	Rs. 4500 min 1000 max 20,000	Rs. 4000 min 500 max 40000
Total cost (caesarian sections)	Rs. 1590 min 1180 max 2000	Rs. 8000 min 1000 max 27 000	Rs. 21,500 min 3,000 max 58 000

Observations



- Content of ANC has improved; however many people are still getting tests at private labs thus increasing cost of care
- Multiple providers sought, variety of reasons
- Need for better communication between providers and women/families
- Give information early on maternity benefits
- Advise women/families to have a birth plan
- Cost of care high - burden on poor families
- Need for improved neonatal/postpartum advice and care
- ID may negatively effect outreach as staff needed in health centre due to increased patient volume