

**Women's experience of
Institutional Delivery in 2 Blocks
of Patna District, Bihar
22nd April 2009, IIC, New Delhi**

**Mahila Bal Jyoti Kendra
Shaktivardhini
Centre for Health and Social Justice**

Key Indicators of Bihar

- Population – 8,28,78,796
- MMR – 371 (Ranking 12 in 16 major states)
- IMR – 61
- Literacy – 33.57% (female)
- Literacy in Patna – 63.82%
- Sex Ratio – 921
- Average population of a district – 22,39,967
- Institutional Delivery – 27.7% (15% in DLHS 2)
- Safe Delivery – 31.9%
- Women who received JSY cash – 9.7%
- Delivery at home assisted by Skilled Health Personnel – 5.9%

District Health Infrastructure Profile of Patna

District level

- Government Hospitals – 3
- Private Hospitals app. 7
- Faith Based – 4
- District Hospital – nil
- Subdivision hospital – 2
- PHC – 16
- APHC – 63
- SC - 417
- Referral - 4

Information on 2 Blocks

Block	% SC	% ST	Literacy Rate(7+)	% Rural
Block A	16.56	0.05	60.28	100
Block B	12.07	0.43	63.60	34.76

More information on Block

Block A

- The taluk hospital is located at a distance of 29 km
- The district hospital (PMCH) is located at a distance 45 km
- The nearest PHC is located within 10 km
- PHC & CHC
- Seven private hospitals at a distance of 10 to 15 km
- The nearest government hospital (PMCH) with C-section facility is 45 km away from the study area
- The nearest government hospital (PMCH) equipped with a blood bank is 45 km away from the study area
- The nearest government hospital (PMCH) with MTP facilities is also 45 km away.

- Block B is located on NH 84
- The taluk hospital is located at a distance of 15km
- Only PHC (is closer to HQ)
- The district hospital (PMCH) is located at a distance of 30 km
- The nearest private health clinic is about 4 km away
- The nearest government with C-section facility is 30 kms away from the study area (Anumandal Hospital)
- The nearest government hospital equipped with a blood bank is 30 kms away from the study area (PMCH)
- The nearest government hospital with MTP facilities is also 30 kms away (PMCH).

Maternal Health Interventions in Bihar

- Janani aur Bal Suraksha Yojna
- Mamta Scheme
- Muskan Ek Abhiyan

Methodology

- Orientation workshop on objective and methodology in February 2008,
- HH Survey in two blocks of Bihar with 10,000 population each to identify women who had a delivery between January – March 2008
- 126 deliveries were found, with 85 women who attempted to deliver in institutions
- Analysis is based on 17 in-depth interviews out of 85 women, based on their informed consent & convenience of field organizations
- Block A – 9 women ID (1 delivered at home as she was returned) & Block B – 8 women ID

Profile of All Respondents

	Total	Home Delivery	Institutional Delivery
Total	126	41	85
Mean Age	25.14	23.77	25.87
Dalit (SC AND ST)	44 (36%)	13 (33.3%)	31 (36.5%)
Non Dalit	81	33	54
Without Schooling	57 (46%)	17 (43.65)	40 (47.1%)
10 th Pass	15 (12.7%)	7 (17.07%)	8 (9.4)%

Profile of 17 Respondents (Indepth Interview)

- 11 OBC, 4 SC, 2 ST
- 9 - Non Literates, 4 – 1 to 3 years education, 2 – 3 to 5 years education. 2 – 6-10 years of education
- Age – Between 18 & 40 (mostly in the range of 20-30 years)
- Family Income – Between Rs.500-Rs.1800

Findings - ANC

Though most women received some form of ANC, but regular ante natal care missing, provider incl. frontline workers, private providers

Block A –

- 8 out of 9 got at least 1 ante natal check up done
- 7 out of 8 got at least one check up at govt. facility
- 2 women went for check up at pvt facility
- 3 out of 9 reported receiving iron tablets
- Anganwadi sevika made home visit in few instances
- 1 woman did not get any check up

Block B –

- 4 out of 8 got registered at anganwadi
- These 4 women received 2 TT shots
- 3 women got check up and 2 TT shots at private facilities
- Women said iron tablets were not available at anganwadi kendra

Choice of Place of Delivery

Based on:

- Experience based on previous deliveries – mixed response
- Perception of better facilities at hospitals
- Depending on whether staying at parental or marital
- Attraction of JSY cash assistance
- But some hopes crashed:

“Because government hospitals lack facilities, we have had to face a lot of problems. We don’t have much money at home and we had to borrow money to go to a private nursing home. The accumulated capital that we had kept aside for the purpose of cultivation had to be utilized. My experiences in government hospitals have been bad. I witnessed how the health personnel were treating a pregnant woman; they were using such abusive language and cursing her and they sent her away without treating her. Because of a lack of facilities one of women in the bed next to me died during delivery. She had come unaccompanied and God knows to which place she belonged. But both she and the baby died. After all these experiences I don’t feel like going to government hospitals any more” (BMBJ 6, 22 years, OBC)

- Block A – 5 out of 9 went to govt. facility to deliver, 2 in Pvt., 1 Home + 1 Death
- Block B – 8 out of 8 went to govt. facility deliver

Transportation

Mainly arranged by family. Driver played a key role at times. Transportation expenses not met by JSY for diff. reasons in some cases

Block A

- Tempo – 4
- Ambulance - 1
- Jeep - 3

Block B

- Rickshaw – 4
- Tempo – 3
- Hand Pushed Cart - 1

Experiences of Admission and Delivery

- 1 Maternal death (1 woman observed death in next bed & 1 Bhabhi also died), 2 neonatal mortalities (more in prev. preg.)
 - Multiple referrals at times
 - Admission – usually on time but had to wait for v.long in some cases
 - Frequent use of *Dard Badhanewala* injection
 - Miscalculation of delivery time often
 - Avg time spent after delivery 6-7 hours
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- **Block A**, 4 examined by nurse and 1 by Doctor
 - 5 cases, pain enhancing injections used without IV drip
 - 1 woman delivered in ambulance on way of referral
 - Women had to wait for admission in few cases
 - Time spent at hospital after delivery - Avg. 6-7 hours
- **Block B**, 4 examined by nurse and 4 by doctor
 - No doctor present during delivery, nurses and dais present in 2 cases
 - In 6 out 8 cases, pain enhancing injections used without IV drip
 - Time spent at hospital after delivery - Avg. 6-7 hours

Post Partum Care

Though Mamta scheme introduced, concept of PP care almost missing at facility and home, continuum of care??

- Block A - 2 women advised on taking care
- 2 other women reported complications – 1 resorted to home remedy and other absolutely no PP care despite being at government facility
- Block B – 3 women reported that their babies faced complications. 2 women went to govt facility for treatment but 1 not happy with medicine, so went to pvt again. The 3rd woman could not afford treatment, so home remedies
- None of Block B women received any PP care.

Quality of Care

Satisfaction was difficult to gauge as accepting adversities seem to a norm. The culture of complaints almost absent.

- Block A – Most women were not satisfied with facility (7/9)
- Block B – 4 ok with services, though two of them faced problems, sympathizing with service providers
- 4 Women complained
- Both PHC and PMCH crowded
- 2 women reported no electricity at govt. facility
- Some families which bought soap, thread, etc. were asked to leave them behind at facility
- Only 5 women out of 17 had single beds, 1 had to share, 2 lied on floor
- 1 woman delivered on bed, 1 on bench

Quality of Care

- **Discharge slip had not been given to few women**
- **Most women not aware of complaint mechanism**
- **In most cases, nurses & dais assisted delivery. Doctors were unavailable in most cases (only in 3 cases and 1 came late)**

“The doctor refused to come out of his house and check the woman, although her condition was worsening. The driver of the ambulance who brought the woman, climbed onto the roof of his vehicle and threatened the doctor saying, ‘Either you give us in writing that you are not on duty or you refer us to the district hospital’. It was only then that the doctor came down and wrote out the name of two injections. The woman had become unconscious by then”. (BMBJ 4, 22, SC)

Quality of Care

Poor behaviour of staff was highlighted by some women.

- 1 woman said, *“At that time I was bleeding very heavily. In the morning, they made a bill of Rs. 1000 and even after making such a big bill they asked for some more money as a bukshish. We gave them Rs. 150 which they threw on the floor. Only after we added one hundred rupees more did they take the money. It was only then that they completed the discharge formalities”* (BMBJ 1, 24,OBC)
- *“I did not make a complaint about their behaviour. In fact I don’t even know that we can make a complaint about them and neither do I have any clue where such a complaint can be mad”* (BSH 4, 35, SC)
- Another woman said, *“The staff were shouting and screaming a lot. These government hospitals are so crowded that the staff work under great pressure. I think it is because of this that they are short tempered and keep on shouting”* (BSH 6, 22, OBC)

JSY & Other Costs

- In both the blocks, family income ranged between Rs.500 – Rs. 1800
- 8/17 Women who did not receive JSY cash, incurred costs between Rs.500- Rs.2850
- Costs included purchase of medicine, transportation, charges by dais, nurses, ANMs, anganwadi sevika
- *Dalal* in the scene

Block A

- 3 out of 9 received JSY cash (Rs. 1400) & 1 said she was told she receive it but she did not till the interview date
- Expenditure – Rs. 650 – Rs. 2850
- BMBJ 2's mother narrating her experience said, *“When we went for the ultrasound, a dalal accompanied us. He demanded Rs.1,500 and we began haggling over the price. Just then I met the anganwadi worker of another village. She intervened and settled the price at Rs. 300. I was told to come the following day and collect the report, but when I came the next day it was not ready”*. Cursing the man she said, *“He took 15 days to give the report. The report showed that the fetus was stuck in the umbilical cord”*. (ST)

JSY and Other Costs

- **Indebtedness and mortgage of jewellery was reported by few women**

“We were under the impression that services in the government hospital are available free of cost; but they are not. We spent Rs. 750 on medicines alone. I had not brought any money from home and so the nurses took away my earrings and anklets in lieu of cash and they returned it back to me, only when I got money and had paid them Rs. 1000”. She received the JSY cash after a month and said “We did get the cash but there is no happiness in receiving it, because we had to spend so much of money during the delivery in the government hospital. We might as well have gone to a private nursing home. The facilities that are provided by the government do not reach us. The staff of the hospital are corrupt and they take away everything for themselves”.

(BMBJ 7, 22 years, OBC).

Block B

- 6 out of 8 received JSY cash (Rs. 1400)
- Expenditure on maternity care – Ranged between Rs. 600 – Rs. 1300

More Investigation Recommended

- **Costs incurred from pregnancy through delivery and post partum period**
- **Informal demands by providers**
- **Implementation of JSY and effectiveness in improving quality of care**
- **Use of injections (incl. pain enhancing ones)**
- **Provider behaviour**
- **Post partum care**
- **Role of frontline providers like Dai, ASHA, ANM, Nurse, RMPs (also drivers)**
- **Transportation arrangements**
- **Complications, Referral patterns and Remedies**
- **Distance between block and functional facilities may be indicating difference in outcomes**

Thank You

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