

The Economic Aspect of Delivery Care Utilization

Introduction

Reproduction being one of the vital events of the human life is limited with the number it reproduces due to social and economic constraints. The opportunities for reproduction that embrace them are valuable and it is usually dealt with utmost care, which brings in the economic dependency of the parents in the lime light. The single most expensive event of the reproductive health care is delivery. The delivery charges are a widely varying factor with respect to place and the type of care provided. As because the vaginal birth does not need any major surgical intervention the cost of this procedure of delivery is less than the caesarean sectional births which requires major surgical intervention.

In India where accessibility and availability is a major question, the affordability factor only aggravates the situation. The cost of normal vaginal delivery varies between Rs. 3000 to Rs. 9000 in the government and private health facilities respectively; the same for the caesarean sectional birth is almost double (Satpathy, et.al. 2005). The rising rates of caesarean births in India have also been a concern over the past many years. The rate of caesarean section for the private health facilities fall much beyond the WHO prescribed 5 to 15 percent range. Some of the states in India cross this upper limit even for the caesarean section rates in the government health facilities (Roy Choudhury, 2006). This situation turns grimmer when women from all standards of living are faced with this cost of excessive caesarean births.

This study focuses on the economic aspects of delivery care utilization. In this study an attempt has been made to understand the economic advantages and burden the women in India face in course of their delivery in government and private health care institutions.

Data and Methodology

Accessibility and availability is a major reason for less utilization of the delivery care system in India. To overcome these difficulty only women from the urban regions were selected. The DLHS-RCH – II data (2002-2004) and the primary data collected from the different private and public hospitals from Mumbai, in Maharashtra is analyzed to fulfill

the objective of this study. The analyses has been done on all India and its states and the primary data collected from Mumbai is used to validate the findings at the India and the state level and to find out the expense pattern of a woman in the private and government health facilities that is not available in the DLHS-RCH – II dataset. Simple bi-variate and multivariate techniques are applied to analyze the data sets. The different pregnancy and delivery complications are controlled over the entire analyses to bring out the actual facet of the economic burden faced by the Indian urban women.

Preliminary Results and Conclusion

Table 1. Percentage of Women having Abnormal Position of Fetus (APF) among Different SLI

Household Standard of Living	Percentage of APF
Low	1.3%
Medium	1.5%
High	1.8%
Total	1.7%

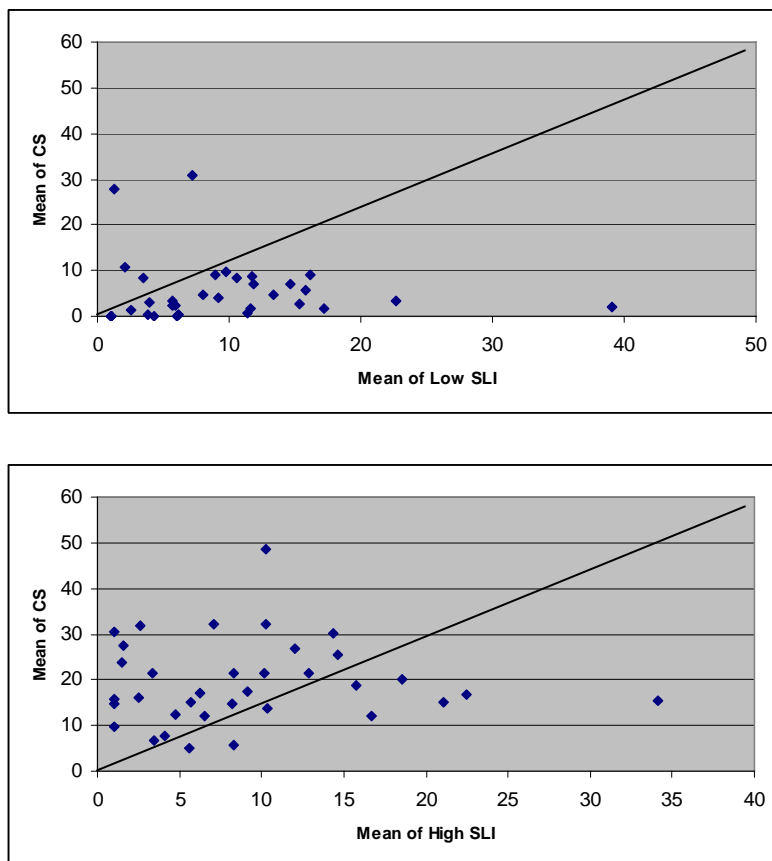
Table 2. Caesarean Section Rate of the Women having an APF

Household Standard of Living	CS rate
Low	25.0%
Medium	37.4%
High	54.5%

From the secondary data of DLHS-RCH-II and the primary data it has been found that abnormal position of fetus during pregnancy is one of the most critical complications that require a caesarean sectional delivery. Table1 clearly describes that this type of complication is 38 percent more among the women from a higher standard of living. It was also found from the primary study that the reporting of the women from the higher SLI is better than the women from the lower SLI. Table 2 gives the distribution of the women from different SLI who went for caesarean section after having an AFP. The percentage of women from higher SLI is almost two times more than the women from the lower SLI. As accessibility and availability is controlled by taking only urban women the affordability factor plays a major role in this differential. It is argued from the findings of the primary data that the cost of the caesarean section is too great to be spent by the women from the lower SLI.

The cost of caesarean delivery has been found to be almost 3 to 4 times higher than the normal delivery in the private and the government health institutions in Mumbai. There has also been a growing trend of referring women to the private institutions, backed by the primary data there was sufficient proof of a nexus that could have grown between the health practitioners and the different private health institutions. The very high rate of caesarean observed in Mumbai may be because of this nexus. It was also found that the information regarding different complications of pregnancy and delivery is not sufficient among the women, because of which the economic exploitation may have been easier with the women from the lower SLI. Whereas it was also observed from the primary sample that the women from the affluent families are better informed and the elective caesarean is of higher percentage in this group than any other reason.

Figure 1. Scatter plot of Mean of SLI category and Mean of CS (State wise)



The disparities in the utilization of a life saving surgery are clear from figure 1. The less is the standard of living the less is the chance for a woman getting the benefits of the caesarean delivery. On more close examination it was also found that CS rates among the

women from lower SLI is less than the WHO specified lower limit of 5 percent. The second graph in figure 1 provides the scenario of the mean CS rates among the women from higher SLI. It is evident from the figure that the women from the affluent families are better utilizing this procedure but with an excess at the same time. The economic factor has become both a benefit and the means of exploitation for these women.

The different ways through which the women are economically exploited regarding their delivery procedure has been seeing a growing trend which can be easily pointed out through the rising rates of caesarean births. The utilization reduced by the dampening effect of the affordability had become a bane for the women in the lower standard of living.