

By Usha Rai

The government's Janani Suraksha Yojana is pushing pregnant women towards institutional deliveries, but a study finds that the system is not ready to handle them. Women report terrible experiences at public health centres

A small but significant study done on institutional deliveries in eight blocks of six states of the country between January and March 2008 by voluntary organisations shows that for the women who had chosen to have their babies in medical facilities prescribed by the government, "it was a bad experience," says Jashodhara Dasgupta of Sahayog, a Lucknow-based NGO working on health issues.

Very few women got the financial incentive that had been assured if they deliver in government health centres or accredited private institutions under the Janani Suraksha Yojana (JSY). Launched by the government under the National Rural Health Mission in 2005, the JSY is expected to reduce maternal deaths through skilled care. Some 60,000 to 70,000 maternal deaths occur each year in India and 20 to 30 times more women become very ill due to pregnancy, childbirth or abortions. For rural women in states with high maternal mortality rate, the incentive is Rs 1,400 and in urban areas it is Rs 1,000. There is also a promotional incentive for the link worker called ASHA (Accredited Social Health Activist) who accompanies the woman in labour to the hospital. With these incentives, it is true that institutional deliveries have increased from 30% in 2003 to 40% in 2005-2006 but the care and comfort levels that women were expected to experience is just not happening.

Though just 68 cases of those who had their babies in prescribed health facilities were studied, the study indicated the range of experiences that women face when they go to the hospitals for childbirth. Not a single of the 68 cases studied in-depth was seen by a doctor. So it was the ASHA, the ANM or the nurse who did the delivery. The women who travelled long distances in tractors, carts, cycles, motorcycles, buses and jeeps to reach the government facility had to run around to get attention; they had to spend a significant amount on their medicines and often had to deliver on the floor. Significantly, some of the women who had come with labour pains or their clothes soaked in amniotic fluids were asked to come back later because there was still 'time' for the delivery. One of them had the baby in the tractor on her way home. Another delivered on reaching home. In Bihar a woman died during childbirth.

The study covering a population of 80,000 -- 10,000 in each block—was done jointly by six NGOs working on health issues -- ASHA, West Bengal, Belaku Trust, Karnataka, Centre for Health and Social Justice, New Delhi, which worked with Mahila Bal Jyoti Kendra and

Shaktivardhini in Bihar; EKJUT, Jharkhand; SAHAYOG, Lucknow, which worked with Shikhar Prashikshan Sanssthan and Gramin Punarnirman Sansthan in UP and SAHAYOG with Mahila Kalyan Sansthan in Uttarakhand.

Of the 126 deliveries in the three-month study period in Bihar, 85 were institutional deliveries (IDs) and 17 were interviewed. In Jharkhand 10 of the 49 births were ID and 9 were interviewed. In the two blocks of UP 59 of the 129 births were IDs of which 20 were interviewed; in Uttarakhand 43 of the 73 births were IDs and 9 were interviewed. Karnataka was part of a larger study of a population of 10,000 and 10 were interviewed.

In West Bengal just three of the 87 births in a population of 15,000 were IDs and all three were interviewed. The very poor use of available health facilities for delivery in West Bengal could be because the block covered was Murshidabad, one of the most backward districts of the state with a predominantly Muslim population. The women were *beedi* workers. While two women in their 20s had their first babies through normal delivery, the third woman in her 40s had a C-section and the child was stillborn. It was the woman's sixth pregnancy and her first delivery in an institution and she spent Rs 5,000.

In Karnataka (Kanakpur taluka of Ramnagaram district) all ten women delivered in institutions; seven had normal deliveries and three had C-sections. Only one of the 10 received the JSY incentive. Though the quality of care was satisfactory in Karnataka, the women had to spend a lot of money for transport (ranging from Rs 100 to Rs 2,000) and the delivery. The cost of a normal delivery in a PHC or a taluka hospital ranged from Rs 1,200 to Rs 15,000; in urban government and private hospitals it ranged from Rs 4,000 to Rs 4,500. The cost of a C-section ranged from Rs 2,000 in a PHC/taluka hospital to Rs 58,000 in a private facility. The major demand of the women interviewed was there should be female health providers.

In UP, Bihar, Jharkhand and Uttarakhand institutional deliveries were a terrible experience. Very few got the incentive promised under JSY, they spent a lot of money at the hospital – for delivery, for medicines, by way of bribes and *baksheesh*. They were all very poor women (many of them SC, ST and OBC) and it was disturbing that they had to spend so much, the NGOs who did the study have pointed out. The crass demand for money is best illustrated by the woman from Bihar who was not given her discharge slip because she had only Rs 750 on her and the government hospital demanded Rs 1,000. The woman's earrings and anklets were kept by the hospital nurse till she came back with the money demanded.

In another instance a doctor refused to come out and examine a woman who had come for delivery. Because the woman's condition was deteriorating rapidly, the ambulance driver who had brought the woman from a rural outback climbed on top of the ambulance and yelled to the doctor to either give in writing that he was not on duty or refer him to the district hospital. By the time the doctor came out and wrote the names of the two injections needed, the 22-year-old woman was unconscious.

In Mirzapur, UP, a woman reported that she was forced to leave at night while in labour because there was no electricity at the hospital. She delivered in a tractor. Most women reported that they had to leave within 30 minutes of delivery and there was no post partum observation. Eight women suffered post partum complications like fever and bleeding which are life threatening and six went to private institutions for treatment. In Uttarakhand the women complained they were given several injections to augment the pain, often this was given directly and not through a drip. Women who complained of pain were abused and shouted at by care providers. In one case a cloth was shoved into the mouth of a woman to prevent her from screaming.

After a presentation of the study, Dr Abhijit Das, Director of the Centre for Health and Social Justice and a member of NRHM monitoring team, pointed out that women were being pushed into institutional deliveries when the system is not ready to handle them. Infection prevention practices are poor in government facilities and the chances of sepsis and haemorrhage are high. While ensuring quality of care in government hospitals, Sangeeta Mourya, who did the Uttarakhand study for Sahayog, has suggested that home deliveries be strengthened since 50% still deliver at home.

(Usha Rai is a senior journalist reporting on development issues)

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