Study on Factors Influencing Women's Choice of Health Facility for Delivery in Urban Bahraich, Uttar Pradesh

By

Vibha Jaswal

Dissertation submitted in partial fulfillment of the requirements of the degree

MBA Hospital and Health Management

Academic year, 2017-2019

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TO WHOMSOEVER MAY CONCERN

This is to certify that **Dr. Vibha Jaswal** student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at **Piramal Foundation** from 6th February 2019 to 8th May, 2019.

The Candidate has successfully carried out the study designated to her during internship training and her approach to the study has been sincere, scientific and analytical.
The Internship is in fulfillment of the course requirements.

I wish her all success in all her future endeavors.

Dr. Ashok Kaushik
Dean, Academics and Student Affairs
The IIHMR University, Jaipur

17 May 2019

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Piramal Foundation

The certificate is awarded to

Dr. VIBHA JASWAL

In recognition of having successfully completed her

Internship in the department of

OPERATIONS

and has successfully completed her Project on

A CROSS SECTIONAL STUDY ON FACTORS INFLUENCING WOMEN'S PREFERENCE FOR INSTITUTIONAL DELIVERIES IN URBAN CHITAURA BLOCK OF DISTRICT BAHRAICH, UTTAR PRADESH.

Date: May 08, 2019

Organization: Piramal Foundation

She comes across as a committed, sincere & diligent person who has a strong drive and zeal for learning

We wish her all the best for future endeavors

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General Manager - Human Resources

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CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **A Study on Factors Influencing Women's Choice of Health Facility for Delivery in Urban Bahraich, Uttar Pradesh** and submitted by Vibha Jaswal Enrollment No IIHMR-U/01/2017-19/0692 under the supervision of Dr. Susmit Jain for award of MBA in Hospital and Health of the University carried out during the period from 6th February2019 to 8th May 2019 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other institute or other similar institution of higher learning.

Dr. Vibha Jaswal

ABSTRACT

A STUDY ON THE FACTORS INFLUENCING WOMEN'S CHOICEOF HEALTH FACILITY FOR DELIVERY IN URBAN BAHRAICH, UTTAR PRADESH

Submitted By: Vibha Jaswal
MBA HM 22, ROLL NO: 0692
Guided By: Dr. Susmit Jain

Introduction:

Bahraich is one of the aspirational districts because of the poor health indicators it exhibits. According to NFHS (National Family health survey) report 2015-2016**,** Sixty-eight percent of children in Uttar Pradesh who were born in the past five years were born in a health facility, while in district Bahraich only **37 %** children were born in a health facility, clearly showing a large gap between state average and district. Also, when it comes to Ante natal care visits, Bahraich stands at the bottom with only **4.6 %** of mothers receiving ante natal care visits for their last birth.In urban Bahraich with umpteen private health facilities the out of pocket expenditure on health is high. With UHND's (Urban health and Nutrition Day) in place, there is a need to conduct proper ANC's at Anganwadi centers and provide information on JSY.

Objective:

To determine the factors influencing women's choice of health facility for delivery.

Methodology:

STUDY DESIGN- Descriptive Study

STUDY SETTING- Urban Bahraich, Uttar Pradesh

DURATION OF THE STUDY- 6th February 2019 to 8th May

SAMPLE SIZE: 115 mothers, using 95% Confidence Interval, 10000 estimated population size with 9.09% margin of error

SAMPLING TECHNIQUE: -Convenience Sampling

SAMPLE SELECTION: -

Inclusion Criteria: -Mothers of newborn babies and mothers of children up to 1 year of age.

DATA COLLECTION PROCEDURE: - Interview was taken through a structured questionnaire. The questionnaire was administered to the mothers of newborn babies and mothers of children up to 1 year of age.

DATA ANALYSIS PROCEDURE: -Data will be analyzed using SPSS software by using cross tabulations to find the relationship between two variables and running simple frequencies to determine the factors that affect women's choice health facility delivery.

DATA COLLECTION INSTRUMENT: - A structured questionnaire was used for the study.

Results: -Women's preference for a health facility came out to be 74 percent of women who delivered in a private health facility as opposed to only 28 percent choosing a government health facility. It was observed that there was a significant association between cleanliness of the facility and choice of health facility for deliveries where it was found that approximately 38 percent women said the private health facility was somewhat clean while 32 percent believed that private facilities were very clean. It was also found that information on JSY plays an important role to decide which health facility to choose.

Conclusion:-

Women having their deliveries done at private hospital believed that they felt more comfortable in a private setting as opposed to a public health facility. The cleanliness level in private health facilities were significantly high than public health facility. It has been observed the number of home deliveries have significantly reduced and women and their family have shown to prefer home facility deliveries as they have been informed by the health workers about it. But most of these deliveries were done in a private health facility. This has a major impact on their financial stability thus increasing out of pocket expenditure on health.

Acknowledgements

I take this opportunity to express my heartfelt gratitude and appreciation to all those who encouraged me to complete this study under their valuable guidance.

I would like to extend a very special thanks to our Dean, Dr.(Col.) Ashok Kaushik, IIHMR University, Jaipur.

I express my sincere sense of gratitude and indebtedness to Dr. Bhawna Bakshi,State Transformation Manager, Piramal Foundation for providing me an opportunity to learn and develop professionally and to be extremely understanding.

I would like to extend my heartfelt gratitude to Dr. Piyush Nayak and Mr. Balmukund Sharma, District Transformation Manager and Additional District Transformation Manager, Piramal Foundation respectively for giving their valuable suggestions and support throughout the study.

I would like to extend my deep gratitude for my Academic guide Dr. Susmit Jain, Professor, IIHMR University, Jaipur, Rajasthan. I am indebted to him for providing his valuable guidance at each stage of the study, advice, constructive suggestions, patience, positive and supportive attitude and continuous encouragement, without which it would not have been possible to complete this study.

I am extremely thankful to the respondents who showed immense patience and involvement in this study.

I hope that I can build upon the experience and knowledge that I have gained in Piramal Foundation and I hope this experience will help me make a valuable contribution in Public Health.

Dr. Vibha Jaswal
MBA HM 22,
The IIHMR University, Jaipur

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LIST OF ABBREVIATIONS

1. **ANM**- Auxiliary Nurse Midwife
2. **ASHA**- Accredited Social Health Activist
3. **AWW**- Anganwadi Worker
4. **ANC-** Ante Natal Care
5. **CHC**- Community Health Center
6. **DLHS**- District Level Household & Facility Survey
7. **DPICS**-Drug Procurement & Inventory Control System
8. **FRU's**- First Referral Units
9. **HRP**- High Risk Pregnancies
10. **JSY**- Janani Suraksha Yojana
11. **MCTS**- Mother and Child Tracking System
12. **MAM**- Moderately Acute Malnourished
13. **NFHS**- National Family Health Survey
14. **NHM**- National health Mission
15. **PHC**- Primary Health Center
16. **SC**- Sub- Center
17. **UHND**- Urban Health and Nutrition Day
18. **VHND**Village Health and Nutrition Day

CHAPTER 1: INTRODUCTION

The high level of maternal mortality in the developing world is an issue of publichealth concern, and India is one of the largest contributors in the pool of maternal deaths, that accounts for about one-sixth of the deaths . As per NFHS 4 survey for year 2015-2016, India's average for institutional deliveries was at 78 percent as compared to NFHS 3survey for year 2005-2006, which was approximately 38 percent.(1) That's a huge jump for India to make sure women have safe deliveries at health facilities. For Uttar Pradesh in particular, this shift has been phenomenal, from 20 percent to 67 percent, a high focus district like Bahraich in Uttar Pradesh hasn't improved for institutional deliveries as per NFHS 4, which is 37 percent, but in urban Bahraich the situation has drastically improved. In this context, this study aims to find the factors that influences women to choose a public or a private health facility. One can attribute the sudden increase in institutional deliveries toJSY which is a centrally sponsored cash incentive intervention scheme launched by the government in 2005 to reduce maternal and infant mortality among deprived pregnant women across the country.

Bahraich district shows a dismal picture in terms of maternal health indicators as per NFHS 4 data. Mothers who had full antenatal care were onlyat 0.8 percent and Institutional births were at 37.4 percent. Institutional births in public facility was only 33 percent.

AIM: To study the factors influencing women's choice ofhealth facility for delivery in Urban Bahraich, Uttar Pradesh.

OBJECTIVES:

To determine the external factors influencing women's choice of health facility for delivery.

CHAPTER 2:LITERATURE REVIEW

Review of literature for the study is organized under the following headings in the given table:

Authors	Study Location	Sample Size	Sampling Techniques	Salient Features
Jha, Paridhi Larsson, Margareta Christensson, Kyllike Skoog Svanberg, Agneta, 2017	Chattisgarh, India	N= 1004	Cross sectional survey, Purposeful sampling	The following study aims to assess the level of satisfaction among women who delivered their babies in a government health facility. It discusses that to measure women's childbirth satisfaction could be complex and could depend on multidimensional aspects. This study expresses, although majority of the women are satisfied with their respective childbirths, there are some significant service gaps that are visible across most of the childbirths and in postnatal healthcare setup. (2)
Bruce, Sharon G Blanchard, Andrea K Gurav, Kaveri Roy, Anuradha, 2015	3 Northern districts of Karnataka, India	N= 110,	Purposive Sampling	In this study it was observed financial and geographical access were important barriers to have access to institutional deliveries, and these were beneficiaries, both

				above and below the poverty line. It was also observed that access in private institutions were affected by the high cost, a continuing fee given at the government hospitals and there is inconsistent receipt of government incentives like JSY, conditional cash transfer, etc. An important aspect observed in the study is choice for a particular health facility delivery is influenced by quality of care and expectations for a comfortable, respectful and safe care that should be addressed specially to change negative perceptions about health facility, particularly public health facility. (3)
Shah, Rajani Rehfuess, Eva A Maskey, Mahesh K, 2015	Chitwan district, Nepal	N= 673 mothers	Multistage sampling technique, Included women who had given birth in the past one year	The study done in Chitwan district, Nepal shows socio- cultural and demographic factors that determine the uptake of birthing facilities by pregnant women. A critical observation made in this study was husband's support plays an important decision for delivering in a health facility. It was concluded that considering the geographical and socio-cultural setup in Nepal, the promotion of institutional deliveries should be worked upon

				through empowerment of women. Significance of distance was seen to birthing facility, i.e. women who lived an hour away from the health facility were more likely to deliver there than the women who lived far away.(4)
Roy, ManasPratim Mohan, Uday Singh, Shivendra Kumar, 2013	Lucknow district, Uttar Pradesh	N= 352 women	Multistage Random Sampling	In this study, it was observed that there has been a rise in the institutional deliveries, but the preference for delivery has been mostly private health facility, it is preferred due to proximity in location and shorter waiting period. The study had certain limitations like retrieving the recently delivered women list from the health workers, recall bias. It also states that the sample size determination was based on the utilization of ANC services, although utilization of government sector for delivery services would be more appropriate for a detailed calculation, that could be explored in future studies.(5)
Sidney, Kristi Diwan, Vishal El-Khatib, Ziad de Costa, Ayesha, 2012	Ujjain district, Madhya Pradesh	N= 418 women	Multistage Random Sampling	As per the survey conducted by National Family Health Survey (NFHS4), 55.4% pregnant women have been recorded to

				receive institution delivery under the Janani Suraksha Yojana (JSY) in the rural areas in Uttar Pradesh. Furthermore, Accredited Social Health Activist (ASHA) workers, establish a link between the pregnant women in rural regions in Uttar Pradesh, the Janani Suraksha Yojana (JSY), and health care centers. This study conducted in Ujjain revealed that a large proportion of women delivered under the JSY program and timely received the cash incentives irrespective of the place of delivery, public or private.(6)

CHAPTER 3: RESEARCH METHODOLOGY

3.1 STUDY SITE: - The study was conducted in urban Bahraich district of Uttar Pradesh, India which as per 2011 census had a population of 34.88 Lakhs, which roughly now could be close to 45 lakhs. The sample was collected from following Anganwadi centers inSalarganj, Kazipura,Najeebpura, Bathalipurva, Bakshipura, Baseelganj, Gujdi, Chandpura, Dargah.

3.2 STUDY DESIGN: - Descriptive study

3.3 INCLUSION CRITERIA: Mothers ofnewborn babies and mothers of children up to1 year of children

3.4 EXCLUSION CRITERIA: Pregnant women and mothers of children above 1 year of age.

Structured questionnaire with close ended questions was developed to capture satisfaction with maternal health services and experience of care. The questionnaire was built on the determinants of maternal care identified in the literature review.

3.5 SAMPLING AND SAMPLE SIZE

In the current study to examine the various factors influencing women's preference for institutional deliveries in urban Bahriach, Convenience sampling method is used which mainly focused on the collection of data from Salarganj in District Bahraich, Uttar Pradesh.

A list of women who were new mothers was generated with the help of ANM in 9 UHND's where the areas mentioned in study site were visited by the researcher. A convenience sampling method was done for 115 samples that were calculated by taking 95 percent confidence interval and 10 % error.

3.6 DATA COLLECTION

For this study, a structured interview was conducted. Each participant's response to informed consent was recorded before initiating the interview.

3.7 DATA ANALYSIS: - Microsoft excel was used for data entry. The data was analyzed using SPSS software. And a simple frequency was used to analyze the data.

3.8 ETHICAL CONSIDERATIONS: - Informed consent was obtained from each respondent before initiating the study. The study participant can at any moment leave the study if she is not comfortable sharing the information. Additionally, the researcher also took all the valid consents and permission from the governing bodies. The researcher has also committed to the respondents that their responses will be kept confidential and will be used only for the research study process.

CHAPTER 4: RESULTS

4.1 DEMOGRAPHIC CHARACTERISTICS

Age: In the following bar chart for age, it can be observed that 55.7% of the female are of age between 20 to 24. Following bar chart also shows taller bar corresponding to the same.

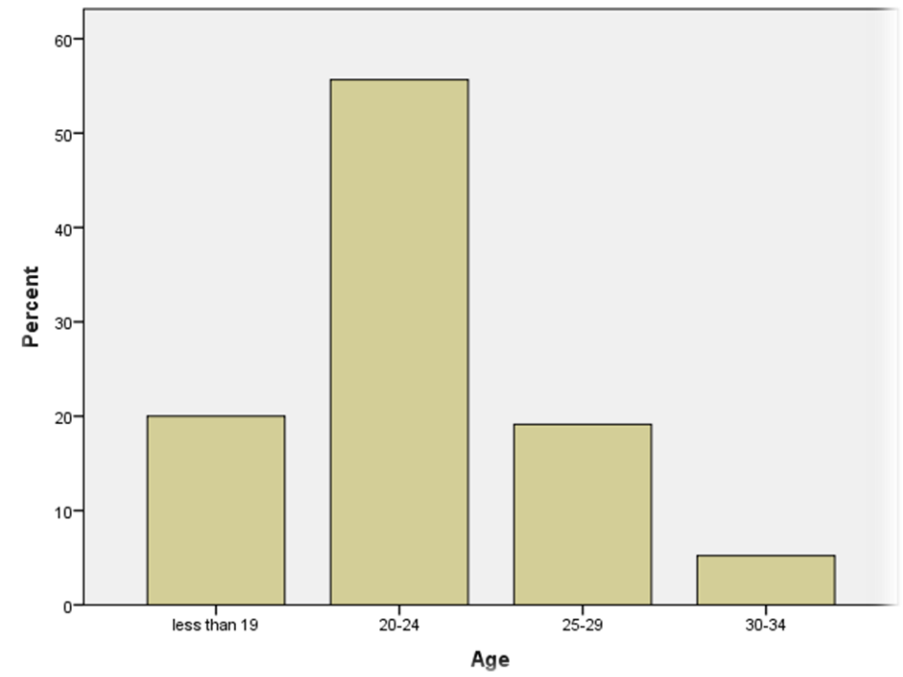

Figure 1: Average Age of the Study Participant

Religion: In the given bar chartit can be observed that 66.1% of the females are Muslim. Following bar chart also shows taller bar corresponding to the same.

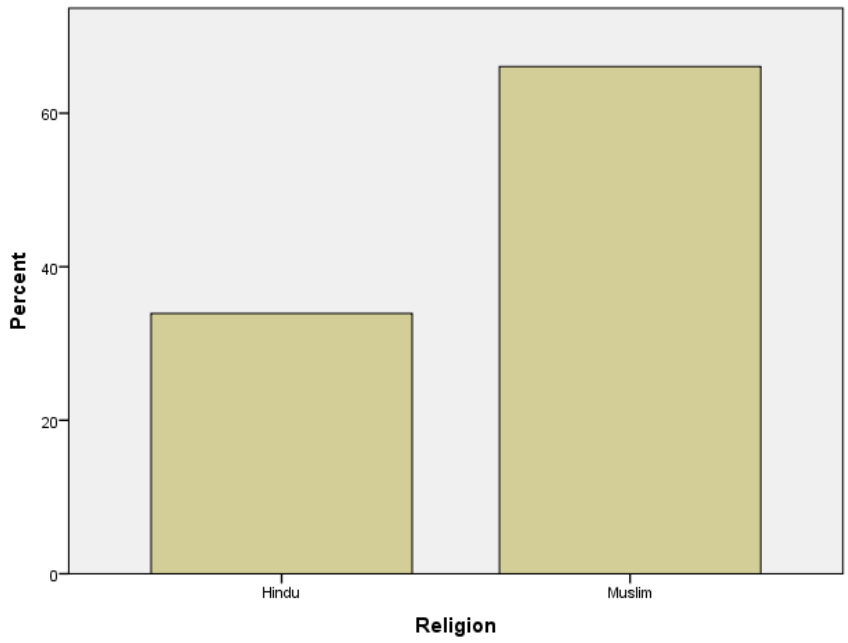

Figure 2: Percentage of Women belonging to a religion

Educational status: In the following figure, it was observed that 73.9% of the female have attained primary education. Following bar chart also shows taller bar corresponding to the same.

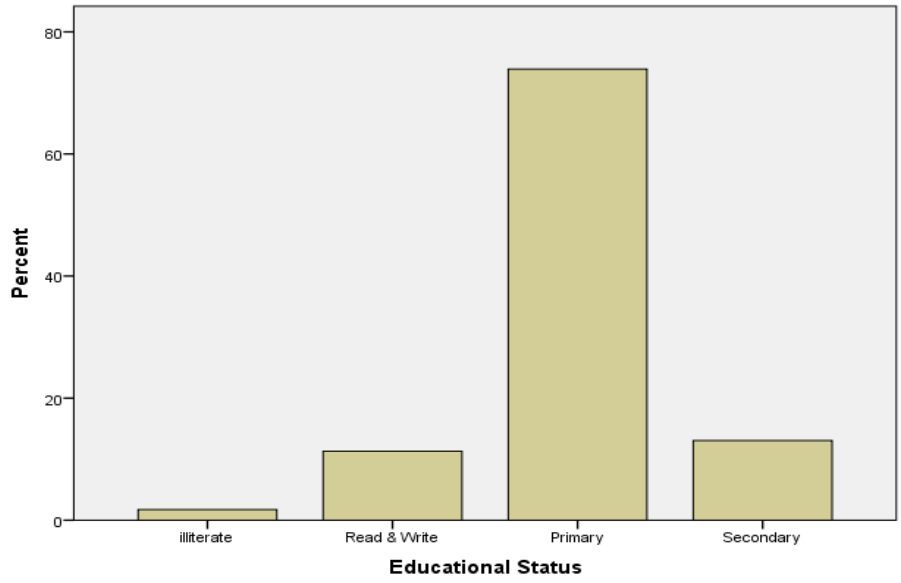

Figure 3: Percentage of women attaining Primary education

Family size: From the following table, we can observe that 45.2% of the female has a family size of 4-6 members.

		Frequency	Percent	Cumulative Percent
Valid	less than 3	32	27.8	27.8
	4-6	52	45.2	73.0
	More than 7	31	27.0	100.0
	Total	115	100.0	

Table 1: Percentage of women having number of members in the family

Age at marriage: From the following bar chart, we can observe that 65.2% of the women were married before 18 years of age.

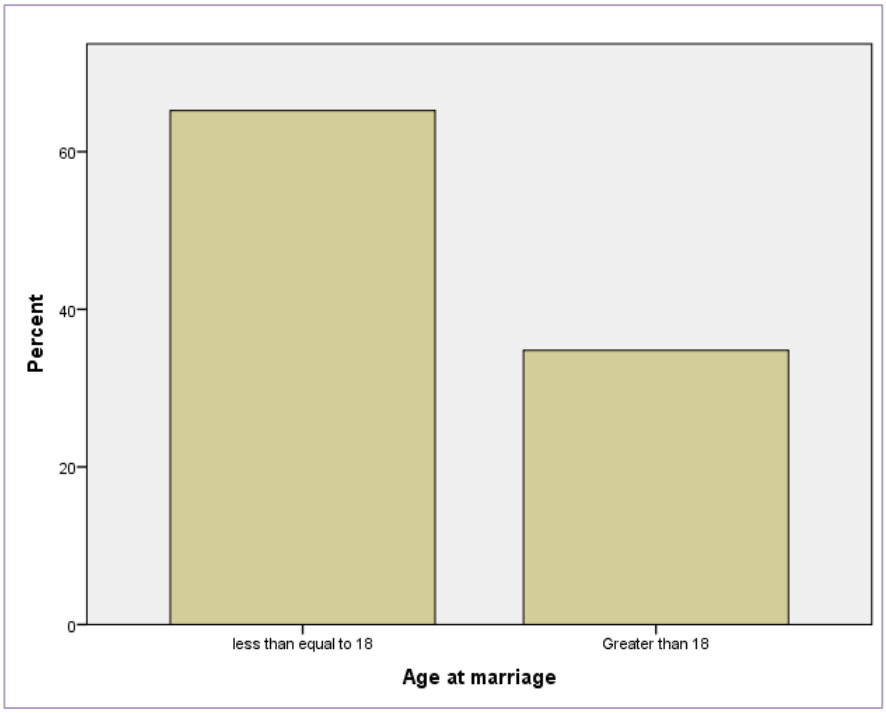

Figure 4: Percentage of women married before 18 years of age

Number of ANC visits

From the following table, we can observe that 56.5% of women had only 1 antenatal care during their pregnancy.

		Frequency	Percent	Cumulative Percent
Valid	No ANC visit	7	6.1	6.1
	1 visit	65	56.5	62.6
	2 visits	43	37.4	100.0
	Total	115	100.0	

Table 2: Number of ANC visits

4.2 SPECIFIC STUDY QUESTIONS

In which health facility did you get the delivery done?From the following table, we can observe that 74.1% of the female delivered in a private hospital while 25.9% of the female are delivered in a government hospital.

		Frequency	Percent	Cumulative Percent
Valid	Private Hospital	80	74.1	74.1
	Government Hospital	28	25.9	100.0
	Total	108	100.0	

Table 3: Percentage of women delivered in Private health facility

What are your reasons for health facility delivery?

In the given figure, we can observe that 70.4% of the female is saying they Informed to deliver in Health facility during ANC. Following bar chart also shows taller bar

corresponding to the same.

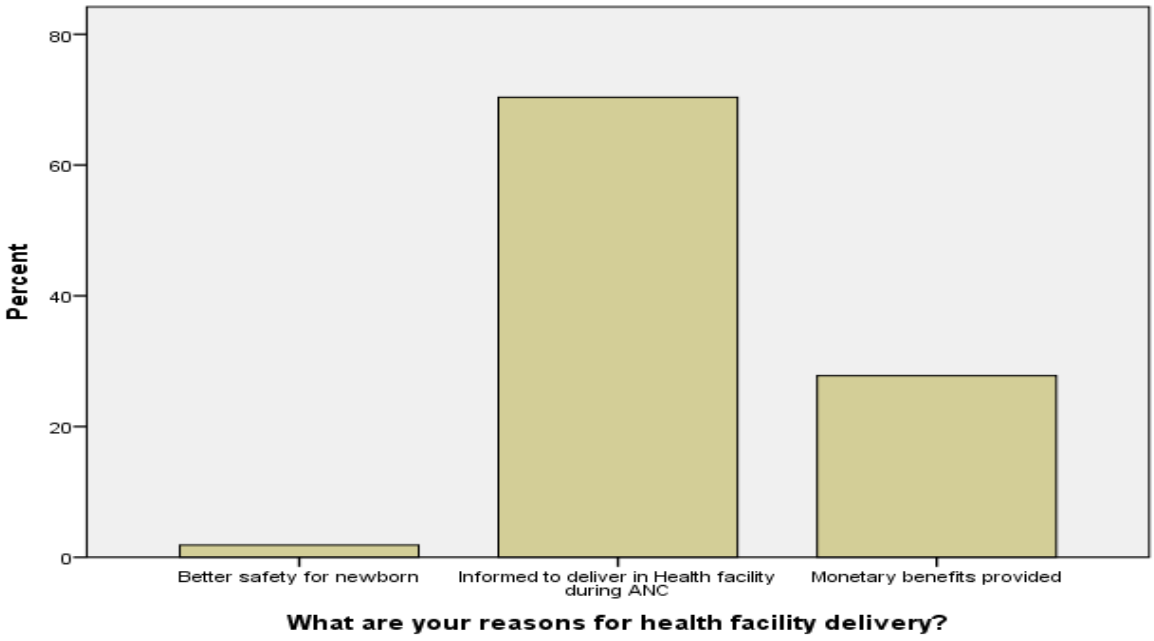

Figure 5: Reasons for choosing Health facility for delivery

Where did you get the information about institutional delivery?

From the following table, we can observe that 76.9% of the female received information about institutional delivery from Health Worker.

		Frequency	Percent	Cumulative Percent
Valid	Health Worker	83	76.9	76.9
	Self-Aware	25	23.1	100.0
	Total	108	100.0	

Table 4: Percentage of women receiving information about institutional delivery

Who made the decision for institutional delivery?

From the following table, it can be observed that 63% of the female is saying decision taken by husband.

		Frequency	Percent	Cumulative Percent
Valid	Own decision	10	9.3	9.3
	husband	68	63.0	72.2
	Mother-in-law	30	27.8	100.0
	Total	108	100.0	

Table 5: Decision making for institutional delivery

Who did you receive Antenatal care from?

From the following table, we can observe that 40.7% of the female saying they get ante natal care from ANM only.

		Frequency	Percent	Cumulative Percent
Valid	Doctor-Private	39	36.1	36.1
	Nurse	25	23.1	59.3
	ANM	44	40.7	100.0
	Total	108	100.0	

Table 6: Women Receiving Ante natal care from different health care providers

When was your first ANC checkup at health facility?In the following figure it can be observed that 76.9% of the female has taken ANC checkup in 4-6 months pregnancy.

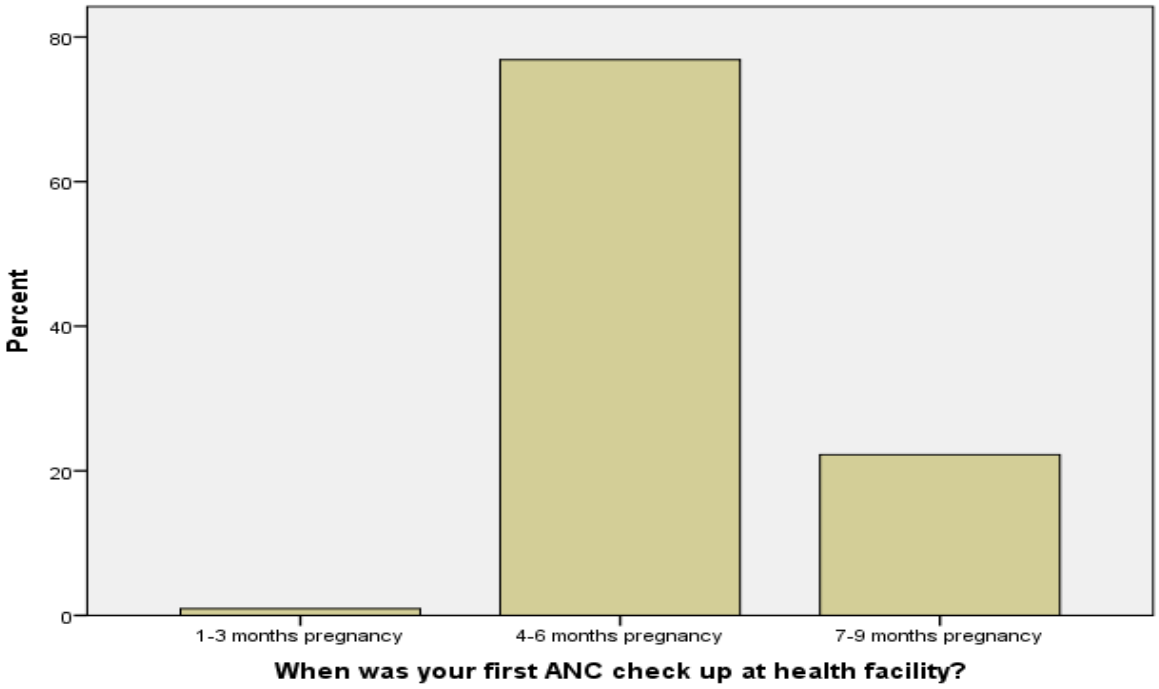

Figure 6: Percentage of women who had their first ANC at a health facility

To know the cause and effect between cleanliness and choice of health facility

How clean was the health facility? * Which health facility you will prefer for delivery? Crosstabulation

			Which health facility you will prefer for delivery?		
			Private Hospital	Government Hospital	Total
How clean was the health facility?	Very Clean	Count	37	2	39
		Expected Count	28.9	10.1	39.0
		% of Total	34.3%	1.9%	36.1%
	Somewhat Clean	Count	42	26	68
		Expected Count	50.4	17.6	68.0

		% of Total	38.9%	24.1%	63.0%
	Not clean at all	Count	1	0	1
		Expected Count	.7	.3	1.0
		% of Total	0.9%	0.0%	0.9%
Total		Count	80	28	108
		Expected Count	80.0	28.0	108.0
		% of Total	74.1%	25.9%	100.0%

Table 7: Association between choice of health facility delivery and cleanliness of the health facility

From the following table, it is observed that 63% of the female is feeling hospital is somewhat clean where 36.1% of the female is feeling hospital is very clean.

38.9% of the female feels that private hospitals is somewhat clean whereas 34.3% of the female feels that private hospital is very clean.

Association between information about JSY and choice of health facility (private or government)

H0: There is no association between information about JSY and choice of health facility.

H1: There is association between information about JSY and choice of health facility.

			In which health facility delivery was done?		
			Private Hospital	Government Hospital	Total
(vii) Information about benefit of JSY and associated	Yes	Count	28	3	31
		Expected Count	23.0	8.0	31.0

monetary benefit		% of Total	25.9%	2.8%	28.7%
	No	Count	52	25	77
		Expected Count	57.0	20.0	77.0
		% of Total	48.1%	23.1%	71.3%
Total		Count	80	28	108
		Expected Count	80.0	28.0	108.0
		% of Total	74.1%	25.9%	100.0%

Table 8: Cross tabulation between information about JSY and choice of health facility for delivery

From the following table, It is observed that 71.3% of the female has information about benefit of JSY and associated monetary benefit where 28.7% of the female didn't have information about benefit of JSY and associated monetary benefit. 48.1% of the females who taking private health facility aren't aware with benefit of JSY and associated monetary benefit.

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	5.978[a]	1	.014
Continuity Correction	4.850	1	.028
Likelihood Ratio	6.828	1	.009
Fisher's Exact Test			.015
Linear-by-Linear Association	5.922	1	.015
N of Valid Cases	108		

Table9: Chi- square test showing the association between information about JSY and choice of health facility

From the following table, It is observed that P-value of pearson chi-square is showing less than 0.05 i.e.0.014<0.05 that means we rejecting null hypothesis and accepting alternate hypothesis i.e. H1 also we conclude that there is association between information about JSY and choice of health facility.

How long did it usually take you to reach this facility?

From the following table, we can observe that 63.9% of the female usually take less than 30 min to reach this facility.

		Frequency	Percent	Cumulative Percent
Valid	30mins to1hr	39	36.1	36.1
	Less than 30mins	69	63.9	100.0
	Total	108	100.0	

Table 10: Percentage of women showing how much time it took them to reach the health facility

Who usually accompanied you to the facility?

In the following figure, we can observe that 41.7% of the female is going alone to take the health facility. Following bar chart also shows taller bar corresponding to the same.

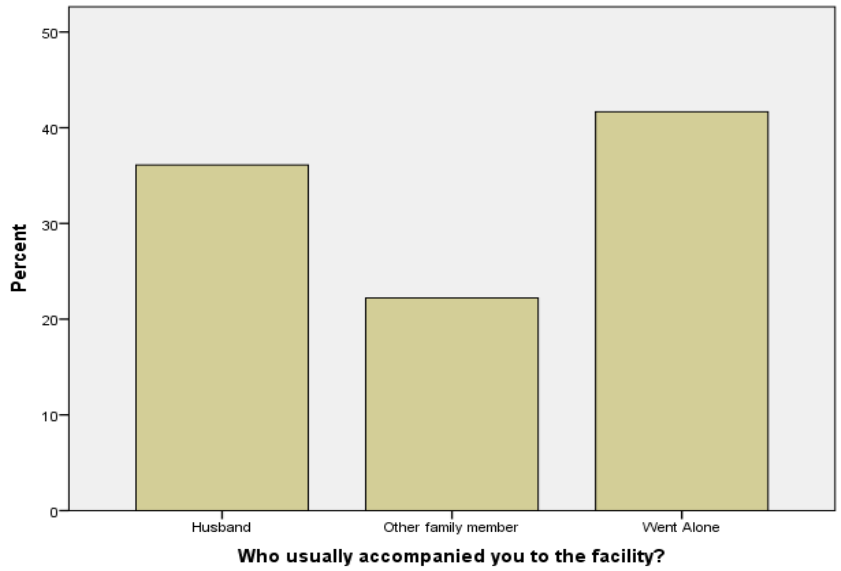

Figure 7: Percentage of women accompanied by a family member

Were you made to feel comfortable by all the staff at the facility?

From the following table, we can observe that 62% of the female disagree with statement of comfortableness by all the staff at the facility.

		Frequency	Percent	Cumulative Percent
Valid	Yes	41	35.7	38.0
	No	67	58.3	100.0
	Total	108	93.9	
Missing	System	7	6.1	
Total		115	100.0	

Table 11: Percentage of Women feeling comfortable in the health facility by the staff

Making a plan/arrangement for transportation to a facility during labor

From the following table, we can observe that 64.8% of the female disagree with the statement of Making a plan/arrangement for transportation to a facility during labor.

		Frequency	Percent	Cumulative Percent
Valid	Yes	38	35.2	35.2
	No	70	64.8	100.0
	Total	108	100.0	

Table 12: Percentage of Women had an arrangement for transportation during labor

Recognizing danger signs of serious health problems during pregnancy, childbirth or soon after

From the following table, we can observe that 70.4% of the female disagree with statement of Recognizing danger signs of serious health problems during pregnancy, childbirth or soon after.

		Frequency	Percent	Cumulative Percent
Valid	Yes	32	29.6	29.6
	No	76	70.4	100.0
	Total	108	100.0	

Table 13: Percentage of women not knowing about the danger signs

Knowing where to go and what community resources such as emergency transport, funds, communications are available in case of emergencies

In the given figure, we can observe that 58.3 percent female disagree with the statement of Knowing where to go and what community resources such as emergency transport, funds, communications are available in case of emergencies. Following bar chart also shows taller bar corresponding to the same.

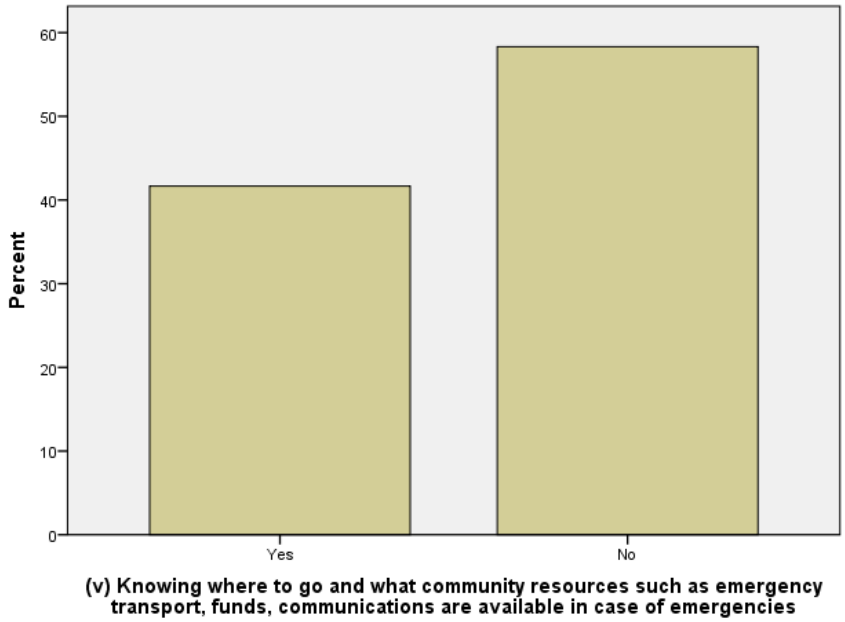

Figure 8: Women having knowledge about community resources

Did the health professional (doctor, nurse or midwife) seem willing to answer any questions you may have had?

From the following table, we can observe that 65.7% of the female agrees with the statement of Did the health professional (doctor, nurse or midwife) seem willing to answer any questions you may have had.

		Frequency	Percent	Cumulative Percent
Valid	Yes	71	65.7	65.7
	No	37	34.3	100.0
	Total	108	100.0	

Table 14: Above table showing if health professional was willing to answer questions

5. CONCLUSION

Women having their deliveries done at private hospital believed that they felt more comfortable in a private setting as opposed to a public health facility. The cleanliness level in private health facilities were significantly high than public health facility. It has been observed the number of home deliveries have significantly reduced and women and their family have shown to prefer home facility deliveries as they have been informed by the health workers about it. But most of these deliveries were done in a private health facility. This has a major impact on their financial stability thus increasing out of pocket expenditure on health. Also, In spite of a government led cash incentive program being implemented, most of them prefer to get their delivery done at private hospital as a major percentage of women are not aware about JSY. Now, in Uttar Pradesh in particular, the state has no provision to provide cash incentive to women who have their deliveries at private health facility.Interestingly, since this study was done in an Urban area, it was also observed that the families have a lot of option in an Urban area to choose a health facility.

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