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Economics

ECONOMIC STATUS AND UTILISATION OF FREE ANTENATAL CARE SERVICES IN PUBLIC HOSPITALS: EVIDENCE FROM RURAL CHITRADURGA DISTRICT

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ABSTRACT This study examines the relationship between economic status and utilisation of free antenatal care (ANC) services in public hospitals. Multi-stage sampling method was used to collect primary data 240 rural women. Based on the wealth index households were classified into poor, middle class and rich. The findings reveal a significant association between economic status and ANC utilisation. Poor women observed rely more on public hospitals. While overall satisfaction with free and low-cost ANC services, satisfaction with service provider competence and carefulness is moderate. Non-utilisation is mainly driven by preference for private hospitals and perceived negligence in service delivery. The study highlights the need to improve quality, patient-centred care, and trust in public health facilities.

KEYWORDS : Antenatal Care, Economic Status, Public Hospitals

1. INTRODUCTION

Good health is considered as core component of human development. Mahatma Gandhi emphasized, health is real wealth. Maternal health is particularly crucial because pregnancy and childbirth outcomes influence not only women's survival and well-being, but also the long-term health and productivity of the child. It will have positive impact on the economic development the nation. Evidence suggests a strong two-way relationship between health and economic growth: improved health enhances labour productivity, savings, and human capital formation. Higher income improves access to nutrition and healthcare (Bloom et al., 2004). However, economic gains may not always translate into better maternal care utilisation due to inequalities and varied service quality (Marmot, 2002)

Antenatal care (ANC) is a key preventive intervention for early detection of complications and promoting safe motherhood (WHO, 2005). Despite free ANC services in public hospitals, women's utilisation differs across socio-economic groups. Recent global guidance recommends a minimum of eight ANC contacts to improve maternal outcomes and women's experience of care (WHO, 2016). Against this backdrop, the present study examines Economic Status and Utilisation of Free Antenatal Care Services in Public Hospitals in rural Chitradurga district. The specific objectives include; i) to assess utilisation of free ANC services across economic groups, ii) To analyse satisfaction levels among users; and iii) To identify reasons for non-utilisation of free ANC services in public hospitals.

2. Brief Review of Literature and Research Gap

Studies have reported that socio-economic status shapes health service utilisation. Higher income improves access and service choices, while lower income groups rely more on public systems (Preston, 1975). Research in India indicates that access, quality of care, and information exposure are major determinants of maternal healthcare utilisation (Abusaleh & Geeta, 2002). Women's education also observed to be significantly increased the likelihood of using ANC and institutional delivery services (Sandhya Rani, 2012). NFHS-5 reporting higher uptake of ANC services compared to earlier rounds (IIPS & ICF, 2021). Much of the literature focuses on broad determinants of utilisation of ANC services. Fewer studies systematically connect economic status with both utilisation and service satisfaction, especially in rural districts like Chitradurga district.

3. METHODOLOGY

This study has been conducted by utilising the primary data collected from 240 rural women in Chitradurga district of Karnataka. Multi-stage sampling design was used for sample survey through pre-tested interview schedule. Income is an important indicator of the economic status. But collection of information on Income is a difficult task. Therefore, wealth index is considered as better alternative for the income level. Wealth index has been constructed for the respondents' family by using Filmer and Pritchett (2001) methodology. The study has used 15 different assets for this purpose. Households are ranked and divided into rich, middle, and poor groups.

4. RESULTS AND DISCUSSION

Antenatal Care (ANC) is one of the most important MCHC services. It consists of; i) clinical check-ups, ii) laboratory test of blood and urine

for pregnancy, blood grouping, Hb level and iii) prescription of Iron Folic Acid (IFC) tablets (if required), iv) TT injection, v) ultrasound scanning and etc. These services are available at free of cost (with few exceptions) to all the rural women. Respondents who have undergone at least three clinical check-ups in public hospitals along with the associated tests and prescriptions are considered as utilisers of free antenatal care (ANC) in public hospitals. Others as non-utilisers of free antenatal care service. Respondents' free ANC utilisation status has been cross classified with the economic status and results are given table-1. The percentage of utilisers of free ANC found to be highest among the respondents with poor economic background (87.5). The percentage of respondents utilised the free (ANC) among the rich category was relatively low (67.5).

Table-1: Utilisation of Free Antenatal Care (ANC) Services in Public Hospitals

Economic Status	Utilisation of Free Antenatal Care (ANC) Services			Chi-square Value
	Utilised	Not-Utilised	Total	
Poor	70 (87.5)	10 (12.5)	80 (100)	9.105**
Middle Class	61 (76.2)	19 (23.8)	80 (100)	
Rich	54 (67.5)	26 (32.5)	80 (100)	
Total	185 (77.1)	55 (22.9)	240 (100)	

Note: Figures in parentheses are percentages to total respondents in the respective economic category.
** indicate Significance at 5 percent probability level

The Chi-square value calculated to test the significance of association between the status of utilisation of free ANC and economic status (9.105) is statistically significant at 5 percent probability level. Hence, it could be inferred that the economic status of the rural women family has significant influence on the status of free ANC utilisation. It is clearly showing that majority of the poor women depends on public hospitals for the free ANC services. Though the proportion of respondents utilising the free ANC services from public hospital is declining with improvement in the economic status, public hospitals are playing important role proving ANC services to the rural women. Even among the rich category, more than $2/3^{rd}$ of the respondents depends on the public hospital for the ANC service.

In order to assess the rural women's satisfaction towards the ANC services of public hospitals four important ANC service indicators have been selected. These service indicators have been selected based on the critical review of existing literature and discussion with the doctors working in the domain of ANC services. The ANC service indicators selected for this includes; i) adequacy of the facilities, ii) qualification of the service provider, iii) carefulness in the service delivery and iv) cost of service. The number of respondents across the economic status who are satisfied with different service indicators is given in table-2.

Table-2: Satisfaction of Respondents Availed Free ANC Services in Public Hospitals

Indicators	Number of Respondents Satisfied			
	Poor (n =70)	Middle Class (n =61)	Rich (n =54)	Total (n=185)

Satisfied with Adequate Facilities	66 (94.3)	58 (95.1)	49 (90.7)	173 (93.5)
Satisfied with Qualified Service Providers	48 (68.6)	44 (72.1)	39 (72.2)	131 (70.8)
Satisfied with Careful Service Quality	44 (62.9)	45 (73.8)	41 (75.9)	130 (70.3)
Satisfied with Free / Relatively Cheap Cost	70 (100.0)	61 (100.0)	54 (100.0)	185 (100.0)

Note: Figures in parentheses are percentage to total users in the respective economic category.

Information about the status of the satisfaction (Satisfied / not satisfied) about the ANC service indicators has been asked only to the rural women who have utilised the ANC service from the public hospitals. All the respondents who have received ANC service from the public hospitals are satisfied with the cost of ANC service in the public hospitals. About ¾ of them stated that cost of receiving ANC service from the public hospital is very low and remaining ¼ stated that they have not incurred any cost for this purpose.

More than 90 percent of the respondents who have received ANC service from the public hospitals have been satisfied with the adequacy of the facilities available in the public hospitals across all economic groups. Majority of them reported that they have undergone laboratory investigations like blood test and urine tests. They have also obtained iron-folic acid tablets, calcium supplements and tetanus toxoid vaccination. About 70 percent of the respondents satisfied with the qualification of the service providers in terms of the skills in addressing their problems. The proportion of the respondents satisfied with this parameter is slightly more among the rich category (72.2%) compared to the respondents among the poor (68.6). Though about 70 percent of the respondents are satisfied with carefulness in service delivery by the service providers in the public hospitals, still there is scope for improving the care in service delivery particularly towards the poor category women. Thus, findings indicate that rural women are highly satisfied with the free or low-cost ANC services and the adequacy of facilities in public hospitals. However, satisfaction with the qualification and carefulness of service providers is moderate, particularly among poor women. It highlights the need to strengthen quality of care and patient-centered service delivery.

Reasons for non-utilisation of ANC services form the public hospital was asked for the non-users of ANC service of the public hospital. Response were elicited through multiple response questions to capture the overlapping reasons. Results have been presented across the economic groups in table-3.

Table-3: Reasons for Not Availing Free ANC Services in Public Hospitals

Reasons	Number of respondents reported the reason among			
	Poor (n=10)	Middle Class (n=19)	Rich (n=26)	Total (n=55)
Inadequate Facilities	5 (50.0)	9 (47.4)	12 (46.2)	26 (47.3)
Less Qualified Service Providers	3 (30.0)	7 (36.8)	9 (34.6)	19 (34.5)
Negligence in Service	7 (70.0)	15 (78.9)	17 (65.4)	39 (70.9)
Preferred Delivery in Private Hospital	9 (90.0)	18 (94.7)	24 (92.3)	51 (92.7)

Note: Figures in parentheses are percentage to total non-users in the respective economic category.

The findings reveal that preference for private hospitals is the most dominant reason for non-utilisation across all economic groups (92.7%). It indicates a strong inclination towards private care despite the availability of free services. Negligence in service delivery emerges as the second most important deterrent (70.9%), suggesting concerns about attention and interpersonal aspects of care. Nearly half of the non-users reported inadequate facilities (47.3%). About one-third perceived less qualified service providers (34.5%) as a constraint. Overall, the table highlights that non-utilisation is driven less by cost and more by perceived quality and trust in service delivery. Improving patient-centred care and reducing perceived negligence are critical to enhance utilisation of ANC from public hospitals.

5. CONCLUSION

The study concludes that utilization of free antenatal care services in public hospitals is generally good. Poor households depend more on public facilities whereas middle and rich groups tend to shift towards private hospitals. Users are highly satisfied with the affordable cost of services and the availability of basic facilities. However, satisfaction is comparatively lower regarding the competence of service providers and the carefulness in service delivery. It indicates the need for quality improvement. Non-users mainly avoid public hospitals due to preference for private care and dissatisfaction with service attention. Policy efforts should focus on improving respectful and careful care and building public trust through awareness and feedback-based reforms.

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