



# ORIGINAL RESEARCH PAPER

Economics

## ANALYSIS OF STATUS AND DISPARITIES IN DELIVERY AND POSTNATAL CARE IN DISTRICTS OF KARNATAKA

**KEY WORDS:** Health Index, Education Index, Human Development index

**Dr Sabira Firdous**

Associate Professor, Government Women's College, Hunsur.

### ABSTRACT

Health is the major component of human development. Maternal deaths are strongly related with availability of institutional facility at affordable prices. In this background provision public health facilities played vital role in reducing the maternal mortality rates. Accordingly, the present paper analyzed the status and disparities in institutional deliveries in Karnataka. The secondary cross-section data are used for the analysis with comparison of mean statistical tests like, t, F, ANOVA and Duncan multiple comparison tests. It is found that there is lesser percentage of births delivered in private hospitals compared to private hospitals. Therefore, in Karnataka the people have been largely depending on public hospitals compared to private hospitals. It has been also found that in the districts of Bagalkot, Bangalore, Belgaum, Bijapur, Dakshina Kannada, Gulbarga, Mandya, Mysore and Udupi the institutional deliveries in public hospitals are significantly less. In the districts of Bagalkot, Bangalore, Belgaum, Dakshina Kannada, Mandya, Mysore and Udupi the institutional deliveries in private hospitals are significantly high. Hence, except Bijapur, in the districts of Bagalkot, Bangalore, Belgaum, Dakshina Kannada, Mandya, Mysore and Udupi institutional deliveries in public hospitals are low and institutional deliveries in private hospitals are high. Hence, there is need of proper state interventions for focus to providing better facilities in public hospitals for poor and needy people to avail the health facilities.

### INTRODUCTION:

Health Index is a major component of Human Development Index. Life expectancy at birth is considered as a major indicator to capture HDI. The institutional deliveries also a proxy variable to measure the health index. WHO defines institutional deliveries as "The proportion of births occurring in health facilities in the area, or 'institutional births' or 'institutional deliveries'". Since time immemorial there was less significance attached to the institutional deliveries, But in recent past governments across the countries are taking various measures for promoting deliveries through health facility.

There are various reports which publish data on this aspect. Prominent among them are NFHS and NITI Aayog. As per the recent findings of NFHS 97 % of births take place in health facility which are predominantly Government. There has been an increase in this rate from 94 % in NFHS- 4 to 97% in NFHS-5. Another important finding is that these births are more witnessed in private health facility areas, educated sections and first birth. The reason behind these is also that women to extent of 11 % received financial assistance in the JSY scheme popularized by government of Karnataka. Majority in public health facility areas received benefits than in private health facility areas.

### Review Of Literature:

There is extensive literature on institutional deliveries. Few authors have conducted studies on health service delivery. The study concentrates on studying the status of deliveries mechanisms in developing countries and public health system to be made effective and suggests that market failures are witnessed which hamper institutional deliveries. (Brajendra Saikia, 2014). A retrospective study was also conducted to study the cost effectiveness of institutional care in Rajasthan. The study highlighted the fact that the home delivery amounted to minimal cost but the institutional deliveries costed more than it. Most families opted for loans to meet private health costs. There needs to be more educational awareness and also government spending. (Sharad D. & et.all, 2009)

### Methodology:

The study is based on secondary data. Data is collected from National Family Health Survey (NFHS-5) India 2019-20 Karnataka. Independent sample t test was carried out to know the differences in deliveries between public and private hospitals. The F test was used for variation and Duncan

multiple comparison tests were carried out in order to know the differences between high, medium and low districts. The comparisons of access to health facility for deliveries among the divisions were made separately for public, private and in between them. The differences were accepted at five percent level of significance.

Districts have been identified as high, medium and low;  
High: Average + half standard deviation  
Low: Average - half standard deviation  
Medium: Between Low and High

**Table 1: Proportion Of Institutional Deliveries District Wise**

Sl No	District	Percentage of Births Delivered in a Public Health Facility	Percentage of Births Delivered in a Private Health Facility	Percentage of Births Delivered in a Health Facility
1	Bagalkot	57	38.2	95.2
2	Bangalore	54.7	44.6	99.3
3	Bangalore Rural	72	28	100
4	Belgaum	60.6	36.9	97.5
5	Bellary	76.8	18.9	95.7
6	Bidar	73.4	25.6	99
7	Bijapur	59.6	32.2	91.8
8	Chamarajanagar	82.7	17.3	100
9	Chikkaballapura	83	16	99
10	Chikmagalur	77.8	20.5	98.4
11	Chitradurga	68.8	29.5	98.3
12	Dakshina Kannada	41.8	58.2	100
13	Davanagere	68.9	29.4	98.3
14	Dharwad	69.2	30.5	99.7
15	Gadag	67.5	28.7	96.2
16	Gulbarga	60.5	28.1	88.7
17	Hassan	71.7	28.3	100
18	Haveri	82.6	14.6	97.2
19	Kodagu	73.3	25.1	98.4
20	Kolar	76.1	23.5	99.6
21	Koppal	68.2	22.6	90.7
22	Mandya	60.2	39.3	99.5
23	Mysore	56.2	43.8	100
24	Raichur	64.4	24.5	88.9

25	Ramanagara	68.8	31.2	100
26	Shimoga	74.1	25.6	99.7
27	Tumkur	66.9	33.1	100
28	Udupi	37.6	61.3	98.9
29	Uttara Kannada	69.5	29.8	99.3
30	Yadgir	73.4	20	93.3
	Karnataka	67.24	30.17666667	97.42

Source: (NFHS-5) India 2019-20 Karnataka.

The percentage of births delivered in public hospital is 67.24 percent, and percentage of births delivered in private hospital is 32.2 and percentage of births delivered in health institutions is 97.42 percent. Hence there is lesser percentage of births delivered in private hospitals. Three zones have been identified based on average and standard deviation as high, medium and low. Green represents high percentage of deliveries, yellow represents medium percentage of deliveries and red represents low percentage of deliveries.

The status of institutional deliveries is shown through radar graph.

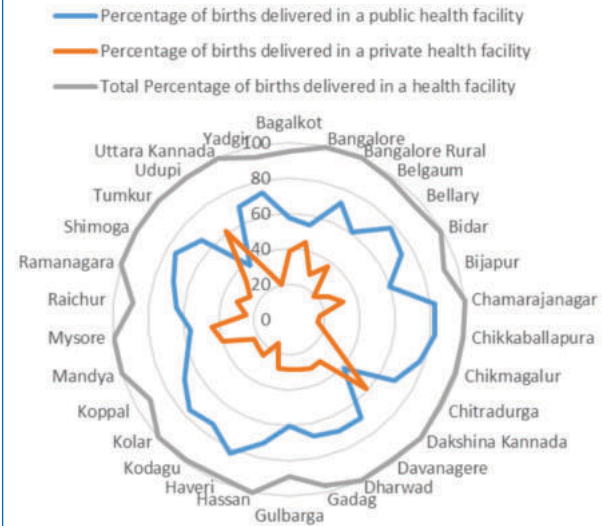


Table 2: Comparison Of Deliveries Between Public And Private Hospitals (In %)

Description	Type of Hospitals	N	Mean	Std. Deviation	Std. Error Mean
Hospitals	Public Hospitals	30	67.2433	10.73161	1.95931
	Private Hospitals	30	30.1767	10.99500	2.00740
F-Test	F: 0.010, Sig: 0.921				
t-test	t: 13.214, df: 58, Sig: 0.000				

The level of deliveries in public hospital is 67.24 percent and level of deliveries in private hospital is 30.18 percent.

The F test is not significant at 5 percent level. Accordingly, there is no variation in level of delivery in Public hospitals or private hospitals or between the public and private hospitals. The t test is significant at one percent level. Accordingly, the level of delivery is significantly high in public hospitals and significantly low in private hospitals. Therefore, in Karnataka the people have been largely depending on public hospitals compared to private hospitals.

Table 3: Level Of Delivery In Public Hospitals In Karnataka (In %)

Delivery in Public Hospitals				
Scheffe Test				
Level	N	Subset for alpha = 0.05		
		1	2	3
Low	9	54.2444		

Medium	11		68.7182	
High	10			77.3200
Sig.		1.000	1.000	1.000
ANOVA: F: 44.32, df: (2,27), Sig: 0.000				

The above table presents the information on level of deliveries in public hospitals in Karnataka. It is found that in 9 districts of Karnataka the level of deliveries in public hospitals is low and means delivery in these districts is 54.24 percent. These districts are Bagalkot, Bangalore, Belgaum, Bijapur, Dakshina Kannada, Gulbarga, Mandya, Mysore and Udupi.

In 11 districts of Karnataka the level of deliveries in public hospitals is medium and mean delivery in these districts is 68.72 percent. These districts are Bangalore Rural, Chitradurga, Davanagere, Dharwad , Gadag, Hassan, Koppal, Raichur, Ramanagara, Tumkur and Uttara Kannada. In 10 districts of Karnataka the level of deliveries in public hospitals is high and mean delivery in these districts is 77.32 percent. These districts Bellary, Bidar, Chamarajanagar, Chikballapur, Chikmagalur, Haveri, Kodagu, Kolar, Shimoga, Yadgir.

Table 4: Level Of Delivery In Private Hospitals In Karnataka (In %)

Delivery in Private Hospitals				
Scheffe Test				
Level	N	Subset for alpha = 0.05		
		1	2	3
Low	9	19.7667		
Medium	14		28.9357	
High	7			46.0429
Sig.		1.000	1.000	1.000
ANOVA: F: 49.876, df: (2,27), Sig: 0.000				

The above table presents the information on level of deliveries in private hospitals in Karnataka. It is found that in 9 districts of Karnataka the level of deliveries in private hospitals is low and mean delivery in these districts is 19.7667 percent. These districts are Bellary, Chamarajanagar, Chikballapur, Chikmagalur, Haveri, Kolar, Koppal, Raichur, and Yadgir. In 14 districts of Karnataka the level of deliveries in public hospitals is medium and mean delivery in these districts is 28.9357 percent. These districts are Bangalore Rural, Bidar, Bijapur, Chitradurga, Davanagere, Dharwad , , Gadag, Gulbarga, Hassan, , Kodagu, Shimoga, Ramanagara, Tumkur and Uttara Kannada. In 7 districts of Karnataka the level of deliveries in public hospitals is high and mean delivery in these districts is 46.0429 percent. These districts are Bagalkot, Bangalore, Belgaum, Dakshina Kannada, Mandya, Mysore and Udupi.

CONCLUSION:

The present paper analyzed the status and disparities in institutional deliveries in Karnataka. It is found that there is lesser percentage of births delivered in private hospitals compared to private hospitals. Therefore, in Karnataka the people have been largely depending on public hospitals compared to private hospitals. It has been also found that in the districts of Bagalkot, Bangalore, Belgaum, Bijapur, Dakshina Kannada, Gulbarga, Mandya, Mysore and Udupi the institutional deliveries in public hospitals are significantly less. In the districts of Bagalkot, Bangalore, Belgaum, Dakshina Kannada, Mandya, Mysore and Udupi the institutional deliveries in private hospitals are significantly high. Hence, except Bijapur, in the districts of Bagalkot, Bangalore, Belgaum, Dakshina Kannada, Mandya, Mysore and Udupi institutional deliveries in public hospitals are low and institutional deliveries in private hospitals are high. Hence, there is need of proper state interventions for focus to providing better facilities in public hospitals for poor and needy people to avail the health facilities.

REFERENCES:

1. Brajendra Saikia, 2014. "Health service delivery in developing countries - a different perception," International Journal of Economic Policy in Emerging Economies, Inderscience Enterprises Ltd, vol. 7 (2), pages 175-186.
2. Iyengar SD, Iyengar K, Martinez JC, Dashora K, Deora KK. Childbirth practices in public health facility Rajasthan, India: implications for neonatal health and survival. *J Perinatol.* 2008;28:S23-30. *Rajasthan human development report 2002.* Jaipur: Government of Rajasthan; 2002. p. 192 p.
3. National Health Mission , Department of health & family welfare, govt. of U.P. Matra Evam Shishu Swasthya Sanrakshan Abhiyan 2015. Accessed on 28 September 2021
4. S Birch & J Eyles, 1991. "Equity and efficiency in health-care delivery: The distribution of health-care resources in Canada and its relationship to needs for care," Centre for Health Economics and Policy Analysis Working Paper Series 1991-05, Centre for Health Economics and Policy Analysis (CHEPA), McMaster University, Hamilton, Canada.
5. Sen S, Chatterjee S, Khan PK, et al., Unintended effects of Janani Suraksha Yojana on maternal care in India. 2020;SSM-Population Health.
6. Sharad D. Iyengar, Kirti Iyengar, Virendra Suhalka, and Kumaril Agarwal| Health Popul Nutr.(2009) **Comparison of Domiciliary and Institutional Delivery-care Practices in Public health facility Rajasthan, India Apr; 27(2):303-31**