ABSTRACT

A consistent increase has been observed in the rate of caesarean section deliveries in most of the developed countries and in many developing countries, including India, over the last few decades. This has become a matter of concern among the social scientists. With the pace of increasing medicalisation of human health, the practice of caesarean section has become a preference for many medical professionals as well as people in society. The current research study is an attempt to understand the role of demand side and the institutional factors contributing to the performance of c-section delivery in the context of West Bengal, India. Attempt also have been made to understand the consequences of c-section among households in general and mothers in particular. More specifically, in this study, an attempt was made to integrate the medicalisation and its impact on maternal health. It also addresses the possible inter-linkages between different factors leading to the conduct of caesarean section. While doing so, the study intends to throw light on the various aspect of medicalisation of childbirth and its effect on decision making during delivery from both institutional, societal, family and gender perspectives.

The overall study brings out the current trends and pattern and the major causes of increasing incidence of caesarean section delivery in India with focus on West Bengal. Moreover, it also analyses through in-depth interviews the decision making process both from institutional and women’s perspective. An empirical and conceptual exploration of how delivery
decisions take place between the professional medical world and society has been brought out. From field study, it is understood that women have very definitive opinions about the use of caesarean intervention as a mode of childbirth. What is pertinent to observe here are the views of medical professionals on use of caesarean section. It appears that medical profession no more considers it as technology that should be used only in the case of medical emergency but indicates the flexibility based on the need. However, it is not merely the medical profession but the society, at large, are also responsible for the rapid increase in c-section currently. Often only the medical profession’s motive behind increasing c-section comes out in open. This study clearly indicates that the rapid socio-economic changes and the outlook towards medical intervention by the women, families and society are increasingly responsible for the current high incidence of c-section in many states and urban centres in the country.