CHAPTER THREE

METHODOLOGY OF THE STUDY

3.1 Introduction

The increasing number of caesarean section delivery even in developing countries in recent years has been a matter of concern. Most often clinical explanations are offered for the changing trend towards c-section delivery. However, detailed exploration of socio-economic and cultural factors associated with the increasing c-section deliveries and careful analysis of various physical, psychological and economic consequences are rare in India.

The studies carried out to understand c-section deliveries have often adopted different framework as the issue contains elements of ethics in medical profession, gender issue, choices of women, quality of institutional services etc. As such the explanations have been, to some extent, biased towards the type of framework adopted for the studies. As against this, the approach of this study is to understand both the demand factors as well as the institutional factors leading to the conduct of c-section delivery.

3.1.1 Framework for the study

Keeping in view, the study will adopt the framework depicted in the following figure:
Figure: 3.1 Conceptual framework of determinants of caesarean section delivery

It has been evidenced from several studies that with the increasing economic development, rates of c-section delivery has also gone up in many countries. With an improvement in women’s educational attainment and participation in the labour market, significant changes have also been noticed in the lifestyle. This has also led to changes in the status of women resulting in increased autonomy and access to resources. On the other hand, there are also
other important clinical reasons that include mother’s age, parity, and previous delivery by c-section and other clinical complications.

Another important factor for the preference of c-section is the cultural determinants. In India, the need for births to occur at a predetermined auspicious time on the astronomical calendar sometimes results in a demand for c-section delivery (Kabra, 1994). Therefore, women’s autonomy, decision making power in the household and a number of cultural factors play role for the preference of c-section delivery.

Undoubtedly, the preference for caesarean delivery by doctors for reasons other than clinical complications raises questions on the appropriateness and ethics of medical profession itself. General notion points towards the economic motive behind the performance of the delivery. Furthermore, Studies show that risk minimizing behaviour of doctors also contributes to enhance C-section. There are also other factors discussed in the literature although the main argument was based on medicalisation of human life.

It is, therefore, important to integrate the traditional debate with the modern changes particularly in the realm of socio-economic transformation in the society and the outlook towards pregnancy, pain child birth etc. This could possibly help in increased understanding on the use and misuse of health technologies and their intervention in human life. This study, therefore, will attempt to understand the possible interlinkages between
increasing technological intervention during childbirth (more specifically the caesarean section delivery) and the determinants for the increasing trend both from the institutional perspective and socio-economic angle. The institutional factor is mainly attributed to the increasing medicalisation of health of individual. On the other hand, the socio-economic factors mainly consist of the demand for caesarean delivery from women or family for various reasons. Emphasis will also be given to examine the context of increasing trend in caesarean delivery within the debate on mediatisation and health.

3.1.2 Sources of Data

First part of the analysis has been done based on the DLHS-RCH round II (2002-04) & DLHS III (2007-08) data. The high c-section rates have been observed in some of the states like Kerala, Goa, Tamil Nadu, Andhra Pradesh, Pondicherry and West Bengal. In Kerala the rate is highest (24.2 percent) followed by Pondicherry (23.3 percent), Goa (20.6 percent), Andhra Pradesh (17.6 percent), Tamil Nadu (17.2 percent) and in West Bengal (11 percent). The state wise percentage of c-section deliveries in India is presented in the following table.(where is the table?)

NFHS

To focus on the current trend in c-section delivery in India and different states and to understand the larger context of increasing c-section delivery within the medicalisation framework (the two objectives), an analysis of secondary data based on National Family Health Survey, 1992-2006, has been done. The
analysis of the data gives information on the current level of caesarean delivery in different states in India. It also explains the role of medical or risk factors and socio-economic factors responsible for c-section childbirth within the larger context of medicalisation framework.

3.2.1 Field Study

The main aim of field study is to capture the factors leading to c-section intervention in the context of socio-economic changes taking place in the society. The study was planned to analyze the intervention from two angles one motivated health professionals and the other taking place in the family. In order to understand these two factors more clearly and its operational pathway, the study made an attempt to conduct in-depth interviews of the health professionals and case studies of women, who have undergone c-section delivery within a fortnight. Specifically, the field survey had the following objectives.

- To explore the role of individual, household and institutional level factors influencing caesarean section delivery and
- To explore the possible economic burden imposed on the household by the caesarean section delivery.

*The interview guide: The* following are the broad areas on which information are collected from field. In the next section, the interview guides for health care professionals and women have been provided.
The major aspects which will be covered in the in-depth interview from health care professionals, mainly gynaecologists, are as follows:

1. Medical explanation of c-section delivery
2. Perception of doctor on the current scenario
3. Consequences of c-section delivery

The aspects which are covered in the case study on women mainly consist of the following broad areas:

1. Socio-economic and demographic background of women
2. Pregnancy history
3. Why and how the process towards c-section
4. Post delivery consequences
5. Decision making in family
6. Attitude towards caesarean childbirth
7. Consequences of c-section delivery

3.2.2 Study Area

West Bengal has been selected for the field study. It is learnt from the secondary data analysis that the rate of c-section childbirth in urban West Bengal is one of the highest among the states in India. Interesting to note that the rural-urban difference in c-section birth is highest in the state and over 30 percent of the deliveries in urban areas are taking place through c-section. As already pointed out the c-section delivery is more of an urban upper class
phenomenon; it is possible that there is an increasing demand for caesarean delivery from women. Therefore, it is important to explore what exactly determine this high c-section rate? Is that institutional factor or purely a demand from the women who are mostly in need of it?

The study is designed to have case studies of women who have undergone this medical intervention and in-depth interviews with the doctors. The household survey to examine the causes of c-section delivery may be inappropriate as the event is not widespread. And statistical estimations may not be possible from a small sample. Therefore, it is proposed to have a case study method to understand the major intentions leading to c-section delivery.

3.2.3 Sampling Method: For the present study, information has been collected from women who have undergone c-section delivery for their last childbirth within a fortnight. The interview is held in the hospital itself before their discharge after the delivery. Information regarding the medical causes of c-section, doctor’s attitude towards the current scenario and consequences of the medical intervention have also been collected from health care professionals mainly gynaecologists and obstetricians. For case studies women have been selected based on purposive sampling method. Women who already had caesarean section were asked to share their experiences regarding childbirth. In all as many as 21 women have been interviewed by using interview guide, of which 20 women had c-section and one woman had normal delivery. Although the selection of the woman with normal delivery
was due to her request, during the process of interview it was observed that she has also some vital information to share and as such included in the sample. It was a difficult job to facilitate the interview. In most of the cases women were in morbid condition, lying on hospital bed, even though they were very enthusiastic in answering my questions.

The first step was to select the hospitals and nursing homes to interview both doctors and patients (in this study the women). Certain pre-conditions or requirements were very important for this kind of field study. The choices of hospitals as well as nursing homes where, wide range of patients from different socio-economic backgrounds come were necessary. The health facilities from which data have been collected on c-section delivery are as follows:

Selection of the health facilities:

- Public health facilities
  - National Medical College and Hospital
  - Calcutta Medical College and Hospital
  - BNR Hospital, Gardenreach

- Private health facilities
  - Ballygaunge Maternity Home
  - South Calcutta Clinic
  - APEX Institute of Medical Sciences

The health facilities have been selected purposively. Among the public health facilities, National Medical College and Hospital and Calcutta Medical
College and Hospital are tertiary hospital and medical college which cover large portion of Calcutta Municipal Corporation Wards and conducts huge number of deliveries every year and therefore selected for the current study. The BNR hospital is a referral hospital and is an autonomous body.

On the other hand, the private health facilities have been selected as they are situated at the heart of the city of Kolkata and serves a large population. Among the private health facilities, Ballygunge Maternity Home and South Calcutta Clinic represent two old and famous nursing homes which basically serve for maternity care. The Apex Institute of Medical Science is a multi specialty hospital.

3.3.1 Selection of the respondent

Selection of the respondents was more of convenience and their willingness to give information. Women who had c-section delivery within a fortnight were selected as cases. The help of doctors and other administrative staff of the hospital introduced the patients. Permission from their family members and willingness of the respondents to participate in the interview were also necessary.

3.3.2 Methods of data collection

The method for collection of data mainly consists of two parts, 1) In-depth interviews with the Gynaecologists and 2) Case studies of the 20 women who
had undergone c-section during their last childbirth within a fortnight based on the interview guide.

3.3.3 Socio-economic and Demographic Background of the Respondents

Efforts also made to gather information from women belong to varied socio-economic background. The respondents were from lower-middle to upper-middle classes with a wide variation in educational level. Eight out of twenty one women had passed secondary education while three were graduates and three women had Masters Degree. Twelve of them were staying in nuclear families and the rest in joint families. One among theme was a school teacher and two respondents were working in corporate company while the rest were housewives.

Among the 20 case studies, 11 case studies have been done in public hospitals and 9 case studies in private health facilities by using interview guide. The case studies elucidate some interesting aspects of mechanism for the preference of caesarean delivery.

The framework:

The preference for caesarean delivery with or without any medical emergency is a complex phenomenon. It may be preference from doctor or sometimes demand from women or their family members for certain purposes. For a better understanding an attempt has been made in the study to differentiate
the preference in terms of doctor’s choice or request from women. The preference for caesarean delivery can be grouped as under:

✓ Patient’s choice (caesarean on demand)

✓ Doctors choice

In the medical domain, the preference or demand for any health care follow a two dimension relation that is relationship between doctor and patient.

Following is the diagrammatic overview of the framework:

![Diagram of framework of choice](image)

Figure 3.2 Framework of choice

The decision for c-section intervention takes into account demand from women, or sometimes preference from family members or even preference from doctor. Hence, it is very difficulty to draw a hard line between these three dimensions of preference. However, an attempt has been made to explain such kind of preferences from case study analysis of women who had caesarean birth. In doing so, first we would like to analyze the case studies to explore different dimensions of decision making during child birth.
3.3.4 Tools for data collection:

The in-depth interview guide has been used for interview with the gynaecologists and to gather information for case studies of women who experienced caesarean childbirth. The in-depth interview guides have been annexed with the thesis.

3.3.5 Method of analysis:

The secondary data have been analysed in SPSS, by using bivariate and multivariate analysis. The qualitative data have been analysed with the help of coding the data in ATLAS ti and then analyzed the codes based on theoretical framework. At first the interviews were taped and were transcribed then analyzed in four stages, such as, immersion in the transcripts (reading and rereading); the development of themes and codes; coding the transcripts; and atlast, reintegrating the codes into an explanatory narrative.