

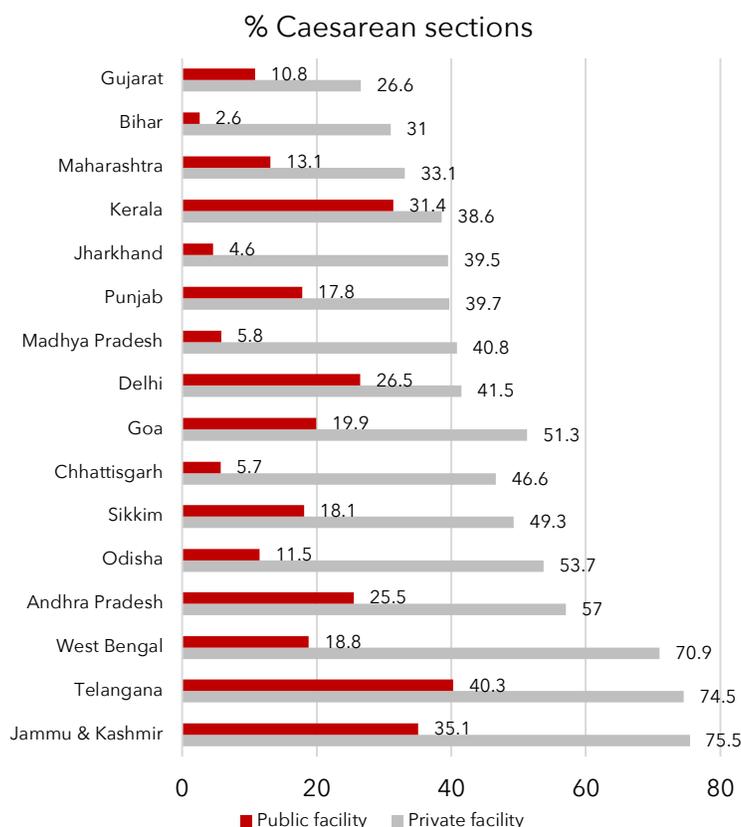
SANCHAR briefs

Science And News: Communicating Health And Research

Brief #9: Births Delivered by Caesarean Section

The Caesarean section is the use of surgery to deliver a baby. This is generally conducted to circumvent a high-risk vaginal delivery and reduce perinatal and maternal mortality, in situations that may involve high blood pressure, twin birth, or issues with the placenta and umbilical cord. The World Health Organization prescribes that a C-section be conducted only in the case when medically necessary. This is because, as a surgical procedure, the Caesarean section is associated with long- and short-term risks, such as permanent disability or surgical complications, which can affect future pregnancies.

On average, a C-section rate of around 10% is considered favorable and appropriate in a population, as per the World Health Organization. Recently, physicians and governments alike have communicated alarm at the rising rates of C-section births and potential negative consequences for maternal and child health. Furthermore, the recommended rate of 10% set in 1985 has been flagged for critical revisiting by many public health practitioners and international bodies. This is due to the fact that there is no proof to suggest that women who do not show signs of requiring the procedure will benefit from it. As the high cost of C-sections may suggest, private health facilities often push for C-section deliveries in cases where these are unnecessary. The C-section is also opted for by mothers who wish to deliver on auspicious dates, a belief held widely in rural India.



Quick Facts from NFHS-4 (2015-16)

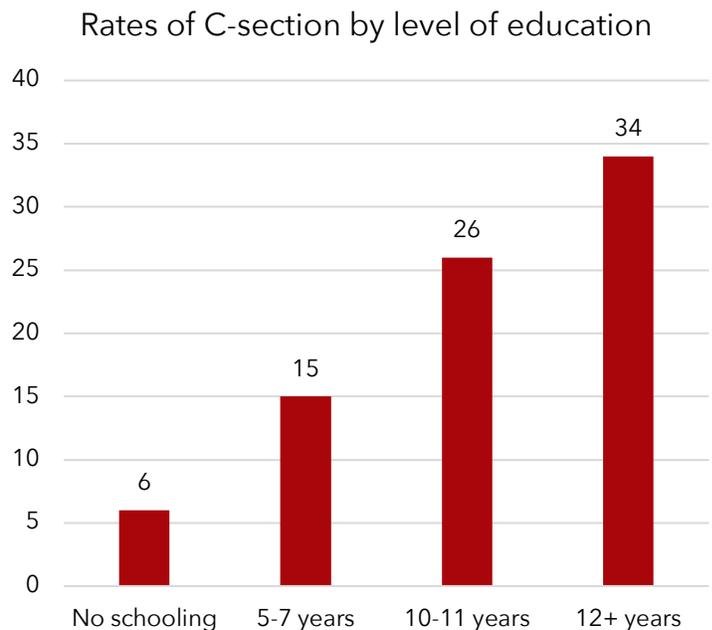
1. The 2015-16 NFHS found that 17 percent of live births in the five years before the survey were delivered by caesarean section.
2. Forty-five percent of the C-sections were decided on after the onset of labour pains, compared with 55 percent that were decided on before the onset of labour pains.
3. C-sections are particularly common in private sector health facilities (41% of deliveries), an increase from 28 percent in 2005-06.

From 2005-06 (NFHS-3) to 2015-16 (NFHS-4), the percentage of C-section births has nearly doubled, from 9% to 17%. Data illustrates that C-section deliveries are more common for first-order births (24%) than second-order or higher births (between 2%-16%). The prevalence of C-section deliveries in private health facilities is much higher in 2015-16 (41% of deliveries), than it was in 2005-06 (28%) during NFHS-3.

C-section rates are almost double in urban areas (28%) as compared to rural areas (13%) over India, on average.

The rate of C-section deliveries is highly positively correlated with the level of education amongst women. 34% of births are by C-section for women with 12+ years of schooling. This figure is 26% amongst women with 10-11 years of education, 15% amongst women with 5-7 years of education, and as low as 6% amongst women who never attended school.

Wealthier women are also much more likely to deliver by C-section, which can be attributed to cost- or resource-related factors. There is also a connection between wealth and rates of delivery in private facilities. Mothers in the top 20% wealthiest households deliver by C-section much more often (36%) than mothers in households in the bottom 20% poorest households (4%).



How can this inform your work?

A recent petition has urged the Indian Ministry of Health to make the display of natural and C-section delivery data compulsory for all hospitals. This is guided by the idea that disseminating knowledge on the rates of C-section deliveries could fix the problem of asymmetric information between the patient and healthcare provider.

As journalists, you could explore the determinants of C-section rates on a local and national level, such as the supply and quality of resources and equipment in public and private facilities, socio-cultural beliefs, the prevalence of complications in pregnancies, profit-driven motives, and the connection to schemes such as Janani Suraksha Yojana (JSY).

Reference:

International Institute for Population Sciences (IIPS) and ICF. 2017. *National Family Health Survey (NFHS-4), 2015-16: India*. Mumbai: IIPS.

Project SANCHAR is aimed at building capacity and facilitating the adoption of practices to use or draw on evidence in public health communication and practice. To facilitate this, SANCHAR collates and provides data from scientifically validated sources, from national datasets in easily interpretable formats, and accessible visuals that can be downloaded easily.



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