

THE
VALUE OF
SEGMENTATION:

MARKET
RESEARCH
AMONG PRIVATE
MATERNITY
PROVIDERS
IN INDIA



Merck for mothers
Committed to Saving Lives



OVERVIEW

Private maternity providers are a diverse group, particularly in India. To better understand and define private maternity providers, GfK conducted market segmentation research on behalf of *Merck for Mothers* in three high-need states (Uttar Pradesh, Jharkhand, and Rajasthan).*

In India, local private maternity providers play critical roles in delivering healthcare to pregnant women and new mothers. Women often seek private care for many reasons, including private maternity providers':

- Proximity to their home
- Flexible hours
- Perceived quality
- Personalized care
- Sensitivity to local needs, cultures, and customs

However, private maternity providers represent a diverse group, and their care can also be unregulated, costly, and of variable quality.

To improve the quality of care that private maternity providers offer, it is important to understand their needs, motivations and incentives. To do this, practitioners need a tool that organizes and classifies private maternity providers into a manageable number of groups. Segmentation is this tool.

Segmentation organizes a diverse audience into mutually-exclusive groups by dividing people by shared attitudes, beliefs, behaviors, needs, and other key distinguishing factors that unite them.

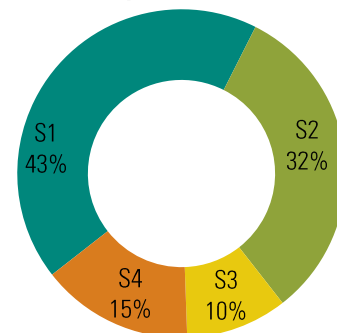
This creates different groups of people who are like one another within a segment but different across segments.

Those working with private maternity providers in India **can use the segments to improve their engagement with each group of practitioners via customized channels, programs, tools, and messages.**

Using qualitative interviews and a quantitative survey, our segmentation revealed four segments of private maternity providers in Uttar Pradesh, Jharkhand, and Rajasthan:

1. Well-equipped, self-proclaimed **experts** (S1)
2. Unprepared, open-minded **generalists** (S2)
3. Prepared and eager **perfectionists** (S3)
4. Burdened "**rescue crew**" (S4)

Segment Size



This brief **provides background** on the methodology used to create these four segments, **explains each segment's characteristics**, and **introduces a typing tool that practitioners can** use to classify private maternity providers into these four segments.

* This project is supported by funding from Merck, through *Merck for Mothers*, the company's 10-year, \$500 million initiative to help create a world where no woman dies giving life. *Merck for Mothers* is an initiative of Merck & Co., Inc., Kenilworth, N.J., U.S.A.

THE VALUE OF SEGMENTATION

Treating private maternity providers as a homogenous group with identical attitudes, beliefs, behaviors, and needs makes efforts to improve the quality of care provided less likely to succeed. Yet, it is similarly challenging to understand, target, and connect with each private maternity provider in India on an individual basis.

Market segmentation is a research-based solution to this issue, as it prevents one-size-fits-all thinking and approaches, and recognizes meaningful differences within a target audience, all while keeping the number of groups defined reasonable to foster real improvement in the quality of care provided.

Segmentation organizes any diverse audience into unique groups by dividing people based on numerous factors, including the audience's attitudes, beliefs, behaviors, needs, and other key traits. The result is a series of unique segments, where each segment is defined by a set of distinguishing factors. These distinguishing factors are shared by members within a segment, yet different from the other defining characteristics of the other segments that emerge.

Segmentation helps Jhpiego achieve its goal of improving the health of women and families by better targeting the interventions for quality management. It provides better targeting and better design of interventions, which allows for the better use of resources... It gives me confidence. It helps me better monitor and manage our programs using the data.

—Dr. Somesh Kumar, MBBS, MPH, Deputy Country Director and Head of Programs at Jhpiego India

METHODOLOGY

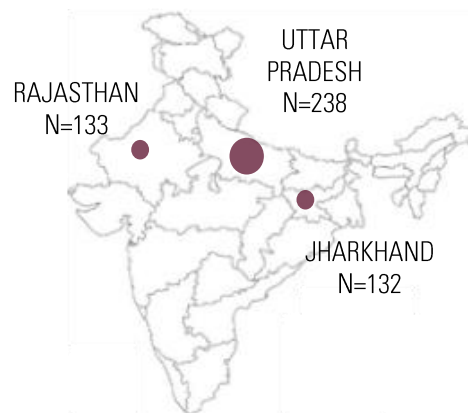
Qualitative and quantitative research among private maternity providers was conducted in Uttar Pradesh, Rajasthan, and Jharkhand.¹

The research was conducted in two phases:

1. An exploratory qualitative phase
2. A quantitative survey phase

Both phases of research explored the following topics:

- Providers' perceptions, measurement, and improvement of quality of care
- Barriers to providing quality care
- Mechanisms to engage and communicate with providers



1

Qualitative In-Depth Interview Research

- 47 private maternity providers
- The in-depth interviews were conducted face-to-face
- Interviews lasted 45 minutes each

2

Quantitative Survey Research

- 503 private maternity providers
- The survey was conducted face-to-face
- Interviews lasted 30 minutes each

¹ In this study, private maternity providers (PMPs) refers to health care professionals (HCPs), including obstetricians and gynecologists (OB-GYNs), resident medical officers (RMOs), chief medical officers (CMOs), auxiliary nurse midwives (ANMs), general nurse midwives (GNMs), primary care providers (PCPs), medical officers, and nurses who all possess medical qualifications and personally provide intrapartum care.

INTRODUCING THE FOUR SEGMENTS

S1 – Well-equipped, self-proclaimed experts

- 43% of private maternity providers
- Perform 50% of deliveries
- Self-proclaimed **maternity care experts**
- Spend the **majority of their time on maternity care**
- Closer to a major city
- Work in **well-appointed facilities with a large full-time staff**
- Don't usually refer out their intrapartum patients, and conduct many C-sections in-house
- Typical beliefs:
 - All patients in their area have access to the best care
 - Their practice has all the necessary tools to achieve the best possible outcomes
 - Not a high need for involvement from external organizations; they are confident that they can do it all on their own
- Current training is not the most up-to-date and they **highly value training and continuing education opportunities**

S4 – Burdened “rescue crew”

- 15% of private maternity providers
- Perform 25% of all deliveries
- **Handle a number of deliveries**, which are often **complicated deliveries or C-sections**
- Receive a **high number of cases referred from other facilities**, few of which arrive with an accompanying medical history
- Most likely to cite **having staff available around the clock as their primary infrastructure need**, do not always have full-time specialists, such as surgeons and anesthesiologists, available
- Not always able to treat patients in-house and **refer roughly one-fifth of their cases** elsewhere
- **Laud their facilities** and the quality of care provided
- See an ability to further improve quality through **patient education, common guidelines**, and by **holding private maternity providers more accountable**
- Most **open to external organizations' involvement**

S2 – Unprepared, open-minded generalists

- Account for 32% of PMPs providing intrapartum care
- Perform 13% of all deliveries
- Predominately **male** clinicians
- More likely to be **primary care physicians**
- **Practicing the longest**
- Spend the **least amount of time on maternity care**
- **Least likely to have received any maternity care training** in the past year
- Located **far from a major city**
- Work in centers with **limited infrastructure and staffing** – roughly six in ten lack a gynecologist on staff
- Handle few births (but do perform home births), are not able to conduct C-sections, and **must refer out more than half of their intrapartum patients**
- Report having overhauled the way they practice, they **recognize the need for additional tools and welcome external organizations' involvement**

S3 – Prepared and eager perfectionists

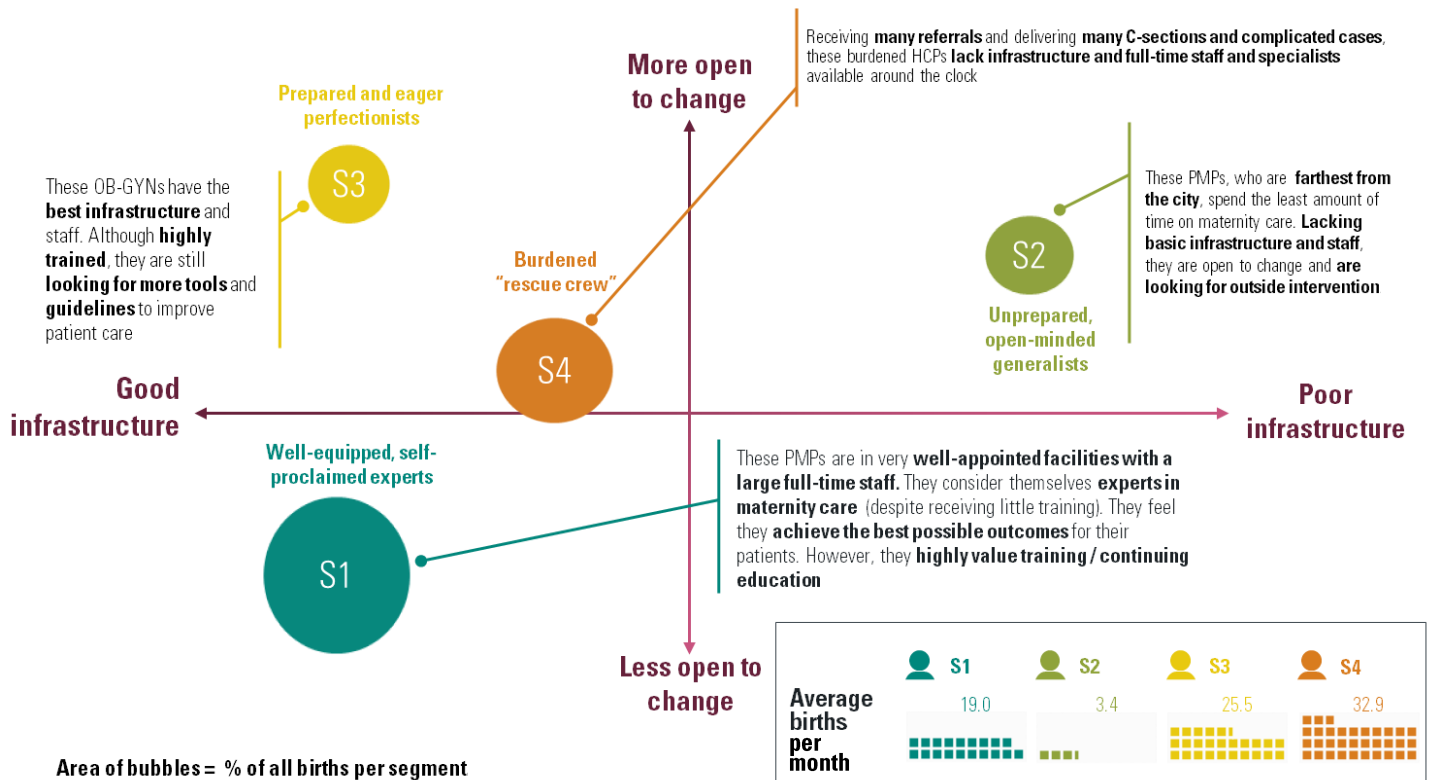
- 10% of private maternity providers
- Perform 12% of all deliveries
- Often **OB-GYNs who focus almost exclusively on maternity care**
- Typically work in **urban centers** with good infrastructure
- Almost never refer out their intrapartum patients
- Care they provide also comes at a **significantly higher cost**
- Patient satisfaction is paramount – they are more likely to cite patient-related factors like **education and cost concerns as barriers to the desired outcomes** and:
 - Are the **most up-to-date on trainings**
 - **Collect formal feedback** to monitor the quality of care they provide
 - **Use their mobile phone** to aid in patient care
- **Penchant for perfection** interferes with how they see themselves – they are most likely to say they are unable to achieve desired patient outcomes
- Least open to external involvement, yet see the **greatest need for change, specifically guidelines**

MAXIMIZING THE GLOBAL HEALTH COMMUNITY'S EFFORTS TO IMPROVE QUALITY BY LEVERAGING THE SEGMENTATION

The figure below shows each segment's average case load, willingness to change, and quality of infrastructure. Three of the four segments either welcome or are neutral toward change while only one segment is under the impression that change is not necessary. This organization of the segments provides tonal guidance when communicating with private maternity providers.

- S2, S3, and S4 want to hear about ways to improve and change that speak to their needs.
- S1 needs to hear that they are experts providing exceptional care, though there are training and continuing education opportunities that allow them to continue providing the best quality of care to patients.

Figure 1: Organizing the segments

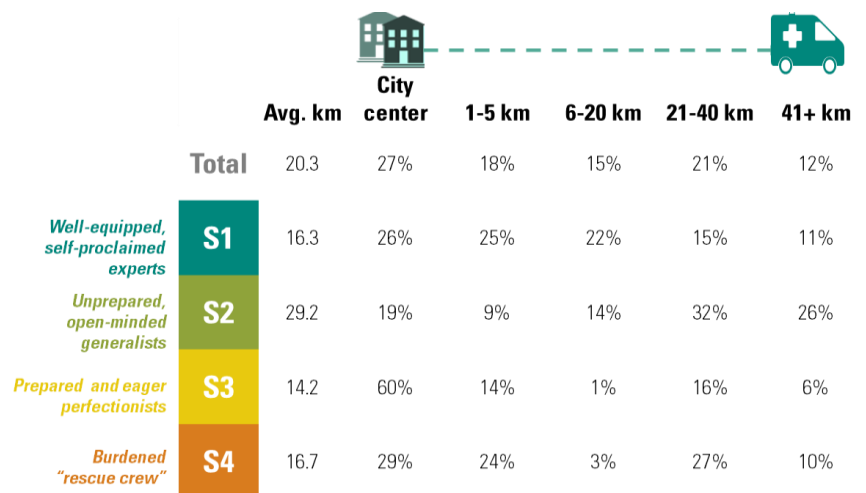


Another important element in need of additional detail is each segment's proximity to city centers. There is a correlation between a segment's proximity to a city center and the quality of infrastructure.

The three segments – S1, S3, and S4 – closer to a city center (within 17 km) all have better infrastructure.







S2 live farthest from the city center and has the greatest need for infrastructure. Nearly one-quarter of S2 (24%) conducts home births though over half (56%) of intrapartum patients are referred out.

Figure 2: Practice Location





To connect with private maternity care providers and persuade them to adopt measures that promote a higher quality of care, understanding the context in which they operate is helpful, but not enough. Knowing how to activate the different segments (i.e., knowing what the driving force that is motivating each segment's desire to improve the quality of care they offer) is essential.

Figure 3: Motivating Each Segment


Impact on improving care (% motivating)		Total	S1	S2	S3	S4
	Community Recognition	77%	86%	72%	36%	87%
	Peer Recognition	80%	85%	81%	38%	93%
	Positive Patient Feedback	63%	71%	52%	89%	46%
	Accreditation	68%	59%	72%	57%	90%
	Financial Incentives	68%	60%	80%	93%	52%
	Higher 3 rd Party Incentives	61%	53%	66%	95%	54%


S1 and S4 require recognition – recognition of their efforts to improve care from the community and their peers.

 Providing recognition at training seminars for S1 and in medical journals for S4 can maximize their efficacy, given that each serves as the segment's go-to source for intrapartum care expertise.

 Accreditation offers another opportunity to motivate S4. However, it is important to note that 87% of S4 is unaware of any available accreditations. Consequently, before accreditation can serve as a real motivating factor, educational efforts aimed at raising S4's awareness of the available accreditations will be necessary.

S2 and S3 see **financial incentives** as a compelling reason to improve the quality of care they provide, though they **are not the only strategies for connecting** with these segments and persuading them to improve care.

 Similar to S1 and S4, S2 also believes recognition, specifically peer recognition, would motivate them to provide higher-quality care.

 S3, the patient-centric perfectionists, believe validation in the form of positive patient feedback would produce a positive impact on their likelihood to improve the care they provide.

Those seeking to improve quality can also consider motivating private maternity providers by addressing their needs. These needs offer entry points for the NGO community to engage with and better tailor its efforts directed at private maternity providers in India.

S1's Needs

- Private maternity provider training and education
- Measuring and tracking methods

S4's Needs

- Improved staffing
- Patient education

S2's Needs

- Small-scale infrastructure improvements and medical supplies
- Patient education

S3's Needs

- Private maternity provider training and education
- Development of quality standards and guidelines

USING MARKET SEGMENTATION: THE TYPING TOOL

Segmentation offers numerous benefits to the health community looking to meaningfully address the issue of the quality of intrapartum care because its findings have the ability to be applied more broadly. Specifically, the typing tool pares down the contents of the quantitative survey to the questions that meaningfully differentiate the segments from one another. By adopting the typing tool,² anyone has the ability to “type” a private maternity provider – that is, determine into which segment a private maternity provider fits based on the responses to the questions contained in the typing tool.

The Questions the Typing Tool Contains

- Understanding what are the barriers to quality care
 - Level of quality care currently provided
 - Private maternity providers’ perceptions of patients’ access to quality intrapartum care
- Desires of private maternity providers
 - Desire to provide patients with high-quality intrapartum care
 - Changes necessary for patients to receive higher quality care
- Motivations of private maternity providers
 - Patient satisfaction
 - Positive clinical outcomes
- Motivations of private maternity providers (continued)
 - Positive clinical outcomes
 - What most underpins private maternity providers’ enjoyment practicing medicine
- Needs and expectations
 - Ability to achieve desired patient outcomes
- Facility resources (such as the existence of an operating theater or autoclave)
- Complexity of deliveries
- Affiliation with professional organization(s)
- Referral practices for different conditions

The typing tool arms those working to achieve similar goals with a research-based, standardized approach to organizing and classifying private maternity providers. The coordination and cohesion that the adoption of the typing tool can bring allows those who work in this space to:

- Better structure and target their efforts
- Realize their important goals

In the maternal health space, this ultimately means saving lives and fostering healthy families.

Quality improvement and quality management is a multi-stakeholder endeavor...So segmentation brings everyone on the same page, and they can then talk the same language and align interventions and overall programing for quality management in the various segments that are approaching. It helps in making sure you know your efforts are aligned and speak to each other. You will know the quality-improvement processes in the various segments and all the various teams can inform each other of their work – **what lessons, interventions, and/or strategies have worked** in segment 1 in context A, so that can also help other teams devise their strategies to addressing existing barriers. **Public health at the end of the day is more about how you network between various stakeholders, how you take the whole movement forward in a consistent and contextually appropriate manner, and it is about the technical intervention. Segmentation does help** from that perspective.

–Dr. Somesh Kumar, MBBS, MPH, Deputy Country Director and Head of Programs at Jhpiego India

² The typing tool can be downloaded from the following link: www.merckformothers.com