

Corporate Hospitals in India and Representation of Women's Medical Care

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Abstract

By the turn of the century, in India, there had been a major expansion of corporate hospitals. They are a melting pot of global and local dynamics. As Habermas says, corporate entities share certain values, which shape other institutions, communities and the public mind as well. Corporate medical care means expensive medicine, individualisation of care, promotion of risk management, along with profit-oriented managerial techniques and healthism with minimal or no intervention from the government. This article traces how this emerging sector is shaping the notion of women's medical care in the public mind. This is traced through the study of corporate health care institutional websites focusing on the services for women. Even though they make the clinical setting women friendly, they promote women's health services selectively. Through various services, it normalises the usage of market-driven technology and the need for it.

Keywords

Corporate hospitals, women's health, representation, medicalisation, privatisation

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Introduction

The health care industry in India has seen an unregulated growth in the for-profit private sector, encompassing nursing homes, investor-owned/joint venture hospitals, diagnostic centres, branded primary-level clinics, pharmaceuticals, private health insurance sector, clinical trials and diagnostics. According to a report, the health care industry earns a revenue of US\$ 2.8 trillion and appoints around 4 million people (Confederation of Indian Industry [CII] report, 2011, cited in Itumalla & Acharyulu, 2012) and hospitals contribute 70 per cent of the industry revenue (HDFC Bank Investment Advisory Group, 2015). In the 1990s, the Government of India declared the hospital sector as an industry. This marked a significant leap in the corporatisation and expansion of corporate medical care in India. In a major way, by the turn of the century, the corporate hospitals were ushered in. These hospitals promise to provide technologically advanced services and undertake complex surgeries. There is a new trend of strengthening corporate control over welfare resources and corporates have developed a political voice which is strong enough to shape and influence health policies within the country.

Corporate health care is also gaining ground through the globalisation processes, shaping the climate of competition in medical care, growth and the pursuit for profit. Increasingly, human bodies (body tissues, women's biological processes, organs) have become available for private investment and bioeconomies (Waldby & Cooper, 2006), and corporate hospitals are one of the facilitators as providers. It is estimated that the share of the private sector in hospitals and hospital bed count is 74 per cent and 40 per cent respectively.¹ Based on the data released by the Department of Industrial Policy and Promotion (DIPP), between 2000 and 2012, foreign direct investment (FDI) inflows in hospital and diagnostic centres have increased positively. Corporate hospitals are increasingly looking for a pan-India presence through hub-and-spoke model of networking and medicities are new ventures within the corporate medical care landscape.

The Context

Corporatisation of medical care has led to increased interaction between new medical technologies, pharmaceuticals, capital and agencies providing medical care services. These combinations have not only led

to commodification of medical care but also to different forms of medicalisation and medical care consumption. Corporate hospitals provide institutional spaces to the patients and providers, provide premises to the new diagnostic technologies and assist in creating markets as well. The majority of the corporate hospitals are multi-specialty units where the primary and secondary health units act as their referral units. Within the plural nature of private health care, the multi-tiered corporate hospitals and their ambulatory centres or clinics cater to those members of the middle class who can afford care at a higher price. Every health care system function is based on specific value systems, that is, 'on technical approaches and professional attitudes and training' (Collins & Green, 2014, p. 42). Similarly, corporate hospitals too share certain values and shape other institutions and the public mind, 'in the production of meaning, personal identity, values and knowledge' (Habermas, 1987, cited in Rail & Beausoleil, 2003, p. 1). Underpinning corporate medical care is expensive medicine, individualisation of care, promotion of risk management and healthism with limited choice for the patients, along with minimal intervention from the government (Collyer & White, 2001) and profit-oriented managerial techniques (Armstrong, 2001, cited in Rail & Beausoleil, 2003, p. 2).

Every corporate hospital and its clinics have sections dedicated to women's health from different age groups. Through prominent placards and displays within the hospital and clinic spaces, visibility is created for health care consumers. Each of these places provides leaflets of information, which are visually appealing and lay out the need for regular personal health check-ups lined with an array of diagnostics to be done for specific individuals. This creates a fertile ground for pathologising the everyday lives of the individuals, who in turn internalise the notion of risk. The organisation of such niche sections of 'women centres or specialties or obstetrics and gynaecology' in the corporate health care setting has received inadequate attention from academic quarters. They are unique in the sense that they seem to create a notion of a one-stop care centre for women. They cater largely to the class who have health insurance coverage, or can bear considerable amounts of out-of-pocket expenditure or both. All these health centres provide packaged services and the effort is to bring in women patients within the reproductive age group and beyond as consumers.

Corporate hospitals or clinics, over the years, have used the Web space to increase their presence in the medical world not only nationally but also globally. The Web space has emerged as another medical space which shapes the minds of the consumers, their health-seeking behaviour

and therapeutic trajectories, and also assists in communicating and embedding the values of corporate medical care in the public mind. It is also a medium which informs people about the nature of medical care available, thereby helping in the permeation of certain kind of biomedical knowledge within a certain social, economic and medical context. It is in this context of corporate medical care that it is important to review what they mean, through their Internet presence, by 'women centres or specialties or Obstetrics and Gynaecology' based services.

A study of women's health centres within corporate hospitals in the United States (US) shows how feminist health care concepts are appropriated by market services to generate revenue and disempower women consumers (Thomas & Zimmerman, 2007). Another study of an English-Canadian women's health magazine shows how it promoted the concept of healthism through self-management of one's own health (Roy, 2008). Particularly, anthropological work on assisted reproductive technology and surrogacy shows how media reports and advertisements mediate popular ideas of motherhood, kinship and family (Majumdar, 2014). Given the fact that in a developing country like India, the private sector has shaped the values of the medical fraternity working in the public sector (Baru, 2005), and where population policies, eugenics and neoliberal policies are intricately linked (Simon-Kumar, 2007), it is important to understand the ways in which corporate entities envisage women's medical care and arrange their provisioning system. The nature of information available on the websites is bound by the marketisation strategies and is mediated by the high-end technologies the respective corporate entities have. This article discusses the ways in which corporate hospital websites market medical care services for women and what they represent in terms of market control, medicalisation, prioritisation of women's health needs and individualisation. This article has two broad sections. In the first section, the growing business targeting women's medical care is explored, followed by the second section where a review of websites dealing with specific specialties is presented. The exploration is through the textual and visual representations of women's medical care services. Based on thematic analysis, it elucidates what kind of information on medical care for women is communicated.

The analysis began by exploring the content of corporate hospital websites, gradually narrowing down to the field or specialisation of 'women's centre/reproductive medicine/obstetrics and gynecology'. The broad nomenclature for women's specialty in the corporate hospital

and its clinics sometimes varies or remains the same. The websites of the corporate hospitals are designed in such a way that with one click, they show their national and global presence (cities and countries) and the available clinical specialties. Besides this, in other clinical departments which too women patients visit, website spaces of other specialties evoke a gender-neutral site that is misleading.

Business and Medical Care Services for Women

The medical care business is expanding globally and to capture newer markets, targets are approached differentially. Waldby and Cooper (2006, p. 5) figure out that over the years, globally, 'women's reproductive biology has become the focus of extensive biomedical research interest and global commercial innovation'. All this has an extremely complex relationship with the organisation of services for women in the corporate hospitals and clinics.

Globally, women's health therapeutics has identified four major geographical regions for marketing: North America, Europe, Asia-Pacific and the rest. On the basis of treatment too, the therapeutic market has been segmented into, for example, menopause-related health problems, postmenopausal disorders, osteoporosis, infertility, endometriosis, gynaecological cancer, polycystic ovary syndrome and birth control. For the emerging economies, therapeutics has identified urology-related problems as another emerging segment. The body-imaging (radiology) market is the next segment that already shows signs of expansion in China and India. In prioritising the kind of medical care services to be provided by the corporate providers, therapeutics and the imaging market play an important role.

The medical care market that has evolved over the years now reflects the strengthened presence of corporate health care. In India, by the late 20th and early 21st centuries, medical care services for women, particularly institutional delivery, began to be privatised and contracted out, thus creating a niche market for them. The emerging medical market value data on this are represented as in the maternity or gynaecological category. In the developing countries, these markets have been sustained, and have seen growth, with the expansion in the private and public health insurance market. The medical care market for women is well developed in segments like maternal health care, hysterectomy, infertility-related treatment and surrogacy.

Market estimates of the share of total hospital admissions shows that maternity/gynaecological admissions increased from 22 per cent to 24 per cent between 2001 and 2012. In 2009, McKinsey estimated the maternity care market share to be around ₹ 6,000 crore, with a projected growth to ₹ 11,000 crore by 2012.² It was estimated that out of 400 infants born per day in Bangalore, 10–15 per cent parents can afford the boutique birthing centre.³ Since 2005, the maternity care market has boomed in the for-profit sector. Corporate hospitals, such as Apollo, Fortis, Wockhardt, Oyster and Pearl and Dr M.L. Dhawale Memorial Trust (Mumbai), through private investment from Acumen, have started maternity units. Corporate investors like Hindustan Latex Limited, Medtree Healthcare, Rhea Healthcare and Baid Group have, in the recent past, supported stand-alone maternity care initiatives. Investors like Sequoia Capital, along with Matrix Partners, invested ₹ 1 billion in Bangalore-based Cloudnine Hospitals to start up 10 new health centres to deliver services in maternal, neonatal, gynaecological and infertility care. The first one will be in Chennai (The Intelligent Network to Acquire, Sell or Finance Private Companies, 2015) Further, Merck for Mothers, an initiative focused on reducing maternal mortality with a US\$ 500 million commitment over 10 years, is supporting the scale-up of MerryGold Health Network in 19 districts of Rajasthan. Acumen-backed LifeSpring Hospitals Pvt. Ltd, which runs low-cost maternity hospitals, plans to raise US\$ 3.24 million (₹ 20 crore) to fund its expansion plan (*Ibid.*). They are planning to raise ₹ 20 crore for the next round of expansion to set up and stabilise a new cluster (*Ibid.*). The corporate hospitals are foraying into the domain of women's health and it is emerging as another segmented marketable area. This continually leads to the process of exclusion and marginalisation of indigent women.

Depiction of Women's Medical Care

Nature of Medical Services Provided

Within the institutional space, as in hospitals and clinics, what is the best way to provide medical care for women has always been a matter of contention, that is, whether through the department of general medical care, or the gynaecological/obstetric unit or both. Much of the provisioning pattern is regulated by the male-dominated medical professionals and management bodies governing corporate hospitals

and clinics. As we study the provisioning pattern of medical care for women in the corporate hospitals, we see the prevalence of diverse patterns. Broadly, in these corporate hospitals, women's health services could be divided into four broad categories: maternity-related services; gynaecological services, infertility or in vitro fertilisation (IVF)-related services; and oncology services. Under these broad categories, not all list out the types of clinical treatment they provide, but some broadly mention it (Table 1).

Classification of different types of care shows repackaging of services, particularly under maternity care, and breaking it into minor components with regard to childbearing. Reproduction and motherhood are at the core of medical services provided.

We have a dedicated team of obstetricians and gynecologists offering a wide range of services. From pre-pregnancy care to childbearing and post-menopausal care, there is a solution for all health concerns a woman experiences during these stages.⁴

Fortis offers expert gynaecological treatment and specialist services for special disease groups. Women in different age groups have different health concerns, which are appropriately addressed. The hospital provides comprehensive treatment for fibroids including open myomectomies unsuitable for endoscopic (keyhole) surgery.⁵

In the cited passage, the corporate hospitals suggest a wide range of services available for women across different age groups, including maternal health care services. To begin with, it emphasises the availability of obstetricians and gynaecologists. In Fortis Hospitals, under the broad category of obstetrics and gynaecology, there was a health care component titled 'Mammamia', focusing on yoga and diet (see Table 1). It can be observed that the maternal health care services bear traces of a business model of care and compartmentalises care components. There is greater focus on curative and lifestyle-oriented care.

Pregnancy is a special and crucial period for any woman...you will receive every possible care so that your health and the health of your baby are perfect...Antenatal care forms...the systemic medical care of the pregnant woman and foetus to ensure overall health and to rule out the possibility of any probable complication. You may need to visit your doctor at least 8–9 times during the course of your pregnancy.⁶

Similar excerpts are found in plenty across the websites of different corporate hospitals or clinics, highlighting the wide range of medical

Table 1. Medical Care Services for Women from Selective* Corporate Hospitals

Apollo Hospital Clinic	Max Healthcare Hospital	Fortis Hospital	Columbia Asia Hospital	Women's Centre India	Rainbow Hospitals
Fertility clinic	Obstetric and gynaecology	Gynaecology	Obstetric services; contraceptive services; medical termination of pregnancy services; reproductive endocrinology (hormonal defects) and infertility; and pain management for labour and delivery	Reproductive medicine	Maternity-related services; pregnancy and delivery; foetal medicine; painless delivery and labour; child birth preparation classes; high-risk pregnancy; vaginal birth after caesarean; breastfeeding support; care for newborn
Obs/Gyn clinic	IVF treatment	Infertility	Infertility services; Care of the pregnant woman; High-risk pregnancy	Maternal care, NICU, high-risk pregnancy	

IVF treatment offered, IUI, IVF, ICSI, IMSI, blastocyst culture & transfer, egg donation, surrogacy, embryo freezing, oocyte freezing, sperm retrieval, assisted laser hatching	Gynaecological services; management of dysfunctional uterine bleeding, polycystic ovarian disease; screening for cervical cancers and surgery for cancers of the female reproductive system; urogynaecology evaluation and management of endocrine disorders (e.g. prolactin and thyroid)	Gyn services	Gyn and affiliated services: well women check up; minimally invasive surgeries, urogynaecology, family planning; menopausal care
Mammamia	Assisted conception, IVF, IUI, assisted reproduction	MRI-guided focused ultrasound	

Source: Compiled from the different corporate hospital websites, listed under the categories like maternity-related services, gynaecological services, infertility or IVF-related services and oncology services.

Notes:

- * Due to lack of space, clinical services from a few selected corporate hospitals only could be listed here.
- NICU: neonatal intensive-care unit; IUI: intrauterine insemination; ICSI: intra-cytoplasmic sperm injection; IMSI: intra-cytoplasmic morphologically selected sperm injection; MRI: magnetic resonance imaging.

care services they can provide to women in the reproductive age group and beyond it. Repeatedly, there is an emphasis on motherhood, foetal care and childcare: as is observed, 'the moment you find out you are pregnant your life is transformed'. It is constantly reiterated that the pregnant woman has to continuously be watchful and monitor her body and health to protect foetal health since there are some risks in pregnancy.

In quotations like 'with full range of screening tests', during antenatal check-ups, the notion of impending risk is built into the management of pregnancy for women who come to seek medical care in these spaces. It is emphasised in a way that the pregnant woman and the growing foetus are seen as two bodies who are or can be prone to risks. The mechanism of surveillance and constant fear is built into it through screening programmes like amniocentesis and ultrasonography. As a result, in corporate hospitals, obstetric ultrasound as a routine test during pregnancy has become a common phenomenon and is prescribed for normal pregnancies also. It is promoted as providing the woman and/or her husband with the chance to observe the foetus that otherwise is hidden, as well as with foetal health information, and is seen as a marker of making reproductive choice. Thus, from conception to birth, there is increasing control over the woman's body through technology, a trend that gradually medicalises the reproductive process. This is leading to a cultural shift within a particular class through the visualisation of the foetus and the knowledge of foetal heart beats; it is helping to normalise the usage of this screening procedure.

Interestingly, one of the hospital websites appropriates the words of Barbara Katz Rothman, 'Birth is not only about making babies. Birth is about making mothers strong, competent, capable mothers who trust themselves and know their inner strength'.⁷ In the context of the US, Rothman questioned the use of technology and the free market and emphasised the need to incorporate women's experience in reproduction that is otherwise being lost. Selective usage of Rothman's words by corporate hospitals diluted the original concept and was made to fit the marketing strategies, and it endeavoured to empower birthing women through the knowledge of risk and technology.

Promoting the Notion of Painless Labour

Of late, corporate hospitals are actively campaigning and promising women painless labour mediated through pain relief techniques like entonox and epidural. Painless birth is projected as a desirable thing and

is promoted as 'painless normal birth'. This promotional activity undermines the normal birth process which is accompanied by stages of pain. The passage quoted next elucidates how with the availability of therapeutics and clinical personnel, the corporate hospital is able to conduct painless labour. In the next quotation from another corporate hospital, painless natural birth is promoted in preference to caesarean birth. This is notable as the promotion of painless normal birthing comes at a time when rising caesarean births are becoming a public health concern. Studies from Chennai and Delhi have shown a high rate of caesarean births in urban private hospitals (Bhasin et al., 2007; Pai et al., 1999). Surgery increases risk for both mother and baby of postnatal morbidities.

Apart from the conventional analgesics and prophylaxis we offer pain relief in labour by epidural anaesthesia. Painless labour is provided by our team of senior anaesthetists available 24 hours a day. We have trained senior resident obstetricians monitoring the condition of mother and child round the clock under supervision of senior consultants. Facility of Dedicated LDR (Labour–Delivery–Recovery) room is available.⁸

...many expectant women fear the process of natural childbirth due to painful labour, opting for a Caesarian surgery instead. 'Unless there is a risk involving mother and baby, Caesarian section is not recommended,' says Chief of Medical Services, Columbia Asia Hospital, Pune. 'The recovery period is longer, the surgical wounds can get infected and the mother could have health problems later in life. That is why we are encouraging mothers to opt for natural childbirth which can be almost painless in today's practice' she adds. Epidural anaesthesia allows mothers to have a painless delivery the natural way. It is the most popular method of pain relief during labor.⁹

In 'painless natural birth', anaesthetists and gynaecologists gain greater control and power over the birth process. In this manner, the mind of the 'would-be mother' is conditioned for painless natural birth. A myth around the painless process of birthing and the positive experience of obstetric technology is created. Moreover, this is done by drawing attention to the accounts of the US-based experience mentioned next. Evidence from the developed country is used to gain acceptance among middle and upper-class consumers in India.

Labour pain is rated as severe by most women who do not receive pain relief. With advent of modern medicine and availability of techniques with skilled practitioners, it is now considered 'inhuman' not to relieve the pain of labour. The American College of Obstetricians and Gynaecologists

says 'Labour results in severe pain for many women. There is no other circumstance where it is considered acceptable for a person to experience untreated severe pain, amenable to safe intervention, while under a physician's care'. Just like surgery is never done without anaesthesia, so also techniques are available to ensure painless delivery. *Receiving pain relief in labour is not a pre-requisite for delivery! It is dependent on your tolerance level and the choice you want to make.*¹⁰ (emphasis added)

Painless normal birthing is a process wherein normal birthing is medicalised. By doing this, there is an effort to avoid and curtail the uncertainties of vaginal childbirth accompanied by pain; at the same time, the pregnant woman is put under the influence of a specific medical regime. It is in this context that the confidence of a woman to bear the pain is challenged and is promoted as a choice over the unpredictable process of vaginal childbirth. Overall, these statements try to present painless childbirth as normal and sideline the implications that epidural anaesthesia may have on women's health (short term: prolonged labour, nausea, vomiting, shivering, etc.; long term: backache, itchy skin, loss of bladder control) and child's health (foetal distress, poor sucking reflex). In many cases, women are unaware of these side effects and hence, the choice is very limited. All this often goes unreported in low-income countries like ours.

(In)fertility Clinics: Giving Life to Your Dreams...

Assisted reproductive technology (ART) clinics have proliferated in metropolitan and smaller towns as well. One of the models through which these clinics operate is through hospitals and nursing homes. Corporate hospitals with fertility clinics broadly classify them as either fertility clinics, IVF centres or as the department of reproductive medicine, and are also available under obstetrics and gynaecology services or as assisted conception centres. They are described as dream machines that can churn life out of reproductive tissues, altering the meaning of conception and reproduction in the popular mind. The websites promise to provide experience of motherhood and family through the latest or the most advanced and the best ART treatment, as the selected excerpts given next claim:

A preferred choice for couples with recurrent failures and complex fertility cases... This department at Max is one of the most advanced centres in the country for infertility evaluation, IVF treatment and assisted reproduction.¹¹

The centre offers a wide range of services such as basic infertility assessment, infertility treatments, surgical correction of pelvic pathologies, intra uterine insemination (IUI), donor insemination (DI), In-vitro fertilisation (IVF), blasto-cyst transfer, frozen embryo replacement cycles, and surgical sperm retrieval to name a few. With the best fertility specialists in Bangalore who have been associated with Reproductive Medicine and Surgery for more than 17 years at the helm, we have a strong, dedicated team consisting of an embryologist, an andrologist and other para-medical staff.¹²

Qadeer (2010) elucidates how commercialisation of ART has sidelined social causality of infertility, and common obstetric and gynaecological morbidities, and transformed infertility into a disease that can be technologically fixed. The excerpts given earlier also corroborate this understanding. Many treatment procedures advertised have side effects but are still publicised to create an expectation and a market encouraging women to participate. Many of the issues, which emerge during conception assistance, that is, in terms of side effects, are often not part of corporate hospital Web marketing literature. Simultaneously, the promotion of infertility-related technologies is seen as a way of creating possibilities for women within patriarchal norms.

...this world-class facility in the Whitefield Hospital, Bangalore. Whitefield today is known as the 'fastest growing tech hub' of India with working couples who are busy with their demanding and stressful careers, often involving long hours, travel, etc. With modern lifestyles and delayed marriages, infertility issues are becoming common and often couples seek advice on conception and sometimes assisted reproductive techniques to achieve a pregnancy. Columbia Asia, through the Assisted Conception Unit will cater to this growing demand and offer all assistance in achieving a pregnancy.

Cutting edge medical practice, world-class infrastructure and specialists trained in the best institutes in India and abroad in the field of fertility, will be an integral part of the assisted conception unit.¹³

The excerpts show how corporate medical care locates itself spatially depending on the nature of care it provides. These corporate fertility clinics boast of having all the latest technologies and reiterate that they are at par with international standards. All these clinics market pictures projecting the idea of a happy couple and family within a heterosexual monogamous relationship, even if they have single parents and same-sex couples as their clients. They continue to portray traditional patriarchal roles and reinforce the happiness derived from a biological child. Maintaining anonymity is one of the big promises which these websites promise to do.

Other Medical Care Services for Women

The other medical care services highlighted under the umbrella of women's health or women's centre are urogynaecology, minimally invasive surgeries and scarless surgeries, postmenopausal care, family planning and screening services related to cervical and breast cancer. Not all corporate hospitals, however, clearly lay out the different services. They are promoted with the promise that these units are part of multi-speciality medical team practice, and hence the availability of specialists would not be a problem. Now, with an increasing lifespan of women in India, corporate hospitals and clinics are beginning to focus on the menopausal phase of middle-aged women, but a specific focus on geriatric care for elderly women, and work towards mediating the health problems of this age group, is limited. This fact has to be seen in connection with the overall increase in health insurance coverage.

Even though women in the reproductive age group die primarily of infectious and communicable diseases like tuberculosis, pneumonia, diarrhoea and dysentery, websites of corporate medical care rarely highlight these in their health care programme schedule. This fact distinctly separates them from public sector hospitals, the underlying assumption being that control of health services with large 'externalities'¹⁴ lies with the government.

That the practice of medicine is governed by patriarchal values and norms is clearly evident through the emphasis on the provision of aesthetic surgery, that is, 'scarless surgery'. It is listed as a service within the gynaecology and obstetrics specialty, where women are the primary recipients of services. In essence, it acts out as an option for a perfect body and its aesthetic appearance, conforming to the dominant beauty norms. This has emerged with the development of the cosmetic industry.

Naturalisation of Technology

The Department of Obstetrics and Gynaecology offers the full spectrum of women's health care services. We offer *state-of-the-art technologies* with superlative care offering a range of services such as painless deliveries, management of high risk pregnancies/late pregnancies, among others.¹⁵ (emphasis added)

Corporate hospitals and clinics represent themselves as symbols of modern medical care achieved through use of the 'state-of-the-art/

cutting-edge' technologies and professionals in different specialities of care. From their revenue point of view, usage of technology is vital as it enables them to justify the high cost of care. Corporate health care settings weave the treatment narrative in the language of technology, undermining the social, ecological and economic factors affecting the occurrence of disease and illness. The doctors increasingly rely on the clear and digitised pictures produced by ultrasonography, magnetic resonance imaging (MRI), computed tomography (CT), endoscopy and angiography, rather than the patient's knowledge of her own illness.

These corporate facilities promise to offer professionally managed services through a host of technologies and procedures that are of international standards in a premium environment. It assures patients of a favourable milieu for the cutting-edge technology that would aid in giving an unforgettable privatised experience to the mother and her family, or to women patients undergoing minimally invasive surgeries or infertility treatment. These help in legitimising different technologies and the naturalisation of technology use.

Rainbow Hospitals aim to provide high standards of care for the mother, fetus, newborn and children so that none of them is deprived of a tertiary care facility.¹⁶

Technology facilitates correct diagnosis of various ailments for best and shortest road to recovery. Get a closer glimpse of our cutting-edge-technology...¹⁷

These processes actually show how neoliberal restructuring of health care, corporatisation, biotechnologies and industries come to interact and gain control over women's bodies. It is also projected that anything international is of superior quality, and this is promoted as a selling point to the upper middle-class and upper-class consumers. This naturalisation of technology deepens gender, social and class inequalities.

Promising Individualised Care

Another dominant theme that emerged through the analysis of these websites is the promotion, promise and provision of individualised care. It is with the guarantee to provide 'personalised care' that the corporate sector wants to emphasise the hospitality aspect of the hospital in order to earn their profit. This assurance of highly individualised care to women during birthing comes with overemphasis on technologised

practices, as observed in the case of private sector obstetric practice in Chile (Murray & Elston, 2005). The woman is continuously made to feel exceptional and that she will undergo a distinct experience. This is evident through the use of words such as:

Women's centre is dedicated to serving...*individualized care*. We believe the birth of your baby is one of the most important events in your lifetime. *As each individual is unique*, so is each pregnancy and birthing experience.¹⁸ (emphasis added)

Thus corporate hospitals try reassuring that every baby arrives into the world in unique fashion, while taking care that the mother enjoys every comfort of home.

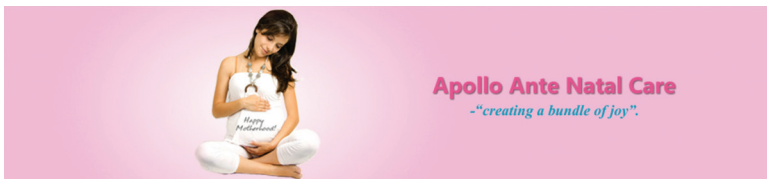
Tailor-made Solutions

The centre offers *evidence-based solutions tailor-made to individual needs* with their complete involvement in the decision making process by which they realize their unfulfilled dreams.¹⁹ (emphasis added)

Figure 1 from the website of one of the corporate hospitals promotes the image of a woman consumer from the upper class, dressed in Western attire, who is in harmony with new changes in her body and for whom monetised care isn't an issue. It seeks to link this blissful maternal experience to the individualised care that it promises to provide. Interestingly, it also shows that pregnancy is not only a body process but also a psychological status of women in contrast to those without children.

It is common in the websites of corporate hospitals to view the image of smiling women across three generations (Figure 2). These women are markers of socially, culturally and economically constructed spaces,

Figure 1. Woman's Experience of Corporate Maternity Care Services



Source: www.apollohospitals.com

Figure 2. Corporate Hospitals Taking Charge of Women's Health

Source: www.rainbowhospitals.in

who are intended to come across as knowledgeable, do not have any other problems and are capable of taking responsibilities and making decisions. Through such depiction of women, corporate hospitals seek to establish a link with the contemporary modern and economically upwardly mobile women or families who can become consumers of commodified medical care. On the one hand, this type of class-based depiction of women implicitly excludes the vast majority of women who are from the margins and poor backgrounds, sidelining the notion of right and justice. On the other hand, it is underpinned with notions of healthism and individual women are portrayed as those who can act in their own interest while conforming to patriarchal values. Thus, the picture is of a small and happy family defined by prevailing and popular social norms.

Telling Tales

Corporate hospitals and clinics use narratives and testimonials to personalise matters and create a niche market for women consumers. The website of one of the corporate hospitals posted a story published in a newspaper which would help to gain the confidence and trust of women consumers and help establish the medical fraternity's technological capacities under the speciality section of 'Obstetrics and Gynaecology'.

On their respective websites, patients' testimonials are posted, which again help to strengthen the confidence of consumers in specific services of the hospital. One of the corporate hospitals posted laudatory statements of patients who used IVF services. For example:

Patient Name: Mrs. K R

Treatment: IVF

Testimonial:

It is a belief that Doctors on earth and Gods in heavens are the ones whom you look up to when you want something which is not possible for you to get. After meeting Dr S, our belief turned into reality. She gave us hope when we had lost all. She actually came as a bright shining sun in our darkest of times. I feel really blessed that we went to her. *My wife and I will never forget what she has done for us.* We have been trying to conceive for more than 8 years before we consulted her. Thanks to her, my wife is pregnant. Thanks to her professionalism we have realised our dream. She is not only an excellent doctor, who has given result to our expectation, but her personal support has been extraordinary for both my wife and me. Indeed, she had always made herself available for us, physically or on the phone. This was the best support we could find to be with her... One more time, we want to thank her so much, from the bottom of our hearts. The entire team has been doing a great job, with kindness and special care. With kind regards, Mrs K and Y R.²⁰

Patient Name: Mrs S

Treatment: Infertility problem

Testimonial:

A couple from Iraq came to Max Multi Speciality Centre, India, with an infertility problem, they were scared they might get the same response as they've been getting from other doctors back home. However, our Infertility Expert Dr. B[s] expertise gave the family a ray of hope & this couple went back home happy & satisfied.²¹

These testimonials present the family's gratitude towards the hospital and their medical and technical staff. One testimonial elaborates on how the doctors helped the woman in overcoming the initial hurdles in conceiving through IVF; at the same time, she was cautioned regarding the low success rates of IVF as well. Generally speaking, starting and operating infertility clinics in corporate hospital health units is challenging. Under these circumstances, these testimonials help to make such units more acceptable and welcoming for the women consumers, and these tales also act as selling points for the respective hospitals. Through such tales and testimonials, ART clinics are able to advertise and popularise their work among a much larger audience.

Conclusion

Today, India's medical care is highly privatised and commercialised. With the shift and restructuring of the state's role in provisioning and

financing medical care services, the citizens (women) are becoming consumers of health services with greater personal responsibility for one's own well-being. It is through the market space that the notion of 'choice' and right gains importance for those who can buy services. Post-2000, increasing health care marketisation, global flow of capital and commerce in biotechnologies and therapeutics have had a deeper impact on corporate medical care establishments and their structure of provisioning. Corporate hospitals have not only seen geographical expansion beyond metropolitan cities, but their provisioning also ranges from multi-specialty units to specialised centres. The biggest concern this review presents is that corporate health care cannot ensure non-discrimination, universal access to health as a right. Moreover, the corporates have to be accountable to their stakeholders. Thus, corporate hospitals can subvert the rights of the poor and marginalised women and skew them towards those who have the buying capacity. The review shows that corporate hospitals deliberately neglect stigmatised and communicable diseases like tuberculosis, filariasis and leprosy among poor women. None of the websites of the corporate hospitals mention safe abortion services when, in the market, unsafe abortion services have flourished.

Over the years, women's health has evolved as a niche business area. The packaging of services shows disaggregation of women's health only within the broader domain of reproductive health; and more recently, also expanding services for non-communicable diseases like cancer, diabetes and osteoporosis. As observed earlier, the services are structured in ways that inject obsession and glorify the idea of motherhood, whether the woman has conceived biologically or through technological assistance. Thus, gender roles very much shape the corporate hospitals' clinical services. The representation of women's medical services through websites does reflect that they are not neutral. It reinforces their bias towards specific classes, fair-skinned women and women from a cosmopolitan urban background with small families, who can speak English and afford private care. Thus, advertisements create ways of discriminating and excluding locally marginalised communities, who are particularly less literate and can barely communicate in English, as well as women who work in the unorganised sector with a bare minimum pay and no health insurance coverage. What emerges from the review is that the thrust of the websites is on the availability of modern technology and its usage in dealing with clinical cases. Thus, corporate hospitals play a critical role in the social construction of illness or diseases and in normalising medicalisation of women's bodies

through processes like childbirth, menopause and screening. These processes relegate women's agency to the margins.

These commercialised medical care centres, in the process, emerge as the corporate voice for women's medical care. Control is very much with the corporate house in designing the medical services, thereby strengthening the commercial aspect. Thus, the quest for growth and profit is so central that the market model of care precedes and co-opts the rhetoric of quality care and feminist concern for women's health, and continues to function within the patriarchal norm and the complex web of health care commercialisation. In the current scenario where the national government is increasingly in favour of insurance-based health care, and corporate hospitals are part of the wider neoliberal model of development, a huge challenge lies with the women's and health movements in India: what steps need to be taken to shift the focus from revenue generation and to decrease medicalisation of and control over women's bodies and lives?

Notes

1. See <http://www.ibef.org/industry/healthcare-india.aspx> (accessed on 15 November 2014).
2. See <http://archivehealthcare.financialexpress.com/200903/market01.shtml> (accessed on 14 November 2014).
3. See <http://healthcare.financialexpress.com/200903/market01.html> (accessed on 14 November 2014).
4. See <http://www.maxhealthcare.in/index.php/our-specialities/obstetrics-and-gynaecology#obstetrics-and-gynaecology> (accessed on 1 November 2014).
5. See <http://www.fortishealthcare.com/india/hospitals-in-delhi-ncr/clinical-speciality/obstetrics-and-gynaecology-289> (accessed on 30 October 2014).
6. See <http://www.apollohospitalsbangalore.com> (accessed on 14 November 2014).
7. See <http://www.rainbowhospitals.in/women-care/about-women-care.html> (accessed on 10 November 2014).
8. See <http://www.apollohospitalsbangalore.com/index.php/overview-2> (accessed on 15 May 2015).
9. See <http://india.columbiaasia.com/health-articles/natural-childbirth-no-more-painful-right-hands> (accessed on 10 February 2015).
10. See www.rainbowhospitals.in/women-care/.../painless-labor-and-delivery.html (as accessed on 10 November 2014).
11. See <http://www.maxhealthcare.in/index.php/our-specialities/ivf/ivf-condition> (accessed on 17 December 2014).
12. See <http://www.fortisfertilitycentre.com/about-us.aspx> (accessed on 17 December 2014).

13. See <http://india.columbiaasia.com/about-us/media/press-release/columbia-asia-hospital-whitefield-launches-assisted-conception-unit> (accessed on 17 December 2014).
14. Side effect of either costs and/or benefits of actions by one party which affect other parties.
15. See <http://www.fortishealthcare.com/india/hospitals-in-delhi-ncr/clinical-speciality/obstetrics-and-gynaecology-289> (accessed on 10 November 2014).
16. www.rainbowhospitals.in
17. See <http://www.maxhealthcare.in> (accessed on 14 June 2015).
18. See http://www.womenscenterindia.com/maternal_care.php (accessed on 10 November 2014).
19. See <http://www.fortisfertilitycentre.com/about-us.aspx> (accessed on 10 February 2015).
20. See <http://www.maxhealthcare.in/index.php/patient-visitor-services/domestic-patients/testimonial> (accessed on 17 December 2014).
21. See <http://www.maxhealthcare.in> (accessed on 14 June 2015).

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