International Journal of Community Medicine and Public Health
Sridevi NH et al. Int J Community Med Public Health. 2021 Apr;8(4):1646-1649
http://www.ijcmph.com
pISSN 2394-6032 | eISSN 2394-6040
DOI: https://dx.doi.org/10.18203/2394-6040.ijcmph20210985

Original Research Article

A study to assess maternal and child health care utilization by slum dwellers in Shivamogga

Sridevi N. H.[1], Praveen Kumar N.[2], Swathi H. N.[2]*

[1]Department of Community Medicine, Sri Atal Bihari Vajpayee Medical College and Research Institute, Shivajinagar, Bengaluru, Karnataka, India
[2]Department of Community Medicine, Shimoga institute of medical sciences, Shivamogga, Karnataka, India

Received: 28 January 2021
Revised: 01 March 2021
Accepted: 02 March 2021

***Correspondence:**
Dr. Swathi H. N.,
E-mail: swathi.halepattanashettar@gmail.com

ABSTRACT

Background: As per the WHO estimates, Slums are home to an estimated 8280 lakh people, representing around one third of the world's urban population. Health is a major economic issue for slum residents. Objective of the study was to assess utilization of health care facilities by slum dwellers with special reference to maternal and child health.
Methods: A list of all slums and the number of households therein was collected from city municipal corporation Shivamogga of which 10 slums were selected by simple random sampling all the households in the selected slums were included in the study. Quantitative data were collected from the households of selected slums after taking informed consent using a pretested semi-structured questionnaire. Information about health care seeking with reference to maternal and child health was obtained by checking the available medical records and as self-reported by the respondents. Data were analyzed by using SPSS software.
Results: In this study, among the 339 households studied 93.5% of the women had more than 4 antenatal visits and 99.1% of the deliveries were institutional, the most frequently contacted healthcare facility was government medical college.
Conclusions: The availability of better healthcare facilities like government medical college in the proximity of these slums has led to good health seeking behaviour among them.

Keywords: Urban slums, Health seeking behaviour, Maternal and child health, Community

INTRODUCTION

In the world one in eight people live in slums. In total a billion people are living in slum conditions today. With the great progress in improving slums and preventing their formation, the proportion of urban population in developing countries living in slums has declined from 39 to 30% over the past 15 years where as the absolute numbers have increased from 689 million in 1990 to 881 million towards 2015.[1]

The continuous migration of people from country side to urban areas in India constitutes a social crisis, the ramification of which may eventually impair the quality of life.[2] Health is a much-neglected component among the women and children who live in slums. They constitute a major high-risk group amongst slum population. Safe delivery is the most important feature of reproductive health care. The proportion of births attended by skilled health personnel is an important measure to ensure safe delivery. Nearly 80% of world's maternal deaths could be prevented by involvement of the skilled birth attendants

adequate maternal care is required during the antenatal and post-natal period.[3]

The difference between health care between slum and non-slum areas always exists, studies have revealed that the levels of antenatal check-ups, institutional deliveries, immunization coverage and treatment seeking behaviour are always low among people living in slums.[4]

There is an urgent need to identify and reduce health inequities, particularly for the most vulnerable populations, such as people living in urban slums or informal settlements.[5]

In India the proposed NUHM (national urban health mission) aims to improve the health status of the urban population particularly slum dwellers and other vulnerable sections by facilitating equitable access to quality healthcare with the active involvement of the urban local bodies.[6]

So, this study was taken up in the urban slums of Shivamogga, with an objective to assess utilisation of health care facilities by slum dwellers with special reference to maternal and child health.

METHODS

A community based, cross-sectional, descriptive study was conducted in selected urban slums in Shimoga town from January-June 2017

As per the information by city municipal corporation of Shivamogga approximately there are 45 slums in the city. Purposive sampling technique was used in this study. A list of slums with the minimum of 50 households was made and 10 slums were selected by simple random sampling all the households in the selected slums were included in the study. Quantitative data were collected from the households of selected slums after taking informed consent using a pretested semi-structured questionnaire. The questionnaire contained items to collect socio-demographic details and also their health seeking behavior with reference to maternal and child health. Locked houses in the first visit were revisited, and those houses which were found to be locked in the second visit were excluded from the study.

Ethical approval

Before starting the study, ethical clearance was obtained from the institutional ethics committee (Ref. No. SIMS/IEC/282/2016-17), Shimoga institute of medical sciences, Shivamogga.

Statistical analysis

The data were entered into the excel sheet and analysed using SPSS software. The frequencies and percentages were calculated and represented in tables and figures.

RESULTS

The study was conducted in 10 selected urban slums of Shimoga city. Out of 854 households studied 339 (39.7%) households had children below 5 years of age. The mother of the youngest child was interviewed for assessing health seeking behavior with special reference to maternal and child health. The background characteristics of the mothers interviewed are as shown in Table 1.

Table 1: Background characteristics of the respondents.

Characteristics of mother	Frequency	Percentage (%)
Age of the mother (year)		
<19	9	2.6
20-29	236	69.6
30 and above	94	27.7
Education of the mother		
No education	2	0.5
Primary education	137	40.4
Secondary and above	200	58.9
Occupation of the mother		
Housewife	201	59.2
Paid work	138	40.7
Number of living children		
One child	45	13.2
Two children	196	57.8
3 and more children	98	28.9

Antenatal care

Among 339 mothers interviewed regarding the antenatal care they received 336 (99.1%) had ANC check-ups, the frequency of ANC check-ups is as shown in Table 2.

Table 2: Distribution of households by number of ANC visits done.

Number of visits	Frequency (%)
Four or more visits	317 (93.5)
One to three visits	22 (6.5)
No ANC visits	3 (0.9)

The main reason for not seeking healthcare during pregnancy was insufficient care. Around 315 (92.9%) had taken more than 100 IFA tablets and 24 (7.1%) of them had not taken more than 100 IFA tablets. The source of ANC check-ups is as shown in the Figure 1.

Intra-natal care

The most common mode of delivery was normal delivery which was 62.2% and 37.8% of them delivered through caesarean section. Percentage distribution of households by place of delivery chosen is as shown in the Figure 2.

Postnatal care

Out of 339 women interviewed only 40.7% of them had sought post-natal care. The most preferred health facility was government medical college hospital (75.1%). The most common reason for not seeking the postnatal care was that respondents felt it was not necessary.

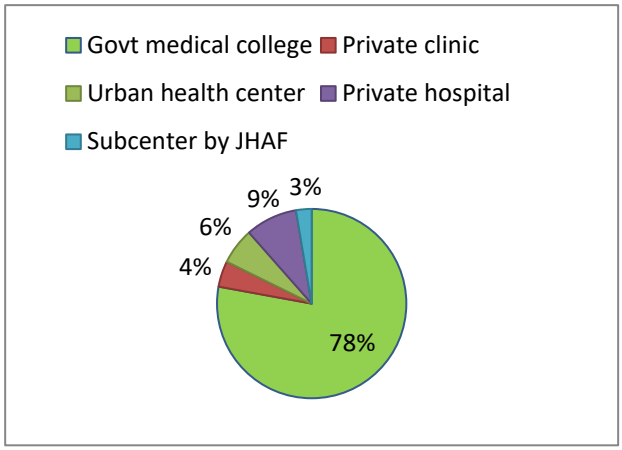

Figure 1: Percentage distribution of households by source of ANC checkups.

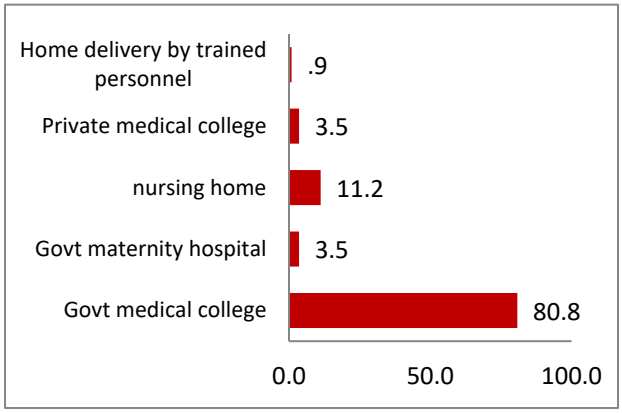

Figure 2: Percentage distribution of households by place of delivery

DISCUSSION

Among 339 mothers interviewed regarding the antenatal care they received, it was found that 336 (99.1%) had ANC check-ups, 22 (6.5%) of them 1-3 visits and 317 (93.5%) of them had 4 and more visits, and only 3 (0.9%) of them reported they had not received any ANC care. The findings were quite good compared to studies done by Singhal (72.58%), Mukesh (68.2%), Angadi (57.4%) and Gupta et al (75%).[7-10]

In this study around 315 (92.9%) had taken IFA tablets and the rest 24 (7.1%) of them had taken more than 100 IFA tablets. In contrast to the findings of study done by Singhal et al (55.84%).[7]

The most common mode of delivery was normal delivery which was 62.2 and 37.8% of them delivered through caesarean section.

In this study it was found that 99.1% were institutional deliveries the findings were similar to the findings of study done by Angadi et al (86.1%) contradictory to the findings of studies done by Mukesh et al (59.8%), Gupta et al (54%).[8-10] Most common place of delivery was government medical college (80.8%) in our study.

Out of 339 women interviewed only 40.7% of them had sought post-natal care. The most preferred health facility was government medical college hospital (75.1%). The most common reason for not seeking the postnatal care was that respondents felt it was not necessary.

Limitations

The study was conducted in a small geographic area and covered less population so the findings of the study cannot be generalised.

CONCLUSION

Proximity of better health facilities such as government medical college which provides free treatment round the clock is another factor that attracts slum dwellers to the healthcare. There is a need to focus on social determinants and educational improvements of slum dwellers. The findings of this study would help in better understanding of health seeking behaviour of the underprivileged population and thus helps in framing health services that are more acceptable.

ACKNOWLEDGEMENTS

Author would like to thanks all the subjects for participating in the study. We also acknowledge Ms Revathy, Biostatistician, Department of Community Medicine, Shimoga institute of medical sciences for statistical inputs and special thanks to the department of community medicine, Shimoga institute of medical sciences. Shivamogga for all the support provide to carry out the study.

Funding: No funding sources
Conflict of interest: None declared
Ethical approval: The study was approved by the Institutional Ethics Committee

REFERENCES

1. SLUM ALMANAC 2015 2016 - UN- Available at: Habitatunhabitat.org. Accessed on May 18, 2018.
2. Park K. Occupational Health. Parks text book of Preventive and social medicine. 23rd edition. Jabalpur, M/S Banarsidas Bhanot Publishers, India. 2015;484.

3. Slums in India: a statistical compendium 2015 – India. Available at: www.indiaenvironment portal.org.in. Accessed on 6th December 2019.
4. Balwar R. Healthcare of disadvantaged group. textbook of public health and community medicine. Dept of community medicine AFMC Pune 1st edition. 2009;602-4.
5. WHO>health and sustainable development >cities and health >strategies for healthy sustainable cities. Available from: www.who.in. Accessed on 2016 October 26.
6. National urban health mission. NUHM profile. Available From: www.nuhm.in. Accessed on 2016 October 26.
7. Singhal A. Utilization of Maternal Health Services in Slums of Rajasthan. Int J New Technol Res. 2015;1(8):76-81.
8. Gupta I, Guin P. Health status and access to health services in Indian slums. Health. 2015:245-55.
9. Angadi MM. Factors influencing selection of place of delivery among pregnant women in urban slums of Bijapur city. Al Ameen J Med Sci. 2013;6(2):189-92.
10. Mukesh S, Monica A, Imchen T, Rehman HM, Yadav K, Singh S. Utilization of Maternal Health Care Services in Slums of Lucknow, Capital of Uttar Pradesh. Int J Interdisciplinary Multidisciplinary Studies. 2015;2(11):23-7.

Cite this article as: Sridevi NH, Kumar NP, Swathi HN. A study to assess maternal and child health care utilization by slum dwellers in Shivamogga. Int J Community Med Public Health 2021;8:1646-9.