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

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.  

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.  

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.  

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.  

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.**

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

**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.**

<table>
<thead>
<tr>
<th>Number of visits</th>
<th>Frequency (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Four or more visits</td>
<td>317 (93.5)</td>
</tr>
<tr>
<td>One to three visits</td>
<td>22 (6.5)</td>
</tr>
<tr>
<td>No ANC visits</td>
<td>3 (0.9)</td>
</tr>
</tbody>
</table>

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 postnatal 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.

![Percentage distribution of households by source of ANC checkups.](image1)

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

![Percentage distribution of households by place of delivery](image2)

*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%).

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%).

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%). 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 postnatal 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.

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**REFERENCES**


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