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A Study to Assess Awareness and Utilization of Reproductive and Child Health Services (RCH) Among Mothers in Urban Slum Population of Mumbai

Community Medicine

KEYWORDS : RCH, ANC, Immunization

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ABSTRACT

Objective: *1) To study the level of awareness and utilization of RCH services among mothers in urban slums. 2) Socio demographic factors affecting it.*

Material and Methodology: *A community based cross sectional, observational study was carried out among mothers of reproductive age group in the field practice area of Urban Health Training Centre, Topiwala National Medical College, Mumbai using systematic random sampling technique. A structured questionnaire was designed to seek the information related to study. Data was analyzed statistically using SPSS16.*

Results: *The awareness and utilization of services in terms of antenatal registration was 92% and baby was delivered in government hospital in 72% of participants. 73.60% were using contraceptives, 55% taken treatment for STI/RTI from government hospital, 86.67% children were immunized as per age. Education, occupation, socioeconomic class, religion, age of the mother and type of the family showed statistically significant association with utilization of RCH services.*

• Introduction:

Reproductive And Child Health (RCH) approach has been defined as people have ability to reproduce & regulate their fertility, women are able to go through pregnancy & child birth safely, the outcome of pregnancies is successful in terms of maternal & infant survival & wellbeing & couples are able to have sexual relation free of fear of pregnancy & contracting disease. The focus of the RCH program will be on reducing the maternal mortality ratio, the infant mortality rate and total fertility rate. It also aims to increase the couple protection rate and the coverage of children through immunization.[1]

In general, women in slum remain unaware of their own reproductive health issues such as menstruation, sexuality, concept of menstrual hygiene and family planning methods. Further risk involved in repeated pregnancies and proper utilization of antenatal and postnatal care. Hence it is necessary to impart knowledge about these reproductive health problems. Women in the urban slums are unaware of the existing health facilities and even if available it has been inadequately utilized.[2]

Approximately 55% of population lives in slum and slum like area in Mumbai. Though local bodies provides the maternity homes, General Hospitals, Urban Health Centers, still there is no reliable data available regarding extent of utilization of RCH by urban poor population. Hence this study has undertaken to assess the exact magnitude of problem.

• Material and Methodology:

A cross sectional, observational, community based study, was conducted during the period of January 2011 December 2011. The study was conducted at Shivaji Nagar urban slum which is situated at an eastern suburb of Mumbai which comes under the jurisdiction of M East Ward of Municipal Corporation of Greater Mumbai. Birth Rate in Shivaji Nagar, Urban Slum, Mumbai is 18.14 per 1000 estimated midyear population. Total number of births in slum area under study with population 122470 will be 2222. 10% of this population was taken i.e. 222. From 50 plots in this slum area, around 5 samples per plot selected. So total sample size for study = 50×5 =250. The sampling method adapted for study was systematic sampling with random start.

• Statistical Analysis:

Using MS Excel, SPSS16, Pearson's Chi square test.

• Results:

Overall 250 mothers were recruited for the study. 84.40% were Muslim, 62.80% belonging to class IV of socioeconomic status, 78.40% were literate. 92% were registered in ANC, Maximum registration was in 3rd trimester. 71.30% females registered in government hospital. More than 50% participants had more than 3 ANC visits. Family member was the source for advice regarding ANC registration. There was significant association between ANC registration and education and socioeconomic status of the participants ($p<0.05$). 72% delivered in government hospital. Out of 36 home deliveries, in 55.55% cases nobody was available to take them in hospital and maximum home deliveries (66.67%) were attended by untrained dais, relatives, neighbours. There was significant association between place of delivery and ANC registration, education of participants, family type and socioeconomic status of participants ($p<0.05$). Only 19.20% had visits in PNC services. 28% participants taken FE, FA, Calcium supplements in PNC period. 184 (73.60%) were using contraceptives. There is significant association between use of contraception and education, socioeconomic status of participants and ANC registered participants.

Among study population 52 affected with STI/RTI, out of which only 40(76.92%) took treatment for that.

Out of 250 children under study, 245(98%) were full term. 178(71.40%) were having birth weight more than 2.5kg.There was association between birth weight of a child and ANC registration of the mother. 240 (96%) children were immunized, of which 208 were completely immunized. There was significant association between immunization status of the child and education of mother and history of ANC registration.

Table 1: Awareness regarding availability of various services under RCH Programme

SERVICES	AWARE %	NOT AWARE %	Total %
ANC Services	87	13	100
Institutional Delivery Services	85.6	14.4	100
PNC Care Services	19.2	80.8	100
Availability of Family Planning Services	70	30	100
STI/RTI Treatment Service	55	45	100
Immunization Services	88	12	100

Table 2: Factors associated with utilization of RCH health services

Sr. No.	Factors	RCH Services Utilization								
1	Age (in yrs)	ANC Care taken			Place of Delivery			Contraceptive Use		
		Yes	No	Pearson's Chi square	Hospital	Home	Pearson's Chi square	Yes	No	Pearson's Chi square
	<= 20	14	4	0.04	16	2	0.775	7	11	0.03
	21 to 25	114	5		104	15		90	29	
	25 to 30	81	11		77	5		71	21	
	>= 30	19	2		17	4		18	3	

2	Education of Mother	ANC Registration			ANC Care taken			Place of Abortion			
		Yes	No	Pearson's Chi square	Yes	No	Pearson's Chi square	NA	Govt Hosp	Private Hosp	Pearson's Chi Square
	Illiterate	43	9	0.010	41	11	0.04	46	2	4	0.026
	Primary	70	5		68	7		56	12	7	
	Secondary	84	3		83	4		70	6	11	
	Higher Secondary	24	0		24	0		20	0	4	
	Graduation	12	0		12	0		8	0	4	

3	Education of Mother	Place of Delivery			Contraceptive Use			Immunization		
		Hosp	Home	Pearson's Chi square	Yes	No	Pearson's Chi square	Yes	No	Pearson's Chi Square
	Illiterate	31	21	0.000	28	24	0.000	45	7	0.007
	Primary	68	7		53	22		72	3	
	Secondary	80	7		73	14		86	1	
	Higher Secondary	23	1		21	3		24	0	
	Graduation	12	0		11	1		12	0	

• Discussion:

This is a community based descriptive epidemiological study conducted in an urban slum of Mumbai among 250 mothers of age group of 15 to 45 having less than 2 years old children. In the study 92% participants were registered for ANC, with maximum in 3rd trimester (41.73%). Education and socioeconomic condition have significant effect on ANC registration. According to NFHS 3, mothers who had registered their pregnancies and had at least 3 antenatal visits for their last birth in urban population is 86.3%. [3]Kotecha Prakash V. et al reveal that around 87% of the women were registered.[4]

In study population 85.60% was institutional delivery, 72% were delivered in Government hospital, Major reason in 20 (55.55%) for home delivery was unavailability of manpower to move the pregnant female to hospital. Maximum home deliveries (66.67%) were conducted by others which included untrained dai, relatives, neighbours etc. Among those who were registered for ANC, higher education class, with joint family and better socioeconomic conditions were found to have tendency towards institutional delivery.

In study conducted in urban slums of Greater Mumbai by V.M.Sarode showed 35% of study women delivered at home, while 48% delivered in government hospitals and 17% in private hospitals. Institutional deliveries increase sharply with education of women and the standard of living.[2]

In study out of 250 only 19.20% had received post natal check up within 42 days of delivery. A study by Digambar A.et al revealedthat only 37 % of women have received postnatal checkups Within 42 days of child birth.[5]

In study 73.60% subjects were using some methods of contraception. Most commonly used was barrier method. There is significant association between use of contraception and education, socioeconomic status of participants and ANC registered participants.

A study by H Tuladhar et al revealed that the best known method of temporary contraception was depo provera (78.0%) followed by oral contraceptive pills (74.0%) and condom (71.0%).[6]

In study population 52 were affected with STI/RTI, out of which only 40 (76.92%) took treatment for that. In study done by J. K. Kosambiya,et al showed 35 (69%) women in urban areas were identified having RTI/STI.[7]

Out of 250 children under study, 245(98%) were full term. 178(71.40%) were having birth weight more than 2.5kg. There was association between birth weight of a child and ANC registration of the mother. A study done by Deshpande Jayant D observed that LBW was strongly associated with inadequate antenatal care.[8]

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240 (96%) children were immunized, of which 208 were completely immunized. There was significant association between immunization status of the child and education of mother and history of ANC registration. According to Key Indicators for Maharashtra from NFHS-3, Children 12-23 months fully immunized is 68%.[3]

Conclusion:

As the education increases, the awareness increases, and practices of available services also increases like ANC registration, institutional delivery, use of family planning methods, immunization etc.

Those who registered for ANC were found to utilize other services in appropriate manner. It may be because, at the time of ANC visits participants were guided for further care and services by ANC OPD staff.

Comprehensive health care for urban slum people should focus on effective RCH services. Provision of good quality, accessible, affordable health services alongwith awareness generation for better utilization of RCH services is recommended.

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