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A STUDY TO ASSESS UTILIZATION OF MATERNAL HEALTH CARE SERVICES IN URBAN SLUMS OF LUCKNOW

Community Medicine

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ABSTRACT

Introduction: In spite of tremendous efforts and provision of comprehensive services provided through various national health programs, maternal mortality is quite high in India. The most effective approach for preventing maternal death is the optimal utilisation of maternal health services.

Objective: The present study aimed to assess the utilization of maternal health care services by recently delivered women (who delivered during last six months) in urban slums of Lucknow during their last pregnancy.

Methodology: A cross-sectional study was conducted in four randomly selected urban slums of Lucknow, Uttar Pradesh from February 2018 to December 2018. A maximum 328 recently delivered women were interviewed through house to house approach. Data was collected with the help of pre-designed, pre-tested and semi-structured questionnaire.

Results: Out of 328 recently delivered women, about 95.1%were registered during their last pregnancy. About half (58.4%) were registered during first trimester and 37.8% had done at least 4 antenatal visits. Two doses of tetanus toxoid injection and complete consumption of IFA tablets was seen in 94.8% and 13.4% of the mothers respectively. About 96.6% of the mothers had institutional delivery.Unfelt need was the major reason for non-registration (68.7%).The major reason (57.0%) for incomplete/nil consumption of IFA tablet was the associated side effects.

Conclusion: Information Education Communication (IEC) based approaches are needed to be identified in slum dwellings so as to educate women in reproductive age-group regarding the importance of complete utilization of maternal health care services.

KEYWORDS

Utilization, maternal health services, recently delivered women.

INTRODUCTION:

Globally, about 800 women die every day because of preventable causes related to pregnancy and childbirth, of these women 20 per cent are only from India. Annually, it is estimated that 44,000 women die due to preventable pregnancy-related causes in India and mothers in the lowest economic category have about a two and a half times higher mortality rate .[1] Goal 5 of the Millennium Development Goals aimed to improve maternal health by reducing maternal mortality ratio (MMR) by 75% between 1990 and 2015, however the targets achieved were below the expectations.[2] Now building on momentum gathered by MDG 5, the sustainable goals establish a transformative new agenda for maternal health to reduce MMR to less than 70 by 2030.[3] In India MMR has come down from 167 in 2011-13 to 130 in 2014-16.[4] About 50 million women suffer from maternal morbidity due to acute complications from pregnancy.[5] Urban poor population which constitutes nearly one-third of India's urban population, health status is worst and far from adequate, due to factors like inadequate availability and accessibility to basic health services. Health indicators in urban slums are suboptimal and below threshold.[6] Maternal healthcare services are targeted to monitor signs of complications during pregnancy and provide comprehensive services related to safe delivery, postnatal care and related issues.[7]

Promotion of maternal and child health together has been one of the most important goal of the Family Welfare Programme in India. Therefore it is advocated that, maternal health must be addressed as a part of continuum of care as it is supposed to be a key indicator of functional health system.[8] Maternal mortality and sub-optimal utilisation of MCH related services continue to be major hurdles in the development of nation. Despite the existence of national programs for improving maternal and child health in India, the mortality indicators are above targeted cut-offs. This might be associated with several factors, a significant one being non-utilization or under-utilization of maternal health-care services, especially amongst the urban slum population. With this background present study was conducted to assess the utilization of maternal health care services by recently delivered women in urban slums of Lucknow during their last pregnancy.

MATERIALS AND METHODS:

Study Settings: The study was conducted in slums of Lucknow, capital of Uttar Pradesh.

Study Design: Community-based cross-sectional study.

Study population: Recently delivered women (who delivered during last six months)

Sampling: All recently delivered women residing in four randomly selected slums of Lucknow that comes under catchment area of Urban Health & Training Centre, Hind Institute of Medical Sciences, Sitapur (namely Gazipur, Shaktinagar, Panditpurva, Hanumant Nagar) were approached by trained medico-social workers with the help of local healthcare and anganwadi worker and a maximum 328 recently delivered womenwere interviewed using a predesigned, pretestedand semi structured questionnaire after explaining them the aims and objectives of study to obtain consent. Data were collected regarding socio-demographic profile and utilization of maternal health care services. The reasons were also assessed for non-utilisation of MCH services.

Appropriate and complete utilization of maternal healthcare services:

Appropriate and complete utilization of maternal healthcare services includes early registration of mothers (within 1st trimester), minimum four ANC visits (antenatal check-ups), received two doses of tetanus toxoid (or booster), consumed at least hundred IFA (Iron& folic acid) tablets during their pregnancy, delivered by skilled birth attendant/institutional delivery and at least four postnatal check-ups for mother and new-born with age appropriate immunisation of child up to 6 months.

RESULTS:

Among the 328 recently delivered women, 195 (59.4%) were in the age group of 20-29 years, 209(63.7%) were Hindu, 172 (52.4%) belonged to backward castes and 213 (64.9%) mothers belonged to upper lower class according to modified Kuppuswamy socioeconomic scale 2018. About 138 (42.0%) mothers were educated up to primary and 190 (57.9%) were non-working mothers. About 45.1% of the husbands were educated upto secondary school. More than half (54.8%) recently delivered females got married after the age of 18 years while about two-third (65.5%) conceived first time when they were above 18 years of age. Only 18.5% of the couples were having three or more children including the present last birth **[Table no. 1]**.

The proportion of ever registered mothers were 95.1%, out of which most of the mothers (58.4%) got registered during the first trimester of pregnancy. Only 37.8% percent had four or more antenatal visits. Two doses of TT injection and complete consumption of IFA tablets was

seen in 94.8% and 13.4% of the mothers respectively. About 96.6%of the mothers had institutional delivery, whereas near half (45.4%) had four or more postnatal visit **[Table no. 2].**

Most common cause of late registration was unfelt need for early registration (94.9%). Side effects including vomiting, diarrhoea, and gastritis (57.0%) were the main reason for incomplete/non-consumption of IFA tablets. Majority (64.2%) of the mothers who don't opt for institutional deliveries, opined local beliefs and customs to be the reasons while 61.0% were not aware about the comprehensive postnatal services **[Table no. 3].**

DISCUSSION:

The study revealed that out of 328 recently delivered women, about 95.1% were registered during their last pregnancy. Moreover only 193 (58.4%) out of them got registered in the first trimester of pregnancy. The proportion of registered RDW was quite high as compared to study conducted by Ranjan D et al. [9]; but quite lower to recent studies conducted in other different parts of India who reported a higher proportion of early ANC registration in urban slum as well as rural areas respectively.[8, 10, 11]. Majority (68.7%) of RDWs stated they felt no need for registration of pregnancy.Time of registration plays a very crucial role in evaluation of maternal health services. In the present study most of the registrations(58.5%) were done in first trimester which is quite inferior to that reported by Sharma et al. and Shukla et al;[8,11] however the findings are quite comparable to few other India studies [7, 9, 10,12]. Lack of unawareness about the significance of early pregnancy registration was the main reason for late registration. This might be attributed to the fact that people reside in underprivileged living conditions in these slums often belonging to low socioeconomic strata, which usually lag behind the basic sources of information and knowledge as compared to other residential communities.

In the present study only 37.8% women went for complete ANC visits which were relatively higher than reported in the state Uttar Pradesh as per NFHS-4 (26.4%). [7] This might be due to better availability and accessibility of health facilities at the capital as compared to other parts of the state which includes rural areas also. However the results are quite similar to that reported in other studies in other states regarding the utilization of RCH services [8,12] but lower to that reported about 51.2% national level as per NFHS-4.[13]

The proportion of women in our country as well as in Uttar Pradesh who consumed atleast hundred IFA tablets is quite less as per NFHS-4 data i.e.30.3% and 12.9% respectively.[7,13] Similar findings were also reported in present study (13.4%); however much lower than reported in other Indian studies.[8,14] Side-effects of IFA tablets were the main reason for non-compliance.

In the present study almost 94.8% of RDWs received either two doses of tetanus toxoid or booster as required. The results are quite higher than reported as per NFHS-4 among urban in state itself (86.5%).[7] Contradictory to that, studies in other states reported better immunization status among pregnant females. [8,14,15,16]

Limitations:

The study has some limitations.As the study was conducted in catchment area of UHTC, the result couldn't be generalized. Also the study was cross-sectional so causal relationship could not be established. Another weakness of study is the recall bias of the study subjects.

CONCLUSION:

The utilisation of maternal services among mothers in urban slum was found to be suboptimal. However, many comprehensive efforts are made by state for provision of all sort of MCH services through various national programs, but still the health indicators are below targets. Lack of awareness about the available MCH services and non-beneficial perceiving is the major factor leading to the situation. Therefore there is a need to emphasize on improving awareness and knowledge of couples regarding the availability, accessibility and importance of maternal and child health services through more intense IEC activities with special focus on underprivileged population residing in urban slums.

Table no. 1 Distribution of postnatal mothers on the basis of sociodemographic characteristics

(N=328)

Characteristics	Number	Percentage (%)
Age		
<20	72	21.9
20- 29	195	59.4
30- 39	58	17.6
≥40	3	0.9
Religion		
Hindu	209	63.7
Muslim	82	25.0
Others	37	11.2
Social Category		
General	44	13.4
OBC	172	52.4
ST/SC	112	34.1
Educational Status of RDWs		
Illiterate	70	21.3
Primary	138	42.0
Secondary	84	25.6
Degree	36	10.9
Educational Status of Husband		
Illiterate	34	10.3
Primary	89	27.1
Secondary	148	45.1
Degree	57	17.3
Occupation of mother		
Working	138	42.1
Non-working	190	57.9
Socio-economic status *		
Upper middle	17	5.1
Lower Middle	98	30.1
Upper lower	213	64.9
Age at marriage		
<18	148	45.1
≥18	180	54.8
Age at first child birth		
<18	113	34.4
≥18	215	65.5
Total number children		
1	148	45.1
2	119	35.3
3 or more	61	18.5

***Modified Kuppuswamy socioeconomic scale 2018**

Table 2: Distribution of postnatal mothers on the basis of utilization of maternal health care services

(N=328)

Characteristics	Number	Percentage (%)
Registered antenatal mothers	312	95.1
Early Registration (< 1st trimester)	193	58.4
Minimum four ANC visits	124	37.8
Received two TT doses/booster	311	94.8
Consumption of atleast 100 IFA tablets	44	13.4
Institutional Delivery	314	96.6
Postnatal check-ups (≥4 visits)	149	45.4

Table 3: Distribution of postnatal mothers on the basis of major reasons affecting utilization of maternal services

Characteristics	Number	Percentage (%)
No registration for pregnancy (n=16)		
Felt no need	10	62.5
Lack of Money	2	12.5
No knowledge	4	25.0
Lack of early registration (n=119)#		
Did not know	6	5.0
Felt no need	113	94.9
Incomplete/ Nil consumption of IFA tablets (n=284)		
Felt IFA of no use	52	18.3

Side effects (vomiting, diarrhoea, gastritis)	162	57.0
Did not get	20	7.0
Provided less	11	3.8
Objection by family members	39	13.7
Non-Institutional Delivery (n=14)		
Not needed	3	21.4
Local beliefs and customs	9	64.2
Financial constrains	2	1.4
Postnatal check-ups (>4 visits)(n=179)		
No need	62	34.6
Did not know	117	61.0
Immunisation of recently delivered Child		
Appropriate for age	319	98.1
Incomplete	9	2.7

Late registration (> 3 months)

REFERENCES:

1. Maternal Health: UNICEF, India. Available from: http://unicef.in/Whatwedo/1/ Maternal- Health [Last accessed on 2018 July 24].
2. Resolution adopted by the General Assembly. United Nations Millennium Declaration. A/RES/55/2. New York. United Nations 2000. Available from: http:// www.un.org/ millennium/ declaration/ ares552e.html. [Last accessed on 2015 July 3].
3. WHO U. UNFPA, The World Bank and the United Nations Population Division. Trends in maternal mortality. 1990;2013:1-68. Available at: www.who.int/ reproductivehealth/ publications/ monit oring/maternal-mortality.../en/. [Last accessed on 2019 May 3].
4. Ramachandran P. Millennium development goals (MDG): India's progress and way forward to sustainable development goals. Proceedings of the Indian National Science Academy. 2016;82(5):1351- 65.
5. Rockers PC, Wilson ML, Mbaruku G, Kruk ME. Source of antenatal care influences facility delivery in rural Tanzania: A population based study.2009. Maternal Child Health J 2009;13(6):879-85
6. Agarwal S, Sangar K. Need for dedicated focus on urban health within National Rural Health Mission. Indian Journal of Public Health. 2005; 49(3):141-51
7. International Institute of Population Sciences and ORC Macro. National Family Health Survey-4: State Fact Sheet. Available from: http:// www.rchiips.org/ nfhs/factsheet_NFHS-4.shtml . [Last accessed on 2018 June 30]
8. Sharma P, Kishore S, Gupta SK, Semwal J. Effects of Janani Suraksha Yojana (a maternity benefit scheme) up-on the utilization of ante-natal care services in rural & urban-slum communities of Dehradun. National Journal of Community Medicine 2012;Vol 3(1):129-137.
9. Das R, Ali A, Nath P. Utilization and coverage of services by women of Jawan block in Aligarh. Indian Journal of Community Medicine. 2001; 26(2):94-99.
10. Gupta RK, Shora TN, Verma AK, Jan R. Knowledge regarding antenatal care services, its utilization, and delivery practices in mothers (aged 15-49 years) in a rural area of North India. Trop J Med Res 2015;18:89-94.
11. Shukla M, Agarwal M, Imchen T, Hossain MR, Yadav K, Singh S. Utilization of Maternal Health Care Services in Slums of Lucknow, Capital of Uttar Pradesh.International Journal of Interdisciplinary and Multidisciplinary Studies 2015;2(11):23-27.
12. K. Mallikharjuna Rao, Division of Community Studies, National Institute of Nutrition, Jamai-Osmania (P.O), Hyderabad. Utilization of reproductive and child health services in tribal areas of Andhra Pradesh. Tribes and Tribals 2008; Special Volume No. 2: 35-41(2008).
13. International Institute of Population Sciences and ORC Macro. National Family Health Survey-4: India Fact Sheet. Available from: http://rchiips.org/nfhs/pdf/NFHS4/ India. pdf. [Last accessed on 2018 June 30]
14. Sumitra S, Awasthy S, Sandeep S, Shobha P, Johnson AJ, Valsala LS et al. Maternal and child health services utilization in married women of age 15-45 years. J Commun Dis 2006; 38: 102-5.
15. Ramakant sharma. Population research centre Mohanlal Sukhadia University Udaipur Janani Suraksha Yojana: a study of the implementation status in selected districts of Rajasthan. Udaipur 2007-08.
16. Singh A, Arora AK. The changing profile of pregnant women and quality of antenatal care in rural North India. Indian J Community Medicine. 2007; 22: 135-8.