

Research Paper

Medical Science



Utilization Pattern of Mch Services By Slum Dwellers of Raipur City

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ABSTRACT

Pregnancy and childbirth are the most auspicious and unforgettable moments in the life of a woman. All the efforts are drained to relish it. Still many women fail to have the privilege due to improper care during this crucial period. Care during pregnancy and childbirth can be effective if they overcome the barriers of service utilization. The study was undertaken to find out whether accessibility and availability of services affects its utilization by slum dwellers. For study purpose total 2158 live births that had occurred during January 2000 to December 2010 were taken. The study observed an increasing trend of MCH service utilization by the women. Marked and significant change was seen in antenatal and intranatal period in comparison to postnatal period. Full ANC showed 24 % points increase. Preference for institutional deliveries showed an increase by 25% points. While 3 postnatal visits shifted by only 10% points.

Keywords : Maternal- child health, health services, service utilization, urban slums

INTRODUCTION

Worldwide, nearly 600,000 women between the ages of 15 to 49 die every year as a result of complications arising from pregnancy and childbirth.^{1,2} Most maternal deaths can be prevented if the women have access to basic medical care during, child birth and postpartum period.³ If services are provided still the most important variable associated with utilization of MCH services is the physical accessibility to these services.^{4,5} Hence the present study was taken to assess the utilization pattern of MCH services by the slum dwellers residing in the close proximity to a tertiary care hospital.

AIMS AND OBJECTIVES:

To know the pattern of utilization of MCH services since last 10 years during pregnancy & child birth by women of reproductive age group residing in the selected slums of Raipur city using pre- designed, pre-tested proforma.

METHODOLOGY

A community based cross-sectional study was done in urban slums of Raipur city. 13 slums within 1 km radius of Dr Bhim Rao Ambedkar Memorial hospital were taken. This hospital provides integrated services to those residing around the hospital. Thus it was considered as focal point. Those females who had history of pregnancy and child birth between jan 2000 to dec 2010 were taken as study subjects. Pregnancies loss as stillbirths or abortions and those pregnancies which remain undelivered till dec 2010 were excluded. Thus total 2158 live births were taken for study purpose. Proforma containing questions pertaining to demographic profile, obstetric history, services utilized during pregnancy and child birth from the hospital were prepared & tested in 50 families under pilot survey. Proforma was finalized and by door to door visit, selected slums were covered. After actual survey, data was compiled, analyzed and tabulated to obtain inferences.

RESULTS

The study covered total population of 9416 belonging to 1976 families. 412(20.85%) families were joint families while 1564(79.14%) were nuclear families. According to modified Prasad's classification families belonging to class V -89.4%, class IV-9%, class III-1.4% were present.

Out of 9416 individuals, 4873(51.75%) males and 4543(48.25%) females were residing in the study area. It had 72.74% literates. Of which 56% males and 44% females were literate. Majority of males (73.9%) and females (82.7%) educational qualification was either below or up to middle school.

Essential obstetric services

In the study, utilization of ANC services showed an increasing trend during the last 10 years. Pattern observed was as follows: early registration increased from 76.5% to 85%; IFA consumption increased from 32.2% to 53.4%; > 3 ANC visit increased from 45.3% to 77.6% and full ANC increased from 22.9% to 47.2%. (table 1)

TABLE—1 : Pattern of Utilization of Essential obstetric services

Year	Early Registration*	>90 IFA tablets	>3 ANC visit	Received required TT vaccine	Full ANC**
2000 (n=183)	140(76.5%)	59(32.2%)	83(45.3%)	156(85.2%)	42(22.9%)
2001 (n=148)	103(69.6%)	52(35.1%)	75(50.6%)	124(87.7%)	36(24.3%)
2002 (n=179)	136(75.9%)	49(27.3%)	75(41.9%)	141(78.7%)	32(17.8%)
2003 (n=166)	141(84.9%)	49(29.5%)	88(55.0%)	135(81.3%)	44(26.5%)
2004 (n=193)	154(79.7%)	59(30.5%)	95(49.2%)	158(81.8%)	48(24.8%)

2005 (n=226)	164(72.5%)	76(33.6%)	124(54.8%)	176(77.8%)	57(25.2%)
2006 (n=203)	156(76.8%)	80(39.4%)	118(58.1%)	148(72.9%)	55(27.0%)
2007 (n=235)	165(70.2%)	100(42.5%)	128(54.4%)	171(72.7%)	72(30.6%)
2008 (n=230)	183(79.5%)	98(42.6%)	140(60.8%)	177(76.9%)	94(40.8%)
2009 (n=234)	192(82.0%)	111(47.4%)	149(63.6%)	199(85.0%)	98(41.8%)
2010 (n=161)	137(85.0%)	86(53.4%)	125(77.6%)	135(83.8%)	76(47.2%)

*Early registration means registration within 16wks. **Full ANC care means 3 ANC visits + 100 IFA tab + 2 TT if primi or booster if subsequent pregnancy within 3 years of last pregnancy.

Place of delivery

With regards to place of delivery, it was observed that preference for institutional delivery has increased from 46.5% to 71.4%. And home deliveries had declined from 53.5% to 28.5%. (table 2)

Table 2 : Place of delivery pattern

Year	Place of delivery	
	Home	Institutional
2000 (n=183)	98 (53.5%)	85 (46.5%)
2001 (n=148)	80 (54%)	68 (45.9%)
2002 (n=179)	94 (52.5%)	85 (47.5%)
2003 (n=166)	77 (46.4%)	89 (53.6%)
2004 (n=193)	91 (47.1%)	102 (52.8%)
2005 (n=226)	112 (49.5%)	114 (50.4%)
2006 (n=203)	90 (44.3%)	113 (55.6%)
2007 (n=235)	86 (36.6%)	149 (63.4%)
2008 (n=230)	70 (30.4%)	160 (69.6%)
2009 (n=234)	64 (27.3%)	169 (72.2%)
2010 (n=161)	46 (28.5%)	115 (71.4%)

Postnatal care

In the study, assessment of post natal care was done by 3 visits during post natal period, child's immunized, mothers motivated for family planning and the couple had accepted any family planning method or not within 1 year. Service utilization during postnatal period also showed an increasing trend. Postnatal services utilized were as follows: 3 PNC visits increased from 20.4% to 30.4%; complete child's immunization within 14 wks of birth increased from 89% to 96.2%; Family planning motivation increased from 41.5% to 59.6% and its acceptance increased from 24.5% to 32.9%. (table 3)

Table 3 : Pattern of utilization of Postnatal care services

Year	3 PNC visits	child's immunization	Family planning	
			motivated	Acceptance within 1 yr.
2000 (n=183)	37(20.4%)	163(89.0%)	76(41.5%)	45(24.5%)
2001 (n=148)	21(14.1%)	134(90.5%)	51(34.5%)	32(21.6%)
2002 (n=179)	28(15.6%)	165(92.1%)	82(45.8%)	34(18.9%)
2003 (n=166)	42(25.3%)	157(94.5%)	56(33.7%)	38(22.8%)
2004 (n=193)	34(17.6%)	186(96.3%)	88(45.5%)	39(20.2%)
2005 (n=226)	56(24.8%)	220(97.3%)	95(42%)	76(33.6%)
2006 (n=203)	34(16.8%)	198(97.5%)	91(44.8%)	51(25.1%)
2007 (n=235)	56(23.9%)	225(95.7%)	123(52.3%)	62(26.3%)
2008 (n=230)	50(21.7%)	220(95.5%)	121(52.6%)	69(30%)
2009 (n=234)	63(26.9%)	225(96.1%)	123(52.5%)	75(32%)
2010 (n=161)	49(30.4%)	155(96.2%)	96(59.6%)	53(32.9%)

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DISCUSSION:

Urban slum dwellers represent socially weaker and underprivileged section of society. Utilization of services being a complex behavioral phenomena is further complicated with the individuals residing in the slums with social exclusion, lack of information, lack of economic resources, health beliefs and personal characteristics.^(6,7,8)

Taking into consideration the low socioeconomic status and low literacy of these slum dwellers, the present study undoubtedly observed an increase in service utilization during pregnancy and child birth during last 10 years.

The change in service utilization was more apparent in respect to antenatal care and intra natal care. Antenatal care components like early registration and ANC visits more than 3 had increased by 8.5% and 32.3% respectively. Our findings were consistent with the facts obtained through NFHS-2 (1998-99) and NFHS-3 (2005-06) for Chhattisgarh⁽⁹⁾. According to NFHS report, in the seven years between the two surveys, the proportion of women who received three or more antenatal care visits and the proportion who had their first antenatal care visit within the first trimester of pregnancy have also increased substantially (each by 22 percentage points).

The percentage of births delivered in a health facility has increased only slightly, from 14 percent in NFHS-2 to 16 percent in NFHS-3 for Chhattisgarh. Delivering in a health facility is far more common among urban women, women who received four or more antenatal check-ups, lower parity women, those with 10 or more years of education, women in the highest wealth quintile, and women not belonging to a scheduled caste, scheduled tribe, or other backward class.⁽⁹⁾

Findings in our study were different from that of NFHS data. Preference for institutional delivery has shown a 25% points increase in comparison to 2% points increase of NFHS. The physical proximity of the tertiary care hospital to the study area might be the reason.

In the study, utilization of postnatal care services to the mother and child have shown a substantial rise. NFHS-3 reported only 28 percent of mothers in Chhattisgarh had a postnatal check-up within 2 days of birth, as is recommended. In our study, 3 visits done during post natal period have increased from 20.4% to 30.4 % in ten years. But this change was not steady and consistent. Physical accessibility and availability of services does have influenced service utilization in a way. Still other factors like staff behavior, acceptability, health beliefs, etc have to be determined in bringing a positive behavioral change.

CONCLUSION

MCH services utilization by the slum dwellers had shown a considerable increase in a decade.

When the barrier of physical accessibility and availability of services was minimized, not marked, but still a rising positive behavioral change was observed.