



## UTILISATION OF MATERNAL HEALTHCARE SERVICES AMONGST WOMEN IN THE SLUMS OF UDUMALPET TALUK, TIRUPUR DISTRICT, TAMIL NADU

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### ABSTRACT

Urban poor population constitutes nearly one third of India's urban population. Health status among urban slum dwellers is poor and far from adequate, due to factors like inadequate reach of services. The health of mothers is mostly regarded as an indicator of the health of the society. Globally, more than half a million women die each year from complications of pregnancy and childbirth. A large proportion of maternal and neonatal deaths occur during the first 48 hours after delivery. The postpartum period is also a period of transition when many women initiate new behaviors. However, the opportunity to provide health care during this critical period is often missed. Not only is the highest concentration of maternal and children's health at the time of delivery and immediately thereafter, but both mortality and morbidity for the mother and newborn continue to be relatively high during the first week and up to four weeks postpartum.

Maternal health services are often either not available, or they are not used in the postpartum period. Reasons for lack of use are multiple. There is a very urgent need to focus on the immediate postpartum period for both the mother and newborn. The objective of the present study was to assess the utilization of maternal health care services by recently delivered women in urban slums of Udumalpet Taluk during their last pregnancy. Therefore, keeping this in view, this study was undertaken to assess the factors responsible for utilization of antenatal maternal health services in slum areas.

**KEY WORDS:** Maternal Health, Maternal Healthcare Services, Slum Women.

### INTRODUCTION

Mother and child in a community constitute vulnerable group or special risk group. Pregnancy and childbirth are special events in a women's life. But during this period they are more vulnerable to disease and death. Mother has a special role in family. Health of families and communities are embedded to the health of mothers. Mother's health at the time of conception is vital to have healthy baby and safe delivery. It in turn helps to build-up a healthy and prosperous nation. But safe motherhood is

still a dream in India as well as in third world countries.

Most of the pregnant women in developing countries live where poverty, illiteracy, mal nutrition, poor sanitation, gender bias, unequal feeding practices, religion taboo and lack of availability of medical facilities render them prone to health hazards which are preventable. The interventions that make motherhood safe are well known and the resources needed are obtainable. The necessary services are neither sophisticated nor very expensive, and

reducing maternal and under five mortality is one of the cost effective strategies available in the area of public health.

The utilization of health care is influenced by many factors. Health belief model suggests three sets of factors - individual perceptions, modifying factors, and likelihood of action- that influence individuals to utilizing health care facilities. Individual's perception on seriousness about the disease drives towards health care use; modifying factors comprising various socio demographic characteristics play a significant role in boosting or preventing individuals in seeking health care; the likelihood of action is the result of cost-benefit analysis between seeking health care or not. However, individuals would use health care services if they had the knowledge of the service, availability of the service and their affordability.

### STATEMENT OF THE PROBLEM

Every minute of every day, somewhere in the world and most often in a developing country, a woman dies from complications related to pregnancy or childbirth. Pregnancy-related complications are among the leading causes of death and disability for women aged 15-49 in the developing countries. Most maternal deaths could be prevented if women had access to appropriate health care during pregnancy, childbirth, and immediately afterwards. Safe motherhood means ensuring that all women receive the care they need to be safe and healthy throughout pregnancy, childbirth and soon after childbirth. The Safe Motherhood Initiative is a worldwide effort that aims to reduce the number of deaths and illnesses associated with pregnancy and childbirth. On this background the study on utilization of maternal health care services among rural women is taken up.

### AREA PROFILE

Udumalpet is a Taluk in Tiruppur District of Tamil Nadu State, India. Udumalpet Taluk Head Quarters is Udumalpet town. It is located 71 KM towards South from District head quarters Tirupur. 499 KM from State capital Chennai towards East It is situated on the National Highway between pollachi and palani cities. Being situated in the near foot hill of western Ghats the town is blessed with copious water resources from two dams. The total population of Udumalpet as per 2011 censuses is 1, 67, 781, out of this male population constitute 83,739 and the female population is 84,042.

There are 26 slum clusters in this Municipality. Thangammal Odai, Chenjeri Road East & West, Eripalayam, Bharathiar Colony, Jailani Colony, Muneer Nagar, Bathrakaliamman Colony, Devipattinam Colony, USS Colony Valliammal Colony, Gomathi Nagar, MGR Nagar,

Gandhi Lane I and II, Janibegam Colony, Neduchellian Colony, Periyar Colony, Sathi Nagar, are the prominent slums among them. Total Slum Population is 8732 and the total numbers of households are 2606. These slum clusters have all the basic amenities like water-supply, drainage, Solid Waste disposal, Roads, Community Toilets, Community Hall Street Lights, etc., The main activities of the slum people are sanitary worker, mason, mazdoor, electrician, mill labourers, driver, and painter.

### SCOPE OF THE STUDY

The present study highlights the importance of utilization of maternal health care services among slum women. It is essential to look in to the attitude of women to undertake the maternal health care services. Although statistics from slum areas shows the least use of services than the other areas, the Indian Government has focused on rural healthcare since independence. Post-independence India developed a three-tier healthcare-delivery system to reach out to remote areas to provide primary care at the village level, secondary care at the sub district and district levels, and tertiary care at the regional level. But appropriate usage of antenatal, natal and post natal care health care services in the slum areas are inadequate in practice. It is important for both the mothers and the child not only to treat complication arising from the delivery but also to provide the women with important information on how to care for themselves and their child.

### OBJECTIVES OF THE STUDY

- ❖ To explore the socio-demographic factors of the respondents.
- ❖ To assess the health seeking patterns of women for antenatal, natal and postnatal care and understand the reasons for the same.

### METHODOLOGY

The present study aims at analyzing the utilization of maternal health care services among women at the slum areas of Udumalpet Taluk. This study is explanatory and descriptive in nature. The slum areas of Udumalpet Taluk in Tirupur district is selected as the universe for the study. It aims to analyze the utilization of maternal health care services among slum women at Udumalpet Taluk. The present study is based on primary data. The data was collected with the help of interview schedule. The field investigation and data collection for the study were carried out during the period January 2015 to February 2016.

**ANALYSIS OF DATA**

The information collected through the schedule is tabulated and analyzed with reference to the objective of the study. Simple percentages are used to analyze the data.

**DEMOGRAPHIC PROFILE OF THE RESPONDENTS**

'Demographic profile is a study of population based on factors such as age, race, sex, economic status, level of education, income level and employment, of the respondents.

**Table – 1 Demographic Profile of the Respondents**

<b>Characteristics</b>	<b>Number of Respondents</b>	<b>Percentage</b>
<b>Age group</b>		
15-20	13	10.4
20-25	58	46.4
25-30	34	27.2
30 and above	20	16.0
<b>Order of birth</b>		
1	40	32.0
2	42	33.6
3	25	20.0
4	18	14.4
<b>Level of education of women</b>		
Primary education	58	46.4
High school	31	24.8
Higher secondary	16	12.8
Degree	20	16.0
<b>Caste</b>		
Schedule caste/tribe (SC/ST)	26	20.8
Non-SC/ST	99	79.2
<b>Religion</b>		
Hindu	109	87.2
Muslim	9	07.2
Christians	7	05.6
<b>Husband's education</b>		
Primary complete	10	8
High school	45	36
Higher secondary	50	40
Degree	20	16
<b>Husband's Occupation</b>		
Primary sector	36	28.8
Secondary sector	39	31.2
Tertiary sector	50	40.0
<b>Work Status of Women</b>		
Not working	78	62.4
Working and earning	47	37.6
<b>Media Exposure</b>		
Watch TV and listen radio	36	28.8
Watch TV or listen radio	39	31.2
Neither watch TV nor listen radio	50	40.0
<b>Age difference between husband and wife</b>		
10 years and over	27	21.6
5-9 years	57	45.5
<5 years	41	32.8
<b>Type of house</b>		
Katcha	47	37.6
Semi pucca	38	30.4
Pucca	40	32.0

46.4 per cent of respondents were aged between 20-25 years, 27.2 per cent of them are in the age group of 25-30 years 16. per cent of them were in the age group of 35 years and above and 10.4 per cent of respondents belong to the age group of 15-20 years,

The birth order of the respondents for 33.6 per cent was of first order .for 33 per cent it was of second, and 14.4 per cent of their birth order was fourth. The majority of respondents 46.4 per cent of respondents are educated up to Primary level and Degree holders constituted only 16 per cent. 79.3 per cent of respondents belong to SC/ST community, and 20.8 per cent were from Non- SC/ST community. Majority of 87.2 per cent of respondents are Hindus, 7.2 per cent of them are Muslims and 5.6 per cent of them are Christians.

40 per cent of respondents' spouses are educated up to Higher Secondary level, Secondary and above level educated constituted 36 per cent. Degree level

educated constituted 16 per cent and primary level educated constituted 8 per cent.

40 per cent of respondents' spouses are employed under Tertiary sector, 31.2 per cent of them are working in Secondary sector and only 28.8 per cent of them are working in Primary sector.

62.4 per cent of respondents are not working in any concern and only 37.6 per cent of them are working and earning. 60 per cent of respondents are very much exposed with media like TV and radio but 40 per cent of them are not exposed with any media. 45.5 per cent of respondents revealed that the age difference between herself and her spouse is 5-9 years and 32.8 per cent of respondents' age difference with her spouse is within 5 years. 37.6 per cent and 32 per cent of respondents' house is katcha and pucca house. 30.4 per cent of respondents' house is semi- pucca.

**Table-2 Choice of an Institution for Maternal Health Care Services**

Institution	No. of Respondents	Percentage
Government Hospital	65	52
PHC	45	36
Private Hospital	15	12
<b>Total</b>	<b>125</b>	<b>100</b>

The above table shows that 52 per cent of the respondents' preferred Government hospital to access maternal health care services, 36 per cent of the

respondents preferred PHCs and only 12 per cent of them access private hospital for maternal health care services.

**Table - 3 Number of Visits during the Antenatal Period**

No. of Visits	No. of Respondents	Percentage
1	15	12
2	20	16
3	55	44
4	35	28
<b>Total</b>	<b>125</b>	<b>100</b>

The table shows that 44 per cent of the respondents visited the hospital 3 times, 28 per cent of them are went 4 times to the hospital during their antenatal

period.16 per cent visited two times and 12 per cent went for check up only once during pregnancy.

**Table - 4 Details of Antenatal Checkup**

Details of Checkups	Yes	No	Results	
			Fluctuated	Not fluctuated
Urine Test	100	-	-	100
Hb Test	100	-	-	100
Blood Pressure	80	20	80	20
Weight	100	-	-	100
HIV Test	100	-	-	100
Scene	92	8	92	8

It is inferred from the above table that cent per cent of the respondents had Urine Test, Hb Test, Weight gain and HIV Test.80 per cent of the respondents had BP

fluctuations and 92 per cent of them were examined through CT scene.

**Table-5 Health Problem during Pregnancy Period**

Health Problem	Percentage of Respondents
Anemia	68
Diabetes	12
Excessive vomiting	76
Glycosuria	35.2
Hypertension	28.8
Convulsions not from fever	9.6
Swelling of the legs, body, or face	72
Excessive fatigue	20
Ectopic/pain in abdomen	24

During pregnancy period 76 per cent had excessive vomiting, 72 per cent suffered from swelling of the leg, body, or face. Anemia was also a major problem for 68 per cent. Glycosuria was expressed by 35.2 per cent. 28.8 per cent had high BP; 24 per cent suffered from ectopic/pain in abdomen. Fatigue and convulsions were also found in 20 per cent and 9.6 per cent of respondents respectively.

**Table-6 Assistance during delivery**

Assistance during delivery	No. of Respondents	Percentage
Health professionals	119	95.2
Non-health professionals	6	4.8
<b>Total</b>	<b>125</b>	<b>100</b>

The delivery for 95.2 per cent of the respondents was done by the health professionals like Doctor, (ANM) Auxiliary Nurse Midwife, (LHV) Lady Health Visitor, (TTBA) Trained Traditional Birth Attendant while 4.8 per cent of them were assisted by the (TBA) Traditional Birth Attendant during their delivery.

**Table - 7 Number of Days Taken for Normal Routine life**

Number of Days Taken for Normal Routine life	No. of Respondents	Percentage
10-15	65	52
15-30	40	32
30-45	20	16
<b>Total</b>	<b>125</b>	<b>100</b>

The table shows that 52 per cent of the respondents revealed that they are recovered to normal routine between 10-15days, 32 per cent of them recovered between 15-30 days, and 16 per cent of them took 32-45days to recover themselves from their delivery.

**Table -8 Number of Visits during Post Natal Period**

No. of Visits	No. of Respondents	Percentage
1	80	64
2	25	20
3	15	12
4	05	4
<b>Total</b>	<b>125</b>	<b>100</b>

In the postnatal period 64 per cent of the respondents visited the hospital only once; 20 per cent of them visited the hospital 2 times; Due to various complications 16 per cent of respondents had to visit the hospital for 3 or 4 times.

**Table - 9 Post Natal Advice**

Post Natal Advice	Received		Not received	
	No	%	No	%
Diet	125	100	0	0
Exercise	85	68	40	32
Exclusive Breast Feeding	125	100	-	-
Care of New Born	125	100	-	-
Immunization	70	56	55	44
Family Planning	90	72	35	28

All the respondents were given guidance on the diet to be followed, breast feeding and care of newborn. Family planning advice was given to 72 per cent and the

exercises to be performed by the mothers were instituted for 68 per cent. The details regarding immunization was given only to 56 per cent.

**Table - 10 Post Delivery Complication of the Respondents**

Post Delivery Complication	Percentage of Respondents
High fever	28
Low abdominal pain	65.6
Excess bleeding	36
Head ache	50.4
Complications in breast feeding	12
Anemic	76

76 per cent of respondents revealed that they are anemic, 36 per cent of them suffered due to excess bleeding, 12 per cent of them expressed that they had

complications in breast feeding, 62.6 per cent of them had low abdominal pain, 50.4 per cent and 28 per cent of them had Head ache and High fever respectively.

**Table - 11 Reasons for Avoiding Postnatal Health Care Services**

Reasons for Avoiding Postnatal Health Care Services	Percentage of Respondents
Cost is much	68
Facility not open	26.4
Too far/no. transport	37
Not much facility/ poor quality service	74
No female provider of facility	54.4
Husband/ family did not allowed	47.2
Feeling of not necessary	36
Not customary	21

26.4 per cent revealed that the postnatal care facility is not open to the mother in many health centers, 68 per cent of them felt that the cost of service is high, 21 per cent of them revealed that it is not customary, 37 per cent of them opined that the accessibility is too far/no. transport, for 74 per cent of the respondents the quality of the postnatal care service is poor, 54.4 per cent and 36 per cent of them viewed that female service provider of facility is not available and it is not necessary to take care of themselves during the post natal period respectively.

### FINDINGS OF THE STUDY

Majority (46.4 per cent) of respondents belongs to the age group of 20-25 years and 27.2 per cent of them are in the age group of 25-30 years. Thus it is clear that most of respondents are in reproductive age group

- About 33.6 per cent of respondents are of first order birth.
- Maximum of 46.4 per cent of respondents are educated up to primary level and degree holders constituted only 16 per cent.
- About 79.3 per cent of respondents were from SC/ST community, and the remaining 20.8 per cent belonged to Non- SC/ST community.
- 87.2 per cent of respondents are Hindus, 7.2 per cent are Muslims and 5.6 per cent are Christians.
- With regard to respondents' spouses' education, 40 per cent of them were educated up to Higher Secondary Level while Degree holders constituted 16 per cent.
- Two fifth of respondents' spouses are employed in tertiary sector and only 28.8 per cent of them are working in primary sector.

- ↻ With regard to respondents' nature of employment, 62.4 per cent are not working in any concern.
- ↻ The exposed to media like TV and radio was high for three fifth of the respondents while it was minimal for the rest.
- ↻ Maximum (45.5 per cent) of respondents revealed that the age difference between herself and her spouse is 5-9 years and 32.8 per cent of respondents' age difference with her spouse is within 5years.
- ↻ With regard to the nature of house 37.6 per cent and 32 per cent dwelled in katcha and pucca houses respectively.
- ↻ Maximum ( 80 per cent) of the respondents belong to nuclear family
- ↻ Majority (81.6 per cent) of the respondents have 2-4 members in their family.
- ↻ With regard to monthly family income, 67.2 per cent of respondent's family income range between Rs. 10,000-15000.
- ↻ About 40 per cent of the respondents' family expenditure ranges between Rs 5000-10000.
- ↻ Majority (52 per cent) of the respondents preferred Government hospital for maternal health care services.
- ↻ Maximum (44 per cent) of the respondents had maximum of 3 visits during their maternal period.
- ↻ About 56 per cent of the respondents are vaccinated two doses of TT injection. The more educated mothers were more likely to have Tetanus Toxoid vaccine than no or less educated one.
- ↻ 72 per cent of the respondents were struggled with the swelling of legs, body, or face and 68 per cent of the respondents were affected by anemia during pregnancy period.
- ↻ Maximum (60 per cent) of the respondents underwent Cesarean to deliver their baby and they felt that it is comfortable.
- ↻ 95.22 per cent deliveries were carried out with the assistance by the health professionals.
- ↻ About 52 per cent of the respondents revealed that they were recovered to normal routine within 10-15 days after delivery.
- ↻ Around 76 per cent of the respondents felt that their health is good after delivery.
- ↻ Maximum of (64per cent) of the respondents are visiting the hospital only once during their post natal period.

- ↻ All the respondents received postnatal advice regarding diet, exclusive breast feeding and newborn care.
- ↻ 76 per cent of respondents were reported to be anemic and 36 per cent of them suffered due to excess bleeding during their post natal period.
- ↻ About 26.4 per cent of respondents revealed that the postnatal care facility is not open to the mother in many health centers.
- ↻ Around 36 per cent of them felt that it is not necessary to take care of them during the post natal period.
- ↻ The physical examinations provided by all health care institutions are cent per cent satisfactory.
- ↻ Almost all the respondents are satisfied with the availability of Gynecologist and Pediatrician. facilities in private hospital
- ↻ All the respondents ensured the consumption of at least 100 IFA tables, essential lab investigations (HB%, urine for albumin/sugar, pregnancy test), TT immunization, safe abortion and institutional delivery, Identification and referral for danger signs, Weighing of newborns Neonatal resuscitation, and Zero day immunization like OPV, BCG, Hepatitis B in all the three health institutions.

## SUGGESTION AND RECOMMENDATION

The efforts of the government to improve the health condition of the maternal women all though inadequate but not scanty, the failure of these efforts is either due to the corrupt practices of the functionaries involved in implementation or the beneficiaries are not so capable to utilize these programmes for their own betterment. To improve the utilisation of maternal health care services the following suggestions are attempted.

- ☆ There is a need to emphasize on improving awareness and knowledge of women in the reproductive age group regarding the availability and importance of maternal and child health services more intense by with special focus on underprivileged population residing in urban slums.
- ☆ Adolescent health education programme may be conducted in schools and colleges emphasizing on female literacy and awareness about legal age of marriage.
- ☆ The infrastructure and healthcare facilities should be widespread in the slum areas in order to reduce disparities in the use of maternal healthcare services.

- ☆ Measures could be taken to improve the uptake of maternal healthcare like mass media and health workers, particularly for disadvantaged sections of the population like rural and slum areas.
- ☆ Increase attention to the availability and utilization of high-quality health services in slum areas with improved technology through PHCs.
- ☆ The private sector must be leveraged to improve the quality of health care in slum areas.
- ☆ The government can improve delivery at healthcare facilities by addressing challenges of road, infrastructure and find out ways for increasing emergency medical transportation in slum areas.
- ☆ Post Natal Health Care Services in the urban slums, women need to be 100% educated by health service providers through interpersonal communication (frequent group meetings with pregnant mothers and home visits).
- ☆ Health workers need to be trained regularly and motivated about the essential obstetric care.
- ☆ Emphasis may be given on designing public health interventions to educate and raise awareness among mothers and families regarding importance of Post Natal Health Care Services.
- ☆ Most of the basic facilities such as water, electricity and sanitary facilities are denied in the slum areas. Government may take steps to provide these facilities.
- ☆ All most all the slum women are expect social security measures like food security, nutritional security, health security, housing security, employment security, income security, life and accident security and old age security. Government may extend all the social security measures to all of them.

## CONCLUSION

Maternal health care services utilization by the slum dwellers had shown a considerable increase in recent years. When the barrier of physical accessibility and availability of services was minimized, but not marked, but still a rising positive behavioral change is observed. There is an urgent need to educate mothers and train health care providers on post natal health care and newborn care. Prevailing unhealthy practices in the area also should be discussed with health care providers and local practitioners, so that they take special action in these. The

Government should take necessary steps in terms of increasing awareness of mothers about the safety measures for handling infants. More awareness regarding array of services being provided by the health centre should be disseminated so that the maternal and child health indicators shows improvement.

In order to improve maternal and child health, there is a need for targeting a particular service and strengthening health care infrastructure, *i.e.* increasing supply of health care services, is essential for enhancing health care utilization. But increasing supply does not mean only provision of health infrastructure; it must ensure how to reach people. Parallel efforts of strengthening health care infrastructure and maintaining affordable cost must be placed for ensuring universal maternal health care utilization.

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