World Journal of Research and Review (WJRR)
ISSN:2455-3956, Volume-3, Issue-6, December 2016 Pages 55-59

Health Seeking Behavior of the Mothers Residing in Slums of Cities of Rajasthan: With Special Reference to Antenatal Care Services

Prof. (Dr.) Laxmi Thakur, Mr. Arvind Singhal

Abstract*—There is strong relationship amongst the individual practices and characteristics like attitude, cultural beliefs, knowledge and practices prevalent in the society and utilization of health services. Health seeking behavior is governed by multiple factors. Most of the maternal deaths are avoidable because of availability of healthcare services for preventing or managing complications are well known. All women need access to antenatal care services in pregnancy, skilled care during childbirth and care & support in the weeks after childbirth. It is also important that all births are attended by skilled health professionals as timely management and treatment can make the difference between life and death. The cross-sectional study was carried out to explore the Knowledge, Attitude and Practices of slum dwellers with special reference to utilization of maternal health services and to analyze the relationship of socio-economic and demographic factors influencing utilization of these services. A total of 359 residential households were set as sample size for the study in all selected cities of Rajasthan State. The coverage of ANC was very poor among the slum women. It was also extracted from the data that Ante-Natal Care services were not being fully utilized by the slum women and factors like time consuming process at hospital, quality of services rendered at govt. hospitals, distance & poor transport facilities, lack of knowledge about maternal health services and cultural beliefs were major obstacles in accessing ANC services at healthcare institutions. Therefore, ANC services like assistance of service providers; IFA intake and TT vaccination among the women should be enhanced in the slum areas. Government, private sector or NGOs all three should jointly do this by increasing infrastructure and facilities. Besides this, the slum people of the study areas should be made aware of the available health facilities in health institutions and pregnant women and their family members should be encouraged to receive Ante-Natal Care services.

I. Introduction

Health seeking behavior is not governed by any single factor. Health seeking behavior of any individual or community is influenced by various factors such as knowledge, socio-economic status and beliefs prevalent in the community, cultural practices & myths, availability of quality services, distance and individual attitude. This is an outcome resulted from social practices in which individual plays vital and crucial role. There is strong relationship amongst the individual practices and characteristics like cultural beliefs, attitude, knowledge and practices prevalent in the society and the utilization of health services. These factors determine the individual behavior and lead to utilization of health services.

This rapid urbanization as well as growth in urban population has resulted in a rapid growth of urban poor population with majority of them living in slums. According to census 2011, 20.68 lakh population living in identified slums of Rajasthan. Out of 185 statutory towns, slums have been reported in 107 towns in Rajasthan. The total slum population in these towns is 20,68,000. Rajasthan share of slum population to total slum population in the country stands at 3.2% in 2011 as compared to 3.0% in 2001. It has witnessed a rise of 0.2% from the census of 2001. According to census 2011, there are 3,83,134 households in identified slums of Rajasthan. The total slum population among the cities is highest in Jaipur, Ajmer, Kota and Jodhpur. Jaipur Municipal Corporation alone accounts for 29 % of slum population of the state. According to census 2001, Jaipur 15.87%, Jodhpur 18.10%, Ajmer 24.78%, Bikaner 18.51%, Udaipur 14.42% and Kota 21.98% also contribute to the slum population of the state. There were 2653 Slums in urban areas of Rajasthan inhabiting 3.82 lakh families in 2004. This accounts for 14.5 percent of total population.

Most of the maternal deaths are avoidable because of availability of healthcare services for preventing or managing complications are well known. All women need access to antenatal care services in pregnancy, skilled care during childbirth and care & support in the weeks after childbirth. It is also important that all births are attended by skilled health professionals as timely management and treatment can make the difference between life and death. Apart from this, prevention of unwanted and early pregnancies is also vital in avoiding maternal mortality. Therefore, every woman needs access to and utilization of family planning methods, safe abortion services and quality of care after abortion.

Poor women resides in slums are the least likely to receive adequate healthcare. This is true for regions like Sub-Saharan Africa and South Asia due to lack of skilled health workers. According to WHO, only 46% of women in low-income countries benefit from skilled care during childbirth. This depicts that millions of births are not being assisted by trained birth attendants. All women receive at least four ANC services from skilled health worker during pregnancy and postpartum care in high-income countries.

The health of the slum population is considerably worse off than the non poor in urban area in Rajasthan and is comparable to the rural. Rajasthan is one of the least developed states of India in terms of improvement in health

Laxmi Thakur, Professor & Head, Department of Population Studies, MDS University, Ajmer, Rajasthan
Arvind Singhal, Research Scholar,Department of Population Studies, MDS University, Ajmer, Rajasthan

indicators. The poor health conditions among slum residents that constitute a large section of our growing cities need to be addressed on a priority basis. Owing to rapid growth, the already underserved urban poor are at more risk of becoming even more underserved as the population growth outstrips the meager services that exist. The health and productivity of this section of the community are vital as they play an important role in the economic activities of cities which in turn contribute to the economic growth of the country as well as State.

Ante-Natal Care (ANC) is one of the important components of maternal health services that a woman receives during pregnancy to ensure healthy outcome for pregnancy. Antenatal care ensures maternal and foetal health well-being and also prepares women physically fit for labour, delivery and the postpartum period. Antenatal care visits begin with the confirmation of the pregnancy and continues at four week intervals through the first seven months of gestation and then every two weeks until delivery. The services includes in ANC are registration of pregnant women at health institution, at least three antenatal care visits to health institutions in pregnancy period, providing Iron prophylaxis for pregnant women, two doses of Tetanus Toxoid (TT) vaccine, routine check-up (abdominal, Blood Pressure (BP), Urine & foetal growth), detection & treatment of anemia and management & referral of high-risk pregnancies. The ultimate aim of ANC is early detection of any potential problems of pregnant women and initiate steps to avoid complications during pregnancy. Complications at the time of pregnancy and childbirth are unpredictable and often occur suddenly without warning; therefore focused ANC helps in early detection and timely treatment of diseases which improves maternal outcomes. Therefore, barriers that limit access to utilization of maternal health services should be identified and addressed at all levels of the healthcare delivery system.

II. OBJECTIVES OF THE STUDY

1. To study the availability of healthcare delivery system in urban areas.
2. To study the availability of Maternal Health services in slums.
3. To explore the Knowledge, Attitude and Practices of slum dwellers with special reference to utilization of maternal health services by women residing in the slums.
4. To analyze the relationship of socio-economic and demographic factors influencing utilization of Ante-Natal Care.
5. To analyze the relationship of socio-economic and demographic factors influencing utilization of safe delivery & Post Natal Care services.
6. To find out the socio-economic and demographic factors governing Family Planning services.

III. METHODOLOGY

The study was undertaken in the slums situated in Jaipur, Jodhpur, Ajmer and Kota cities of the Rajasthan State. These cities were selected based on the level of urbanization. The present study is population-based 'Cross-Sectional Design' in nature and Systematic Random Sampling technique was used for identifying slums i.e. Primary Sampling Units (PSUs). To have a good representative sample of the target group, 2-3 slums i.e. Primary Sampling Units (PSUs) were selected from the selected cities. However a minimum of 2 PSUs were selected in Ajmer, Kota and Jodhpur city but 3 PSUs were selected in Jaipur looking to the size of urban population, number of slums available and level of urbanization as compared to other cities. Thus, in total 9 slums were selected from the four identified cities. Within each PSU, 41 residential households were selected by using systematic random sampling procedure after house listing. Thus, in all around 359 (±5) residential households were set as sample size for the study in all selected cities. Sample size was calculated using survey method with 95% confidence level and 5 confidence interval. The household listing was carried out in each of the selected Primary Sampling Unit (PSU) prior to data collection for providing frame for selecting the households. Non-residential households were not included during the listing of households. The first household was selected near to landmark of the slum. Sampling interval was calculated dividing total number of households available in particular slum by the number of households to be interviewed and interval household was selected for interview target group so that representative sample may be obtained.

Quantitative research method was used in the study and primary data was collected from the women of 15-49 years of age who are pregnant and mothers having children less than one year of age with the help of interview schedule. The secondary data regarding availability of health services, demographic and socio-economic profile were also gathered from the data published by the Census department, reports/records of Medical & Health Department and district statistical handbook of Government of Rajasthan for study purpose. Three types of interview schedules for pregnant women & lactating mother and household were developed to gather relevant information to get desired output.

Informed consent of the women was taken before the administration of the schedule. Ethical clearance was obtained before commencing the study. Data were entered into the computer with IBM SPSS PASW 18.0 trial version software and were analyzed using this software. Results are presented in the form of tables and percentages.

IV. FINDINGS

A. Socio-Economic Profile:

Findings shows that 23% of the household population was in the age group of 25-29 years. 95.80% head of the households were male and 4.20% were female. The average household size was calculated 4.49 persons per household. 58.54% of the head of the households are in the age group of 20-30 years and about one fourth i.e. 23.53% of the head of the households were educated up to middle level. 89.92 % of the household population belonged to the Hindu religion and 55.74% of households were from Schedule Caste (SC) community. 85.99% households earn their bread and butter

through daily wages and 68.63% of families belonged to the class III (Rs. 1671-2785) group according to modified B. G. Prasad's classification for socio-economic status. The average monthly income was calculated Rs. 4552.66 per household. 27.45% of households live in Kaccha house, 27.45% households had semi-pucca and 27.73% households had pucca house. Remaining 17.37% households did not have any type of house and stays in streets and pavements. Two third 69.75% of the households did not have source of electricity in their houses and 27.45% households had electricity. 38.93% households were dependent on community/public tap for drinking water. 22.97% of the households used piped water in their premises but 77.03% households did not have piped water in their residential premises. 57.70% households did not have toilet facility in their houses and this population was using open fields for defecation. 41.46% of the households had toilet facility using either piped water or water from a bucket for flushing in their households. 65.83% of the households cooked their meals by using wood/dung cakes. 58.26% households possess Television and 34.73% Radio as a source of entertainment in their households. 44.82% had mobile phone facility in their households. Bicycle was the most commonly owned means of transport in slums of selected city in the study. 74 % of the target women were in the age group of 21-30 years. The Mean age of the women was calculated 24 years. More than 50% of target population was informally educated or had no education.

B. Registration for ANC during Pregnancy:

Study revealed that 52.79% women living in slums visited public hospital for registering themselves during Ante-Natal Care period as compared to 10.15% women who like to register themselves in private hospital/clinics for ANC which is near to their residence. Around 37.06% women did not register themselves neither in government hospital nor private hospital nor at any other health center. Preference for registration during ANC was higher in government health centers because of availability of maternal health services at free of cost. This shows that the government health facility is the main source of ANC check up for the underprivileged section of society. Some of the women did not go to public hospitals to avail ANC services. The most common reason for this was distance of public health institutions from their residence and carelessness of staff. The reasons for not attending ANC services are that 46.57% replied that they had no time to go for registration during pregnancy. Around 26.03% women reported that registration is not necessary during pregnancy period. There were other factors also which were responsible for not registering in ANC period. These were not permitted by family members 5.48%, distance 3.42%, cost of services 4.79%, poor quality of services 2.74% and lack of awareness about the services 5.48% respectively. It was also revealed that 85.99% of the household were dependent on daily wages work to earn their bread and butter. Fear of wage loss prevented this section of society from registration in health institution during ANC period. The reason behind this was distance travelled to avail health facility as also the waiting time at the institution. Adding to this was the educational status of slum women and their knowledge about availability of ANC services & benefits thereof.

The present study revealed that women who were educated registered for ANC services more, as compared to uneducated women and household members. There was statistically significant difference in the ANC registration during pregnancy and education of women. (p=0.001).

C. *ANC Services Received by Registered Women:*

Around 62.94% women were registered either in government or private hospitals/clinics/RMPs for receiving ANC services during pregnancy period. Out of the registered women, 72.58% women received Ante-Natal Care services in the registered institutions and remaining 27.42% women did not go for availing ANC services in their registered hospital. The reason for receiving ANC services were lack of knowledge about ANC services rendered by these hospitals. Around 35.29% respondents reported that they could not receive ANC services because of protest of family, 23.53% women did not like ANC services in pregnancy period. Besides this, cost of services and fear of side effects were also stopped women to receive the ANC services. Association between Educational Status of Women and ANC Received was statistical significant (p=0.000). As the literacy status increased, the percentage of women receiving ANC services also increased.

D. Components of ANC Services Received:

Around 72.58% registered women received Ante-Natal Care services in any healthcare institutions. Out the which, Blood Pressure was examined of 100% women. Examination of blood 98.33%, abdomen 75% & weight 90%, TT injection 92.78%, IFA tablets 87.22%, urine examination 21.11%, counseling on nutrition 29.44% and institutional delivery 10% was also provided as a part of ANC.

E. Timing of First Visit for ANC

Majority of the women 72.78% received their first ANC visit in the second trimester of the pregnancy. Around 22.22% women got first ANC service in first trimester of the pregnancy and remaining 5% women received in the third trimester of the pregnancy. There are substantial differences in the number of ANC visits by women in first and second trimester and Maximum ANC services were received in the second trimester of the pregnancy.

F. Number of ANC Visits Done by Women

Around 72.58% registered women received Ante-Natal Care services in any healthcare institutions. Out of total registered women, 44.44% women had one ANC visit during pregnancy period and 28.89% women visited twice, 16.67% visited thrice and remaining 10% visited more than three times for ANC services in registered hospital during pregnancy. This is because that most of the slum women were illiterate or educated up to primary level and mostly engaged in daily wages for their earning and did not realize importance of ANC services.

G. IFA Tablets Received from Govt. Hospital

About 55.84% registered women in govt.

hospitals received Iron and Folic Acid supplements from government hospital. The coverage of IFA supplements was quite low and this was due to lack of knowledge about the utility of Iron and Folic Acid supplements during pregnancy as well as myths & misconceptions prevalent in the society. IFA tablets received from govt. hospitals were found to be statistically significant (p=0.021). Around 44.16% women did not receive IFA tablets from government institution. Out of these, 77.01% women received IFA tablets from private hospital/clinics, 18.39% women received from private medical shops and remaining 4.60% did not take from any institution.

The major reasons for opting private institutions for receiving IFA tablets were not availability of IFA tablets in Government hospitals (12.65%), poor quality medicines in Govt. Hospital (22.29%), hospital shop closed (4.82%), long queue (16.26%), long waiting time (12.05%), do not aware (10.24%), complicated procedure (20.49%) and doctor said to get from outside (1.20%). The association between education of women and intake of IFA tablets was analyzed and revealed that education has an impact on intake of IFA tablets during the pregnancy. There was statistical significant difference in the IFA tablet received by educated and non-educated women (p=0.000).

H. Number of Tetanus Toxoid Doses Received during ANC

Around 58.88% women received two doses of TT injection during Ante-Natal Care. 27.92% women received one dose of Tetanus Toxoid (TT) injection. It was also found that 13.20% women did not receive any dose of TT injection during pregnancy period. ANC registration was done for 62.94% women and out of that, ANC services were received by 75.58% women in the study area. The value of Z Test was calculated ≤0.005; hence tetanus toxoid received during the ANC period was found to be statistically significant (p=0.000). The major reasons for not receiving TT injections during pregnancy were fear of side effect (32.69%) and do not like (28.85%). Besides this, protest by family members 19.23%, against the religion 7.69% and lack of awareness 11.54% were also responsible for the same. The association between educational status of women and TT immunization during ANC period was found to be statistically significant (p=0.001).

I. Coverage of Full ANC Services

The coverage of ANC was very poor among the slum women. 62.94% women got registered themselves in healthcare institutions for ANC services. Out of registered women, around 75.58% women received Ante-Natal Care services in registered hospitals. About 55.84% of the women received IFA tablets from government institutions and 44.16% women received from the other than government institutions. Around 58.88% women received two doses of Tetanus Toxoid injection at the time of availing ANC services. It was also extracted from the data that Ante-Natal Care services were not being fully utilized by the slum women and factors like time consuming process at hospital, quality of services rendered at govt. hospitals, distance & poor transport facilities, lack of knowledge about maternal health services and cultural beliefs were major obstacles in accessing ANC services at healthcare institutions.

V. DISCUSSION

The present study found that 62.94% slum women visited hospitals for registering themselves during Ante-Natal Care (ANC) period. Similar to this, study conducted at Aligarh observed that 57.20% of the ANC were registered.1 85.99% of the household were dependent on daily wages work to earn their livelihood and fear of wage loss prevented from registration in health institution during ANC period. The important reasons for not utilizing government health institutions were carelessness of staff 37.5% and distance of institution 30% and similar to this in a study3carried out the reasons for non-utilization of govt. health centers were prolonged waiting time (42.25%), heavy work load at home (23.35%) and long distance (15.49%) and timings of health centers were not suited (3%). 72.58% registered women received Ante-Natal Care services in the registered health institutions and similar to this in a study conducted in Delhi, very high proportion of women (70-90 percent) availed of ANC care during pregnancy2. ANC services received by registered women was found to be significant (p=0.000).

Study found that 36.76% women did not seek ANC services due to lack of knowledge about ANC services and similar to this study conducted at Aligarh by found lack of knowledge (11.4%) was the important reason for non-availing of ANC services1. 22.22% women got first ANC service in first trimester of the pregnancy. Similar to this, study conducted in Shindoli in Belgaum by C.S. Metgut, S.M. Katt, M.D. Mallapur & et al found 30% of them were registered in Ist trimester of pregnancy.3 In the present study, 95.4% women received IFA tablets during the pregnancy either from govt. hospitals or private institutions. In contrast to this, study conducted in Delhi revealed that 27.2% women did not receive any IFA tablets.4 58.88% women received two doses of TT injection during Ante-Natal Care and similar to this study conducted at slum community of Calcutta found 64.5% women received two doses of TT injection. These differences could be due to illiteracy of women and lack of knowledge regarding TT immunization. According to study conducted at Dausa district of Rajasthan (J. Hitesh) in 1996, the reasons for non-utilizing ANC services were non-availability of transport (79.4%), TBA advised against it (92.4%), previous bad experience (74.6%), follow-up is not done (98.4%), unsympathetic nursing staff (70.8%), non-availability of doctors (44.9%), refusal from mother in law (44.9%), superstitions and beliefs (48.1%) and female doctors not available.5

VI. CONCLUSION & RECOMMENDATIONS

The study found that effective policies are required to improve current ANC services in the slums of cities of Rajasthan. The key recommendations are as follows:

1. ANC services such as childbirths need the assistance of service providers; IFA intake and TT vaccination among the women should be enhanced in the slum areas.

2. Government, private sector or NGOs all three should jointly do this by increasing infrastructure and facilities.
3. The slum people of the study areas should be made aware of the available health facilities in health institutions and pregnant women & their family members should be encouraged to receive Ante-Natal services. This may be done by creating awareness among the slum people, especially among women, through mass media campaigns and the education and employment sectors.

REFERENCES

[1] Ranjan, D., Amir, A., & Nath, P. (2001). Utilization and coverage of services by women of Jawan block in Aligarh. Indian Journal of Community Medicine, 26(2): 94-9.
[2] Bajaj, J. (1999). Knowledge and utilization of maternal and child health services in Delhi slums. Journal of Family Welfare, 45 (1), 44-52.
[3] Metgut, C.S., Katt, S.M., Mallapur, M.D., & Wantamutte, A.S. (2009). Utilization patterns of antenatal services among pregnant women: a longitudinal study in rural area of north Karnataka. Al Ameen Journal of Medical Science, 2, 58-62.
[4] Agarwal, O.P., Kumar, R., Gupta, A., & Tiwari, R.S. (1997). Utilization of antenatal care services in peri-urban area of East Delhi. Indian Journal of Community Medicine, 22 (1), 29-32.
[5] Hitesh, J. (1996). Perceptions and constraints of pregnancy related referrals in rural Rajasthan. The Journal of Family welfare, 42(1):24-29.