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A Study on Maternal Helath Condition Among Slum Dwellers in Tiruchirappalli City Municipal Corporation

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Abstract: *Pregnancy and childbirth are generally times of joy for parents and families. Pregnancy, birth and motherhood, in an environment that respect women. The enabling environment for safe motherhood and children depends on the care and attention provided to pregnant women and newborn by communities and families, the acumen of skilled health personnel and the availability of adequate health-care facilities, equipment, and medicine. Due to privatization and industrialization families become nuclear and care and protection of mothers is a challenging factor. Due low income and education maternal health women face severe problems. Poor maternal health condition contribute to many factors such as social, economic, cultural ,political factors gender and so on. Maternal health will not be improved to its full potential by concentrating on maternal health alone. Even though the constitution of India declared that "all are equal before the law" women are backward in health, education, employment and so on due to their low capacity in claiming their rights in many ways. The article through light on some of the major factors contributing to maternal health.*

I. Introduction

Maternal health can be defined as the health of women during pregnancy, childbirth and the postpartum period (WHO, 2012c). Of all the maternal deaths in the world, 99% occurs in developing countries. The highest maternal mortality ratios can be witnessed in India where approximately 20% of all maternal deaths take place (Richard et.al. 2002). The majority of thesedeaths occur due to preventable causes. Maternal health care consists out of postnatal careduring the pregnancy, skilled assistance during labor and postnatal care after birth. When aiming to improve maternal health in developing countries multifaceted problems come to play. Finest convenience of health care is very important to reach this goal. Improvingaccessibility is concerned with assisting people to claim appropriate health care aiming toimprove their health (Gulliford et. al. 2002).

India has 16% of the world's population but only 2.4% of its landmass, resulting in great pressures for resources. From the global perspective,India accounts for 19% of all live births and 27% of all maternal deaths. One in 70 Indian women die every year from pregnancy. Two decades after the launch of the SafeMotherhood campaign in India in 1987,half a million women, most of whomlive in developing countries, continue todie from maternal causes each year. Keyhealth-care interventions can largely preventwomen from dying of pregnancyrelatedcauses. Attendance of antenatalcare, delivery in a medical setting and having a skilled health worker at deliveryimprove maternal health and so on. The article focuses on the trend in five key components of maternal health : socio-demographic characteristics, maternal health services utilization, social determinant of health and gender perception. Primary data were collected from the respondents.

National Family Health Survey Report on Tiruchirappalli District

The National Family Health Survey 2015 – 16 (NFHS - 4) for the first time provide district – level estimates for many important indicators. The salient findings are Women who are in the age between 20-24 years married before age 18 years are rural (15.3%), Urban (10.2), total (12.6), Women who are 15-19 years who were already mothers or pregnant at the time of the survey were in rural 6.0%, urban (5.1) and total 5.5. With regard to current use of Family Planning Methods (currently married women age 15-49 years) are any method in rural (39.6%), urban (47.3%) and total (43.4%). It is unfortunate to note that 0% was found in male sterilization. With regard to Quality of Family Planning services, Health worker ever talked to female non-users about family planning are Rural (31.5%), urban (22.5%) and total (27.2%).Mothers who had at least 4 antenatal care visits (for last birth in the 5 years before the survey) are urban (90.5%), rural (81.3%) total (85.8%). Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery are rural (60.4%), urban(74.3%),total(67.6%), mothers who received financial assistance under Janani Suraksha Yojana (JSY) for births delivered in an institution are in rural (14.2%), urban (17.3%), total (15.8%).

AIM

To assess the maternal health conditions among slum dwellers in **Tiruchirappalli City Municipal Corporation.**

Objectives

- ✧ To study the socio- demographic characteristics of the respondents
- ✧ To know the attitude of women regarding the family size preference, family planning and health
- ✧ To know the utilization/awareness and interest of women in maternal, delivery and post-natal care

II. Review of Literature

Zulfia Khanet.al (2012) Most people were working as daily wagers, laborers, and vendors and belonged to the lower socioeconomic group. Punjab is famous for low female sex ratio in our country. Home delivery was the norm among respondents. Low education and economic condition have influence on majority of home delivery. From the demand side, barriers are tradition, financial constraints and rude behavior of the health staff. Social and cultural barriers are more common for home delivery in slums when health services are not reachable. There was no history of postnatal check-up in any mother after home delivery. In a number of cases, the traditional birth attendants did visit the mother for giving traditional massage and oil bath to mother and child, but in no case was the mother examined. Breastfeeding was universal. However a number of traditional practices detrimental to Exclusive Breast Feeding (EBF) such as discarding of colostrums, delaying of first feed, and giving of prelacteal feeds were common. Hazardous practices were common and untrained birth attendants conducted most deliveries in squatting position.

Jolene Skordis-Worrall et. Al. (2011) A high proportion of respondents spent catastrophically on care. Lower SES was associated with a higher proportion of informal payments. Indirect health expenditure was found to be (weakly) regressive as the poorest were more likely to use wage income to meet health expenses, while the less poor were more likely to use savings. no significant difference in the incidence of catastrophic spending across wealth quintiles, nor could we conclude that total expenditure is regressive. High expenditure as a proportion of household resources should alert policymakers to the burden of maternal spending in this context. Differences in informal payments, significantly regressive indirect spending and the use of savings versus wages to finance spending, all highlight the heavier burden borne by the most poor. Reducing out-of-pocket payments and better regulating informal payments should have direct benefits for the most poor. They found no significant difference in the incidence of catastrophic spending across wealth quintiles, nor could we conclude that total expenditure is regressive.

III. Research Design

Since the study attempts to describe the socio-demographic characteristics of the respondents, maternal health condition and gender perspective in Tiruchirappalli City Municipal Corporation descriptive research design was adopted. According to Kothari (2009), descriptive research studies, which are concerned with describing the characteristics of a particular individuals, or of a group, whereas, diagnostic research studies determine the frequency with which something occurs or its association with something else.

Universe and Sampling

Universe: The universe of the present study constitute all the lactating women in Tiruchirappalli district slums

Sampling Method: The researcher has adopted stratified simple random sampling method and 100 respondents who are up to the age limit of 40 were selected for the study.

Tools for data collection: The research used self-prepared questionnaire to collect the basic details related to their socio demographic characteristics, maternal health condition and perception on gender on various aspects of its members

IV. Results

The following section of the paper presents the sample characteristics, salient findings of the study along with suggestions for social work interventions pertaining to the study.

TABLE – 1 Distribution of Respondents' Socio Demographic Characteristics

S.No.	Socio Demographic Variables	No. of Respondents (n=100)	Percentage
1.	**Age (in Years)**		
a)	19-22	18	18.0
b)	23-26	35	35.0
c)	27-30	34	34.0
d)	31-34	13	13.0
2.	**Religion**		
a)	Hindu	82	82.0
b)	Christian	15	15.0

c)	Muslim	3	3.0
3.	**Caste**		
a)	Scheduled Caste	65	65.0
b)	Most Backward Class	8	8.0
c)	Backward Class	24	24.0
d)	Scheduled Tribe	3	3.0
4.	**Educational Qualification**		
a)	No Education	7	7.0
b)	Primary School	9	9.0
c)	Middle School	25	25.0
d)	High School	28	28.0
e)	Higher Secondary	12	12.0
f)	Under graduate	14	14.0
g)	UG with Diploma	2	2.0
h)	Post graduate	3	3.0
5.	**Occupation**		
a)	Homemaker	84	84.0
b)	Clerical Work	3	3.0
c)	Business	3	3.0
d)	Coolie	3	3.0
e)	Others	7	7.0
6.	**Monthly Income**(in₹)		
a)	0	84	84.0
b)	1-5000	9	9.0
c)	5001-10000	5	5.0
d)	10001-15000	1	1.0
e)	15001-20000	1	1.0
7.	**House Ownership**		
a)	Own House	45	45.0
b)	Rented	34	34.0
c)	Lease	4	4.0
d)	Govt Land	17	17.0
8.	**Number of Rooms in the House**		
a)	One	39	39
b)	Two	43	43
c)	Three	12	12
d)	Four and above	6	6
9.	**Habit of Saving**		
a)	Yes	65	65.0
b)	No	35	35.0
10.	**Bank Account**		
a)	Respondent	65	65.0
b)	Husband	16	16.0
c)	Father-in-law	2	2.0
d)	No One	17	17.0
11.	**Debt**(in₹)		
a)	0	31	31.0
b)	1-10000	8	8.0
c)	10001-20000	21	21.0
d)	20001-30000	12	12.0
e)	30001-40000	3	3.0
f)	40001-50000	9	9.0
g)	50001-60000	5	5.0
h)	Above 60000	11	11.0
12.	**Birth Order**		
a)	One	26	26.0
b)	Two	28	28.0
c)	Three	19	19.0
d)	Four	17	17.0
e)	Five and above	10	10.0

The majority (35%) of the respondents belong to the age group of 23 to 26. The vast majority of the respondents (82%) belong to Hindu religion since the nation hasmore percentage of Hindu population than the other religion.The more than half (65%) of the respondents belong to Scheduled caste. With regard to the education, more than one fourth (28%) of the respondents studied up to High school. An exact one fourth (25%) of the respondents belonged to middle school only.While looking at the occupation, a vast majority (84%) of the respondents do home manager job which does not have money earning and the remaining population do jobs such as Cook, Sales staff, Library staff, Beedi Worker, Accountant, Tailor, Lab Assistant, Tuition Teacher,

Scavenger/HouseKeeping, Coolie and Merchant. More than one fourth (28%) of the respondents are second baby to their parents.

TABLE – 2: Distribution of Respondents' Family Socio Demographic Characteristics

S.No.	Socio Demographic Characteristics (Family)	No. of Respondents (n=300)	Percentage
1.	**Type of Family**		
a)	Joint Family	42	42.0
b)	Nuclear Family	58	58.0
2.	**Number of Children**		
a)	One	46	46.0
b)	Two	38	38.0
c)	Three	14	14.0
d)	Four	2	2.0
3.	**Total Family Members**		
a)	3-5	75	75.0
b)	6 - 8	17	17.0
c)	9 - 11	8	8.0
4.	**Total Family Income (Monthly)**		
a)	1-10000	60	60.0
b)	10001-20000	23	23.0
c)	20001-30000	7	7.0
d)	30001-40000	3	3.0
e)	40001-50000	4	4.0
f)	Above 50000	3	3.0

At the family type, more than half (58%) of the respondents live in nuclear family. More than one third (46%) of the respondents have one child. An exact one fourth (75%) of the respondents have 3-5 members in the family. More than half (60%) of the respondents' family have the monthly income from the category of ₹1-₹10000 which reflect that they come under below poverty line.

TABLE – 3: Distribution of Respondents' Marriage and Spouse Characteristics

S.No.	Respondents' Spouse Characteristics	No. of Respondents (n=100)	Percentage
1.	**Relationshipwith Spouse before Marriage**		
	No Relation	61	61.0
a)	Consanguineous	13	13.0
b)	Uncle's Son	8	8.0
c)	Aunt's Son	9	9.0
d)	Long distance	6	6.0
e)	Love marriage	3	3.0
2.	**Respondents' Age at the Time of Marriage**		
a)	Below 18	22	22.0
b)	18-21	40	40.0
c)	22-25	31	31.0
d)	26-29	5	5.0
e)	30 – 33	2	2.0
3.	**Respondents' Age of the Spouse at the Time of marriage**		
a)	Up to 20	24	24.0
b)	21-25	26	26.0
c)	26-30	43	43.0
d)	31-35	7	7.0
4.	**Respondents' Education of the Spouse**		
a)	No Education	4	4.0
b)	Primary School	19	19.0
c)	Middle School	35	35.0
d)	High School	21	21.0
e)	Higher Secondary	15	15.0
f)	Under Graduate	1	1.0
g)	Under Graduate with Diploma	3	3.0
h)	Post Graduate	2	2.0
5.	**Respondents' Occupation of the Spouse**		
a)	Professional	4	4.0
b)	Business	9	9.0
c)	Coolie	56	56.0
d)	Others	31	31.0
6.	**Age Difference between Respondent and Spouse**		
a)		1	1.0
b)	-4	3	3.0
c)	0	67	67.0

d)	1-5	20	20.0
e)	6-10	9	9.0
	11and above		
7.	**Years of Marital Life**		
a)	1-5	55	55.0
b)	6-10	40	40.0
c)	11-15	6	6.0
7.	**Total Family Monthly Income**		
a)	1 – 5000	20	20.0
b)	5001 – 10000	40	40.0
c)	10001 – 15000	20	20.0
d)	15000 – 20000	3	3.0
e)	20001 – 25000	6	6.0
f)	25001 and above	11	11.0

More than half (61%) were not relative/known to them before their marriage. More than one third (40%) of the respondents got married during the age group 18 to 21 years. It is also observed that more than two tenth (22%) of the respondents got married during their premature period which is against the Indian constitution i.e. Woman's minimum marriageable age is 18.Majority (43%) of the respondents got married during the age group 26 to 30 years. It is also noted that nearly (24%) of the respondents got married during their premature period which is against the Indian constitution i.e. Men's minimum marriageable age is 21. More than one third (35%) of the respondents's spouses studied upto middle school only. More than half (56%) of the respondents husband are daily wage earners. More than half (67%) of the respondents have one to five years of age difference between their spouse. More than half (55%) of the respondents have one to 5 years of marital life. More than one third (40%) of the respondents family income is between 5001 – 10000.

TABLE – 3: Various Dimensions of Maternal Health Condition as Experienced by the Respondents

S.No.	Dimensions	No. of Respondents (n=300)	Percentage
1.	**Number of Antenatal Visits**		
a)	Below 3	2	2.0
b)	3 – 8	13	13.0
c)	9 – 14	62	62.0
d)	15 – 20	17	17.0
e)	21 – 26	4	4.0
f)	33 – 38	1	1.0
g)	39 and above	1	1.0
2.	**Number of Postnatal Visits**		
a)	Nil	61	61.0
b)	One	18	18.0
c)	Two	12	12.0
d)	Three	3	3.0
e)	Four and above	6	6.0
3.	**Place of Postnatal Checkups**		
a)	Government	76	76.0
b)	Private	21	21.0
c)	Not done	3	3.0
3.	**Age at First Delivery**		
a)	Below 18	8	8.0
b)	19 – 23	58	58.0
c)	24 – 28	31	31.0
d)	29 - 33	3	3.0
4.	**Type of Last Delivery**		
a)	Natural	44	44.0
b)	Caesarian	56	56.0
5.	**Place of Last Delivery**		
a)	Government	77	77.0
b)	Private	23	23.0
5.	**Birth Order of Last Delivery**		
a)	One	46	46.0
b)	Two	37	37.0
c)	Three	15	15.0
d)	Four	2	2.0
5.	**Place of Treatment**		
a)	Government	88	88.0
b)	Private	12	12.0

More than half (62%) of the respondents received pregnancy related health care provided by a doctor or a health worker in a medical facility or at home and had 9 to 14 Antenatal checkups. More than half (61%) of the respondents have not done any postnatal checkup which indicate that they do have less care about their self. More than one third (76%) of the respondents deliveries held at government hospitals only. More than half (58%) of the respondents delivered tier first baby in the age group of 19 – 23. The majority (46%) of the respondents have their first delivery during the data collection process. A vast majority (88%)of the respondents received antenatal services at Government sector only.

TABLE – 4: Details of Family Planning and Contraception

Details of Contraception Use	Frequency	Percentage
Done Family Planning	35	35.0
Have Plan	3	3.0
Divorced	1	1.0
No	15	15.0
No chance for Baby	1	1.0
Expect Next Baby	27	27.0
Copper-T	9	9.0
Tablet	3	3.0
Due to ill health not done	5	5.0
Pregnant	1	1.0
Total	100	100.0

More than one third (35%) of the respondents have done family planning. The remaining respondents either expect next baby or have ill health to do family planning. Family planning is still associated with female in the society. Men are not even think of undergoing family planning operations. More than one fourth (27%) of the respondents have not done family planning since they expect next baby.

An exact one tenth (10%) of the respondents have done discussion with their husband and family members and friends to do family planning.

Bar Chart – 4

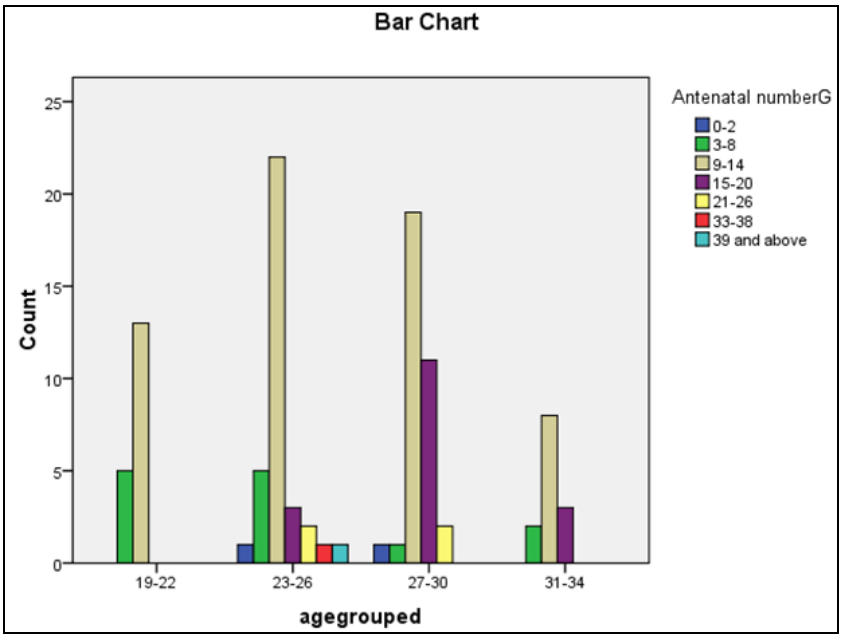

Table – 5: Problem from Husband

Problem from husband	Frequency	Percentage
No	56	56.0
Alcoholism	14	14.0
Angry	12	12.0
Misunderstanding	8	8.0
Cigarette n Alcohol	2	2.0
Finance	2	2.0
Smoking	1	1.0

Applied for divorce	1	1.0
Alcoholism & Heart problem	1	1.0
No outing	1	1.0
Alcoholism & Angry	2	2.0
Total	100	100.0

More than half (56%) of the respondents informed that they do not have any problem with their husband.

TABLE – 6: Details on Utilization of Government schemes by the Respondent

Utilization of Government Schemes	Frequency	Percentage
12000,GiftBox & ICDS	1	1.0
12000 & ICDS	8	8.0
12000	25	25.0
ICDS	10	10.0
Nil	50	50.0
Gift Box	2	2.0
12000 & Gift box	2	2.0
6000	1	1.0
Gift box & ICDS	1	1.0
Total	100	100.0

An exact half (50%) of the respondents reported that they have not received any benefit from government schemes.

V. Conclusion

As Amartia Sen said India should follow China and Bangladesh to trap women's resources for their development which lead to nation's development. Development need to be 'inclusive' and 'sustainable' but rapid urbanization has rather resulted in exclusion of people and has led to be a 'lop - sided' development. The data is purely dependent on the response of the respondent and certain observation by the Researcher and do not have any verification on medical records of the respondent. Since the variables associated with maternal health condition is vast, only the core variables were added. The perception of males' attitude towards maternal health condition should be studied with gender perspective. "In most of the social indicators, Bangladesh has gone ahead of India," said Sen. "The lesson here is about focusing on women and gender: led not just by state policy but also by the NGOs which are so important in Bangladesh: they have consistently focused on women's agency in particular." In a wide-ranging interview, the economist discusses where India has gone wrong in the past, and what it can do to overcome its current challenges. Skill enhancement programme for women who are at house need to be offered.

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