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Detriments and Utilisation of Maternal Health Care Services in Urban slums of Agra City

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Abstract

Access of slum population to basic services is a key indicator of the quality of life in slums in particular and the city in general. Basic infrastructure includes roads, sewer lines, storm water drains, community latrines, street lights, drinking water supply, school, electricity; health centers etc. In this paper research was a cross-sectional and descriptive survey conducted in the slums of Agra from March 2017 to March 2018.The study participants were women who had delivered babies 03 years prior to the survey along with the head of the families. The calculated size was 400 hundred households across the four zones of Agra city. The data collected was entered and analyzed using SPSS. The health of the slum communities is considerably worse off than the non- poor in urban area and is comparable to the rural figure. There are 48.47% women in India out which 22.2 % are in reproductive age. Due to the risk linked with child birth and child care women and children form the "vulnerable" group in need of health services. It is found that utilization of Maternal and Child Health services among the migratory and slum dwellers living in the Municipality area of Agra is not satisfactory. 44.1% reported that there were children born in the family during the last three years preceding the survey 35.5% of mothers delivered at home. The reasons given for not availing the ANC were, 34.4 % thought it was not necessary, 61.2% had financial problems. It is urgent requirement to establish sub centers of primary health in slum areas, where timing of these sub centers should be in such manner so that slum dwellers can avail health services.

Keywords: *400 households, ANC, Government Facilities, Private Facilities, Aanganwadi*

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Introduction

This study has chosen Agra City for research purpose. Agra is one of the most popular tourist destinations in India. It is as loved by Indians as it is by foreigners who host here in large numbers to admire its beauty. Along with Delhi and Jaipur, Agra forms the Golden Triangle of tourism in India. Agra is million plus city as per census 2011. In 2011, Agra had population of 4,418,797 of which male and female were 2,364,953 and 2,053,844 respectively. In 2001 census, Agra had a population of 3,620,436 of which males were 1,961,282 and remaining 1,659,154 were females.

Urban Health Program for slum is one of the focus areas in the government schemes. This is clearly visible in the tenth five-year plan of India, Reproductive and Child Health, National Population Policy and National Health Policy. In continuation to this, Government of India identified four cities, Delhi, Agra, Bally and Haldwani to develop sample urban health proposal in coordination with U.S. Agency for International Development in 2004. In effect, Agra was taken up for the development of

urban health plan. The main objective of this program is to provide an integrated and sustainable system for primary health care service delivery for urban poor living in slums.

The post-independence growth of the city was linked to the largescale inflow of refugees as well as migration from rural areas. This led to the congestion of the central part of the city. With planned industrial development in the 70s and 80s, three important industrial areas of Agra, namely Nunhai (Trans Yamuna), Sikandra (North West Agra) and Foundry Nagar (North East Agra) were established. This led to the further growth of the city in the north-western and north-eastern directions. Due to industrial development in automobile, generators, engine, silver, handicraft and petha sectors, city has attracted large population. This population was much higher than the available city infrastructure. This has led to slum development.

As per the official slum list of Agra available with the District Urban Development Agency (DUDA), the city had 252 slums. These are official data and number of slums could be much more than estimates. A vulnerability assessment exercise carried out in the city, which enumerated 393 slums in Agra.

Centre for Urban and Regional Excellence (CURE), a non profit organisation, under the cities alliance project for Citywide Slum Upgrading Plan (CSUP) showed that the number has increased to 417. In 2012, CURE with the baseline survey process and detailed survey of slums through community participation identified more slums taking the slum figure to 460 with estimated population of 883,106 for all 460 slums. The slum population thus comprises 48.8 percent of the city's total population as per Census 2011.

There are six areas where these slums are concentrated in Agra namely Lohamandi, Rakabganj, Bundu Katra-Gwalior and Deori Road, Tajganj, Shahganj and Trans-Yamuna area. In addition, there are a considerable number of slums, which are scattered. A large majority of these slums are situated along nalas (drains) and railway lines. Most slums in the city are characterized by poor sanitation, drainage, and water facilities. Housing structure is pucca(concrete) in most slums of Agra, unlike other cities. Access to basic services in each slum is a major determinant of health vulnerability.

Material And Methods.

Health Care in Urban Slums of Agra

Health services are being provided by District Male, Female and combined hospitals, Community Health Centers, Primary Health Centers and Health Sub Centre. To improve the health status of the urban poor by provisioning of quality Primary Health Care services and decentralized health facilities it is appropriate to ensure one Urban Health Post (UHP) per 50,000 populations having urban slum of 20000-30000 population in the city. The number of operational UHPs/Centers is very less and unable to cater to the need of the urban slum population therefore load of patients transfer to state, regional and district hospitals. The lowest health professionals are USHA and ICDS Worker in slums. Urban Health Post is lowest health facility in urban areas, which refer the case to higher health facility. There are 48.47% women in India out which 22.2 % are in reproductive age. Due to the risk linked with child birth and child care women and children form the "vulnerable" group in need of health services.

Physical and Demographic Profile of Agra City

Indicators	**Indicators value**
Municipal Corporation Area	141.0 km^2
Population 2011	1574542
Number of Slums	417 (213 Notified+204 Non-notified)
Zones	4 (Chatta, Hariparwat, Tajganj, Lohamandi)
Wards in Municipal Corporation	80 (After delimitation 100)
Slum Population 2011	885801
Slum Population to City Population	56.25 %

Slum Households 2011	123846
Total Area Under Slums	20.7 km^2
Slum Area to City Area	14 (%)

Methodology

This was a cross-sectional and descriptive survey conducted in the slums of Agra from March 2017 to March 2018.The study participants were women who had delivered babies 03 years prior to the survey. The response was also verified with the head of the families. The calculated size was 400 hundred households across the four zones the north, of Agra city from both registered and non -registered slums. Each participant was clearly explained the purpose of the study and informed consent was taken. They were interviewed using pretested and predesigned questionnaire from house-to-house visits to generate specific responses from patients about the health facilities in public sector and private sector hospitals in the city and utilization of MHC services were collected. The head of the family was also interviewed. Available medical records and bills were also verified. The data was entered and analyzed using SPSS.

Results.

Out of the 400 participants interviewed 44.1% reported that there were children born in the family during the last three years preceding the survey.27.6 mothers received ante natal care (ANC).Out of these43.2% went to the government health services 54.1% availed the private services and 2.7 went to others. The reasons given for not availing the ANC were, 34.4 % thought it was not necessary,61.2%had financial problems and 4.4% had no companion to accompany them to the facility.45.9% took the TT injection and 7.3 took the iron and folic acid tablets.45.4% got ultra sound and blood test done. For the delivery only 16.8 went to the government hospitals while47.7 % preferred the private facilities and35.5 % had their child at home due to financial pressure. 85.4% had a normal delivery while 14.6% had a C-Section.

60.4 % were partially vaccinated. 39.6% of the children born were fully vaccinated by component, out which20.1 % were vaccinated in government hospitals and21.2 % preferred private and 58.7% Were vaccinated by aanganwadi workers therefore most of the child immunization is given by Aanganwadi centres. Full vaccination is principally considered when child is vaccinated with BCG, measles, and three doses each of DPT and polio vaccine.

Table-1. Expenditure on delivery by type of hospital

Type of Hospital	**Expenditure slab (`)**			
	Below ` 2000	**` 2000-10000**	**` 10000-25000**	**Above `25000**
Government	53.6	41.1	5.4	0.0
Private	7.9	61.0	9.8	21.3
Home	70.8	27.5	0.8	0.8
Total	**37.8**	**45.7**	**5.9**	**10.6**

Table-2. Expenditure on delivery by method of delivery

Type of Hospital	**Expenditure slab (`)**			
	Below ` 2000	**` 2000-10000**	**` 10000-25000**	**Above` 25000**
Normal	43.9	51.4	4.1	0.7
C-Sec	0.0	14.3	16.3	69.4
Total	**37.8**	**45.9**	**5.8**	**10.5**

19.5% sourced the finances for the delivery expenses from relatives and friends 27.2 % from savings and 53.3% from loans and borrowing.

Conclusion And Policy Recommendations

Non registered slum respondents registered more child birth in household as compared to registered slum. Our study recorded about 27.6 percent of total mothers received ANC.It shows penetration of ANC services provided by government is not satisfactory. Overall consumption of IFA tablets and TT injection is very low in slum areas as compare to urban Uttar Pradesh. registered slum has higher percentage of mothers who received ANC services as compare to non-registered slums. About 68 percent of total respondents of Rajiv Gandhi Nagar said ultrasound and blood test done for pregnant women, this figure is found about 57 percent for Nainara Jaat slum. But, if we look non-registered slum, we found that Less than 30 percent of total respondents gone for ultrasound and blood test during the pregnancy.

Deliveries at government hospitals are quite low in slum areas, only Rajiv Gandhi Nagar slum respondents reported that they preferred delivery at government hospital. Proportion of Private hospital of the total deliveries is very high in slums especially in Bijlighar and Nainara Jaat slum. Institutional delivery was found quite low in Nunahi slum. 16.3 percent of total delivery was c-sec delivery in Agra district, while this figure is found 14.6 in slum areas. Compare to Agra district c-sec deliveries are found less in slum areas.

More than 90 percent of total delivery which occurred in government hospital has to spend less than Rs 10000 on delivery, while, this figure for private hospital is found only 69 percent of total delivery. Only 5.4 percent mothers reported that they have spent more than Rs 10000 on delivery in government hospital, while 31.3 percent of total respondents accepted that they have to spend more than Rs 10000 on delivery in private hospital.

Most of the child immunization is given by Aanganwadi centres. About 60 percent of total vaccinated children immunized by aanganwadi workers. About 21 percent of total immunization done by private hospitals and reaming 20 percent of total immunization received from government hospitals. Partially vaccinated children are more in non registered slum, as these slums are generally not covered by ICDS.

It is urgent requirement to establish sub centers of primary health in slum areas, where timing of these sub centers should be in such manner so that slum dwellers can avail health services. It can follow the Mohalla clinic model of Delhi government. It is preferred that early hours of morning and late hours of evening for health centers are quite beneficial for slum dwellers. These sub centers should equip with immunization and ante natal care services. It will increase the institutional delivery and immunization. It also further reduces maternal mortality and infant mortality rate in slum areas.

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