

**Extended Abstract**  
**Maternal and Child Health Utilization among Slum-Dwellers in India:  
Role of Husbands, Mother-in-Laws, and Providers**

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## **Introduction**

There are an estimated one billion people living in slums today globally. Existing literature in Africa and parts of Asia suggests that slum-dwellers experience a number of adverse maternal and child health outcomes, including less access to ANC services and facility deliveries. There is little information on decision-making among women, and how families, including husbands and mothers-in-law, access care and navigate the continuum of maternal health services from antenatal care (ANC) to a facility delivery in slum areas. Through qualitative interviews and provider/facility mapping, this study seeks to examine the ways in which household decision-making influences the utilization of maternal health services in urban slums, and offers insights for points of intervention to improve maternal and neonatal health.

*Based on research conducted in two urban slum areas in India, this study aimed to answer the following key questions:*

1. What is the health infrastructure in and surrounding slum areas, including the type and quality of providers, and accessibility of care (both geographic accessibility and affordability)?
2. What are the principal economic, environmental, and social factors that influence women's decisions to seek maternal health services?

## **Background**

Urban populations have grown rapidly over the past two decades; in 2007, a global milestone was reached when, for the first time ever, the majority of the world's population lived in cities. It is estimated that by 2025 64% of people in developing countries will also live in urban areas (United Nations, 2014). This process of urbanization presents a number of new health opportunities and challenges: although urban areas can provide residents with greater access to health and economic resources, urban residents are also exposed to new economic and environmental risks. This is particularly true in slum areas.

Nearly 100 million people in India live in slums: 17.4% of all urban households, reaching as high as 41.3% of the population of Mumbai (Hazarika 2010). Barriers to healthcare utilization for maternal health in slum communities are well documented in the literature. Studies find that while slum dwellers prefer formal over informal maternal health services, there are significant barriers to accessing care, including geographical access constraints ineffective family household decision-making, safety concerns, high cost of health services, and perceived low quality of providers. This study uses qualitative interviews, and provider and facility mapping in two slum areas, to explore issues of decision-making regarding maternal health services among slum-dwellers, and the accessibility and quality of services in urban slums. This study fills a gap in the literature

by triangulating information from recent mothers, their husbands, and mothers-in-law and linking interviews with geographic facility data.

## **Methods**

Two data collection methods were used to answer the objectives of the study:

### *Qualitative in-depth interviews*

Qualitative interviews were conducted with recent mothers, and their husbands and mothers-in-law. To recruit study participants, purposeful sampling of women was conducted based on the location of delivery (facility vs. home delivery), followed by recruitment of their family members. In total, we conducted 70 in-depth interviews, including 30 with recent mothers, 20 with their husbands, and 20 with their mothers-in-law. Study participants were recruited from two slums in Uttar Pradesh, Lucknow. Inclusion criteria for recent mothers included women who delivered a child in the past year. Interviews lasted approximately one hour, were tape-recorded, transcribed into Hindi, and translated into English. Four trained research assistants, including two men and two women, facilitated the interviews. All interviews were conducted between April and July 2014.

Two recruitment lists were formed to provide the sampling frame for interviews. First, researchers worked with Anganwadi centers (village based centers that provide health education and services such as food supplements to women and children) in the two study sites to develop lists of women who delivered in the past year. Second, researchers went door-to-door in the communities to recruit more women who had delivered in the past year. Analyses of interviews are currently being conducted using Atlas ti software.

### *Health Facility/Provider Mapping*

Researchers mapped all health facilities and providers in the two study sites. Information gathered included GPS coordinates, type of facility, services offered, hours of operation, basic maternal and neonatal quality indicators, basic provider characteristics, and referral processes. Data is being cleaned and maps will be produced indicating types of facilities and providers in and surrounding the study sites.

## **Preliminary Results**

### *Quality of Health Facilities/Providers*

There were a large number of facility and provider options that provided ANC and delivery services in and surrounding the slum area, including both formal and informal providers. Initial analyses of the health facilities and provider mapping demonstrates that there is significant heterogeneity in quality of these facilities and providers.

### *Household Decision-Making around Maternal Health Service Utilization*

Decisions on where and when to seek care for maternal health services was made at the household-level. The role of mothers-in-law and husbands was particularly critical, although for varying reasons. Mothers-in-law typically helped women with decisions on where to seek care, providing emotional support during ANC, at the time of delivery, and after delivery. Husbands, on the other hand, had less decision-making involvement

around where women should deliver (at home vs. in a facility). Husbands and recent mothers discussed the important role that husbands played in providing instrumental support, including arranging transportation ahead of time and economic considerations around delivery. Among women who delivered at home, most women discussed the importance of traditional birth attendants (TBA), having a previous relationship with the TBA, and trusting that they would provide sufficient support at the time of delivery.

#### *Dis-Continuum of Care and Provider Choice*

Triangulation of information from the facility/provider mapping and qualitative interviews suggested that most women did not deliver at the same place they received ANC. Findings suggest that the number of providers and choice of facilities (i.e. private, public, informal, formal, smaller clinics, larger hospitals, etc.) surrounding the slum areas may contribute to dis-continuum of care and may be a significant challenge for women navigating health services in their communities. Although women in the slum communities had access to many facilities and providers offering ANC services and services for uncomplicated delivery, there were no local options available for women to receive care for complications or during emergencies, leading to significant challenges in accessing these essential services.

#### **Discussion**

Preliminary analyses suggest that there is significant heterogeneity in the quality of health facilities and providers surrounding two urban slum areas. Despite common belief that slums have less availability of health services, this study suggests that the number of facilities and wide-ranging health services may be difficult to navigate for women and their families and may contribute to dis-continuum of care from ANC to delivery. While decision-making on where to deliver was made at the household level by recent mothers and their mothers-in-law, economic considerations at the household level, and structural factors such as access to health infrastructure and national financial incentive schemes also contribute to maternal health utilization. This study has programmatic implications for urban slum areas.

#### **References**

United Nations, Department of Economic and Social Affairs, Population Division (2014). World Urbanization Prospects: The 2014 Revision, Highlights (ST/ESA/SER.A/352).