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ORIGINAL ARTICLE

# WHY STILL HOME DELIVERIES IN URBAN SLUM DWELLERS?

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## ABSTRACT

**Background:** The current policy of Government of India under N.R.H.M.and R.C.H. is to encourage an institutional delivery which is an important step in lowering the maternal mortality. **Methodology:** Cross- sectional, community based descriptive study. Conducted in Urban Health Centre area in September 2007, to study various factors associated with home deliveries. Present study reports the home delivery cases in the last six years in the slum areas under Urban Health Centre. A pretested & prestructured semi-open-ended proforma was used.
**Results**: Out of total 1441 deliveries 91(6.32%) were home deliveries, 62(68.13%) mothers were literate. 71 (78.02%) belonged to S.E. class III & lV.73 (80.22%) from joint families. 72(79.12%) deliveries were in multiparous women. 61, (67.03%) were conducted by untrained persons. Common reasons were- custom (26.37%), spontaneous delivery (24.18%), monetary problems(25.27%), homely atmosphere (13.19%), health services not satisfactory (10.99%).
**Conclusion:** The leading factors associated as evident are low socio economic status, customs, spontaneous delivery , monetary problems, and homely atmosphere. Health education to mothers and dialogue with the health staff can be the remedial measures to encourage hospital deliveries.

**Keywords**: Home Delivery, slum dwellers, Urban

## INTRODUCTION

The current policy of Government of India under N.R.H.M.and R.C.H. is to encourage institutional deliveries which is an important step in lowering the maternal mortality[1].Special inputs are given to facilitate institutional deliveries even in remote rural areas.[1] Home deliveries are still taking place even in urban slums, having close proximity to the health institutions. Hence, present study was undertaken to highlight various factors associated with home deliveries in urban slums.

Urban health centre affiliated to Dr. V. M. G.M.C. Solapur is rendering primary health care services to 30000 population including both slum and nonslum areas. Present study reports the home delivery cases in the slum areas of Urban Health Centre, Solapur. The study was conducted with an objective to various factor associated with home delivery.

## MATERIALS & METHODS

A cross -sectional, descriptive, community based study was carried out in the slum units of the field practice area of Urban Health Centre, Dr.V.M.G.M.C. Solapur.The slum population is about 18000. The study period was September

2007 to April 2008. The houses containing delivery cases from 2002 to 2007 were included in the study. The respondents were the mothers. A pretested, structured, semiopenended proforma was used for the study. The respondents were the mothers. The preliminary information like name, age, address, place of delivery etc. was collected. More emphasis was given to know the reasons where the deliveries were home deliveries. Appropriate Statistical tests were used.

## RESULTS

**Table 1: Distribution of cases according to place of delivery (n = 1441)**

| Place of delivery | No (%) |
|---|---|
| Home deliveries | 91 (6.32) |
| Hospital deliveries | 1350 (93.68) |
| Total | 1441 (100) |

**Table 2: Association of different social factors with place of delivery**

| Social Factors | Home Delivery (n=91) (%) | Hospital Delivery (n=1350) (%) | p |
|---|---|---|---|
| Literacy status of mother. | | | |
| Literate | 62 (68.13) | 1202 (89.04) | <0.01 |
| illiterate | 29 (31.87) | 148 (10.96) | |
| S.E. Class of the family | | | |
| Class I | 8 (8.79) | 20 (1.48) | <0.01 |
| Class II | 12 (13.18) | 59 (4.37) | |
| Class III | 18 (19.78) | 1095 (81.11) | |
| Class IV | 53 (58.24) | 176 (13.04) | |
| Type of Family | | | |
| Nuclear | 18 (19.58) | 802 (59.41) | <0.01 |
| Joint | 73 (80.21) | 548 (40.59) | |

Literacy status of the mother, socio-economic class of the family and type of family are strongly associated factors with place of delivery. Home deliveries are more frequent in illiterate mothers (31.86%), while only 10.96%literate mothers opted for home delivery. Around 78% of home deliveries were seen in Social class III and IV.80.21% of cases of home deliveries had joint type of family.

71% of home delivery cases belonged to Social class III and IV.

**Table 3: distribution of cases according to parity & place of delivery**

| Parity status | Place of delivery | | Total |
|---|---|---|---|
| | Urban | Rural | |
| Primipara | 2 | 17 | 19 |
| Multipara | 53 | 19 | 72 |
| Total | 55 | 36 | 91 |

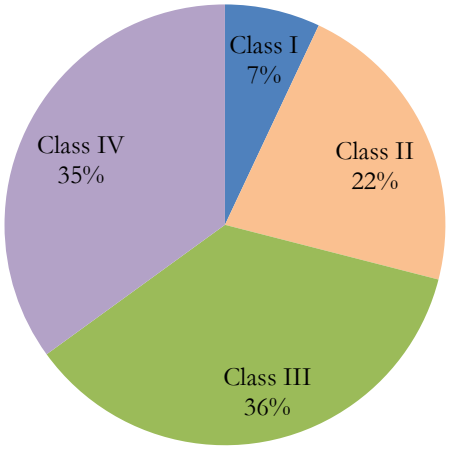


**Fig 1: Distribution of home delivery cases by socio-economic class [2] (n=91)**

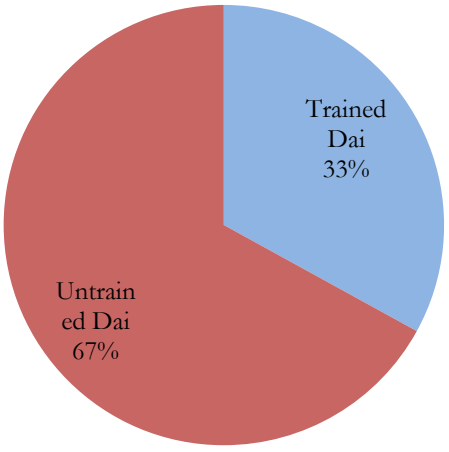


**Fig 2: The persons conducting the home deliveries**

In multiparous women home deliveries are more common72, (79.12%). More so in urban area.

67% of home deliveries were conducted by untrained birth attendants.

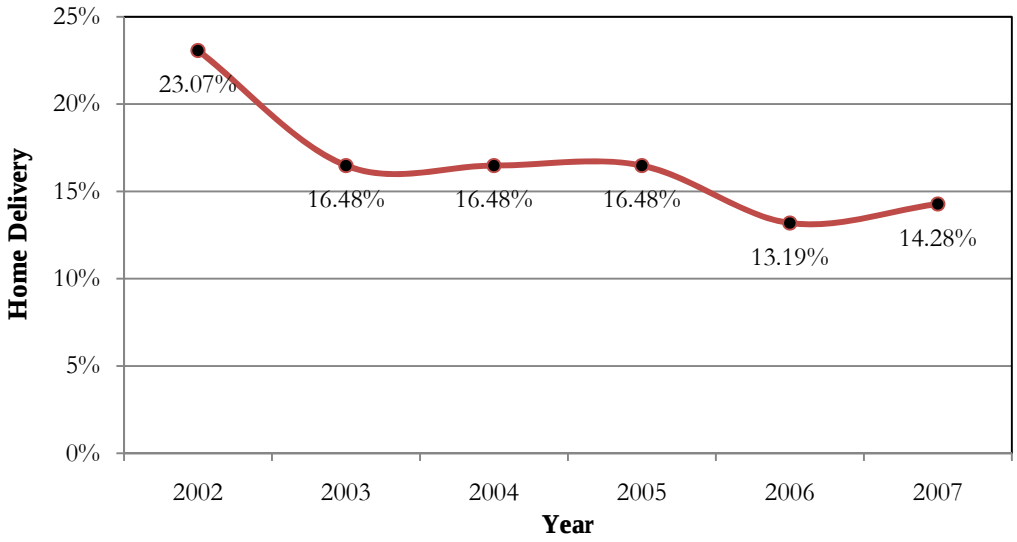


**Fig 3: Time trend of home deliveries in last six years**

The trend in the home deliveries in slum dwellers shows some decline in the year 2003 than in the year 2002. After this it appears to be same. The trend line obtained by using least square method for home deliveries in urban slums is shown by the equation-

Y=7.25 * X -14510.3. Where, Y means number of home deliveries in urban slums.

X means the year of study, assuming all the factors determining the trend of home deliveries remain constant.

**Table 4: Leading Causes of home deliveries**

| Causes | No. (%) |
|---|---|
| Customs | 24 (26.37) |
| Monitory problem | 23 (25.27) |
| Spontaneous delivery | 22 (24.18) |
| Homely atmosphere | 12 (13.19) |
| Services not satisfied | 10 (10.99) |
| Total | 91 (100) |

## DISCUSSION

Total deliveries were 1441out of which 91(6.32 %) were home deliveries and 1350 (93.68%) were hospital deliveries. The percentage of home deliveries as reported by various studies in different parts of the country shows wide variations.

The study in urban slums in Vellore by P.K. Moni[3] et al reported 3.6% home deliveries. Banerjee etal reported 7 % home deliveries in Kolkata slums[4]. Solapur Municipal Corporation reports 5 % of the deliveries as home deliveries.[5] All these findings are comparable to our present study.

In the study in Delhi slums, Agrawal et al[6] reported 32% home deliveries while at Nainital in Uttaranchal Sanjay Pandey et al[7] reported 51.45% home deliveries. At both these places utilization of other MCH services was also very low. . National Family Health Survey 2[8] reported 40.1 % non institutional deliveries in urban areas.

62 (68.13 %) mothers were literate. Agarwal et al[6] reported literacy rate of 38 % in the mothers in Delhi slums. 71 (78.02%) mothers are belonging to social class III &IV. 8(8.79%) belong to social class I Doke and Sathe etal [9]from Aurangabad reported 48.38% home deliveries as belonging to low socioeconomic status. Pande etal [7] in a study at Nainital, Uttaranchal reported that all the home delivery cases were from low income group families.

Majority of the mothers i.e.73(80.22%) are from joint families .Sanjay Panday [7]et al in the study at Nainital in Uttaranchal reported that 56.60% mothers were from joint families. In joint families the customs and traditions play dominant role which is one of the important

reasons of home deliveries in our study. 72(79.12%) mothers are multiparous .In multiparous women the progress of labour from onset to delivery is very fast. So in multiparous women, spontaneous delivery was an important reason of home delivery.

In our study 61(67.03%) home deliveries were conducted by untrained persons. Agarwal et al[6] reported 66.6 % of home deliveries conducted by untrained persons from Delhi slums. Doke Sathe[9] in their study in Aurangabad city reported that 100 % of home deliveries were conducted by untrained persons. The easiest and safest way to get delivered is to go to health institutions in urban areas. Still the ladies deliver at homes, because the reasons listed in our study are more influential on the delivery practices. Time trend shows some decline in home deliveries since 2002.Health education activities in urban slums by U.H.C. staff could be responsible for some decline in home delivery cases. However no specific comment is possible as baseline level of awareness not known. Our study reveals that customs and practices do play a dominant role on delivery practices as indicated by 24(26.37%) cases.Monetory problems seen in 23(25.27%) and affinity for homely atmosphere even during delivery was seen in 12(13.19%)cases. 10(10.99%) ladies expressed dissatisfaction over health services. All these reasons should receive due attention and weightage in IEC activities to reduce home deliveries.

## CONCLUSIONS

Majority of the home deliveries occurred in multipara indicating the need to motivate multiparous mothers in ANC visits to arrange for ready transport as the1st stage of delivery is short. In joint families and in families from low socio economic group customs and traditions, pressure or advice by elderly ladies dominated. Spontaneous deliveries, monetary problems, homely atmosphere and dissatisfaction from health services were the leading causes for home deliveries.

## RECOMMENDATIONS

All the pregnant women should be motivated for institutional deliveries during their antenatal visits giving special attention to multiparies& mothers from poor socio-economic group.

Maternity hospitals should be made mother friendly so that leading causes of home deliveries like monetary problems, fear of hospitals, and dissatisfaction from health services could be eliminated.

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