ROLE AND RESPONSIBILITIES OF PUBLIC HEALTH INSTITUTIONS TO CONFRONT REPRODUCTIVE HEALTH CARE CHALLENGES OF SLUM DWELLERS IN CHENNAI

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Abstract

Urban agglomeration and agrarian distress have accentuated the inward migration from various place of India and the habitants of indigenous people have also coupled the expansion of slums in Chennai. As it is the fourth highest metro contains significance portion of slums nearly 26 percent of the population of Chennai resides in slums. The slum dwelling naturally contains unhygienic sanitation and other facilities which prone to diseases. The intensity is more in maternal health care. The presents study tried to map out the role of public institutions to confront the reproductive health care of the slum dwellers in Chennai. The survey conducted from 450 samples resides in slums located across Chennai. The results indicated that public health care system, incentives and various welfare measures pertaining to reproductive health care positively enabled them to confront the challenges confined to maternal health care.

Introduction

The state of Tamil Nadu in South India is an example of such a success story, reflecting how the power of political will, the right blend of effective women-centered interventions tailored to the local sociocultural environment, and a well-established continuum of care based on the strong edifice of efficient health systems can bring about conspicuous improvement in maternal and neonatal health, as well as in the overall well-being of the population. In this monograph the officials of the Health and Family Welfare Department of the Government of Tamil Nadu generously share their experiences, achievements and lessons learnt from their efforts to ensure safer pregnancy and better newborn survival through the successful implementation of the Family Welfare Programme. Tamil Nadu ranks third among all Indian States in the NITI Aayog Health Index which is reflected in vastly improved health outcomes. A key contribution the achievements has been the establishment of emergency Obstetric and Neonatal Care Centers and the 108 ambulance service with previous support from the

World Bank. These have ensured that no mother has to travel more than 30 minutes to access emergency obstetric and neonatal care 24 hours a day, seven days a week.

Reproductive Health care in Tamil Nadu

Tamil Nadu is recognized as one of the best performing States in the Health Sector. The primary, secondary and tertiary health care delivery systems are being strengthened utilizing the financial resources from the National Health Mission. Tamil Nadu has emerged as a model State in the country in providing health care services. It has already achieved the Millennium Development Goals (MDG) and also Sustainable Development Goals (SDG) set by the United Nations Organization (UNO), far ahead than most other Indian States. A significant reduction in Infant Mortality Rate (IMR) from 24 per thousand live births in 2010 to 16 in 2017 as per Sample Registration System (SRS) Data 2017 against the National IMR of 33, substantial reduction in Crude Birth Rate (CBR) over the same period and also reduction of Maternal Mortality Ratio (MMR) from 90 per one lakh live births in 2010-2012 to 66 in 2014-2016 as per SRS Data 2014-2016 are indicative of the robust policy frame work and also sincere efforts of this Government to improve the health profile of the State. Tamil Nadu has received award from the Government of India for the reduction of MMR to 66 per one lakh live births well ahead of the time set by the SDG of 70 per one lakh live births by 2030 in MMR. While Institutional delivery in Tamil Nadu is almost 100 percent, 65% of the deliveries take place in Government Medical Institutions. In addition, Ambulance service made significant impact on quality of reproductive service provided by the government, 108 ambulance service is successfully being operated in Tamil Nadu through a single Toll free number and the services are available on 24x7 basis free of cost to the public. 940 ambulances are in operation under the 108 emergency ambulance services and since 2011-2012, 74.09 lakh people availed the services including 18.61 lakh pregnant mothers. First time in the Government sector in India, Neonatal Emergency Ambulance services have been introduced to reduce neonatal mortality. 76 Four Wheel Drive Ambulances are in operation in difficult terrains.

Slums and reproductive health care in Chennai

Chennai, counted among the fastest growing metropolitans in the country, has the fourth highest population of slum dwellers among major cities in India, with about 820,000 people (18.6% of the city's population) living in slums. Most of the slums are in extremely miserable conditions –one room houses where people cook, clean, wash and sleep as well. There is no drainage system, no awareness and people openly defecate which leads to spread of various diseases. A significant number of slums are not listed in official records and therefore remain outside the purview of public services including health which further accentuate their vulnerability to health risks. Chennai has world-class medical facilities, including both government-run and private hospitals. The city in fact has been termed India's health capital. But unfortunately these facilities and healthcare measures remain confined to the upper strata of the society and less privileged people and slum dwellers have no access to the advanced medical infrastructure of the city. However, Government of Tamil Nadu provides various welfare measures to maternal health care including financial incentive for pregnant women along with access to facilities

like OPDs, lab tests, free of cost medicines, along with preventive and promotive measures and awareness programmes, to create a sense of healthy living, sanitation and hygiene among the underprivileged masses. Rare cases are referred to specialized hospitals and healthcare centers for further treatment. In slum communities, the poor living conditions lead to spread of chronic ailments and infectious diseases which further lead to adverse effects on the overall health of the family, with women and children being more vulnerable. Hence, maternal and child healthcare are the priority functions of the public health institutions across Chennai.

Objectives

- ❖ To identify the measures provided by the public institutions to confront reproductive health care challenges of selected slum dwellers in the study area.

- ❖ To understand the challenges of slum women in accessing the reproductive health care in the study area.

Data Source

Purposive random sampling method was adopted to select the sample for the study. Data

Were collected from 450 women located in slums across the Chennai through interview and discussion.

The method of data collection was personal interview with the respondents by administering the questionnaires. The structured questionnaire conceived to obtain the relevant information from the respondents

Analysis

The Principal Component Technique was used to identify the most important work environment factors influencing the as detailed below:

$Z = a_1X_1 + a_2X_2 + a_3X_3 \ldots\ldots + a_nX_p$

Where x_1, x_2, $x_3 \ldots .x_p$ re the P varieties considered for the study and i=1, 2, 3…p were the components.

The coefficients 1 to an were chosen so that the emerging variates (Zi) accounted for as much variance possible successively between themselves but were uncorrelated within themselves. Principal component analysis was conducted on 10 pre-identified indicators to ascertain their influence of public health institutions on safer reproductive health care. Although the goal of PCA is to use a small set of principal components (linear combinations of the original variables), it initially identifies the same number of transformed components as the indicators of which only a few are subsequently retained for the investigation based on the Kaiser criterion.

Result and discussion

Significant portion of selected slum women (80.2) received income between 8k to 10k per month. Most women selected slum women (88%) were between the ages of 21 and 40. Most (90.3%) indicated a willingness to adopt and access the medical aid provided by the public health institutions. Nearly 80.2 percent of the respondents reported that environment is not too conducive for hygienic maternal health care. Majority of the respondents (89.8%) stated both poverty and unhygienic environment gives more stress. Nearly (89%) reported public institutions provide adequate health care and awareness. The most frequently identified protective measures were experienced health care personnel (70.1%), Financial assistance concerns (82.6%), Healthy food provided in hospitals (76.3%), Adequate medicines (73.0%). The final model specification of was statistically significant ($\chi 2 = 85.817$; $p < 0.0001$).

Table 1: Factor loadings of indicators

		Principal Components			
Sl.No.	Indicators	I PC Factor Loadings	II PC Factor loadings	III PC Factor Loadings	IV PC Factor Loadings
1	Experienced health care	0.793	0.23	0.4833	0.22
2	Adequate medicines	0.687	0.3219	0.221	0.229
3	Blood bank	0.767	0.214	0.04282	0.392
4	X Ray and other clinical test	0.15	0.177	0.901	0.326
5	Immediate access	0.159	0.4403	0.899	0.189
6	Financial assistance	0.333	0.602	0.462	0.363
7	Good care of nurses	0.809	0.291	0.166	0.139
8	Healthy food provided in hospitals	0.743	0.306	0.117	0.351
9	Both pre-natal and post natal	0.0927	0.146	0.03282	0.869
10	Hygienic and good care	0.083	0.131	0.030	0.782
	Eigen values	3.427	2.875	2.081	1.458
	Variation explained	28.554	23.957	17.339	12.147
	Cumulative variation	28.554	52.511	69.85	81.997

Source: Computed from Primary Survey

Based on the Eigen values, it can be seen that 28.54 per cent, 23.96 per cent, 17.33 per cent and 12.15 per cent of variation in the protective measures was explained by the first, second, third and fourth components in that order. Thus totally four components which cumulatively explained 81.99 per cent of the variation were retained for the analysis. It can be seen from the table that some indicators are marked with high factor loadings and some with low factor loadings in each of the principal components, all of which are extracted by default in the course of analysis.

Table.2: Results of Principal component analysis

Sl.No.	Indicators	I PC Factor Loadings	II PC Factor loadings	III PC Factor Loadings	IV PC Factor Loadings
1	Experienced health care personnel	0.793	--	--	--
2	Good care of nurses programmes	0.687	--	--	--
3	Financial assistance concerns		0.767	--	--
4	X Ray and other clinical test		0.809	--	--
5	Immediate access	--	0.602	--	--
6	Financial assistance concerns	--		0.961	--
7	Adequate medicines	--		0.837	--
8	Healthy food provided in hospitals	--	--		0.901
9	Both pre-natal and post natal	--	--		0.899
10	Hygienic and good care				0.886
	Eigen values	3.427	2.875	2.081	1.458
	Variation explained	28.554	23.957	17.339	12.147
	Cumulative variation explained	28.554	52.511	69.850	81.997

Source: Computed from Primary Survey

The varimax rotation strategy was applied in order to obtain a clear pattern of loadings. Such a rotation maximized the variances on the new axes to obtain a pattern of loadings on each of the four retained factors that is as diverse as possible from one another, thereby allowing for an easier interpretation of the indicators' contribution. The results of the rotation have been shown in Table.2. The table shows only those variables which make the maximum contribution to each component. Two indicators, namely the experienced health care personnel and Good care of nurses programmes whose factor loadings ranged from 0.687 and 0.793 emerged under the first component. Three indicators namely Financial assistance concerns. X Ray and other clinical test available , Immediate access 0.602 to 0.809 emerged under the second component. Indicators namely, Financial assistance concerns under the third component with the range of 0.961 and 0.837 respectively, while Adequate medicines , usage of hand Glows and Blood bank weak loading ranged from 0.886 to 0.901 coming under the last component. The results indicated that all the measures of the public institutions have significant influence on confronting the reproductive health care challenges of selected slum women across the study area. Further, The life of selected slum women is very tough. Their HH conditions are poor and they are working in menial jobs and the working hours are not fixed and in regard to wages they are getting less than minimum wages. The wages too are not paid to them on time. Further, their living environment is also miserable as inadequate sanitation, unhygienic environment and less quality of drinking water and other living environment are poor. Male refusal to take on specific home and child-care responsibilities has also placed a dual responsibility of home as well as work place on working women. On the whole, public health institutions have

provided adequate safety and other measures to ensure safer reproductive health care of women located in slum areas where they encountered lot of lacunas.

Conclusion

In general, role and significance of public health institutions on reproductive health status of women in slums in the city of corporation of Chennai reveals that the poor socio economic conditions of families adversely affect women's health. It is still a practice in slums for the women to take food after the male members of their families. The spacing between pregnancies is very low which too led to their declining health. The lack of sanitation facilities and unhygienic environment plays devastating effects on their health and well being. Inadequate supply of drinking water during the summer seasons and also lack of water from the hand pump for the domestic purposes carries the highest burden of disease which disproportionately affects their health and also impacts on the health of children less than 7 years of age. Lack of these basic necessities also influences the work burden, safety, education and equity of women. Poor sanitation disproportionally affects pregnant women's health and their dignity. Therefore, the government has to take several steps to improve the health status of women in slums and provide basic necessities in the slums. The areas namely fertility reduction, immunization, child care and malnutrition control provided by the government welfare measures have significant influence in confronting the challenges of slum dwellers in maternal health care. In this the health nurses contribution are significant and played pivotal role in bringing health care to the doorsteps of the slum women. Media and NGOs also played a pro-active role in disseminating information to increase the health awareness of people in the slums.

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