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Maternal Health of the Migrant Slum Dwellers: A Study of Select Region of Kolkata Metropolitan

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Abstract

Maternal health refers to the state of complete physical, mental, and social well-being of women during pregnancy, childbirth, and the postpartum period. While motherhood is often a positive and fulfilling experience, for many women it is associated with suffering, ill health, and even death. According to World Health Organization (WHO), approximately 800 women die from preventable causes related to pregnancy and childbirth every day (WHO, 2014). Out of all maternal deaths, 99 percent occur in developing countries. Further, maternal mortality is higher among women living in rural areas, among poorer communities (WHO, 2014 and UNFPA, 2012), and among those with low literacy (Pillai, V. K et al 2013). Improving maternal health is one of the Millennium Development Goals (MDG) adopted by international community in 2000 (UN, 2010 and Bhandari, T. R., 2013).

There is a visible disparity within countries, between people with high and low income and between people living in rural and urban areas. It is a mere indication of inequalities in access to maternal healthcare services and highlights the gap between the rich and the poor (Pathak, P. K., et al, 2010 and Esscher, A., et al, 2014).

In India as well this disparity is visible. In the city like Kolkata of West Bengal the number of slums with migrant residents is high on the other hand the scope of maternal and child health care is very less because of lack of proper services, lack of education as well as lack of proper access to health care services.

In this study such a slum (Borough -VII) has been taken from Kolkata to explore the situation of maternal health as well as to determine the socio-economic influencing factors and to understand the pattern of utilization of maternal health services. From the study population 251 samples were selected based on sample calculation, keeping confidence level 95% and confidence interval 6.Three types of respondent were selected which are (i) Mother having children less than 42 days of age;(ii) Mother of children between 18 – 24 months of age and (iii) Mothers of malnourished children of below 5 years of age.

Key Words: Maternal Health, Urban Health, Slum Dwellers and Migration

Introduction

The survival and well-being of mothers are not only important in their own rights but are also central to solving boarder socioeconomic and developmental challenges. In 1990, globally 540,000 Maternal Deaths occurred every year which translated into Maternal Mortality Ratio (MMR) 400 women dying during pregnancy and 42 days after delivery. The MMR of India over 500, which translated into number approximately 150,000 women dying every year. The Millennium Development Goal (MGD) 5 aimed to reduce Maternal Mortality Ration by three – quarters in between 1990 to 2015.

Indicators	WEST BENGAL	INDIA
Infant Mortality Rate (IMR)	25	44
Maternal Mortality Ratio (MMR)	101	130

Source: SRS (2014 – 2016)

India has made remarkable progress in reducing maternal mortality ratio in last two decades. MMR in India has declined from 556 per one lakh live births 1990 to 174 in 2015. Still India is contributing 15% of the global maternal deaths. However, 45,000 women in India is dying every year due to pregnancy and delivery related causes.

Antenatal care (ANC) is the first necessary requisite for a healthy mother and a healthy child. This is the key component for achieving Sustainable Development Goals. The WHO's definition of antenatal care includes recording medical history, assessment of individual needs, advice and guidance on pregnancy and delivery, screening tests, education on self-care during pregnancy, identification of conditions detrimental to health during pregnancy, first-line management and referral if necessary. The WHO measures "antenatal care‟ as the "Percentage of women who utilized antenatal care provided by skilled birth attendants for reasons related to pregnancy at least once during pregnancy among all women who gave birth to a live child in a given time period."

Effective antenatal care (ANC) can improve the health of the mother and give her a chance to deliver a healthy baby. Regular monitoring during pregnancy can help detect complications at an early stage before they become life-threatening emergencies.

However, one must realize that even with the most effective screening tools currently available, one cannot predict which woman will develop pregnancy related complications. Hence, every pregnant woman needs special care.

The Guidelines for ANC given by the maternal health division of the ministry of health and family welfare are as follows:

- Register every pregnancy within 12 weeks.

- Ensure at least four antenatal visits to monitor the progress of pregnancy.
- Give every pregnant woman tetanus toxoid (TT) injection, Iron Folic Acid (IFA) supplementation and Calcium Tablets.
- Test the blood for hemoglobin, urine for sugar and protein.
- Record blood pressure and weight at every visit.
- Record blood pressure and weight at every visit.
- Advise and encourage the woman to opt for institutional delivery.
- Maintain proper records for better case management and follow-up.

A direct correlation can be established between maternal care and antenatal care. Even access to proper ANC has tremendous impact on infant health and care. It can be stated that antenatal care can play a significant role in minimizing adverse health outcomes for both mother and child during pregnancy and childbirth. Actually, complications related to pregnancy and childbirth are prime causes of maternal mortality worldwide as an estimated 830 women succumb to death daily due to preventable pregnancy and child birth complications. On the other hand, it is well established fact that Antenatal care makes available a holistic service which encompasses screening, diagnosis, health promotion and disease prevention to pregnant women including their families and communities. On the basis of these benefits, the World Health Organization has penned down a recommendation that pregnant women should avail at least four ANC visit to ensure identification, prevention and management of pregnancy and pregnancy related co-morbidities and also health promotion. Although various report portrayed that the percentage of women availing four or more ANC visits has increased in a significant manner over a decade, like from 37% in 2006 to 51% in 2016. But there is always a dark area under this lucrative statistics as due to various factors, still today many women in this country specially from lower economic background are denied the access to proper ANC services which may lead to maternal death or deterioration of health due to internal hemorrhage, hypertensive disorders , sepsis , abortion, still birth or neonatal deaths etc. Data collected from various studies based on 2005-2006 India Demographic and Health Survey, speak about various factors responsible for underutilization of ANC services like lack of education , slum residence , a lack of mass-media exposure , lower household wealth , region of inhabitance ,belonging to schedule caste , schedule tribe or any minority class or migration. All these factors can have a severe impact on willingness or decision of the mother or her family to avail ANC services.

The maternal mortality ratio in low income countries is 240 per 100,000 live births whereas it is only 16 per 100,000 live births in high income developed countries (WHO, 2014). This disparity is even visible within countries, between people with high and low income and between people living in rural and urban areas (Pandit, N., et al, 2011). It is a mere indication of inequalities in access to maternal healthcare services and highlights the gap between the rich and the poor (Pathak, P. K., et al, 2010 and Esscher, A., et al, 2014).

In India this disparity is visible among urban slums as well. In the city like Kolkata of West Bengal the number of slums is very high and mostly the residents are migrants from various parts of India, thus the population density of the areas is also very high. In these areas the scope of maternal and child health care is very less because of lack of proper services, lack of education as well as lack of proper access to health care services.

Migration can be referred as one of the prime causes for non-availability of proper ANC services. Human migration refers to movement of people from one place to another with the intension of settling, permanently or temporarily at a new location. Although there are several factors which accelerate the process of migration, but core reason is better livelihood option. Actually migration is an upshot of unequal distribution of resources and opportunities over place. Therefore, a large number of people tend to move from places of low opportunity to places to higher opportunity. Uncontrolled migration leads to overcrowding and unplanned growth of unhygienic slums where most of the basic enmities are absent. In these areas the residents have to constantly struggle to meet the basic needs for survival.

It is said that women comprise slightly less than half of the international migrant population. Sometimes women have to follow their male counterparts in the process of migration and in some case both men and women decide to migrate for better opportunity. But the experience differs in both cases as gender specific social and cultural norms can have a tremendous effect on the life of migrant women. As a matter of fact, they have to put extra effect to avail different services required for their wellbeing. Similarly, this particular condition also impacts utilization of ANC services by pregnant mothers.

This specific essay will present a lucid picture of the utilization pattern of maternal health care services among migrant women in slums of Kolkata. This entire blueprint has been drawn on the data collected from the selected slums of the city. On the basis of these information, author also provides an exhaustive understanding about the factors influencing the utilization pattern, with some relevant and feasible recommendation for betterment of the situation.

Review of Literature

According to World Health Organization (2014) maternal health refers to the health of women during pregnancy, child birth and the post-natal care. Motherhood is considered as the most gracious and magnificent experience for women but many women also have to endure, pain, illness and different complications. In past decades many women succumbed to death due to these complications occurred during child birth or during the tenure of pregnancy. Apart of this factor, ignorance and non-availability of maternal health care services also contributed in mounting up the number of maternal deaths. Although the scenario has been picked up in last two decades but different studies on status of maternal health depicts that nearly 295,000 women died during and following pregnancy in 2017. This number is high enough. The trend shows that mostly excessive blood loss, infection,

high blood pressure, unsafe abortion or obstructed labor, anemia, malaria are some factors, which can be held responsible for maternal injury and death. According to World Health Organization (2014) the high number of maternal deaths in some specific regions reflects inequalities in access to maternal health care services and also manifests the gap between rich and poor. "The MMR in low-income countries in 2017 is 462 per 100, 000 live births verses 11 per 100 000 live births in high income countries." Some facts mentioned below portrays the contemporary scenario of maternal health worldwide.

- Every day in 2017, approximately 810 women died from preventable causes related to pregnancy and childbirth.
- Between 2000 and 2017, the maternal mortality ratio (MMR, number of maternal deaths per 100,000 live births) dropped by about 38% worldwide.
- 94% of all maternal deaths occur in low and lower middle-income countries.
- Young adolescents (ages 10-14) face a higher risk of complications and death as a result of pregnancy than other women.
- Skilled care before, during and after childbirth can save the lives of women and newborns (UNICEF, 2021).

Present Scenario of maternal health in India

According to the estimate of World Health Organization (2014) among 536,000 maternal deaths occurring globally each year, 136,000 happens in India. According to most up-to-date report of the National Sample Registration System data, Maternal Mortality Ratio in India during 2016-18 is 113/100,000 live births; where in 2014-16, MMR was 130/100,000. It reflects that MMR has declined by 17 % during this tenure. This specific record makes it evident that, during 2016 to 2018, nearly 2500 mothers' lives have been saved though quality maternal health care services. The trajectory of maternal health in India shows that annual maternal death has been declined from 33800 in to 26437 in 2018 (Ogbo, F. A., et al, 2019)

The Government of India has promoted several schemes to provide enhanced maternal health care services to pregnant women in order to improve maternal health indicators. And in this process much development can be observed in decreasing preventable maternal deaths in past two decades. But in spite of all these advancement access to life saving health interventions have failed to attain a large coverage due to visible lapses in knowledge, policies and availability of resources. There is also a considerable gap in regard to availability of resources between rural and urban areas as economic status of a family or mother and place of residence are still main determinant factors for accessing health care services. It has been observed that there are certain enablers of the recommended ANC visits like higher wealth status of house hold and parental education, belonging to other tribes or castes, a woman's autonomy to visit the health facility and exposure to the media etc. On the other hand, lower household wealth, a lack of a woman's autonomy, and residence in East and Central India were barriers to appropriate ANC service use (Vora, K. S., et al, 2009).

Migration is considered as one of the important livelihoods options among the poor and as they are uprooted from their native place, they are deprived of many basic facilities of life. The family members of a migrant especially the women suffer due to lack of facilities and most importantly heath facilities. A cross sectional study was conducted among 809 rural and urban migrants' mothers along with a child below 2 years in the slums area of Indian National Capital Territory (NCT) of Delhi. The main objective was to identify the determinants of adequate antenatal care (ANC) utilization and institutional deliveries among socio economically disadvantaged migrants living in Delhi. The study has portrayed that utilization of ANC services are significantly less among migrant mothers. The collected data revealed that only 37% of the migrant women have received adequate antenatal care. The survey has also found certain risk factors for such slum dwellers which act as barriers in receiving adequate ANC like being a recent migrant, illiteracy or being married to an unskilled migrant worker etc. It has been revealed that around 53% of deliveries usually took place at home and consequently these mothers were deprived of antenatal care as ANC services are usually available within institutional set ups. Post-natal care has also been grossly neglected among this specific group of people. It can be inferred that migrant women, particularly recent migrants are often deprived of adequate maternal health care. Because migration is a continuing phenomenon, measures to mitigate disadvantage due to migration need to be taken in the healthcare system (Kusuma, Y.S., et al. 2013).

Present Scenario of maternal health in West Bengal

India has launched National Rural Health Mission (NRHM) (2005), in order to achieve the set target of improving maternal health status under Millennium Development Goal (MDGs). The NRHM mainly aims to perk up the rural health facilities in general and especially the access to quality health care for poor women and children living in rural areas. This specific study was conducted to identify the district-wise discrepancy in maternal health status within West Bengal. The study was mainly conducted in different districts of West Bengal and data were collected from various records like census (2011), different health report published by government of India or Government of West Bengal etc. Through collected data and information, a positive correlation has been observed between level of awareness about reproductive and maternal health and status of maternal health service facility. And as a consequence the disadvantaged section of the society experiences an adverse effect on their maternal and reproductive health due to lack of access to maternal health care facilities. It has also been portrayed that the districts where the concentration of scheduled castes, schedule tribes and Muslims are high, like West Midnapur, Cooch Behar, Murshidabad, Birbhum and Malda etc. have higher position in the rank of vulnerability in MDGs status of pregnancy and maternal health outcome. The maternal health status of some districts of West Bengal like Nadia and Uttar Dinajpur etc. are mainly dependent on the unmet need for family planning. While the scenario in Birbhum, Cooch Beharand Murshidabad is bit different as in these districts the main driving factors are delivery and post-delivery complications in vulnerability index. The MMR status in these districts is in miserable condition. So, more attention is required in these districts through ensuring

maximum maternal health care facilities and health work force to upgrade the status (Ghosh, A and Mistri, B, 2015).

A community based, cross sectional and observational study was conducted in the 30 slums of Kolkata from June 2017 to May 2018. The main target group of this study was mothers as they constitute an important and priority group in community due to their higher pregnancy related morbidity and mortality. The main objective of this study was to scrutinize the utilization status of maternal health care services among mothers with younger child aged maximum 3 years. In this study 10 mothers were selected from 30 slums by cluster sampling technique. The study revealed that the age of selected mothers mainly ranged between 18 to 35. The data portrayed that 75.7% mothers were registered in 1st trimester of pregnancy and 100% mothers received ≥4 antenatal check-ups. But only 78% mothers consumed ≥100 IFA tablets and only 23.3% mothers consumed ≥360 calcium tablets in antenatal period and most importantly the analysis of collected data and information showed that 80.3% mothers have experienced unsatisfactory utilization of maternal health care services. It has been also found that unsatisfactory utilization of maternal health care services is strongly associated with the younger age of the mothers, a smaller number of pregnancies and teenage marriage. It can be summarized that utilization status of maternal health care services was not very satisfactory among the slum dweller mothers in Kolkata. Awareness generation and behavior change communication is need of the hour for proper utilization of services (Bandyopadhyay. S, Pal. D, Dasgupta. A, Datta, M and Paul. B, 2020).

Methodology

The study setting

The study was conducted in Borough – VII of Kolkata Municipal Corporation, Kolkata, the most populace city of eastern India. Kolkata being the capital of the state has the highest degree of dominance in terms of economic activities. Thus, excessive concentration of the in-migrant population is observed in Kolkata metropolis and nearby districts. Data suggests over 1.5 million people, or one third of Kolkata's population, live in 2011 registered and 3500 unregistered slums and in many unrecorded spaces. The difference of outcomes amongst Kolkata populace and most vulnerable slum or street settlements.

Sampling

Total 251 respondents were selected keeping confidence level 95% and confidence interval from four Wards of Borough – VII under Kolkata Municipal Corporation (KMC) using appropriate statistical estimation.

Probability sampling in a form of simple random and multi-stage sampling methods were used for selecting the required size of the study areas. Since the Kolkata has been divided into four zone, for the study most vulnerable and populace zone were selected, at the second the borough was selected based, in the next stage, Wards were selected. At the last stage, a simple random sample of households with less than 24 months aged children was selected.

Data Collection

The data for this study were generated through a structured interview schedule. Prior to the data collection, the checklists/schedules underweight intensive review and pre-testing on a small sample of subjects from all the categories of respondents. During this interview, the enumerators went through all the sections of the questions to make the interview comfortable and avoid any kind of discomfort during the interview.

The two most important and required variables taken into consideration using universally accepted survey questions. The measures are validated from the World Health Organization's definition of Ante Natal Care (ANC) and Post Natal Care (PNC). The next dependent variable, Immunization attempted to measure and follow using WHO recommended checklist.

Data Processing and Analysis

The data processing and analysis has started with computing the percentages of respondents who got early registration and received ante natal services from the health system. Also computed the proportion of children received the full immunization as per the WHO guidelines.

Findings

Table 1 presents the background characteristics of the respondents. The literacy between male and female shows the disparity (female literacy 90.64 % while male 68.53 %). But the 10 and more year of education is significantly low (30.08 %) among female in the community. With regards to the religion, 61.35 % population is Muslim followed by 38.65 % is Hindu. The distribution of the respondents revealed that most (94.67 %) of the households with an improved drinking water facility. A majority of households were without personal toilet facility (58.4 %) while 45.56 % households using safe fuel for cooking. Majority (91.97 %) respondents were able to ensure at least three meals in a day.

Table 1: Background Characteristics of Respondents		KOLKATA
Population and Household Profile		
1	Women who are literate (%)	90.64
2	Men who are literate (%)	68.53
3	Women with 10 or more years of education (%)	30.08
4	Religion – Hindu (%)	38.65
5	Religion – Muslim (%)	61.35
6	Household with an improved drinking water source[1] (%)	94.67
7	Household with personal toilet facility[2] (%)	41.60

8	Household using safe fuel for cooking[3] (%)	45.56
9	Family ensured 3 or more meals in a day[4] (%)	91.97
	Table 2: Pregnancy and Delivery Outcomes	**KOLKATA**
	Pregnancy & Delivery Outcomes	
10	Women conceived 3 or more times (%)	28.23
11	Women who are given 3 or more live births (%)	19.18
12	Women who are having history of abortion (%)	13.15
13	Women who are given births to twins (%)	0.80
14	Children who died after completing age of 30 days (%)	2.79
	Delivery Care	
15	Institutional Delivery (%)	96.77
16	Caesarean or C- Section Delivery (%)	42.97
17	Low Birth Weight (LBW) [7] (%)	22.58

[1] Piped water, Municipal corporation supply water, tube well or borehole or community RO plant. [2] Household using toilets which is not shared with any other household.[3] Electricity, LPG/Natural Gas, and biogas. [4] Household is capable to ensure 3 and more meals for their family everyday [5] Induced and Spontaneous all kind of abortions included [6] Stillbirth classified as death of a baby before delivery or during delivery. The gestational age should be 28 weeks or above. [7] A baby born with less than 2500 grams weight at the time of birth.

Table 2 shows the percentage distribution of women respondents conceived in lifetime. 28.23% of respondents had conceived 3 or more times while 19.18 % women respondents had 3 or more live births. About 13.15 % women reported of having abortion history. There are 0.80% women who have given births to twins. The collected data reveals that 2.79% infants succumb to death after completing 30 days of birth. As far the delivery care is concerned, the data table displays that almost 97% mother have availed institutional delivery services. Near about 43 % mothers have successful caesarean delivery due to some delivery related complications and only 22.58 % infant has suffered from low birth weight.

Table 3: Indicators		KOLKATA
Maternal Health and Child Health		
20	Mothers who had delivered after completing 9 months of pregnancy (%)	88.75
21	Mothers who had registered within 12 weeks of pregnancy (%)	68.46
22	Registered pregnancies for which the mother received MCP Card (%)	86.06
23	Mothers who had at least 1 antenatal check-up during pregnancy (%)	100.00
24	Mothers who had completed 4 antenatal check-up during pregnancy (%)	89.13
25	Mothers who had 2 TT injections during pregnancy (%)	91.26
26	Mothers who received 180 IFA tablets during pregnancy period (%)	73.42
27	Mothers who consumed 180 IFA tablets during pregnancy period (%)	30.44
28	Mothers who received 360 Calcium tablets during pregnancy period (%)	54.26
29	Mothers who consumed 360 Calcium tablets during pregnancy period (%)	23.30
30	Mothers who heard about Anganwadi Centre (%)	48.95
31	Children who gets services on regular basis from Anganwadi Centres (%)	30.91
32	Mothers who had observed any danger signs during pregnancy (%)	22.89
Child Feeding Practices and Nutritional Status of Children		
33	Children who had colostrum within 1 hour of birth (%)	58.09
34	Mothers who are using bottles to feed child (%)	22.46
35	Children who are exclusively breastfed (%)	31.91
36	Mothers who had used soap to wash hands before feeding their child (%)	83.78
37	Children who feed from separate bowl or plate (%)	85.19
38	Mothers who used iodized salt to cook food (%)	99.09
39	Children who have measured their weight every month (%)	55.16

The data displayed in the table 3 mainly speaks about the indicators which determine the status of maternal health among the migrant slum dwellers. The data shows a positive scenario regarding maternal health care in this particular slum area. Almost 88% mothers have successfully delivered their child after completing nine months of their pregnancy. But on the contrary only 68.46 % mother have registered to avail institutional health services within 12 weeks of their pregnancy. But almost 86.06 % mother with registered pregnancies have received MCP card. Almost every selected mother have at least one anti natal checkup during pregnancy and over 80% mother have completed 4 ANT checkups.

As per required medicine consumption and vaccination is concerned, almost 91% mothers are found to have TT injections during pregnancy. But not very good percentage of mothers is found to consume necessary medicine during pregnancy. The collected data displays that only 48.95% mothers have proper awareness about services of Anganwadi Centre and only 30% children have access to services of Anganwadi Centre. Due to low awareness about pregnancy related complications only 22.89% mother are able to detect the danger signs during their pregnancy.

As per the child feeding practice and nutritional status of the slum children is concerned it has been observed that 58.09% children have colostrums which is very important for child's immunity within one hour of the birth. Only 22.46% mothers use feeding bottle to feed the child. The data displays that only 31.91 % babies are exclusively breastfed which may affect their growth. Most of the mothers (83.78%) use to wash their hands before feeding their babies and 85.19% children use to have food from separate plate and bowl. On the contrary it has been observed that only 55.16% children's weight is measured regularly. But almost all the mothers used iodized salt while cooking the meal which will substantiate growth of their child.

Discussion

Maternal health care among migrant slum dwelling mothers are always a critical issue. For earning livelihood, the migrant men have to roam around different places. As a consequence, the women also have to accompany them under any circumstances. But migration does not bring any change in course of their life. Under any circumstances they have to do regular household chores, rearing children and most importantly procreation. Significant numbers of women become pregnant during the process of migration. As a matter of fact, while travelling or in the turmoil of dislocation often they lose access to proper health care facilities including family planning, reproductive health, anti-natal services or safe child birth. Lack of these services can be fatal for migrant women. Inadequate maternal health care facilities during displacement are considered as one of the leading causes for death, disease and disability among displaced women and girls of child bearing age.

The analysis of above data discloses a real scenario about status of utilization of maternal health care services among migrant slum dwellers. The entire scenario can be briefly discussed through certain issue which has been explored during the survey.

Pregnancy and delivery care: The data has revealed that majority of the migrant women have access to institutional services during their delivery and many women have also gone through successful caesarian delivery. So, it can be assumed that most of them have proper information and awareness about benefits of institutional delivery and they also have adequate transportation arrangement to reach to hospitals during emergency. The most important observation is cases of low birth weight are very less among the slum dweller. As the literacy rate of women are very high, so positive association can be established between literacy rate and awareness regarding appropriate pregnancy and delivery care. As per the study most of the household can have

ensured 3 meals a day which manifests moderate financial condition of the slum dwellers. This financial condition also enables them to have access to institutional services during pregnancy and delivery.

Maternal health and Child health: The data manifest that most of the women experience full term pregnancy of nine months and majority of them have registered their pregnancy and received MCP card to avail different health benefits. It implies that they have adequate information about several facilities and intention to avail them. All most all the women have availed at least one anti natal checkup and majority of women have availed all four antenatal checkups. It entails those mothers are not only realizing the importance of availing health care facilities but they are also conscious about ensuring wellbeing of their children and also of themselves. Again, it can be perceived that literacy and proper awareness have acted as driving force.

But the scenario is quite different in case of having proper medicine and vaccination during pregnancy. Most of the pregnant mother received TT injection during pregnancy. But a huge disparity has been observed in receiving and consuming iron tablet during pregnancy. Data has portrayed that although 73% of the women have received the medicine but only 30% have consumed it. Same disparity has been noticed in case of consuming calcium tablets among pregnant mothers. So, it can be inferred that due to low awareness and adequate information these mothers have failed to realize the importance of consuming proper nutritional supplements during pregnancy. These mothers also have low awareness about different complications that can occur during pregnancy as only 22.89% mothers can detect danger sign during pregnancy.

Limited access to Awganwari Center: During the survey it has been explored that very less mother has proper information about ICDS centre. As a consequence, only 30 % children are reported to avail the services of Awganwari centre. The awareness about ICDS centers and its facilities seems to be very low among this population.

Now there are certain factors which have played crucial role in determining the behavior towards utilization of different ANC services. On the other hand, the response of these slum dwellers towards utilization of health service has deeply impacted the entire scenario of maternal health status in the slum area.

Predisposing factors: The decision of the pregnant mothers of availing maternal health services depends on certain factors like age in the time of marriage, literacy, obstetric history, occupation of the mothers etc. The study has already displayed that literacy and utilization of maternal health care services shares a positive association. Similarly, if the pregnant mother is of very young age, then her decision for availing such services will be manipulated by other family members. The main problem that these migrant women face is frequent displacement. As a consequence, they can not avail proper health facilities. The study also reveals that almost all the women have gone for first ANC checkup but due to their frequent dislocation proper follow up doesn't take place. Often in new place they fail to avail such services as they become grossly engaged in settling down. Sometime they lost their documents during the journey or sometime language, different culture, different health

infrastructure act as a hindrance. But it can also be stated that if mothers have some complications or obstetric history, they put minimum effort to avail such services even in the new places.

Other associated factors: Besides above mentioned there are other factors which effectively control the status of utilization of maternal health care service. Sometimes ANC centers are located far away from their residence and inadequate arrangement of transportation may act as an obstacle to avail these essential services. In some cases, it has been observed that loss of job or irregular flow of wage may prompt them to dislocate from their present dwelling. Consequently, the women lose track of essential health services. The most crucial factor which mainly makes these women vulnerable is inadequate awareness about available ANC services. Low awareness and inadequate information hinder the process of building trust on these services. In some cases, the women depend on age old home remedy for anti-natal care rather advanced facilities as they fail to understand that these advanced and scientific services will ensure healthy and safe delivery of their children.

Enabling Factor: There are some enabling factors which have accelerated the process of availing maternal health care services in recent times. During this survey it has been observed that literacy gives financial independence to women who strengthen the decision-making power. Accordingly, nobody can manipulate them to take decision about their own wellbeing. Regular visit of health workers can make them realize about the importance of proper antenatal checkup, timely vaccination and consumption of medicine for safe delivery and healthy children. Adequate awareness and relevant information also help them to realize their perceived need of a safe delivery and hale and hearty children.

Conclusion: The above-mentioned survey conducted in 30 slums under Kolkata corporation have revealed that although some changes have been observed in the status of utilization but still there are some lacuna. Especially for the migrant women, it becomes really troublesome to avail such services during the chaos created by frequent dislocation for earning livelihood. In such situation even if they intend to avail these services, but lack of access, proper and relevant information, stress of settling in a new and unknown place, neglecting themselves while taking care of the family impede them to take benefit of these services. Proper orientation about availability of the ANC services and importance of completing the process means having all four check-up, regular visit of health personnel, special schemes for migrant women so that they can avail these services anywhere in the country, may eliminate these hindrances.

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