

Birth practices in underserved urban slum dwellings of Indore, India

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1. Background:

1.1 Despite proximity to health facilities, 1.1 out of 2 million births in urban slums of India, take place at home¹, mostly in poor hygienic conditions and under untrained assistance.

1.2 Understanding home birth practices in slums and their influencing factors is crucial for implementing context responsive programs to improve care at birth.

1. Reference: EHP, 2003: Re-analysis of NFHS 2, 1998-99, by Standard of living Index.



2. Objective:

The study aims to identify barriers and options for improving birth practices in slums of Indore city, Madhya Pradesh (India).



3. Methodology:

Study Area: The study was conducted in Indore, Madhya Pradesh (India) in 11 underserved slums out of 79 program slums where UHRC's program activities are operational since 2003.

Study Period: Dec'04-Feb'06.

Sample Size: (a) 312 mothers of infants (2-4 months) (*for interview*). (b) group of mothers of infants and slum-based health volunteers (*for group discussion*).



Data collection process:

Mothers were interviewed about intrapartum Practices during the birth of their youngest child.

- **Aspects enquired during interview from mother:**
 - 5 cleans during delivery
 - thermal protection at birth
 - timely initiation and exclusive breastfeeding.

Group discussion with slum-based health volunteers and mothers helped understand reasons and community perceptions for the intrapartum practices.



4. Results:

Figure 1: Percentage of slum-home deliveries (N=312)

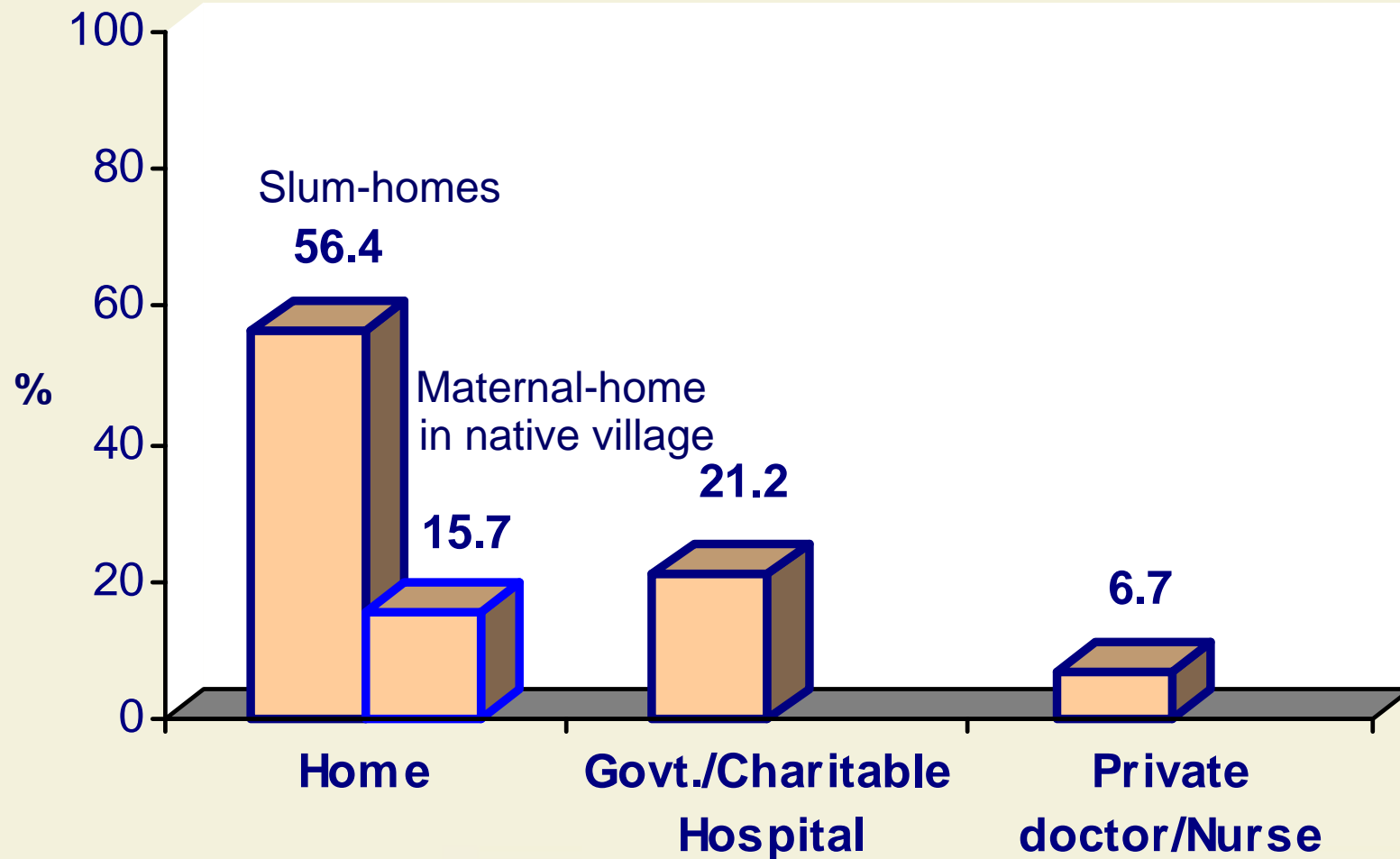


Table 1: Percentage of slum-home deliveries conducted by a trained birth attendant (N=176)

Delivery Attendant		%	
Trained	Private Nurse	66.5	4.5
	Private doctor		0.6
	Govt. nurse		2.3
	Slum-based TBA		59.1
Untrained	Slum-based TBA	33.5	18.2
	Family members- mother-in-laws/mother, neighbour		13.6
	Self		1.7

- **77.3%** births were conducted by slum-based TBAs (sTBAs)
- Although 59.1% sTBAs were trained only.
40.5% sTBAs had received training in the preceding year.



Why were home deliveries preferred?

Economic and transportation constraints

Mother's fear of being alone during hospital delivery



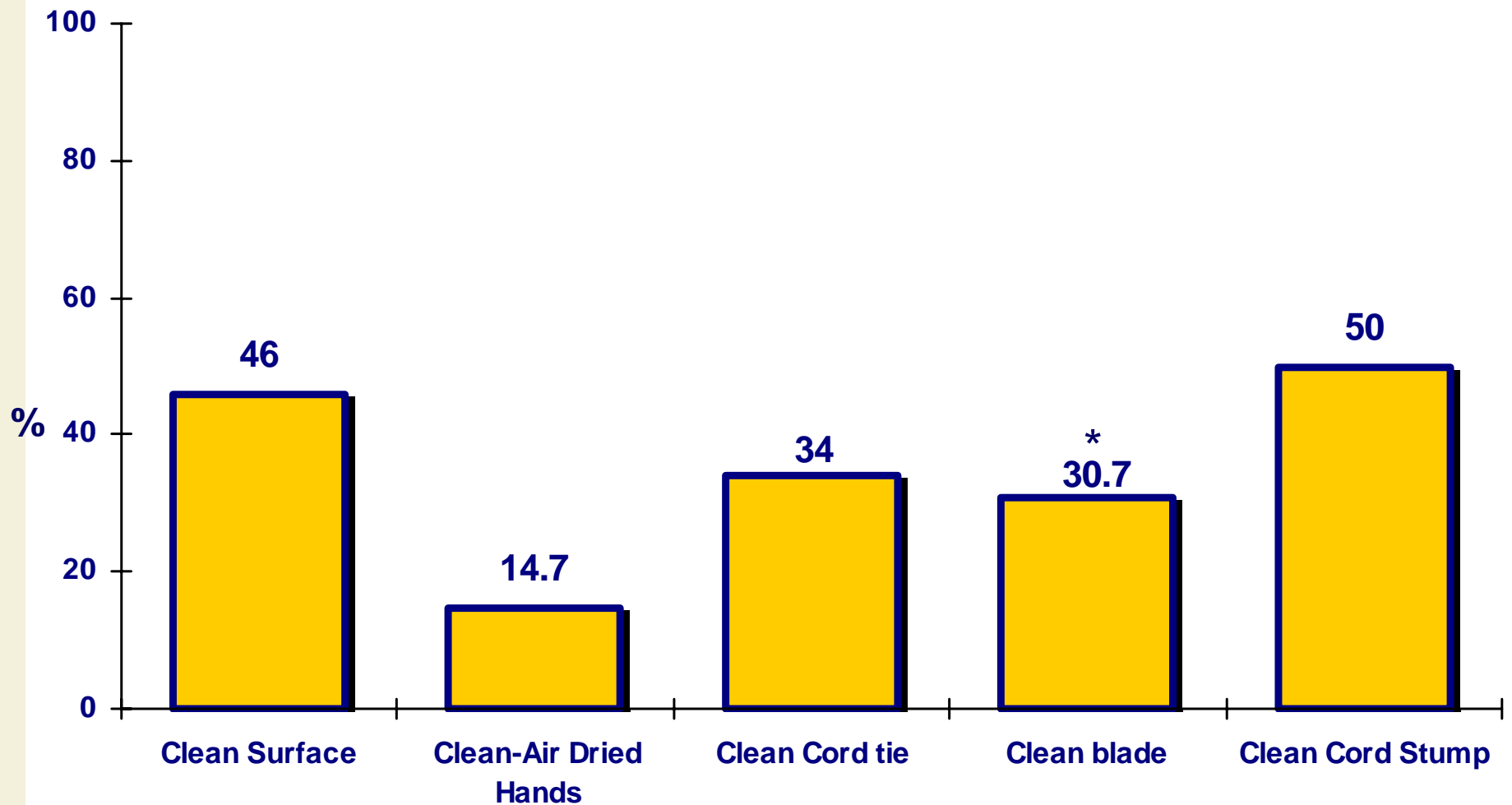
Lack of family support to escort woman in labour to health facility

Trust & Confidence in s-TBAs



Figure 2: Home delivery Practices in slums (N=176)

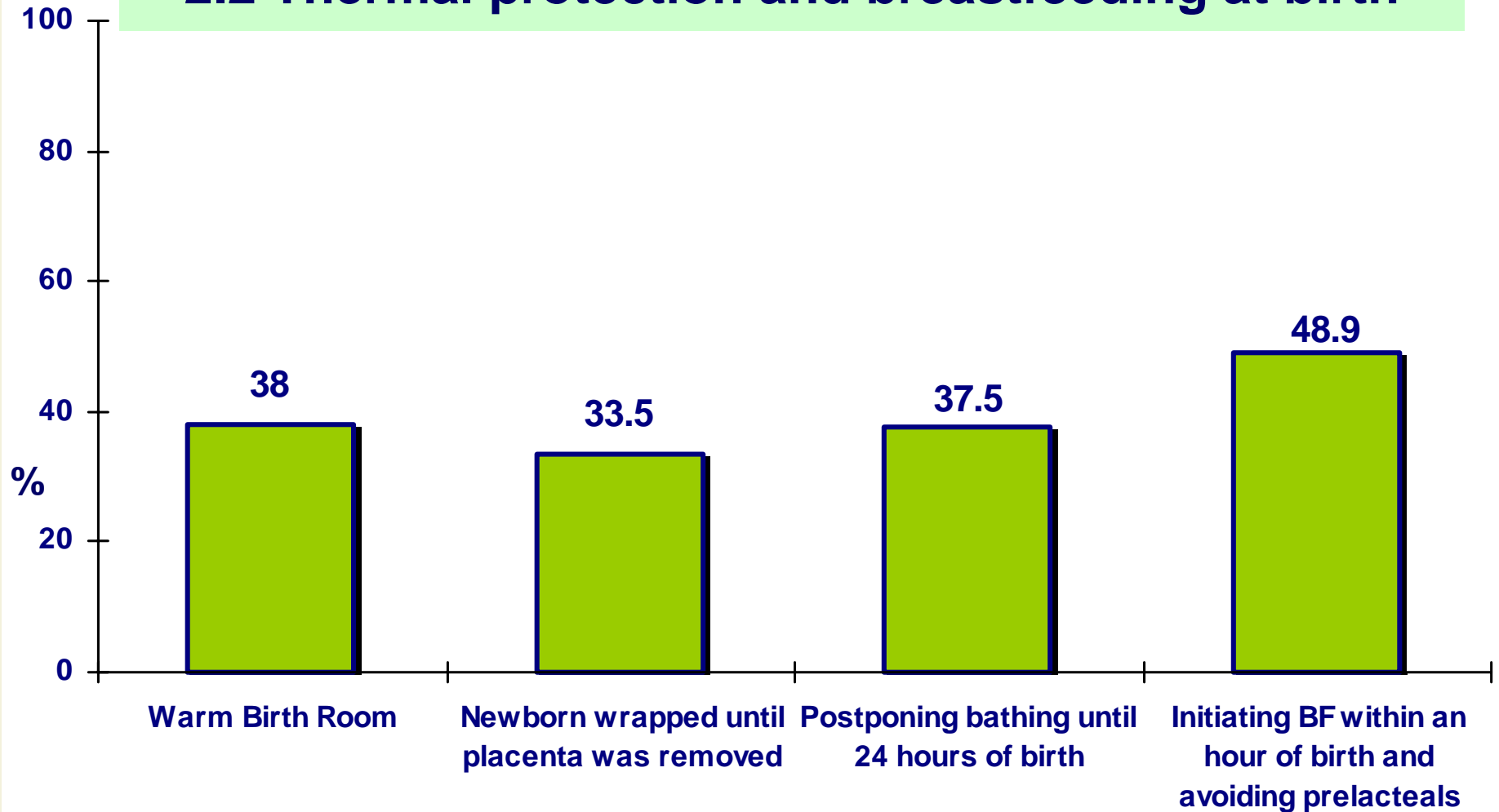
2.1 Percent adopting 5 cleans during home delivery



* 65.9% used a new blade but dipped it in hot water before use

Figure 2: Home delivery Practices in slums (N=176)

2.2 Thermal protection and breastfeeding at birth



Note: Initiation of BF within an hour of birth and avoiding prelacteals in 48.9% families is significantly higher than the baseline situation (2003) of 10% owing to behaviour promotion efforts in the program. Thermal protection practices were also promoted however, not measured at baseline.

Home delivery practices - Barriers

Traditions and beliefs reinforced by mother-in-law, mother (who come from native village to provide support around delivery), TBAs and reinforcement from neighbours

E.g. “baby is dirty since nine months hence needs to be bathed at birth”.

“applicants like oil, turmeric and sindoor help the cord stump dry quickly”

“milk lets down from mothers breast after 3 days of birth”.

Mothers fear that if they did not follow the norm their newborn could be harmed.

TBAs were habitual in conducting deliveries in a particular manner, and hence continued old practices despite training.

E.g. Genda Bai of Aheerkheri, mentioned- “I still dip the blade in warm water - Zahar nikal jata hai. Now a days we have learned that do not apply anything on the cord stump, Aare kuch nahi hota mein to abhi bhi tael laga daeti hun,” she said.



Home delivery practices - Facilitators

- Regular health behaviour promotion trained slum-based volunteers
- Discussions with early adopters during mothers' meetings
- Negotiation ability of trained volunteers to facilitate institutional delivery
- Social support from slum CBOs



5. Conclusion

Program Options to improve home delivery practices

- 5.1 Early pregnancy identification followed by regular counseling by trained slum-based health volunteers through home visits and group meetings**
- 5.2 Stimulating thinking and discussion using case narratives, pictorial experience sharing by early adopters helps overcome traditional beliefs and adopt desired behaviours.**



5.2 Collective dialogue with mothers, mothers-in-law, elder ladies of the community helps promote healthy practices

5.3 Periodic competency-based training of TBAs and health volunteers and follow-up and supervision

5.4 Strengthening community linkage and partnership with nearby, affordable health facility and helping them understand procedures for availing obstetric services.



Acknowledgement

Slum-community, mothers, community-based organizations and non-government organization partners of Indore for their active participation in this study. This study and the overall program is financially supported by the United States Agency for International Development and they are duly acknowledged.