ROLE OF MAHILA AROGYA SAMITI IN BRINGING CHANGE IN KNOWLEDGE ATTITUDE AND PRACTICES AMONG HUP SLUMS IN JAIPUR DISTRICT. RAJSTHAN

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INTRODUCTION

Urban Health Nutrition Day:-

- UHND serves as a common platform to deliver maternal, child health and nutrition services to the urban poor population with the help of the Auxiliary Nurse Midwife. The Anganwadi Worker and HUP frontline workers and Mahila Arogya Samiti members. It helps in the delivering health care services at the doorstep of the unserved and underserved urban population thereby leading to an improvement in the health status of the urban poor.

Mahila Arogya Samiti:-

- MAS in one of the key interventions under National Health Mission aimed at promoting community participation in health at all levels, including planning, implementing and monitoring of health programmes.
- MAS is expected to take collective action on issues related to Health, Nutrition, Water, Sanitation and social determinants at the slum level.

RATIONALE

- Utilization and reach of primary health services is poor among urban slum communities in India even though there is physical proximity to advanced health care facilities.
- Primary health care facilities have not grown in proportion to the explosive growth of urban population especially the poor.
- Among the urban poor in India, only 24.8 per cent of mothers receive complete antenatal care during pregnancy.
- 74.3 per cent deliveries among the urban poor women are home deliveries and about 42.9 per cent of children are not completely immunized by 1 year of age.
- Under-nutrition is an important factor contributing to poor health in urban slum communities More than half of India's urban poor children are underweight and/or stunted.

RATIONALE

- Only 18 per cent of newborns in urban poor households in India are breastfed within the recommended 1 hour after birth.
- Moreover, nearly 40 per cent of children are not initiated complementary feeding on time.
- The above factors of poor access to services, poor health behaviors and nutritional status among the urban poor result in high infant and child mortality which are considerably higher among the urban poor.
- Mahila Arogya Samiti (MAS) as the name suggest are local women's collective. They are expected to take collective action on issues related to Health, Nutrition, Water Sanitation and its social determinants at Slum/Ward level.
- In the above context of thus it is imperative to study,we want to know contribution of Mahila arogya samiti on Urban health nutrition day ,whether peoples are having knowledge about facilities being provided by govt
- This study will help in understanding the practices in the community and taking the measures to improve their health status.

Research Question:-

1.What is the Contribution of Mahila Arogya Samiti on Urban Health Nutrition Day.?

Objective:-

1 . To Assess the status of Urban Health Nutrition Day before formation of Mahila Arogy Samiti ?

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2. To assess the Knowledge of beneficiary about Urban Health Nutrition Day ?

Research Methodology

- **Study Type**
- The present study is post intervention situation analysis

- **Study duration**
- 2 months

- **Study Area**
- The respective study is conducted in selected slums of Jaipur district Rajasthan.

- **Study Respondents**
- Women's of age group 15-49, ASHA ,ANM , MAS members

- **Sample Size:**
- 96 womens age group 15-49 years

- **Sampling technique**

- In the district jaipur, 6 urban slums were selected randomly 3 slums where MAS workers are working and 3 slums where MAS is not working. , and 16 women aged group of 15-49 is selected from each UHND session from each slum. slums from each district is selected randomly.

Analysis and Results

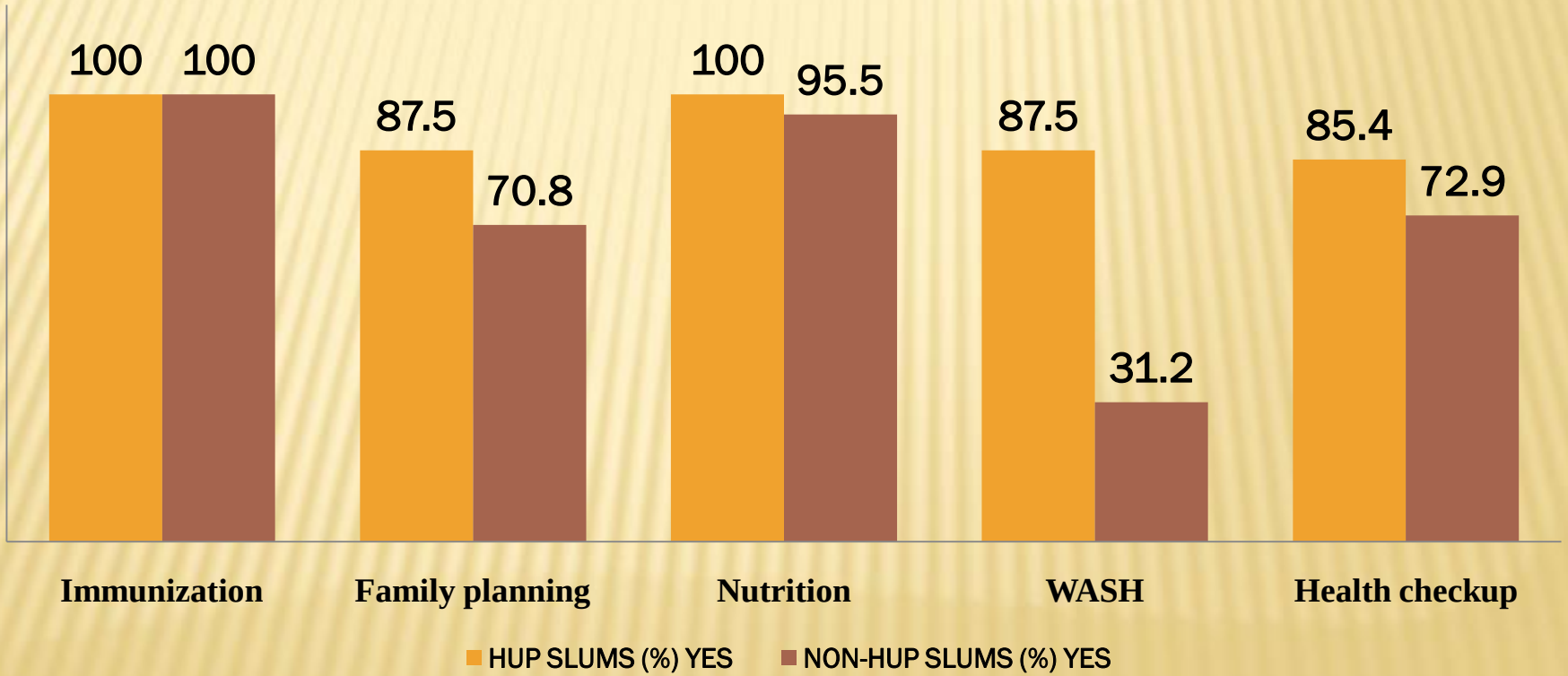
Information regarding UHND among beneficiaries

INFORMATION (UHND)	HUP slums (%)	NON HUP (%)
Yes	100	100
	N=48	N=48

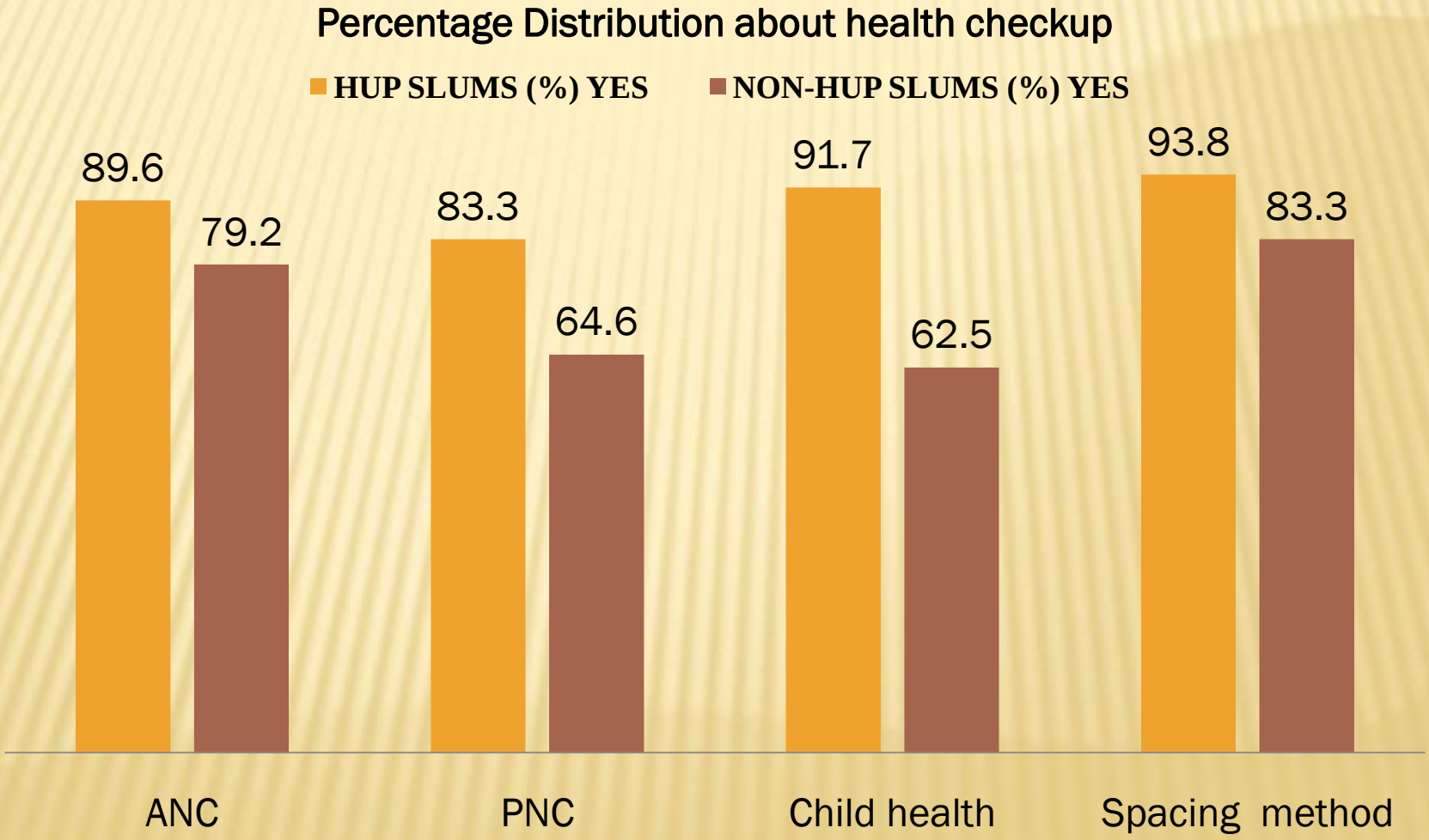
Source of information of UHND

SOURCE	HUP slums (%)	HUP NON- (%)
ASHA	31.2 %	97.9%
Mahila arogya samiti	100%	NA
Health facility	0	20.8 %
Relatives	0	2.5 %
	N=48	N=48

Awareness among beneficiaries regarding various health and hygiene issues



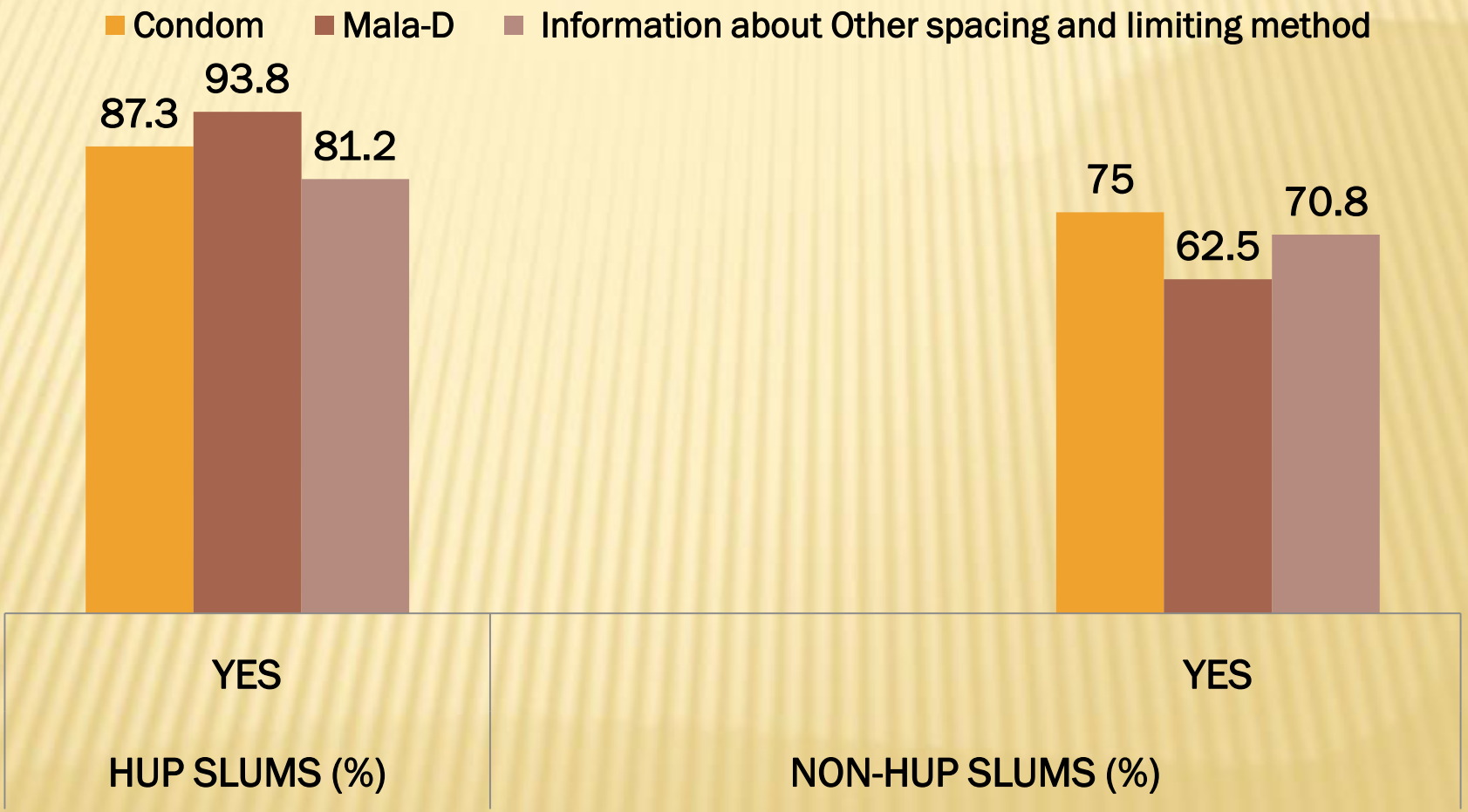
Information among beneficiary regarding health checkup



Services availed by beneficiary about pregnancy care

	INTERVENTION (%)	NON-INTERVENTION (%)
	YES	**YES**
Registration of pregnancy	95.8	93.2
ANC	81.2	62.8
IFA tablet	93.8	68.4
About birth preparation	87.5	72.9
	N=48	N=48

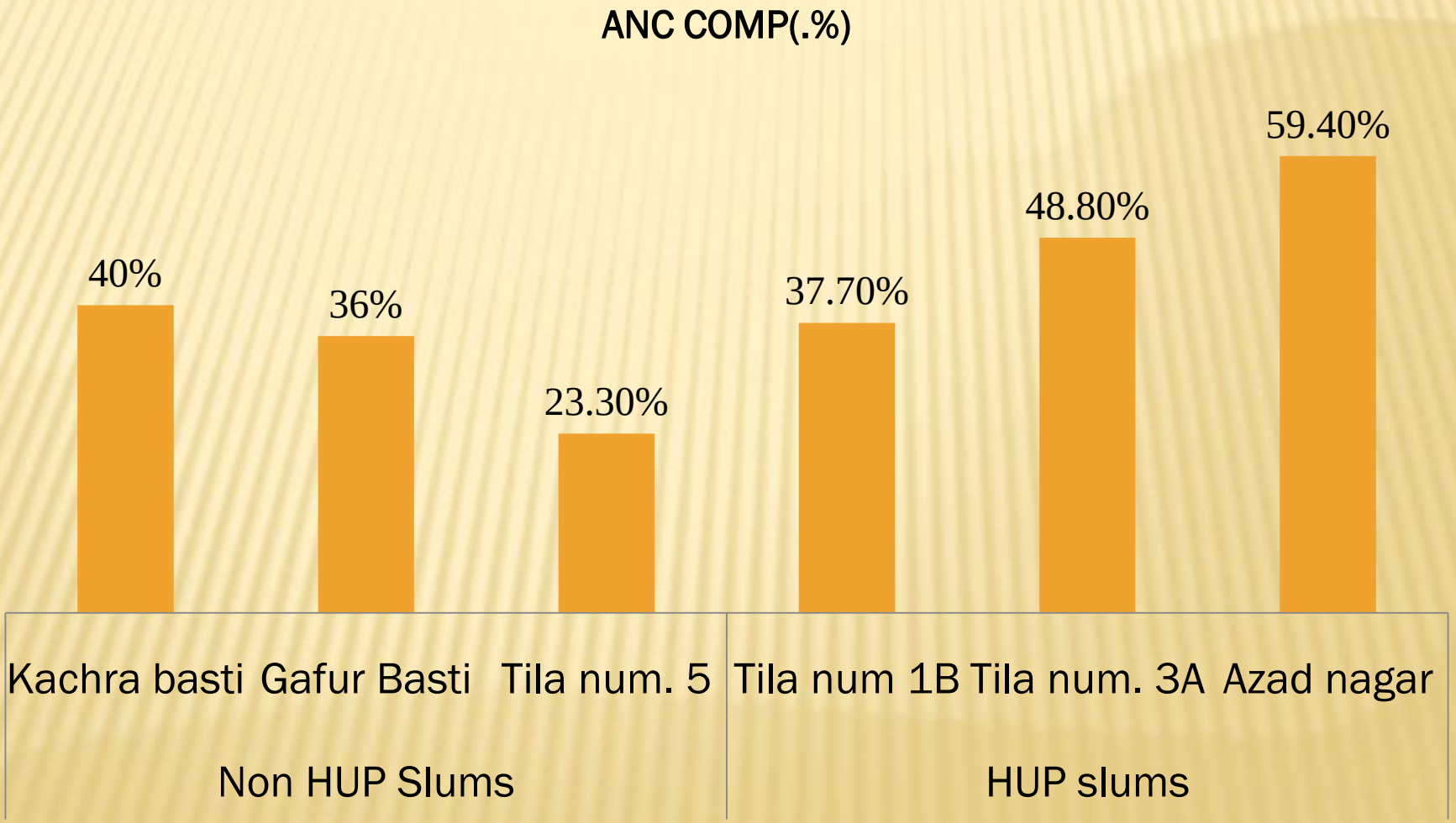
Family planning services rendered at anganwadi center to beneficiary



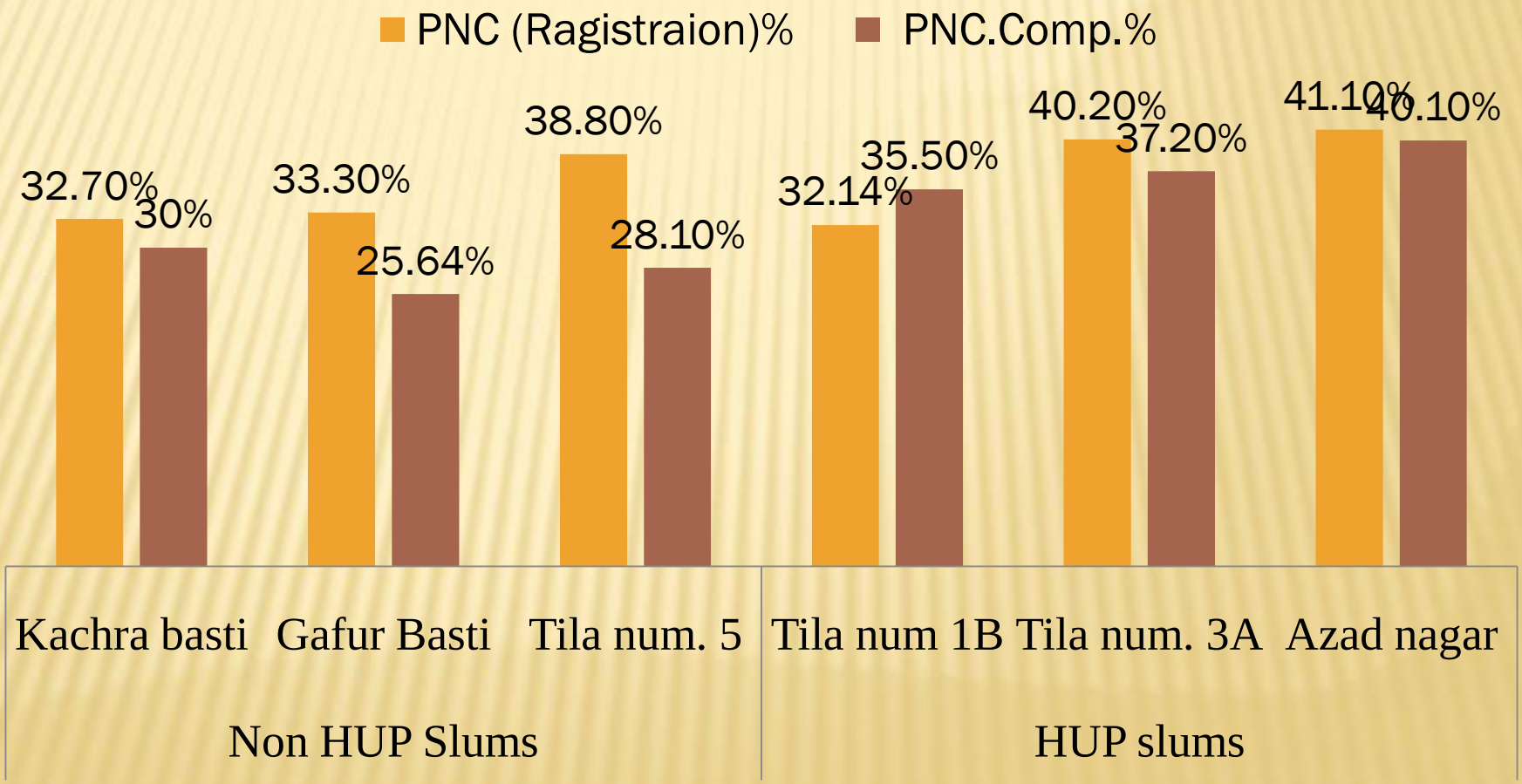
Information given about wash services

INFORMATION	HUP slums (%)	NON-HUP slums (%)
	YES	YES
Safe Drinking water	95.8	70.8
Latrine facility	93.8	93.8
Hand wash	89.6	43.8
Safely Disposal of garbage	95.8	89.6
	N=48	N=48

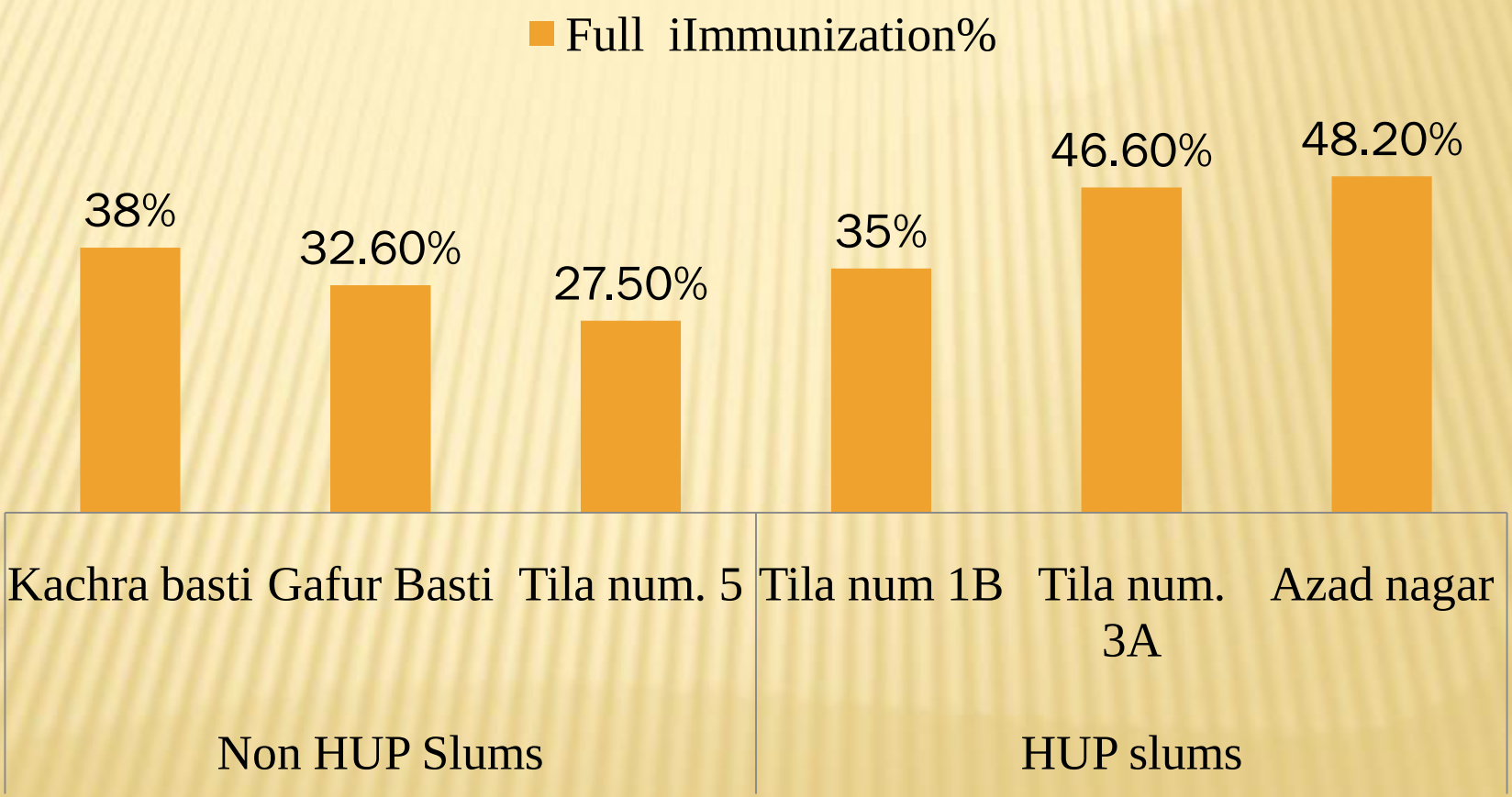
Records data results (ANC completed)



PNC registered & completed



Full Immunization



Key results

- Awareness about UHND day same in both HUP and Non-HUP slums

Services during UHND

Services	HUP Slum	Non HUP
Condom	87.3%	70%
Mala -D	93.8 %	62.5 %
Spacing and limiting method	87.3 %	70.8%
Registration of pregnancy	95.8%	93.2%
ANC	81.2%	62.8%
IFA tablet	93.8%	68.4%

- The discussion with ASHS suggests that drop out cases are low in HUP slums as compared to Non-HUP slums
- Work load of ASHA has been reduced due to introduction of Mahila Arogya Samiti.
- In HUP area financial less as compared to Non-HUP slums

Recommendation

- There should be Formation of MAS in Non HUP slums which will help to reduce drop out cases.
- More MAS worker should be deployed so the they can make people realize need for the services.
- Need to increase demand for services on the community side.
- Working of MAS worker should be monitored.
- People should be consult about AEFI and proper follow up should be done in order to drop out rates.

THANK YOU