Impacts of Biosocial factors on Infant mortality among slum population of four metropolitan cities in India.

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ABSTRACT

Infant mortality is not a single problem with a single solution. Multiple and interrelated determinants interact demanding a chain of approaches and policies that to be evolved to deal with and to bring down the mortality rates. The infant mortality rate was 57 (NFHS-3), which was less than NFHS-2 (68) and NFHS-1 (79). However, neonatal mortality was found to be 39 and perinatal mortality was found to be 48.5 per 1,000 live births (NFHS-3). Under the Millennium Development Goal the country is trying to bring down the Infant mortality to 30 by 2015, but there is a need to address the infant mortality particularly the perinatal and neonatal mortality rate. Recent NFHS-3 report shows that infant and child mortality including the neonatal mortality rate is declining slightly faster in the rural areas than the urban areas. The NSSO report shows that there is an increase in the urban population which also includes the urban slum population. Increase in the slum population in the urban area might be the cause for the slower improvement of the infant mortality rates in urban area.

The slum dwellers are the rural poor people who have migrated to the cities from the rural areas in search of employment. In the new environment due to lack of sufficient income coupled with poverty they have to make adjustment with various substances in their life to meet their basic needs. In this adjustment process mostly the women's and child's health is often neglected resulting poor health and development. Over population and poverty are pervasive in and causing health hazards such as mortality. Infants are naturally innocent, vulnerable and dependent on their parents mainly mother's nutrition status and child feeding practices and often suffer from viral and infectious diseases. The future of a nation is linked to the well being of its children, which mostly depends on children's health status. Keeping this in view present paper aims to examine the prevalence of infant and neonatal mortality (0-12 months) among the slum population of four metropolitan cities using NFHS-3 data and to determine the bio-socio factors causing such mortality.

Analysis of data reveals that in Mumbai, slum population have a much lower infant mortality rate (25 deaths per 1,000 births) than non-slums (40 deaths per 1,000 births); In Madras The infant mortality rate is 57 percent higher in slums (38 per 1,000 live births) than non-slums (24 per 1,000 live births) but slum children are much more likely than non-slum children to have received all of the recommended vaccinations against childhood diseases (89% vs. 74%). The largest differentials for individual vaccinations are for the third dose of DPT vaccine (100% in slums and 91% in nonslums) and the third dose of polio vaccine (94% in slums and 87% in non-slums). In Kolkota, Children in slum areas experience lower mortality than children in non-slum areas during the neonatal period (20 per 1,000 vs. 34 per 1,000). Slum children are less likely (by 10-11 percentage points) than non-slum children to have received three doses of the polio and the measles vaccines.

Only 63 percent of children in slums and 71 percent of children in non-slums have received all of the recommended vaccinations against childhood diseases. In Delhi the slum areas experience

higher infant mortality (54.1) and neonatal mortality (36.2) than non slum areas (infant mortality 36.1 and neonatal mortality 24.3).The no vaccination was found to be 13.5% in the slum area which is higher than non slum area (8.3%). Thus, it may be concluded that the biosocial factors in the context of neo-natal health care of unban slums need more attention to policy-makers and health planners, so that IMR of urban slums can be controlled to great extent.

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