

HEALTH EQUITY IN URBAN SLUMS: BARRIERS TO MATERNAL HEALTHCARE ACCESS AND OUTCOMES IN DEVELOPING MEGACITIES**KESETARAAN KESEHATAN DI KAWASAN KUMUH PERKOTAAN: HAMBATAN AKSES DAN HASIL PELAYANAN KESEHATAN IBU DI KOTA BESAR BERKEMBAN**

Ifania¹, Winda Dwi Lestari², Ferawati³, Sisi Amailia⁴, Dika Maretika Sobari⁵

Institut Kesehatan dan Bisnis Annisa^{1,2,3,4,5}

*ifania@ikbisannisa.ac.id¹

**Corresponding Author*

ABSTRACT

Access to maternal healthcare remains a critical challenge for women living in urban slums of developing megacities. Rapid urbanization has created densely populated informal settlements with inadequate sanitation, limited healthcare infrastructure, and high maternal mortality. This study systematically reviews social, economic, and structural barriers to maternal healthcare access. Following PRISMA 2020 guidelines, 19 peer-reviewed articles (2010–2025) were analyzed using thematic coding guided by the Social Determinants of Health and Andersen Behavioral Model. Findings reveal that restrictive gender norms, stigma, and low health literacy limit utilization, while poverty, high transportation costs, and lack of insurance further impede access. Structural challenges, including insufficient facilities, poor transport, and non-inclusive policies, exacerbate inequities. These barriers interact, creating compounded challenges for women in urban slums. Addressing them requires integrated interventions, including financial support, community-based services, inclusive digital health solutions, and policy reforms. The study provides evidence-based insights to enhance maternal health equity and advance Sustainable Development Goal 3.

Keywords: Maternal Healthcare, Urban Slums, Health Equity, Access Barriers, Developing Megacities, Social Determinants of Health

ABSTRAK

Akses pelayanan kesehatan ibu tetap menjadi tantangan utama bagi perempuan yang tinggal di kawasan kumuh perkotaan di kota-kota besar berkembang. Urbanisasi cepat telah menciptakan permukiman informal padat penduduk dengan sanitasi yang tidak memadai, infrastruktur kesehatan terbatas, dan angka kematian ibu yang tinggi. Penelitian ini secara sistematis meninjau hambatan sosial, ekonomi, dan struktural dalam akses pelayanan kesehatan ibu. Mengikuti pedoman PRISMA 2020, 19 artikel peer-reviewed (2010–2025) dianalisis menggunakan coding tematik yang dipandu oleh Social Determinants of Health dan Andersen Behavioral Model. Hasil menunjukkan bahwa norma gender yang membatasi, stigma, dan rendahnya literasi kesehatan mengurangi pemanfaatan layanan, sementara kemiskinan, biaya transportasi tinggi, dan kurangnya asuransi semakin menghambat akses. Tantangan struktural, termasuk fasilitas yang terbatas, jaringan transportasi buruk, dan kebijakan tidak inklusif, memperburuk ketidakadilan. Hambatan-hambatan ini saling berinteraksi, menciptakan tantangan kompleks bagi perempuan di kawasan kumuh. Penanganan memerlukan intervensi terintegrasi, seperti dukungan finansial, layanan berbasis komunitas, solusi kesehatan digital inklusif, dan reformasi kebijakan. Temuan ini memberikan wawasan berbasis bukti untuk meningkatkan kesetaraan kesehatan ibu dan mendukung pencapaian Sustainable Development Goal 3.

Kata kunci: Pelayanan Kesehatan Ibu, Kawasan Kumuh Perkotaan, Kesetaraan Kesehatan, Hambatan Akses, Kota Besar Berkembang, Determinan Sosial Kesehatan

1. INTRODUCTION

Maternal healthcare is a fundamental aspect of maintaining public health because it directly relates to the safety of mothers and children. Adequate access to maternal health services, such as prenatal care, skilled birth attendance, and postnatal care, can reduce the risk of maternal mortality and improve the quality of life for families. This aligns with the

Sustainable Development Goals (SDGs), particularly SDG 3: Good Health and Well-Being, which targets reducing the global maternal mortality rate to less than 70 per 100,000 live births by 2030 (WHO, 2019). However, achieving this target faces significant challenges, particularly in developing countries experiencing rapid urbanization. Uncontrolled urbanization has fueled the growth of urban slums, which are generally characterized by high population density, limited access to clean water, poor sanitation, and inadequate health services (UN-Habitat, 2020). These conditions contribute to high health risks for pregnant and breastfeeding women in these areas.

Data shows that approximately 1 billion people worldwide live in slums, and this number is expected to continue to increase with urbanization in developing countries (UN-Habitat, 2020). On the other hand, the difference in Maternal Mortality Ratio (MMR) between slums and non-slum areas remains significant. The WHO (2019) reports that globally, 94% of maternal deaths occur in low- and middle-income countries, with the majority of cases found in Sub-Saharan Africa and South Asia.

The following diagram depicts the global MMR conditions by region:

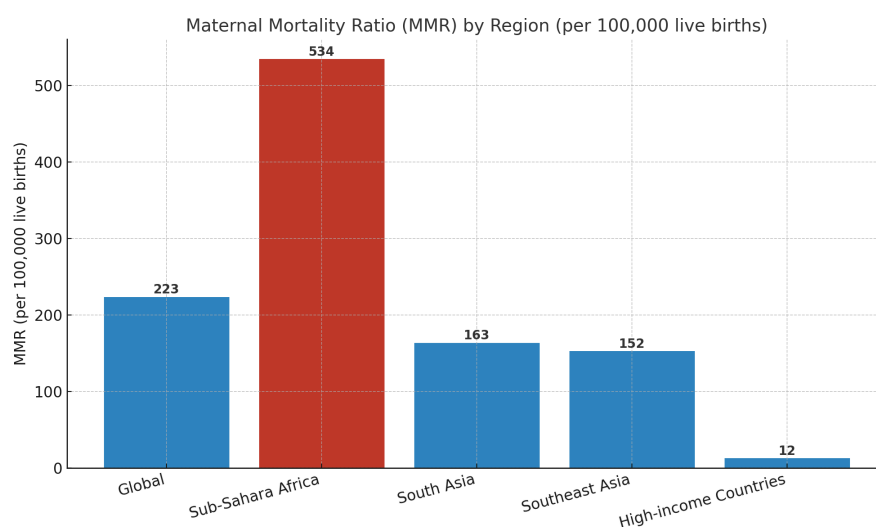


Figure 1. Diagram

Sumber: UN-Habitat (2020), WHO (2019)

Furthermore, urban residents in developing countries living in slums have significantly lower access to trained health workers than those living in non-slum areas. A 2020 UN-Habitat study found that in several large cities in Asia and Africa, only about 40–50% of pregnant women in slums received skilled birth attendance, compared to more than 80% in non-slum urban areas. This situation highlights the urgency of increasing attention to maternal healthcare in urban slum areas, given its significant impact on achieving SDG 3. Without appropriate interventions, this gap will continue to widen, hindering global maternal health outcomes and exacerbating inequalities in healthcare (WHO, 2019; UN-Habitat, 2020).

Although the literature on access to maternal healthcare has grown significantly in the past two decades, most studies tend to focus on rural or peri-urban contexts. These studies often emphasize geographic factors, distance to health facilities, and limited local resources as key barriers to accessing maternal care. However, urban contexts, particularly slums in megacities in developing countries, present different and more complex challenges. Urban slums are characterized by high population density, limited infrastructure, dynamic internal migration patterns, and highly heterogeneous socioeconomic conditions. Therefore, the experiences and barriers faced by pregnant women in these areas cannot always be adapted from rural studies.

Furthermore, there are limitations in systematic studies specifically examining barriers to maternal healthcare in megacities in developing countries. Existing literature tends to be fragmented, focusing on one dimension of barriers, or limited to case studies in specific cities without developing global or comparative syntheses. This leads to a lack of comprehensive understanding of the interactions between social, economic, and structural factors that influence access to maternal healthcare.

Furthermore, most studies have not comprehensively integrated the Social Determinants of Health (SDH) perspective with analyses of structural barriers, such as health policies, facility distribution, and urban health system capacity. This gap limits the ability of policymakers and health practitioners to design effective and inclusive interventions for the most vulnerable populations. Thus, there is an urgent need for studies that incorporate a multidimensional approach, examine the interaction between social determinants and structural barriers, and emphasize the context of urban slums in megacities in developing countries.

Based on the identification of the literature gap, this research is focused on answering the following main questions: **“What are the key social, economic, and structural barriers that hinder equitable access to maternal healthcare services among women living in urban slums of developing megacities?”** By addressing these questions, research is expected to yield a more holistic understanding of the multidimensional barriers affecting maternal healthcare access, while also providing an empirical basis for more targeted interventions.

This research offers significant contributions in several key aspects. First, it presents a comprehensive synthesis of multidimensional barriers to access to maternal healthcare services in urban slums. By integrating literature from various urban slum contexts in a developing country's megacities, this research produces a holistic mapping of social, economic, and structural barriers, providing a more comprehensive perspective than previous studies that tend to focus on a single dimension or location. Second, this research fills a gap in the literature on health inequalities in urban areas. By emphasizing the context of urban slums, this study addresses the limitations of existing studies in the maternal healthcare literature. The findings of this systematic literature review enable the identification of global trends as well as regionally specific patterns related to inequities in access, thereby enriching academic understanding of health inequities in developing country megacities. Third, this research provides a theoretical foundation and applicable policy recommendations. Using the Social Determinants of Health and Intersectionality Theory frameworks, this research enables an understanding of the complex interactions between social, economic, and structural factors. This contribution is not only theoretical, but also practical, by providing policy recommendations that emphasize urban health system reform, strengthening community-based services, and utilizing digital technology to increase access to maternal health services equitably.

2. METHODS

1. Study Design

This study used a Systematic Literature Review (SLR) approach to synthesize empirical evidence related to barriers to access to maternal health services in urban slums in a developing country megacity. The SLR approach was chosen because it provides a comprehensive, transparent, and replicable summary of the existing literature, while minimizing selection bias through systematic procedures. The review process followed the 2020 PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines, which stipulate identification, screening, eligibility, and inclusion steps, to ensure methodological quality and consistency.

2. Inclusion and Exclusion Criteria

Inclusion and exclusion criteria were set to strictly screen the relevant literature:

Inclusions:

- Peer-reviewed articles published between 2010–2025, to ensure the relevance of context and the most recent data.
- The research focuses on maternal health in urban slums or informal settlements in megacities of developing countries.
- Publication language: English, to reach internationally accountable literature.

Exclusions:

- Non-peer-reviewed studies, including organizational reports, editorials, or opinion pieces, to maintain quality of empirical evidence.
- Research that focuses only on rural contexts (rural health) or general maternal services without the context of urban slums.
- Studies with a methodological design that does not provide an analysis of access barriers (e.g., prevalence only, without determinant factors).

These criteria ensure that the literature analyzed is relevant to the research question and provides data that can be compared systematically.

3. Data Sources

The literature search was conducted through four main databases that have global coverage and high credibility:

- **Scopus:** for multidisciplinary coverage and highly reputable journal references.
- **Web of Science:** to ensure inclusion of indexed journals and verifiable citations.
- **PubMed:** for health and medical literature specific to maternal health.

Using this combination of databases increases comprehensiveness and reduces the likelihood of missing important studies.

4. Search Strategy

Search strategy using a combination of my words and Boolean operators, agar covers all relevant terms: ("maternal health" OR "maternal healthcare") AND ("urban slums" OR "informal settlements") AND ("barriers" OR "inequities" OR "access") AND ("megacities" OR "large cities") AND ("developing countries")

This strategy is designed to capture literature that highlights the social, economic, and structural dimensions of access to maternal health services in the context of urban slums.

5. Screening and Selection

The literature selection process follows the PRISMA Flow Diagram which consists of several stages:

1. **Identification:** Collecting all potential literature from databases based on keywords.
2. **Screening:** Filter articles by title and abstract to exclude clearly irrelevant studies.
3. **Eligibility:** Assess full-text articles to verify compliance with inclusion and exclusion criteria.
4. **Inclusion:** Includes articles that meet all criteria for further analysis.

6. Data Extraction and Analysis

Data from selected articles were extracted using a standard template that included: study country, methodological design, population characteristics, barriers to maternal healthcare access, and key findings. The analysis was conducted through coding dan thematic

analysis using software NVivo, which allows for grouping and identification of patterns. The theoretical framework used includes:

- Social Determinants of Health (SDH)– to examine the influence of social, economic, and environmental factors on maternal health.
- Andersen Behavioral Model– to understand predisposing factors, needs, and access to health services.

Access barriers are categorized into three main groups:

1. Social barriers– including social norms, stigma, health literacy, and gender roles.
2. Economic barriers– includes financial limitations, transportation costs, and access to health insurance.
3. Structural barriers– related to health facility infrastructure, service distribution, and unresponsive health policies.

This approach allows for systematic and comprehensive mapping of multidimensional barriers, while providing a solid basis for synthesis of findings and policy recommendations.

3. RESULTS

3.1. Prisma Framework

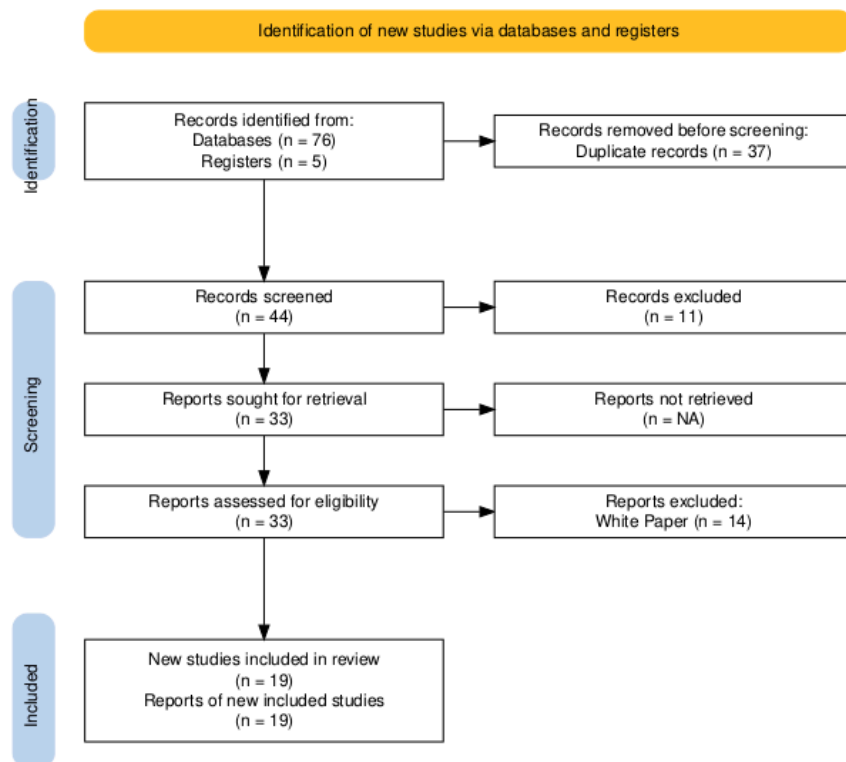


Figure 2. PRISMA Framework

The article selection process was conducted in accordance with the PRISMA 2020 guidelines. During the identification stage, a total of 81 records were obtained from searches across various sources, consisting of 76 records from databases and 5 records from registries. Before the screening process, 37 duplicate records were removed, leaving 44 records for the initial screening stage. During the screening stage, 44 records were reviewed based on title and abstract, and 11 records were excluded due to their inconsistency with the inclusion criteria. A total of 33 reports then entered the full eligibility assessment stage. No reports were not

retrieved (Reports not retrieved = NA). During the eligibility stage, of the 33 reports analyzed, 14 reports were excluded because they were white papers and did not meet the methodological criteria for empirical research. Thus, a total of 19 studies met the inclusion criteria and were included in this systematic review.

3.2. Trending Articles by Year

Table 1.
Trending Articles

Year	Number of Articles
2018	1
2019	3
2020	5
2021	3
2022	6
2023	1

Source: Processed Data, 2025

Table 1 shows the publication trend of articles related to health equity and access to maternal healthcare services in urban slums in developing countries during the period 2018–2023. Based on the data, the number of articles fluctuated with an increasing trend, reaching a peak in 2022 with 6 publications. In the initial period, in 2018, there was only 1 article, then there was a significant increase in 2020 with 5 articles. This trend indicates a growing attention from the academic community to the issue of health equity and barriers to accessing maternal healthcare in urban slums, particularly following the impact of the COVID-19 pandemic, which exacerbated inequalities in healthcare services.

The surge in publications in 2022 can be attributed to the growing global urgency to achieve Sustainable Development Goal (SDG 3) on maternal and child health, as well as the declining access to healthcare in marginalized areas during the global health crisis. These findings indicate that the issue of structural, social, and economic barriers to accessing maternal health services in urban slums is becoming increasingly relevant for research, particularly in the context of developing megacities facing limited infrastructure, unequal distribution of healthcare workers, and social stigma. Thus, this study aims to provide a comprehensive understanding of the barriers faced by vulnerable groups in accessing maternal health services, as well as how policy, economic, and cultural factors influence health outcomes in dense and marginalized urban areas.

3.3. Authors' Country Affiliations

Table 2
Authors' Country Affiliations

Country	Number of Articles
United States	6
United Kingdom	2
Canada	2
Australia	1

Country	Number of Articles
Uganda	1
Ghana	1
Nigeria	2
Chile	1
Ethiopia	1
India	1
European Union	1

Source: Processed Data, 2025

Table 2 shows the distribution of articles analyzed in the systematic literature review by country of origin. The majority of publications came from the United States (6 articles), followed by the United Kingdom (2 articles), and Canada (2 articles). Other countries contributing one article each included Australia, Uganda, Ghana, Chile, Ethiopia, India, and the European Union, while Nigeria contributed two articles.

The predominance of research from the United States and other developed countries indicates that the issue of disparities in access to maternal healthcare services in urban slums is largely discussed within the context of high-income countries. However, given that this issue is more relevant in developing countries with large megacity populations, contributions from countries such as India, Nigeria, and African countries indicate a growing global focus on this challenge. This highlights the geographic gap in research, with literature from developing countries remaining very limited despite their greater burden.

The implication of this study is that it emphasizes the importance of expanding the evidence base with empirical studies in developing countries, in order to contextually understand the barriers that influence maternal health care access and outcomes, including infrastructure limitations, socio-economic inequalities, and cultural norms in urban slums.

3.4. Research Methods Used

Table 3
Research Methods Used

Research Method	Number of Articles
Qualitative	5
Quantitative	7
Mixed Methods	4
Literature Review	3

Source: Processed Data, 2025

Table 3 above illustrates the distribution of research methods used in the reviewed articles, demonstrating a variety of approaches to examining maternal health issues in urban slum areas. Of the total articles analyzed, quantitative methods dominated, with seven articles, indicating a tendency to empirically measure indicators of maternal health access and outcomes, such as skilled birth attendance rates, antenatal visits, and maternal mortality rates.

This dominance indicates the importance of statistical data for understanding health service disparities and formulating evidence-based policies.

Meanwhile, five articles employed qualitative methods, focusing on a deeper understanding of the social, economic, and cultural barriers affecting access to maternal health services. This approach is crucial for exploring the perspectives of women in slum areas, which are often overlooked in quantitative surveys. The mixed methods approach (4 articles) is also quite significant, combining quantitative and qualitative strengths to provide a more comprehensive picture of maternal health determinants. For example, a combined study could analyze statistical data on access to healthcare while delving into narratives of pregnant women's experiences in accessing those services.

In addition, three literature review articles synthesize knowledge from various previous studies. These studies contribute to the formulation of policy recommendations and intervention models to address health disparities in urban slums, particularly in the context of developing countries and megacities. These findings suggest that understanding equity in maternal health in slum areas requires a multidimensional approach that does not rely solely on statistical data but also considers social, cultural, and structural perspectives.

3.5. Journal Database Sources

Table 6
Journal Database Sources

Database	Number of Articles
Scopus	10
Web of Science	5
PubMed	4

Source: Processed Data, 2025

Analysis of literature sources shows that the articles included in this study came from three major databases: Scopus, Web of Science, and PubMed. The majority of articles were found through Scopus, with 10 articles, making it the dominant source in the literature search. This reflects Scopus's broad coverage and credibility in indexing internationally reputable journals, particularly those related to health equity issues in urban slums.

Meanwhile, Web of Science contributed five articles, demonstrating the database's significant role in providing high-quality literature. PubMed, which focuses on health and medical sciences, contributed four articles, indicating the relevance of the research topic to the medical and public health dimensions. This distribution suggests that the combination of these three databases provides source diversity, strengthens the validity of the findings, and reduces the risk of bias due to the limitations of a single source.

3.6. Theories Used

Table 7
Theories Used

Theory Name	Number of Articles
Intersectionality	5
Structural Competency	1

Theory Name	Number of Articles
Health Inequalities	3
Social Determinants of Health	2

Source: Processed Data, 2025

Analysis of the theoretical foundations shows that most articles adopt the Intersectionality approach, identified in five articles. The dominance of this theory reflects the importance of understanding overlapping identity factors (e.g., gender, socioeconomic status, and ethnicity) in influencing access to maternal health services in urban slums. Health Inequalities theory is used in three articles, emphasizing the research focus on health disparities arising from unequal distribution of resources and access to services. Meanwhile, the Social Determinants of Health theory, which emphasizes the influence of social factors on health status, is adopted in two articles, demonstrating the link between social conditions and maternal health outcomes.

Structural Competency was found in only one article, indicating limited exploration of the ability of social structures and health institutions to address the barriers faced by marginalized communities. This distribution suggests that an intersectional approach is the dominant framework for examining health equity in slum areas, while other theories provide complementary perspectives essential for understanding the complexity of this issue.

4. DISCUSSIONS

1. Synthesis of Findings

The analysis of barriers to accessing maternal healthcare services in urban slums reveals a complex interplay of economic, social, and structural dimensions that collectively contribute to significant inequalities in maternal health. This synthesis contextualizes findings from various studies that highlight the multifaceted nature of these barriers and how they disproportionately affect marginalized women.

Economic Barriers: Economic factors emerged as a primary impediment to accessing maternal healthcare, particularly in urban slum settings where poverty and lack of insurance are pervasive. Thaddeus and Maine observed a direct correlation between low economic status and decreased utilization of maternal healthcare services (Ruiz et al., 2021). Limited access to local healthcare services, exacerbated by inadequate transportation infrastructure, contributes significantly to maternal mortality in developing nations (Hwang & Park, 2019). This economic burden is compounded by transportation costs, which deter women from seeking vital antenatal and delivery services, as documented by Ogundele et al. Ogundele et al. (2020) and Wuneh et al. (Wuneh et al., 2022). Therefore, addressing economic barriers is crucial for enhancing women's healthcare access.

Social Barriers: Social norms and stigma around pregnancy, particularly affecting teenage and migrant women, pose significant social barriers to healthcare access. Gender norms often prioritize familial obligations over individual health, limiting women's autonomy to seek care (Ayiasi et al., 2022). Udenigwe et al. emphasize that low health literacy hinders women's understanding of the importance of regular check-ups during pregnancy, perpetuating cycles of poor maternal and child health outcomes (Udenigwe et al., 2022). Such misconceptions are further exacerbated by negative societal attitudes toward certain groups, including migrants (Sabik, 2021). It is imperative that interventions not only raise awareness about maternal health but also actively engage families and communities in fostering supportive environments for women to seek care (Aborigo et al., 2018).

Structural Barriers: Structural impediments reinforce economic and social barriers through inadequate healthcare infrastructure and policies that do not adequately serve vulnerable populations. The intersection of social identity factors such as gender and migration

status can lead to compounded discrimination within the healthcare system (Haghiri-Vijeh & Clark, 2022). This is evident in the insufficient distribution of healthcare facilities near slums, as highlighted by Ayiasi et al. (Ayiasi et al., 2022). Health policies that fail to address the unique needs of marginalized women further perpetuate these inequities, making it imperative to employ intersectional frameworks in health policy deliberations to ensure that care is both accessible and responsive to diverse women's needs (Hankivsky et al., 2019).

Interaction of Barriers: The intersections of these barriers illuminate the necessity for a comprehensive approach in understanding maternal healthcare access disparities. Each dimension—economic, social, and structural—does not operate in isolation but instead reinforces the others, creating a complex web of challenges facing women in urban slums. Leveraging intersectionality as an analytical framework can enhance our understanding of these interconnected barriers, allowing for targeted interventions that promote health equity (Ruiz et al., 2021).

In summary, the multifaceted barriers to maternal healthcare access in urban slums, defined by economic hardship, social stigma, and structural inadequacies, demand a holistic approach that incorporates intersectionality. Policymakers and healthcare providers must critically assess these dimensions and collaborate with community stakeholders to dismantle existing barriers and improve maternal health outcomes.

2. Theoretical Implications

The findings of this study make an important contribution to the development of theory:

- **Social Determinants of Health (SDH):** This study expands the understanding of SDH in the context of urban slums in a developing country megacity, emphasizing how social, economic, and environmental factors interact to influence maternal health.
- **Intersectionality Theory:** This research supports the application of Intersectionality Theory in maternal health studies, as barriers to access often arise from a combination of gender, migration status, and social class factors, creating unique experiences of marginalization for women in urban slums.

Thus, this study strengthens the multidimensional theoretical approach to understanding health inequalities in complex urban contexts.

3. Practical Implications

Based on the synthesis of findings, several practical recommendations can be proposed:

1. **Transportation subsidies and service charges** for women in slum areas, to reduce direct economic barriers to access to health services.
2. **Community-based services:** Strengthening integrated health posts (posyandu), mobile clinics, or local health cadres to increase women's coverage and participation in antenatal services.
3. **Digital health interventions:** Develop inclusive mobile or telemedicine applications, taking into account accessibility and digital literacy, to reduce the information gap.
4. **Inclusive policies:** Reform health facility regulations and planning to take into account the needs of migrant populations and poor women in urban slums.

The implementation of these steps is expected to improve equality of access and contribute to the achievement of SDG 3 related to maternal health.

4. Comparison with Previous Studies

The findings of the current study corroborate the conclusions drawn in the WHO and UN-Habitat reports regarding the barriers to health services faced by urban slum populations. Reports indicate that access to healthcare is significantly hampered by a confluence of economic, social, and structural barriers, which resonate with the established understanding of health inequities in urban areas (Grant et al., 2022). The WHO and UN-Habitat emphasize the need for equitable health systems that consider the complex interactions among these barriers in urban settings (Grant et al., 2022).

This integrative perspective is crucial, as previous studies tended to isolate specific dimensions—often focusing solely on economic or social factors—while neglecting the interplay between these dimensions and their cumulative influence on health outcomes (Mackenbach et al., 2018; Thomas, 2022; Tsakos et al., 2023). For example, Bambra et al. highlight that health disparities during pandemics, such as COVID-19, have correlated with existing social inequalities affecting the most disadvantaged communities. This syndemic interaction indicates that addressing only economic barriers, without considering social context, is insufficient to fully understand or effectively mitigate health disparities (Bambra et al., 2020).

Furthermore, the significance of comprehensive approaches is reinforced by findings from Severino et al., which indicate that without considering a multidimensional framework—incorporating variables like socioeconomic status and access to resources—effective health intervention measures remain elusive (Severino et al., 2022). The evidence presented in studies suggests that structural determinants play a key role in determining access to health services (Neff et al., 2020). Therefore, this study's holistic mapping of the interrelationships among economic, social, and structural barriers provides valuable insight into formulating integrated strategies for addressing health inequalities within urban slum contexts.

5. Limitations

Penelitian ini memiliki beberapa keterbatasan. Pertama, akses terhadap data gray literature terbatas, sehingga beberapa laporan program lokal yang relevan mungkin tidak termasuk dalam analisis. Kedua, terdapat bias bahasa karena hanya artikel berbahasa Inggris yang disertakan, sehingga literatur lokal dalam bahasa lain yang mungkin relevan tidak dianalisis. Ketiga, terdapat variasi kualitas studi, di mana perbedaan metodologi dan ukuran sampel dalam studi yang dianalisis dapat memengaruhi generalizability temuan. Meskipun demikian, systematic literature review ini tetap memberikan sintesis yang sistematis dan dapat dijadikan dasar untuk penelitian lebih lanjut maupun pengembangan kebijakan.

6. Future Research Directions

Arah penelitian selanjutnya dapat diarahkan pada beberapa aspek. Pertama, studi kuantitatif diperlukan untuk mengukur kontribusi relatif setiap dimensi hambatan terhadap akses pelayanan kesehatan ibu, sehingga intervensi dapat diprioritaskan secara efektif. Kedua, evaluasi intervensi berbasis teknologi di kawasan kumuh perkotaan, termasuk aplikasi mobile dan telemedicine, penting dilakukan untuk menilai efektivitasnya dalam meningkatkan akses dan kesetaraan layanan. Ketiga, penelitian komparatif antar kota dapat dilakukan untuk memahami perbedaan hambatan di berbagai megacity di negara berkembang, serta pengaruh konteks lokal terhadap strategi intervensi. Keempat, integrasi perspektif gender dan migrasi dalam desain kebijakan dan evaluasi program kesehatan perlu diperkuat guna mengurangi dampak ketidakadilan interseksional pada kelompok yang paling rentan.

Dengan demikian, arah penelitian selanjutnya dapat memperkuat bukti empiris dan menyediakan dasar bagi kebijakan yang lebih terarah dan efektif.

5. CONCLUSION

This research demonstrates that access to maternal healthcare in urban slums is hampered by a complex interplay of multidimensional barriers encompassing social, economic, and structural aspects. Social barriers include restrictive gender norms, stigma against certain groups such as pregnant adolescents and migrants, and low health literacy, which collectively prevent women from seeking timely care. Pervasive economic barriers stem from poverty, high transportation costs, and the lack of health insurance, forcing families to bear the direct costs that often lead to delays or forgoing care. Structural barriers are reflected in limited healthcare infrastructure, poor transportation networks in slum areas, and health policies that are not inclusive of the needs of vulnerable urban populations. It is important to note that these barriers are not isolated but interact and reinforce each other, creating multiple disadvantages for women in slums.

This study's contribution lies in providing a comprehensive synthesis of the literature on social, economic, and structural barriers to accessing maternal health services in slums in developing country megacities, offering a more holistic perspective than previous studies that have typically focused on a single dimension or location. By focusing on the context of urban slums, this study fills a significant gap in the maternal health literature and enriches academic understanding of health disparities in rapidly urbanizing areas. Theoretically, this study integrates the Social Determinants of Health (SDH) and Intersectionality Theory frameworks, strengthening understanding of how multiple factors interact to create health disparities. Practically, these findings provide an empirical basis for policy development targeting urban health system reform, strengthening community-based services, and leveraging digital health technologies to promote more equitable access.

However, this study has limitations, including limited access to grey literature that may exclude reports of relevant local programs, language bias due to only including English-language articles, and variations in methodological quality and sample size among the analyzed studies that may affect the generalizability of the findings. Based on the study's findings, inclusive policy reforms are recommended, particularly those that accommodate the needs of poor women and migrant populations in slum areas, strengthening community-based interventions such as integrated health posts (Posyandu) and mobile clinics, and empowering local health cadres to increase antenatal care coverage. Furthermore, the development of inclusive health technology interventions, such as mobile applications and telemedicine that address digital literacy and access disparities, is necessary to reduce information barriers. Financial support in the form of transportation subsidies and service fees is also needed to alleviate pressing economic barriers.

6. REFERENCES

- Aborigo, R., Reidpath, D., Oduro, A., & Allotey, P. (2018). Male involvement in maternal health: perspectives of opinion leaders. *BMC Pregnancy and Childbirth*, 18(1). <https://doi.org/10.1186/s12884-017-1641-9>
- Ayiasi, R., Mangwi, A., Young, R., Orach, C., & Morgan, R. (2022). Ethnicity, gender, and migration status: applying intersectionality methodology to explore barriers to equitable health systems for maternal and newborn health among immigrant populations in masindi, uganda. *Medicine*, 101(30), e29698. <https://doi.org/10.1097/md.00000000000029698>
- Bambra, C., Riordan, R., Ford, J., & Matthews, F. (2020). The covid-19 pandemic and health inequalities. *Journal of Epidemiology & Community Health*, 74(11), 964-968. <https://doi.org/10.1136/jech-2020-214401>
- Grant, M., Siri, J., Gatzweiler, F., Dora, C., Aerts, J., Nandudu, S., ... & Sá, T. (2022). Supporting a healthy planet, healthy people and health equity through urban and territorial

- planning. *Planning Practice and Research*, 37(1), 111-130. <https://doi.org/10.1080/02697459.2021.2000144>
- Haghiri-Vijeh, R. and Clark, N. (2022). "if you can just break the stigma around it": lgbtqi+ migrants' experiences of stigma and mental health. *Qualitative Health Research*, 32(11), 1595-1606. <https://doi.org/10.1177/10497323221111363>
- Hankivsky, O., Grace, D., Hunting, G., Giesbrecht, M., Fridkin, A., Rudrum, S., ... & Clark, N. (2019). An intersectionality-based policy analysis framework: critical reflections on a methodology for advancing equity., 133-166. https://doi.org/10.1007/978-3-319-98473-5_6
- Hwang, W. and Park, Y. (2019). Factors influencing the accessibility of maternal health service in cambodia. *International Journal of Environmental Research and Public Health*, 16(16), 2909. <https://doi.org/10.3390/ijerph16162909>
- Mackenbach, J., Valverde, J., Artnik, B., Bopp, M., Brønnum-Hansen, H., Deboosere, P., ... & Nusselder, W. (2018). Trends in health inequalities in 27 european countries. *Proceedings of the National Academy of Sciences*, 115(25), 6440-6445. <https://doi.org/10.1073/pnas.1800028115>
- Neff, J., Holmes, S., Knight, K., Strong, S., Thompson-Lastad, A., McGuinness, C., ... & Nelson, N. (2020). Structural competency: curriculum for medical students, residents, and interprofessional teams on the structural factors that produce health disparities. *Mededportal*. https://doi.org/10.15766/mep_2374-8265.10888
- Ogundele, O., Pavlova, M., & Groot, W. (2020). Patterns of access to reproductive health services in ghana and nigeria: results of a cluster analysis.. <https://doi.org/10.21203/rs.2.17114/v3>
- Ruiz, A., Luebke, J., Klein, K., Moore, K., Gonzalez, M., Dressel, A., ... & Mkandawire-Valhmu, L. (2021). An integrative literature review and critical reflection of intersectionality theory. *Nursing Inquiry*, 28(4). <https://doi.org/10.1111/nin.12414>
- Sabik, N. (2021). The intersectionality toolbox: a resource for teaching and applying an intersectional lens in public health. *Frontiers in Public Health*, 9. <https://doi.org/10.3389/fpubh.2021.772301>
- Severino, R., Espinoza, M., & Cabieses, B. (2022). Health-related quality of life by household income in chile: a concentration index decomposition analysis. *International Journal for Equity in Health*, 21(1). <https://doi.org/10.1186/s12939-022-01770-w>
- Thomas, D. (2022). Impact of covid 19 outbreak on urban cities in india. *International Journal of Social Science and Human Research*, 05(01). <https://doi.org/10.47191/ijsshr/v5-i1-44>
- Tsakos, G., Watt, R., & Guarnizo-Herreño, C. (2023). Reflections on oral health inequalities: theories, pathways and next steps for research priorities. *Community Dentistry and Oral Epidemiology*, 51(1), 17-27. <https://doi.org/10.1111/cdoe.12830>
- Udenigwe, O., Okonofua, F., Ntoimo, L., & Yaya, S. (2022). Enablers and barriers to the acceptability of mhealth for maternal healthcare in rural edo, nigeria. *Dialogues in Health*, 1, 100067. <https://doi.org/10.1016/j.dialog.2022.100067>
- UN-Habitat. (2020). *World Cities Report 2020: The value of sustainable urbanization*. United Nations Human Settlements Programme. <https://unhabitat.org/wcr/>
- World Health Organization (WHO). (2019). Trends in maternal mortality: 2000 to 2017 – Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. WHO. <https://www.who.int/publications/i/item/9789241516488>
- Wuneh, A., Mulugeta, A., Okwaraji, Y., Persson, L., & Medhanyie, A. (2022). Wealth and education inequities in maternal and child health services utilization in rural ethiopia. *International Journal of Environmental Research and Public Health*, 19(9), 5421. <https://doi.org/10.3390/ijerph19095421>