



Reproductive Health Care among Women in Slum Areas: A Study of Kalaburagi City

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Abstract: Many of the health problems in urban slums stem from the lack of access to or demand for basic amenities. Basic service provisions are either absent or inadequate in slums. Lack of safe drinking water, clean, sanitary environment and adequate housing and garbage disposal pose series of threats to the health of slum dwellers, women and children in particular, as they spend most of their time in and around the unhygienic environment. The living conditions of slum are vulnerable as due to unhygienic conditions at slum areas, they are suffering from different health problems. The slum areas don't have adequate health care and education facilities to look after health care of slum people. Many of the studies have already been made on the people living in slum areas. But only a few of such studies were focused on status of women in slum areas. None of such studies were given much significance to slum women's health status. Hence, the present study proved its significance in exploring the health status.

Key Words: Women, Reproductive, Health, Slum

Introduction

The slum people are always cursed with social evils such as illiteracy, ignorance, negligence, lack of sanitation, impure drinking water, poor facilities for toilets, poor health facilities, etc. The slum people are also poor and generally addicted to different unhealthy habits such as alcoholism, smoking, gambling, etc. Due to all these factors, the status of women in slums is very low. Many of the health problems in urban slums stem from the lack of access to or demand for basic amenities. Basic service provisions are either absent or inadequate in slums. Lack of safe drinking water, clean, sanitary environment and adequate housing and garbage disposal pose series of threats to the health of slum dwellers, women and children in particular, as they spend most of their time in and around the unhygienic environment (Pande, 2005). This is why the slums are described in urban sociological circles as places of social and physical deterioration and decay as well as fertile breeding ground of social evils.

The fundamental necessities of life such as health of women are neglected and suffer a severe setback in slum areas. Further, due to poor infrastructure and sanitation the women in slums are prone to diseases and ill health. There are many diseases and health ailments such as Malaria, Dengue, Chicken Gunya, Typhoid, Tuberculosis, Asthma, etc, which are common for the people living in slum areas. Women have

double health burdens that are in addition to these diseases, which are caused due to poor environment, malnutrition, poor sanitation, etc, there are also many health problems which are exclusive to women relating to reproductive health and STD.

As stated by Pachauri (1994), the health conditions of women in India are very poor with severe under nourishment underweight, high levels of anemia and iodine deficiency among them, in addition to chronic communicable diseases such as tuberculosis, respiratory diseases, rheumatism, congestion, conjunctivitis and amebiasis. To an extent, all these conditions can be attributed to the poor nutrition intake by women and the lack of appropriate public health and sanitation facilities. Health policy in India, like all public policy, has always been the product of complex political processes. In the area of women's health, the situation is further complicated by the fact that policy processes have to straddle a treacherous fault line between target-driven population-control goals on the one hand, and issues of individual reproductive rights and general well-being on the other. Hence, the present study is made to explore the health status of women in slum areas.

Aims and Objectives:

The present study is made:

1. To study the health care aspects with special reference to reproductive health care among women in slum areas;

Sources of Data:

The present study is mainly based on secondary sources collected from published in books, research journals, journal articles, news papers, magazines, web based sources, etc. and primary data collected from the women living in slum areas of Gulbarga district. Hence, the interviews made with these slum women are the primary sources for the present study.

Review of Literature:

Makade, et al (2012) conducted a study to assess 1) awareness, practices, preferred method of contraception, emergency contraceptive and Medical Termination of Pregnancy (MTP). 2) Awareness of family planning services in the vicinity. 3) Decision making regarding contraceptive use. The study is a community based cross sectional observational study. The study was conducted among married women in reproductive age group living in slum are of Mumbai. 342 married women were interviewed in the local language using a pre-tested questionnaire. Data was analyzed using SPSS version 17. The results revealed that, 87.7% of women were aware of at least one method of contraception. 68.4% women were using a contraceptive at the time of study. 14% women were unaware of any health care facility providing contraceptives in the vicinity. Knowledge and practice of Emergency Contraceptive was very low. It is concluded that, although there is high level of awareness, contraceptive use is not very high. New methods of motivating people to adopt and sustain Family Planning methods should be considered.

According to Bhuvna Puwar, et al (2009), India is one of the most populous countries of the world. Various efforts to control population growth in India are yet to reach the goal of stabilization of the population. Fertility indicators are the measures to know the direction of the population growth. Present cross sectional study was conducted to study the fertility indicators of a slum area of Ahmedabad city located in

the western India. The study was conducted amongst 293 Married Women of Reproductive Age of a slum area, in the West Zone of Ahmedabad city, India. The proportion of married women in 20-24 years was 21.8% reflecting the age at marriage. The mean numbers of conception and live births were 2.93+ 2.05 and 2.52 + 1.81. The proportion of pregnancy loss was 13.97% out of which MTP accounted for 52.5%. Fertility Indicators of the study area: Crude Birth Rate-32.86 per 1000 population, General Fertility Rate- 111.7 per woman, Total Fertility Rate- 3.4 per woman and Gross Reproductive Rate-1.66. It can be concluded from the study that fertility control measures need urgent attention in the urban slum areas.

Jogdand, et al (2013) remarked that, every pregnant woman hopes pregnancy to be a smooth process and expect to give birth safely as pregnancy and child birth is considered a normal physiological process. But, this is not happening at least in developing countries including India. In the year 2010, global maternal deaths per 100,000 live births i.e. maternal mortality ratio (MMR) were estimated to be 210. A study is made to determine perception of maternal mortality among women in an urban slum area of South India. A descriptive cross-sectional study was carried out in an urban slum area of south India among 378 women above 20 yrs of age. Using semi-structured questionnaire answers to questions on perception of maternal mortality in the community were elicited from the study participants. The data was analyzed using the SPSS program 14. The results revealed that, the majorities (35.98%) of the study subjects were in the age group 31-40 years followed by 28.31% study subjects in the age group of 21-30. 34.14 % study subjects were educated up to intermediate and 22.22 % were educated up to secondary level. 95.50 % of the study subjects aware that death can occur from pregnancy-related problems. 73.81% subjects stated that excessive vaginal bleeding was a possible cause of death followed by high BP as possible cause of death in 21.96% study subjects. It is concluded that, in order to reduce the high rate of maternal mortality, health education programs on prevention of maternal deaths and morbidities directed towards at risk women need to be improved. As most of the decisions in families were taken by the men, their participation is also very important.

Table-1
Place of Delivery

Particulars	Frequency	%
Home	--	--
Govt. Hospital	54	54.0
Private Hospital	46	46.0
Total	100	100

The place of child birth as stated by the respondents living in Gulbarga city disclosed that, 54 (54.0%) were gave birth to children at Government hospitals, 46 (46.0%) were gave birth to children at private hospitals.

Table-2
Frequency of Visit to Health Care Centres during
Pre-natal and Post-natal Period

Particulars	Frequency	%
Weekly	--	--
Monthly	56	56.0
Once in Two Months	25	25.0
Occasionally or Whenever there are problems	19	19.0
Total	100	100

On the frequency of visit to health care centres during pre-natal and post-natal period, as stated by the slum women living in Gulbarga city, 56 (56.0%) were visited monthly, 25 (25.0%) were visited to health centres once in two months, 19 (19.0%) were visited occasionally or whenever there are health problems

Table-3
Take Precautions and Care of Health

Particulars	Frequency	%
Always	25	25.0
Sometimes	61	61.0
Never	14	14.0
Total	100	100

Among the slum women living in Gulbarga city, only 25 (25.0%) are always taking precautions against ill health, 61 (61.0%) are sometimes taking precautions and caring their health and 14 (14.0%) are never taking care about their health.

Table-4
Health Problems during Pregnancy

Particulars	Frequency	%
Diabetes	12	12.0
Blood Pressure	16	16.0
Urinary Bladder Problems	04	4.0
Anemic	16	16.0
Infections	24	24.0
Any Other	15	15.0
None	20	20.0
Total	100	100

It is observed from the above table that a few of the respondents have more than one type of health problem during their pregnancy. Particularly, among the women living in slum areas of Gulbarga city, 12 (12.0%) were faced diabetes, 16 (16.0%) were faced blood pressure, 04 (4.0%) were faced urinary bladder problems, 16 (16.0%) were faced anemic health problems, 24 (24.0%) were faced infections, 15 (15.0%) were faced other health problems and 20 (20.0%) were not faced any problems

Table-5
Sources of Information on Child's Health and Nutrition

Particulars	Frequency	%
Advertisements	10	10.0
Anganawadi	14	14.0
Family Members and Relatives	46	46.0
Government Agencies	04	4.0
Mass Media	24	24.0
Total	100	100

It is noted from the above table that, few of the respondents have given more than one type of information source for getting information for child's health and nutrition. Particularly, as stated by the women living in slum areas of Gulbarga city, 10 (10.0%) are getting information from Advertisements, 14 (14.0%) are getting information from Anganawadis, 46 (46.0%) are getting information from family members and relatives, 04 (4.0%) are getting information from Government agencies, 24 (24.0%) are getting knowledge from mass media

Table-6
Enough Good Food during Pregnancy

Particulars	Frequency	%
Not Enough	20	20.0
Somewhat	32	31.0
Yes-Enough	48	47.0
Total	100	100

Above table shows that, among the respondents living in slum areas of Gulbarga city, 20 (20.0%) have not taken enough food during pregnancy, 32 (32.0%) somewhat taken nutritious food during pregnancy, 48 (48.0%) of the respondents have taken enough nutritious food during pregnancy.

Conclusion

Many times, as stated by slum women, they are not taking precautions against ill health. Hence, they are going for health check-ups rarely. The slum women have maintained ideal gap between two child births. There are different health problems faced by respondents during their pregnancy. Even a few of the respondents gave birth to pre-mature babies. Though majority of the respondents were taken treatment for the illness during pregnancy, still few of slum women were not taken any treatment during pregnancy. Lack of medical facilities, delayed treatment, lack of medical staff and lack of medical staff are few of the problems faced by few of the women living in slum areas during their pregnancy. Majority of the respondents were gave birth to child in public or government hospitals and few of the respondents were gave birth to child in private hospitals. Majority of the deliveries include caesarian. During their pregnancy, the women living in slum areas were taken different types of food that include normal food, fruits, vegetables, etc. Family members, neighbours, mass media and Anganawadis are playing important role in increasing awareness on reproductive health of slum women during pregnancy.

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