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REPRODUCTIVE HEALTH OF WOMEN IN SLUM AREAS OF KALABURAGI CITY

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ABSTRACT

Women are biologically weak and especially their reproductive health is sensitive. Women must take much health care during pre-natal and post-natal stage and without which, there may be maternal mortality or infant mortality. Slum areas in urban areas are fully backward in terms of basic and health infrastructure. Hence, there are inadequate health care facilities and women are deprived from health care during pre-natal and post-natal stage. Hence, the present study is made to study the reproductive health issues of women living in selected slum areas of Kalaburagi city. The paper described the reproductive health issues of slum women in Kalaburagi city.

KEYWORDS: *biologically weak , maternal mortality , health issues.*

INTRODUCTION

The Universal Declaration of Human Rights (Article 25) states that, "Everyone has the right to a standard of living adequate for the health and well-being of him/herself and his/her family, including food, clothing, housing and medical care and necessary social service. Everyone has the right to education and health" (What is Foreign Aid, 2010).

For women, the phenomena of urbanization and the growth of city slums have unique causes and unique consequences. Yet, these issues have been largely unaddressed by academics and advocates alike, and there is limited data on women and urbanisation. The trends show an increasing number of female migrants migrating on their own, as an increasing number of women are now the principal wage earners for themselves and their families. Women move to urban areas for a number of different reasons, ranging from seeking income opportunities, to fleeing conflict, environmental degradation, or family problems (especially those resulting from discrimination), to coping with health related problems like HIV/AIDS and other factors that too often leave women isolated and financially destitute. Women are often convinced that cities have better opportunities to offer than what they can achieve in their own home villages or towns. They are hopeful that even with a little capital – or none at all – their prospects of making ends meet are still better in the big cities. Women thus join the population of migrants who find their way into urban slum areas each year.

Slum areas are known as backward areas in a city. The Government of India declared slum areas are the areas: (www.pon.nic.in/rti/slumcle/file2.pdf)

(1) Where the administrator is satisfied that-

(a) any area is or may be a source of danger to the health, safety or convenience of the public of that area or its neighborhood, by reason of the area being low-lying, insanitary, squalid, over crowded or otherwise, or

(b) the building in any area, used or intended to be used for human habitation are-

i) any respect, unfit for human habitation, or
ii) by reason of dilapidation, over-crowding, faulty arrangement and design of such buildings, narrowness or faulty arrangement of streets lack or ventilation, light or sanitation facilities, or any combination of these factors detrimental to safety, health or molars, he may by notification, declare such area to be a slum area.

(2) In determining whether a building is unfit for human habitation for the purposes of this Act, regard shall be had to its condition in respect of the following matters, that is to say-
a) repair;
b) stability;
c) freedom from damp;
d) natural light and air:
e) water supply;
f) drainage and sanitary conveniences;
g) facilities for storage preparation and cooking of food and for the disposal of waste water; and the building shall be deemed to be unfit as aforesaid if and only if it is so far defective in one or more of the said matters that it is not reasonably suitable for occupation in that condition.

Women play a major role in determining the health of the community since women are often health caregivers and recipients at the same time. Therefore, women's health must place a higher priority on understanding a woman's health care needs (Hills and Mullett, 2005). The health of the population is influenced by the demographic characteristics and socioeconomic status of that community, types of health care services available, quality and types of health care providers, medical technology, and health knowledge available (Abbasi, 1999; Kaplan et al.,2005). Women's health care services are an imperative global health need. However, providing comprehensive women's health services across women's life spans challenges health systems in both developed and developing countries (Raymond *et al.,* 2005). The World Health Organization (WHO, 2006) has determined women's empowerment to be related to quality of life and human rights. One objective of the WHO and World Bank (WHO, 2007) is to improve women's contributions to the local economy by ensuring adequate health care services.

Slum life has never been easy for the urban poor insofar as housing and living conditions are concerned. For women, the problems are especially acute. In slums across the world, there is a noticeable lack of basic infrastructure, services, and basic shelter. Moreover, with the growing influx of slum dwellers to the informal and unplanned settlements they find themselves in, governments around the world are using increasingly callous methods to 'beautify' cities, erase the urban poor from sight, and clear urban lands (which are skyrocketing in value) for 'development'. Women living in slums are often susceptible to forced evictions by governments and other actors, and too often face gender-based violence before, during, and after eviction.

Slums have often been conceptualized as social clusters that engender a distinct set of health problems (Khan, 2008). The poor environmental condition coupled with high population density makes them a major reservoir for a wide spectrum of adverse health conditions such as undernutrition, delivery-related complications, postpartum morbidity, etc (Aggarwal, et al 2007). In India, there have been limited efforts to study the health of individuals especially women living in slums. Of the few studies that exist, most have reported considerable differences in the situation of reproductive and child health in between slum and non-slum areas. For instance, it has been reported that 74% of women in non-slum areas receive three or more ANC check-ups compared to only 55% of the women in slums. Similarly, while 78% of women living in non-slum areas report institutional delivery, the figure is only 65% for slum areas (Kapadia and Kanitkar, 2002). These disparities are probably the outcome of factors such as employment patterns, literacy levels, availability of health services, traditional customs, gender status, etc., which influence the use of reproductive health services.

Tripathy (2003) found that slum women do heavy manual work even till the day of delivery. Women were delivered by neighboring women or relatives or by traditional midwives. During the first delivery most women stayed at home up to one year before returning to work. From the next, delivery on words they stayed for a period ranging from one month to three months. But the women workers do not know that if pregnant women carry heavy loads run a high risk of abortion. So, it is very important for the slum women who are working to have knowledge about the reproductive health.

Thus, human rights of women living in slum areas in terms of education and health should be protected. For this purpose, there is need for health living habits for women, especially during pregnancy and child birth. Hence, the present study is made to study reproductive health issues of slum women in Kalaburagi city.

OBJECTIVES OF THE STUDY:

The present study is made:

1. To study the reproductive health of women in slum areas.
2. To look into the problems faced by slum women during pre-natal and post-natal care.
3. To know whether women have gained benefits from health welfare schemes of the Government.

METHODOLOGY AND LIMITATIONS:

The study was began with secondary literature search and the health problems of women living in slum areas are studied. The study is mainly based on primary data collected from slum women. For this purpose, a sample survey of 320 women living in selected 20 slum areas of Kalaburagi city and interview schedule was used to collect the primary data. Kalaburagi city is in Karnataka state. The collected primary data is analyzed and discussed as under:

ANALYSIS AND DISCUSSION:

Age constitute major factor and it has higher impact on health and well being of women in slum areas. The health problems of women have always influenced by age. Hence, the collected primary data on age of women living in slum areas is analyzed, interpreted and discussed as under.

Table No. 1. Age of the Respondents

Particulars	Frequency	Percentage
Less than 25 Years	72	14.4
26 to 35 Years	112	22.4
36 to 45 Years	134	26.8
46 to 55 Years	104	20.8
More than 55 Years	78	15.6
Total	500	100

The age of the women living in slum areas revealed that, 134 (26.8%) are in the age group of 36 to 45 years followed by 112 (22.4%) are in the age group of 26 to 35 years, 104 (20.8%) are between 46 to 55 years, 78 (15.6%) are of more than 55 years and the remaining 72 (14.4%) are of less than 25 years. To cover the health problems of women of different ages, the respondents were selected from all the age groups.

Few of the slum dwellers have health problems due to heredity or due to poor environmental conditions. Further, few of these dwellers also suffer from poor hygiene and malnutrition. In case of women, many suffer from reproductive health problems. For different purposes, women visit the health centres regularly. The frequency of visit of women to health centres is shown in the following table.

Table No. 2. Frequency of Visit to Health Centres

Particulars	Frequency	Percentage
Weekly	23	4.6
Monthly	58	11.6
Occasionally, as & when Ill Health	254	50.8
Regular Visit during Pregnancy	165	33.0
Never Visit	--	--
Total	500	100

The frequency of visit to health centres by women in slum areas revealed that, 23 (4.6%) of the respondents are visiting to health centres and hospitals weekly, 58 (11.6%) are visiting to health centres monthly, 254 (50.8%) of the respondents are visiting to health centres occasionally or as and when there are health problems and 165 (33.0%) of the respondents are visiting to health centres regularly during their pregnancy and child birth.

Biologically, women are weaker gender. As such, many of women are facing health problems during different stages in their lives such as menstruation, pregnancy, child birth, that is pre-natal and post-natal stage, menopause, ageing, etc apart from general health problems. Of course, the women surveyed under the present study are at different stages at their respective age. Still, it was asked to the respondents that whether they are facing any of problems associated with different stages in their lives and collected primary data is depicted in the following table.

Table No. 3. Problems of Reproductive Health Stages

Particulars	Frequency	Percentage
Menstrual Health	30	6.0
Menopause	91	18.2
Pregnancy/ Child birth	117	23.4
Ageing/ Geriatrics	53	10.6
None	209	41.8
Total	500	100

On the different health problems faced by slum women at different stages of their lives, 30 (6.0%) are facing menstrual health problems, 91 (18.2%) are facing health problems related to menopause, 117 (23.4%) are facing health problems related to pregnancy and child birth, 53 (10.6%) are facing ageing or geriatrics problems and only 209 (41.8%) of all the respondents are not facing any of such health problems related to their reproductive health.

During menstruation period, many of women face few of the problems such as back pain, colic (stomach pain), vomiting, etc and such menstruation is not normal. Few of the women also face irregular menstruation. In this regard, it was asked to the respondents that whether they are facing any of the problems associated with their menstruation and collected responses are tabulated as under.

Table No. 4. Problems of Menstruation

Particulars	Frequency	Percentage
Regular, Healthy Menstruation	156	31.2
Regular, But Painful Menstruation	88	17.6
Irregular Menstrual Periods	27	5.4
Not Applicable/ None	229	45.8
Total	500	100

The health problems associated with menstruation of slum women revealed that, only 156 (31.2%) of the respondents have regular and healthy menstruation, 88 (17.6%) have regular, but painful menstruation, 27 (5.4%) have irregular menstruation and it is not applicable to 229 (45.8%) of the respondents as they have reached menopause.

Women also face many of the health problems during pregnancy, especially during pre-natal stage. As a result, there will be abortions. During pregnancy, it is essential to follow the instructions of doctors, take multi-vitamins, folic acid, calcium tablets, injections for the development of infant, etc. It was asked to the respondents, during their pregnancy whether they have followed the instructions of the doctors and the collected information is shown as under.

Table No. 5. Followed Health Prescriptions of Doctors during Pre-Natal Care

Particulars	Frequency	Percentage
Consumption of Nutritious Food & Adequate Rest	142	28.4
Regular Medical Check-up	264	52.8
Got Medicines & Tonics	181	36.2
Not Taken Proper Care	95	19.0
Not Applicable	44	8.8
Total	500	100

Note: Above Table shows that, many of the respondents have given more than one type of health prescriptions suggested by doctors during pre-natal care, but the number of respondents' remains the same and hence, total is not considered.

It is emphasized that, many of the respondents have taken more than one type of health prescriptions suggested by doctors during their pre-natal care. Specifically, 142 (28.4%) of the respondents consumed nutritious food and taken adequate rest during pre-natal stage, 264 (52.8%) have undergone regular medical check-ups during pre-natal stage, 181 (36.2%) have taken medicines and tonics during pre-natal stage, 95 (19.0%) of the respondents have not taken proper care and it is not applicable to 44 (8.8%) of the respondents as they were not pregnant and not having children.

During pregnancy, women have to go for regular medical tests and check-ups. In this regard, information was collected from the respondents on the frequency of medical check-ups during their pregnancy and presented in the following table.

Table No. 6. Frequency of Medical Check-up during Pregnancy

Particulars	Frequency	Percentage
Twice in a Month	63	12.6
Once in a Month	88	17.6
Once in Two Months	74	14.8
Once in Three Months	26	5.2
Whenever there are Health Problems	164	32.8
Never	58	11.6
Not Applicable	27	5.4
Total	500	100

The frequency of medical check-ups during the pregnancy, as stated by all the respondents revealed that, 63 (12.6%) were undergone for medical check-up twice in a month, 88 (17.6%) were undergone for

medical check-up once in a month, 74 (14.8%) of the respondents were undergone for medical check-up once in two months, 26 (5.2%) were undergone for medical checkup once in three months, 164 (32.8%) were undergone for medical check-up whenever there are medical and health problems, 58 (11.6%) were not undergone any medical check-ups during their pregnancy and it is not applicable to 27 (5.4%) of the respondents as they were not pregnant and not delivered.

Many of the welfare schemes have been initiated by the Government so as to assure healthy pregnancy and child birth to mothers. Further, few of the schemes are also formulated to vaccinate the infants and children. It was asked to the respondents that whether they have gained from these schemes from the Government and collected information is tabulated as under.

Table No. 7. Gained Benefits from Reproductive Health Schemes of the Government

Particulars	Frequency	Percentage
Universal Immunization for Infants/ Children	132	26.4
Janani Suraksha, Madilu, PrasootiAraike, etc.	197	39.4
Family Planning Initiatives	115	23.0
Any Other	69	13.8
None	211	42.2
Total	500	100

Note: Above Table shows that, many of the respondents have gained more than one or two types welfare schemes from health centres, but the number of respondents' remains the same and hence, total is not considered.

It is clear from the above table, many of the slum women have gained from more than one or even two welfare scheme during their pregnancy and about 211 of the respondents have not gained benefits from any of the welfare schemes. Particularly, as expressed by all the women living in slum areas, 132 (26.4%) have gained benefits from Universal Immunization Programmes for their infants and children, 197 (39.4%) of the slum women have gained benefits of different schemes such as Janani Suraksha, Madilu, PrasootiAraike, etc, 115 (23.0%) have gained benefits from family planning initiatives, 69 (13.8%) have gained benefits from such other schemes and only 211 (42.2%) of the slum women have not gained any of such benefits from the Government schemes and few of these respondents have not visited to health centres during their pregnancies or even few of them are not pregnant so far.

SUGGESTIONS AND CONCLUSION:

It is concluded from the above discussion that, the slum areas are without basic infrastructure such as polluted drinking water, poor sanitation, lack of toilets, open defecation, inadequate transportation, etc. In this way, health of slum women is neglected. There are frequent health problems such as Malaria, Dengue, Diarrhea, Flu, etc. Due to illiteracy and low-education, there is also negligence during pre-natal and post-natal care and due to such health barriers, there are also increase in maternal mortality and infant mortality. Hence, it is suggested to improve and develop health infrastructure in slum areas. Further, health care of slum women in particular and slum people in general is essential. For this purpose, it is suggested to provide proper sanitation, provision of pure drinking water, healthy and nutritious food for women and children, Anganawadis to increase health care consciousness, etc. Hence, there is urgent need for slum women's health care.

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