

Health Affliction and Social Diligence of Slum Women

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Abstracts: Background: Due to rapid urbanization health status of people living in urban slums becomes a topic of priority for public health and urban health planners. Living conditions have a direct impact on public health. One of the biggest challenges that face urban planners worldwide is the proliferation of slums in urban areas and the host of health hazards that they bring along in their wake. This paper presents a health affliction and social diligence of slum women in Anand district. Aims and Objectives: To find out the status of women (in slum areas) in terms of adjustment and support system in their family. To understand the association between background personal profile of the respondents and their health condition. Materials and Methods: It is a descriptive, cross-sectional observation study conducted over a period of six months. 819 slum women within the age group of 16 years to 66 years; were selected using systematic random sampling method from the 8 slum pockets, exists on the national highway no. 8 and adjoining the railway track. Results: Majority of the respondents i.e 89% were migrants from Bihar, Orissa, U.P and M.P. Only 15% women eat together as a family, while 65% eat in last, 10% eat which was left over of children and 5% survive on snacks given at the workplace. 63% have skin problems, 44% have eye problems, 57% have dental problems. 16% have expressed conflict with husband due to alcoholism and 8% due to extra-marital sex of husband. Conclusion: In spite of shouldering multiple responsibilities such as bread-earner, wife, mother, daughter-in-law, daughter, sister; almost all slum women have no/ little stake in the family and they are victimised to extremely poor health care. [Doshi V et al NJIRM 2011; 2(4) : 106-108]

Key Words: Slum women, Social diligence, Health problems, Adjustment and support system

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Introduction: Slums are an urban phenomenon and they represent an imbalance between migration into cities and economic growth within the city itself. The definition of "slum" differs from region to region depending upon the socio-economic conditions of society. The basic characteristics of slums are - dilapidated and infirm housing structures, poor ventilation, acute over-crowding, faulty alignment of streets, inadequate lighting, paucity of safe drinking water, water logging during rains, absence of toilet facilities and non-availability of basic physical and social services. The living conditions in slums are usually unhygienic and contrary to all norms of planned urban growth and are an important factor in accelerating transmission of various air and water borne diseases.

In our country, each state has its own definition of slum. The National Definition of 'Slum areas' was set by "The Slum Areas Improvement and Clearance act of 1956".¹ The current progression of Urbanization is unprecedented, and it is expected to continue with dramatic effects on environments,

societies, and people's well-being.² Fifty years ago, less than 20% of the world's population lived in cities, but United Nations (2001) population projections now anticipate that by the year 2011, about half the world's populations will be urban and 61% will be by the year 2025. The increasing proportion of urban to rural populations is most striking in Africa and Asia, and it is anticipated that in the next two decades 80% of the increase in urban populations will be in developing countries. In 1975 the world had only five megacities, that is, cities with populations of 10 million or more. By 2015, it is expected there will be 23 megacities, and all but four will be in developing countries.³

The Census of India defines a slum as "a compact area of at least 300 in population or about 60-70 households of poorly built, congested tenements in an unhygienic environment usually with inadequate infrastructure and lacking proper sanitary and drinking water facilities."⁴

Rosy Espagnet redefines health in the context of the urban poor as follows: "The urban poor are at the interface between underdevelopment and industrialization. Moreover their disease pattern reflects the problems of both. From the first, they carry a heavy burden of infectious diseases and malnutrition, while from the second they suffer the typical spectrum of chronic and social diseases." Heterogeneity of the urban population and insecurity relating to regular income, food, shelter, access to health care and other essential services, along with the poverty and difficult physical and social environments, have adverse impact on the health of the urban poor women and on the urban families.⁵

The adolescent girls in the urban areas face the problems of unwanted pregnancy, illegal and unsafe abortion, early marriage, early and frequent child bearing, malnutrition, sexually transmitted diseases, psychological disturbances, drug dependence, violence and accidents.⁶ Housing in slums becomes a major health concern because residents of slums live in overcrowded situations. Two-thirds of households are simple one-room structures, a majority of them with dirt floors and poor ventilation. Such overcrowding can lead to rapid spread of respiratory and skin disease.⁷

Access to drinking water in slums is another major problem. More than two thirds of slum residents lack access to safe drinking water on their premises. The main sources of water are hand pumps, though tap water is available in some homes. The lack of safe drinking water facilitates the spread of water borne diseases. The presence of stored water further promotes the breeding of mosquitoes and diseases such as malaria.⁷

Absence of available latrines is a major health problem as well. It is estimated that over one third of slum households have no access to bathroom facilities, promoting open defecation, which in turn leads to spread of fecal-oral disease and parasitic infestation.⁷ In spite of efforts for urban community development, a great many women, dwelling in slums, are still subjected to physiological and mental perils. The vicious cycle of malnutrition and infections leading to puerperal sepsis, malaria, typhoid, hepatitis, pulmonary tuberculosis,

HIV/AIDS, breast cancer, amoebiasis or cervical cancer, hookworm, threadworm, schistosomiasis, chronic sinus, dizziness, diarrhoea, skin and allergy many more debilitating health condition is rampant amongst poor women of the slums. Want of environment sanitation, clubbed with low per capita income consequences health problems that are often unrecognised by the family, society, professional and civic authorities. Needless to mention, often women themselves are unaware, rather insensitive towards their own health problems.⁵

Material and Methods: An cross sectional observational study was conducted over a period of six months with 819 slum women, on the outskirts of Anand District from 8 different slum pockets located nearby national highway – 8 and adjoining the railway track. The sample was selected through systematic random sampling with the criteria being 20% from each pocket. The data were collected with the help of semi structured questionnaire. In this questionnaire some questions, asked to the slum women, were open ended.

Result: Personal Profile : Majority(56%) of the respondents belonged to the age group of 25-45 years followed by 28% between the age group of 15- 25 years, while 16% belonged to the age group 45- 65 years. From selected 819 slum women, 60% had monthly family income between Rs 2500- 5000 followed by 28% between Rs 1500- 2500, while 12% had income above Rs 5000. 77% respondents were married, followed by 15% unmarried, 6% widow and 2% divorced females. About 46% of women had primary literacy, whereas 42% were illiterate, 10% had secondary school literacy and only 2% were matriculate.

Health related problems : There were 360 (43.96%) respondents having eye problems, 516(63.0%) with skin problems, 467(57.0%) with dental problems and 475(58.0%) having minor ailments. Below tables – 1,2,3&4 depicts that electricity and type of meal are influencing factors for eye problems, type of house and source of water are influencing factors for skin and dental problems whereas type of work and duration of work are influencing factors for minor ailments.

Table – 1 : Eye problems due to various factors

Eye problems	Electricity		Type of meal	
	Lanterns	Overhead lamp	Only cereals	Cereals + milk & Vegetable
Yes	296	64	333	27
No	343	116	404	55
χ^2 value	6.61*		4.50*	

* indicates significance at 5% level.

Table – 2 : Skin problems due to various factors

skin problems	Type of house		Source of water	
	Kaccha	Semi kaccha	Pond / river	Water pump/tank
Yes	14	502	469	47
No	52	251	96	207
χ^2 value	53.79**		312.79**	

** indicates significance at 1% level.

Table – 3 : Dental problems due to source of water

Dental problems	Source of water	
	Pond / river	Water pump/tank
Yes	338	129
No	227	125
χ^2 value	5.84*	

* indicates significance at 5% level. Almost all women were taking tobacco in either form. This may be another cause of dental problems.

Table – 4 : Minor ailments due to various factors

Minor ailments	Type of work		Duration of outside work	
	House wife	Outside work	≤8 hrs	>8 hrs
Yes	188	287	180	107
No	197	147	131	16
χ^2 value	25.06**		33.36**	

** indicates significance at 1% level.

Social problems : About 89% of the respondents have expressed conflict with husband of whom 53% have been subjected to physical abuse almost daily while 16% of respondents had expressed conflict with husband due to alcoholism and 8% due to extra- marital sex of husband. 4% of respondents functioning as family head while, 42% as supportive member and 52% are dependent. 75% of the working women hand over all money to their husbands. Only 15% women eat together with their family, while 65% eat at last, 10% eat food that left over of their children and 5% survive on snacks given at the workplace. Majority of the women had physical symptoms of malnutrition (e.g. Dark circle

underneath the eyes/ sunken eyes, Cracked nails/ cracked heels, Excessive thin arm/ wrist, etc).

Impact of Ecological Disturbance : About 48% respondents were disturbed by railway engine whistle, 44% were exposed to smoke emitted by railway engine, 99% were disturbed by cattle fleece / flies / mosquito and 87% were interrupted by cattle excreta / human faecal matter nearby home / kaccha path.

Conclusion and Recommendation: In spite of shouldering multiple responsibility such as bread-earner, wife, mother, daughter-in-law, daughter, sister, almost all of the slum women have no/ little stake in the family and they are victimised to extremely poor health care. Govt. and NGOs should provide legal education to orient females about laws and rules pertaining to women. Mobile medical facility should provide for free-health check up to get early diagnosis of fatal illness.

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