



REPRODUCTIVE HEALTH OF WOMEN LIVING IN SLUM: A CASE STUDY OF GOPANPALLY SLUM, HYDERABAD

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ABSTRACT This paper trying to present an overview of reproductive health of women living in two different slums of Gopanpally, Hyderabad in terms of multiple indicators of reproductive health like contraception, ANC (antenatal care), and birth practise. The paper will also focus on the how the features of slums are highly responsible for the bad health of the resident and reproductive health of women dwell in the slums. The paper is written on the basis of primary data which has been collected by interviewing the women residents living in the slums. With the help of these parameters, the paper is trying to draw the attention of government and citizens towards these issues which need to be address.

KEYWORDS : slum, contraceptive, delivery, ANC and etc.

INTRODUCTION

Urbanisation and industrialisation bring many changes to the world. It open many doors for the population and countries to collaborate together and make money out of it but at the same time creates the worst situation of those who left everything in their hometown and shifted to cities. Migration and urbanisation is the sole responsible for the creation of slum and today all the countries are struggling the issue of slums which create havoc in present day. Slum might be of different size but the features such as overcrowded, unhygienic surrounding, less housing space, unhealthy environment, lack of sanitation, narrow lanes, lack of medical facilities, illiteracy, child marriage so on and so forth. Due to these features women who are living in these areas are vulnerable and prone to many health issues especially reproductive health issues.

In every slum one can see that women's reproductive health is at worst stake and have less knowledge and understanding about the sensitivity of health problems. Due to economical crises they cannot visit better-developed health infrastructure and specialist. For any health issues, without any consultancy, rely on dispensaries or home remedies suggested by the neighbours or elders of family. The existing literature has enough of evidence which show the struggle of slum women suffering from a range of reproductive health problems.

According to V. M. Sarode, conducted a research on "Maternal Care among Reproductive Women in slums in Greater Mumbai" in which he pointed out that woman doesn't prefer to go for antenatal checkup during gestating. The antenatal care decreases with increase of birth rate of children and mother age increase. It has been observed that metropolitan women prefer renowned hospitals over public hospitals which are missing among slum residents. Women in slums prefer government hospitals or small clinics for their health checkups. Firstly they try to treat their health issues with the help of home remedies but if there is no improvement then they visit public hospitals.

Living in slum where the surroundings are not properly clean, wastage and garbage is thrown outside the houses, narrow lanes, no drinking water facility, illiteracy, no sewage facility all these has an adverse effect on the reproductive health of women. The shame and guilt is the biggest factor which hold women inner conscious to not discuss their reproductive and gynaecological problems with other women, doctor or even family members which resulted not on her mental health but also increase the chances of her morbidity rate. As a result women stop consulting doctor or decrease in the frequency of visiting hospital and women start falling sick on regular basis than men.

In rural and places like slums women get marry at an early age, sometimes they marry before reaching 18 which is illegal and start expecting soon after three or four months and which increase their chances to become mother at an early age. As a result they become fertile number of times which is not good for their reproductive health.

Women in India are aware of family planning and various method of contraception but except sterilization, they don't use any method for birth control. It has been found that majority of the women in slum don't have any knowledge about contraception and don't use any method. Anyways the use of methods such as pills, condom,

Tubectomy, vasectomy, injection or IUD was very rare among the population of slum and non slum residents.

Sterilization is one of the common method has been used by most of the women belong to middle and lower class in India. Family planning can be conducted on both men and women, but large portion of women do the operation whereas only small proportion of men feels it is necessary that they should get operated. This is because of the culture and perspective we Indians follow. There are two important factors behind this kind of mindset, one is Indian society and our elders believe it would be better if women do family planning operation because god has given the more strength to women and she can bear the pain of operation which men cannot and second is the way girls has been raised in the family, the elders teach them to tolerate all the pains which occur in their marriage life. Even most of the women think it is better if they do the operation. Whether it is urban, rural or slum area, women use sterilization method.

Motherhood is a new phase which every woman wants to feel and see. Once women carry child she need to be more cautious and careful about her health. In urban space, we find women prefer to delivery in famous hospital under best doctor. Now a days majority of women choose caesarean over normal delivery because of the pain and risk factor. But in slum areas, where medical facilities are very limited, poverty bound women to either deliver at home in unhygienic place under unprofessional trained dais or at government hospital where the staffs are limited. Most of the women in slum do normal delivery and fight for long hours. In most of the slums women prefer home delivery with the help of TBA (Traditional Birth Attender) because of economical crises and bad treatment from the side of hospital staffs. Women felt the staff and doctors don't treat them with respect and dignity. The families of slum have more trust to dais than the doctors because she lives with them and charges very less as compare to hospitals. Most of the women are sacred of the procedure such as medicines and injection so trust level is very low. They think hospitals are looting and charges more which they cannot afford so they prefer dais. The staffs and the doctor behaviour towards women make her more difficult to bear the pain whereas in case of dais, she treated and consol her in a kind manner which make the process smooth and easy. The government hospitals or the administration should make sure to provide proper training to dais in order to make sure the safety of child and mother after delivery.

We have seen that the utilization of primary health services is very less by slum population as compare to non slum population. The health schemes which state has been introduced from many years are not reaching to poor section of the society. Only one fourth of population from lower class is aware about these programmes but don't have an idea of how to access. Telangana state introduced many programmes such as Aarogyasi scheme and maternal kit (For Pregnant women) but it never reach to the masses living in slums. The unhygienic condition and less access to these resources are one major reason why inhabitant of slums falling sick and more vulnerable towards diseases and illness. There are few NGOs who put efforts to create awareness among the slum dwellers but somewhere they were also failed to reach their targets.

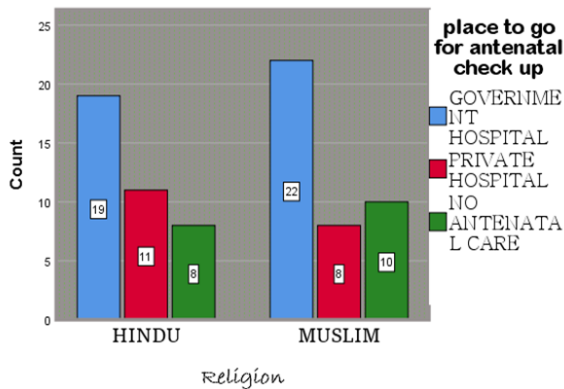
SAMPLE OF THE STUDY

The data have been collected during my field work from two different slums situated in Gopanally, Hyderabad. The Researcher used structured interview schedule containing both open and closed ended questions on various aspects of the health problems which is part of qualitative research methodology. The researcher interviewed 80 women belong to two different religions mainly Hindu and Muslim living in two different slums. The questionnaire contains questions based on antenatal care, child birth practices, contraception which primary focused on various aspect of reproductive health of women. Purposive Random sampling was used from the available population in two slums namely NTR Nagar (Muslim Population) and unnamed slum in front of Journalist colony (Hindu Population) both situated in Gopanally. The data collection was more explorative in nature focusing on the women belongs to two different religion.

This is a comparative study where the researcher is interpreting and analysis the data in tabulation and bar graph format. Irrespective of religion, culture, tradition and background, the data reveal the various aspects of women reproductive health issues. In this case the same questions have been asked by the researcher and come to know that these factors don't overcome the issues which women are facing in terms of their reproductive health.

Figure 1 Place for antenatal service

Figure 1 depicts the different place to visit for antenatal checkup.

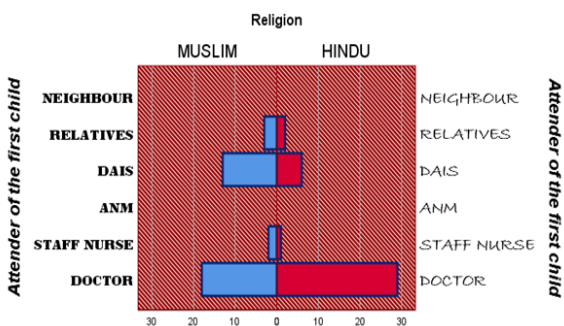


PLACE FOR ANTENATAL SERVICE
SOURCE: PRIMARY SOURCE (2017-2018)

After we represent the data in a bar graph we can see, out of 40 Hindu respondents, 47.5 % respondents choose to go to government hospital, 27.5 % like to go to private hospital, 20 % didn't go for antenatal care and 5 % didn't answer this question. As compare to Hindus, out of 40 Muslim respondents, 55 % respondents decide to go to government hospital, 20 % respondent prefer to go to Private hospitals and rest 25 % didn't receive any antenatal care.

Figure 2 Attender of the first child of the respondent

Figure 2 represent the Attender of the first child of the respondents



Source: Primary source (2017-2018)

The figure 2 shows the Attender of the first child of the respondents belong to two different religious group where out of 40 Hindu respondents, 5 % respondents delivery done by her relatives, 15 % respondents liberation was under the guidance of dais, 2.5 %

respondents delivery completed by the staff nurse, 72.5 % respondents delivery was done by doctors and 5 % respondents didn't participated in this question. As compare to Hindu, out of 40 Muslim respondents, 7.5 % respondents delivery was handled by her relatives, 32.5 % respondents liberation was under the guidance of dais, 5 % respondents delivery was done by the staff nurse, 45 % respondents whose delivery was done by the doctors and 10 % respondents couldn't answer this question.

Table 1 whether the respondents did sterilization or not

Table 1 indicates the number of respondents did sterilization or not

RELIGION		NO. OF RESPONDENTS	PERCENTAGE (%)
HINDU	YES	25	62.5
	NO	15	37.5
	TOTAL	40	100
MUSLIM	YES	20	50
	NO	20	50
	TOTAL	40	100

Source: Primary Source (2017-2018)

This table 1 represent whether the respondents did sterilization or not. Out of 40 Hindu respondents, 62.5 % of them did sterilization and rest 37.5 % didn't do till date whereas out of 40 Muslim respondents, 50 % respondents did sterilization and another 50 % didn't do till now.

CONCLUSION

Irrespective of class, creed or religion, women face similar kind of health issues and their reproductive health is affecting by many factors. A large portion of women living in slum prefer government hospital over private hospital for antenatal care. At the same time we cannot deny the facts that there are good number of women who don't go for regular checkup and put her and child life at stake. Another field where the government has to make sure that still women in slums prefer untrained dais for delivery which don't give any guarantee for safe delivery. So it is important the government and NGOs should create awareness among that hospital is the safest place for delivery. Atleast if any complication arises during the procedure the doctors will try their best to safe mother and child. The last but not the least still in today's time women are not sterilized yet. Government try its best to reach to the masses and make them aware about family planning but after seeing the cases in slums it is understood that government should take some more initiation and introduce more programmes so that it reach to masses including those who are living in slums.

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