



Appraising Women Health in Urban Slums

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ABSTRACT

People are exposed to a whole variety of factors that can either promote good health or be hazardous to health, including the physical living environment. Modern cities can improve health via their material, service-provision, cultural, and aesthetic attributes. Health hazards and inequities remain, however, and new threats have emerged. The present study aims at understanding the health perception of women living in urban environment. From the results it is clearly understood that the awareness regarding the health issues and the access to health consultants is lacking in the respondents. Further the paper focuses on the various barriers for women health.

Keywords :

Introduction

Health status is no longer considered an outcome solely of lifestyle choices. It is now believed that health is also influenced by social, political and economic factors. The sum-total of these factors are called the determinants of health. The current understanding of women's health has gone beyond singular, individual, biomedical perspectives to include diverse factors such as the family, community, population, psychosocial, and cultural understandings. Social determinants of health also include such factors as education, income, employment, working conditions, environment, health services, and social support (Wuest et. al., 2002).

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 (Hill & Mullett, 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 (Abbasi, 1999; WHO, 2007) is to improve women's contributions to the local economy by ensuring adequate health care services.

The conditions of women's lives shape their health in more ways than one. Thus the present study aims at contributing to a better understanding of the slum dwelling urban women urban health situation.

Subjects and Study design

Data were collected using a convenience sample of 400 women in and around the city of Visakhapatnam for three months period, from December 2011 to March 2012. The mode of data collection was a personal interview for about 15- 20 minutes with each respondent.

Results

Figure – 1 Demographic Profile of the Respondents

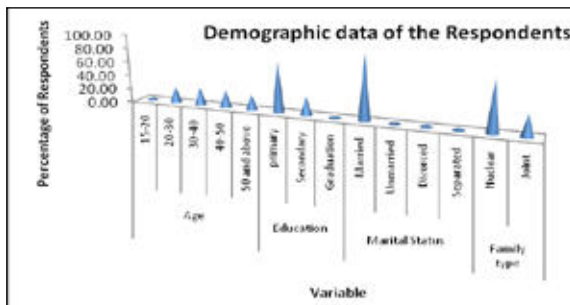
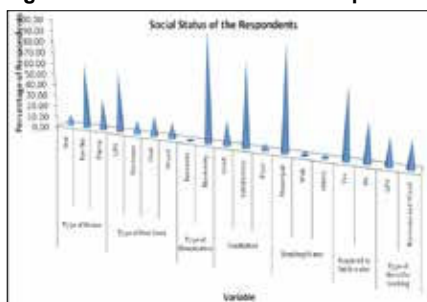


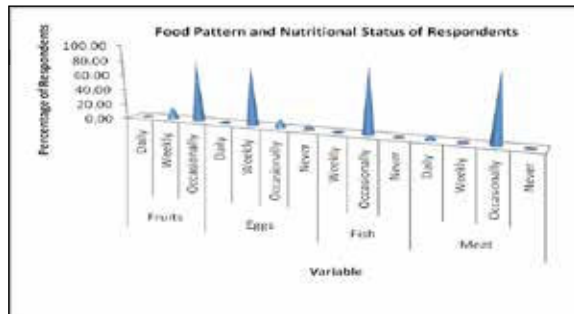
Figure1 illustrates the demographic profile of the respondents include almost equal percent of respondents in all age groups except for 15 – 20 years that were only 3.5%. 71.57% of them had only primary education, and only 2.03% were graduates. 91.37% of the participants were married, and 4.57% being divorced. 4.57% of the respondents head their families and 3.55% were headed by fathers. 67.5% of the respondents had 1 to 2 children, 25.89% with 3 to 4 children and only 3.05% with 5 and above off springs. It has been noted that 74.11% of the husbands earn for their families whereas 18.78% were lead by children and only 5.58% of the women themselves work.

Figure – 2 Social status of the Respondents



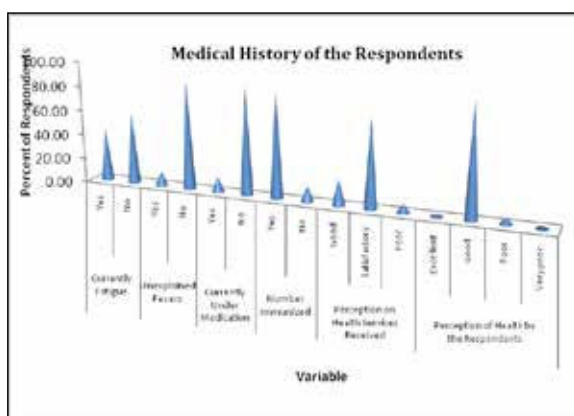
Figure– 2 depicts the social status of the respondents, where we started with the type of dwelling. 61.93% are living in kachha houses, 9.64% and only 28.43% had pucca houses. The type of fuel used was LPG for 55.33%, coal for 18.27%. 99.49% of the houses are illuminated by electricity and 0.51% was illuminated by kerosene. 76.14% of the respondents articulated satisfactory ventilation in their homes. 93.91% of the respondents had drinking water from municipal source. 3.55% had their water source from well and 2.54% from other sources. 63.45% of the women have to travel a distance of greater than 1 km, while 36.55% of them doesn't require.

Figure – 3 Food Pattern and Nutritional Status of Respondents



en is higher (62.44%) who consume milk only once a week in comparison to those women who consume milk daily which is 25.89% percent or consume milk occasionally which is 10.15%. Among the category of pulses, it can be seen that the women who never take pulses or beans are more likely to be undernourished (2.03%) in comparison to those women who take pulses or beans either daily/weekly (81.20%) or occasionally (16.75%). The pattern in case of consumption of leafy vegetables can be seen as 72.59% on weekly basis in comparison to 25.89% occasionally. It was observed that 82.74% of the women consume fruits occasionally in comparison to 17.26% that consume daily/weekly (Fig.3). The consumption pattern of eggs was similar to fruits. Women who eat fish weekly are less likely to be undernourished which is 0.51% in comparison to the women who never or occasionally eat fish which is 90.35%.

Figure – 4 Medical history and Health Perception by the Respondents



Figure– 4 point up the health status of the respondents. 42.13% of the women suffer from fatigue, whereas 11.68% of them have unexplained fevers. As is evident from the Figure 86.80% of them are immunized and the remaining 12.18% of them are currently under medication. 71.57% of them articulated that the health services received were satisfactory (Fig.4). 91.37% of the women perceive their health to be good. Common chronic conditions (Figure5) included headaches, arthritis, back pain and urinary incontinence. Pain prevented from performing most activities (Fig.5). Along with Anemia 23.35%, Back pains 13.71%, Body pains 6.09%, Fa-

figure 21.32%, Gastritis 21.32%, Gyaenic problem 14.72%, Hypertension 11.17%, Head ache 18.78%, Joint pains 9.64%, Thyroid 9.14%, Diarrhea 23.86%.

Discussion

The present study deals with the health status of women in slums of Visakhapatnam city. The urbanization of different parts of the world constitutes a major demographic issue of the twenty-first century. This is especially true for India where it is estimated that the urban population is one of the largest in the world. Urban India has 28% of the national population and is predicted to increase to 33% by 2026.

The demographic status of the women form the study states poor literacy, no right for decision making in sense male lead homes. Above this the place of dwelling was also noted to be poorly hygiene. Not giving enough illumination and most of the women have to walk to a distance more than 1km to fetch drinking water. The traditional beliefs have undermined the exhaustive household chores that the women perform at home. Women's health is affected by various social, economic and demographic factors such as level of education, social position, economic affluence, age at marriage, caste based tradition etc. amongst these, age at marriage is one of the major which directly affects the fertility behaviour of women. According to study (Dhakal, 1995) about 92.6% Musalers were illiterate people.

Health status of women is one of the most important factors affecting the socio-economic development of a country. In the present study the variables like education, social status of the women are poor. The social myth also indicates that women were basically interior and their labours, efforts, social right, role in decision making are less valuable than men (Dhakal 1995). Nutrition has a strong relationship with socioeconomic conditions and pattern of food intakes. This study has shown that the women consume less nutritious food, although vegetables are consumes on a daily basis, it has been observed that the intake of pulses, meat, egg and fruits were restricted only to occasional consumption.

Significant associations were observed between anaemia and low socioeconomic status, religion and reporting infrequent/non-consumption of meat (Choudhary et. al, 2006). Education is one of the most important means of improving economic performance in underdeveloped countries, the impact of cities upon the level and kind of educational facilities is of the greatest importance. The results from the health perception of the women can be concluded that women were actually not aware of the general health problems that they have. It has been imbibed attitude in most of the women that they would not seek a doctors advice or their health condition is not perceived as poor until and unless they are bed ridden. This is in correlation with the other studies that have reported previously. Apart from poverty, other contributing factors to poor health among the urban poor, is the low awareness and malpractice of recommended health practices. The high cost of health care and low accessibility victimizes the poor (Mulgankar et al., 1994).

It has been observed in the present study that even the women have articulated satisfactory health condition; they have reported the following major health problems associated with them like Anemia, Back pains, Body pains, Fatigue, Gastritis, Gyaenic problem, Hypertension, Head ache, Joint pains, Thyroid, Diarrhea.

Conclusion

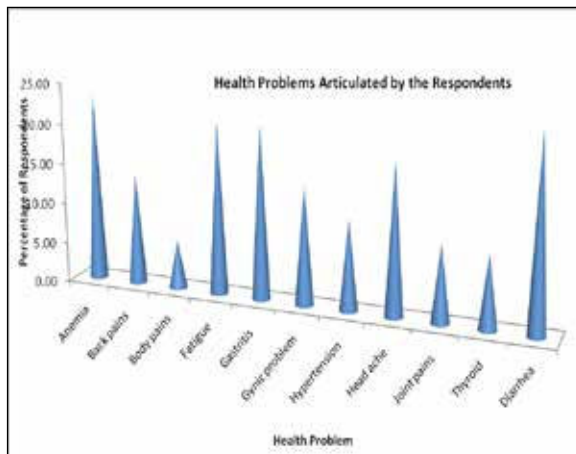
Women play a major role in determining the health of the community since women are often health caregivers and recipients at the same time. Therefore, women's health professionals must place a higher priority on understanding a woman's health care needs (Hill & Mullett, 2005). The health of the population 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). This study and others show that the people of slums are human capital greatly contributing to the economy and work force of the country. The majority here suffer unacceptable levels of malnutrition, hygiene and health, deprived of essential health services, financial stability, education and security. Slum living is an unavoidable reality of the future; efforts must be made to build the slums into sustainable communities.

Finally, numerous studies describe health and demographic data pointing to causes of poor health and livelihood in the slums. In conclusion we identify the problem or risk factor and suggest that improvement of the variable in question will lead to improvements in outcomes e.g. improving nutrition is likely to reduce the incidence of diseases. These problems though important are numerous, and it is unlikely that piecemeal solutions will be amply cost effective to achieve health of women in slums; rather these problems require parallel attention. Funds are limited, and to alleviate poverty a detailed cost effectiveness analysis of comprehensive interventions is required, to create a strategy for sustainable improvements in the quality of life.

Previous studies have supported this strategy (Reed, 2001). Health education programs could be planned by forming national committees that include students, teachers, health care professionals and religious leaders in the community. Health education should be integrated into the school curriculum for both males and females. Finally, using the local media to increase the awareness about healthy lifestyle would be another useful strategy. Bahraini media, such as television and radio, as well as local newspapers may play vital roles in educating women by assigning regular programming to women's health, and tips for healthy lifestyle on a regular basis.

Figure – 5 Health Problems Articulated by the Respondents



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