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Status of Women's Health in Urban Sub-Standard Settlements of Chennai, Tamil Nadu State, India

S. JOHN KAVIARASU
PhD Research Scholar
Department of Social Work, Loyola College, Chennai
India
Dr. G. GLADSTON XAVIER
PhD Research Supervisor
Department of Social Work, Loyola College, Chennai
India

Abstract

The women residing in sub-standard settlements in the city of corporation of Chennai, Tamil Nadu are not only economically and socially backward but also a neglected and marginalized section of society. The unhygienic environment of the slums coupled with sub-standard settlements bereft of basic amenities greatly compromise the health and wellbeing of the slum dwellers, especially the women. In addition, lack of proper in-take of nutritional foods adversely affects their health. Since their staple diet consists of only rice, obtained from ration shop, their diet is devoid of other foods that contain essential calorie to sustain them. The study has revealed that poor health status of women was also due to marriages at an early age, resulting in early age pregnancies and improper pregnancy spacing. The study was undertaken in two slums namely Namachivayapuram and Apparao garden of Zone – 8 in the corporation of Chennai. It is inferred that more than 31% of women have more than three children. A whopping 67% women delivered the first child before the age of 21, was a worrying discovery made from the study. More so, these young mothers do not get sufficient pre-natal and post-natal care to keep their heath and that of their children in an enhanced condition. It is heartening to note that no deliveries took place at their homes; instead all the deliveries were either at the government hospitals or private clinics. The environment at the government hospitals and primary health centers is quite unhygienic compared to private clinics. No woman likes the foul smell that emanates from government health care settings. The women prefer the primary health care centres for deliveries as they could hardly afford private clinics. As women are less educated their awareness standard in these matters is also very low.

Keywords: Sub-Standard Settlements, Slum Dwellers, Health Status, Wellbeing, Pregnancy Spacing, Primary Health Care Centres,

Introduction

India, which is now becoming one of the fast developing countries in the world, suffers from the concomitant problems of increase in slums and poor health of the people living there. Slums are mushrooming every year due to the proliferation of the city, leading to large number migrants coming from villages in search of livelihood, especially from the districts of Salem, Villupuram, TV Malai, Tiruchi and from states like Bihar, UP, Odisha, to name a few. While the migration from the districts happens due to failure of monsoonal rains, those from the other states are drawn to the higher wages paid in the city. The spread of slums is also due to unchecked, unplanned and haphazard growth of industries giving way to creation of concrete jungles in the urban areas. The rapid urbanizations in the entire metropolis of India resulted in the speedy growth of slums. The slums have thus become most important factors that affect the environmental structure of Indian cities. In Chennai, the slum named Thideer Nagars could be found in multiple places in the city. Most the slums are located on the banks of Cooum river, nearby railway tracks or underneath of flyovers.

Other factors such as shortage of developed land for housing for the poor and exorbitant prices of land beyond the reach of the poor in cities have further exacerbated the growth of slums in Chennai. Though there are various efforts taken by the state and central governments to stop the proliferations of slums in the cities, number of the slum dwellers are on the increase, due to the above reasons. This has resulted in the slums exerting tremendous pressure on the existing civic amenities and social infrastructure. (Khullar, 2006).

Environmental conditions as well as socio-economic backwardness are increasingly becoming responsible for the poor condition of health among slum dwellers. It is commonly observed that the health status of the people in slums is below in par, particularly that of women and children as they are the most vulnerable section of the society. Most often, men in the slums are not interested in the health of their women or their children. Therefore they have become the most neglected among the society. Women are used only as productive machinery; this is seen clearly in the large number of children found in the slums everywhere. Therefore it is very essential to analyse in detail the factors leading to the low health status of women living in slums.

Objectives

1. To analyze the factors for the poor socio-economic condition of women in slums.
2. To study various problems affecting the health of women living in slums
3. To highlight the threats to the health status of slum women during the antenatal and post natal periods.

4. To analyze in detail the factors leading to the low health status of women living in slums.

Hypothesis:

1. As the level of education is very low the standard of health awareness is also very low in the area.
2. Due to male dominated society, the women remain socially and economically backward.
3. Marriage of slum women at the age of below 21 has adverse effect on their health status

Rationale of the study

With the increase of people living in Chennai city, the impact of urban living on human health is now a growing concern. The rapid growth of slum populations in Chennai is an increasing challenge for local health authorities and deserves intensive investigations. Slums have often been conceptualized as areas of concentrated poverty, which comprise a social cluster that engenders a distinct set of health problems. So, it is the utmost importance to ensure health services for these growing numbers of city dwellers, especially the women. This neglected population of slum has become a major reservoir for a wide spectrum of health conditions that endangers the health of women. People residing in slums face many problems like improper sanitation, unhygienic environmental conditions, social, economic, health, educational and cultural problems and many more. The basic problems inherent in slums are health hazards. Lack of basic amenities like safe drinking water, proper housing, drainage, and sheet disposal services; make slum population vulnerable to infections. Poor sanitary conditions and poor quality of water lead to illnesses like diarrhea and other water borne diseases, affecting their health to a great extent. In dense, overcrowded urban conditions it is often difficult for people to find space to build latrines. Many have to defecate in the open or share whatever limited facilities are available which tend to offer no privacy, safety or hygiene. Human waste and refuse deposited in stagnant pools spread disease and contaminates water sources. This problem is made worse during the rainy season.

Methodology

Hitherto very little research has been undertaken in the area of health of women in the slums. It was identified from the field survey that there is no authentic data available either from the health departments or from the published research articles. Here the research study is totally based on the primary data.

The researcher used the descriptive design to document the age of marriage of women, age of mother at first birth, the gap of pregnancy for the second and third child, places of delivery, number of children and pre and post natal care of women. Also the descriptive nature of the study collected the important information on the areas of intake of food habit, availability of sources of potable water, types of fuel used for cooking, types of diseases frequently affecting the women, and the level of health awareness of women.

Purposive random sampling was adopted from the available people during the day time between 10 a.m to 12 Noon and again between 2 – 4 p.m in two slums namely Namachivayapuram and Apparao garden in the corporation of Chennai city during the month of February and March 2014. Primary data was collected from 100 married women, 50 from each slum, in the age group of 19 to 40. The tool for the data collection was mainly from the interview method. The collected data were then collated and interpreted for studying the causes of poor health of women in the slums and bringing to the attention of the government and health departments.

Socio – Economic Condition of the Study Areas

Socio-economic condition of a society decides the health status of the people. The basic information and the level of knowledge on the concept of health and awareness in the same, is related to education. The level of education of the women would portray how the family is placed. But here the study reveals that about one fourth of the respondents (24%) are non-literate and fall within the age group of 36 – 40. Twelve per cent of the women completed III grade and 18 per cent of the women primary school. A vast majority of the respondents (28%) completed VIII grade. 7 per cent of the respondents completed X grade. The least per cent of the respondents (11%) passed XII grade. Among the respondents, 19 per cent are working as cooks in other households, earning a monthly salary of 4000 to 6000 rupees. 32 per cent are cleaning vessels, mopping houses and washing clothes in apartments and earning a monthly salary of 4000 to 5000 rupees. About half of the respondents (49%) are home makers.

Social and health status of the people in slums mainly revolves around their economic conditions. It is found that the economic condition of the families in slums is very poor; it automatically affects their health condition and social status as well. It has been found that the financial conditions of the working women's families are better than the others. It is obviously true that the financial independence of women, particularly mothers is largely associated with awareness on their health. (Mukherjee 2009). The study clearly portrays that women have to toil hard for long hours to earn money, doing household chores and various jobs like mopping the floors, cleaning vessels, washing clothes and cooking in the houses of rich people and

again take up work in their own houses. Women reported that in spite of working for long hours they are being paid less amount.

Assessment of Health Status among the Slum Women

Based on the 10 years work experience of the researcher in slums in the city of Chennai, the following parameters were selected to study in detail, according to the importance on health aspects of women.

- Age of marriage
- Age at first birth
- Spacing between pregnancies
- Number of children
- Place of delivery
- Pre and post natal care
- Food habits
- Sources of drinking water
- Types of fuel used in cooking
- Types of infections
- Level of awareness on health matters

Age of Marriage

The age of marriage for the women in the slums is a key factor in understanding their health status. It is found that 11 per cent of the women were married before 18 years of age. Only a negligible per cent of the women (5%) married after 21 years of age. The vast majority of women respondents (84%) married between 18 - 21 years of age.

Age at the time of First Birth

It is medically proven that pregnancy at early age is detrimental for the health of mother and child. In spite of the government taking several steps by enacting the laws and also disseminating awareness programmes for the prevention of marriage at an early age and avoiding pregnancy before the age of 19, the scenario among the poorer section has not changed much. It is appalling to learn that 67 per cent of the mothers delivered the first child before the age of 21.

The relationship between the level of education and the age of mother at the time of birth is positively related. The women who completed between X and XII (18%) grades, got married after 21 years of their age and delivered their first child relatively on a more mature age. The no-literate women comprising of 24% do not have good health as they are very weak and fragile in their appearance. Therefore, health of the women is dependent on their education.

Spacing between Pregnancies

The doctors say that there must be minimum three years gap for the second child to be born. Here in the study area, nearly half of the mothers (47%) have more than two children and this indicates clearly that the spacing between pregnancies is comparatively lower. Among 47%, more than quarter of the respondents (27%), have given birth between 2 – 4 years gab. It is shocking to find that 53 per cent of the mothers have two children who were born in less than two years gap. Only 20 per cent of the mothers have given birth to their children leaving 4 years space. Therefore it is very clear that most of the women (47%) from the study areas had low spacing years between two children and this in turn has adversely affected their health conditions.

Poor economic condition and extremely low level of illiteracy played a significant influence on parents to give birth to more than 2 children. Still the expectation for a boy child is more among parents, because they think that their future dependent on him. Having this kind of mentality is very common in all strata of society in India and this creates anxiety and stress for the women if they give birth to girl children. Increasing level of literacy and consciousness would reduce such kinds of stress and anxieties. Thirty one per cent of the women expressed that the reason for having more than three children was mainly in expectation of a boy child. 16 per cent of the women hesitantly revealed that most of the time their husbands desired sex. As a result of which women had to bear more children, without spacing. This indicates that women are lacking the awareness about family planning and also do not have reproductive rights. In general, the data reveals undoubtedly that slum women are mostly used as productive machinery.

Place of Delivery

One of the very important indicators for the health awareness of people is the place of delivery. It is good to note that the vast majority of the respondents (87%) chose the government hospital as the place of delivery, due to poor economical status. Only 11 per cent of the respondents preferred the private nursing home as the place of delivery, with an idea of quality care and good treatment. It is a good indicator that no mothers in the slums gave birth to their children at their homes.

Food habits and Pre and Post Natal Care of Women

Health of the mothers is enhanced quickly due regular intake of calorie food and also pre and post natal care of women on a regular basis. More than half of the respondents (58%) from the study areas said that they were not given sufficient food at the time of their pregnancy and this shows that they just had meals only three times a day. Among these women, the data reveals that about quarter (20%) of the respondents had only single cup of tea and buicuits as their tiffin. They always gave priority to their husband and children

without minding themselves. Thus, these women could not get proper calorie they needed.

Only 22 per cent of the women had food four times a day at the time of their pregnancy. It is hardly encouraging to learn that only 20 per cent of the pregnant women had lunch and dinner sufficiently but they did not get proper breakfast and rarely got tiffin in the evening. But the percentage of food intake is high in case of lunch and dinner which is not always food containing high calories. These women could not consume proper food mainly due to poverty, and physical inability.

It is observed from the study areas that only 34% family eats fish and chicken once a week. About half of the respondents' families (46%) take fish once a week. It is sad to note that 20 per cent of the women who are below the poverty line and stay in a rented building had either fish or chicken on fortnight basis. Most of the times, these 20 per cent of the women had to eat unhygienic food which is also one of the main reasons for the poor health condition. It is awful to say that almost 80 per cent of the women did not receive balanced diet. Hence anemic and low blood pressure among the women during the pregnancy is the common fact.

The study illustrates clearly that most of the respondents (35%) who were earlier doing different works such as washing clothes, mopping the floors, cleaning vessels and cooking in the apartments and in rich people's houses lost their earnings because of their pregnancy. All those women, who availed leave for delivery, did not get proper rest after their delivery, as they had to join back after three months to retain their jobs that was a source of livelihood to them. It is sad to note that 14 per cent of the women had to join back in their work just after one month duration of their delivery and these mothers could not get sufficient time and facility for the regular health check up too.

Sources of Drinking Water

Every family in the study areas has access to drinking water facility. The corporation of Chennai provides drinking water which is available almost every day through hand pumps. Where there is no facility of hand pumps, the drinking water is provided through tanks.

Types of Fuel Used in Cooking

A vast majority of the respondents' family (95%) have the gas cylinder to cook their food. Only 5 per cent of the respondents' family use the kerosene stove for cooking food. Almost 40 per cent of the women use wood as fuel to cook rice and boil water for both taking bath and drinking. Health is largely affected for those women who used wood as fuel to cook.

Types of Diseases

Most of diseases are mainly due to water borne in nature and also due to unhygienic environment. The diseases mentioned by all three slum dwellers were headache, fever, cough and cold. In the study areas, mainly during the rainy seasons, increased number of women and children acquired common diseases like diarrhea, typhoid, dengue and dysentery.

Health Awareness

Generally, health awareness and health consciousness among the slum dwellers is very low. People simply throw wastes in the street and surrounding areas. Half of the people do not have the habit of disposing the waste into the dustbins kept by the corporation of Chennai. About two thirds of the respondents (73%) said that they do not have toilets in their house. Therefore, they are using the public toilets which are unhygienic. It is commonly said that nobody used soap for cleaning their hands after the using the toilets. This act of people reveals clearly that use of soap is not at all an important matter among the slum dwellers. Women are using the public toilets only for the privacy reasons. Children mainly use the drains as the open lavatories. Mostly, men go to the banks of Cooum River and nearby the pushes of the railway tracks for open defecation. This type of unhygienic environment poses a grave concern and big threat to health of the slum dwellers. Only about 32 per cent of the families are using mosquito nets and others are using mosquito repellents to ward off the mosquitoes.

Recommendations

1. Door to door health services should be provided in the slum areas by government and non government organizations.
2. Doctors and health service providers' behavior needed to be more cordial towards slum women.
3. Reducing price of medicine so that slum people could afford it.
4. Quality of sanitation facilities to be improved.
5. Distribution of iron tablet, and vitamin tablets by the Government in the locality is needed.
6. Government and non-government organizations should work in increasing awareness on different health issues.
7. Female doctors are needed to be appointed in the maternal child health centers.
8. There should be regular spray to control mosquito and proper garbage cleaning facility by Chennai City Corporation.

Conclusion

This study on the health status of women in slums in the city of corporation of Chennai reveals that the poor socio economic conditions of families adversely affect women's health. It is still a practice in slums for the women to take food

after the male members of their families. This kind of structural gender imbalances do exist almost in every strata of society in India. In fact, the health of women in the study areas was found to be affected due to want of proper food, working long hours without proper rest, not getting enough nutritious food during breastfeeding their children and lack of balanced diet in general. The health of women is also affected due to the practice of marrying off the girls at the completion of 18 years of age, and also due to the resultant early age pregnancies. The spacing between pregnancies is very low which too led to their declining health. The lack of sanitation facilities and unhygienic environment plays devastating effects on their health and well being. Inadequate supply of drinking water during the summer seasons and also lack of water from the hand pump for the domestic purposes carries the highest burden of disease which disproportionately affects their health and also impacts on the health of children less than 7 years of age. Lack of these basic necessities also influence the work burden, safety, education and equity of women. Poor sanitation disproportionally affects pregnant women's health and their dignity. Therefore, the government has to take several steps to improve the health status of women in slums and provide basic necessities in the slums. The areas namely fertility reduction, immunization, child care and malnutrition control need to be paid proper attention, along with making the environment hygienic to raise the health status of women. In this the health nurses should pay a pivotal role in bringing health care to the doorsteps of the slum women. Media and NGOs also should play a pro-active role in disseminating information to increase the health awareness of people in the slums. These efforts could go a long way in alleviating their health needs and providing them an improved quality of life.

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