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RESEARCH ARTICLE

STATUS OF HEALTH AMONG SLUM DWELLING WOMEN-A CASE STUDY ON DANKUNI MUNICIPALITY, HOOGHLY

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ABSTRACT

The slum dwelling women's are not only economically and socially backward but also a neglected section among the society. The environmental conditions of the slum area affect the health status of the slum dwellers automatically. But there are also other factors that controlled the health status. Women do not get proper food four times. They consume cheap prices low calorie food. There are several matters like early age of marriage, early age of pregnancy, given birth to many children's, small gap between pregnancies etc. which affect their health a lot. On the basis of data obtained from the selected slums of the Dankuni Municipality area, it may be said that, in the area 40.90% women are mother of more than three children and 54.5% mother gave birth to their first child before 20 years of their age. They also don't get proper pre natal and post natal care. The place of delivery was not always safe. As the level of education is very low the standard of health awareness is also very low in the area.

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INTRODUCTION

The natural sequel of unchecked, unplanned and haphazard growth of urban areas is the growth and spread of slums which present a striking feature in the ecological structure of Indian cities. The rapid urbanization in conjunction with industrialization has resulted in the growth of slums. The proliferation of slums occurs due to many factors, such as the shortage of developed land for housing, the high prices of land beyond the reach urban poor, a large influx of rural migrants to the cities in search of jobs etc. In spite of several efforts by the central and state govt. to contain the number of slum dwellers, their growth has been increasing sharply exerting tremendous pressure on the existing civic amenities and social infrastructure (Khullar, 2006).

In the developing countries like India problems related to health status in slum areas are very common. Environmental conditions as well as socio economic reasons are responsible for the poor condition of health among slum dwellers. Normally, in those areas the health status of both the males and females are below in standard. But it becomes worst to the women as they are most negligible among the society. In the slum area women are not only engaged in household works, children rearing etc. but also work hard to earn money. Number of children per women indicates that women's are used as productive machinery in most of the slum areas. So it is necessary to analyse the threats to the health among slum dwelling women

Objectives

The main objectives of the present paper are:

- To analyze the effect of poor socio-economic condition on women's health
- To highlight the threats to the health status of slum dwelling women's at the time of their pregnancy and delivery
- To examine the various problems related to women's health

Study Area

Dankuni is a fast growing industrial township near Kolkata. The town is part of the C.D. block Chaditala II, of Hooghly district, in the state of West Bengal (Fig.1). The latitudinal and longitudinal extension of the town are 22°40'N - 22°42'N and 88°16'E - 88°18'E. Dankuni municipality has 19 wards. Though Dankuni municipality was formed in 2008, but the development in this area begins long ago. The area is well reachable by road or trains from both Howrah and Sealdah station. Both NH 2 and NH 6 terminate at Dankuni. Belghoria expressway connecting to NH 34 and the Dankuni- Memari Delhi road also meets at Dankuni. So, major industries like 'Mother Dairy', 'Coca Cola', 'Dankuni coal complex', 'Food Corporation of India' and many other have been established. Dankuni will play a significant role because it will be the end point of Ludhiana - Dankuni dedicated freight corridor that is being built by Indian railways. A new township is being developed at Dankuni. So, day to day Dankuni becomes a magnet to the migrants which causes a huge pressure of population. The poorer sections among the migrants, who have

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come here in search of works, mainly in different industries, mainly lived in slum and squatter camps in different parts of the town. There are 87 slum pockets and 6212 dwelling unit in this area. The total population of this municipality is 104326, among which 31063 are lived in slum. The present survey was conducted over the following slums- Table 1.

METHODOLOGY

One of the main handicaps in the present investigation has been insufficiency of published data. As the study area Dankuni Municipality was formed in 2008, there are no census record of ward wise total population and actual slum population. Thus the data related to population was collected from the survey report of Dankuni Municipality, conducted in the year 2010. Here the study is totally based on primary data. Purposive random sampling was adopted in the selection of data. The sample survey was carried out among randomly selected samples for primary data. 50 slum dwelling women of different ages were taken into investigation through questionnaires. After the completion of field work, the collected data and information were interpreted and collated with existing information. Suitable statistical diagrams were constructed with the help of Microsoft Office Excel package.

Socio – Economic Condition of the Study Area

Health status mainly depends on socio economic condition of the society. The basic concept of health awareness is intimately related to education. If the condition of literacy is considered it reflects very striking feature that almost 84% women are literate here. But when the level of education is analyzed the real picture of the society is viewed. It is observed that 26.19% women studied up to class IV, 45.23% women studied up to class IX. Only 16.66% women passed madhyamik and 9.52% women passed H.S. level. In case of economic condition, almost 54% families have a monthly income below Rs. 2500. As the economic condition is poor in slum area, it affects the social status as well as the health condition. It has been found that when mothers earn some money obviously the financial condition of the family becomes comparatively better than singles man income. The financial independence of mother is associated with awareness of health. (Mukherjee 2009). In the study area women have to work for long time both for the household works and different jobs to earn money. But in spite of long working hours their wages are not satisfactory. Many women (22%) compelled to work 6 - 8 hours per day, though they earn 800 – 1500 Rs. Per month. Women's are mainly engaged in work as agricultural labor, small shop keepers, papad making, stitching clothes etc.

Assesment of Health Status among Slum Dwelling Women

There have been several parameters for assessing the health status of slum dwelling women, but here some parameters are selected on the basis of importance as observed in the study area. These are as follows

- Age of marriage
- Age of mother at first birth
- Year gap between pregnancies
- Number Of children
- Place of delivery
- Pre and post natal care of women

- Food habit
- Sources of drinking water
- Types of fuel used in cooking
- Types of diseases
- Health awareness

Age of Marriage

In the study area the age of marriage of the slum dwelling women shows a striking feature. It is found that 6.38% women's are married before 15 years of their age. 48.93% women married between 16 – 18 years and 34.04% women's in between 19 - 20 years of their age. Only 10.63% women are married after 21 years of their age (Fig 2). It is a serious matter that most of the women are married at a very lower age.

Age of Mother at the time of First Birth

Pregnancy at early age is very harmful for both the health of mother and child. Though Govt. introduced different laws as well as awareness programs to prevent lower age marriage and pregnancy at lower age but the scenario among the poorer section does not altered so much. In the study area most of the mother gave birth to their first child at a very early age between 18 -21 years. It was observed that 54.5% mother gave birth to their first children before 20 years of her age. But if the relation between the level of education and age of mother at the time of first birth is analysed (Fig. 3), it is observed that both are positively related. In the slum area some mothers, who have studied up to H.S. level or more, engaged at studies at least 18 years of their age. They got married comparatively on later age and also gave birth to their first child relatively on mature age.

Year gap between Pregnancies

As the number of children per mother is relatively higher it indicates the year gap between pregnancies is comparatively lower in the study area. It is necessary to find out the age difference between children's of mother because two children in less than five years gap affect women's health. Here in these slums 20.45% women gave birth to their children in less than two years gap, 65.90% women having children in 2 – 4 years gap and only 13.63% women was given birth to their children in more than four years gap. So, it is seen that most of the women giving low year gap between two children which affect their health condition.

Number of Children

Poor economic condition and lack of literacy influence parents to giving birth more child, mainly in expectation of boy child, as they can depend on him in future. This mentality which belongs in every stages of society creates stress on women if they are giving birth of girl child. This stress becomes low with the increasing rate of literacy and consciousness. But in this slum area, it may be said on the basis of collected data that women are used as productive machinery. Here it is observed that 22.72% women have only one child, 36.36% women have two child and 40.90% women are mother of more than three children. This indicates not only the pressure on women and the social condition but also indicates the lack of awareness about family planning.

Table 1. Ward Wise Slums

Ward No	No of the Slum	Name of the Slum	No of household	Slum population	Total population	% of slum population to total population
8	45	Kalipur Mal Para	100	250	5852	23.06
	46	Mrigala mal para	100	200		
	47	Buno para	30	150		
	48	Purbasa	100	300		
	49	Part of Mrigala Mallick Para	150	450		
10	53	Monoharpur, Raypara Rail line	315	2800	4836	69.23
	54	Monoharpur Baishali Pally	75	548		
13	60	Aurobindo Nagar	50	200	4427	4.51
14	61	Sukanta Pally	42	220	5182	42.93
	62	Khudiram Pally	43	175		
	63	Bonder Bill	355	1750		
	64	Delhi Road Chaitanya para	20	80		

Source: Survey conducted by Dankuni Municipality, 2010

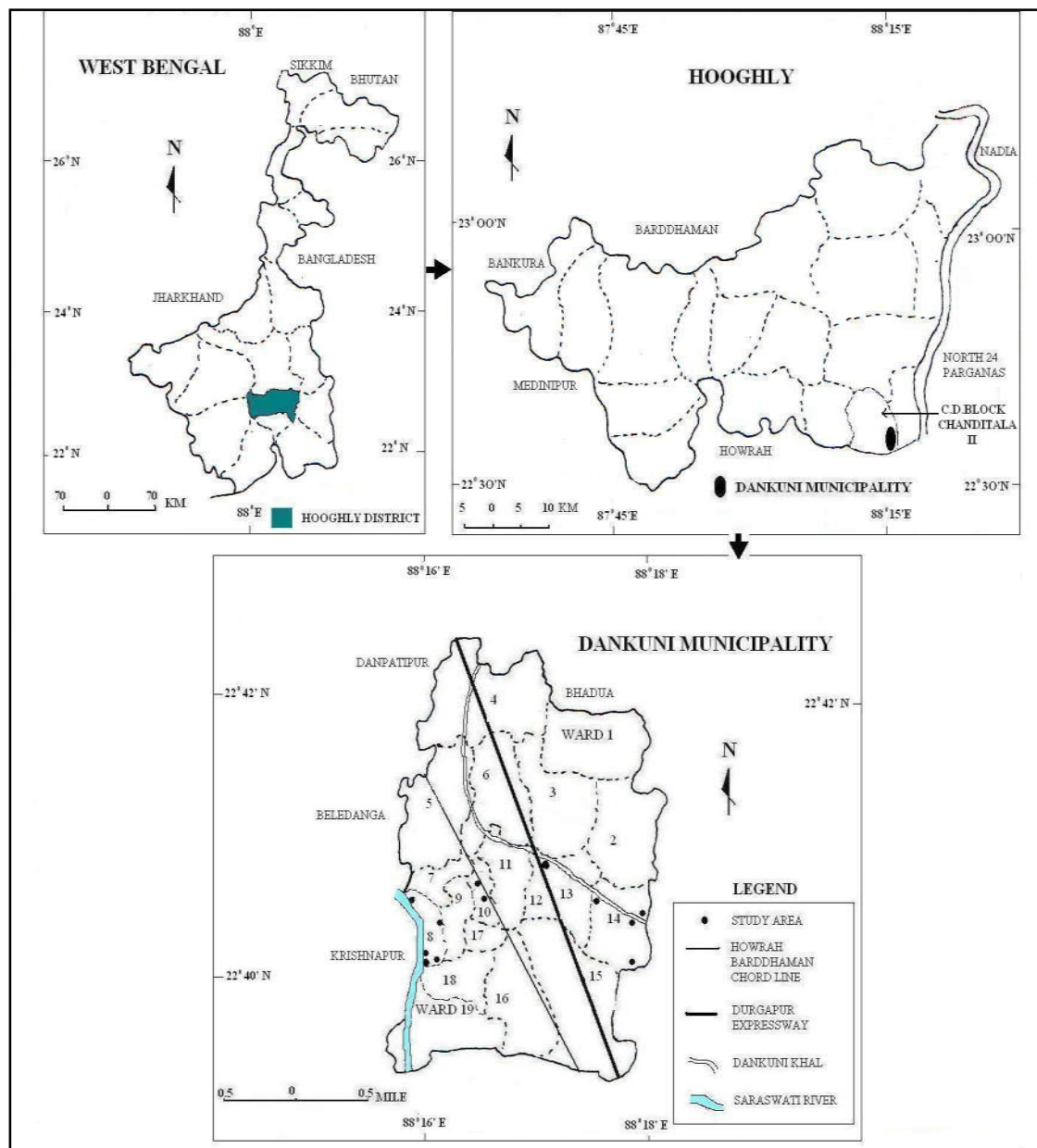


Fig. 1

Place of Delivery

Place of delivery is a very important indicators about the health awareness of people. Due to lack of awareness and poor economic condition delivery at home not only affects the health status of women and children but may be caused to death. In the study area, most of the mother (70.45%) gave birth to their child at Govt. hospital. Because Chanditala rural hospital is located less than three km. distance from those slum areas. But 11.36% mother gave birth to their child at home, mainly at their paternal places. Some mother (18.88%) also gave birth to their children's at different private nursing homes (Fig 4).

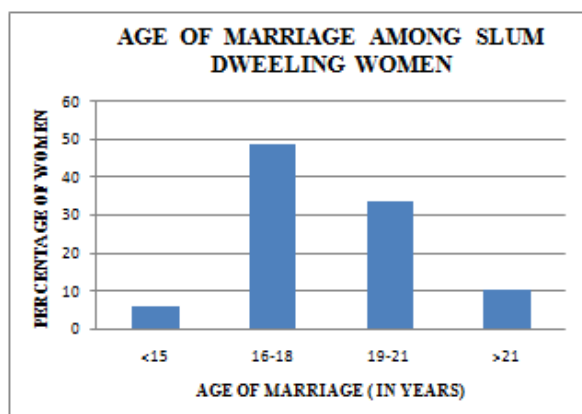


Fig. 2

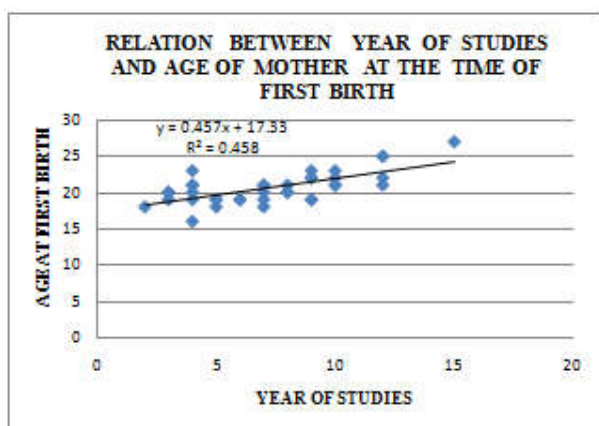


Fig. 3

Pre and Post Natal Care of Women

Some Pregnant women in slums cannot get sufficient food at the time of their pregnancy. 86.36 % women get four times food at the time of their pregnancy. But 13.63% women can't get four times food also at the time of their pregnancy. Though they take their lunch but cannot get proper breakfast or tiffin. This is because the women who are engaged in different work lost their earnings because of their pregnancy. Most of the pregnant women cannot take proper food due to physical inability. Most of the women cannot get proper rest after their delivery, because they have to join in their works or housewife needs to work in houses. 38.37% women were joined in their work after only 1 months of their delivery. They also cannot get the facility of regular check up.

Food habit

If the frequency of food intake is considered, it is observed that most of the women did not get proper food four times.

Sometimes they don't get their breakfast. Women never get proper tiffin at evening. Most of the women finish their breakfast and tiffin taking a single cup of tea and biscuit. They feed their food to their husband or children's. Thus they can't get proper calorie as they needed. In the study area 76% women get their breakfast every day. 50% women get tiffin at evening. But the percentage of food intake is high in case of lunch and dinner. All women get lunch every day and almost 96% women get also dinner every day. In the study area it is observed that only 54% family eats fish at least once in a week. But their food habit is also very unhygienic. Sometimes they compelled to eat different low cost unhygienic food which always affects their health condition. They cooked different birds flesh and also feather and taking this as food.

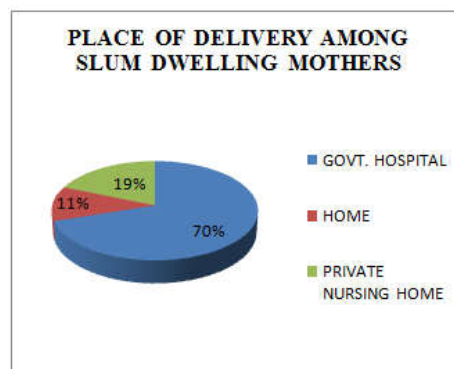


Fig. 4

Sources of Drinking Water

In the study area most of the slum dwellers (74%) mainly depends upon shallow hand pumps for water supply. Some families (22%) also use well as the source of drinking water. In the study area hand pumps are generally dug in the middle of a stale dirty pool. People wash their clothes and utensils under the hand pumps. The entire muck around the hand pump percolates into the ground and contaminates the ground water. This contaminated ground water is taken out through the hand pump which adversely affects the health of the slum dwellers. (Khullar, 2006). There are also 4% families who used pond water as drinking water.

Types of Fuel Used in Cooking

The women spend more times in their houses, where no separate kitchen or no system of gas pipe is found and many houses are also made by highly inflammable things. So, it is necessary to highlight what type of fuel and oven they use for cooking as it affects their health. Among the slum dwellers it is observed that four types of fuels are used for cooking. In the study area 30% people use coal and 50% people wood as fuel in hand made oven, when 20% people use kerosene and stove for cooking.

Types of Diseases

In the study area it is observed that most of the diseases are mainly water borne in nature. In case of women, diseases like diarrhea, dysentery, flu is very common. Anemia, low blood pressure during the pregnancy is also a common fact to them.

Health Awareness

Health awareness is very low among the slum dwellers. Most of the drains are open here. Many families don't have any

toilet. And those drains are open lavatories by the slum dwellers. Those who have toilet are also unhygienic in nature. This type of environment poses serious threat to health of the slum dwellers. Use of soap is not also an important matter to them. Very rare families are found who use mosquito net every day.

Conclusion

The case study on the health status of slum dwelling women's of Dankuni Municipality area reveals that the socio economic condition affect women's health a lot. In the countries like India where women's normally takes food after the male members of their family gender bias exists in almost every stage of this type of society. But it affects women's health a lot when women have to struggle for their daily foods, have to work for long hours, breast feed to her children's and at last don't get proper food for her. Early age marriages and also early age pregnancies affect their health a lot. The year gap between pregnancies is very low. So, several steps required to improve the status of health. Early age marriage should be discouraged with all effort.

This area needed to be proper attention on fertility reduction program, child care, immunization, malnutrition control, supply of safe drinking water etc. and also programs to relieve poverty, hunger and to raise socio-economic status of women. Forming self help groups, women can start many activities like stitching clothes, making of soft toys etc., from which they can earn money jointly. To bring awareness, the educational facilities for girls should be provided in the area. To increase the health awareness among the slum dwellers mass media may also help a lot.

REFERENCES

- Banerjee Ahana and Chakma Namita: Socio-Economic Profile Of Slum Women Workers in the Burdwan Municipality Area, West Bengal: An Assesment- Practising Geographer- Journal of the Indian Geographical Foundation, Vol-13, pp. 220 – 233.
- Khullar, D. R. (2006): *INDIA, a comprehensive geography*; Kalyani publishers, New Delhi.
- Mukherjee Gargee (2009): Fertility Pattern In The Fringe Of Dhamtari City, Chattisgarh, Practising Geographer- Journal of the Indian Geographical Foundation, Vol-13, pp. 246-263.
