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### **REVIEW ARTICLE**

## Female Health in Slum Areas: A Review

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Manuscript Info	Abstract
Manuscript History:	Review of literature plays significant role to reveal the progress of research
Received: 15 December 2014 Final Accepted: 22 January 2015 Published Online: February 2015	in certain key areas in subjects and helps to know about the research gap. In the present paper, a brief review of literature is made covering the research papers that are published on female health in slum areas in different parts of India in research journals from 2010 to 2014. It shows that, there is need to
Key words:	intervene to the problems of slum women, such as violence and illiteracy, from which the health problems are also derived.
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# INTRODUCTION

Review of literature refers to an extensive, exhaustive and systematic examination and publications relevant to the research. The review of literature provides a basis for future investigations, justifies the need for replication, throws light on the feasibility of the study, indicates constraints of data collection and helps to relate the findings of one study to another. Review of literature can play a vital role in a research project and it is a critical summary of research on a topic of interest. It is generally prepared to put a research problem in context or to identify gaps and weakness in prior studies so as to justify a new investigation.

A review of literature should focus on the issues that have been already addressed in the empirical as well as theoretical literature focusing on the phenomenon under investigation pretending to the causes, the extent, the nature as well as the determinants. At the same time it should also take stock of the perspectives approaches and orientations on the one hand and methods, tools and techniques on the other, employed in the in the study and the analysis of the factors and issues. A good review of literature should aim at the thematic classification of the studies focusing on diverse issues pertaining to the phenomenon under investigation and analyze the major findings that could be taken as extending the limits of our knowledge about the phenomenon instead of ending up as a mere survey of literature published on the in subject. It is precisely owing to these reasons an attempt is made in this paper to analytically a focus on relevant literature pertaining to health status and health problems of women in slum areas in India. Due to the limited time frame and as per the limitations of the present study, only a few of the research papers published in scholarly journals are reviewed.

# **Objectives of the Study:**

The present study is made:

- > To search and analyze the relevant secondary literature published in research journals; and
- > To review of the studies that are made on female health status and problems in slum areas in India.

### **Methodology and Limitations:**

As discussed above in methodology, the authors searched the research journals and collected many of the research papers. Due to limited time frame and limited space of the research papers, only few papers that are published on health problems and health status of females in slum areas in India from 2010 to 2014 are reviewed.

### Female Health in Slum Areas: A Review

The collected research papers are reviewed as under.

Siddharth Agarwal, et al (2010) conducted a study of 312 mothers of infants aged 2-4 months in 11 slums of Indore, India, were interviewed to assess birth preparedness and complication readiness (BPACR) among them. The mothers were asked whether they followed the desired four steps while pregnant: identified a trained birth attendant, identified a health facility, arranged for transport, and saved money for emergency. It will be important to increase the competency of slum-based traditional birth attendants, along with promoting institutional deliveries.

Vijay M Sarode (2010) examined utilization of health services available to the women in the slums on hilly area in Mumbai and also checks whether non utilization of antenatal care (ANC) and having reproductive health problems during pregnancy create complications during child delivery vis-à-vis standard of living index constructed from household amenities, housing quality, drinking water, electricity and toilet facilities. This study uses primary data collected using cluster sampling of a sample size of 346 reproductive women who have given at least one live birth prior to the survey on the education of the study women, antenatal care indicators, antenatal check-ups and reproductive health problems during pregnancy and complications during child delivery among the slum dwellers of Ramabai Nagar was studied. This paper suggests that awareness is very much required at every stage of ANC particularly to illiterate women with low SLI category in the slums in order to ensure reproductive health during pregnancy.

Balaiah Donta, et al (2012) conducted a study to assess the awareness of cervical cancer among couples, data were collected from two urban slums community in Mumbai. A total of 1958 married women aged from 18 to 49 and their husbands were selected using simple random sampling. Women (37.7%) were significantly more aware of cervical cancer than husbands (8.7%). A slight agreement (kappa statistics=0.16) was observed between husbands and wives on awareness of cervical cancer. Significantly higher percentages of wives were aware of pap smear test than husbands. Overall, awareness of cervical cancer and pap smear test among couples is low. There is need to educate and motivate both of them to participate in cervical cancer screening program.

Kiranmai, et al (2012) stated that women's health is increasingly recognized as an area that has emerged because of an increase in women's demand for unique health care services that consider gender, life circumstances, education, and religion, economic and socio-cultural environments. The three major constructs related to comprehensive women's health outcomes include personal factors, the health system factors, and social, economic and cultural factors. The present work is a cross-sectional study designed to examine the perceived and actual health status and health practices of women aged 18 to 64 years during the period December to March 2012. The health status survey a structured questionnaire was used. The results indicate that the perceived health condition by the women is good as a fact that in spite of many health effects they were not in medication and doesn't visit a doctor.

Makade, et al (2012) conducted a survey to study theawareness, practices, preferred method of contraception, emergency contraceptive and Medical Termination of Pregnancy (MTP) and Awareness of family planning services in the vicinity and also decision making regarding contraceptive use. Total 342 married women were interviewed in the local language using a pre-tested questionnaire. It was found that 87.7% of women were aware of at least one method of contraception. 68.4% women were using a contraceptive at the time of study. 14% women were unaware of any health care facility providing contraceptives in the vicinity. Knowledge and practice of Emergency Contraceptive was very low. Although there is high level of awareness, contraceptive use is not very high. New methods of motivating people to adopt and sustain Family Planning methods should be considered.

Jogdand, et al (2013) conducted a study to determine perception of maternal mortality among women in an urban slum area of South India. A descriptive cross-sectional study was carried out in an urban slum area of south India among 378 women above 20 yrs of age. The majority (35.98%) of the study subjects was in the age group 31-40 years followed by 28.31% study subjects in the age group of 21-30. 34.14% study subjects were educated up to intermediate and 22.22% were educated up to secondary level. 95.50% of the study subjects aware that death can

occur from pregnancy-related problems. 73.81% subjects stated that excessive vaginal bleeding was a possible cause of death followed by high BP as possible cause of death in 21.96% study subjects. In order to reduce the high rate of maternal mortality, health education programs on prevention of maternal deaths and morbidities directed towards at risk women need to be improved. As most of the decisions in families were taken by the men, their participation is also very important.

Md. Amirul Hasan and Vandana Shukla (2013) conducted a study to assess nutritional status of women living in slums of Allahabad. A Cross-sectional epidemiological study was undertaken covering fifteen slums of Allahabad city and women of 15-49 years. It is concluded that malnutrition and nutritional anemia are major health problems of slum women along with dental caries. Weight and height are correlated to anemia and vegetarian diet is more responsible for anemia.

According to Pawar and Mane (2013) slum is an unhygienic place for human settlements. It is the human settlement in diverts condition or situation. It is also a adjustment with nature and compromise with life's needs for survive in worst condition. It is because of the vicious circle of poverty. Poverty is an unseparateable part of slum dwellers. So the slum population is backward socially and economically. Poverty affects the health, education, nutrition, birth and death ratio, sex ratio, life expectancy, the socio-economic status. Due to poverty economic status is lower, so education level is low, unskilled or low skills, so the socio-economic status of slum dwellers is low. To improve this lower economic conditions slum women are earning and try to support family income. Some are the house headed women. So they have needed to earn. They are lower educated unskilled, have poor economic condition so they perform the work as per their capacity and ability which provide low income and hence the socio-economic status is low. Therefore, there is a need to study the socio-economic status of slum women.

Sushmita Das, et al (2013) conducted a survey to examine Intimate Partner Violence (IPV) of slum women during pregnancy. Of 2139 respondents, 35% (748) said that violence was justifiable if a woman disrespected her inlaws or argued with her husband, failed to provide good food, housework and childcare, or went out without permission. 318 (15%, 95% CI 13, 16%) reported IPV in the year that included pregnancy and the postpartum period. Physical IPV was reported by 247 (12%, 95% CI 10, 13%), sexual IPV by 35 (2%, 95% CI 1, 2%), and emotional IPV by 167 (8%, 95% CI 7, 9). 219 (69%) women said that the likelihood of IPV was either unaffected by or increased during maternity. IPV was more likely to be reported by women from poorer families and when husbands used alcohol. Although 18% of women who had suffered physical IPV sought clinical care for their injuries, seeking help from organizations outside the family to address IPV itself was rare. Women who reported IPV were more likely to have reported illness during pregnancy and use of modern methods of family planning. They were more than twice as likely to say that there were situations in which violence was justifiable (odds ratio 2.6, 95% CI 1.7, 3.4). One in seven women suffered IPV during or shortly after pregnancy. The elements of the violent milieu are mutually reinforcing and need to be taken into account collectively in responding to both individual cases and framing public health initiatives.

A study was carried out by Vikram, et al (2013) to identify the beneficiary level factors of utilization of Janani Suraksha Yojana (JSY) scheme in urban slums and resettlement colonies of trans-Yamuna area of Delhi. A cross-sectional community based survey was done of mothers of infants in the selected areas of the two districts by stratified random sampling on a population proportionate basis. Of the 469 mothers interviewed, 333 (71%) had institutional delivery, 128 (27.3%) had benefited from JSY scheme and 68 (14.5%) had received cash benefits of JSY. Belonging to Hindu religion and having had more than 6 antenatal check ups were the significant predictors of availing the benefits of JSY. There is a need to improve the awareness among urban slum population about the utilization of JSY scheme. Targeting difficult to access areas with special measures and encouraging more antenatal visits were essential, prerequisites to improve the impact of JSY.

According to Phukan (2014), the phenomenon of slum is regarded as a challenge for the Jorhat City of Assam, India where seven slum areas have already been emerged. This study was conducted in all the slums to investigate the level of some basic amenities such as housing, sanitation system and water facilities etc. In the study it was found that these aspects of their livelihood are poor which generates several problems especially it degrades urban ecology.

As stated by Thimmanna (2014), elderly women in Slum area of Bellary city in Karnataka is overcrowded with poverty stricken areas having lack of amenities open spaces and poor sanitary conditions, etc. Apart from

congestion, structural condition of the dwelling is very poor with temporary huts haphazardly erected. There are no proper roads, lack of sewerage and drainage facility, unhygienic and sub-standard living conditions, lack of water supply and other amenities. BPL population is less than slum population. One of the major challenges of elderly women in slum area is that poverty, very poor sanitation facilities, and issue is social exclusion of elderly women, week policies or schemes of Governmental, Non-governmental and municipal authorities in city areas.

### **Discussion and Conclusion:**

From the above review, it is noted that slum areas are without basic amenities and inhabited by illiterate women. The women are negligent and illiterate and as such, their status is also lower. They are not given much attention towards their health and health of children and consequently, there are more diseases and ill health among slum people. Due to their secondary status and negligence, the slum women are prone to gender based violence and injuries. Further, they are not aware about reproductive health care. Poor sanitation, open defecation, lack of toilets, contaminated drinking water, etc are also reasons for illness of women and children in slum areas. Due to all these reasons, the health problems of women in slum areas are a serious concern, for which the government has to make necessary policies. In this regard, the NGOs should come forward to increase awareness of women in health and well being of family.

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