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Health Problems of Women in Slums: Study of Dharwad

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Health is wealth. Without the health we cannot achieve anything in our life. Life is very important for everybody. But taking care of our health is also very important. It is not possible for slum people to keep their health in good condition. Because of their poverty and illiteracy they are unable to remain healthy. The concern for the significance of women's good and stable health status has gained lot of prominence recent times. Superior health status of women has become an integral part of overall development of any country; a woman's health not only has bearing on her own life and development but also on her children and family.

Usually women worries more about the health of her husband, children and elders. However, most of the times she pays no attention to her own well being. It is noted that more than half of the women in India are suffering from Anaemia. Poor Reproductive Health IMR, MMR is also very high in India. In this background an effort has been made to examine and analyze the health seeking behavior by women and it is intended to find out health problems of women in slum.

The poor health of Indian women is a concern on both national and

individual levels. Indian women, particularly those in the South, fare poorly. The consequences of women's unfavorable status in India include discrimination in the allocation of household resources, such as food and in access to health care and education as well as

Lack of education and low income of the family is the compelling factor for the women folk to opt for seeking petty jobs in unorganized sectors to augment the family earning to sustain livelihood. Apart from the general hardships living in an area with a poor environment, women of this slum area suffered from many disadvantages they faced a heavier work burden because work did not free women from responsibility of house work. Dual task of working at home and outside, poor environmental condition lead to poor health condition.

marriage at young ages. Due to poverty and illiteracy, the knowledge factor of the Indian women regarding reproductive health and reproductive rights is pathetic. According to the various surveys conducted by the Government and other Non-Government Organizations (NGOs) their knowledge regarding reproductive, health care is futile and very limited. No doubt, non-working

women are unaware, even working women in slum areas (maids, labor class) are also affected by various myths regarding Reproductive Health care. They not only have scanty information but also lack in the such as food and in access to health care. The review of literature revealed that very little study has been done on health of slum women living in Dharwad city. The present study was therefore, taken up, in order to know the Impact of Work and Environment on Women living in urban slums of Dharwad city. Its basic objective was to derive information regarding Personal and Family characteristics of the respondents, Housing Conditions and to identify the related problems of women while performing dual duties in home and outside.

Objectives

1. To assess the Socio-Economic conditions of the slum women.
2. To assess the health concerns of women under study.
3. To assess how they cope up to it health.

Methodology

The present study was conducted in Dharwad city of Karnataka state. The total population of Dharwad city according 2011 census was 9,43,897. Among them male population was 4,87,877 and female population was 4,75,980 and the total population of the study area of Nairanagar slum was 3926. Among the total females are 1925, males are

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Table-1 – Housing conditions

Responses	Respondents (n=100)
Types of House	
a) Kucha	65
b) Semi-pucca	35
Number of rooms	
a) One Room	81
b) Two Rooms	19

Table-2 – Reasons for doing work

Reasons	Respondents (n=100)
a. Financial Problem	88
b. To earn more	70
c. By force	40
d. Husband is idle	10

* Multiple Responses

Table-3 – Help received for household chores

Responses	Respondents
a. Themselves	80
b. Neighbors	10
c. Husbands	5
d. Children	5

Table-4 – Facilities at work place

Facilities	Respondents (100)
a Drinking water	86
b Gifts or cash	35
c Overtime wages	20
d Toilet	10

Table-5 – Problems faced at work place

Problems	Respondents (100)
a Work load	65
b Humiliation	40
c Mental harassment by men	33
d All the above	20

* Multiple Responses

1976. The sample for the study consisted of 100 women from Nairanagar slum of Dharwad city. The data was collected in the month of March 2012. The study was conducted on Dharwad city slum women to know about their living condition and health related problems. An interview schedule was formulated for data collection. A report was built with the respondents. Though the schedule was prepared in English, all questions were put in a conversational style. Respondents were contacted by home visits. A minimum of 3 visits were made for each respondent. To analyze the data collected information was explained in the light of objectives set forth for the study. The collected data was coded, tabulated and percent calculated for the same. The results tables and graphs in numbers and percentages. The study is based on primary data & supported by secondary data (NFHS).

Results and Discussions

The respondents aged 20-45 years have been considered. The women under study are illiterate. Lack of education compelled them to join low paid sectors. As many as 45% of the respondents belonged to backward class. 40% percent belonged to scheduled backward class caste & 15% to schedule tribes. 58% of the respondents belonged to small families having a size of 4-6 members and 44% belonged to large families with 7-9 members. All the respondents belonged to nuclear families. Majority (75%) of the husbands are engaged as laborers, 10% as masons, 5% as gardeners and 10% were not working during the study period.

It is clear from the figure 1 as many 55% of the respondents are engaged as part time housemaids. They work for more than one house and in each house, worked for a specific period of time only. 25% percent of the women worked as informal women laborers and are engaged in carrying heavy weight of bricks, water, cement etc. to the work place. 15% of them are vegetable vendors and 5% worked in warehouses and in ration shops. Their work was to clean and pack cereals and pulses.

Housing conditions

Table-1 depicts that the respondents reside in a typical slum area. Their houses consists of temporary huts. Majority of the respondents (85%) live in kucha houses made of wooden planks, cane, mud etc. The roofs are thatched and covered with sheets. 35% respondents were found to live in semi pucca houses where the walls are made of bricks. Majority (81%) of the respondents live in small huts with single room. All the family members live in the same room without any proper ventilation and in poor hygienic conditions. The floor swampy during rainy season. Water facilities are erratic and insufficient. All respondents stated to use tap water supplied by municipality at a different part of street or places or samples. Toilet facilities are poor. The huts are linked with narrow pathways & open garbage. The poor environment compels women to undertake extra burden of work to make the huts livable.

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Table-3	
Nature of work	
Nature of work	Activities
1. Unpaid work (household chores)	Sweeping Washing of clothes Cooking Child rearing Fetching drinking water Helping male member of household in minor construction repair of own house thatching of roof etc.
2. Paid work	Vegetable selling Sweeping, Mopping, dusting; Washing cloths, Child care (eyes); Cooking (including grinding of grains, pulses, cutting of vegetables, fruits etc.) for household members and guests Working in ration shops (Cleaning and packing of cereals and pulses) Helping masons in construction work (Loading of cement, bricks etc.)

Family life and reasons for doing work:

It is clear from table-2 that majority (88%) of the respondents are working because of financial problem and 70% are working to earn and provide better facilities to their children. 40% were forced to work by their spouses while 10% were working because their husbands were idle. The low income of the family is the compelling factor for the women folk to opt for seeking petty jobs in unorganized sectors to augment the family earning to sustain livelihood.

Table-3 presents a list of unpaid and paid work performed by the respondents in the family and at work place. The unpaid work performed by the women at their houses was cooking, cleaning utensils, washing clothes, child caring etc. Their spouses did not value this work. The paid work included vegetable selling, sweeping helping masons in construction work, cooking etc. The women earned money by performing the same kind of job outside their households. The respondents felt that when they earned money they were appreciated and respected by their spouses, so the women preferred working outside the house "where their work is valued".

Table-4 shows that the average number of hours spent in unpaid work was 5-6 hours (77%) and time spent in paid work was about 7-8 hours (70%). Hence the total time spent on paid and unpaid work during the day was 12-15 hours with 1-2 hours break in between. Majority (82%) of the respondents did not get time for leisure. They stated to remain busy in performing work both

Table-4 – Time spent in unpaid/paid work			
Work	5-6 hours	6-7 hours	7-8 hours
Unpaid	77	18	5
Paid	10	20	70

Table-5 – Prevalence of specific types of illness

Illnesses	Respondents (100)
1. Reproductive Health Problems	
a. Low back pain	70
b. Dysmenorrhea	23
c. Menorrhagia	13
d. Polymenorrhea	7
2. Nutritional deficiency problems	
a. Anemia	90
b. Protein energy malnutrition	75
c. Deficiency of Vitamin A	55
d. Deficiency of Vitamin C	45
3. Aches/Pain/Injuries	70
4. GIT tract problems	20

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at home & at work place and were fully exhausted after long hours of work and went to sleep soon after dinner. Only 18% of the women got some time for themselves. These women spend their leisure time relaxing (8%), watching television (5%), gossiping (3%) and knitting sweaters (2%) for their family members.	It is clear from Table-8 that all the respondents reported symptoms related to reproductive health. 70% of the respondents reported low back pain, 23% reported symptoms suggestive of dysmenorrhea, 13% reported of menorrhagia and 7% reported polymenorrhea. The most common nutritional deficiency found in the respondents was iron (anemia) 90% of the were anemic as observed by pale conjunctiva, pale nails and pale face. The women often experienced weakness, fatigue and breathlessness due to this severity five percent of the women suffered from Protein Energy Malnutrition (PEM) that was observed through depigmentation of hair, sparse and straight hair, and rough skin. 55% of the respondents had vitamin A deficiency as assessed by xerophthalmia, rough and scaly skin. Forty five percent of the slum women had deficiency of Vitamin C, which observed by Sponginess and swelling of gums.	to opt for seeking petty jobs in unorganized sectors to augment the family earning to sustain livelihood. Apart from the general hardships living in an area with a poor environment, women of this slum area suffered from many disadvantages they faced a heavier work burden because work did not free women from responsibility of house work. Dual task of working at home and outside, poor environmental condition lead to poor health condition.
Table-5 reveals that majority (80%) of the respondents had to perform all the household chores by themselves. A few received help from their neighbors (10%), husbands (5%) and children (5%). The women felt that they were not able to do justice to their house and children.		Suggestion <p>The health of the women is very important and awareness of health should be given to the all women who are living in the slum areas. It is possible only when the government and medical centers come forward and make them aware of ill health and medical treatment. Health care authorities should take care of slum areas, so that a healthy environment is created.</p>
It is evident from the table-6 that majority (86%) of the respondents had drinking water facility at their work place. 35% got cash and gifts during different occasions or festivals. 20% got over time wages. Only 10% of the respondents were provided with toilets/urinals facilities lack of toilets/ urinals at the work place put women to a great deal of inconvenience. They did not have any day-care facilities for their children. So majority of the respondents stated to carry their kids to their work place a few felt their kids under the care of the elder brother or sister.	70% of the respondents faced workload problem. They had to work for long hours and often complained of neck pain, backache and headache. 36% women complained about pain due to injuries on their hands of feet while working outside the house. Only 20% women complained about GIT tract problems (acidity, bloating, poor appetite and indigestion).	Proper education of male heads of the families is very necessary to lead a healthy life, and alcohol life, which is very most general prevalent in slum areas, that should be prohibited or giving proper awareness of not to take a alcohol is essential, so that the money saved on such habits can be used for nutritious food for a family members like women and children.
Table-7 depicts the problems faced by the women worker at their working place. Majority of (65%) of the respondents faced work load problem. They had to work for long hours and often complained of neck pain, backache and headache. 40% had faced humiliation by owners at their work place and 33% were mentally harassed by their male colleagues, who would often tease them for no reason.	The women stated to experience frequent illnesses but they did not go for proper treatment due to the fear of losing their job, in case they were advised rest by the doctor.	References 1. Chandran, V. (2003). Kerala Study Health, Kinda! Poverty. Retrieved March 6, (2005) from http://www.experthealthcaremag.com . 2. Tripathy N. (2003). Women in Informal Sector, New Delhi : Discovery Publishing House, pp. 15-42. 3. NHFS-II, (1998-99). India, International Institute for Population Sciences, Mumbai, (2000). 4. National Population Census, (2001) for India and Karnataka. CI
Conclusion <p>Lack of education and low income of the family is the compelling factor for the women folk</p>		

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