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## Status of Health among Slum Dwelling Women of Baranagar Municipality, West Bengal, India

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### **Abstract:**

*The concepts of slums and its definition vary from country to country depending upon the socio-economic conditions of society. The slum dwelling women's are not economically and socially sound. The environmental conditions automatically effect on the health status of the slum dwellers. They are not able to consume calorie food. They do not get proper food four times. There are several matters like early age of marriage, early pregnancy, given birth to many children's, little gap between pregnancies etc. which affect their health. On the basis of data collected from the selected slums of the Baranagar Municipality area, 38.70% women are mother of more than three children and 51.2% mother gave birth to their first child before 20 years of their age. They not to get proper pre natal and post natal care also. The place of delivery was very unhygienic. Education level is very poor and they have not any health awareness.*

**Keywords:** Early marriage, pre and post natal care, education level, health awareness

### **1. Introduction**

The basis characteristics of slum area dilapidated and infirm housing structures, poor ventilation, acute overcrowding, faulty alignment of streets in adequate lightning, paucity of safe drinking water, water logging during rains absence of toilet facilities and non-availability of basic physical and social services (Chandran V. 2003). The living conditions in slums are usually unhygienic and contrary to all norms of planned urban growth and are an important factor in accelerating transmission of various air and water borne disease. Slum women do manual work even till the day of delivery. During first delivery most women stayed at home but from the next delivery onwards they stayed for period ranging from one month to three months. But the women works do not know that if pregnant women carry heavy loads run a high risk of abortion. The present study was therefore taken up in order to know the impact of work and environment on women living in urban slums of Baranagar Municipality. There are so many slum areas under Baranagar Municipality. The socio economic condition environmental condition, women health condition, child health condition and educational level are very poor. Mainly the condition of the women is not up to the mark. The women of this slum area engaged with many heavy works and they are also affected by environmental pollution, therefore they are suffering various types of diseases.

#### *1.1. Objectives*

The main objectives of the present paper are:

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

#### *1.2. The Study Area*

Baranagar Municipality is situated towards the north of the fringe area of the Kolkata city. The distinctive feature of the Municipality is that it is like a buffer Municipality, accumulating the stormed water from the surrounding areas due to its geographical position. Baranagar Municipality, on the east bank of the river Hooghly, is situated on both sides of Barrackpore Trunk Road (B.T.Road), and starts from Sinthee More to Dunlop Bridge and bounded by KMC in the South, Kamarhati Municipality in the North, South DumDum Municipality in the East and River Hooghly in the West. The geographical location of the city Baranagar is 22.64°N 88.37°E. As per the 2011 census report the population of Baranagar area is 2,59,233, out of which the total male population is 1,27,679 and the total female figure is 1,31,554. The Scheduled Caste population is 35233 (Male 17714 and Female 17519) out of the total, and the slum population, is in the order of 58173. The total number of wards is thirty four. The slum population is concentrated near the bank of river Hooghly and beside the railway station.

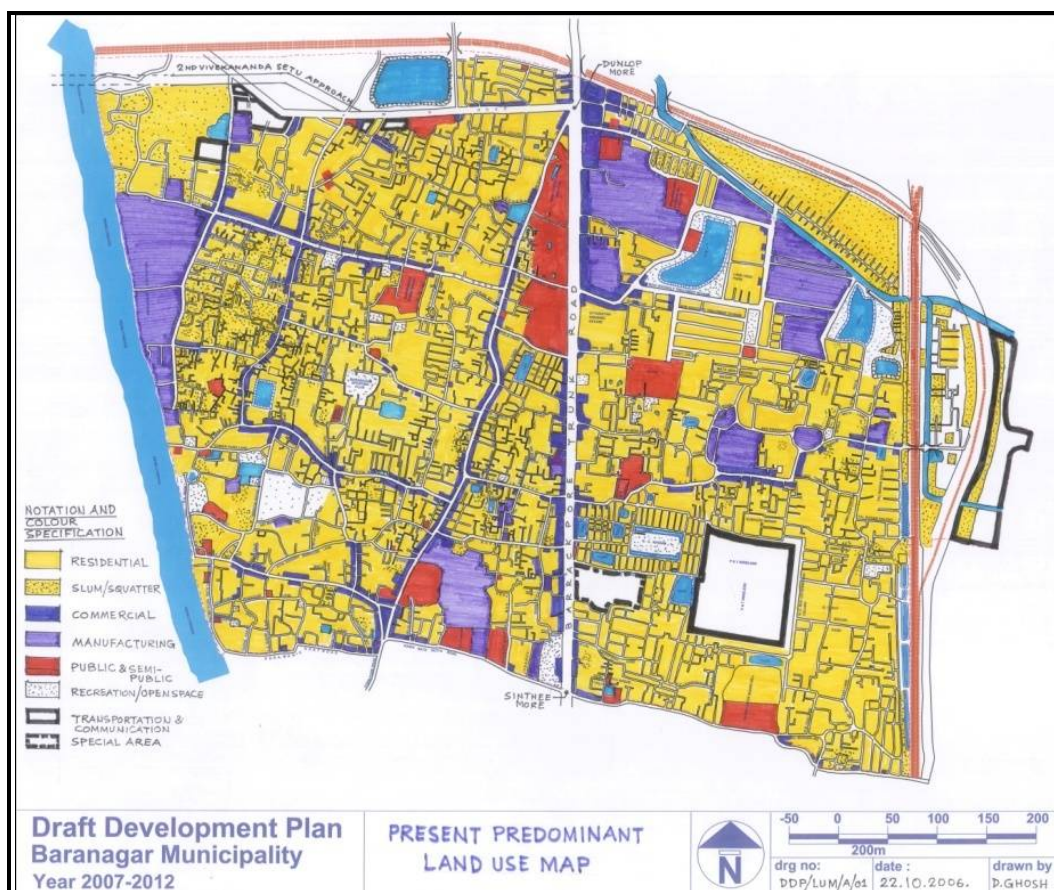


Figure 1: Landuse map of Baranagar Municipality  
Source: Municipality Office, 2014

Ward No.	Population (2011)	Male	Female	Area (Sq. km.)	Density
					(Person /Sq. km)
1	14507	7415	7092	0.93	15599
2	4048	2018	2030	0.141	28709
3	10455	5369	5086	0.16	65344
4	6265	3287	2978	0.151	41490
5	6164	3487	2677	0.105	58705
6	8101	4284	3817	0.179	45257
7	9469	3313	6156	0.103	91932
8	10294	3490	6804	0.105	98038
9	9033	4529	4504	0.155	58277
10	5459	2732	2727	0.125	43672
11	4596	2289	2307	0.113	40673
12	9494	4795	4699	0.158	60089
13	7742	3913	3829	0.159	48692
14	6875	3549	3326	0.181	37983
15	4418	2251	2167	0.16	27613
16	10562	5259	5303	0.17	62129
17	9681	4991	4690	0.473	20467
18	9141	4702	4439	0.323	28300
19	10714	5461	5253	0.125	85712
20	10476	5459	5017	0.116	90310
21	10420	6026	4394	0.119	87563
22	6549	3298	3251	0.189	34651
23	7801	4209	3592	0.203	38429
24	4668	2378	2290	0.349	13375

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25	5819	2915	2904	0.213	27319
26	7407	3630	3777	0.217	34134
27	5726	2885	2841	0.279	20523
28	6735	3395	3340	0.352	19134
29	5210	2595	2615	0.485	10742
30	4944	2556	2388	0.293	16874
31	5487	2829	2658	0.213	25761
32	7280	3745	3535	0.283	25724
33	8088	2733	5355	0.291	27794
34	5605	1892	3713	1.141	4912

Table 1: Population density (Ward wise)

Source: Census of India, 2011

### 1.3. Socio-Economic Condition of the Study Area

Socio-economic condition of a society decides the health status of the people. The basic concept of health awareness is intimately related to education (Khullar, D.R,2006)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(the total sample surveyed population is200) that is 24% are non-literate and fall within the age group of 36-40. But when the level of education is analyzed the real picture of the society is viewed. It is observed that 28.37% women studied up to class IV, 52.19% women studied up to class IX. Only 12.36% women passed Madhyamik and 7.08% women passed H.S. level. In case of economic condition, almost 54% families have a monthly income below Rs. 4500. As the economic condition is poor in slum area, it affects the social status as well as the health condition.

### 1.4. Assessment 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 at first birth
- Gap 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 diseases
- Level of awareness on health matters

### 1.5. 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 9.35%, 55.30 % and 28.07 % of the women are married before the age of 15, 16 to 18 and 19 to 20 accordingly. Only a negligible per cent of the women (7.28%) were married after 21 years old. It is a serious matter that most of the women are married at a very lower age.

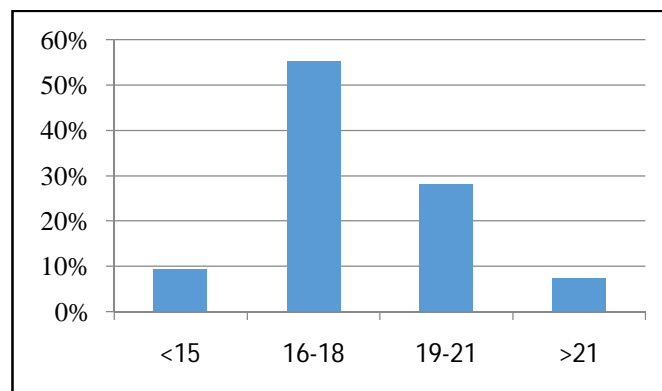


Figure 2: Age of Marriage among Slum Dwelling Women  
Source: Primary Sample Survey, 2014

Though Govt. introduced different laws and also disseminating awareness programs 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. 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 51.2% mother gave birth to their first child before 20 years of her age (Primary data source). In the slum area the mothers, who have studied up to H.S. level or more, they got married comparatively on later age and also gave birth to their first child relatively on mature age. Therefore, health of the women is dependent on their education.

#### 1.6. Year Gap between Pregnancies

It is necessary to find out the age difference between mothers and baby because two children in less than five years gap affect women's health. In this study area, 20.45% women gave birth to their children in less than two years gap, 65.90% women gave birth the children in 2 – 4 years gap and only 13.63% women were given birth to their children in more than four years gap. Poor economic condition and extremely low level of illiteracy played a significant influence on parents to give birth of more than 2 children. Still the expectation for a baby boy is more among parents, because they think that their future dependent on him. Increasing level of literacy and consciousness would reduce such kinds of stress and anxieties. Thirty one per cent (Primary data source) 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, undoubtedly that slum women are mostly used as productive machinery.

#### 1.7. Number of Children

Despite of many awareness programs by Govt. and different NGO's the literacy level of the slums is not upto the mark and due to the lack of literacy influence parents to giving birth more child, mainly in expectation of boy child, so that they can depend on him in future. This mentality is in every stages of society creates stress on women if they are giving birth of girl child. But this trend is becoming low as the literacy level increasing slowly and women are becoming little conscious. But in this slum area, the findings are not satisfactory as per the collected data. Here women's are used as productive machinery. Here it is observed that 22.72% women have only one child, 36.36% women have two child and 38.70% 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.

#### 1.8. Place of Delivery

One of the very important indicators for the health awareness of people is the place of delivery. 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 (70.68%) gave birth to their child at Govt. Hospital. But 10.28% mother gave birth to their child at home (mainly at their paternal places). Only 19.04% of the respondents preferred the private nursing home as the place of delivery, with an idea of quality care and good treatment.

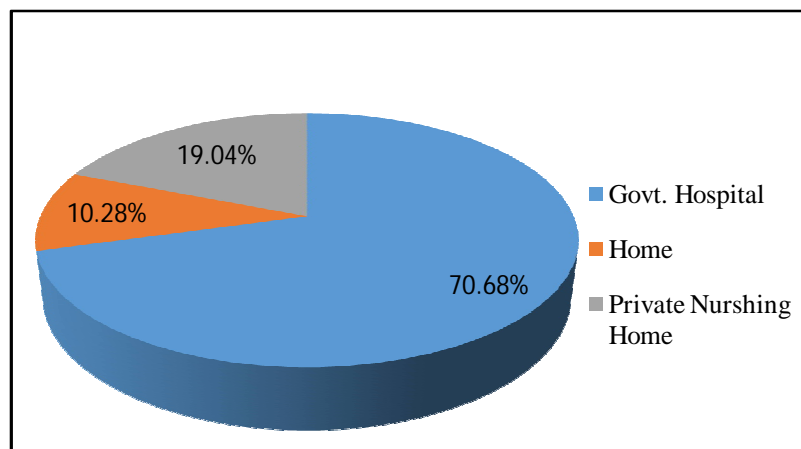


Figure 3: Place of Delivery among Slum Dwelling Mothers  
Source: Primary Sample Survey

#### 1.9. Pre and Post Natal Care of Women

Most of the pregnant women in slum area ever get sufficient calorie oriented food at the time of their pregnancy. In this study area, 13.63% women can't get four times food at the time of their pregnancy but 86.36 % women get four times food during their pregnancy. 13.63% women take their lunch but cannot get proper breakfast which is also necessary during pregnancy. Most of the pregnant women cannot take proper food due to physical inability. More than 50% of the women cannot get proper rest after their delivery, because they have to earn money for their family as well as new born baby, so they join in their works or housewife needs to work in houses. 38.37% (Source: Primary Survey) women were joined in their work after only 1 month of their delivery. Due to the poor economic condition they also cannot get the facility of regular checkup.

### *1.10. Food Habit*

Health of the mothers is enhanced quickly due to regular intake of calorie food and also pre and post natal care of women on a regular basis (Mukherjee Gargee, 2009). More than half of the respondents (58%) from the study area 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 biscuits 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% of the women had food four times a day at the time of their pregnancy. It is hardly encouraging to learn that only 20% 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 (Primary Survey) from the study area 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 observed that 20% of the women who are below the poverty line had either fish or chicken on fortnight basis. Most of the times, these 20% 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% 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 cooking in the apartments, unskilled labor of construction field and stitching clothes at home were lost their earnings because of their pregnancy. It is sad to note that 14 % 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 checkup too.

### *1.11. Sources of Drinking Water*

In this study area, most of the slum dwellers (62%) depend upon Municipality supplied water. Some families (35%) also use Tube well as the source of drinking water. Hand pumps or tube well 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. There are also 3% (Primary Survey) families who used pond water after boiling and filtering as drinking water.

### *1.12. Types of Fuel Used in Cooking*

No separate kitchen is found in the study area and the women spend more times in their homes. Among the slum dwellers it is observed that four types of fuels are used for cooking. 25% people use coal and 45% people wood as fuel in hand made oven, whether 20% people use kerosene and stove for cooking. Only 10% (Primary Survey) of the respondents' family uses the LPG for cooking food. Health is very much affected for those women who used wood and kerosene as fuel to cook.

### *1.13. 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 the 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. Anemia, low blood pressure during the pregnancy is also a common fact to them.

### *1.14. Health Awareness*

Generally, health awareness and health consciousness among the slum dwellers is very low. People 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 Baranagar Municipality. 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 a grave concern and big threat to health of the slum dwellers. Only about 22% of the families are using mosquito nets and others are using mosquito repellents to ward off the mosquitoes.

## **2. Conclusion**

The above study 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. In fact, the health of women in the study area 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 gap 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. Poor sanitation disproportionately 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.

After analyzing the current situation, the following points can be considered:

- Supply of quality drinking waters to the respondents.
- Preventing pollution of natural water resources.
- Protecting wetlands from pollution and encroachment.
- To protect residents from excessive noise pollution by controlling working hours of industries.
- Construction of Public Toilets.
- To take plan for solid waste management.
- To construct the Sewerage Treatment Plant along with its distribution line.
- Frequent General Awareness Program for better living.

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