



ISSN: 2456-4419

Impact Factor: (RJIF): 5.18

Yoga 2017; 2(1): 45-46

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www.theyogicjournal.com

Received: 10-01-2017

Accepted: 12-03-2017

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Women's health care in urban areas of Kashmir

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Abstract

In rural area unprecedented population growth has resulted in a large section of population living in the overcrowded slum. Health is a major economic issue for slum dwellers, especially for women. The unhealthy slum environment leads to sickness. In this study information about different levels of socioeconomic status and various dimensions of the health conditions of women was collected from the participants of slums Bandipora district of Kashmir, from 80 families across eight slums. This study was based on a micro level survey, and information was collected through a structured interview schedule.

Keywords: women's health care, urban areas, rural area

Introduction

As more and more women become involved in the global migration trend, the feminization of rural poverty has grown increasingly acute. Due to economic necessity, work patterns of women have changed considerably with increasing numbers of women from low socio economic settings participating in the work force. The economic value of contributions by women and children to household income in some cases exceed even male contribution. These factors, coupled with further increased urbanization, migration, and industrialization has led to an increase in the number of female-headed households: according to UN-Habitat, women preside over more than a quarter of all households in the developing world (26.8%). It is well-known that female-headed households generally suffer more from poverty, malnutrition and disease; indeed, houses with a female head have been found to face the most frequent and most severe food shortages. Health is a major economic issue for slum residents, particularly for women. The unhealthy physical environment leads to sickness, demanding medical treatment, which results the reduction of workdays, followed by economic loss. Economic loss leads to inability to invest in a clean environment. The vicious cycle continues. Slums have frequently been conceptualized as social clusters that produce a distinct set of health problems. The poor environmental condition coupled with high population density makes them a major reservoir for a wide spectrum of adverse health conditions such as under nutrition, delivery-related complications, postpartum morbidity, etc. The majority of women slum dwellers belongs to the lower socioeconomic class and have migrated to the city with the hope of better means of livelihood. Having basically low education, skill, and work experience, they have no choice in the competitive job market and pick up low-paid jobs such as construction laborer, domestic servants, casual factory workers, and petty trading business. With their meager income, they are forced to live in slum areas in the most unsanitary and unhygienic conditions, carrying out their existence with the barest necessities of life. Even if people have some money, they do not invest it in home improvement because of the temporary status of their residence or because of illegal occupation of public lands and the constant threat of eviction. Therefore, the housing of the slum dwellers is of lower quality. Poor housing conditions, overcrowded environment, poor sanitation, occupational hazards, group rivalries and clashes, stressful conditions together with lack of open space for women's recreation, etc. are detrimental to the health of people in the slums. An overview of women's and children's health status presents a horrible picture. Worldwide, death and illnesses are highest among poor women, particularly among women in developing countries. In addition to the suffering of women, yet another cause of concern is their almost apathetic attitude towards their own health and its management during illness. Women were found to seek treatment only when their health problem caused great physical

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discomfort or when it affected their work performance. The situation with respect to women and children's health in the urban slums is not different; rather their health is neglected the most. Insecurity related to regular income, food, shelter, access to healthcare, and other essential services, along with poverty and difficult physical and social environments, such as exploitation and abuse in the treatment of women, have an adverse impact on the health of the urban poor women.

Census 2011 reported that there are 7933 declared towns or cities or urban localities in India representing 31% of total country's population, out of these 7933 towns slums are reported in 2453 towns representing 17.4% of total urban population. The northeastern states and Chandigarh reported significantly low presence of slum in these regions. To initiate the primary health centers in the slums and carry out information, education and communication (IEC campaigns) to create demand for health services. Again, availability of health services and accessing the health services are different. Accessing the health services depends not only on availability of health services but also on quality of services, availability of doctors, behavior of the doctors and paramedical staff, etc.

Research Methodology

In this study both primary and secondary data was used. For obtaining primary data an interview schedule was prepared. The interview schedule included the indicators like socio-economic details of house hold, education status, work status, health status, housing condition, road link with health center, households sources of income and Out of pocket expenditure in health etc. The survey was conducted in nearby nearby villages around Wullar Lake in Bandipora district of Kashmir. A total number of 8 slums (80 household) were selected for the study. For each slum 10 households has been chosen by systematic random sampling technique. The major sources of secondary information was collected and compiled from books, reports and published papers.

Toilet facility – The study area has very less in sanitation facility. Only 8% households have toilet facility, where 92% households do not have any toilet .They usually go for defecation in to wular lake side, or open ground. The government of Jammu and Kashmir launched a program for common toilet facility for slum dwellers. But the toilets are not useable because lack of water. There is no proper drainage facility also.

Source of Drinking Water – It was found in the study area 71% of the slum dwellers depend on municipality water supply. 29% households has own tube well or using neighbors' well. Those households has no own tube well they boiling supply water for drinking purpose of their children.

Health seeking behavior – The data collected from the field reveals that around 40% slum dwellers used only government hospital for their treatment. Eight percent slum dwellers first preference is private clinic. 50% household told when the traditional medical practitioners fails, they prefer to visit government hospital or private clinic. 90% household told cost is the most important factor while selecting a hospital for treatment. It is found in the field survey that slum dwellers avoid visiting government hospital for several reason. One most important factor is they feel that most of the doctors in government hospitals work on their own private clinic. So doctor in his own clinic prescribed more effective medicines. Another reason was distance. Slum dwellers needs to travel a long distance for accessing free government health care. Some private clinics found near to slum, so it's easy to accessing. Many of them were daily wage laborers and they

could not manage to wait for long time for getting free treatment. In some household both husband and wife working as daily wage laborer, for them time was important factor. They could not wait for long time for access treatment. The study shows that slum dwellers often neglect minor sicknesses and do not consult a doctor for treatment. They first go for a quack or gunia. Quack do not have any medical certificate or any authorized permission to prescribe medicine for diseases. But it was found 31% household depend on quack. 25% household still going to gunia in any kind of disease. If they failed there then they may think to go for other treatment.

It was found that men in slum areas have problems related to chest pain, headaches, abdomen pain, TB etc. due to smoking habits or maximum consumption of tobacco Kashmiri jijeer and avail medical facilities from government as well as private hospitals for these conditions. As regards women in the slum areas, they suffered from joint pains, mental stress, some types of gynec problem, acute tiredness, etc. In most of cases they were treated through self-medication. The causes of these health problems are generally overwork, inadequate food intake, overall living conditions, etc. The children of slum dwellers suffered mainly from indigestion, cough, fever, conjunctivitis, weakness, skin problem etc. They were often treated by quack or home remedies. Breastfeeding recommended for baby in the first hour after birth. In the beginning mother body will produce small amount of special milk called colostrums that will protect the baby for infection. An overall 18% of mothers had given colostrums within 1 hour, 25% had breastfed their children after 1 hour but before 12 hour of birth, 28% had breastfed within the day, and 29% breastfed after 1 day. Mothers' milk is very vital for the newborn baby and new-borns should be breastfed as soon as possible after birth. It revealed in field study some slum dwellers woman started use of animal milk or commercial milk in first day of their new born.

Conclusion

Education can play a vital role in influencing women's knowledge about nutrition, hygiene, and health. Educating slum women help to improving their social and economical position and specially their health condition. It is extremely important to invest in more services such as reorienting and sensitizing doctors/nurses, additional beds in government hospitals, well-equipped dispensaries, and maternity clinics near slums. There should be specific income-generating schemes suiting the needs of slum women are able to cope with conditions of poverty and fulfill the basic necessities of their families. There is a need of expanding health related awareness programme in ground level. The role of Government and social organization is very important to providing necessary information related health issues.

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