

ISSN-2347-3797
Volume 4, Issue 3
September - 2016

IAHRW

**INTERNATIONAL
JOURNAL OF SOCIAL
SCIENCES REVIEW**

Editor

Sunil Saini, PhD

Indian Association of Health, Research & Welfare

Reproductive health of women in Motidongor slum Margao, Goa

Anagha Bicholcar and Nandkumar N. Sawant
Department of Geography and Research Centre, Parvatibai
Chowgule College of Arts and Science, Margao, Goa

Dixita Shingadi and Radhika Pandey
Department of Geography
University of Mumbai, Mumbai

Health is an important indicator of development of a country. Good health ensures productivity and progress. This paper attempts to study the reproductive health of married women in Motidongor Slum. It focuses on impact of socioeconomic condition of women on their reproductive health. The analysis of data reveals that the startling results like early marriage, longer reproductive span, miscarriages and lower economic condition. Slum dwellers are mainly migrants and have limited means of income at their disposal. This restricts their attention to their health especially the reproductive health. Besides, illiteracy and disbeliefs also prevents them from being aware of different aspects of reproductive health such as fertility preferences, contraception's, ante/post natal care and menstrual related problems. With the help of available government schemes and NGOs intervention women can address the problems associated with reproductive health.

Keywords: reproductive health, slum dwellers, married women

Globally, an estimated 2.89 lakh women died during pregnancy and childbirth in 2013. Most of them died because they had no access to skilled routine and emergency care. Besides over 10% of all women did not have access to or are not using an effective method of contraception. Global Strategy for Women's and Children's Health aims to prevent 33 million unwanted pregnancies between 2011 and 2015 and to save the lives of women who are at risk of dying of complications during pregnancy and childbirth, including unsafe abortion (WHO, 2015). United Nations Organization in its much sought after Millennium Development Goal 5, Target 6, Indicator 16 and 17 stresses on improving maternal health. It further focuses on a reducing maternal mortality ratio and achieves universal access to reproductive health by 2015. This paper deals with reproductive health of women in a slum habitat in Margao town.

The presence of a slum is a part of urban habitat. It is characterised by defective physical, social and economic environment. Substandard housing characterizes slum areas which pose host of health issues to slum dwellers. (Sharma, 2000). Reproductive health is a lifelong concern. Reproductive health and Child Health is gaining importance in India since the maternal mortality is still high 540 per one lakh births. Duet to dual responsibility of slum dwelling women to manage the domestic and occupational fronts, they are in constant mental and physical stress. Besides, they suffer from health problems mainly because of repeated pregnancies and child birth and due to unhygienic and insanitary living condition prevailing in slum settlement. (Subedi, 1998). Reproductive health for women is important because women face health problems in relation to their reproductive system. They face complications during pregnancy and child birth and are more prone to risks while preventing unplanned pregnancies, un-safe abortions, and reproductive tract infection and in using contraception. (Ramana, 2002). This paper attempts to study the reproductive health of married women in Motidongor Slum. It focuses on impact of socioeconomic condition of women on their reproductive health.

Correspondence should be sent to Dr. Anagha Bicholcar
Department of Geography and Research Centre
Parvatibai Chowgule College of Arts and Science, Margao, Goa
E-mail: add001@chowgules.ac.in

Objectives of the study

The objectives of this paper are:

- To analyse the demographic, and socio-economic profile of adult married women in the slum.
- To envisage the reproductive health of married women in the slum.

Method

Participants and procedure

The paper is the result of literature review that provoked an insight to women's reproductive health. This phenomenon is more prevalent in slums. This gave an idea to initiate a study on women reproductive health. Motidongor slum was selected as the study area. It is a slum habitat in Margao town. The study is based on both primary and secondary data. Sources of secondary data referred are Google maps of the study area, some research papers related to slums, newspaper articles and census 2011 data. A questionnaire was developed based on objectives. The District Health Survey Questionnaire was also referred to fine tune the questionnaire. Married women in the age group of 15-60 were identified with the help of Electoral role. Sample size 25% of the households were selected out of 604 houses. Primary data collection was preceded by transect walk through slum. Total of 151 women were surveyed and data were collected. Various Demographic and socio-economic parameters such as age, religion, education, occupation, age of marriage, age at the time of first child, reproductive span and still births, ante-natal and post natal were covered during the survey. The data collected were tabulated, statistical methods and cartographic techniques were used to treat the data.

Study area

Goa is one of the economically advanced states in India and is experiencing a huge influx of migrants in search of livelihood. Slums in Goa are associated with the three towns namely, Margao, Vasco and ponda. Motidongar is one of the notified slums in Margao town since 1989. It is the inner city slum. It is located in the centre of the city on a hillock. The total area of the slum is 23,000 square

given home remedies. The newborns received check-up within 24 hours of birth. Due to awareness through various sources and doctors most of the women fed their child colostrums' and few were not given because of their belief like it is not good for the child's health. Majority of the women have given or vaccinated their child with BCG, Vitamin-A dose and Tetanus injection.

Recommendations

- Government should enforce strict laws to prohibit early marriages.
- Health related schemes like Janani Suraksha Yojana should be promoted through hassle free procedure.
- Awareness programmes like institutional deliveries, immunization and family planning by grass root level health workers, group talks, etc.
- Margao Municipal Corporation should help the locals to keep their surrounding clean by providing dustbins, timely cleaning of dustbins, closed drainage facilities.

References

- Agarwala, S.N. (1972). *IIPS Indian Population Problems*. Tall Mc-Graw Hill Publishing Company Ltd. New Delhi, 196-216.
- Bicholcar, A. et al. (2008). *Urbanisation and Slum Development: A Case Study of Monte Hill Slum, Margao*. Dissertation submitted to the department of Geography, Parvatibai Chowgule College, Margao Goa.
- Bicholcar, A. et al. (2016). *Slum Youth and Prolonged Deprivation: A Comparative Study of Azad Nagar and Calconda Slum, Margao, Goa-India*. Dissertation submitted to the Department of Geography, Parvatibai Chowgule College, Margao Goa.
- Hunter, D. R. (1964). *The Slums, Challenges and Response*. The free press of glencoe collier Macmillan Ltd, London.
- Kotlari, C.R. (2013). *Research Methodology Methods and Techniques*. Wishwa Prakasha, New Delhi, P.277.
- Ramana, P.V.L. (2002). *Women in slums: A Study of Women in Muslim Slums of Vishakhapatnam*. Serials Publications, New Delhi.
- Sawant, N. (2013). *Goa Slum is the Best in country*. Times of India. from times of india. indiatimes.com
- Sharma, K. (2000). *Rediscovering dharavi: Stories from Asia largest slum*. Penguin books India. New Delhi.
- Subedi, B. (1998). *A study for the upliftment of women in squatter settlements of Kailhandu Valley*. A Masters thesis, central department of Sociology / Anthropology, Tribhuvan University, Kirtipur, Kathmandu.
- Order Issued To Demolish 200 Illegal Structures At Motidongar (2013). *Navhind Times*, 1.
- Motidongar Kid (2013). *Goadut*, 6.
- Unknown the truth behind motidongar slum. goan times. 22 February (2013). Retrieved 26 February 2014. <Www.GoanTimes.Com/ArticleDetails.Phd?id=122>
- Unknown Goa Has Three Slum Towns' www.Goacom.Com/Goa-News-Hights/14283-Census-Goa-Has-Three-Slum-Towns>
- Kamatmaad, Govind. The Times Of India. 13 January, 2013. Retrieved 26 February 2014. <Times Of India.Indiatimes.Com/City/Goa/In-Goa-Its Better-To-Be-A Migrant-And-Live-At->
- Unknown. Retrieved On 26 February 2014 <Http://Groups.Yahoo.Com/Neo/Groups/Gulf-Goans/Conservations/Messages/5929>
- Unknown. Retrieved on 26 February 2014. <http://www.umfpa.org/swp/2003/english/ch1/page2.htm>

Reproductive span and miscarriages: About 53percent of the women are exposed to reproductive activity for 10 years. Around 35percent of women have reproductive span from 11 to 25 years, whereas 12percent of women have reproductive span from 26 to 40 years. This shows that if the reproductive span is longer the health of the women is affected more due to the exposure to reproductive activities. Of the total women, about 1/4th(38/151) have had miscarriages. Of the 38 it is alarming to note that 51 percent of these women had still births in their second and third tri-semesters. The reasons for miscarriages are extra work even during pregnancy, high stress level and unhealthy environment at home (30percent) and congenital defects of foetus (70percent).

Ante-natal care

Month of pregnancy confirmation: 68 percent of women detected their pregnancies within three months of their conception. It is vital to take Iron tablets, Folic acid and calcium for the better neurological growth of the foetus. However, 32percent of women detected after the first trimester because of unawareness, negligence and family support. It is noteworthy that 94percent of women registered their pregnancies with a medical practitioner and receives ante natal care in the form of monthly check-up, regular supply of iron, folic acid and calcium. While 6 percent did not register because of cultural bounds and lack of facilities for the older generation.

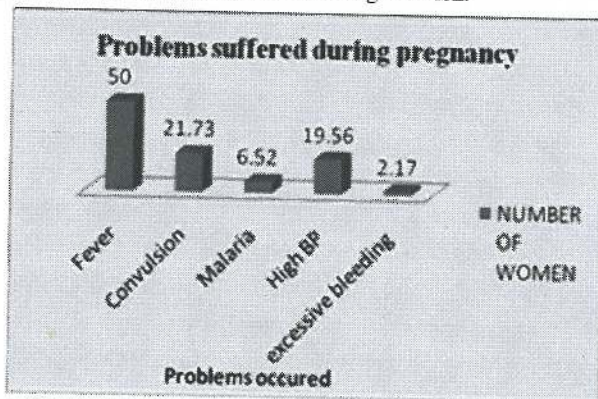


Figure 4: Illness during pregnancy

Majority of women did not suffer from any problem during pregnancy. From the women who suffered problems, fever was the most consistent one followed by convulsion and high BP while few women had problem of excessive bleeding and malaria. Above problems are caused due to unhygienic environment and unhealthy food habits.

Supplementary nutrition during pregnancy: About 3/4th of women received supplementary nutrition from the Anganwadi centre as the scheme has been introduced by the government few years back and the benefits of this scheme is availed by the newly married women. While 1/4th of the women have not received supplementary nutrition because this women consist of the women who are aged and few of them don't take it because they believe the food quality is low.

Financial assistance for delivery care under the Janani Suraksha Yojana: 23 percent have received financial assistance under this scheme. And 77percent of women did not receive Janani Suraksha Yojana because of availing this scheme demands elaborate paper work and long wait. Their spouses being illiterate or minimally educated have to depend on others to apply for the scheme.

Post-natal care

Check-up within 48 hours of delivery: 80percent of women

underwent health check-up as their delivery was done in government and private hospital. While 20percent had home delivery and due to poor financial condition they could not afford such a health check up.

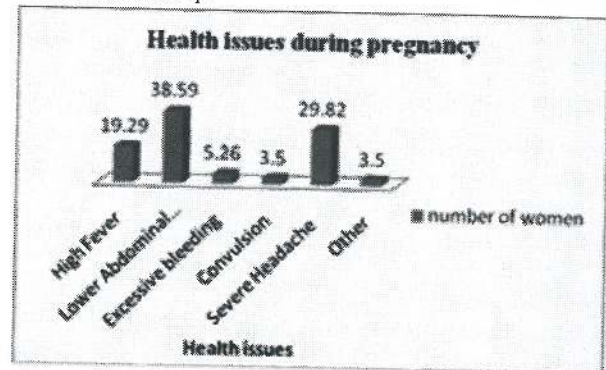


Figure 5: Health problems in the first six weeks after delivery

The observation shows that 38percent of the women had problems after delivery such as lower abdominal, severe headache, high fever, excessive bleeding, and convulsion. This puts a heavy toll on women health throughout life.

Feeding of "colostrums": Colostrums is very essential for the healthy growth of the child which acts as a protective wall against various diseases like liver problem and psychological disorders. 86percent of women fed their children colostrums as they were informed about this by the doctors and nurses. It is also observed that 14% did not feed colostrums to their children because of some health problems after delivery and also there is a prevailing false belief that colostrums milk should not be given to the babies for first three days until the rituals are done.

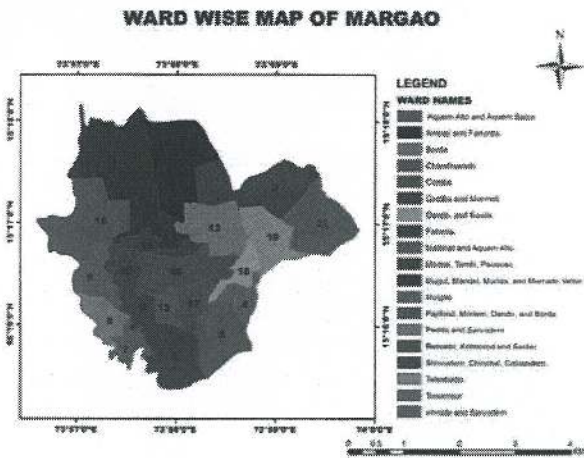
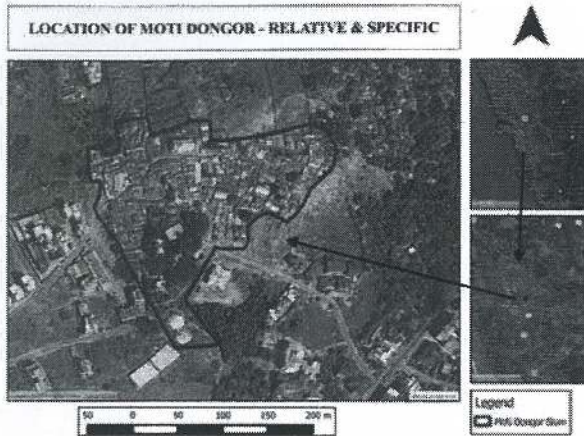
Vaccination to the newborn: 92Percent of women gave BCG ,polio and DPT vaccination to their children where as 7.75percent have not because of home deliveries, unawareness, lack of guidance and also survey reveals that this facility were not available in the past.

Conclusion and recommendations

The analysis of the survey reveals that Islam is a major religion in the slum followed by Hinduism. There is high rate of illiteracy among women and their spouses. Women and their spouses are engaged in informal sectors as daily wage labourers'. This restricts their expenditure on health of their family. The mean age of marriage of women is 17 years and most of the women had their first child at the age of 18 years. It is striking to see that in few cases women delivered their first child between the ages of 10 to 14. About 38 women have terminated their child either by doctor's recommendation or by their in-laws. Most of the women detected their pregnancy before 3 months and followed it up with ante natal care. Due to poor financial condition most of them registered their pregnancy in government hospitals and very few in private hospitals and most of them received ante-natal care from hospitals.

21 percent of women during their pregnancy suffered from fever followed by convulsion, high BP problem, malaria and excessive bleeding. Most of the women have received supplementary nutrition from Anganwadi under the government scheme for pregnant women. Majority of them did not receive any financial support from the government under Janani Suraksha Yojana. During the first six weeks after the delivery lower abdominal pain was very common among them followed by severe headache. Majority of them were

meters. The slum has 265 households and a population of 1641 (Census, 2011).



MAP # 1 SHOWING WARD OF MARGAO (Source: 1) Satellite based on 2011 Census

Map No: 1 Word wise map of Margao

Data analysis

Demographic profile

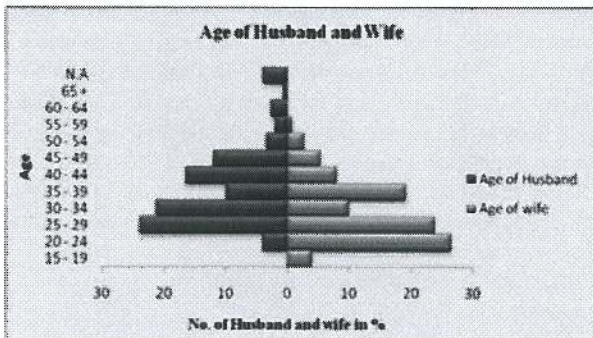


Figure No: 1 Age of women and their spouses

Majority of women are in the age group of 20-29, whereas their spouses are in the age group of 25-29. This means that the women are in their peak reproductive age. The mean age of marriage of women is 17 years and of men is 21 years. About 2/3rd of women are Muslims and 1/3rd are Hindus. Thus Islam dominates the religious fabric of the slum.

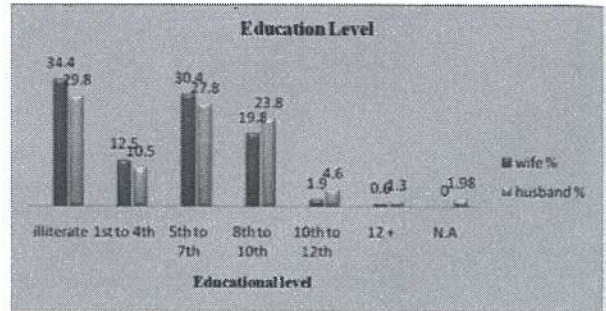


Fig :2 Education of women and their spouses

Women's education has a direct bearing on family size and family health. 46 percent of women are either illiterate or minimally educated (Fig 2). Thus there is a higher degree of illiteracy among women and their spouses. This restricts their awareness about family planning methods, willingness to adopt the same.

Occupation of women and their spouses: About 69 percent of women are unemployed and the rest work as maids. Their spouses work as daily wage labourers. A single earner in a family curtails the expenditure on health.

Age of Marriage: Most of the women got married when they were in the age group of 15-19 which is an indicator of early marriages. Early marriage increases the reproductive span and thus is a contributing factor for compromised health condition of the women.

Table 1: Age at the time of first child

| Age Group | Percentage of women |
|-----------|---------------------|
| 10-14 | 2.20 |
| 15-19 | 48.14 |
| 20-24 | 46.66 |
| 25-29 | 01.48 |
| 30-34 | 00.74 |

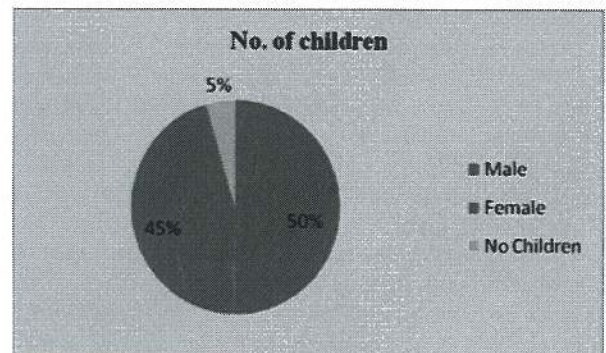


Fig.3: Numbers of Children

The number of women who delivered their first child is more in the age group of 15-19. It is observed that 46.66 percent women were in the age group 20-24. It is very striking to see that 2 percent of women were between the ages of 10-14. This shows that the trend of early marriages is still continuing though it is prohibited by the government. It is mainly due to their own perspective like social belief of having child at early age which builds their status in their own society. Besides, during the survey it was evident that, preference to male child is more prevalent among the women as they carry their generation forward, and contribute to family income. Sex ratio for children is 904 in Motidongor slum. While the Sex ratio for Margao city is 965 (census 2011)