CAUSES BEHIND HEALTH PROBLEMS OF WOMEN IN CHIDAMBARAM TOWN

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Abstract: This study was undertaken to understand present health status of women living in selected slums of Chidambaram town; health services provided in slums for women, treatment for various health problems and discuss various remedies regarding these problems influenced by a large number of factors apart from knowledge and awareness. Sixty seven married women from slums were purposively selected as the study population. Face to face interview techniques of data collection were applied using semi-structured interview schedule.

Key words; Place for cooking, fuel for cooking, Food Chart, Monthly Expenditure (Approximate) for food, Source of Food, boiling drinking water, Practice of washing hand before and after eating.

I. Introduction

Health and socio-economic development follow each other. The poor sanitation impacts affect low income groups and the poor disproportionately. In the case of air pollution, for example, the poor, who form the bulk of the urban population, often suffer the highest exposures, since many of them (including infants, the old and the infirm) live and work roadside, where air pollution levels are typically higher than farther away and because the poor are in marginal health, and lack adequate nutrition and medical care, the poor are also the most affected by, and least capable of, coping with the impacts of air pollution, because of synergies between pollution, poverty and nutritional deficiency12 and poor access to health care.

The scale of urban poverty is greatly under estimated – its nature misunderstood and the best means for reducing it is rarely acted upon. In this survey we are looking at aspects of poverty which affects women and children adversely which is health. The urban slum dwellers living in tropical countries, their health condition is threatened by a variety of tropical diseases. Health equity can only be achieved by "leveling up" living conditions for the poor, and by reducing differential exposure and vulnerabilities among different groups in society. It is clear that female slum dwellers have extremely limited opportunities for a decent lifestyle: They lack the foundation for healthy and fulfilling lives, and at the same time carry immense responsibilities for maintaining their homes and families.

Cultural norms dictate that women in urban slums tend to spend more time in the home caring for their families and their households. Factors in the home such as poor sanitation, leaking roofs, flooding and fire risks increase inhabitants' vulnerability to the disease. Because women spend more time in the home, they are therefore more susceptible to the adverse health outcomes associated with inadequate housing conditions. Meanwhile, cultural hierarchies or social status often significantly disadvantage women. In urban populations of India, healthcare is provided according to an individual's status in a household. Due to women and girls' lower societal position, less money is spent on them for medical treatment.

This study was undertaken to understand present health status of women living in selected slums of Chidambaram town; health services provided in slums for women, treatment for various health problems and discuss various remedies regarding these problems influenced by a large number of factors apart from knowledge and awareness. Sixty seven married women from slums were purposively selected as the study population. Face to face interview techniques of data collection were applied using semi-structured interview schedule.

II. Objectives of the Study:

The general objective of the study is to know about the present heath status of women living in sums of Chidambaram town.

More specifically the objectives of the study is to study the causes behind these health problems of women of Chidambaram town.

III. Rationale of the study:

Slum conditions pose many dangers to the inhabitants' health. Lack of education means that people are unaware of the health problems caused by unhealthy conditions, and do not know how to prevent the spread of disease. Poverty means that food is often scarce or lacking in nutrients and a high proportion of women are malnourished. Very few women receive vaccinations and so diseases which have been almost eradicated elsewhere can become fatal to them. When health problem becomes apparent, people are often reluctant to seek medical help due to the costs involved. They can be misled by the advice offered by local "quacks" - people who pose as doctors but have no medical training. Their incorrect diagnoses and unsuitable medication pose more damage than the patients' illnesses themselves.

The slum women are marginalized due to the difficulty of accessing healthcare services and information. They do not have access to public health services and private health care service is very expensive.

IV. Period of study: The period of study has been from January to April 2016.

V. Analysis and Findings

Table 1: Place for cooking

Sl	Place of cooking	Frequency	Percentage%
1	Open place along with the house	59	88
2	In room	03	5
3	Others	05	7
Total		**67**	**100**

Analysis:

As the Chidambaram town slum is a densely populated area and the living condition of the slum dwellers is very poor. They have to live in the slum in great difficulty in one or two rooms, so the desire for a separate kitchen is beyond their imagination. More than three fourth (88%) respondents said that they used open place along with their house for cooking purposes. Five percent (5%) of them cooked inside their room. Only seven percent used some other place for cooking.

Table 2: fuel for cooking

Sl	fuel for cooking	Frequency	Percentage%
1	Firewood	38	57
2	Husk	16	24
3	Wood	10	15
4	Gas	2	3
5	Kerosene	1	1
Total		**67**	**100**

Analysis:

Table 2 reveals that more than half (57%) of the respondents use firewood for cooking,24% use husk and 15% use wood in this purpose. Only 3% respondent use gas which is cylinder gas and 1% use kerosene for cooking.

Nutrition:

Table 3: Food Chart

Sl	Food Chart	Daily		Weekly		Monthly		Special Occasion		Never		No info
		N	%	N	%	N	%	N	%	N	%	
1	Rice	67	100	07	11							02
2	Vegetables	58	89	26	39	01	2					01
3	Fish	39	59									
4	Meat	39	58	14	21	12	18	02	3			
5	Milk	04	5	27	40	05	8	05	8	26	39	
6	Egg	14	21	44	66	02	3	02	3	05	7	
7	Bread	08	12	18	27	04	6	01	2	35	53	01
8 Others	-	-	-	-	-	-	-	-	-	-	-	

Analysis:

A balanced diet is combination of food like carbohydrate, protein, fat, and vitamin and mineral, which is essential for every human being. But as the living condition of the slum dwellers is very poor and sometimes they live from hand to mouth; they cannot even think of having a balanced diet. The study found that, all the respondent eat rice daily, following that 89% eat vegetable daily and 11% eat vegetable in weekly basis. Among the respondents 59% eat fish daily, 39% eat fish weekly and only 2% eat monthly. In response to another protein item meat more than half (58%) respondent said they used to have meat on weekly basis, while monthly 21%, on special occasion and 3% mentioned that they never eat meat even for a single day as because of their poor financial condition. In response to having milk the responses were daily (5%), weekly (40%), monthly (8%), on special occasion (8%) and more than one third (39%) of the respondent never have milk. The table reveals that 21% of the respondents eat egg daily, while two third of them eat egg on weekly basis. The other responses are monthly (3%), on special occasion (3%) and never (7%). In response to having bread more than half (53%) of the respondent said that they never ate bread as meal.

The other responses are daily (12%), weekly (27%), monthly (6%) and on special occasion(2%). These shows that daily diet of 11% respondent is only rice and diet of 89% of the families consist of rice with vegetables and 59% can afford to have fish. However, they can afford other food items such as meat, egg, milk occasionally: weekly, monthly or on special occasions and several of them can never afford to have these foods.

Table 4: Monthly Expenditure (Approximate) for food

Sl	Monthly Expenditure for food (In Rs)	Frequency	Percentage%
1	1001-2000	7	11
2	2001-3000	16	25
3	3001-4000	6	9
4	4001 and above	35	55
5	No information	3	
Total		**67**	**100**

Analysis:

Table 4 shows that, more than half of the respondents (55%) expend more than 4000Rs monthly for food, one fourth of the respondents expend within the range of taka 2001 to3000 for in this purpose, 11% expend 10001 to 2000 taka and only 9% the respondents expend 3001 to 4000 Rs for food purpose.

Table 5: Source of Food

Sl	Source of Food	Frequency	Percentage %
1	Cook herself	64	95
2	Others	03	5
Total		**67**	**100**

Analysis:

Table 5 reveals most of the respondents (95%) cook herself and only 5% respondents collect their food from other sources.

Water-Sanitation & Hygiene:

Inadequate access to safe water and sanitation leads millions of our people to various health problems. Water and vector borne diseases like diarrhea, dysentery, typhoid, worm infestation and polio, malaria, hepatitis A and E are too common in the country. WHO states that one tenth of the global disease burden is preventable by improving water supply, sanitation, hygiene and management of water resource. Prompt action is required to ensure that these are implemented properly and sustained especially to protect our children.

Picture of sanitation is worse in slums and rural India is worse where there are ignorance, poverty, too little space to set a toilet, traditional practice of open defecation, the use of hanging latrines, and lack of knowledge about hand washing which pose a serious threat to health.

Source of Water:

All the people of Chidambaram town slum mentioned that they use tap water supplied by Chidambaram town municipality for the purpose of drinking, bathing, toileting, cooking and household needs. The condition of the place of water supply is not clean; in the bathroom there is a small slab which stands in an open place and widely used for the purpose of bathing and daily household work and this place is visible from the road. Both men and women use it. The condition of bathroom is very unhygienic. The slab is always slippery and covered with moss. This place is also used for the purpose of cooking and washing things. So the place is always full of refuses vegetables and other garbage.

Table 6: Practices of boiling drinking water

Sl	Response	Frequency	Percentage%
1	Yes	03	4
2	No	64	96
Total		**67**	**100**

Analysis:

The slum dwellers preserve drinking water from supply water in pitchers *or* any kind of pots. Table 6 indicates most of the respondents (96%) answered negatively in case of boiling drinking water; they do not boil water for drinking. Only 4% respondents boil water to drink. The respondents who do not boil water they said that, as fuel for cooking is expensive so they think that boiling water for drinking is extravagance to them. They also are not aware of the importance of pure drinking water.

Table 7: Practice of washing hand before and after eating

Sl	Response	before eating		after eating	
		N	%	N	%
1	Yes	51	76	67	100
2	No	16	24	04	06
Total		**67**	**100**	**67**	**100**

Analysis:

This table indicates that more than three fourth (76%) respondents replied positively about washing their hands before eating and all the respondents washed their hands after eating. On the other hand, nearly one fourth (24%) of the respondents did not wash their hand before eating.

Table 8: material use to wash hand

Sl	Response	Before		After	
		N	%	N	%
1	Soap	24	47	11	17
2	Only water	25	49	52	83
3	Ash	2	4	-	-
4	No information	-	-	-	-
Total		51	100	63	100

Analysis:

This table reveals that, 47% respondents use soap to wash hands before eating and only17% use soap after eating. Almost half of the respondents (49%) use only water to washbefore eating and most of the respondents (83%) wash their hands by using only water. Only4% respondents wash their hands by using ash before eating.

Table 9: Types of latrine

Sl	Types of latrine	Frequency	Percentage%
1	Hygienic	66	99
2	Non-hygienic	01	1
Total		67	100

Analysis:

As there is always high density of population in the slum areas and for being poor, livingcondition of the slum dweller is generally unhealthy. For a large number of slum dwellersthere is limited number of latrine. In Chidambaram town slum there are seven sanitary latrinesside by side in one side of the slum. Table 9 shows that 99% of the respondent said thatlatrines of this slum are hygienic, only one percent mentioned as unhygienic.

Table 10: Materials to wash hand after urinate/ defecating

Sl	Name of materials	Frequency	Percentage%
1	Soap	39	57
2	Ash	25	36
3	Do not wash hand	05	7
Total		69	100

Analysis:

Table 10 shows that more than half of the respondents (57%) mentioned that they usesoap to wash hand after urinating/ defecation. Ash is used by 36% of the respondents. Onlyseven percent said that they do not wash hand after urinating/ defecation.

VI. Conclusions and Recommendations

The study was carried out to understand health status of women living in slums of Indian City including their treatment seeking behavior for various health problems and health services availed by them. Data was collected through face to face interview from sixty seven married women living in Chidambaram town slums. The report reflects the problems related to housing condition, water-sanitation and hygienic behavior, food consumption patterns, diseases that slum women suffer from and reproductive health information.

Health problems of the slum women can be solved by themselves with a little support from Government City Corporation and NGOs working in the areas. Following steps that should be taken to improve the quality of health service of this area:

- Hospital to be established in the locality.
- Medicine should be provided at free of cost

- Health service should be provided by the Government door to door and also by the Non-Government organizations.
- Quality of health service needed to be improved.
- Doctors and health service provider's behavior needed to be more cordial.
- The price of medicine should be reduced.
- More health care centers should be set up in the locality.
- Quality of sanitation facilities needed to be improved.

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