ISSN No: 2230-7850

International Multidisciplinary Research Journal

Indian Streams Research Journal

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RNI MAHMUL/2011/38595

ISSN No.2230-7850

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Indian Streams Research Journal



Volume - 7 | Issue - 5 | June - 2017

WOMEN HEALTH IN SLUM AREAS: REVIEW EVIDENCE

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ABSTRACT

eview of literature is like heart of research study. Therefore, it plays significant role to reveal the progress of research in certain key areas in subjects and helps to know about the research gap and to certify that the research problem to do research. In the present paper, a ephemeral review of literature is made covering the research articles /papers that are published on Women health in slum areas: review evidence in different parts of India in research journals from 1988 to 2014. It shows that, there is need to intervene to the problems of slum women, such as violence and illiteracy, from which the health problems are also derived.

KEYWORDS: Women, Health, Literature, Violence and Illiteracy.

INTRODUCTION

Review of literature means to an extensive, exhaustive and systematic examination and publications relevant to the research. The review of literature provides a basis for future investigations, justifies the need for replication, highlight on the feasibility of the study, indicates constraints of data collection and helps to relate the findings of one study to another. Review of literature can play a vital role in a research study and it is a critical summary of research on a topic of interest. It is generally prepared to put a research problem in context or to identify gaps and weakness in prior studies so as to justify a new investigation. It is icon to start the research work, without review of literature research is impossible to imagine.

SIGNIFICANCE OF REVIEW OF LITERATURE:

A review of literature should focus on the issues that have been already addressed in the empirical as well as theoretical literature focusing on the phenomenon under investigation pretending to the causes, the extent, the nature as well as the determinants. At the same time it should also take stock of the perspectives approaches and orientations on the one hand and methods, tools and techniques on the other, employed in the in the study and the analysis of the factors and issues. A good review of literature should aim at the thematic classification of the studies focusing on diverse issues pertaining to the phenomenon under investigation and analyze the major findings that could be taken as extending the limits of our knowledge about the phenomenon instead of ending up as a mere survey of literature published on the in subject. It is precisely owing to these reasons an attempt is made in this paper to analytically a focus on relevant literature pertaining to health status and health problems of women in slum areas in India. Due to the limited time frame and as per the limitations of the present study, only a few of the research papers published in scholarly journals are reviewed.

OBJECTIVES OF THE PRESENT RESEARCH STUDY:

1.To collect and analyses the related secondary data of Literature published in research journals

2.To study and review of the research studies that are made on women health status and problems in slum areas in Indian context.

RESEARCH METHODOLOGY:

As mentioned in the above objectives of the research study the author searched and collected the various reputed and recognised journals and gathered many of research articles.

WOMEN HEALTH IN SLUM AREAS: REVIEW EVIDENCE

The collected and gathered research articles/papers are reviewed as follows -

Penkower (1988) studied Husbands' Layoff and Wives' Mental Health: A Prospective Analysis' A prospective study focused on the short-term and long- term mental health effects of husbands' layoff on wives. A sample of 149 mothers of young children, approximately half of whose husbands became unemployed due to layoff during the two-year study period, was examined.

Barnett (1990) studied "Job Experiences over Time, Multiple Roles, and Women's Mental Health: A Longitudinal Study". The objectives of the study were to know the changes over time in the quality of a woman's job associated with changes in her psychological distress. Do family roles moderate these relationships? These questions were addressed by using longitudinal data from a 2-year 3-wave study of a stratified random sample of 403 employed women who varied in occupation, race, partnership, and parental status.

Sheppard (1991) studied "General Practice, Social Work, and Mental Health Sections: The Social Control of Women". A survey was undertaken of all referrals for compulsory admission received by a city mental health centre over a one year period. The centre receives the overwhelming majority of all these referrals in the city. Referrals from GPs were compared with other referrals focusing particularly on women. The results indicate GPs discriminated against women, referring considerably more women than men with less emphasis on major (psychotic) mental illness. The study concludes that ASWs need be aware of potential sexist GP practice, that their psychosocial perspective is critical to assessment and that ASW training should include gender Issues.

Simonsick (1993) studied "Relationship between Husband's Health Status and the Mental Health of Older Women". This study Analyses examining the independent and joint effects of marital quality and husband's health on wife's mental health indicate that the negative association of illness in a spouse on wife's mental state is, in part, a function of the impact husband's health has on marital intimacy and shared pursuits. Of the socioeconomic and social resources examined, only availability of close friends shows a substantial relationship to the wives' mental health.

Heise (1998) studied "Violence against Women: An Integrated, Ecological Framework". This study encourages the widespread adoption of an integrated, ecological framework for understanding the origins of gender-based violence. An ecological approach to abuse conceptualizes violence as a multifaceted phenomenon grounded in interplay among personal, situational, and sociocultural factors. Although drawing on the conceptual advances of earlier theorists, this study goes beyond their work in three significant ways. First, it uses the ecological framework as a heuristic tool to organize the existing research base into an intelligible whole. Whereas other theorists present the framework as a way to think.

Gunthey (1999) studied "Influence of Environmental Stress, Work Environment and Family Environment on Working Women of Public and Private Sectors in Relation to Their Mental Health". The study was conducted by Department of Psychology, Jai Narain Vyas University, Jodhpur to know the unique environmental stress attributes of working women in the public sector as compared to private sector and non-working women; to know the effect of family environment dimensions on the mental health of working women in both the sectors vis-à-vis non- working women; to know what are the changes in mental health status as a result of work environment factors affecting working women in public and private sector and non-working women; and to understand the level of insecurity among women in the private sector.

Abel (2001) studied "Women and Mental Health" Prevalence data estimating the number of women compared with men with significant psychiatric disorder or psychological symptoms have consistently found women to have higher rates both in the UK and other Western countries. Clinicians and researchers alike are

increasingly aware of gender differences and their potential effect on aetiology, presentation, course and management issues in a range of mental disorders.

Eapen (2002) studied Mental Health of Women in Kerala An attempt has been made in this study to emphasize the need to explore "social" factors, reflected primarily in the iniquitous gender roles and authorities, structures that perpetuate women's subordination, for understanding the growing mental distress among women in Kerala. Much has been written about the high status of women in Kerala and their central role, historically, in its development based on the remarkable achievements in the social sectors (Jeffrey 1992). This is reflected in the highest levels of literacy and health for Kerala women among the states of India. More recent work did highlight the state's weaker position if health indicators like morbidity, in lieu of mortality, were considered (Hiraway and Mahadevia 1996). Besides, there is growing uneasiness in equating high status thus defined and empowerment.

Singh (2002) studied "Mental Health Status of Working Middle- Aged Women: A Study of School Teachers of Varanasi City". This study relates to working women who are in their middle age of life. The objectives of the present work were to assess the mental health of working middle aged women; to find out the psychosocial stress in this age group; to know about the general physical problems of women; evaluate the reasons of family tension of these lady teachers; compare the mental health status of women who were in menopausal phase with those who were in post-menopausal phase; and to study whether being a woman these teachers are satisfied with their life or lead a so called? happy life? Data was collected on a sample of middle- aged lady school teachers of Varanasi City through interview schedules and questionnaires. About 94% subjects were Hindu and the remaining 4% were Muslims and 2% were Christians. Percentage of married subjects was 82% while 8% were unmarried. During middle age, 38% women reported fat gain.

Lawry (2003) studied "Basic Needs, Mental Health, And Women's Health Among Internally Displaced Persons In Nyala District, South Darfur, Sudan". The objective of the study was to assess the basic needs, women's health, and mental health burden to help the humanitarian aid community appropriate services in south.

Maclean (2004) studied "Multiple Roles and Women's Mental Health in Canada". Research on the relationship between women's social roles and mental health has been equivocal. Although a greater number of roles often protect mental health, certain combinations can lead to strain. The study explored the moderating affects of different role combinations on women's mental health by examining associations with socioeconomic status and differences in women's distress (depressive symptoms, personal stress (role strain) and chronic stress (role strain plus environmental stressors). Women with children, whether single or partnered, had a higher risk of personal stress. Distress, stress and chronic stress levels of mothers, regardless of employment, or marital status are found to be staggeringly high.

Kuruppuarachchi (2005) studied "Domestic Violence and Female Mental Health in Developing Countries". In developing countries, where families are closely knit and cohesive, domestic violence was thought to be uncommon. However, studies of domestic violence in developing countries show a similar prevalence to that in developed countries. In Sri Lanka a survey at the out-patient department of the North Colombo Teaching Hospital in Ragama, a semi-urban area in the suburbs of Colombo, found that 40.7% of women had been abused by their partners (further information available from the authors on request).

Kumar (2005) studied "Domestic Violence and its Mental Health Correlates in Indian Women". Domestic spousal violence against women has far-reaching mental health implications. The aim of the study was to determine the association of domestic spousal violence with poor mental health. In a household survey of rural, urban non-slum and urban slum areas from seven sites in India, the population of women aged15-49 years was sampled using probability proportionate to size. Findings indicate a strong association between domestic spousal violence and poor mental health, and underscore the need for appropriate interventions.

Blehar (2006) "Women's Mental Health Research: The Emergence of a Biomedical Field". This study surveys the field of women's mental health, with particular emphasis on its evolution into a distinct area of biomedical research. The field employs a biomedical disease model but it also emphasizes social and cultural influences on health outcomes. Nonetheless, it is also likely that integration of findings predicated on different

conceptual models of the nature and causes of mental illness will remain a challenge. These issues are discussed with reference to their impact on the field of women's mental health research.

Kermode (2007) studied "Empowerment of Women and Mental Health Promotion: A Qualitative Study in Rural Maharashtra, India". The global burden of mental illness is high and opportunities for promoting mental health are neglected in most parts of the world. Many people affected by mental illness live in developing countries, where treatment and care options are limited. In this context, primary health care (PHC) programs can indirectly promote mental health by addressing its determinants that is by enhancing social unity, minimizing discrimination and generating income opportunities.

Jennifer (2008) studied "Mental Health Strategies for Federally Sentenced Women in Canada: Moving Towards Community- Based Alternatives". This study provides a review and critique of mental health strategies for federally sentenced women in Canada. The context is set with a brief historical account of womens? Imprisonment in Canada. In addition, the study presents a portrait of women imprisoned in the Canadian federal correctional system, including current statistical information related to admissions, type of offenses, length of sentences, classifications, age, race.

Khodarahimi (2009) studied "Womens' Mental Health in the North of Fars, Iran". The purpose of present study was to examine the effects of demographical factors in womens' mental health in an Iranian sample. The effects of demographical factors on womens' psychopathology within a survey design investigated among 200 women who were selected by random sampling method and their mental health measured by SCL-90-R checklist.

Siddharth Agarwal, et al (2010) conducted a study of 312 mothers of infants aged 2-4 months in 11 slums of Indore, India, were interviewed to assess birth preparedness and complication readiness (BPACR) among them. The mothers were asked whether they followed the desired four steps while pregnant: identified a trained birth attendant, identified a health facility, arranged for transport, and saved money for emergency. It will be important to increase the competency of slum-based traditional birth attendants, along with promoting institutional deliveries.

Vijay M Sarode (2010) examined utilization of health services available to the women in the slums on hilly area in Mumbai and also checks whether non utilization of antenatal care (ANC) and having reproductive health problems during pregnancy create complications during child delivery vis-à-vis standard of living index constructed from household amenities, housing quality, drinking water, electricity and toilet facilities. This study uses primary data collected using cluster sampling of a sample size of 346 reproductive women who have given at least one live birth prior to the survey on the education of the study women, antenatal care indicators, antenatal check-ups and reproductive health problems during pregnancy and complications during child delivery amo ng the slum dwellers of Ramabai Nagar was studied. This paper suggests that awareness is very much required at every stage of ANC particularly to illiterate women with low SLI category in the slums in order to ensure reproductive health during pregnancy.

Balaiah Donta, et al (2012) conducted a study to assess the awareness of cervical cancer among couples, data were collected from two urban slums community in Mumbai. A total of 1958 married women aged from 18 to 49 and their husbands were selected using simple random sampling. Women (37.7%) were significantly more aware of cervical cancer than husbands (8.7%). A slight agreement (kappa statistics=0.16) was observed between husbands and wives on awareness of cervical cancer. Significantly higher percentages of wives were aware of pap smear test than husbands. Overall, awareness of cervical cancer and pap smear test among couples is low. There is need to educate and motivate both of them to participate in cervical cancer screening program.

Kiranmai, et al (2012) stated that women's health is increasingly recognized as an area that has emerged because of an increase in women's demand for unique health care services that consider gender, life circumstances, education, and religion, economic and socio-cultural environments. The three major constructs related to comprehensive women's health outcomes include personal factors, the health system factors, and social, economic and cultural factors. The present work is a cross-sectional study designed to examine the perceived and actual health status and health practices of women aged 18 to 64 years during the period December to March 2012. The health status survey a structured questionnaire was used. The results indicate that the perceived health condition by the women is good as a fact that in spite of many health effects they were not in

medication and doesn't visit a doctor.

Makade, et al (2012) conducted a survey to study theawareness, practices, preferred method of contraception, emergency contraceptive and Medical Termination of Pregnancy (MTP) and Awareness of family planning services in the vicinity and also decision making regarding contraceptive use. Total 342 married women were interviewed in the local language using a pre-tested questionnaire. It was found that 87.7% of women were aware of at least one method of contraception. 68.4% women were using a contraceptive at the time of study. 14% women were unaware of any health care facility providing contraceptives in the vicinity. Knowledge and practice of Emergency Contraceptive was very low. Although there is high level of awareness, contraceptive use is not very high. New methods of motivating people to adopt and sustain Family Planning methods should be considered.

Jogdand, et al (2013) conducted a study to determine perception of maternal mortality among women in an urban slum area of South India. A descriptive cross-sectional study was carried out in an urban slum area of south India among 378 women above 20 yrs of age. The majority (35.98%) of the study subjects was in the age group 31- 40 years followed by 28.31% study subjects in the age group of 21-30. 34.14 % study subjects were educated up to intermediate and 22.22 % were educated up to secondary level. 95.50 % of the study subjects aware that death can occur from pregnancy-related problems. 73.81% subjects stated that excessive vaginal bleeding was a possible cause of death followed by high BP as possible cause of death in 21.96% study subjects. In order to reduce the high rate of maternal mortality, health education programs on prevention of maternal deaths and morbidities directed towards at risk women need to be improved. As most of the decisions in families were taken by the men, their participation is also very important.

Md. Amirul Hasan and Vandana Shukla (2013) conducted a study to assess nutritional status of women living in slums of Allahabad. A Cross-sectional epidemiological study was undertaken covering fifteen slums of Allahabad city and women of 15-49 years. It is concluded that malnutrition and nutritional anemia are major health problems of slum women along with dental caries. Weight and height are correlated to anemia and vegetarian diet is more responsible for anemia.

According to Pawar and Mane (2013) slum is an unhygienic place for human settlements. It is the human settlement in diverts condition or situation. It is also a adjustment with nature and compromise with life's needs for survive in worst condition. It is because of the vicious circle of poverty. Poverty is an unseparateable part of slum dwellers. So the slum population is backward socially and economically. Poverty affects the health, education, nutrition, birth and death ratio, sex ratio, life expectancy, the socio-economic status. Due to poverty economic status is lower, so education level is low, unskilled or low skills, so the socio-economic status of slum dwellers is low. To improve this lower economic conditions slum women are earning and try to support family income. Some are the house headed women. So they have needed to earn. They are lower educated unskilled, have poor economic condition so they perform the work as per their capacity and ability which provide low income and hence the socio-economic status is low. Therefore, there is a need to study the socio-economic status of slum women.

Sushmita Das, et al (2013) conducted a survey to examine Intimate Partner Violence (IPV) of slum women during pregnancy. Of 2139 respondents, 35% (748) said that violence was justifiable if a woman disrespected her in- laws or argued with her husband, failed to provide good food, housework and childcare, or went out without permission. 318 (15%, 95% CI 13, 16%) reported IPV in the year that included pregnancy and the postpartum period. Physical IPV was reported by 247 (12%, 95% CI 10, 13%), sexual IPV by 35 (2%, 95% CI 1, 2%), and emotional IPV by 167 (8%, 95% CI 7, 9). 219 (69%) women said that the likelihood of IPV was either unaffected by or increased during maternity.

A study was carried out by Vikram, et al (2013) to identify the beneficiary level factors of utilization of Janani Suraksha Yojana (JSY) scheme in urban slums and resettlement colonies of trans-Yamuna area of Delhi. A cross-sectional community based survey was done of mothers of infants in the selected areas of the two districts by stratified random sampling on a population proportionate basis. Of the 469 mothers interviewed, 333 (71%) had institutional delivery, 128 (27.3%) had benefited from JSY scheme and 68 (14.5%) had received cash benefits of JSY. Belonging to Hindu religion and having had more than 6 antenatal check ups were the significant predictors of availing the benefits of JSY. There is a need to improve the awareness among urban slum population about the

utilization of JSY scheme. Targeting difficult to access areas with special measures and encouraging more antenatal visits were essential, prerequisites to improve the impact of JSY.

According to Phukan (2014), the phenomenon of slum is regarded as a challenge for the Jorhat City of Assam, India where seven slum areas have already been emerged. This study was conducted in all the slums to investigate the level of some basic amenities such as housing, sanitation system and water facilities etc. In the study it was found that these aspects of their livelihood are poor which generates several problems especially it degrades urban ecology.

As stated by Thimmanna (2014), elderly women in Slum area of Bellary city in Karnataka is overcrowded with poverty stricken areas having lack of amenities open spaces and poor sanitary conditions, etc. Apart from congestion, structural condition of the dwelling is very poor with temporary huts haphazardly erected. There are no proper roads, lack of sewerage and drainage facility, unhygienic and sub-standard living conditions, lack of water supply and other amenities. BPL population is less than slum population. One of the major challenges of elderly women in slum area is that poverty, very poor sanitation facilities, and issue is social exclusion of elderly women, week policies or schemes of Governmental, Non-governmental and municipal authorities in city areas.

CONCLUSION:

The review of related literature helped the investigator in many ways. Some studies gave an idea to the present research study. These review of related literature showed the investigator that there are very few study related to Women health in slum areas: review evidence and also the ways to reach the objectives of the study.

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