A STUDY OF REPRODUCTIVE HEALTH BEHAVIOUR OF SLUM DWELLER WOMEN

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Health is considered as a fundamental human right and a worldwide social goal. In Indian scenario, various health indicators depict that during the last five decades and more, since the attainment of independence, considerable progress has been achieved in the promotion of health of the people. However, the health picture of country still constitutes cause for serious and urgent concern. Large masses of Indian poor continue to struggle for survival and health. Recent estimates based on caloric consumption norms indicate that 48 per cent of rural masses and 41 per cent of urban masses live below poverty line. Human Development Report (1998) ranks India at number 139 among 174 countries in terms of overall human development. A country is overall levels of development affects the health status of its people. However, women are affected disproportionately more than, and in different ways from, men.

Given their perception of women, Economic and Social Commission for Asia and Pacific placed on its agenda Reproductive Health as the first and foremost health care need of women. The Reproductive Health Index developed by Population Foundation of India shows that on a scale of 0 to 100, India scores 43, which shows that there is still much to be achieved on Reproductive Health Index.

Some studies have been conducted on reproductive health but a comprehensive study is needed to find out the existing knowledge of the women, the prevalent practices and their attitude about reproductive health and to assess their existing health conditions. Hence, the present study had been planned with the following objectives:

1. To know the level of knowledge of slum dweller women about reproductive health.

2. To assess the attitude of slum dweller women about reproductive health.

3. To identify reproductive health practices prevalent amongst slum dweller women.

4. To reveal the gap between existing reproductive health behaviour of slum dweller women and technical know – how with a view to find out the basis for developing extension educational programs for them.

5. To study the relationship between respondents socio – personal variables and their knowledge, attitudes and practices.

The study was conducted in two slums of Delhi: Rajiv Gandhi Camp and ii Kusumpur Pahari. Based on number of jhuggis, one- third of sample was taken from Rajiv Gandhi Camp (i.e.100) and two- third was taken from Kusumpur Pahari (i.e.200). Every 20th house was selected through systematic random sampling and the houselady was interviewed. Thus a total 300 house-ladies formed the sample.

Reproductive health behaviour was dependent variable. It may be defined as anything that a person does or any response made by him/her for physical, mental and social well being in all matters relating to reproductive system and to its functions and processes. Knowledge, attitudes and practices were studied as dependent variables separately as well as comprehensive score of the reproductive health behaviour was calculated by summating the percentage scores of knowledge, attitudes and practices. There were, in total, 287 knowledge items. An attitude scale with 36 items on six aspects of reproductive health was developed with summated rating technique. The practices about reproductive health included sixty recommended practices, based on the knowledge contents. There were twenty independent variables. Data was collected through personal interview technique with the help of a pre-tested interview schedule.

The major findings of the study have been summarized below:

1. Sample was characterized by respondents in the age-group 19-35 years (79%), illiterate (64%), married (89%), housewives (89%) and belonged to nuclear families (99%) of small to medium size (86%), general castes (69%), Hindus (85%) and from North India (56%). Majority of them were having medium SES (20-31), nil social participation (80%), high economic orientation, medium to high level of change proneness (68%), medium opinion leadership (51%), low family income i.e. less than Rs. 2500 per month (77%) and poor to satisfactory communication behaviour (95%). Family education status of respondents was illiterate to low. Husbands of majority of respondents were not educated even up to matric (78%) of these 45 per cent were illiterate and were unskilled labourers (44%).

2. The knowledge of respondents about reproductive health was, in general, poor. The mean percentage reproductive health knowledge score was only 26.39. Of the six aspects of reproductive health i.e. family planning, mother and child health, adolescent health, safe abortion, STIs including AIDS and sexual behaviour, knowledge could be considered satisfactory only on sexual behaviour as the mean percentage score was about 70 per cent. It was least on STIs including AIDS.

3. Of the three sub-aspects of family planning, knowledge was more on concept of family planning as compared to small family norms and methods of contraception. The knowledge on methods of contraception was least.

4. Of the two sub-aspects of mother and child health, the respondents had more knowledge about delivery as compared to pregnancy.

5. Though only 43 per cent respondents were aware of complete and correct meaning of abortion, more than 70 per cent were aware that women's consent is

necessary for abortion. Knowledge of respondents about the conditions under which abortion may be performed was poor.

6. Of two sub-aspect of adolescent health, knowledge was more on menstruation than changes during adolescence. More than 97 per cent respondents were aware that menstruation starts during adolescence. However, less than 2 per cent respondents were aware of change in voice during adolescence.

7. Of the two sub-aspects of STIs including AIDS, respondents had slightly more knowledge about STIs as compared to AIDS. Of the four sub-aspects of STIs, the respondents had maximum knowledge of modes of transmission of STIs.

8. All the respondents were aware that one should not indulge in extra-marital sex. About 90 per cent respondents were aware that sex should not be performed if self/spouse has STIs.

9. There was a significant positive correlation of knowledge with change proneness and opinion leadership. The knowledge of the respondents was also found to be associated with marital status and state of domicile.

10. Based on the obtainable scores, more than 60 per cent respondents had neutral attitude towards reproductive health. About 26 per cent had favourable and about 14 per cent had unfavourable attitude. Based on obtained score, 35 per cent respondents had neutral attitude, 35 per cent had favourable whereas 30 per cent had unfavourable attitude towards reproductive health. It indicates that the group had slightly favourable attitude towards reproductive health.

11. On all the six aspects of reproductive health, the mean percentage attitude score on two aspects was 60 per cent or above i.e. sexual behaviour and family planning. The respondents had neutral attitude on the other four aspects.

12. There was a significant positive correlation of attitude with education, family education, SES, extension contact and communication behaviour. It indicates that with an increase of any of these variables, attitude also becomes more favourable towards reproductive health. The attitude of the respondents was also found to be associated with marital status and their state of domicile.

13. Mean practice percentage score was 34.80. It indicates that most of the respondents were not following most of the right practices. The practices of respondents on safe abortion and sexual practices were comparatively much better than on remaining other four aspects.

14. More than 75 per cent respondents got married before attaining the age of 18 years, which is illegal. Of these, five respondents got married before attaining the age of 12 years.
15. Twenty-eight respondents had undergone abortions. Almost all the abortions were conducted with womens consent except of one case.

16. With respect to social health during adolescence, it was found that about 90 per cent respondents had cordial relationship with parents during adolescence. About 48 per cent had respectable relationships with their siblings during adolescence.

17. Out of 153 respondents who were suffering from STIs, only 31 per cent respondents were taking treatment from qualified doctors. About 11 per cent respondents got the treatment immediately if there was any symptom of STIs.

18. None of the respondents had extramarital sex. About 99 per cent of them did not indulge in premarital sex. About 71 per cent respondents had first sexual contact before 18 years of age. About 56 per cent respondents cleaned their genital organs during bath and 42 per cent cleaned their genital organs after sex. About 41 per cent respondents performed sex with their consent. About 94 per cent respondents did not perform sex if one partner suffered from STIs.

19. None of the socio-personal variables were found to be significantly correlated with practices about reproductive health. The practices of the respondents were found to be associated with their marital status.

20. The reproductive health behaviour of respondents was not satisfactory as all the respondents either fall in average or poor reproductive health behaviour category. About 66 per cent respondents had poor reproductive health behaviour.

21. There was a significant positive correlation of behaviour with education, family education, SES, extension contact and communication behaviour. It indicates that with an increase in any of these variables, the behaviour of the respondents also increases and vice-versa. The behaviour of the respondents was also found to be associated with marital status and their state of domicile.

The mean percentage reproductive health behaviour score of the respondents was found to be 38.23. It implies that not even a single respondent had a good or very good reproductive health behaviour. It shows that reproductive health behaviour of the respondents was not satisfactory. This may be an important reason for poor reproductive health of women. It shows that there is an urgent need to improve the reproductive health behaviour of slum dweller women. The persons involved in implementing reproductive health programmes must pay attention towards educating slum dweller women particularly about four aspects-family planning, STIs including AIDS, abortion and mother and child health.