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Reproductive health of the migrant Assamese women at *Baalu Adda* slum area of Lucknow, India: a case study

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ABSTRACT

Background and aim: *This paper attempts to present an overview of the reproductive health of women living in the slum of Baalu Adda in Lucknow. Based on random sampling 50 married women were selected to study.*

Method: *In this intensive anthropological fieldwork, random sampling was done and the data was collected by face-to-face interview schedule, followed by scientific analysis of data and report writing.*

Result: *For accurate analysis, data acquired was related to the Reproductive Health of Women which included hygiene and health conditions during their menstruation, family planning, special care for women during and after their pregnancy, and gynecological health problems. The population has been stratified on the criteria of their reproductive age at the time of data collection, so 70% of women married were below 18 years and 30% above 18 years. After inquiring about their menstrual hygiene, it was found out that more than half of the total sample population females i.e., 52% used cloth at their time of the menstrual cycle, either due to unawareness or unavailability of resources or due to their poor economic condition they could not afford it. Family planning also plays a vital role in various aspects especially when it comes to women's reproductive health but among the people of the slum, 60% of couples were not aware of the use and benefits of contraception and why family planning is important? They were not aware of the fact that without a proper gap between two pregnancy cycles a female's body gets weakened and they become more vulnerable to suffering various gynecological, as mentioned in table-9. During pregnancy, the proper dietary intake of women is very important and it was observed that out of the total sample population i.e., 50, out of which 4 had no experience related to pregnancy and therefore out of the remaining 46 women in the slum it was observed that only 15 took special diet during their pregnancy which includes eggs, fruits, dal, sabji provided by the NGO, while rest of 31 women had poor dietary intake. Maintenance of proper hygiene also plays an important part in the whole pregnancy tenure, but unfortunately, all the women did not take baths regularly. Out of the total women population of the slum, 26 took a daily bath and the rest of the 20 took bath on an alternative day. Another objective of this holistic study was to examine the issues and challenges affecting the delivery of a child. In this context, we found that 30 women out of 50 delivered their babies at home by local midwives or dais. While the only those women who had complications at the time of delivery that could not be resolved by an untrained midwife had to visit a hospital, and there were only 16 such women who delivered their babies at government hospitals. All the women i.e., 50 (100%) of the area experienced several gynecological health problems, like irregular menstruation, white discharge with bad odor, itching, lower abdominal pain, pain during intercourse, urinary tract infection, difficulty in becoming pregnant, etc. due to their bad hygiene, carelessness towards their*

heath, ignorance of symptoms of these problems. The problems and the percentage of the respondents who experienced the problems are mentioned in table no 9.

Conclusion: *It has been concluded, that the state of reproductive health of women in the area of Baalu Adda Malin Basti is very poor. Due to the absence of a gap between two consecutive pregnancies, the women have suffered from acute malnutrition and its effects can be witnessed among the children and the women themselves; they have experienced various health problems like excessive bleeding, foul smell, backache, etc., after their delivery.*

Keywords*: Slums, Reproductive health, Menstruation, Hygiene, contraceptive, Family planning.*

INTRODUCTION

The slum is a heavily populated urban informal settlement having poor environmental conditions, where health is the main economic issue, particularly for women. The main concern in women's health is their reproductive health which is defined as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its function and processes" (ICPD 1994). Different life stages are intrinsic to women's sexual and reproductive health issues, including menstruation, fertility cervical screening, contraception, pregnancy, sexually transmissible infections, and chronic health problems (Endometriosis and polycystic ovary syndrome), and menopause. (Bhandari.,2008)

Good sexual and reproductive health is a state of complete physical, mental and social well-being in all matters relating to the reproductive system. It implies that people can have a satisfying and safe sex life, the capability to reproduce, and the freedom to decide if, when, and how often to do so. (UNFPA, 2022). The physical, psychological, interpersonal, and social factors influence a women's sexual health. Due to improper care, lack of nutritious diet, and unawareness of safe sex women experience various health problems and complications during and after their pregnancy that may also lead to maternal mortality. In India, the maternal mortality ratio (MMR) is the highest. An estimated 1,36,000 women die in India every year due to pregnancy-related setbacks. The number of maternity-related deaths which occur in a week in India is equivalent to what occurs in a whole year in Europe. High mortalities occur among women in a year due to poor reproductive health practices. (Gebresilassie et al., 2008)

Rapid urbanization had considerable consequences on the health of urban citizens. Because it aggravated inequalities in health and access to services and created increasing problems of exclusion. That urban poor was more disadvantaged compared with other city dwellers. The situation concerning women's health in the urban slum was no different from that rural; rather there was neglected the most. Studies show that the maternal health situations of women in urban slums are similar to their rural counterparts. In fact, some aspects were worse than the rural women. The utilization and primary health services delivery were also poor among urban slum women in spite of the fact that they were proximate to tertiary care.

Despite the importance given to universal access to reproductive health care, many women bear reproductive illnesses silently without seeking any care. This was due to the effect of non-health-related influences on the access to reproductive health services. This is very important to explore the conditions of reproductive health of women in urban slums and the reasons that determine their access to reproductive health care. (Naik n.d)

REVIEW OF LITERATURE

- **Sathiya Suman et al., (1997)** presented a study on "Reproductive Health care of women in rural areas: an exploratory study in Nilgiris district in Tamil Nadu". The Southern States of Tamil Naidu in India have been selected for the study. The Nilgiris District has a large concentration of hill Tribal population in Tamil Naidu. Reproductive Health care was an integrated health program for women, which takes into consideration the antenatal care for women and the post-natal care program for the child. Socio-economic factors like the educational, cultural, and economic backgrounds of the

Tribal and non-Tribal women help in mainstreaming good health during pregnancy and childbirth as well as for the survival of the child. Tribal women responded better to the programs than non-Tribal women. Some socioeconomic factors such as income, better living conditions like houses with electricity, safe drinking water, and family planning practices were important factors for better Reproductive Health practices.

- **Pandey (2001)** in his study on "Socio-Cultural Reproductive Health Practices of Primitive Tribes of Madhya Pradesh: Some Observations" have attempted to describe the socio-cultural beliefs and practices of three primitive tribes-Bharias, Hill Korwas, and Kamaras of Madhya Pradesh. Some of their practices were good and can be utilized for strengthening Reproductive Health. For instance: They considered pregnancy a natural phenomenon and do their normal chores till the onset of labor pains. They avoided cohabitation during pregnancy. Pregnant women did not consume alcohol. Delivery was conducted in the squatting position' which according to the doctors was the less painful and more scientific position if carried out carefully. Colostrums were given to the child, which prevented the child from various infectious diseases. Prolonged Breastfeeding was adopted as it was beneficial to both mother and child in several ways' including birth spacing.
- **Shraddha. A, Bharti. B.M. (2006)** conducted a study about reproductive health in urban slums in Mumbai. In the 200 couples interviewed, 53% of males were in the 26-30yrs age group and 34% of females in the 21-25 years age group. At the time of marriage, 41% of males were below 21yrs of age and 56% of females below 18yrs. 48% of males and 40% of females were educated, and 26% of couples had 4 children. 94% of females delivered at home with the help of traditional dai. 93% had received tetanus toxoid injection during the ANC period, 32% of couples didn't have any knowledge about contraceptives and 21% had the knowledge they did not use any contraceptive. Now it concluded there was poor utilization of the reproductive child health services provided by the government, lack of awareness regarding birth spacing, and very low use of contraceptives.
- **Susan Hally (2011)** "Nutrition in Reproductive Health" This article reviews nutrition-related issues affecting women and their Reproductive Health. Nutritional assessment of women of reproductive age identifies factors that may affect fertility, periconceptional health, and pregnancy outcome. Recommendations are provided by the study to assist the health care provider in counseling women regarding the relationship of food choices and exercise to health, fitness, and optimal bodily function. They also discussed the controversies surrounding the effect of micro-nutrient deficits and excesses on reproduction and correction for these imbalances is 73.
- **Yelam Priyambada Devi, (2015)** "Reproductive Health of Manipur a Sociological Study" The study is conducted on Meitei women of Nagamapal area under Lamphel subdivision of Imphal west district and Heinoubok village under Nambol subdivision of Bishnupur district of Manipur. Descriptive and analytical research design were used in this study. It is based on both primary and secondary data. It is focused on 300 Meitei women respondents which were further sub-divided into three age groups viz, a) 16-25, b) 26-35, c) 36-45. By stratified random sampling, respondents were selected. The objectives are to explore the perception and awareness level of the respondents about the women's reproductive health, to inquire about the use of contraceptive methods, husband-wife communication on reproduction, to inquire about the status of women's reproductive health, to find out the relationship between socio-economic background and reproductive health of women.
- **Sameera Khanam (2017**), "Reproductive Health of Women in Indian Slums A Study of Slums in District Aligarh" This study focuses only on fertility, antenatal care (ANC), institutional delivery, and contraceptive practices. It is evident from the study that substantial numbers of women utilize ANC services which is a positive trend toward favorable reproductive status. However, institutional delivery is still low and women prefer to deliver at home, and a dais is considered important in child delivery. The preference for a home instead of a health facility is a serious impediment toward universal institutional delivery. A considerable number of women use contraception though only a

single case of sterilization (vasectomy) was reported among males the rest were of female sterilization.

- **Saravanakumar, V (2018)** conducted research on "A Statistical study on the reproductive health-seeking behavior of women in slums in Tamil Nadu" which analyzes the factors influencing their reproductive health-seeking behavior. Two municipal corporations namely, Madurai and Dindigul were selected for the study, and 460 women in the reproductive age group of 15-49 years were selected using probability proportional to size sampling method. It was concluded that the awareness of various reproductive health problems among women in slums in Tamil Nadu is very low. Respondents living in slums suffered from various reproductive health problems namely, abortion complications (16 percent), pregnancy complications (69 percent), delivery complications (37 percent), post-delivery complications (45 percent), menstrual problems (43 percent), RTI/STI problems (25 percent), complication after the use of contraceptive methods (17 percent), infertility problem (11 percent) and menopause problems (6 percent) respectively and a higher proportion of women in slums ranging from 21 to 86 percent not treated for the various reproductive health problems.
- **Sasmita Sahoo (2020),** "Reproductive Health of Women Living In Slum: A Case Study of Gopanpally Slum, Hyderabad" This study presents an overview of the reproductive health of women living in two different slums of Gopanpally, Hyderabad in terms of multiple indicators of reproductive health like contraception, ANC (antenatal care), and birth practice and also focus on the bad health of the resident and reproductive health of women dwell in the slums. On the basis of primary data which has been collected by interviewing the women, residents living in the slums in which out of 40 Hindu respondents, 47.5 % respondents choose to go to the government hospital, 27.5 % like to go to the private hospital, 20 % didn't go for antenatal care and 5 % didn't answer this question. As compared to Hindus, out of 40 Muslim respondents, 55 % of respondents decide to go to the government hospitals, 20 % of respondents prefer to go to private hospitals, and the rest 25 % didn't receive any antenatal care.
- **Vartika Saxena, Prasuna Jelly, Rakesh Sharma (2020), "**An exploratory study on traditional practices of families during the perinatal period among traditional birth attendants in Uttarakhand" this study identified a wide variety of cultural practices during various stages of the perinatal period. Most of the participants (80%) expressed that families believe that pregnant women should not eat green vegetables, yams, pulses, red grams, papaya, and mangoes and that they should eat less during pregnancy. The routine activity should be done regularly to make the labor process easier. Most of the mothers (90%) delivered on the floor of the cowshed demarcated with cow dung. Participants expressed that after delivery the mother had to walk for 2 km for taking bath before she touches the baby. There also Sprinkling cow urine is also a common practice after delivery in and around the house and on the mother. It was also found that they don't breastfeed the baby for 3 days since colostrum is not considered good for the baby.
- **Nupur Pattanaik**, **Krishna Kar**, **Durga Madhab Satapathy**, and **Anshuman Pattanaik (2021),** conducted research on "Reproductive health status of adolescent slum girls, residing in the urban slums of Cuttack City, Odisha", out of the total sampled population of 277 adolescent girls, 116 (41.9%) had no complaint related to menstruation and reproductive health. Most adolescent girls had dysmenorrhea followed by irregular cycles, menorrhagia, and scanty menstruation. As per the syndromic approach, 15.2% of adolescent girls had symptoms of RTI/STI. Only 36.8% of girls were using sanitary napkins.

OBJECTIVES

The present paper aims at the following;

- To study the reproductive health status of women in the area;
- To know problems faced by women during the menstrual cycle;
- To examine the issues and challenges affecting the delivery of a child;
- To know the gynecological health problems of women

STUDY AREA AND METHODOLOGY

Baalu Adda Malin Basti is situated in front of Bahukhandi Mantri Awas Lucknow on Butler Road Zone 1 at ward number 33 Raja Ram Mohan Roy Marg, Dali Bagh Lucknow. It was observed at the time of census that though there were 100 houses in total but some of them were unoccupied at the time of fieldwork, so the number of households considered in this research is 50, with a total population of 240 out of whom there were 73 adult males, 67 adult females (total 140 adults) and 100 children (51 boys + 49 girls) in which 50 married women were selected for my study. The process of attaining legal Indian citizenship through National Citizenship Registration was going on in Assam and as they were suspected to be illegal immigrants from Bangladesh which was informed by our key informant.

The Basti was established around 1995. Most of the people of the Baalu Adda Basti claim to be migrants from the Berpenta district and some were

from the Darung, Barhita, and Bahari districts of Assam.

Through intensive anthropological fieldwork, the data was collected. With the help of the interview schedule, the answer to the questions was taken. Random sampling was done and the data was analyzed and report writing was done.

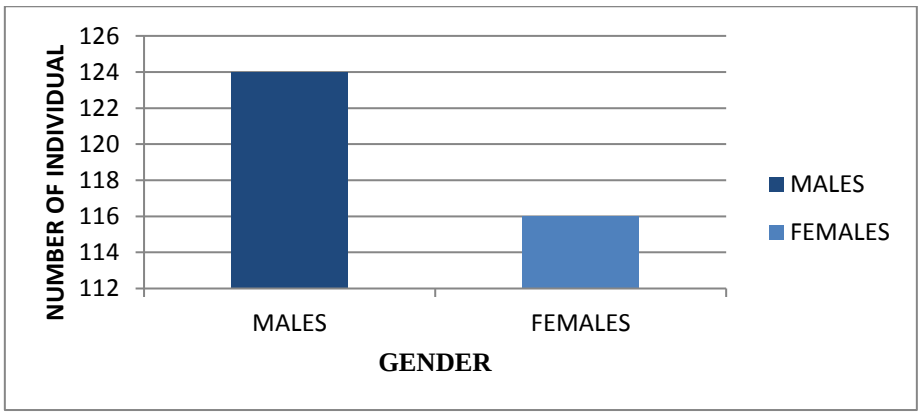
Features, Life and Culture, and Demographic Profile of the People in the Study Area-

(a) Physical Appearance: These people have a medium height which ranges from 5' to 5' 6 inches. Their complexion is light brown to dark brown. Hair colour varies from dark brown to medium black and texture is medium.

(b) Sex Ratio- The **sex ratio** is the **ratio** of males to females in a population. The number of males in Baalu Adda Malin Basti is 124 and the number of females is 116.

The sex ratio of Baalu Adda Malin Basti is 124:116 (31:29).

Graph 1- Sex ratio



As a perfect sex ratio is not observed in the population of Baalu Adda Malin Basti thus it can be concluded that gender disparity is seen among the domicile of Basti.

(c) ***Language*****:** The domicile of Baalu Adda Malin Basti speaks a variety of different languages like ***Bangla, Assamese, and Hindi.*** As they were immigrants, they needed to learn the language 'Hindi' to make a living. So, all the members of 50 families were ***bilingual.***

(d) ***Food and Drink*****:** They were non-vegetarian and they consume meat, fish, and eggs. Their staple food consists of rice, and wheat and they consume pulses like Gram and Tur. They also consume all types of green vegetables. Fruits were a luxury item for them.
Liquor is also consumed. 100 persons including women of the community were generally habituated to eating tobacco, chewing betel leaf, and betel nut. 41% of people were habituated to only ***chewing betel leaf*** while 59.1% were in habit of ***chewing betel leaf*** along with smoking ***beedi's*** and ***chewing tobacco*** as well.

(e) ***Religion:***

Table 1 Religion

SERIAL NUMBER	RELIGION	NUMBER OF HOUSEHOLDS	PERCENTAGE
1.	**HINDU**	**3**	**6 %**
2.	**MUSLIM**	**47**	**94 %**
3.	**TOTAL**	**50**	**100%**

In the population of 50 households of Baalu Adda Malin Basti 3 individuals (6%) were Hindu and the majority were Muslim i.e., 47 individuals (94%).

(f) ***Festivals:*** 94% population of the Basti is constituted of Muslims and these people celebrate ***Moharram, Fateh-E-Dowaz-Daham, Idd-Ul-Fitre, Idd-Uz-Zaha, and Shab-E-Barat.*** While the remaining 6% were Hindus and they used to celebrate festivals like ***Durga puja, Holi, Diwali, etc.***

(g) ***Family*****:**

Table 2: (a)- Family Structure

SERIAL NUMBER	Family Type	Number	Percentage
1.	**Nuclear Family**	**48**	**96.66%**
2.	**Extended Family**	**2**	**3.34%**
3.	**Total**	**50**	**100%**

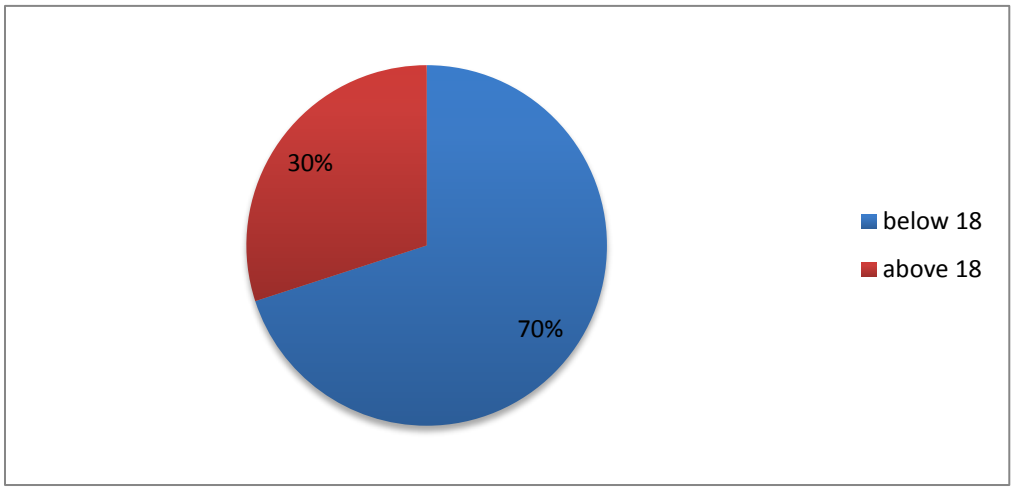
Table 2: (b) -The family structure of two religious' communities -

SERIAL NUMBER	FAMILY TYPE			
	NUCLEAR FAMILY		EXTENDED FAMILY	
	HINDU	MUSLIM	HINDU	MUSLIM
1.	2	46	1	1

The above table shows that there was a total of 50 families in the Basti. Out of which 48 numbers of families were nuclear families with a percentage of 96.66% and the rest 2 were extended families i.e., 3.34% of the total number of families.

(h) Marriage: There were both endogamous and exogamous marriages in the community. The marriage age of girls in the community is 15-16 and that of boys is 18-20. 70% of the women living currently in Baalu Adda Malin Basti were subjugated to child marriage.

Fig. 1-Percentage of girls married below 18 and above 18.



A large percentage of women who got married at an age below 18 were interviewed and were asked about the reason for their early marriage. Acute poverty, insecure living arrangement, weak social network, and absence of civic society were the most common reason heard.

(i) Literacy status-

Table 3 Status of education

SERIAL NUMBER	EDUCATIONAL LEVEL OF THE POPULATION	ADULT		CHILDREN	
		MALE (%)	FEMALE (%)	BOYS (%)	GIRLS (%)
1.	Illiterate	40	60	33	17
2.	Literate	30	30	18	32
3.	Primary	20	6	11	12
4.	Secondary	10	3	7	20
5.	Graduate	NIL	1	NIL	NIL

It has been observed that the literacy rate of the adult female is high i.e., 60% and only 30% of women were literate, 6% of women have received primary education, 3% of women have received secondary education and one respondent named Poonam Gangwar was highly educated. She was graduated from Shiv Pyaari Mahavidyalaya. And was preparing for competitive exams, but she was an exceptional case. While 40% of adult males in Basti were illiterate and none of the adult males graduated. As in the case of children, 33% of boys and 17% of girls were illiterate. 18% of boys and 32% of girls were literate. 11% of boys have received only primary education while 7% of boys have also secondary education. 12% of girls have received primary education and 20% of girls have received secondary education as well.

(j) Economic Activity-

The people of Baalu Adda Malin Basti pursue a variety of occupations but the primary occupation of most people is ***rag-picking*** though their secondary occupation differs from individual to individual and from sex to sex. Females were usually observed to prefer jobs like *maids, house cleaning services, cook* as their secondary occupation, while males did jobs like laborer, tractor drivers, working as drivers for Municipal Corporation, etc. Their daily earnings were not much and so they also do ***gardening*** in which they grow vegetables like Bottle Gourd, Bitter Gourd, Pumpkin, etc. for themselves.

Table 4 Employment Status:

Indicator	**Category**			
	Male	**Female**	**Total**	**Percentage**
Employed	**52**	**18**	**70**	**50%**
Unemployed	**21**	**49**	**70**	**50%**
Total	**73**	**67**	**140**	**100%**

According to above-mentioned table no. 4, 52 of them were male workers. 18 were female workers. 21 males and 49 females were also identified as unemployed. The other significant issue is that the unemployment rate for females is high.

Table 5 Occupation type:

SERIAL NUMBER	**OCCUPATION TYPE**	**NUMBER OF INDIVIDUALS**		
		MALES	**FEMALES**	**TOTAL**
1.	***Rag-pickers***	**20**	**11**	**31**
2.	***Hotel Workers***	**14**	**00**	**14**
3.	***Maids***	**00**	**7**	**7**
4.	***Scrap Dealer***	**8**	**00**	**8**
5.	***Nagar Nigam Worker***	**6**	**00**	**6**
6.	***Pickup Driver***	**1**	**00**	**1**
7.	***Bakery Product Seller***	**1**	**00**	**1**
8.	***Shop Worker***	**1**	**00**	**1**
9.	***Carpenter***	**1**	**00**	**1**
				70

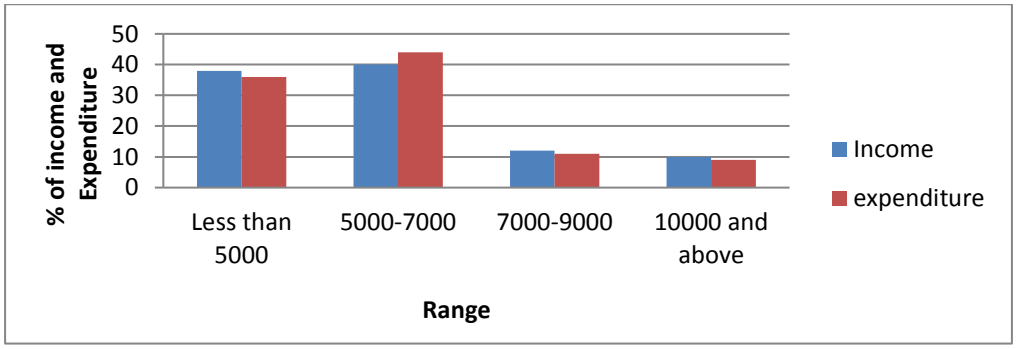
During the course of the study, it was observed that 70 people out of the total population were working in various kinds of occupations. From the above-given table no.5, it can be concluded that 20 males and 11 females were engaged in rag picking work which is the main occupation of most of the peoples of the Basti approx. 44% of the employed people were engaged in this occupation only. After it, the second

occupation in which large numbers of people were engaged is Hotel work where they work as waiters or utensils washers. 14 out of 70 persons were engaged in this kind of work no females were seen engaged in hotel work. Similarly, no males were seen working as maids only females were working as maids. 8 males were working in Scrap dealing work and except these occupations approx. 24 % of people were engaged in another kind of work.

(k) Household income

Analysis of the income is very important, especially for economically backward people as a large amount of their income is spent on meeting the basic requirements. Education of children becomes the second priority, as it is difficult for parents with low income to incur expenditure on stationery and uniform. It becomes all the more difficult if they have 2 or more school-going children. The income level of the household is calculated by clubbing the total income of all members of the family. Around 40 percent of households had one family member working; around 50 percent had 2 members working and around 10 percent had more than 2 family members working. The details of household income and expenditure are given below in fig 2.

Fig. 2 - Income & Expenditure of the Sample Household

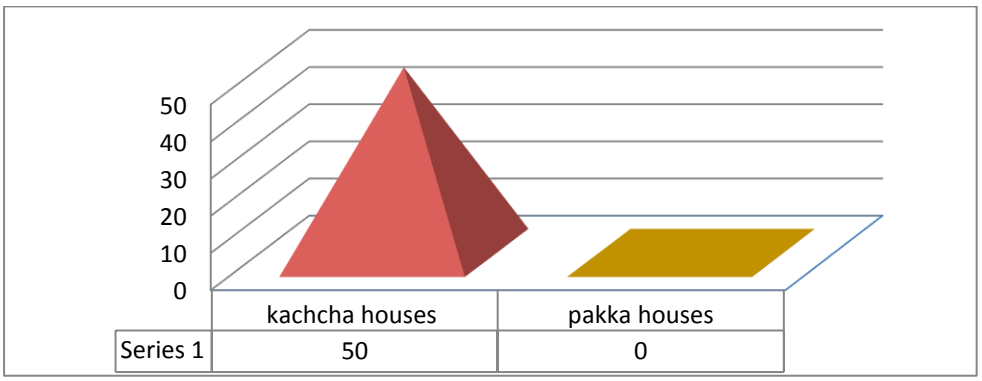


From the following fig, it is evident that the household with a monthly income of Rs.5000 or less is 10, a household with an income between Rs 5000-7000 is 20, between Rs7000-9000 households, were 15 and there were only 5 households whose monthly income was above Rs. 10000. The average household income is around Rs.8500 per month these households. But if we relate the increasing prices of essential commodities with a family size of 6 to 7 members, it becomes difficult to provide education for these households. Therefore, the majority of them have to depend on the government schools for the education of their children. As far as the occupation of the father is concerned, around 80% were engaged as skilled or unskilled laborers who have irregular jobs and low income.

(l) Settlement pattern-

The houses at Baalu Adda Malin Basti were not constructed with proper planning. They were haphazardly made as shown in the picture no- 1 in the annexure. The paths which were running through the Basti were very narrow and the conditions were very shoddy, the lanes and bi-lanes were ***kachcha*** and even the ***kharanja*** were absent in the locality. Most of them were single-room houses where they live. The house types were basically kachcha houses where roofs were thatched or were covered with tin, floors were kachcha, a few houses were covered with plywood, and mostly were regularly plastered with mud or cow dung, and walls were of reed and split bamboo and there were no ***pakka*** houses.

Fig. 3 -Number of *kachcha* houses and *pakka* houses



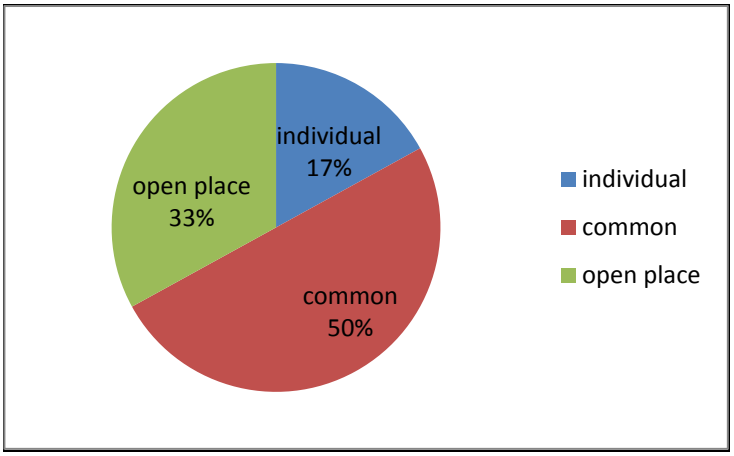
(m) *Basic Amenities-*

Basic amenities for an individual were not available as most of them cannot afford to provide themselves with the basic facilities to maintain a normal standard of life like – access to clean drinking water, proper toilets, and well-planned drainage system, electricity, and health services.

There was no electric connection in the Basti but people had found their own means to deal with it. All the houses have their own mini-solar panels which they recharge during the day and use at the night to light their houses. 2 families were a little too eager for having an electrical connection so they used illegal means to acquire it.

1. Sanitation-

Fig 4- Toilet Facility-



It has been observed that 17% of the people have their individual toilets and 50% of people use the common toilet and 33% do not have a toilet facility and they defecate in the open area giving rise to diseases causing ill-health. Even though 33% of people who do not have a toilet facility, they dug up the hole to use it as a toilet, and after using it they cover it with mud, which shows their concern about hygiene. 50% of people who use common toilets were economically weak to construct individual toilets for their own household. (As shown in the picture-7 in the annexure)

2. Water Resources-

In the study area, the major source of drinking water for the slum dwellers is a submersible and a hand pump. Further, respondents were not happy with the quality of drinking water. Drinking water has been a major problem for slum dwellers. The people of Baalu Adda use a water tank and hand pump installed

by the government in the area for all the activities like cleaning, bathing, drinking, cooking, etc. The women of the community have the responsibility to collect water for all the household work. Some women use to boil the water before drinking.

Table 6 Water facility

S. No	Water facility	Percentage
1	Hand pump	**16**
2	Water tank	**76**
3	Hand pump+ water tank	**8**

In Baalu Adda slum 16% of people use hand pump and 76% uses water tank/submersible and 8% uses both water tank and hand pump for several activities. (As shown in picture- 6 in the annexure)

3. Drainage Facilities-

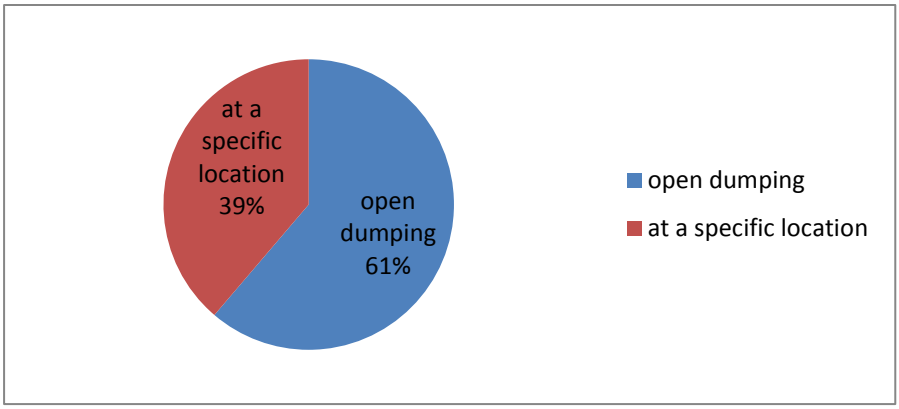
During the fieldwork conducted at the Baalu Adda Malin Basti, it is observed that there is a total absence of a drainage system. Though every house had a narrow outlet or a small hole which led the dirty water out of their houses but then due to the absence of a drainage system, it used to collect there and because of the non-cemented ground, it percolated down and eventually dries up. (Refer to picture-4 in the annexure)

A common problem was shared by many of the respondents i.e., due to the absence of a drainage system the rainwater gets collected and acts as a breeding place for mosquitoes. So, the numbers of diseases like malaria, dengue, etc. were more prevalent during the rainy season.

4. Garbage Disposal:

The present solid waste management system is not synchronized. There were some pockets where door-to-door collection has been introduced largely on the initiative of the local residents but there is no system of collection, transportation, and disposal nullifies efforts at the household level in the Baalu Adda Basti. The numbers of existing waste depots were inadequate for the quantum of waste generated and were also located far from the city, which encourages indiscriminate dumping. Behavioural patterns pose health risks and therefore pose health risks for those working in this sector as well as residents living around waste depots. The indiscriminate dumping results in garbage finding its way back into sewers and contributing to their choking.

Fig. 5. Garbage Dumping Habits



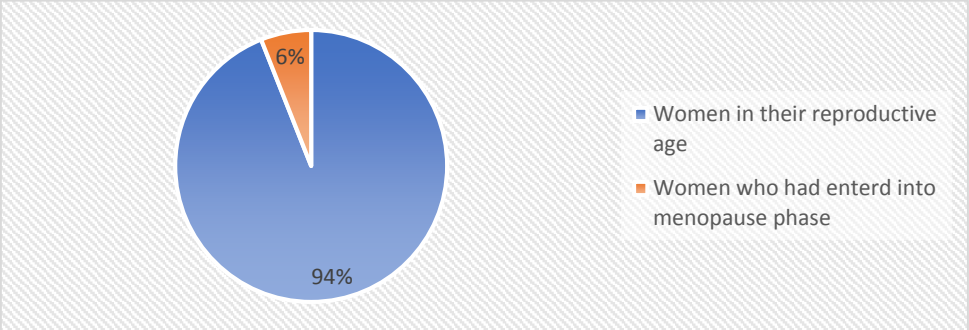
From the above fig 5, it is observed that about 61% of people use to throw garbage in open places around their houses due to a lack of knowledge of hygiene. Whereas 39% throw garbage at a specific place.

(n) Health Facilities- Unlike in the rural areas, where the health department has a wide network of primary health care facilities providing mother-child health **(MCH)** services, the slum lacks even the most basic of health facilities. The Basti is among the denotified slum category in Lucknow and is often bypassed even by national programs providing immunization, safe motherhood, and family planning services.

RESULT AND DISCUSSION

Hygiene and Health conditions during menstruation

Fig.6. Percentage of women in their reproductive age and who had entered into menopause phase



47 (94%) women out of 50 were of their reproductive age while 3 (6%) women were those who had already entered into the menopause phase.

Hygiene condition during menstruation

Using a hygienic method of menstrual protection is important for women's health and personal hygiene. According to NFHS-5, In India out of all the women of the age group 15-24, 64% use sanitary napkins, 50% use cloth, and 15% use locally prepared napkins. Overall, 78% of women in this age group use a hygienic method of menstrual protection.

Table-7 Hygiene condition during menstruation

TABLE 7. menstrual hygiene of women in the slum	Types of Pads	
Hygiene condition	Sanitary pads	28%
	Using a piece of new clothes	14%
	Reusing of same clothes	18%
	Using both cloths and sanitary napkins	20%
	Use nothing	14%
	Women in their post-reproductive age	6%

Regarding knowledge of maintenance of menstrual hygiene of women in the slum in the above table no.7, 28% (14) of women who used sanitary pads, showed concern about their health and hygiene, and out of these, 9 used to prefer sanitary pads because they were working women as a maid and cook in

colonies and felt more comfortable while traveling and working. While those who did not use sanitary pads 14% (7) were either unaware or economically weak to afford them. 32% (16) of women i.e., those who used cloth instead of sanitary. 20% (10) used both clothes and sanitary napkins. The remaining 6% (3) were already in their post-reproductive age and were experiencing menopause.

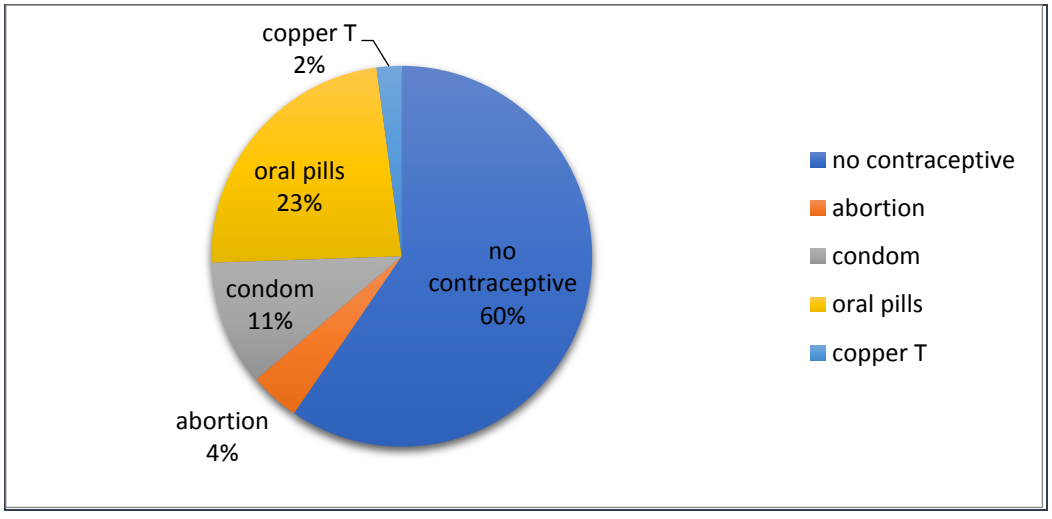
Table 8- Menstrual related problems

Table 8.	Menstrual related problems	
Health condition	Leg pain	25%
	Abdominal pain	26%
	Backache	20%
	Vomiting	7%
	Faintness	3%
	No problem	19%

The above table no. 8 shows the problems related to menstruation in which 20% of females used to experience severe Backache in their Lumbar region during menstruation, especially on the 1st and 2nd day of their period. 26% of women used to experience abdominal pain as per its severity they used to take pain-killer. 25% of women experience leg pain during menstruation. Mostly women between 30-35 years of age and those who had 3-5 children experience this pain in their thighs & knees. 7% of women have the problem of vomiting and nausea during menstruation because of the foul smell of bleeding during their periods. 3% of women experience faintness during menstruation and 19% of women did not experience any kind of cramps/pain. Saravanakumar 2018 has also shown in his study which was based on the slum areas of Tamil Nadu that about 43 percent of the women had menstrual problems.

Family planning and Special care for women during and after pregnancy

Fig. 7. Percentage of various contraceptive products used by females



In the above fig no.7, 60% of people of Baalu Adda Malin Basti were not aware of the use of contraceptives or do not think it is important to use them but 40% of people were aware of contraceptives and were using it. Out of 60% of women, 20% women were of older age, 10% were newly married and wanted to conceive a baby, and the remaining 30% were not aware of them. 23% of females took *oral pills* such as Choice, Ovral, Sakhi (Renata limited, Bangladesh), etc shown in the picture- 11 in the annexure. They took it after the end of their menstruation for 20 days. As these pills were much more affordable than any other contraceptives. 11% of couples used condom/ nirodh and the male condom is preferred by them. 2% of females preferred copper 'T' as a family planning method. 4% of couples opted for abortion. A Similar study conducted by Khanam in the year 2017 among slum women about their reproductive health in the district Aligarh in Uttar Pradesh also focuses on contraceptive practices. In which a considerable number of women use contraception though only a single case of sterilization (vasectomy) was reported among males, the rest were of female sterilization.

Dietary intake by pregnant women

It was observed that out of 50, 4 women had no experience related to pregnancy, and out of the remaining 46, 15 women took a special diet including *eggs, apple juice, fruits like apple, banana, dal, and sabji* which was provided by **Janpragati school** which worked in their Basti organized by NGO. While the rest of the 31 women did not take any special diet, as they were not aware of this initiative was undertaken by the non-government organization affiliated school so they were only dependent upon their regular daily food intake and diet. Similarly, a study conducted by Saxena, V., Jelly, P., & Sharma, R. in the year 2020 among the women from 13 districts of Uttarakhand also focuses that most of the participants (80%) expressed that families believe that the pregnant women should not eat green vegetables, yam, pulses, red grams, papaya, and mangoes and that she should eat less during pregnancy. And they should indulge in routine-based activities to make the delivery process easier.

Bathing routine among women during their pregnancy

Maternal sanitation is a very important factor during pregnancy. Poor sanitation practices can promote infection and induce stress during pregnancy and may contribute to adverse pregnancy outcomes such as preterm birth and low birth weight. In the sample population, 26 women out of 46 took a daily bath at their time of pregnancy and this shows that they were concerned about their hygiene during the pregnancy and rest of the 20 women took bath on an alternative day because they believe in the myth that regular bathing will harm their unborn child at the time of pregnancy.

Lifestyle of the women during the time of pregnancy

8 women out of 46 have taken proper rest during the time of their pregnancy because of their health issues, it was essential to take proper rest and diet, while the other 38 women out of 50 did not take proper rest and they increase their workload, as they believe that if they would indulge in more work their child will become healthier and no complications would come at the time of delivery.

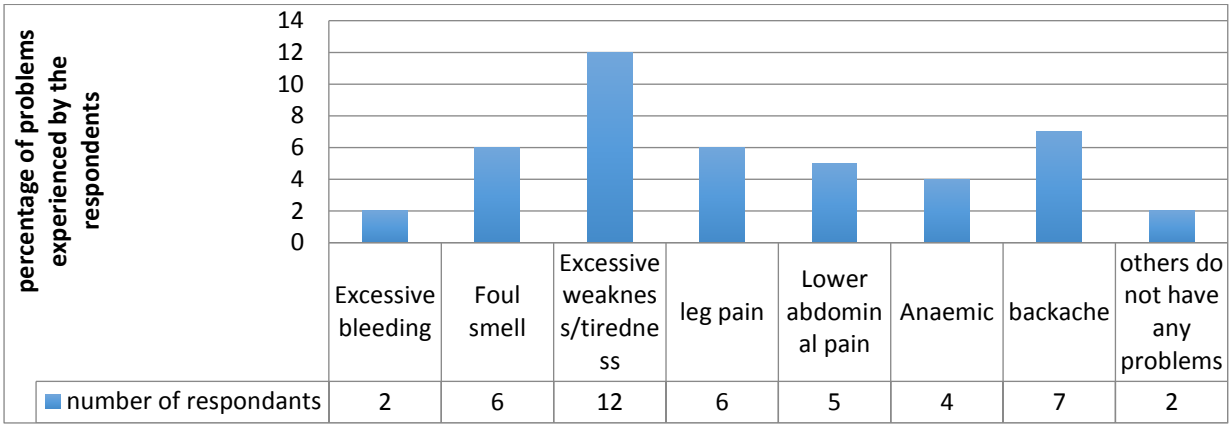
Choice of place of first delivery

According to the NFHS 5 report data, 11% of pregnant women were still either unreached by a skilled birth attendant or not accessing institutional facilities. Upon further analysis, it was further revealed that the institutional delivery rate of under 70% in 49 districts of India over two-thirds (69%) of which are from five States **(**Nagaland, Bihar, Meghalaya, Jharkhand, and Uttar Pradesh**). (NFHS 5)**

It was observed that 30 women out of 46 delivered their baby at home and they were unaware of the facilities provided by the government for pregnant women and those who could not afford hospital expenses, so they preferred delivery at home by *local mid-wives or dais.* A similar choice of place for first delivery was also seen in the study conducted by Khanam in 2017 in slum areas of Aligarh. While only those women who had severe complications at the time of delivery that could not be resolved by a

local midwife had to be rushed to the hospital, there were only 16 such women who delivered their babies at government hospitals. While remaining 4 women do not have any children. A study by Khanam in 2017 about the Reproductive health of women in the district Aligarh of Uttar Pradesh shows that substantial numbers of women utilize ANC services which is a positive trend toward favorable reproductive status. However, institutional delivery is still low and women prefer to deliver at home, and dai's were considered important in child delivery. The preference for a home instead of a health facility is a serious impediment to universal institutional delivery.

Fig. 8: Health problems experienced after the last delivery



In the absence of the proper gap between two pregnancies, a female's body gets weak and suffers from various gynecological problems. 2% of females had excessive bleeding after the delivery of their last child. 6% of females experienced foul-smelling discharge, 12% of females felt excessive weakness, 6% had leg pain, 5% had lower abdominal pain, 4% of females were in anaemic condition, 7% of women had backache in their lower lumbar region, and 2% females were others who didn't experience these problems after the delivery of their last child.

All these problems experienced by the females are because of:

- Lack of proper gap between two pregnancies,
- Lack of nutritious diet which was not taken by the females properly during their pregnancy,
- Lack of required rest and care which is necessary taken by the pregnant females during pregnancy (females of this urban slum also work as a maid, and rag pickers, because of it, they went to the job even on the last day of their pregnancy).
- Unawareness of Family Planning.

Table 9. Gynecological health problems among women

No.	Nature of gynecological health Problem symptoms	Percentage of women by Frequency of symptoms of GHP			Total number of respondents (100%)
		Always often	Sometimes	Never	
1.	Irregular menstruation	55% (26)	11% (5)	34% (16)	47

2.	**Excessive bleeding During Menstruation/painful Menstruation**	**38% (18)**	**43% (20)**	**19% (9)**	**47**
3.	**White discharge with bad odor itching**	**6% (3)**	**28% (14)**	**66% (33)**	**50**
4.	**Lower abdominal pain**	**18% (9)**	**54% (27)**	**28% (14)**	**50**
5.	**Vaginal discharge with fever**	**8% (4)**	**18% (9)**	**74% (37)**	**50**
6.	**Pain during intercourse**	**8% (4)**	**30% (15)**	**62% (31)**	**50**
7.	**Urinary tract infection**	**28% (14)**	**32% (16)**	**40% (20)**	**50**
8.	**Pain/burning Sensation while passing Urine**	**26% (13)**	**34% (17)**	**40% (20)**	**50**
9.	**Difficulty in becoming Pregnant**	**8% (4)**	**16% (8)**	**76% (38)**	**50**

Women of the area experienced several gynecological health problems due to their bad hygiene, carelessness towards their health, and ignorance of the symptoms of these problems. The problems and the percentage of the respondents who experienced the problems are mentioned in the above table.

Irregular menstruation is a major problem for females. In the above table out of 50 women, 3 were in their post-reproductive age so the no. of respondents related to menstruation condition is 47 and out of them, 55% (26) females have always irregular menstruation while 11% (5) sometimes had irregular menstrual cycle and 34% (16) women had a regular menstrual cycle. Out of 47, 38% (18) women always experience excessive bleeding during their menstruation. 43% (20) females experience heavy bleeding occasionally while 19% (9) females did not have any problem of heavy bleeding during menstruation.

6% (3) women frequently had problem of white discharge accompanied by bad odor and itching, while 28% (14) women used to experience this problem sometimes and 66% (33) never had this kind of problem. 18% (9) of women always have always experienced lower abdominal pain, while 54% (27) have experienced it sometimes and 28% (14) of women never had this kind of problem. 8% (4) women experience vaginal discharge with fever, 18% (9) have experienced it sometimes and 74% (37) never had this kind of problem. 8% (4) of women always had a problem in the form of pain and burning sensation during intercourse, while 30% (15) have experienced this problem, 62% (31) of women never had this problem. 28% (14) women always had problems like Urinary tract infection, 32% (16) women have experienced this problem sometimes, and 40% (20) women never had this kind of problem. 26% (13) women have always had problems with pain and burning sensation while passing urine, 34% (17) women have some time this problem, while 40% (20) women never had this problem. 8% (4) of women did not have any children, 16% (8) women have faced difficulty in becoming pregnant, while 76% (38) women did not have any difficulty in becoming pregnant.

According to the NFHS-5 report, a very small segment of the population is currently accessing the full range of sexual and reproductive health services such as screening tests for cervical cancer (1.9%) and breast examinations (0.9%). (NFHS 5)

Conclusion

Anthropological fieldwork was conducted in the Baalu Adda Malin Basti for a period of 1 month, which was followed by a scientific analysis of the data collection on the basis of standard tables and graphs, based on the analysis and findings in the study the following conclusions are-

1. It was found that 32% of women used only cloth due to unawareness or unavailability of resources or due to their poor economic condition they could not afford it and 20% were using both cloth and sanitary napkins while only 28% were those who were using sanitary pads only. It is clear that more than half of the total sample population i.e., 52% were not completely aware of menstrual hygiene.

2. A majority of women i.e., 81% experience several kinds of problems in the form of pain, vomiting, faintness, etc. during their menstruation. This shows that the state of their reproductive health is very poor.

3. Most of the females i.e., 70% were married when they were under 18 years of age and as they got married at an early age their body was not fully developed to give birth. And most of these women have undergone pregnancy within a year after marriage, which has affected their reproductive health and also is the main reason why they have faced difficulty in even conceiving or later on at the time of delivery.

4. The women of Baalu Adda Malin Basti had the facility of mid-wives so they usually prefer their home for their delivery and if any complications would occur only then they prefer government hospitals.

5. The women in Baalu Adda Malin Basti suffered from various gynecological problems like Irregular menstruation, excessive bleeding during menstruation, white discharge with bad odor and itching, lower abdominal pain, vaginal discharge with fever, pain/burning sensations while passing urine, difficulty in becoming pregnant, Urinary tract infections.

6. In the Baalu Adda Malin Basti after every 5 months a camp was organized for providing vaccination and medicines/supplements for pregnant women and children of 0-5years of age. This camp was organized under the governmental scheme ***Mission Indra Dhanush.*** It was only an active government scheme that could reach the people of the slum.

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ANNEXURE

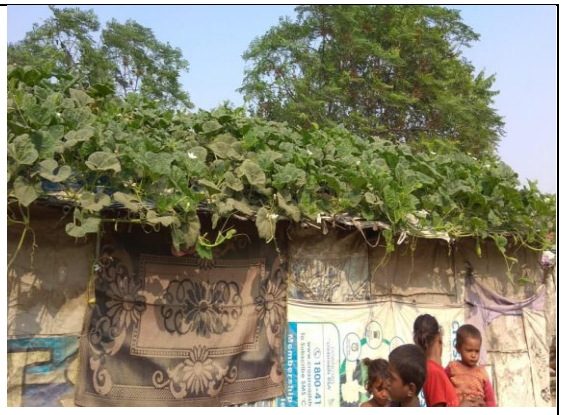
PICTURE 1- HOUSING PATTERN OF THE BAALU ADDA SLUM

PICTURE 2- WOMEN ASSORTING GARBAGE

PICTURE 3- STRUCTURE OF HOUSE (OUTSIDE VIEW)

PICTURE 4- STRUCTURE OF HOUSE (INSIDE VIEW)

PICTURE 4- DRANAGE SYSTEM



PICTURE 5- PLANTING GOURD VEGETABLE AT THE ROOF TOP

6 (A)

6 (B)

PICTURE 6- WATER FACILITIES

7 (A)

7 (B)

PICTURE 7- TOILET FACILITY

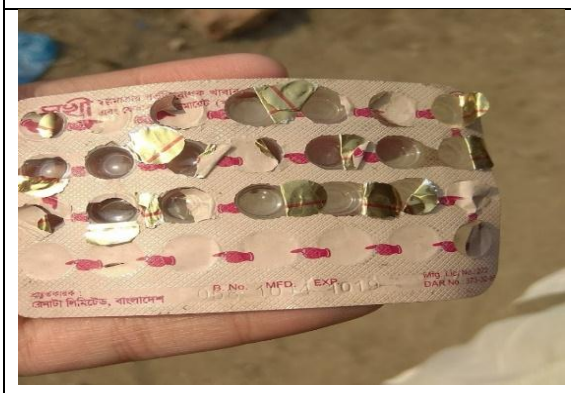
PICTURE 8- COMMON FOOD SHOP IN THE SLUM

PICTURE 9- JANPRAGATI PATHSHALA IN THE SLUM

10 (A)

10 (B)

PICTURE 10- FOOD PREPERATION



11 (A)

11 (B)

PICTURE 11- CONTRACEPTIVE PILLS