



Reproductive health in urban slums

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OBJECTIVE(S) : To study the health, educational status, and age of marriage in urban slums.

METHOD(S) : Married female population aged 15-49 years was questioned on reproductive health issues. The data were analyzed.

RESULTS : Of the 200 couples interviewed, 53% males were in the 26-30 years age group and 34% females in the 21-25 years age group. At the time of marriage 41% of males were below 21 years of age and 56% of females below 18 years. Forty-eight percent males and 40% females were educated, and 26% couples had four children. Ninety-four percent females delivered at home with the help of traditional *dai*. Ninety-three percent had received tetanus toxoid injection during antenatal period. Thirty-two percent of couples didn't have any knowledge about contraceptives and though 21% had the knowledge they did not use any contraceptive.

CONCLUSION(S) : There was poor utilization of the reproductive child health (RCH) services provided by the government, lack of awareness regarding birth spacing, and very low use of contraceptives. Literacy and age at marriage are not raised inspite of laws made by the government.

Key words : reproductive health, urban slums

Introduction

There is a migration of population in search of employment from villages to big cities leading to formation of unplanned urban slums. Poverty, unemployment, illiteracy, polluted environment, and uncontrolled population growth affect the health of dwellers in one way or the other. Reproductive health in these urban slums poses a great challenge to the health providers and policy makers. Looking to the trends, it seems difficult to achieve the targets given by Madhya Pradesh (MP) Population Policy 2000.

Methods

Two hundred female slum dwelling couples who were the beneficiaries of self help groups formed by the non-government organization (NGO) Sahyog were interviewed. The data collected were analyzed.

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Table 1. Age (n=200).

Age (years)	Wife		Husband	
	Number	Percent	Number	Percent
< 20	Nil	0	12	6%
21-24	20	10%	68	34%
25-29	106	53%	58	29%
>30	74	37%	62	31%

Fifty-three percent of the males were between 26 and 30 years and 34% of the females between 21 and 25 years (Table 1).

Table 2. Age at marriage (n=200).

Years	Husband's age		Wife's age	
	Number	Percent	Years	Number Percent
< 20	81	40.5%	< 18	111 55.5%
> 21	119	59.5%	>18	89 44.5%

Minimum age of marriage as per the law is 21 years for males and 18 years for females. But in urban slums 40.5% of

males got married before 21 years and 55.5% of females before 18 years. In the state of MP 58.8% girls married before the age of 18 years. The age of marriage is the key to other vital indicators (Table 2).

Literate males were 48% and females 40%. Literacy rate in MP is 64.55% for males and 30.41% for females.

Table 2. Number of children.

Number of children	Couples (n=20)
1	14 (7%)
2	40 (20%)
3	51 (25%)
4	52 (26%)
> 4	43 (22%)

Seventy-three percent of the couples had ≥ 3 children (Table 3). This is to be brought down to 3 by 2005 and to 2.1 by 2011.

Table 4. Antenatal check up.

	Number	
Nil	62	(31%)
At hospital	132	(66%)
At private clinic	6	(3%)

Thirty-one percent of the pregnant women did not go for any antenatal check up and 66% got it done at nearby government hospital (Table 4).

Ninety-three percent of pregnant women got the two doses of tetanus toxoid and 58% had received iron and folic acid tablets given under the government's National Program.

Ninety-four percent of females delivered at home with the help of local *dai*. Only 6% went to hospital for delivery.

Table 5. Contraceptive use.

Type of contraceptive	Number	
Not using any contraceptive	43	(21.5%)
Tubectomy	32	(16%)
Oral pills	34	(17%)
Intrauterine contraceptive device	9	(4.5%)
Condoms	14	(7%)
Vasectomy	4	(2%)

Only 68% of couples had some knowledge about contraceptives. In spite of having the knowledge of contraceptives 21.5% of couples were not using any contraceptive (Table 5).

Discussion

Bhopal is the capital of MP and is a center of political, social and economic activities of the state. Prospects of living in the state capital with its job opportunities attracts a large number of people from the surrounding districts leading to mushrooming of unplanned slums and posing problems in all aspects – health, population, education, and environment.

Sahyog is a NGO working in these slums for upliftment of females. Two hundred couples, who were beneficiaries of the organization, were interviewed regarding various health issues. Sixty-three percent of both husbands and wives were between 21-30 years of age. At present the legal age of marriage for males is 21 years and for females 18 years. In the surveyed population, 40.5% of husbands and 55.5% of wives were below the legal age of marriage. In urban areas of MP 58.8% of married females were between 15 and 19 years in 1991¹. By the time they reach the legal age of marriage, they already have their 1st child. This emphasizes the need for imparting family life education to the adolescent girls along with compulsory primary education and vocational training. They should be taught to use some contraceptive when they get married.

The aim is to raise the present age of getting the first child from 16 years to 20 years by 2005 and to 21 years by 2011 as per the Population Policy 2000 of Government of MP. Compulsory registration of marriage, and insisting that aspirants for government jobs, college admissions and bank loans follow the official age of marriage would help in reaching these aims.

Only 48% of males and 40% of females were literate in the surveyed population as compared to 64.55% males and 30.40% females in MP¹. The government of MP had launched *Padhna aur Badhna* (study and progress) program to increase literacy among 15 to 35 years age group, so that all females can become literate. There is a need for greater emphasis on female education.

In 1997, fertility rate of MP was 4 i.e. four children were born to each female. In our study, 26% of couples had four children and 22% had even more. MP is one of those states of India where fertility reduction since independence has been slow. Today the state has third highest birth rate amongst the major states of the country. Reducing fertility in the state is a major concern. Aim of population policy 2000 is to decrease fertility rate to 3 by 2005 and to 2.1 by 2011². In 1996

fertility rate of Kerala was 1.8³ which is even less than half of the fertility rate of MP.

In our survey 31% females didn't go for any antenatal check-up during their pregnancies, the reasons being - 1) they take pregnancy as physiological 2) it is considered to be a bad omen to show or tell about the pregnancy to outsiders (3) lack of time as most of them are working, and (4) religious beliefs.

Sixty-six percent had been to nearby government hospitals and 3% to the private clinics for antenatal checkup. In MP, during 1998-1999, only 62% of the pregnant women had antenatal check ups¹. In a survey of antenatal coverage in the four BIMARU states of Bihar, MP, Rajasthan and UP about 35% of mothers received full package of antenatal care as compared to 53% at all India level⁴. The proportion of females not receiving tetanus immunization was 20% in the four BIMARU states as compared to only 14% at all India level. In our sample, only 7% of the females did not receive tetanus immunization, and 42% did not take iron and folic acid tablets.

Despite the presence of three large government hospitals with facilities for delivery near the vicinity of these slums, 94% of the deliveries had taken place at home and were conducted by the local *Dai*. Only 6% of the women went to a hospital for delivery because either they were refused by the *Dai* due to the presence of some complication or they were vigilant enough to go to a hospital for the purpose. Considering that in MP, in 1998-1999 22% deliveries took place in a health institution¹, this figure of 6% is very discouraging. Aim of the MP population policy is to raise institutional deliveries to 25% by 2005 and to 50% by 2011².

In our study 32% of couples did not have any knowledge about contraception. Although 68% had the knowledge 21% were not using any contraceptive for various reasons like fear of complications of intrauterine device, menstrual disturbance, opposition from in-laws, unwilling husband, and belief in conception not possible during lactational amenorrhoea. Sixteen percent had undergone tubectomy, 17% were taking oral pills, and 4% had an intrauterine contraceptive device. Seven percent of males were using condoms and only 2% had undergone vasectomy. In MP 27.8% of couples

opt for sterilization whereas in our urban slum only 18% opted for sterilization –16% for female sterilization and 2% for male sterilization.

As per the survey contraceptive prevalence rate of the city of Bhopal is 34%¹ which is less than 42% in the state of MP. To attain the goals laid by population policy 2000 of MP contraceptive prevalence rate is to be raised to 55% by 2005 and 65% by 2011. Acceptance of vasectomy is to be raised to 7% by 2005 and to 20% by 2011. Spacing interval between 1st and 2nd child is to be increased to 3 or more years by 2005². Studies show that longer intervals between children are better for the survival and health of both infants and mothers⁵. If the birth interval is more than 27-32 months, chances of third trimester bleeding, premature rupture of membranes, anemia, puerperal endometritis, pregnancy induced hypertension, eclampsia, gestational diabetes, postpartum hemorrhage, and maternal mortality are less.

Conclusion

The women in the slums, though residing in urban areas, are not aware about reproductive health and facilities provided by the government. Legal age at marriage should be made one of the mandatory criteria for government jobs, loans, and scholarships. NGOs should make more efforts for imparting information, education, and counseling to the slum dwellers to help the government attain its goals.

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