

## AN ASSESSMENT OF WOMEN'S HEALTHCARE PRACTICE IN URBAN SLUMS OF GORAKHPUR MANDAL OF UTTAR PRADESH: AN ANALYTICAL STUDY

Renu Verma

Lecturer in Geography

Hanuman Prasad Rastogi Girls Inter College, Lucknow, Uttar Pradesh, India

**ABSTRACT:** The study focused on the women's health practice in urban slums of Gorakhpur Mandal and examines their living standard as well as current health and nutrition levels among women in slums. The study also focused on the types of problems faced by women's slums concerning health. For the study survey approach has adopted and questionnaire has used for gathered primary data. The findings of the study significant slums women's are suffered several health problems. The study reveals that majority of the slums women's are facing less food nutrition due to poverty.

**Keywords:** Women's, Health, Nutrition, Practice, Slums, Gorakhpur Mandal.

For those living in slums, health is a significant financial concern, especially for women. A poor physical environment causes illnesses that require medical attention, which reduces workdays. These illnesses are then followed by financial setback. Loss of money makes it impossible to make investments in a clean environment. The vicious loop keeps going then a financial loss. Loss of money makes it impossible to make investments in a clean environment. The vicious loop keeps going. It's common to think of slums as social clusters that cause a particular set of health issues. Due to their high population density and poor environmental conditions, they are a key reservoir for a variety of harmful health disorders, including undernourishment, problems during delivery, morbidity following childbirth, etc. Few studies have been conducted in India on people's health, particularly that of slum-dwelling women. The majority of the scant research that is available has documented significant variations in women's health.

### Review of Literatures

Goswami (2012). Stated that due to increasing fund for services including reorienting and sensitizing physicians and nurses, adding beds to government hospitals, setting up well-equipped dispensaries, and maternity facilities close to impoverished people's villages and slums. Poor people can see private physicians for minor illnesses like colds or coughs, but in the event of more serious conditions, government hospitals always offer free medical care. One advantage is being close to government clinics and pharmacies. The impoverished go unchecked and untreated. When they get sick, the majority of urban impoverished women choose to see a private physician. Because these doctors are charged high fee. There's a tendency to put off seeing a doctor until the sickness gets really bad. Because slum dwellers live in cramped conditions, housing in slums is a serious health risk. Simple one-room buildings make up one-fourth of the homes; most of them have dirt floors and inadequate ventilation.

Such crowding can hasten the spread of skin and respiratory conditions.

Hayami., Dikshit & Mishra. (2006) They found that 14% of women or their partners use condoms as a method of birth control. Overall, 32.33% of women reported using a cervical cap or other conventional contraceptive methods. It's evident that there is still room for improvement in terms of awareness. According to data, a lot of consumers don't care about the doctor's reputation. The results of the study indicate that women living in slum neighborhoods use reproductive health services in significantly different ways. The study's conclusions urge concentrated and ongoing efforts to encourage the use of reproductive services in impoverished areas.

Kantor & Nair (2003). Mention in their study that the large pharmacies can be found in the centre of cities. There aren't many stores in slum areas, and quacks have a loose connection to these stores. Just a few in expensive. In general, medications are offered here. Even grocery stores sell medicines without a current license. Authors found that 68.67% of respondents purchase their medications from the medical store, 31% of women still purchase their medications from the roadside.

Davis, (1962) stated that are most likely the result of variables like availability, literacy rates, and work patterns. Inadequate housing circumstances, a congested living space, inadequate sanitation, work-related risks, interpersonal conflicts and rivalries, demanding work environments, and The health of residents in the slums is negatively impacted by things like a lack of open space for women to enjoy themselves. The state of women's and children's health overall paints a dismal image. Globally, impoverished women are most likely to die or become ill, especially those who live in developing nations.

### Objectives.

1. To investigate the current living standard of slums.

2. To find out the health and nutrition levels among women in slums
3. To explore the types of problems faced by women's slums concerning health

### Scope and Limitation

The present study is very concise and precise. The study covered to urban slums of Gorakhpur mandal in Uttar Pradesh and the study is limited to women of urban slums of Gorakhpur mandal in Uttar Pradesh.

### RESEARCH METHODOLOGY

For the conducted study survey research approach was adopted and structured questionnaires were used as

tools for gathering primary data. The questions were asked to the respondents both close and open questions for administered the answers to the respondents. Purposive sampling was used for gathered primary data. Total 400 respondents were taken in present conducting study. For the primary data collection, Gorakhpur mandal women's slums has taken as a respondents. Total 300 respondents have been taken for the study and quota sampling has been used for gathered primary data due to scattered of respondents. After the gathered data, MS- Excel 10.0 version has used as statistical tools for analyzed of data.

Table-1: Response rate of respondents

Questionnaire distributed	Received	Percentage
500	400	80

Table no. 2 Awareness about the health among respondents.

Respondents	Yes	No	Yes%	No%
400	270	130	68	48

Table-3: Living standard based on the family income

Living standard based on the family income				
Income				
District	Daily	Weekly	Monthly	Yearly
Gorakhpur	300	1200	2400	28,800
Deoria	200	800	2100	25000
Kushinagar	150	550	1800	21600
Mahrajganj	150	600	2200	26400

Table-4: Living standard based on the healthcare

Frequency of Healthcare					
District	Daily	Weekly	Monthly	Yearly	Never
Gorakhpur	0	0	0	10(10%)	90(90%)
Deoria	0	0	0	3(3%)	97(97%)
Kushinagar	0	0	0	3(3%)	97(97%)
Mahrajganj	0	0	0	1(1%)	99(99%)

Table-1: shows the response rate of respondents. The above table clearly presented that total 500 questionnaire were distributed out of them 400 questionnaire were received i.e. 80%. Table-2: presented the awareness about to health among respondents of the study. The analyzed data clearly presented that 270 respondents were aware about to health i.e. 68% out of 400 respondents. Table-3: examine the living standard based on the family income. The analyzed data clearly presented that Gorakhpur district slums women's has highly income i.e. 28800 Rs. while the lowest income slums women's family has founded in Kushinagar district of the this study. Table-4: shows the frequency of living standard based on the healthcare of slums of women's of

Gorakhpur mandal. The analyzed data clearly reveals that the highest 10% of slums women's of Gorakhpur district is checking their health on the basis of yearly whereas the lowest 1% of slums women's of Mahrajganj district is checking their health on the basis of yearly. Followed by similarly 3% of slums women's of Deoria and Kushinagar district of Gorakhpur mandal checking their health on the basis of yearly. Table-5: shows the women's living standards based on the literacy. The analyzed data clearly presented that 5% reading and writing literacy of women's slums in Gorakhpur district followed by 4% reading and writing literacy in Deoria district; 5% reading and writing literacy in Kushinagar and 3% reading and writing literacy in Mahrajganj. The study reveals that 2%

numeric literacy of women's slums in Gorakhpur district followed by 6% numeric literacy in Deoria district; 5% numeric literacy in Kushinagar and 4% numeric literacy in Mahrajganj. The analyzed data clearly presented that 4% Digital literacy; 2% Health literacy; 0% Financial literacy; 3% Media literacy; 1% Cultural literacy Gorakhpur district respectively. Followed by 4% Digital literacy; 2% Health literacy 0% Financial literacy; 2% Media literacy; 1% Cultural literacy in Deoria district respectively. and 4% Digital literacy; 2% Health literacy; 1% Financial literacy; 1% Media literacy; 2% Cultural literacy in Kushinagar district whereas 3% Digital literacy; 2% Health literacy; 1% Financial literacy; 3% Media literacy ; 1% Cultural literacy in Mahrajganj district respectively. Table-6: shows the various health levels among women' in slums of Gorakhpur mandal. The above

table clearly presented that women's in slum were suffered from Ear bleeding; Weak eyesight (irritation/watery eyes); White discharge; Reproductive tract infection/urinary tract infection; Acute tiredness and Rheumatism. The result reveals that majority of the adult child of women's slums were suffered from the Malaria (dengue); Period pains; Indigestion; Weakness/fainting; Tuberculosis; Conjunctivitis and Leukoderma diseases. Table-7: presented the nutrition level among women's in slums of Gorakhpur mandal. The analyzed data clearly presented that the highest 40% women's were facing insufficient nutrition in Gorakhpur district i.e. 40% followed by 37 %women's were facing insufficient nutrition in Deoria district; 21% women's were facing insufficient nutrition in Mahrajganj while the lowest 17% women's were facing insufficient nutrition in Kushinagar district.

Table-5: Living standard based on the literacy

Types of literacy (%)			
District	Literacy	Yes	No
Gorakhpur	Reading and writing	5	95
	Numeric literacy	2	98
	Digital literacy	4	96
	Health literacy	2	98
	Financial literacy	0	10
	Media literacy	3	97
	Cultural literacy	1	99
Deoria	Reading and writing	4	96
	Numeric literacy	6	94
	Digital literacy	4	94
	Health literacy	2	98
	Financial literacy	0	10
	Media literacy	2	98
	Cultural literacy	1	99
Kushinagar	Reading and writing	5	95
	Numeric literacy	5	95
	Digital literacy	4	96
	Health literacy	2	98
	Financial literacy	1	99
	Media literacy	1	99
	Cultural literacy	2	98
Mahrajganj	Reading and writing	3	97
	Numeric literacy	4	96
	Digital literacy	3	97

	Health literacy	2	98
	Financial literacy	1	99
	Media literacy	3	97
	Cultural literacy	1	99

Table -6: Health levels of women in slums area

Categories	Nature of health problems	Treatment Sought	Probable Cause
Adult women	Ear bleeding	Private doctors	Do not know
	Weak eyesight (irritation/watery eyes)	None	Work related – fine embroidery work
	White discharge	Medication	RTI infection –complication in pre-post pregnancy stage
	Reproductive tract infection/urinary tract infection	Medication	Lack of bathing units and toilets for daily use
	Acute tiredness	Standard pain killers	Inadequate food intake/long working hours/heavy work load
	Rheumatism	Medication	Inadequate nutrition – vitamin and mineral deficiency
Adult Child	Malaria (dengue)	Government hospitals/ clinics/ Private Hospital	Open garbage dumps/dirty open drains/stagnant water holes
	Period pains	private/ government doctor	Natural
	Indigestion	private/ government doctor/ Medication	Open garbage dumps/dirty open drains/stagnant water holes/ infected food
	Weakness/fainting	None	insufficient foods
	Tuberculosis	Government hospitals/ clinics/ Private Hospital	Hereditary – weak immune systems
	Conjunctivitis	Government hospitals/ clinics/ Private Hospital	Seasonal infections
	Leukoderma	Government hospitals/ clinics/ Private Hospital/ Medical pharmacist	Skin disorder

- Source: personal survey (2024)
- RTI, respiratory tract infection.

Table -7: Nutrition levels among women's in slums

District	Sufficient%	Insufficient%	Excellent %	Poor%
Gorakhpur	11	40	6	43
Deoria	7	37	3	53
Kushinagar	5	17	8	70
Mahrajganj	9	21	11	59
<b>Total</b>	<b>32</b>	<b>115</b>	<b>28</b>	<b>225</b>

Table-8: Types of problems faced by women's in slums concerning to health

Types of problems faced				
District	Lack of awareness ( % )	Insufficient fund ( % )	Nearest absence of hospital ( % )	Social status%

Gorakhpur	22	70	2	6
Deoria	34	61	1	4
Kushinagar	23	71	3	3
Mahrajganj	31	66	2	1
Total	110	268	8	14

Table-8 examined the various problems faced by women's in slums related to health. The present conducted study was reveals that 22% women's were facing problems of lack of awareness about to health in Gorakhpur followed by 34% women's were facing problems in Deoria; 23% women's were facing problems in Kushinagar; 31% women's were facing problems in Mahrajganj respectively. The analyzed data clearly reveals that 70% women's were facing problems to the insufficient fund women's of Gorakhpur district, followed by 61% women's were facing problems in Deoria district; 71% women's were facing problems in Kushinagar; 66% women's were facing problems in Mahrajganj respectively. The result reveals that 2% women's were facing problems to the nearest absence of hospital for treatment in Gorakhpur district followed by 1% women's were facing problems in Deoria district; 3% women's were facing problems in Kushinagar; 2% women's were facing problems in Mahrajganj. The conducted study was clearly indicated that 6% women's were facing problems concerning to the social status in Gorakhpur district followed by 4% women's were facing problems in Deoria district; 3% women's were facing problems in Kushinagar district; 1% women's were facing problems in Mahrajganj respectively.

## CONCLUSION AND RECOMMENDATIONS

Health is widely role-played in enhancing the living standard as well as the life expectancy of human beings. Health is the backbone of any country it is symbol of prosperity, strength, and economic presence globally. The findings of the study majority of the womens' of slums were aware about to health i.e .68%. The study reveals that Gorakhpur district women's slums have highly income out of 4 district of the study. The study significantly explore widely women's were checking their health on the basis of yearly. The findings of the study majority of the women' slums were not have various types of literacy. The study reveals that significant women's slums were suffered various diseases likewise Ear bleeding, Weak eyesight (irritation/watery eyes), White discharge, Reproductive tract infection/urinary tract, infection, Acute tiredness and adult child was suffered from the Malaria (dengue), Period pains, Indigestion, Weakness/fainting, Tuberculosis, Conjunctivitis, Leukoderma. The findings of the study women's slums were faced problems

concerning to health through lack of awareness, insufficient fund, nearest absence of hospital and fewer women's were faced health issues due to social status. On the basis of result analyzed the central government and state government should be provides facilities likewise hospital, organized awareness programme to health and hygiene . The other national importance institution and organization should be prepared policies and then mandatory each district authority to implemented the rules and regulation for enhancing living standards , health , literacy among women's slums in Gorakhpur mandal of Uttar Pradesh.

## REFERENCES

- Goswami S.(2014). A glimpse on women's fertility: a study in the fringe of Bilaspur, India. *Journal of Evidence Based Womens Health*, 4(3), 72–77.
- Goswami S.(2012). Health and child development paradox: findings from Raipur slums. *Global Journal of Human Social Science*.12, 33–41.
- Hayami Y, Dikshit AK, Mishra SN. (2006). Waste pickers and collectors in Delhi: poverty and environment in an urban informal sector. *Journal of Development Studies* ,42(5),10–22.
- Kantor P, Nair P.(2003). Risks and responses among the urban poor in India. *Journal of international development*, 15, 957–967.
- Davis K. (1962), Urbanization in India – past and future. India's Urban Future. Berkley: University of California Press.