

Research Article

Innovative Approach in the Health of Adolescence Slum Girls

Ms. Uma Devi Runkani

Palakol, Andra Pradesh, India

Corresponding Author: Uma Devi Runkani

Abstract

Disembarking from a traditional approach of narrow hazardous environmental and structural conditions in understanding urban slums' health problems and moving towards a new notion of what constitutes health for slum dwellers will open a new avenue to recognise whether and how health is being prioritised in disadvantaged settings. The current study adds to the growing evidence that ordinary members of the urban slums can articulate critical linkages between their everyday sociocultural realities and health conditions, which can support the design and delivery of interventions to promote wellbeing. The concept of health is not confined to an abstract idea but manifested in slum-dwellers 'sporadic practices of preventive and curative care as well as everyday living arrangements, where a complex arrangement of physical, psychological, financial, sociocultural and environmental dimensions condition their body and wellbeing.

Keywords: Hygiene, Slum areas, Health hazardous, Environment Adolescence Girls

INTRODUCTION

Health is a major economic issue for slum residents, particularly for women. The unhealthy physical environment leads to sickness, demanding medical treatment, which results in the reduction of workdays, followed by economic loss. Economic loss leads to inability to investing a clean environment. The vicious cycle continues. Slums have frequently been conceptualized as social clusters that produce a distinct set of health problems. The poor environmental condition coupled with high population density makes them a major reservoir for a wide spectrum of adverse health conditions such as undernutrition, delivery-related complications, postpartum morbidity, etc. In India, there have been limited efforts to study the health of individuals, especially women living in slums. Of the few studies that exist, most have reported considerable differences in the situation of reproductive and women's health between slum and non-slum areas.

These disparities are probably the outcome of factors such as employment patterns, literacy levels, availability of health services, traditional customs, sex status, etc., which influence the use of reproductive health services. However, the major limitation of most of these studies is that they have been confined to specific cities, and therefore the findings cannot be generalized. The growth of slum areas and the concentration of poor people in the slums is a rather depressing aspect of urbanization. Themajority of women slum dwellers belong to the lower socioeconomic

class and have migrated to the city with the hope of better means of livelihood. Having basically low education, skill, and work experience, they have no choice in the competitive job market and pick up low-paid jobs such as construction labourer, domestic servants, casual factory workers, and petty trading business. With their meagre income, they are forced to live in slum areas in the most unsanitary and unhygienic conditions, carrying out their existence with the barest necessities of life. Even if people have some money, they do not invest it in home improvement because of the temporary status of their residence or because of illegal occupation of public lands and the constant threat of eviction. Therefore, the housing of the slum dwellers is of lower quality.

Poor housing conditions, overcrowded environment, poor sanitation, occupational hazards, group rivalries and clashes, stressful conditions together with lack of open space for women's recreation, etc. are detrimental to the health of people in the slums. An overview of women's and children's health status presents a sombre picture. Worldwide, death and illnesses are highest among poor women, particularly among women in developing countries. In addition to the suffering of women, yet another cause of concern is their almost apathetic attitude towards their own health and its management during illness. Women were found to seek treatment only when their health problem caused great physical discomfort or when it affected their work performance. The situation with respect to women 'sand children's health in the urban slums is not different, rather their health is neglected the most. Insecurity related to regular income, food, shelter, access to healthcare, and other essential services, along with poverty and difficult physical and social environments, such as exploitation and abuse in the treatment of women, have an adverse impact on the health of the urban poor women.

OBJECTIVES

- To study the existing scenario and socio-economics condition of slums girls
- To know the details about the slums and slum people
- To Providing required facilities to the slum people

METHODOLOGY

This study is based on the analysis of the secondary data and published in the varies journals, annual reports and websites. Descriptive research includes surveys and fact finding enquires of different kinds. The major purpose of descriptive research is description of the situation as it exists at present. The researcher used secondary data for developing understanding of the pivotal role in the current issue of Innovative approach in the health of Slum Adolescence Girls.

ADOLESCENT HEALTH IN URBAN AREAS

Neighbourhood contextual factors play an important role in adolescent health. Adolescents in urban settlements may experience less poverty, better education, and health services. Conversely, urban upbringing can increase the risk of mental health, substance use, obesity, and physical inactivity. Physical environment includes built structures, air and water, indoor and outdoor noise, and parkland inside and surrounding the city as one of the key drivers for many health disparities, including mental health status, obesity, and risky sexual behaviors. Two social environmental factors, namely, social capital and social cohesion, are very important in the development of adolescents. Studies have found that when adolescents have lower levels of social cohesion, they report poorer mental health status, higher crime and homicide, and increased sexual risk behaviors. Social determinants from outside the family become greater, with major influence of peers, media, education, and the beginning of workplace influences.

Adolescent Health Programmes

Recognizing the importance of adolescent health, the Government of India is implementing health programs targeted to this population. The Rashtriya Kishor Swasthya Karyakram (RKSK) was launched by the Ministry of Health and Family Welfare (MOHFW) on January 17, 2014, for adolescents in the age group of 10–19 years, which would target their nutrition, reproductive health, and substance abuse. To guide the implementation of this program, the MOHFW in collaboration with UNFPA has developed a National Adolescent Health Strategy. Under this, a core package of services, including preventive, promotive, curative, and counselling services and routine checkups at primary, secondary, and tertiary levels of care, is provided regularly to adolescents, married and unmarried, girls and boys, during the clinic sessions. Weekly iron and folic acid supplementation (WIFS) entails provision of weekly supervised iron folic acid tablets to in-school boys and girls and out-of-school girls for prevention of iron and folic acid deficiency anemia and biannual albendazole tablets for helminthic control. This program aims to cover a total of 11.2 crore beneficiaries including 8.4 crore in-school and 2.8 crore out-of-school adolescents. Until June 30, 2015, the average monthly coverage of adolescents under the WIFS program was 25%, with 28% in-school and 13% out-of-school coverage.

PROBLEM OCCURS

- Because of not provided toilet blocks, people of slum use railway tracks for nature's calls. It makes railway tracks so dirty and because of that many diseases occurs.
- Because of no provision of services or dustbins for waste disposal, they use to throw their waste things in open and on railway tracks.
- That open waste becomes the sources of generation of insects and spreading the infections to nearby human being.
- Because of not provided proper drainage lines, waste water from drainage line comes to the slum area and it spreads the bed smell in the atmosphere.
- That bed smell disturbs the nearly road users also.
- Sometimes the gas generated from open waste and open drainage, makes the atmosphere unclear and increase the air pollution.
- People of slum dump the waste into open area and because of some liquid and chemically active products it affects the land.
- There is no guardrail on the sides of railways tracks, therefore there is no safety of people of slum for crossing the railway track and go another side.
- There are mostly illiterate and unemployed people.
- If they are workers, they will be on daily bases wages. Mainly unemployment in slum occurs due to lack of guidance about work.
- There are no any awareness or guidance system, by use of that they can get a better employment and make their life some better than present.
- Slum is the scenario of city, which is full of dirtiness, anywhere disposed waste, improper provision of facilities and amenities.
- This makes the negative effect on the aesthetics of city.

POSSIBLE SOLUTIONS

- By providing toilet blocks, people will use that toilet block, so response to nature's call in openly and onto railway tracks will be decrease.
- By providing proper disposing services and dustbins, open waste generation will decrease and area will look cleared.

- Therefore, there will be an open land remain which may be useful to any other purposes. There will be no any source, which will act as source of generation of disease.
- By provision of proper covered drainage lines, there will be a decrement into open waste water. This will make the atmosphere clean and clear.
- Bad smell will also decrease along with that, so the generation of infective insects will decrease.
- Slum area is lack of basic facilities, so there should be daily water supply and electricity. How much the needs are required to be fulfilled, health is also important as the needs are, so there should medical facility provided.
- Because, if there will be a medical facility available, then health of people will increase and it may affect the health of city.
- By providing proper guidance services it may helpful to get employment to the people of slum. So, they can fulfil their needs.
- By providing education to children of slum area and materials required, illiterate rate can be decreased.
- It is noticed that if there will be a guardrail on both sides of railway tracks with passing space at some intervals, the safety of people who use the railway track to cross and walk will be increase.

Nutrition and growth

Nutrition is an input to and foundation for health and development. Interaction between infections and malnutrition is well documented. Better nutrition means a stronger immune system, less illness and better health. Malnutrition is a major contributor to the total global disease burden, and poverty is a central cause of it (WHO 2005). Further, the socioeconomic status of a family affects the nutritional status, especially in girls (UNICEF 2009). Children of poor socioeconomic status have moderate, severe, acute or chronic malnourishment (Elankumaran 2003, IIPS 2007), and over half of the children from this group are undernourished in India. Some adolescents are particularly vulnerable to poor health and adverse developmental outcomes as a result of individual and environmental factors, including marginalisation, exploitation and living without parental support.

Reproductive health

Adolescence is one of the most rapid phases of human development. Biological and psychosocial maturity takes place during this period, culminating in sexual maturity. The onset of menstruation, menarche, is a major indicator of growth and maturation for girls. The timing and speed with which the changes take place are influenced by both individual or internal and environmental or external factors. Certain health problems seen in adolescence may reflect both the biological changes of puberty and the societies and cultures in which they are growing up. In most of India, students currently are not provided structured, comprehensive sexual health or sexuality education in secondary schools. In 2009, in a courageous attempt to adjust educational policy in India, the Ministry of Human Resources Development proposed the Adolescence Education Program, a comprehensive sex education program that would be implemented into school curricula across the country. A parliamentary committee rejected the proposal, citing that the 'social and cultural ethos are such that sex education has absolutely no place in India'.

Menarche

For both adolescent girls and their mothers, menarche was a defining moment and one that was often associated with anxiety. Participants spoke of it in colloquial terms meaning mature and

grown-up that implied sexual maturation: a worrying development for mothers, especially in a slum environment. Most of the girls attained menarche at 12–13 years and believed that later menarche indicated a deformity, an inability to become a mother later or an inadequacy as a woman. In contrast, mothers believed that girls who attained menarche at 12–13 years were too young to menstruate, saying that they had reached menarche at an older age (15–16 years), when they were physically stronger and emotionally more mature. Mothers attributed early menarche to the consumption of food contaminated by chemicals, excessive medicines, exposure to sexual stimuli through popular Bollywood films and in the community and relationships with young men. These forces created heat in the body, resulting in early menarche.

Menstrual Problems

Unmarried girls identified menstrual problems as a key health issue. Menstruation was problematic or bothersome because of its frequency and duration, the amount of menstrual flow, painful symptoms and the extent to which it interfered with daily life. The most common problems were its frequency and pain. Regular, monthly menses were considered essential for good health, a perception consonant with the belief that menstruation rids the body of impure blood. Consequently, irregular periods caused significant stress in girls as they feared they might fall sick. An irregular menstruation was defined as a period that occurred much earlier than expected or twice in a month, a period that was delayed by a couple of months or the absence of periods for months. Girls found it difficult to manage irregular menstruation as it was unpredictable and had unpleasant and embarrassing consequences. Reasons for delayed periods, suggested by both girls and mothers, were distinctly different from reasons for frequent periods. Frequent periods were caused by eating sour food items, personal stress and hot weather, all of which increase body heat. Lack of blood and weakness might cause delayed periods. Additionally, manual labour, being overweight and pregnancy were offered as possible explanations for the absence of menstruation. Delayed or late menstruation appeared to be a more common and recurrent complaint than frequent menstruation. Girls were most concerned when they did not menstruate because of what it implied a pregnancy due to premarital sex.

Perceiving the Need for Help

When a girl experienced a menstrual problem, her assessment of its severity, probable cause and prevalence, as well as her mother's perceptions, influenced her decision to seek help. Because menstrual blood is believed to be dirty, girls and mothers believed that the discomfort and pain was expected and should be borne. The perceived high prevalence of menstrual cramps also believed to be normal and did not require any particular remedy. The pressure to conceal menstruation further affected whether a girl sought help. Girls and mothers considered seeking medical treatment only if the girl's menstrual condition caused discomfort and pain so severe that it disrupted her daily routine and work, if it persisted or recurred or if the mother was worried about the long-term adverse consequences. Some mothers sought prompt treatment for their daughters' reproductive health problems for two reasons: to deal with a condition that might later become more severe, and therefore more difficult and expensive to treat, and to circumvent any problem that might affect her ability to conceive after marriage. Alternatively, some mothers waited to see if the problem recurred before they decided to seek medical care. One mother believed that the doctor might not be able to diagnose the underlying condition unless the girl consulted him when it was serious.

Choosing a Healthcare Provider

If girls decided to seek treatment from healthcare providers, they had the option of going to private providers who operated from small local clinics or to government health facilities. Their choice was guided by their perceptions of the availability, accessibility, acceptability and quality of care. Residents typically sought treatment from local private healthcare providers for minor ailments such as cough, cold, headache, fever and stomach disorders. They were more likely to use government healthcare services those are 30 minutes' walk away for serious ailments that required hospitalisation or surgery, as well as for antenatal care and delivery. If girls sought treatment for menstrual problems, they preferred private providers to the local government health facilities. The perceived proximity of private healthcare facilities was particularly advantageous when they required immediate assistance. Girls, both in and out of school, found the evening consultation hours at private clinics more convenient than the morning timings of Out-Patient Departments (OPD) at government health facilities. These hours were also convenient for working mothers who accompanied their daughters, as they came home from work late in the evening. Government health facilities were inconvenient for another reason: clients often had to make repeated visits. Girls and their mothers found this difficult, given their school and work schedules and their household responsibilities and the distance of the facility from their area and the associated travel costs.

CONCLUSION

To achieve adolescent health and well-being, planning of policies in health and allied fields should be multidimensional. Urbanization without improving basic amenities and access to health care is a major problem in India. Ministry of housing and urban poverty alleviation should plan policies to improve the physical environment of slum residents. Advertisement and media regulation to be streamlined and parental control facilities are necessary to improve the social environment and peer groups of adolescents. Due to increase in lifestyle disorders, schools should employ a range of available strategies including physical activity, delivery of life skills for health and well-being, comprehensive sexuality education, and support of a positive school ethos. Adolescent health programmes mainly concentrate on the rural population. Emerging evidence shows that adolescent related health data should be collected in demographic health surveys. Hope this article will help in a better understanding of the nature of problems among adolescents in urban India, leading to their causes and solution. These measures will help in reaping the benefits of epidemiologic and demographic transition in India.

References:

1. Sribas Goswami (2014): "A study on women's healthcare practice in urban slums: Indian scenario" November 2014, Evidence Based Women's Health Journal 4(4):201-207.
2. Nidhi Gandhi, Vivek Mishra, Parth Desani, Darshan Mehta et al., (2016): "Rehabilitation of Slum: An Innovative Approach to Urban Development". GRD Journals | Global Research and Development Journal for Engineering Recent Advances in Civil Engineering for Global Sustainability | March 2016 e-ISSN: 2455-5703.
3. S. Ramadass, Sanjeev Kumar Gupta, and Baridalyne Nongkynrih (2017): "Adolescent health in urban India" J Family Med Prim Care v.6(3); Jul-Sep 2017.
4. Sushama Avinash Khopkar (2017): "Health Profile of Adolescents Living in Slums in Nashik City, India" Suomen Yliopistopaino Oy – Juvenes Print Tampere 2017.
5. Deshmukh PR, Guptha SS, Bharambe MS, Dhongre AR, Maliye C, Kaur S, et al. Nutritional status of adolescents in rural Wardha, Indian J Pediatr. 2006;73:139-41.

6. https://www.academia.edu/30658382/Rehabilitation_of_Slum_An_Innovative_Approach_to_Urban_Development.
7. Adolescent health in urban India - PMC (nih.gov)
8. Constrained Choices? Menstrual Health and Hygiene Needs Among Adolescents in Mumbai Slums - Arundati Muralidharan, 2019 (sagepub.com).
9. Adolescent health in urban India : Journal of Family Medicine and Primary Care (lww.com)

Citation: Uma Devi Runkani, 2024. Innovative Approach in the Health of Adolescence Slum Girls International Journal of Academic Research, 11(2): 24-30.

Copyright: ©2024 Uma Devi Runkani, This is an open-access article distributed under the terms of the Creative Commons Attribution License (<https://creativecommons.org/licenses/by/4.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.