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Pattern of reproductive and child health of the urban poor: A case study of Patna M.C. Area

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Abstract : *Women have been created as child bearers and the creation of mankind thus lies in their hands. This makes the health status of women in general and their reproductive health in particular a vital issue for any society and nation. The status of reproductive and maternal health has the capacity to influence child health which encompasses various aspects of the overall well-being of the infants and children. Quite obviously the poor are the worst sufferers in*

this regard. Amid these circumstances the present study attempts to examine the overall status of reproductive and child health of the urban poor living in the Patna M.C. Area. The study has been carried out specifically in the three wards; i.e. wards 15 and 23 of New Capital and ward 41 of Bankipur circle of PMC Area. The findings reveal that the overall status of the reproductive and child health of the urban poor in the study area is far from being satisfactory and the reasons for this are mainly the prevailing ignorance, unawareness, poverty and social backwardness among the population under review.

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Introduction :

The term reproductive health in general refers to the various physical processes and functions associated with the reproductive system experienced and endured by a woman. The term 'reproductive health' was perhaps for the first time defined officially by the UN / WHO in 1994 at the International Conference on Population and Development (ICPD) held at Cairo, Egypt. Within the framework of the definition of health given by WHO, as a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity; 'reproductive health' is defined as the reproductive processes, functions and system at all stages of life (WHO, 2009). Right from the fertility and sexual relationships between the spouses to the period of pregnancy and child birth thus could be included in the broad range of reproductive health. In addition, it encompasses several concerned issues like contraception, maternity care system, abortions and miscarriages, sex related diseases and access to medical services etc. The various post delivery issues such as neo-natal care, nursing, immunization and child nutrition collectively come under the broad category of child health.

The status of reproductive, maternal and child health has been given much priority today. Achieving universal access to reproductive health by 2015 is one of the important targets of the Millennium Development Goals set by the UNO. In India, especially in a state like Bihar, deep rooted patriarchy, sub ordination of women, poverty, illiteracy and lack of sufficient maternal health care services have shown adverse impact on these aspects. In Bihar as high as 79% women were recorded to be suffering from various problems during the time of child delivery and 46% from different types of post delivery complication (DLHS-2 Bihar, 2002-04). The state has represented the

lowest rate of contraceptive use (34.1%) in the country as well (Das, 2010:7-8). The concerned figures suggest that the level of family planning practices in Bihar is much lower than some of the other Indian states as only 32.4% of the married couples in the state are supposed to have adopted these measures (DLHS – 3 Bihar, 2007-08).

The poor are supposedly the worst sufferers in this particular regard – be it rural or urban area. Urban poverty assessment in India is based on consumption deprivation. As per the guidelines furnished by the NSSO and Planning Commission, for the purpose of identification of a poverty-stricken household in urban areas of India, a food intake of 2100 calories plus a reasonable provision for non-food expenditures are taken into consideration (ADRI, 2010). The majority of the urban poor fall within the occupational categories of casual workers; unskilled/non-unionized wage workers; unskilled/non-unionized service industry workers; street vendors; construction workers; rickshaw pullers; sweepers; domestic workers; rag pickers; sex workers; and beggars (Oxfam, 1997).

Review of Literature :

A number of scholars at international and national levels have contributed to this particular field of study. Cleland (1990) has based his study mainly on the survival of new born infants in context of to reproductive health of the mothers and the pattern of maternal education. Jejeebhoy (1996) has taken up this particular issue for the developing nations of the world in terms of the pattern of the reproductive behaviour of the females and the impact of education on it. Tolhurst et al (2009) have carried out their study on the various aspects of reproductive and child health in context of the gender based equalities and disparities. Among the Indian scholars, Arokiasamy (2000) has worked on the general pattern of fertility among the Indian women relating it with the gender preference and

contraception. Sen and Dréze (2002) while examining the reproductive and child health in India have found out that there have been noticeable variations in terms of safe child birth, neo-natal care and immunization cover within the Indian states.

Objectives of the Study :

Amid this existing scenario, the present study aims **(i)** to observe the characteristics of reproductive and child health of urban poor of the study area at the territorial level; **(ii)** to find out the level of awareness regarding the overall reproductive and child health of the urban poor living in Patna MC area; and **(iii)** to assess the nature, type and degree of success in terms of the assistance provided by the government/non government agencies to the urban poor of the study area in the field of reproductive and child health care.

Hypothesis :

The study is based on the hypotheses that the status of reproductive and child health of the urban poor living in Patna M.C. Area is not satisfactory; the respective level of health awareness among the population under review is low; and the concerned government programmers have not proved very beneficial for the urban poor living in the study area.

Methodology and Database :

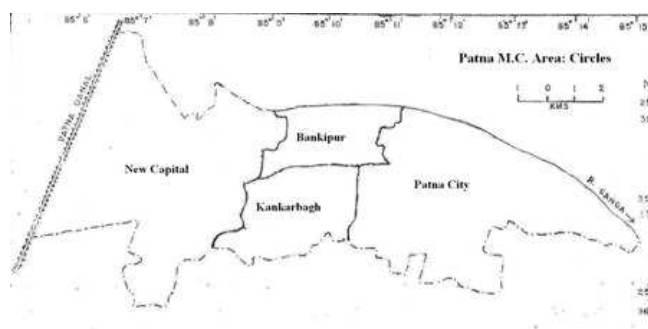
The research is based on a distinct methodology, which follows the three stages:

- (i) **Pre Field Survey:** the study of relevant literature; and collection of secondary data and maps from government offices and NGOs.
- (ii) **Field Survey:** preparation of questionnaire and generation of primary data through a schedule survey by the application of random sampling method.
- (iii) **Post Field Survey:** tabulation, cartographic representation and analysis of data.

The database of the present study is constituted of 100 poor women (35 from Ward No. 15 and 30 from Ward No. 23 of New Capital and another 35 from Ward No. 41 of Bankipur circle) of PMC Area.

Figure – 1

Patna M.C. Area – The Study Area



Study Area : Patna, the capital city of Bihar is situated at a crossroad of 25°36' 0" N latitudes and 85°7' 0" E longitudes. It is the largest city of the state spreading over an area of 99.45 sq. km. Patna Municipal Corporation Area has been divided in 72 wards, which have been further re-arranged into 4 Circles, namely- New Capital, Bankipur, Kankarbagh and Patna City respectively (District Gazette 2007). The present study has been carried out in the New Capital and Bankipur circles of the PMC Area, which incidentally occupy the western and central parts of the city (Figure – 1).

Discussion, Analysis and Findings :

An in-depth analysis of the overall socio-economic status of the urban poor women of PMC Area shows that these women mainly are from OBC and SC caste groups; most of them belong to Hinduism; and they show a very poor level of literacy. In terms of the individual and family income status of the population under review, the findings reveal that as per official poverty standard more than 60% of them clearly fall below the poverty line. In addition, there have been 30% of the poor women who lie close to the range of the official poverty line.

The larger share of these women belong to the category of non-workers with some noticeable areal variations. In terms of economic structure the poor women of Ward No. 23 exhibit a little higher level than the other two wards. The Ward No. 23 lies in New Capital circle of PMC area showing in general a relatively higher socio-economic status of the people.

General Health Status and Pattern of Reproductive Health :

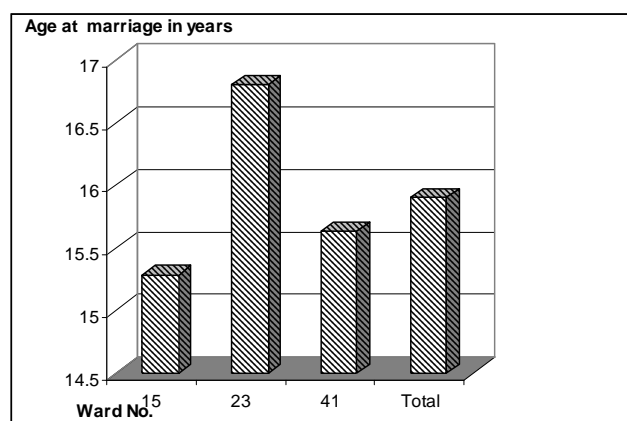
Regarding the aspect of personal health status, it could be assessed from the findings that out of the 100 female respondents, 46% of the women enjoy good health, 44% have satisfactory health conditions, while 10% of them have to endure with poor health status. It is a matter of concern that more than half of the poor women of reproductive age group covered by the sample survey have to cope with either poor or mere satisfactory health status. As far as the areal variations in terms of personal health status of poor women are concerned, it could be inferred that those living in the Ward No. 23 of New Capital circle are ahead as 60% of the women there enjoy good health against 42.9% in Ward No. 15 and 37.1% in Ward No. 41 respectively. Ward No. 23 lies in the western part of Patna and is inhabited by relatively better off population in terms of their socio-economic structures. The term reproductive health simply refers to a state of complete well-being in all matters related to the reproductive system. In order to judge the overall pattern of the reproductive health of the concerned population, the variables like age at marriage, place and nature of child delivery, level of contraception and various health problems related to their reproductive health have been taken into consideration.

Marriage and Child Delivery :

The cycle of reproduction system starts from the time of marriage. Therefore the age at marriage

for a woman holds much significance in terms of her overall reproductive and maternal health. The average age at marriage of the women under review has been distinctly lower than the desired level (Fig.2) which shows clearly that in no place of the PMC Area the poor girls are getting married at a right age. It is indeed shocking to notice that even in an urban centre like Patna, amid plenty of government strategies and unending efforts of social activists, the malady of child marriage is still prevalent among the poor people.

Figure - 2
Urban Poor Women of Patna M.C. Area: Age at Marriage
(Based on Field Survey, 2011)



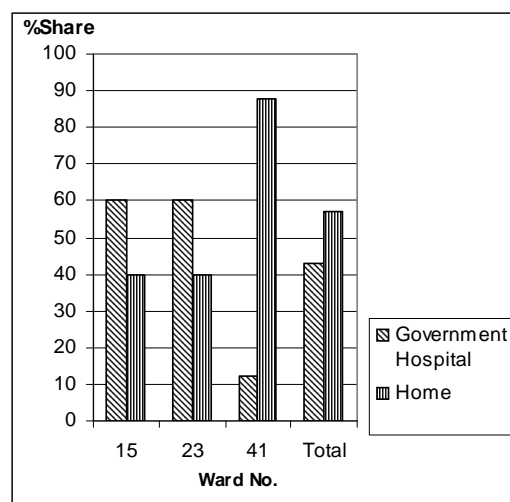
There is a close relationship between the place of child delivery and the overall reproductive and maternal health of a woman. The Fig.3 indicates towards the predominance of home deliveries of neonates among the families of urban poor of the study area. There have been certain noticeable areal variations in this regard. Compared to the wards 15 and 23 lying in the New Capital circle, in spite of close proximity to government hospital, the incidences of institutional child deliveries are at much lower rate in the ward 41 of Bankipur circle, which is relatively an older locality with poor living conditions. As far as nature of child births, the findings reveal that in all of the pockets covered by the field survey the share of normal deliveries have

been much more than the caesarian ones probably due to the remarkably lower level of institutional deliveries of the new born babies.

Figure - 3

Urban Poor Women of Patna M.C. Area: Place of Child Delivery (In %)

(Based on Field Survey, 2011)



Contraception :

The concerned figures suggest that the level of family planning practices in Bihar is much low than some of the other Indian states as only 32.4% of the married couples in the state are supposed to have adopted these measures (DLHS – 3 Bihar, 2007-08). The findings in this regard show even poorer figures. Precisely it has been noticed that only 30% of the population under review has been using the contraceptive methods regularly and another 11% has been using them sometimes as against as much as 59% of them who have found out to be never going for the various methods of family planning at all. There have been some marginal areal variations regarding the rate of contraception among the urban poor of Patna M.C. Area at intra-city level (Table – 1). As far as the methods of contraception are concerned, the female sterilization has come out to be the most prominent method indicating towards a male

dominance in the families; followed by the oral pills and condoms.

Table – 1 : Urban Poor of Patna M.C. Area: Level of Contraception (In %)

Usage of Contraception	Ward Nos.			Total
	15 (New Capital)	23 (New Capital)	41 (Bankipur)	
Yes	31.4	23.3	34.3	30.0
No	68.6	66.7	42.8	59.0
Sometimes	–	10.0	22.9	11.0
Total No.	35	30	35	100

Source : Primary Field Survey, 2011.

Health Problems :

The Indian women in general suffer from many problems related to their reproductive and maternal health. One woman dies every five minutes due to pregnancy and child birth in the country (Shiva, 2001). In addition, there are chances of STI (Sexually Transmitted Infection) and RTI (Reproductive Tract Infection) cases as well. However, due to certain socio-cultural stigma and/or familial constraints, the women covered by the survey did not quite divulge the health problems faced by them, especially those of STIs and RTIs. The findings reveal that the most common health problem faced by the women under review happen to be those related with their menstrual cycle; such as irregular menstrual flow, prolonged bleeding, excessive bleeding and so on. Precisely 25.4% of them are suffering from these problems on regular basis and another 31.7% sometimes.

As far as the occurrences of abortions and miscarriages are concerned, the urban poor women covered by the sample survey seem to be not so unfortunate; as more than 80% of them have not experienced the extreme events in forms of abortions and miscarriages. However, the majority of the cases of induced abortions have been because of either economic reasons or due to the

dislike for female foetus; which shows the ground reality of the society.

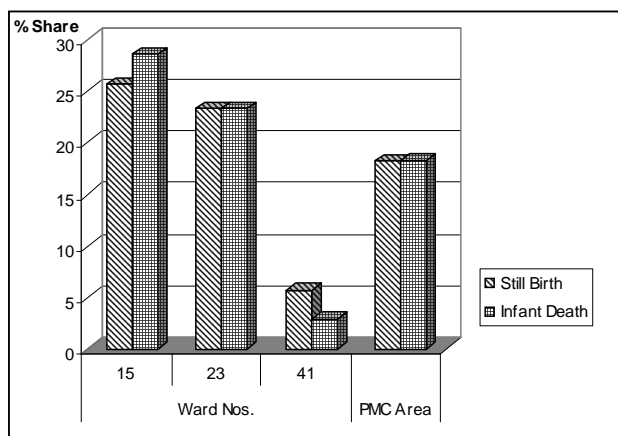
Status of Child Health :

The status of child health in India and Bihar does not present a rosy picture. It has been assessed by the UNICEF that 52% of the Indian children below 5 years of age are malnourished. 30% of the Indian babies are being LBW (Low Birth Weight) babies; who never quite make up nutritionally. Almost 6 out of 10 infants are delivered at home in slum environments and 50% are likely to be of low birth weight. Only 18% are breast fed immediately after being born. Within the urban poor families 3 out of every 5 children of less than 24 month age group do not receive complete immunization (Agarwal, 2005). More than half of India's urban poor children are underweight and/or stunted. In most of the Indian states, under-nutrition among urban poor is worse than in rural areas. Amid this existing scenario, the present study takes into account the issues like birth weight, child mortality, level of immunization and pattern of nutrition among the children belonging to the urban poor families of Patna M.C. Area in order to assess their overall status of child health.

Figure – 4

Urban Poor of Patna M.C. Area: Incidences of Still Birth & Infant Death (In %)

(Based on Primary Field Survey, 2011)



The healthy future of an infant to a great extent depends on his/her weight at birth. Regarding the birth weight of the concerned children it could be assessed that though most of them have normal birth weight, it is shocking to notice that a good share of parents are not aware of weighing their neonates and/or taking an account of their respective birth weights. There has been a considerable share of incidences of still births and infant deaths in the families under review. (Fig. 4). The findings further reveal that both the incidences of still births and infant deaths have been distinctly more in the ward 15, which is incidentally the part of the city marred by slum pockets, prevailing illiteracy, relatively poor socio-economic conditions and lower level of awareness regarding overall maternal and child health.

The figures related with the pattern of vaccination coverage expose some revealing facts. It is heartening to notice that all the children have been vaccinated with the oral polio drops in all the localities of PMC Area covered by the survey, primarily due to the popular polio eradication drive launched strongly and implemented vigorously by the government. But the case with the other vaccination types does not seem to be as satisfactory. Less than half of the children of the concerned families are not covered by the vaccination like those of BCG, DPT, measles, chickenpox and vitamin A. More than half of the children from the concerned families are either not immunized at all or getting vaccinations in an irregular manner. The lack of awareness, fear of side effects, no faith in immunization and ignorance seem to be the main reasons behind the irregular or no immunization cases.

Health Services and Level of Awareness :

The findings of the present study reveal that the special facilities designed particularly for the improvement in reproductive and child health have

largely evaded the urban poor of the Patna M.C. Area. As far as the home visits of the various health workers are concerned, only 30% of the families under review (23% by the health workers and 7% by the ANMs) are being covered by this particular facility with marginal spatial variations. Among the three municipal wards covered by the field survey, Ward No. 41 lying in the Bankipur circle has appeared to be little ahead than the other two in terms of the service provided by the health workers, probably because of the impact of medical college and government hospital located in that area. The fact has been that in terms of the health care services, no other service than the immunization drive, that too only the polio programme has done some good for the population under consideration. Not a single woman covered by the field survey appeared to have received any assistance under the JSY (Janani Suraksha Yojna) or ASHA (Accredited Social Health Activist) programmes. Quite obviously very few of the population under review seem to be satisfied by the nature and types of health services provided to them by the government agencies in the specific field of reproductive and child health.

The findings reveal that the level of awareness regarding the different aspects of reproductive and child health has been dismally low among the urban poor of PMC Area. The field survey revealed that none of the women under review was aware of the STI/STD/RTI/VD, which is indeed a worrying fact. However, in general 46% of them have found to be aware of the phenomenon of AIDS (Table - 2). As far as the level of AIDS awareness is concerned, the women living in Ward No. 41 of Bankipur circle of PMC Area are found to be clearly ahead of those living in wards 15 and 23 of New Capital circle respectively. This could be perhaps because of the concentration of medical college, nursing homes

and medical practitioners in this particular part of the city.

Table – 2
Urban Poor of Patna M.C. Area: Awareness of HIV/AIDS (In %)

Awareness of HIV / AIDS	Ward Nos.			Total %
	15 (New Capital)	23 (New Capital)	41 (Bankipur)	
Yes	42.9	43.3	51.4	46.0
No	57.1	56.7	48.6	54.0
Total No.	35	30	35	100

Source : Primary Field Survey, 2011.

Conclusion and Suggestions :

As a final conclusion it could be inferred that the overall level of reproductive and child health of the concern population in general is low. However, there have been certain areal variations. The Ward No. 15 of New Capital circle of PMC Area has shown poorest results; while the overall levels have reported to be little better in terms of socio-economic status in Ward No. 23 and reproductive and child health status in Ward No. 41.

The working hypotheses of the study have been proved to a great extent. The overall status of reproductive and child health of urban poor living in Patna M.C. Area is found to be unsatisfactory. The rates of institutional deliveries, health care facilities and contraception are found to be very low. The level of awareness regarding the phenomena like STD/RTD, AIDS, institutional deliveries, child nutrition, etc among the population under review is dismally poor. The government programmes designed for the improvement of reproductive and child health have not proved very beneficial for the urban poor living in the study area. This is the reason why the urban poor under review do not seem to be satisfied in terms of health care services.

Amid the existing scenario the findings in the present study lead to certain suggestions for the improvement in the overall status of the reproductive and child health of the urban poor; such as increasing the level of IEC (Information, Education, Communication) regarding various RCH schemes designed and implemented for the urban poor; motivational training to health service providers; involving private sector and encouraging PPP (Public Private Partnership); co-coordinating among multiple stakeholders; establishing urban health authority at city level on the lines of NRHM (National Rural Health Mission); and planning out an effective strategy to dedicate focus on the overall health status of urban poor within the framework of NRHM to name a few. Though the path is difficult and full of challenges, the journey will have to continue in order to ensure an urban society with healthy mothers, healthy children and healthy generations to follow.

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