

- Women exposed to audio-visual media can relate “Buladi” with HIV/AIDS prevention. This point out the success of the mass media in creating awareness about HIV/AIDS and its prevention.
- Feelings of shame, embarrassment, perceiving a gynaecological disease as normal and not worth talking about, lack of control over financial resources prevent utilization of health care among slum dwelling women.
- Women often fail to recognize symptoms of gynecological problems like Urinary Tract Infections. Since most of the women in unhygienic slums suffer from the problem, they consider it to be normal. In cases where they report and seek treatment, very few are seen to complete the entire course of treatment since medicines are costly. For those who complete treatment, instances of recurrence are not uncommon since the unhygienic environment in which they live remain unaltered.
- There is an understanding among few women that the social conditions in which they live breed poor sexual and reproductive health.
- There is lack of knowledge among the HHWs about gynecological illness symptoms and STIs. So, the dissemination of knowledge by the HHWs with respect to these illnesses is limited.

8.2 SCOPE OF FURTHER RESEARCH

- I. The findings of this study provide some interesting insights into the social determinants that relate to reproductive health of slum dwelling women and at the same time suggest avenues for future research.
- II. The slums of UKM house a number of persons from other states chiefly because of the nearness of the place from Kolkata, the capital of West Bengal. Therefore it is assumed that the findings of the study is not limited to only Uttarpara slum residents but also to other slum residents living under similar situations.

- III. There is a dearth of empirical research on social determinants and their impact on reproductive health especially on slum dwelling women in West Bengal. The findings of this study can be used as a reference for the future researchers.
- IV. The present study can be extended to cover all the 67 slums under UKM.
- V. The study can provide valuable inputs to the Jawaharlal Nehru National Urban Renewal Mission – Basic Services to Urban Poor and Integrated Housing and Slum Development Programme.
- VI. The study could not take into account the abortion practices of slum dwelling women. Future research may probe into that dimension of reproductive health.
- VII. The study has not assessed the reproductive health of married men. Future research can take into account the reproductive health of both the couples in marriage.

8.3 CONCLUSION

Women's health deals with the study of physical, mental and social well-being of women and not merely an absence of disease or infirmity. The National Academy on Women's Health Medical Education's definition of women's health covers preservation of her wellness, prevention of illness by screening, diagnosis and management of conditions those are unique in her, more common and more serious in her. This definition also takes due recognition of the importance of the study of gender difference in women's health. It recognizes the fact that a woman's health needs are diverse throughout her life cycle and these needs are affected by the race, culture, ethnicity, educational level, empowerment and access to medical care.

The health of a man and a woman are different and the difference arises from the biological and gender related issues. Women's health assumes greater significance because in almost all societies of the world, they are disadvantaged by discrimination rooted in the socio-cultural milieu. These socio-cultural factors often stand as a stumbling block and prevent women from accessing, utilizing and benefiting from available health services. According to WHO, some of such factors include –

- Difference in power relations between men and women
- Societal norms that prevent women from accessing education and employment opportunities
- Exclusive focus on women as a machinery for reproduction
- Experience (potential and actual) of physical, mental and emotional violence

Among various aspects of women's health, reproductive health has gained a greater importance post the ICPD, Cairo.

The present study examined how social determinants like age at marriage, literacy, work status, mass media exposure, autonomy, gender role attitudes, SLI and monthly family income is related to various aspects of reproductive health knowledge and practice. It is seen that all determinants have a significant bearing on the reproductive health knowledge and practice of slum dwelling women. The study finds that women in the slums lack knowledge and awareness of reproductive health in general. This calls for a programme intervention which can disseminate such awareness and knowledge among these women. There has been no such programme in the municipality for years.

The current use of contraceptives reveals that there is a huge unmet need for contraception. A sizeable portion of slum dwelling couples depend upon the health centres to meet their need for contraception since they cannot afford to buy them from the market. The health sub-centres report dearth of supply or complete lack of supply of condoms and OCPs. Women thus are forced to discontinue use and become victim of unintended pregnancies or, resort to an irreversible method forcefully. They also become victims of unsafe sex and thus vulnerable to STIs including HIV/AIDS. The Government should arrange for an uninterrupted and sufficient supply of contraceptives to enable people to attain better reproductive and sexual health. However, the first and foremost task of the Government should be to improve the living conditions of all the slums. Unhygienic environment together with poor living conditions are mainly detrimental to the health of the slum inhabitants, including their reproductive health.

8.3.1 Policy Implications

The findings of the study have led to the following recommendations having a bearing on the policy implications.

1. Women should have the right to employment with social security since work has been seen to bring positive health effects in slum dwelling women.
2. Women should have the right to education and vocational training. Education affects health positively while vocational training is surely going to increase the employability of women in various sectors.
3. The number of Honorary Health Workers and number of health centres should be increased in order to match the population growth.
4. The supply of FP measures should be in an uninterrupted manner in all the health centres and subcentres. The study has shown that there is a huge unmet need for contraception among eligible couples. These couples lack financial resources to avail contraception measures. Thus, in order to meet the needs of these couples the Government should arrange for an uninterrupted and sufficient quantity of family planning tools.
5. There should be a provision for visit of a lady doctor at least once a week in all the subcentres. The study revealed that a fair number of women in the slums are hesitant to go to the hospital because there are male doctors only. Provision of a lady doctor in the subcentres once a week will help these women talk about their problems to her openly and undergo treatment procedure as required. This will certainly go a long way in reducing the burden of gynaecological and obstetric ill health in slum dwelling women. The study also revealed that many women do not access care at the hospital due to long waiting time. Provision of a lady doctor weekly in the nearest sub centre will reduce the waiting time for seeing a doctor and motivate women to consult doctor in the hours of need.
6. There should be initiatives on the part of the Government and NGOs to conduct IEC programmes on reproductive health. This programme should target both the couples. Husbands should be made an integral part of such programme.

7. The study revealed that a considerable number of women suffer from gynaecological ailments and could not continue with long term costly treatment to get rid of it. Thus, there needs to be a regular supply of medicines comprising of antibiotics and others in the health centres to be supplied for free to women suffering from poor gynaecological health.
8. It is seen that the environment in which people are born, grow, live, have a significant effect on their health. So, the living condition in the slums of the town is to be improved by strong political will. Such improvement will surely trigger positive improvements in health of the slum population.
9. Women's right to informed choice about various contraceptive methods should be acknowledged by health care providers. Women should have the freedom to choose according to their own needs and choice of a contraceptive method should not be imposed on them by health care workers because of a financial incentive.
10. The Honorary Health Workers should be informed, counseled and trained about various STIs including HIV/AIDS so that they can be instrumental in delivering the knowledge to the slum dwelling women.
11. The Government should ensure that there are adequate numbers of doctors and hospital staff to attend to pregnant women who come for ANCs so that they do not have to sit unnecessarily for long hours.
12. Given the increased incidence of non HIV/AIDS STIs among men and women and ignorance about them, calls for a National Programme in place to spread awareness about those infections among the masses.
13. There should be dissemination of information regarding Medical Termination of Pregnancy (MTP) among the slum women. They should be informed about the conditions under which they can seek abortion, where this service is available and importance of a Govt. registered place and Registered Medical Practitioners (RMPs) in the procedure. Ill effects of unsafe abortion should be articulated to them. It is also necessary to weed out the stigma attached to abortion from their minds. They should recognize it as one of their reproductive health right.