HEALTH STATUS OF HINDU AND MUSLIM WOMEN RESIDENTS IN THE SLUMS OF GOPANPALLY HYDERABAD: A COMPARATIVE STUDY

A thesis submitted to the University of Hyderabad in partial fulfilment of the requirements for the award of the degree of

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In

SOCIAL EXCLUSION AND INCLUSIVE POLICY

By

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DECLARATION

I, **Sasmita Sahoo** declare that the work embodied in this dissertation titled **"Health Status of Hindu and Muslim Women Residents in the Slums of Gopanpally, Hyderabad: A Comparative Study"** Submitted by me under the guidance and Supervision of Professor K. Raja Mohan Rao is a bonafied research work which is also free from plagiarism. I also declare that it has not been submitted previously in part or in full to this University or any other University or Institution for the award of degree or diploma.

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CERTIFICATE

This is to certify that the dissertation entitled "**Health Status of Hindu and Muslim Women Residents in the Slums of Gopanpally, Hyderabad: A Comparative Study"** submitted by **Ms. Sasmita Sahoo** bearing the registration number **17SIHL06** in partial fulfilment of the requirements for the award of Master of Philosophy in Centre for the Study of Social Exclusion and Inclusive Policy is a record of the bonafied work carried out by her under my supervision and guidance.

This dissertation is free from plagiarism and has not been submitted previously in part or in full to this or any other University or Institute for the award of any degree or diploma.

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LIST OF ABBREVATION

HUDA	Hyderabad Urban Development Authority
HMDA	Hyderabad Metropolitan Development Authority
CDA	Cyberabad Development Authority
HADA	Hyderabad Airport Development Authority
BPPA	Buddha Purnima Project Authority
SPV	Special Purpose Vehicle
ULB	Urban local Bodies
UA	Urban Agglomeration
GDP	Gross Domestic product
OSRT	Off Site Real Time Monitoring System
GHMC	Greater Hyderabad Municipal Corporation
HMWSSB	Hyderabad Metropolitan Water Supply and Sewerage Board
MAUD	Municipal Administration and Urban Development Department
DMA	Directorate of Municipal Administration
DTCP	Directorate of Town and Country Planning
PHED	Public Health Engineering Department
NMP	New Master Plan
ORRGC	Outer Ring Road Growth Corridor
PPP	Public Private Partnership
JNNURM	Jawaharlal National Urban Renewal Mission
GSDP	Gross State Domestic Product
EIUS	Environmental Improvement of Urban Slums
PMIUPED	Prime Minister's Integrated Urban Poverty Eradication Programme
UBDB	Urban Basic Service for Poor
APUSP	Andhra Pradesh Urban Service for Poor
IDSMT	Integrated Development for Small and Medium towns
UCD	Urban Community Development
APSUDHC	Andhra Pradesh State Urban Development and Housing Corporation
APSHCL	Andhra Pradesh State Housing Corporation Limited
SIP	Slum Improvement programme
APURMSP	Andhra Pradesh Urban Reforms and Municipal Services Project
SJSRY	Swarna Jayanti Shahari Rozgar Yojna
INDRIAMMA	Integrated Novel Development in Rural Areas and Model Municipal Area
CSI	Clean Slum Initiatives
VGDS	Voluntary Garbage Disposal Scheme

LIST OF TABLES

LIST OF FIGURES

INDEX

4.31 Whether the respondents were ready to start their family

4.32 Minimum gap between the first and second child of the respondents

4.33 Whether the respondents have a late conception or not

4.34 Reason for late conception

4.35 Type of Delivery

4.36 Whether the respondents received antenatal care

4.37 Place for antenatal service

4.38 Number of times respondents went for antenatal check up

4.39 Whether the respondents were facing any health issues during pregnancy

4.40 Result of the first pregnancy of the respondents

4.41 Attender of the first child of the respondent

4.42 Attender of the last child

4.43 Whether the respondents faced abortion or not

4. 44 Reason for abortion of the respondents

4.45 Whether the respondents used contraceptive or not

4.46 Contraceptive methods used by the respondents

4.47 Whether the respondents did a sterilization or not

4.48 Time period of the sterilization done by the respondents

4.49 Autonomy to take a decision on using contraception by the respondents

4.50 Knowledge of contraception among the respondents

4.51 Source of knowledge on contraception among respondents

4.52 Knowledge on RTI/STD among respondents

4.53 Respondents has the information on RTI/STD

4.54 Source of information on RTI/STD

4.55 Respondents were having knowledge on pregnancy before they get pregnant

4.56 Whether the respondents were facing violence during pregnancy

CHAPTER 1

INTRODUCTION

1.1 Introduction

The existence of slum in all over the world is due to urbanisation and industrialisation. Slum is the rise of urban development process which is unplanned and unexpected settlement ignored in this whole process of urban development. The 'shanty towns' problem is ubiquitous in all cities with various dimensions. The 'blighted area' focused on three main sets of features based on their physical, economical and social aspects. The phenomenon of slum is interlinked with socio-economic deprivation. With the span of time it became the part and parcel of cities across the world. Slums have become the major problem in all over countries mostly in South Asian countries where population is reaching exponentially. Slum is a place where poor economic class people lives, who failed to give education to their children, no social life and leading unhealthy life as their day ends in providing the basic necessity of life i.e. food, clothes and house to their family members. The size of the slum is different from place to place but the features are similar such as less housing space, unhealthy drinking water, narrow lanes, poor drainage system, improper electricity, unethical attitude of people, low housing condition, overcrowded, lack of medical facilities and feeding crimes.

Due to the urbanisation the lives of the people are changing for both good and bad. People are migrating from one place to another with lots of hopes and dreams which they think can only be fulfil in cities. They think their life will change as there are good opportunities available in cities. With this hope they enter into the city life to make their life better and give good future to their family. But the moment they step inside the urban space they see a different world where there are plenty of opportunities exits but no keys to access to it. Their life became miserable and hard. They have to live in a poor condition because of poverty and that is where they encroach these lands which have been vacant for a long time and built their houses with cheap material. Literally they choose the area which is on the road side; beside railway lines, under the bridges or near construction sites. When more people join such quarters, without proper sanitation or habitation facilities, a slum comes into existence. The life of the slum is miserable as it is unfit for the human habitat.

According to UN Habitat "slum conditions as a living environment with non-durable structure, insecure tenure, lack of water, lack of sanitation and overcrowding". It has

been found that 32% metropolitan population lives in urban slums. The UN Predicts that in next 30 years the population will be double as people are migrating from rural to urban areas in big numbers.

The people who have migrated from rural to urban have been trapped into the vicious circle of poverty due to less work opportunities, their background, less paid for certain jobs and sometimes are not fit to be in certain jobs. Those people who have migrated from rural area to metropolitan cities cannot go back to their native place as they would mostly like have sold all their belongings to make the trip to the city. So the only option they left with is to live in the city life under absolute deficiency.

Slum is the most overcrowded place where there is no proper infrastructure and severe lack of medical facilities. Slum is considered as the physical and socio-cultural environment of the poor. One can find the existence of slum in all the urban establishments weather it is small or big, old or new, unplanned or planned. The population of slum especially women and children who are living in the tenement houses are more exposed to diseases because of the poor environmental condition as it is not fit for the human inhabitant. They are prone to various diseases.

Women who make up approximately half of the population are the more vulnerable group and seen mainly as a producer of children. The status of women in the society is not equivalent to men as they are always considered as the least important person in the family. The women are the most vulnerable group who are continuously fighting for their basic rights from past many years and still didn't get the respectable position because of the patriarchal nature of the society. The basic right for instance, health became the major concern for WHO from past many years but now it becomes a priority for many nations. The women condition especially in South Asian countries like India, Bangladesh, Srilanka, Pakistan, Nepal, Bhutan, Myanmar, and Afghanistan are deteriorating day by day. Despite being the caretaker of the house, she doesn't receive the appreciation or respect from the family.

Gender discrimination in terms of education, employment and income, division of task, reproductive health, nutrition, control over income an its expenditure, all these factors minimise the power of women to take care of their health. In the report published by WHO 'Women and Health Today's evidence Tomorrow's agenda',

paying due attention to the health of girls and women today is an investment not just for the present but also for future generations."

In India women are considered only as a producer of children especially male heir. They don't have a social, economical and political circle. They are only meant to be inside the four walls of the house where she has to do her duty and responsibilities such as cooking and taking care of her family members. She has least role in the decision making and no authority on her own autonomy. Most of the times, family members neglect the status of girls and women, their basic rights such as education, health, nutrition and employment. Though we say that India is on the path of development, it will not be possible until equal rights are given to women.

The health conditions of the women in every strata of the society have been neglected by elders and members of the house. In her life, from adolescence to menopause, she has undergone many hormonal changes which shape her body and life and initially it is difficult for her to understand as proper education is not been receive from elder women. Most of the time women don't take care of her health because of excess house chore activities and outdoor activities. She placed her health issues aside as it is not important to access the health care services for minor health issues. Women especially who are working have least time in her pocket to look after her health. She thinks her duties towards her family and work is more important than her health.

Women who belong to poor economic background or from slum areas are always being neglected in term of their health and basic rights. They are exposed to poor environment become vulnerable as their body is more sensitive than males. Some health problems are more incline towards women than men and medical fees is high for women so the families are not willing to spend more money on girl child. Women who are living in slum have to fight everyday to provide basic necessities to their family. She works day and night to secure her children's future but due to certain circumstances she sometimes fails in her attempt. Due to lack of education, poor medical facilities, poor economic condition, cultural practice and social attitude place the women as a secondary to men.

Women have little freedom on her life as from childhood she has been under father's protection, then her husband and then by her son, all these circumstances disables or hibder her to shape her life and has effect on health. She is considered as the

economical burden on her family. Her dual role is another important symbol for her bad health as she has to look after her family and her job. If women are not maintaining their health then she won't be able to give good future to their children. So it is necessary to understand the every woman how important is her health is.

Violence against the women is also considered as the women health hitch as they are physically abused by her husband which have a sever affect on her mental and physical health system. Due to domestic violence, sometimes she faces miscarriages. Another important reason for her bad health is due to lack of education and due to this; she is not able to transfer the proper knowledge to her next or upcoming generation. Due to education level and knowledge, women are not aware about the reproductive rights, fertility, use of contraception methods, spacing between children and safe sex. Preference of male child is another factor for giving multiple births which has a bad effect on her health. All these social and culture barriers affects her health and responsible for her deterioration of health. When she doesn't have proper knowledge on health then it is impossible for her to give a good and healthy life to her children. Another element adds to this, which is highly responsible for her bad health, is shame and guilt which is related to their reproductive and gynaecological problems which stop her to share any sort of problems with her husband, elders or doctors.

Life of slum is not good for both men and women. Women are more sensitive and easily received diseases as compare to men. Because of poor living condition, they are susceptible to many health issues. Due to improper sanitation facilities, inadequate environment, unhygienic condition, lack of infrastructure, maintains low income and low education standard, all these factors severely affects the fitness of women especially reproductive health.

In urban slums which only present in cities, girls are deprived of going to school as their parents maintain low economic status in society and indulge in various informal sectors which pay very less. The household is another benchmark which is subjected to her bad health. At an early age, girls has been advised by elders to be able to learn and support an hand in earning, looking after siblings in absence of elders and do house chore activities such as bring drinking water from far places, cooking, grooming and other activities. Her schooling has been stopped once she attains her puberty age and asks her to take a job or learn house holding activities. At the age of 9

or 10, she starts working and makes her well being unhealthy. Women work late in their pregnancy; restart her job before recuperation and lack of rest deplete her reproductive health and maternal rate. All these aspects have devastating consequences for a women health.

Child marriage and gender discrimination are another component which ruins their generative health. Child bearing is not just responsibility being a parent. Conceiving at an early marriage due to child marriage is another circumstance for multiple miscarriages as the body itself is not ready to perceive the weight of baby. Working late during pregnancy, heavy works, lack of rest, working day and night, lack of nutritious food and no pre and post natal care, all these things make her life more risky and increase the capability of morbidity rate.

Gender inequality is the outcome from socioeconomic status. It contributes to the problem of education, employment and fertility among women. Gender disparity is based on the status of men and women in a patriarchal society where unequal distribution of food among girls and boys can be seen. In terms of health, men receive modern medicine and women acquired home remedies for minor health. Distribution of roles and tasks, control over income and her expenditure also contribute towards women health.

Education is the only key, through which can upgrade the women health but women have to fight for the right for education. Schooling is most important aspect which helps women in taking her own decision about their health. Learning make them independent, help them to know their reproductive rights and knowledge such as use of contraception, going for pre and post natal care to overcome the complication during pregnancy if any, take a proper care of infant, protect from unsafe sex and have a proper knowledge on pregnancy which can essential to them as well as for their upcoming generation. Male schooling and female schooling not just schooling but help them to grow. Education and knowledge both are very important during any phase of life which helps both the partner to take proper decision on time before it is too late. So it is important for parents to send their children for schooling to develop a right attitude towards the modernisation. With education, empowerment of women is an important task so that they should aware of their rights and take a correct decision

regarding her reproductive health. But can education itself is enough to eradicate all these problems? The answer is no.

The biological, social and culture factors, all these are having an influence on women health. These factors have a different impact on men and women who are living in an urban slum. Biological and social factors always affect the lives of women. Therefore it is important to focus on women health as country's development is also measures on how society is treating women.

1.2 Concept of Slum in Developed Countries

The social scientists proposed theories regarding the existence of slums in developed countries with respect to slums. There are scholars who claim that there is no clear cut definition of the term slum but at the same time scholars like John Seeley who said slum has a different meaning according to the appearances and features existed in slums, so far the studies has been done by different scholars in a different manner. There are different names of slums in different parts of the world such as the term *jeales* (in Latin America); *Fuvela* (in Mexico); *Buessasaies* (in Chile); *Clandestine* (in Colombia); *Villas miseria* (in Argentina) and *Kampong* in Java (Indonesia). There are ample of studies have been done before by the economist, anthropologist, sociologists, ecologists and other social scientists on the slum but all of them look at the slums from their subject angle.

There are various terms which denotes to slum such as 'blight areas', 'deteriorated areas', 'marginal areas', ' transitional areas', ' sub- standard settlement', 'unplanned settlement', 'uncontrolled settlement', 'spontaneous settlement', 'provisional settlement', 'squatter settlement', 'overnight settlement', and 'urban village'. These terms has been used by the social scientist in their works.

The concept of slum has first emerged in Victorian England by a Friedrich Engels who was a German philosopher, social scientist, journalist and businessman. He said slum is the outcome of industrial capitalism and urban working class were responsible for its existence. But there is a shift in the trend, in first half of the twentieth century, slum was seen as the source of social problem such as wickedness, indecency, and

malfunction family forms. But after 1960s, the studies of slums have been shifted its focus from first world countries to third world countries.

As stated in The Oxford University Dictionary (1995), slum is defined as "street, alley; court etc. situated in a crowded district of a town or city and is inhabitated by people of the law income classes or by very poor, a number of these streets or courts forming a thickly populated neighbourhood or district of a squattered or wretched character". Sociologist such as Yadav in 1987, have come across the various terms which signifies slums such as Blighted Area, Renewal Area, Deteriorated Area, Grey Area, Lower class neighbourhood, Low income Areas. Not only had these, the slum also referred as Squatter Settlements, Hutmen Colony or Shanty Town as well.

As it is mentioned earlier there is no specific definition accepted by the social scientist which is applicable to all the slums existed in every city of this world. According to the observation there are different definition of slums posses by the scholars and authors. For instance, In 1950 Gift and Halbert said "slum as a special type of disorganized area." With reference to Queen and Thomas (1939) "the term 'slum' and 'blighted area' as synonymous." But there are scholars who differentiate both the terms and applied the term "blighted area" for residential and non- residential sections and the term "slum" specified only to residential areas.

As per the report on urban land policies by united nations (1952) " A slum is a building, a group of building, or area characterized by overcrowding, deterioration, unsanitary conditions or absence of facilities or amenities and because of all these features it is dangerous for the slum dwellers to live in such a bad condition." "Substandard housing condition is one of the features of slum and slum will always be present inside the city. A slum is always an area. But it does not mean that a ignored bad infrastructure house whose condition is not appropriate where a human being can able to live should be considered as a slum." Even Michael Harington is having the same thought. He said that we cannot define the slum on the basis of lack of infrastructure but it is a social fact. Later on he add to this and told that, in one condition slum came into existence i.e. when poverty hits the lives of slum dwellers and it become the breeding place of crime, where people have lost their identity and position in the society.

With respect to Bergel (1955) who defined slums on the basis of single feature manner said “one of the features of slum is ‘a substandard housing condition’ but it does not mean that those houses which look like this will be considered as a slum.” Slum is nothing but an area where there are other features existed apart from infrastructure of the house. On contrary to this, Clinard in 1966 defines slums as “those portion of cities in which housing is crowded, neglected, deteriorated and often obsolete.” He further divided the slums into three types, first division of slum is the original slums where the infrastructure of building is inappropriate and there is no chance to get fixed. The second division of slum is those areas left by the middle and upper class families and later are not in a proper condition. The third division of slum is the transitional phase existed in the Down town (zone around the central part of the city). Due to the development activities in business, the upper class families shifted to other parts of the cities and lower class took their position in the zone which is called down town.

With reference to a pamphlet which is circulated and published by the New York in 1935 under the supervision of the state division of housing named as ‘the primer about slum’, define slum on the covering page. It states that the “slum is an ugly name for the place in which to live. It is the final phase of the neighbourhood sickness that attacks over towns and cities.”

With reference to R.D. Mc Kenzie who define “slums is an area where families and individuals are compiled to live in a close relationship with those folks whom they ignore and prefer to keep a distance.”

Harvey Warren Zorbough (1929) in his book ‘the Gold Coast and the slum’ define “slum as a bleak area of segregation of the sediments of society, an area of extreme poverty, tenements, ramshackle buildings of eviction and evaded rents.”

Ford find difficulties to categorise the slums in a monumental term so while reviewing his work he rephrased the term slum and define it as “ an area in which large majority of building whether commercial, industrial or residential are old and it will be difficult to repair it. The slum is a residential area where the houses are in a bad condition, the health, safety morality or the occupation of slum dwellers is low in terms.”

Charles Stroke classifies slums into two parts (1) slums of Hope, where people live in a slum with a hope that their dreams will be fulfilled and living condition will be better than the current situation. And (2) slum of despair, where people have lost all their hopes and accept their fate after struggled so much. They decide their mind in such a way that nothing good will going to be happen in their life and has to live in this poverty zone area. He further divides the slums into four categories: (1) permanence necessity (2) temporary necessity (3) permanent opportunity and (4) temporary opportunity.

The Brazilian Institute for Geography and Statistics (IGBE) defines a *Favela* (1991) as "A substandard settlement (aglomerado subnormal), of at least 51 housing units, with a haphazard layout, on illegally occupied private and public land, and lacking essential services."

In the opinion of HDA and Tissington (2012) there is no specific definition of informal settlements in South Africa. Most of the time 'informal settlement' term is used to define "position of area captured by people and unable to access the government facilities." According to this term there are few characteristics which symbolize the term such as insecurity of slum dwellers, poor and inadequate housing condition and lack of access to resources.

1.3 Concept of Slum in India

The concept of slum is different in India from the first world countries. In India we found the population living in slums on the basis of caste, religion, linguistics and community but in other parts of the world the population is based on race, language and colour. In India we have rural slums as well as urban slums existed in all parts of the sub- continent. In various parts of the country slum is denoted by the terms such as *Bastee* (in Calcutta); *Jhopadpati* (in Maharashtra); *Katras* (in Delhi); *Gallis* (in Delhi); *Chawla* (in Bombay); *Ahtas* (in Kanpur); *Cheris* (in Madras); *Keris* (in Bangalore) and *Pettas* (in Andhra Pradesh).

As per the Census of India (2011)," Slum is a residential areas where dwellings are unfit for human habitation by reasons of dilapidation, overcrowding, faulty arrangements and design of such buildings, narrowness or faulty arrangement of

street, lack of ventilation, light or sanitation facilities or any combination of these factors which are detrimental to the safety and health (...)." As per their convenience, they categorised and define the three types of slums present in India. The three types of slum are as following:

(1) Notified Slums: under the slum act there are areas in cities which are seen as slum by state, union territory administration or local government.
(2) Recognised Slums: the areas which are considered as slum inside the city and town has been recognised by the state, union territory administration or local government, housing and slum board. But they might be not recognised under any act related to slum.
(3) Identified Slums: A crowded area where the population is 300 , 50 -70 households living in a poor condition in deteriorated house, unhygienic environment, couldn't meet the basic needs such as sanitation facilities and drinking facilities. These areas are called as identified slums.

Another definition of slum is given by the improvement and clearance Act (1956) and sehgal (1998) who is sharing the similar view i.e. "this benchmark Act (Chapter 2) deems as slums, old, dilapidated and overcrowding housing sectors where the buildings ' are in any respect unfit for human habitation' or that:

are by reasons of dilapidation, overcrowding, faulty arrangement and design of such buildings, narrowness or faulty arrangement of streets, lack of ventilation, light and sanitation facilities, or any combination of these factors, detrimental to safety, health or morals."

Desai and Pillai (1972) emphasise that "slum is an area of darkness, despair and poverty." They have pointed out some problems such as substandard or low income, low literacy rate, lack of medical care, inadequate sanitation, poor access to public utilities and lack of nutrition which are the features of the slums.

With reference to Venkatarayappa (1971), "slum is a place of confusion and the issues existed in these areas are negative in nature. There are few elements such as noise, ill health, tension, dirt and congestion present which have a bad impact on people who are residing over there."

As per the studies done by Rao and Rao, he pointed out three important points which he observed while social scientists were dealing with the definition of slums. First observation is, slum is an area or situation not a segregated building. Second observation is there are multiple factors which are responsible for the appearance of slum so we cannot define the slum on single factor. Third observation is there are numerous physical characteristics which contribute towards the elements present in the slums such as substandard houses, insanitary conditions, and clearance of garbage, congestion and overcrowding. These elements are omnipresent in all the slums in all over the world.

The commissioner of the Madras Corporation (1961) defines and discusses the issues of slums in Madras. According to them, "slum is taken to mean hutting areas with squalid surrounding." The houses are not in a proper condition, the infrastructure of house is in such a manner that it is difficult for the air to pass in, there is no proper basic amenities existed, no proper sanitation facilities, no drinking water, no drainage system and overcrowding.

In India the study of slum is divided into three parts:

(1) The first part deals with the studies of slums based on the report presented by Census of India such as slums of Madras city by Nambair (1970) and slum areas of Ahmadabad by Trivedi (1970).
(2) The second part deals with the studies based on various organisations such as Bharat Sevak Samaj in Delhi who has conducted extensive survey on Delhi and Bombay slums. The Town and Country Planning Department of Punjab did their studies in various parts of Punjab.
(3) In the third part, studies have been done on the basis of social life of slum dwellers where the scholars such as Desai and Pillai (1970) have worked on slums and urbanisation.

According to slum clearance improvement and clearance Act (1956), slum are defined as "areas where buildings (a) are in any respect unfit for human habitation (b) are by reason of dilapidation overcrowding; faulty arrangements and design of such buildings, narrowness or faulty arrangements of streets, lack of ventilation, light or sanitation facilities or any combination of these factors are detrimental to safety, health and moral."

1.4 Theories on Existence of Slum

There is no universal definition of slum proposed by any social scientist so it is difficult to accept one definition but there are theories exist on Renewal Areas which has been discussed now. The first theory is based on urban- land- use pattern and shortage of housing composed by the scholars like Marshall B. Clinard. He sees that due to less land and house availability, more number of people belongs to the same family lives in confined areas and is not able to meet their expense.

Another theory has been come into limelight is concentric zone theory proposed by the E.W. Burgess. According to this theory slum is existed in the zone of transition which existed at the central business district. At the beginning of the development of cities, the upper class families occupies the zone but later on shift to different parts of the cities due to expansion of business activities. The house which has been vacated is taken by the labour or lower class who cannot afford to pay the room rent because of economic crises. The upper class families give their house in rent.

The Homer Hoyt's theory is also based on the concentric theory given by the E.W. Burgess but he made a slight modification while explaining his theory on the existence of slum. As per his view, the industrial areas are established near railway lines, river valleys and at the outskirts of the cities. So the industrial area could not spread in a circular manner. The way the city is expanded in the same manner upper class move away from these places and lower class occupies the zone. The upper class is least bother to renovate their house and give it for rent to lower class. The ignorance attitude of the upper class people leads to the deterioration of the housing condition and increase the problems of slum dwellers.

The theory of migration is also supporting the existence of slums in India as well as in other parts of world. The theory of migration was first proposed by the Ravenstein called 'law of migration'. According to him, people based on rural background move from rural to town and then to cities for better opportunities. He talks about the opportunities in terms of economy. People who belong to upper strata and lower strata of rural families sell all their utilities and came to cities for better standard of life as it has many opportunities which a person can access to it. There are scholars like Dandekar and Rath (1971), Michael Greenwood (1971), Ursula Sharma (1977),

Biswajeet Banerjee and S.M. Kunbur (1981) who also support the rural-urban theory and felt that rural poverty is the mechanism which is responsible for the migration of rural people.

There are factors which is solely responsible for the migration of people from rural to urban lands.

(1) Demand of labour: there is very less demand of labour in rural areas than in urban. In search of work , people migrated from rural to urban space in search of work without thinking about the wages for the work
(2) Climate change: this is the factor which is highly responsible for the migration of poor rural population. Consecutive hits of the monsoon leads to the failure of crops and that brings burden on the farmers head.

The theory of Industrialisation and Urbanisation is most acceptable theory in terms of the existence of slum in various parts of the world. The large scale factories demand the huge number of labour force, due to this, people are ready to migrate from rural to urban in search of work. But due to fewer wage, people could not meet their demands and live in utter poverty. With the span of time, the people settle down near these industrial areas which are set up at the outskirt of cities, near railway lines and river valleys and that's how the existence of slum come into the scenario.

1.5 Status of Women in India

India is a patriarchal in nature where most of the rights are in the hands of men. Women is placed in the second position and holding a low position in the society. Indians sees the women as goddesses in public sphere but in a private space she has to gone through so much trauma and pain that has no limits. Many times she faced humiliation and molestation from male side. Being in 21st century, women are not safe in their own houses. In every two minutes girl or women are facing molestation and get raped by their closed relatives or a person who know her before. Women safety became the most important issue which need to address by the policy makers.

It is to be believed that women in pre- historic and ancient society were treated as a female deity such as laxmi or Durga. Women enjoyed their political, social and

economic lives and participated in various activities. For instance in pre- historic period, the work has been distributed among men and women where women were doing gathering jobs and men went for hunting. In ancient period women has the right to participate in assemblies conducted by their Ganas and Communities. In absence of men, she used to handle all the activities productive and non- productive. She has the rights on father's property and the dowry (stridhan) which she received during her marriage. There were women like Maitri and Gargi who went for higher education, read Vedas and perform their rights. During Vedic period women were allowed to sit in certain yagya (pooja) and do Daans (offering). They have the right to choose their life partners for marriage. But when it comes to later Vedic periods, women were only treated as a commodity of enjoyment and an object in their house. Their role as a decision maker or participation in assemblies was nil. She was confined to four walls of her house. She has to tolerate all sort of humiliation from her husband and children side. She lost her economic, social and political rights. She lost her rights on her parent's property and was not allowed to step outside the home. The girls became the burden on their family that is why early marriages were happening. There were different sets of rules and forums have been made for girls and boys. She is no longer participated in any economic and agricultural activities. She lost all her rights including educational rights.

During medieval period, the condition of women is more or less same. She was treated in the same manner. Village girls were forced to take up the profession called Devdasi (Temple Girl, which is practised on certain communities) and prostitution. In the name of god, village men exploit the temple girl. In the day time, temple girl spent entire day at temple and at night she used to be as shared by the village people. She became the commodity for the entire village. There was no education for them.

In modern period, the condition of women is more crucial but there were leaders like Raja Ram Mohan Ray, Ishwar Vidyasagar, and Phule who stood against these social evils and start various programmes in their own states with the help of their own organisations such as Brahmo Samaj and Arya Samaj. They address the issues such as sati, child marriage, widow remarriage, education for girls and infant killing. Due to the interference of educated leaders we can see, that there are some changes occurred in the status of women in India as it provide opportunities to girls and women to show their talents to the society and prove them wrong that they can handle both their

personal and professional life together and do great in all fields of their life. It took decades to improve the status of women in India but there is more need to be done as there are few places and sectors where the women are the real sufferers. Women is always be neglected by her family members. She works 24* 7 but still never receive any award or token of appreciations from their own family member.

She always placed herself in second position, sacrifices all her comfort and dreams for their families and in return we never give credit to her patience and hardwork. She completed all her duties and tries to become good wife, good daughter and good mother. She spent entire life on others and never demands anything except respect. As a human being it's our duty to appreciate our mothers, wives and daughter for their contribution in our life, who work day and night, left all her dreams to give us better future.

1.6 Women Health in Slum Areas

In simple term health is "the state of being free from illness and injury." In 1948, World Health Organisation (WHO) defines health which is still used in 21st century. "Health is a state of complete physical, mental and social well-being and not merely the absence of disease of infirmity."

As such there are no definite concepts which can explain the women condition and health but there are few parameters such as nutritional status, reproductive health, diseases (Malaria, Cholera, Typhoid, Tuberculosis and HIV/AIDS) and mortality rate which can be used to show the women health condition prevailing in the slum areas.

Women living in urban slum areas facing lots of health issues throughout their life. Because of the lack of knowledge and medical facilities, there health is not good as it should be. Women always neglect their health for several reasons such as, they think it is of no use to go to hospital as it take lots of time and money which they cannot compensate with their work not they can afford so they try homemade remedies to cure minor health issues. Due to the poor living conditions, unhygienic environment, consuming harmful gases, and other such factors make their body more vulnerable to diseases. It has been observed that female slum dwellers have less work opportunities

to have a good healthy life as they are surrounded with many responsibilities towards her children and families.

The health of women varies from country to country, from one state to another as women are treated differently at different places. Human development is depending on their health. If their state of mind and health supports, they can lead a healthy lifestyle. There are few indicators provided for the human development for Asian countries especially India.

(1) Gender Inequality

Gender disparities are one of the indicators which show how the society differentiates between boys and girls. The preference of boys over girls shows how insensitive the Indian society is towards the infant child. In the families, boys were allowed to do whatever they want and at the same time, so restrictions have been put for girls. Instead of sending and encouraging girls to go for higher education, they stopped their education and make her to learn house chore activities. Girls and women of the house have to eat whatever is left or eat at last when every male member finishes their food. In this case women and girls are not getting proper balance diet and suffer from malnutrition. Girls are not allowed to take up jobs especially professional jobs. According to society nursing and teaching job is suitable for girls. They raise their daughter and sons in a different manner as they think that son will take care of them in old age and daughters has to leave the house one day.

(2) Reproductive Health

From the day she born, her body start evolving and goes through many changes especially when she reach the puberty age (12 or 14 years). From adolescence, her hormones start changing and her reproductive system goes through many changes. There are few reasons which affect the reproductive health of women such as getting pregnant at early age when she is not at all ready to conceive, more number of fertilization, becoming mother very often, number of miscarriages, unsafe sex, lack of awareness of contraception among women and unsafe delivery at home by local daimas. Due to the lack of proper information their reproductive system is badly affected many times and become a major health issues among women in future.

(3) Chronic diseases, Injuries and Mental Ill Health

Due to the poor environment and poor infrastructure, women facing lots of challenges related to their health. They are affecting by diseases such as Malaria, Cholera, Typhoid, TB, and Thyroid etc. Most of the time they avoid their health at initial stage and later it become worst. They face domestic violence from their husbands which leave the marks of injuries on their mind and body. Sometimes their state of mind is not in a position where they identify their own members. They sometimes lost their mental stability because of the burden of the work. Depression is a part of mental ill health which is severs among women as it makes them disable at any age. Cardiovascular disease and strokes are main cause for chronic disease.

(4) Attitude towards the girls and women health

The societal attitude towards the girls and women health is totally negligible. The family members and elders present in the family should not consider their health is as important as their own health. Supportive environment and safeguard child abusive is important for girl child at early childhood. These will encourage her to achieve overall development. It is important that elderly women should deliver a proper knowledge to their girl child so that she understands the changes she faces during her adolescence. Adolescence is the crucial age where child need a proper guidance from their elders so that they should understand their mood swings and changing pattern of their behaviour.

(3) Societies negligence towards the women health

We know that women live longer than men and women health cost is more than men. So most of the time families treated their daughters as an economic burden and that is why they spent less money on their health. The way the environment treat girls, in the same manner they develop the attitude towards the society. Women health is affected when they continuously face discrimination and violence. There health has a bad impact when their right is denied by the law such as right to take divorce and ownership of land or property. Women mental condition also affects when they found less work opportunities, less promotion and low wages according to their qualification.

(4) Dual Role

Women have very less autonomy on her life, throughout her life she is under the authority of her father, then her husband and lastly by her son. She never has a full right to take a decision by her own. When she reaches puberty she helps her mother in house chore activities and do studies. When she gets married she has to take care of her family, complete all her duties and at the same time has to take a job. In this whole process, she lost her life in raising children and takes care of the folks. The amount of work she do on daily basis affects their health. Her physical and mental health condition is disturbed because of tiredness and no rest. She has no peace in her life. Many women find such kind of life as a curse and don't want to live in such a manner.

Environmental condition and socio- economic condition are the sole responsible for the poor condition of women health in slum areas. It has been observed that men's negligence attitude in the slums towards their women health is more. Women are only seen as productive machine that is why they deliver more number of children in few years and has no idea about family planning and reproductive rights. Therefore it is important to analyse the health condition of women in slum areas.

1.7 Research problem

Slum is the urban phenomena. According to the report 'The Challenge of Slums: Global report on Human Settlement 2003' there are 924 million people which represent around 32.6 percent of urban population living in slum by 2001. The United nation Millennium Declaration set the goal to improve living condition of 100 million slum dwellers. The larger number of the slum population are present in developing countries, out of this 28 per cent population lies in South East Asia. It can be seen that slum dwellers numbers have been increasing from 1990s onwards. It is estimated that in next 30 years the global population of slum dwellers will reach to 2 billion.

With reference to the data given by census of India 2011, there are 65.49 million slum population lives in 13.92 million households. The slum population constitutes 5.4 % of the total population of the country. The slum population constitutes 17.4 % of the total urban population. According to data presented by National Sample Survey (NSS)

69th round on the Urban Slums in India 2012 , estimates that 33510 slums present in the urban areas of India. Out of which there are 13761 are notified and 19749 are non-notified. In terms of the location of slums in urban space, there are 30 percent slums situated in open space or in parks, 27 percent located near nallas and drains, 9 percent near railway lines and 27 per cent are elsewhere.

In India, slum population is increasing day by day due to migration of rural population entering into the urban space for better standard of life and opportunities presented in the cities. Rural population give up all their dreams and hopes and come to cities with the little money after selling all their utilities. There is no demand of labour in the rural areas so the only option they left is to move to metropolitan cities where there is more work opportunities. But at the same time housing is a big challenge for them as the prices are touching the skies. They get the work opportunities with low income which doesn't keep their life in a smooth path. The expense which a city life demands, make these slum dwellers a handicap and moreover it become curse to their life.

There are few parameters which can tell whether a person is leading a good healthy life or not. And one among them is health. It is a sane that if your health is good then your life is also good, you are able to take the wise decision of your life but when your health is not good then there is no point to lead a such painful life which doesn't give you anything accept pains and hardship. There are two most important elements present in the lives of slum dwellers, one is time and another one is money. They spent most of their day hours in working so that they can earn a quite good numbers. Health is always neglected by the slum population because of their psychology tendency. Another attitude which prevails in their mind is that there is no point to go to hospital as it is a wastage of money.

According to The Hans India, there are 24 percent population in the municipalities who are still living in the slums where the slum dwellers are not getting basic facilities. With reference to GHMC, there are 1,476 slums existed in Hyderabad, out of which 1,176 were come into the category of notified slum and rest of 300 were non- notified slums in the city. Slum became the nightmare of the cities. There are five zones in Hyderabad, East zone, West Zone, South Zone, North Zone and Central Zone in which location of slums has been divided. There are 33 slums identified in

central zone (Musheerabad), 18 slums in West Zone (Serilingampally, Kukat- pally and Pathancheru), East Zone has five slums, South zone has nine and North zone has seven slums. Gopanpally comes in the west zone where two slums has been identified i.e. NTR Nagar and Journalist colony (Road side)

According to the population and condition of slum dwellers, an attempt has been made here to study the women health in some selected slums of Gopanpally. Basically the studies will focused on the two slums out of which one slum is having a majority of Muslim Population and another slum is having a Hindu Population.

1.8 Statement of the Problem

Health is the most important element in one's life. Without health nothing is stagnant not even money. The slum dwellers are living in urban slums where they can access to some facilities such as hospitals. There are government hospitals, private hospitals and clinics exist in the city of Hyderabad. The slum dwellers are getting wages on the daily basis. Even the women who are living in slums are going for work so that both can meet their expenses. When the facilities are available in the urban space then why it is difficult for the women to access those facilities. Why they don't take care of their health? Why they think that it is not important to look after their health? Why they placed all responsibilities of the members of the family above her health condition? Why the proper moral education is not passed from one generation to other generation? Why she has to compromise her health condition because of others? Inspite of the various schemes introduced by the government regarding health issues, where is the actual problem lies which ties her hand for not going to hospitals. Women are the caretaker of the house who works day and night, so is it not the duty of the family members and her to take care of her health? Does the poverty is the main reason behind her negligence towards her health? Or is she is the sole responsible for her bad health? It is very important to find out the health condition of women who are living in slums.

1.9 Importance of the Study

A woman plays different roles; she is a daughter, wife and mother throughout her life. Her journey of life is not easy as men's journey. She has to gone through many difficulties, ties all the members together in the family, leave all her dreams to fulfil her duty being as daughter, mother and wife. She is the sole caretaker of the house and it is important that she should have a good healthy life and better standard of living. If women health is good then families will run in a smooth manner so it is important for women and her family members to take care of her health. Generally, women ignore their health and their health exertion in order to fulfil their responsibilities and duties which are assigned by the family and society. They neglect their health till it become aggravated and become too sick.

The women in urban slums are facing lot of health issues due to lack of basic amenities such as unhygienic environment, improper sanitation facilities, proper housing, drainage system, safe drinking water and lack of medical facilities. The health issues of women are mainly ignored by the family members. These problems are arises due to lack of proper knowledge and socio- economic backwardness, lack of awareness and shyness. In many parts of India, girls start facing problems when they hit the puberty age. Once they reach, their schooling has been stopped and asks her to help in domestic tasks such as helping her mother, taking care of siblings, cooking and filling drinking water etc, these are the jobs which she has to do after marriage. Women in slums work more than men but inspite of getting appreciation they receive stress and anxiety. Her works and efforts have been ignored by the family and society. It has been found that due to work pressure and lack of medical facilities, she no longer has the time for rest due to this she suffers from lots of diseases in urban slums. Another important factor which is seen in slums that because of her early marriages, they conceive at early age with no proper natal care and the amount of work she do during pregnancy has a consequences that she might face miscarriages. From their adolescence to menopause, they are facing many health issues. Because of overcrowded urban condition it is difficult for them to build a latrine near to their house, this lead them to use limited resources available to them where there is no privacy and safety. During rainy season, human waste makes the water sources contaminated. All these issues have been observed which affects the health of women

living in urban slums. So it is important to look at these issues which are prevailing in the slums.

1.10 Objectives of the Study

(1) To study the hygienic condition of women when they hit the puberty age.
(2) To examine what preventive measures or care they take to avoid if some problems they are facing.
(3) To study the impact of poor sanitation facilities on their health.
(4) To understand the health status of urban slum women in different age group wise and religion wise and to check whether the slum women are facing any health issues or not

1.11 Hypothesis

On the basis of the above mentioned objectives the following hypothesis are framed:

(1) Health infrastructure and care facilities are not present in the Gopanpally area.
(2) Women in slums neglect their health due to less time and more work pressure.
(3) A wrong traditional knowledge has been passed from one generation to others.
(4) Women follow what their elders are asking them to do.
(5) Women think that it is not worth to go to hospital for minor health problems.

1.12 Study Area

The study is focused on the women health in urban slums and was conducting in two slums which are present in Gopanpally, one is NTR Nagar where most of the population belongs to Muslim Community and another one is situated in front of the Journalist Colony where the population belongs to Hindu Community. In 2011, Hyderabad had the population of 6 Million and it is one of the fastest growing urban cities in India. The GHMC (Greater Hyderabad Municipal Corporation) is taking care of the development in the city. By April 2007, GHMC was established with 12

Municipalities of the Hyderabad, Rangareddy and Medak region and Municipal Corporation of Hyderabad covering an estimate region of 650 sq km.

1.13 Sample of the study

The researcher interviewed married women, age lies between 15 to 35 years. There are 80 samples have been collected from two different slums. Purposive sampling under non probability method was used in the study to targeted sample quickly.

1.14 Data Sources

The study is based on both primary as well as secondary sources. Primary data have been collected from 80 women through personal interview with the help of structured questionnaire containing both closed and open ended questions on various aspects of the health problems, living in two slums situated in Gopanpally (40 Hindu women and 40 Muslim women)

Secondary data have been collected from Census Report of India, NSS and The Hans India (Newspaper) and the books available in Indira Gandhi Memorial Library, UOH and dissertation and thesis from Shodganaga. The articles which are published in various journals and easily available online are also the part of secondary data.

1.15 Methodology

The study is quantitative in nature. Both Primary and Secondary data were used. The primary data was collected by using the structured interview schedule containing both closed and open ended questions on various aspects of the health problems. Women at different ages from two different religions (Hindu and Muslim) were interviewed in details about their existing knowledge, attitude and behaviour regarding menstruation and pregnancy. The primary focus of the research was their hygienic practices during menstruation and health condition during pregnancy. Purposive Random sampling was used from the available population in the slum from 4 pm to 7 pm in two slums namely NTR Nagar and Journalist Colony situated in Gopanpally during the month of

April and May 2018. Primary data was collected from 80 married women, 40 from each slum, in the age group of 18 to 35. The collected data were then collected and analysed for studying the women health condition in slums.

1.16 Study Instrument

Data were collected by using structured questionnaire containing both closed and open ended questions on various aspects of the health problems, which is a part of qualitative research methodology. The personal interviews were conducted among 80 women belong to different age group and different religion who are living in urban slums of Gopanpally. The interview was conducted personally where the same questions were asked to 80 women. The data collection was more explorative in nature focusing on the women belongs to two different religion.

1.17 Pilot Study

In research especially in social science, pilot study is important, to know whether you are able to collect data on field or not. Moreover it is a kind of survey where you prepare some questions and goes to field to find out the actual situation and problems prevailing in field. The questions were prepared for women who are belonging to two different religion (Hindu and Muslim), staying in two different slums in Gopanpally. The data has been collected from the respondent by using the personal interviews. After talking to the respondent and observation of the areas, there are few questions has been removed which was unnecessary and invalid to ask. Therefore, few changes were made in structured questionnaire and finalized for the data collection.

The personal interview were conducted with the help of structured questionnaire containing both closed and open ended questions on various aspects of the health problems. During the field study the researcher received a warm welcome from some of the respondents which ultimately helped in understanding the lives of respondent. They were keen interested to interact and shared a lot about their problems related to their health and survival in the urban space.

1.18 Limitation of the Study

The study is limited to two slums of Gopanpally and women from the age of 15 to 35 were interviewed, belonging to two different religions. Language was a barrier between the respondent and researcher. The study completely depended on the information provided by the respondents with the help of a middle man (a telgu girl who was hired during the field work as she is aware of the telgu language and it was easy for the researcher to note down the answers translated by the respondent). Women in slums were not comfortable to answer few questions related to health.

1.19 Chapterisation

The first chapter is the introduction, which includes details of Research problem, Objectives of the study, Hypothesis, Methodology, Limitation, Pilot study, Data sources, Areas study, Statement of the problem, and importance of study. This chapter focused on the concept of slums in developing countries, developed countries, theories of the existence of slums and women health in slums areas.

The second chapter is focuses on the review of literature. These literatures focused on the slums in India and women health in urban slums in India.

The third chapter briefly talks about the History of Hyderabad, how it change into globalising city, Demographic profile of Hyderabad, Origin of slum in Hyderabad, Slum Upgradation under various schemes initiatives taken by Telangana state government, Condition of Health Care System in Slum areas.

The fourth chapter deals with the Women's health living in the two slums which is located in the Gopanpally. The data collected from the channel of personal interviews held with 40 Hindu women and 40 Muslim women living in their respective slums. The chapter is the description of the field work analysis and interpretation based on samples collected from field. It mainly deals with analysis of collected data in Tabular, Bar graphs and Graphical representation.

The fifth chapter discuss the Summary, Conclusion and suggestions and the overall summary of conclusion of the research study.

CHAPTER 2

REVIEW OF LITERATURE

2.1 Literature Review on Slum

S.N. Sen has done a survey on 'Slum and Bustees in Calcutta' in 1957 to 1958 on Housing condition. He has studied on basic amenities, Lack of basic hygiene and Constant Low Literacy Rate among Slum dwellers. His study also shows that there was no proper drinking water available; women had to walk miles and miles to bring safe water, Poor Economic Condition, erroneous in Infrastructure, Shortage of Food and Unhygienic Environment.

Of late Diganta Kumar Phukham (2014) came up with a book namely 'Level of some Basic Amenities in the Slums and their impact on Ecology: A Case Study of Jorhat city in Assam'. Here he has done an extensive study on Jorhat which is situated in Assam. The study has been conducted in seven areas which is merged together to examine the level of minimum facilities present in shattered settlement such as Condition of house, Sanitation System and Water facilities.

The author have found that due to low economic condition, they have to face certain issues which is highly responsible for degradation of environment like they don't maintain the surrounding, due to less space in their house, they cook outside and the smoke which generate is polluting the environment, and due to lack of latrine facilities, they used outside areas which also generate various health issues as it is not good for environment.

Mr. Biswaroop Das (1997) has written an article on 'Slum Dweller in Indian Cities: The Case of Surat in Western India'. Here he has taken Surat as part of his case study. It is an Industrial area where there is a need of more labours that are willing to work in various industries. People have migrated from rural to urban areas in search of better work opportunities which can help them to raise their standard of living and trapped in the city life where wages which they are getting is not sufficient according to the amount of work they do.

The expense is high which they couldn't meet with the amount of money which they get after so much of hard work. Because of Low Income, they live in unplanned settlements where the basic amenities are missing. After the study has been done, author found that the three- fourth population receive less than 2000 rs per month.

N.K. De and A.K.Bose study on Environmental Degradation and Pollution- A Case study of Calcutta studies the living condition of slum dwellers. Due to the improper sanitation, habitatants were facing lots of health issues. It is difficult to manage in such worst environment which is not suitable for anyone on this earth yet due to Low economic rate, they are forced to live where they are not able to provide education to their kids and children are indulged in various economic activities for the survival in urban platform. The drainage and sewage condition is poor, and the less income created constrain for to live in a rent house as the price of these houses are high as compare to their income.

A study on perceived family environment of children living in the slum in the modern era by R. Priya and G. Kanganga (2013) has published in Indian Journal of Scientific and Research Publication Vol.3. In this paper the authors had focused on children living in slums, how the children are affecting due to poor environment, more vulnerable to diseases, not getting good environment to live, literacy rate among children is very low, suffering from malnutrition.

The kids are growing in such an environment which affect their mental and physical state of mind and body as their parents are involve in fights due to low economic status or poverty. They face lots of challenges such as no Proper sanitation facilities, their mothers are not able to take care of them from childhood, no moral values have been forwarded to them by their parents and developed in such a environment inclined them to crimes due to various reasons.

M.S. Alamgir (2009) wrote in his article on 'Assessing the Livelihood of Slum Dwellers in Dhaka City' where he focused on work opportunities available for slum dwellers which can easily access to them so that they can live and survive in this urban scenario. As they don't have proper education, they are not enrolling in any formal sectors. They have very less opportunities of job available in informal sectors such as construction work, rickshaw puller, day labour, and small business. These kinds of job provide them some security to spend their life in cities and somewhere they can improve their life.

Hans Schenks (2001) wrote an article 'Living in India's Slum' where he did a comparative study of slums which is situated in industrial areas, to look into the lives of slum dwellers where they struggle everyday to fulfil their basic necessities and

overcome their problems due to absence of basic amenities, unhealthy environment which is polluted to industrial activities and their life get affected due to consuming of harmful elements present in the surrounding. He also studied their life affecting due to poverty and how far slum improvement schemes helped them in order to bring their life on track.

'A Study in Urban Problems' by Dr. K.N. Venkatarayappa (1972), emphasized on socio-economic condition, merger, clan, religion, infrastructure of house, health, lack of education among slum dwellers in Bangalore.

A study conducted by Karan S.K, Shigeo Shikura and Harada Hideki (2003) on how environment is affecting the health of urban communities settle in Mumbai. In regards to this, the authors made few observations on housing condition of slum dwellers where they found that 33 percent houses are not strong i.e. the structure of the house is insubstantial and can fall down at any time or during hazards. They also found that 39 percent houses are semi- structure where the materials which is used to construct, is cheap in quality. It is only 28 percent houses that are built with cement whose building is strong enough to protect the family. Morbidity rate is high due to Low Income, less education, sanitation and personal hygiene. The environment has an effect on health of slum dwellers.

Bharat Sevak Samaj has studied on 'Slum of old Delhi' where they had focus on poor drainage system, housing conditions, family pattern, transfer of people from rural to urban, spirituality, dialect, slum population, age and sex distribution, well-being, education, enrol in various occupation, earning boarding house and so on.

Bhandari and Basu (2000) in their study found that migrants who came to urban areas are affecting by the quality of life the way they are leading due to poor economic background, where income is very less that they are not able to give a better standard of life to themselves. Due to this they are unhappy in their life and have no option to live in such unhealthy environment which affecting their health so badly. The congested area, improper ventilation, poor drainage system, inadequate sanitation facilities, unhealthy environment and so on put their health at risk and they are inclined towards the crime and hazards.

Rajni Bala and Sudesh Kumar (2013) wrote an article 'Society, Culture and Economy' in which they throw a light on urbanisation hit on India as due to this slum entered in the subcontinent with the movement of people from rural to urban in search of good opportunities present in city life. The growth of slums is the obvious result of urbanisation. As it was mentioned earlier that the slum in developed countries is different from developing countries, authors tried to see the growth of slum from an Indian perspective.

The existence of slum in Indian scenario is due to features presents in Indian society which came into lime light after much of the work has been done. The features which are part of Indian slums are poor infrastructure of the house, bad health, poor economic condition, and low literacy rate, no drinking water available inside the slum, poor drainage system and lack of sanitation facilities. The study has been based on previous studies done in various states by various organisations.

Akter T (2008) wrote in his article "Migration and living conditions in urban slums: implication for food security" where he lay emphasize on socio- economic condition of slum dwellers and how income has an effect on the pattern of consumption. Food security became the issue of developing countries and country like India, unable to meet sufficient food to their population. Due to low income they couldn't afford the food which is costly in market, slum population especially women and children are not able to consume full meal in a day. A poor Indian woman eats twice in day; drinks water in morning (where there is no food left) and at night eats leftover food. Socio economic conditions such as education, income and expenses were somewhere responsible in terms of food security among slum dwellers.

A.R.Desai and S. Devadas Pillai published their book '*A Profile of an Indian Slum*' in 1972 where they talked about the housing condition of slum dwellers, wealth, work in various sectors, livelihood and consumption, mortgage, details of children and family members and political institutes in deteriorated areas.

According to Madhura Swaminathan (1995) as per her paper on 'Aspects of Urban Poverty in Bombay' where she found one fourth of the city population lives in slum or homeless. She observed that slum houses are lacking of good structure, no access to hygiene, no proper method of disposing wastes, live in pollutes and depletion environment which is not meant for human being. Slum people are deprived of

sufficient public goods. The author seen that, from past few years their income and job opportunities increased but there is no improvement in their livelihood.

'Women Education and Empowerment' by Debashree Mukherjess (2008) wrote in her article about the importance of education to empowering the women. Due to illiteracy, women are not getting enough job opportunities in urban land and due to that they are unable to fulfil the basic needs of their children. They are unable to send their kids to better school or not consuming five meals in a day which is essential for children to grow and suffer from malnutrition.

As girls are not getting proper education, they are facing the consequences like they have no authority in their house, don't have any role in decision making, hence, faces discrimination on the ground of gender. Due to low literacy rate, morbidity rate is high, not having enough job opportunities to show their potentiality. The author felt that education is the only key which can make them realize the ability to perform outstanding in every sector.

In 1970- 1971, Paul D. Wiebe wrote his book on *'Social life in an Indian Slum'* with focus on social life of slum dwellers in Madras. He discussed about the village people moved to metropolitan cities with the baggage of community and caste. He argued that caste is not complex in city life but when these rural migrants entered into the space, along with them caste also entered and it became the part of slum where we can see the same caste people live together and other minor castes felt a threat to their life as it is difficult for them to adjust in the same place where already one caste is holding a powerful position in the mind of slum dwellers. People find it easy to settle down with their same community and played the major role behind the formation of political institute which exist inside the slum.

Geetha S and Swaminathan Madhura (1996) did a survey on 'Nutritional Status of slum Children of Mumbai: A Socio-Economic Survey' where the study is based on the Mumbai slum. The authors came into conclusion that due to lack of basic amenities such as unsafe drinking water, sewages and open drainage system, sanitation, toilets are the main cause for various diseases prevailing among children living in Mumbai slums. The condition of girls are worst than the boys in terms of nutrition. Many girls are under nourished or moderately undernourished than boys due to lack of illiteracy rate among girls over boys.

'An Assessment of Housing Condition and Socio- Economic Life Style of Slum Dwellers in Akure, Nigeria by Kayode Felix Omle (2010) have done an extensive study on housing condition of slum in Nigeria. The author said house is very essential for human being. A human need a house to stay weather it is for himself or provide a home to his family. But it is impossible to have a good house in urban land and it is difficult to build a house in slum areas due to less space and low income. The author came into conclusion that due to cheap material used in construction of a house, the building is not strong and can fall pray to hazards. At the end he suggested that the policy maker should focus on these issues and try to solve the problem of housing condition.

2.2 Literature review on Women Health in India

Sameera Khanam (2016) wrote an article on '*Reproductive Health of Women in Indian Slums: An Overview'*. Here she talked about the works of various authors who throw some lights on the women health in slum areas. Basically the author showed a data on four segments which is a part of women health i.e. Total Fertility Rate, Contraception, Antenatal care and Child birth practises in cities of Delhi, Hyderabad, Visakhapatnam, NFHS 1, Chennai, and Mumbai. The author talked extensively on women's reproductive health in slum. She found that Fertility of women in Delhi slum is higher than the Non slum areas of Delhi.

She has opinion that the use of contraception among women is lower in urban slums than from non- slums in cities of Delhi, Meerut, Mumbai and Hyderabad but in Chennai, women are aware about the contraception and practise in their life so use of contraception method for avoiding pregnancy is high in Chennai than in any other cities. The method of sterilization is higher in women than in men in the city of Visakhapatnam.

The author said, women attitude towards the utilisation of antenatal care is affecting due to the cultural environment exist in slum. The percentage of women accessing antenatal care service is high in Chennai and Hyderabad but low in Delhi and Meerut. Due to lack of medical facilities and improper knowledge women feel delivering at home is safer than hospital.

Sunilkumar M Kamalapur and Somnath Reddy (2013) article '*Women Health in India: an Overview*' published in 'International Research Journal of Social Science'. The authors found that because of patriarchal nature of the society child sex ratio decline from 958 girls to 1000 boys (1991) to 934 girls to 1000 boys (2001). The women have less autonomy on her life and throughout her life she is considered as a responsibility of father, then husband and then by her son. She has no right to take decision by her own. The discrimination with girls starts the moment she came to this world. In northern and western states, female infant mortality rate is higher than in any other region. Because of advance technology and law on abortion in India has been misused to kill the infant girl child.

The author focused on the two important aspects i.e. Nutrition and Health care services where we can see more discrimination happen on the ground of gender. Girls and women eat only after all the male members' finishes their food. Whatever amount is left, they consume that and because of this they are not getting proper nutritious food and suffer from malnutrition or diseases related to deficiencies.

Health is another sector where discrimination can be seen on the ground of gender. Women health is always been neglected by the male members of the family. There are health service centre present in rural and urban areas but accessing and utilization of these service centres are difficult because of social and economic barriers.

Anita Raj, Niranjan Saggurti, Michael Winter, Alan Labonte, Michele R Decker, Donta Balaiah, Jay G Silverman's (2010), '*The effect of maternal child marriage on morbidity and mortality of under 5 in India: cross sectional study of a nationally representative sample'*. The data shows that young minor girls who deliver their child at early age is having problem of malnutrition. Early marriage and childbirth at early age where the weight of infant child is less due to early motherhood, low maternal education and other socioeconomic issues prevails in the society.

Nirmala Murthy and Alka Barua (2004) published their article '*Non Medical Determinants of Maternal Death in India*, 'Journal of Health Management', and talk about factors responsible for high maternal mortality in India such as death of mother or child are because of delivery at home by untrained daimas or postnatal deaths. The deaths are because of not receiving any prenatal care or unable to reach hospital on time due to lack of communication or unprepared for worst condition.

The author analyse the data which point out the facts that mother and child will be safe if they can easily accessible these services. The author suggests that it is important for men and women to have proper education on their health, be more cautious at last days and after delivery.

Dr. R. Hariharan (2016) has written paper *'Health status of Rural Women in India: An Overview of Literature'* in International Journal of Research in Economics and Social Science. In this paper the author talk about the health status of women in rural India where the status and health of women is low because of lack of knowledge, social and economic barriers prevails in this patriarchal society.

The preference of son makes her health more vulnerable. Due to economic reasons, women's health is always been ignored by the male dominating society and unable to access the health care centres. Due to the multiple miscarriages and fertilisation her health is having a bad effect on her reproductive health.

The author suggest that researchers should do more research in this filed so that women's status should improved in future. There is a need to safeguard the women health status as it decreasing every single day.

With reference to '*Perception and health care seeking about new born danger signs among mothers in rural warda*' published in 'Indian Journal of Pediatrics' by AK Dongre, PR Deshmukh and BS Garg (2008) talks about the health practices followed by the mothers towards their infant child.

The authors' reveals that due to lack of knowledge; mothers sometimes cannot take care of newly born babies and rely on the traditional practises. Though they know they should take their infant child to hospitals for treatment but still go for traditional medicines and super natural remedies by traditional faith healer because of lack of proper medical facilities, no availability of doctors and no proper communications. There is an urge for new strategies to improve the condition of government health care services and national health programs for new infant child.

EM Harriott, TV William and MR Peterson (2005), talked about the factors such as availability of doctor, quality of health care, availability of staff, treatment in a respectable manner, providing proper information. They argued that all these features

should be present in service centres through which women would be satisfied term of their health care.

In article '*Gender discrimination in community participation for slum development programmes: A case study of slum women in Silchar Town* by Dhar Suparna discussed about the patriarchal nature of Indian society which existed in the slum. Women participation in slum is also important for the development of slum. But due to poor outlook, male dominance, illiteracy and ignorance; women are not able to participate in any programme conducted in the slum.

The research is descriptive and quantitative in nature where 638 samples have been collected from three main slums present in the Silchar Town. The author found that men of these slum areas don't want their wives to participate in any development programme.

Ward commissioner plays an important role in involving the women to engage them in these kinds of works but he is not making any efforts towards this issue.

Even NGOs are failed to conduct such programmes where they encourage the women to participate in such programmes and make them realise that their rights has been violation by not allowing them to be a part of decision making.

According to LB Acharaya and J. Cleland (2000), inspite of increasing the number of health care services, there should be increase in the improvement of Health Facility Quality such as availability of Trained Doctors, Staffs, Nurses and equipments which can handle the problems of women health.

V.M. Sarode conducted a study on *'Maternal Care among Reproductive Women in slums in Greater Mumbai'*. The study was conducted in slums of Greater Mumbai where the author focused on women's reproductive health, antenatal and delivery care on the basis of standard of living index. There are 433 samples have been collected and on the basis of that analysis, conclusion and suggestions are made.

The finding of the study indicates that antenatal care is important for safe motherhood and inspite of medical facilities available; women are not willing to visit and do regular check up during pregnancy. Women reproductive health is low as compare to the data on 1998-99.

The author said the antenatal care decreases with increase of birth rate of children and as mother age increase. It has been seen observe that majority of women living in slums use public service for maternal health care service than non slum women.

A sizeable number of women are having health issues during pregnancy period such as excessive fatigue, white discharge, and pain in abdominal, swelling of the legs, blurred vision and vaginal bleeding. 83 percent women living in slums received at least one antenatal care, 52 percent women goes for three or more antenatal care, 76 percent women consume any iron or Folic tablets or syrup and 17 percent women don't go for antenatal care service.

P Singh, RJ Yadav, and A Pandey (2005) in their article '*A Utilization of Indigenous System of Medicine and Homeopathy in India'* published in 'Indian Journal of Medical Research' talked about the level of consumption of indigenous system of Medicine by the people. Only 14 percent sick people consume the indigenous medicine due to low cost and no side effects.

In another article *'A Study on acceptability of Indian System of Medicine and Homeopathy in India: results from the state of West Bengal'* (2007), the author talked about the cases in which people of Bengal prefer to consume homeopathy and indigenous medicine. Intake of the indigenous medicine is very low in case of minor ailments but if it is serious case such as Jaundice, snake bite, dog bite or bone setting, they prefer to get treated by traditional healer.

'*The world health report 2005: make every mother and child count'* published by World Health Organisation (WHO) talks about the importance of antenatal care and post natal care for both mother and child. It is the essential part of women health as it decreases the rate of maternal morbidity and mortality, low weight births and peri natal mortality. So it is necessary for women to visit health care center for antenatal and postnatal services to avoid these issues during her pregnancy. The other most important point to be made by the report is that there should be increase in the content and quality of these centres.

MK Gokhale, SS Rao and VR Garole (2002) write in their article *'Infant mortality in India: use of maternal and child health services in relation to literacy'*, published in 'Journal of Health, Population and Nutrition'. In this article authors are talking the

rural literacy rate is more than urban literacy rate. The male literacy can help in improving the use of services and decline in infant death rate. It suggests that educating girls will help to overcome this issue in future.

B Simkhade, ER Teijlingen, M Porter and P Simkhada (2008), *'Factors affecting the utilization of antenatal care in developing countries: systematic review of the literature'* published in 'Journal of Advanced Nursing'. The authors were talking about the few factors which have an effect on antenatal care such as maternal education, husband education, and availability of income, marital status and women employment. Sometimes religion became the major factor for no antenatal care.

Vijayanthimala (2012) focused on the status of nutritional status among adults of different states. He found that gender discrimination is responsible for the overall development of girl where the society made different rules for men and women where parents ask their son to be strong and outgoing and girls do handling all the house chore activities. This gender discrimination has been observed in many developing countries including India. Gender inequality can more seen in aspect of employment, education and health. The author talks various programmes and schemes through which central and state initiate to improve the nutritional status of women.

With reference to '*Perception and health care seeking about new born danger signs among mothers in rural warda*' published in 'Indian Journal of Pediatrics' by AK Dongre, PR Deshmukh and BS Garg (2008) talks about the health practices followed by the mothers towards their infant child.

The authors' reveals that due to lack of knowledge; mothers sometimes cannot take care of their newly born babies and rely on the traditional practises. Though they know they should take their infant child to hospitals for treatment but still go for traditional medicines and super natural remedies by traditional faith healer because of lack of proper medical facilities, no availability of doctors and no proper communications. There is an urge for new strategies to improve the condition of government health care services and national health programs for new infant child.

Sengupta Ranja (2011) writes in his article '*Trade Liberalisation and Women's Health Concerns in India*', some critical issues. The author mentioned that because of gender disparity women are facing discrimination on the ground of employment,

education and health. But there is a incline in the percent of women accessing the pre and post natal care so maternal health care service in India is improving from past few years but there is lot more to if the nation wants to see more development in field of women health.

Bharati Susmita, Manoranjan pal, Premananda Bharti (2007) published their article '*Obstetric care practice in Birbhum District, West Bengal*', 'International Journal for Quality in Health Care'. The study shows that mother with high education and high standard of living stress more on antenatal care than uneducated mother. The only way to decline the maternal mortality rate is making women educated because in rural India antenatal care is not modern in terms of equipments and facilities. To ensure healthy pregnancy and safe delivery it is important that women should educated and aware about their health condition.

Kushwah Vandana (2013) published her article '*The Health Status of Women in India*', in Research Journal of Chemical and Environmental Science. In her paper she focused on death of women due to complications arises at the time of delivery or childbirth. She said during her pregnancy, careful precautions must have taken to save both mother and child. Every girl in this world has observed her body take transformation throughout her life. But due to many differences she faced hardship to maintain good health. There are many programmes and schemes have been introduce to make women's life better but there is lot more efforts needed to dreams comes true.

N Bhardwaj, M yunus, SB Hassan and M Zaheer (1990), *'Role of birth attendants in maternal care services a rural study'*, published in 'Indian Journal of Maternal and Child Health'. Most of the women give birth to their babies at home with the help of untrained local daimas which shows that they are not aware about the importance of utilization of the services provided by trained attendant. The data shows that still health care services are existed but people are not willing to use these services.

Naruka Singh Lakhubhadra (2012) writes in his article *'Weather Demand side Factors or Supply side Factors affects utilization of maternal health care in Uttar Pradesh.'* On the basis of data provided by the National Family and Health Survey III, 2005-06, the observation have made that in Uttar Pradesh only 20.7 percent women go for antenatal care to health services, 21.8 percent go to Hospital during the time of childbirth and 15 percent mother experience postnatal checkups

The study *'Reproductive Health Complications and Health Seeking Behaviour among Women in India'* presented in 'National Seminar on Health, Regional Disparities and Social Development IASSH, Mumbai' was carried out by Gogoi Mousumi and Sayeed Unisa (2012). The authors used the data of third round of DLHS (2007-2008) to examine the women reproductive health. The author talks about the complication faced by the women when she is pregnant. The results says that 44 percent women express that they feel paleness, giddiness or weakness, 32 percent were having excessive fatigue and 28 percent were suffering from swelling of body and face. The studies have shown that there was a decrease in percentage of delivery and post delivery complications due to the use of maternal health care services.

G Lindmark, S Cnattingius (1991), *' The Scientific basis of antenatal care'*, RD Pandit (1992), *' Role of antenatal care in reducing maternal mortality'* published in 'Asian Ocenia Journal of Obstetrics and Gynaecology' and MC M Donagh (1996) writes in his article ' Is Antenatal care effective in reducing maternal morbidity and mortality? Published in Health Policy and Planning.

All these authors emphasis on the importance of antenatal care as the main aim of these service is healthy mother should produce healthy child during childbirth. These services will guide the mother so that she should be careful regarding her health and her infant child who is in her womb. All these information has a positive impact on mother's health and she will sure about her child safety. It has been observed that due to effective antenatal care, mortality rate can be controlled.

2.3 Women Health in Slum Areas

S. John Kaviarasu in his article *'Status of women's Health in Urban Sub-Standard Settlements of Chennai, Tamil Nadu, India'* published in 'European Academic Research'. He talks about the poor condition of women health in Chennai slum. The data was collected from the two slums namely Namachivayapuram and Apparao garden situated in metropolis city of Chennai.

He focused on some issues which are highly responsible for the growth of slums in Chennai. To study the status of women health the author has set some parameters such as marriage age, number of children, place of delivery, post and pre natal care,

food habits, types of cooking fuel, sources of water, types of infection and level of awareness and knowledge.

The author found that illiteracy and socio economic backwardness are the major problem due to which women health condition is below par. The environmental condition is also responsible for the condition of women. Lack of awareness, lack of basic amenities and reproductive rights are missing among the women.

Some recommendations and suggestions were made on these respective issues. In the conclusion part, he spoke about the gender bias and lack of basic amenities has an influence on education, work pressure, health and safety. So the government should take measures and look into these issues to improve the quality of women health.

In this article *'Public Health risks in Urban Slums: Findings of the Qualitative 'Health Kitchens Healthy Cities'* study in Kathmandu, Nepal by Helen Elsey, Sharaddha Manandal, Dilip Sah, Sudeepa Khanal, Frances MacGuire, Rebeeca King, Hilary Wallace and Sushil Chandra Baral published in 'PLOS'.

The study was conducted in two slum settlement in Kathmandu by NGO. The workshop has been conducted in two slums where slum A was in a better position than in slum B and more number of participant was from slum A. The caste system is a major determinants of identity, social status and life chances to all Nepalese.

The study was based on the kitchen which is the epicentre for all health issues among women. The women were suffering from respiratory problems due to poor ventilation, smoke coming out at the time of cooking and quality of fuel used by the women to prepare food. They have injuries such as burnt and accidents while cooking along with their carrying child in their arms.

They have a health issues due to flood and threat of eviction. They have gastrointestinal diseases due to diarrhoea and gastritis because of unsafe water and not eating healthy and fresh food. Due to inhaling of smoke coming out from their own kitchen and neighbouring kitchen will make them more stress towards their ill health.

The researchers found that women follow the calendars to know their health risks according to the season variations. Low level of literacy rate and wealth determine the level of fuel used and structure of their house. The population of slum found that

living in a slum is a better option as the rent house price is higher than living in a slum without any rent.

Due to the traditional environment risk where there is no proper sanitation facilities and unhygienic environment are one of the factors for their bad standard of living and ill health. Women living in slums are aware of the factors responsible for their ill health but due to poverty they don't have any other option.

'Health and Health related indicators in slum, rural and urban communities: A Comparative analysis' written by Blessing U. Mberu, Tilahun Nigatu Haregu, Catherine Kyobutungi and Alex C.Ezeh in online journal 'Global Health Action'. This article deals with the comparative study on slum, rural and urban communities belong to four different nations named as India, Bangladesh, Egypt and Kenya.

The data has been collected by the four different organisations of their respective countries. On the basis of these data, findings and conclusion have been made. To know the health status of the country four parameters were used such as child health indicator, Mother health indicator, Reproductive health indicator and HIV/AIDS.

The objective of their study was to compare health and health related indicators among slum, rural and urban populations and how these are related to national and urban/city averages. Before selecting the data, the author provides four different definitions of slums which represent the slums in their countries as it differ from one nation to other. They gave several reasons regarding the importance to see the health of slum dwellers.

The study is divided into two segments one was within the country and another was between the countries and based on these studies conclusion has been drawn out. On the basis of data they found that health of slum dwellers is worst than any other communities. Lack of awareness, basic amenities, economic and social factors is responsible for their health. Child morbidity and malnutrition among children is higher than in rural areas. Sexual violence against women is very high. The vulnerability of women to HIV infection was also high. Most of the population in Mumbai slum are suffering from TB.

The authors felt that due to lack of land facilities slum dwellers are suffering from health issues and according to them if proper housing is provided to them, lots of health issues can be solved.

Hema Swaminathan and Arnab Mukherjee article *'Slum and Malnourishment: Evidence from Women in India'* talk about the malnourishment of women in slum as well as nonslum areas. The authors were talking about the population growth in urban space which leads to further issues such as lack of basic amenities. It becomes the major concern regarding the growth of slum dwellers that it hampers their living condition and health became the major issue. There were policies introduced in many developed countries such as in Britain, France and USA regarding the improvement of housing condition and sanitation facilities in slum.

Communicable and non communicable diseases are the major concern for urban population especially slum population. Women living in slum receive less antenatal care than women living in slum areas. Women living in slum areas are underweight than women in non slum areas are overweight. According to NFHS-3, 52 percent women weight is according to their height.

World Health Organisation defines malnutrition to include the dual burden of under nutritious and over nutritious. This is due to the changes in lifestyle and diet pattern. The productivity and health risk can increased due to underweight and because of overweight risk of diabetes, cardiovascular diseases, hypertension and respiratory related mortality can increase, these issues can be arises.

The health of slum population is different from one city to different cities due to vary in facilities available in these areas but it also matters from one individual to another individual. The author used the data given by Census of India and NFHS. The definition of slum given by these two organisations is different in nature. Better hygiene and availability of fresh drinking water can decrease the health issues related to communicable disease such as diarrhea and other infectious diseases related to malnutrition. The authors have found that notified slums are in better condition than non notified slums.

There are policies made on housing, sanitation, education but the policy maker neglect the dietary diversity. Education and income generation activities should be more in order to decrease this issues prevailing in slums.

'Women's Reproductive Health in Slum Population in India: Evidence from NFHS-3' by Indrajit Hazarika in 'Journal of Public Health: Bulletin in the New York Academy of Medicine' talk about the characteristics present in the slums such as poor environmental condition, inadequate housing, lack of sanitation and drinking water facilities, poor infrastructure and ill health of women living in slums.

The data to analyse the women health in slum is taken from the NFHS and on that basis findings and conclusion have been made. It has been found that 74 percent women in non slum areas go for antenatal check up and 78 percent women prefer hospitals for delivery. The factors such as literacy rate, availability of health services, traditional custom and gender issues have an influence on the use of reproductive health services.

Women in slum areas marry at early age and also have more number of children than women in non slum areas. Use of contraception is more in non slum areas than in slum areas. Sterilization is a common method for contraception among women who are living in slum. They prefer to go to government hospital for antenatal care and delivery is done by unskilled attendants' inspite of availability of skilled attendants in an area.

There are few women who go for post partum check up residing in slum areas. It has been observed that ANC decreases with increase in number of children and age of women. Public health care service focuses more in rural areas than in urban areas. There are few elements which have an influence on women living in slum areas in terms of using contraception such as Age, Religion, Caste, Education, Standard of Living, Place of residence and Community influence. Younger women have a modern attitude towards the use of health care services because of education.

Women who did their education till higher secondary and secondary class has a role in decision making, increase awareness of health services, changing marriage patterns. Education and occupation has no impact on the use of contraception. More number of women uses private hospital facilities than government hospital facilities

due to efficient skilled doctors, nurses and the treatment they received from these institutions.

There is a strong linkage between the education, wealth and use of antenatal services. It has been observed that most of the women use unskilled attendant for delivery at home rather than going to hospital because they cannot afford the services provided by skilled attendants. These are the few observation made by the author based on NFHS- 3 data where she compare the statistics of women living in slum areas than in non slum areas.

Kiranmai K, Saritha V, Mallika GP, Varalakshmi NR wrote a paper on *'Assessment of Health Status of Women in Urban slum'* published in 'Indian Journal Innovations Development'. The data has been collected from the city of Vishakhapatnam which is not uniformed in the population. There are factors responsible for the bad for instance unsafe drinking water, food and other essentials needed to the population. Low income and informal settlement has an influence on health. Urban slum dwellers live in tropical countries so their health is vulnerable towards the tropical diseases influenced by social and environmental determinants.

Health issues can be solved only in one condition when their living of standard is high. There are other factors especially patriarchal norms and value existed in Indian society which affects the health of population living in slums. It is important to look after the health of women who are residing in slums as they play a major role in determine the health of the community since they play the role of caregivers and recipients at the same time.

There are demographic characteristics and socio economic status of the community, types of health services available, quality and types of health care provides medical technology and health knowledge, all these influence on the health of slum people. According to WHO, women empowerment is only possible when her quality of life is improved and aware about their human rights.

The population received only education till higher secondary and secondary school, lived in unhygienic and difficult conditions, worked in the informal service sector and consumed a diet low in protein, difficult to access the health care facility due to poverty. It has been observed that since 1995, the standard of living has been

improved. The people are basically migrated from rural because of failure of rural economy. They live in slums because of the high cost of the house in urban space which they cannot afford with the little money they get in every month. There are barriers such as accessibility, long distance to travel and family is not willing to spend money on women health, and all these factors are responsible for the bad health of women living in slum.

The people in the slums are the real contributors towards the development of cities but majority of them are suffer from level of malnutrition, hygienic and health, unable to access to health services, financial stability, education and security.

Adhapillil Mathai Elizabeth, Abdul Mazeed Khan and Wahid Rashid wrote an article on *'Reproductive Health Care Behaviour among Urban Slum Wealth of Delhi'*. They discussed about the pregnancy and health care among women living in Delhi slums. They argued that reproductive health care seeking behaviour is determined on sociocultural, economic, education, Physiological and environmental factors which play a significant role and have a direct and indirect effect on shaping the life of women.

There is a need of creating awareness and importance of antenatal and post natal care if women start visiting and utilising these services available in nearby areas. We attain safe motherhood when women initiate to receive a basic professional ANC. It is important for women to go for these services as it monitor a pregnancy for signs of complications, detect and treat existing problems regarding pregnancy and give proper advice and counselling on preventive measures during pregnancy period.

The authors drew the history of introducing ante natal care services in India by 1997 where government provide the two doses of Tetanus Toxoid vaccine to mothers, providing iron and folic acid tablets or syrup, three antenatal checkups which includes Blood Pressure, check weight of the pregnant women and find out any problems which can be dangerous to the mother.

Mass media play an important role in order to create awareness among women but women in slum areas are neglecting the ads shown by the media. They relate pregnancy and childbirth to the religion, family, kingship and marriage. The authors made some suggestion after conducted the study and findings, saying that there is a

need of short term policies to promote healthy behaviour in the home. PNC services should be near by the area so that it is easy to access those centres.

It is important to conduct the awareness programmes by organisations in order to safeguard both mother and child, and let them know how important it is to go for antenatal care so that if any serious complications arise then they are aware of it. Birth planning is important for ensuring delivery by choosing the place of delivery, attendants and also stop them to spent unnecessary money by adding additional requirement at the time of delivery.

Meenakshi Thapan in her article *'Linkages between Culture, Education and Women's Health in Urban Slum'* wrote about the women health upshot by the education and culture. The study has been based on secondary sources and tried to show the positive impact of education on women health.

One side the author is arguing that women's health condition is deteriorating because of lack of socioeconomic factors such as unequal distribution of nutrition among male and female, lack of education due to which women are not aware about their bad health, due to unhealthy environment where basic amenities are missing and on the other side she also felt that education alone cannot eradicate the problems of women health in slum areas. The author drawn some data from the 1991 census which clearly pointing out towards the low literacy rate among girls over boys in India.

In an urban slum there are few factors which unable the families to send their girls for schooling for instance, girls belong to poor families whose members of the families are involved in low wage work and have low status occupation or unorganised of informal sector. The household has an effect on women education and the health of women. At the early age, girls also company their mothers in their work place and take care of the siblings at home. Because the girls start working at early age, also has reaction to their health. It has been found that low caste girls receive less medical facilities than boys; more number of boys got vaccinated and treated for respiratory infections and fever than girls in urban areas.

The lack of rest after the delivery, doing late works during pregnancy, lack of nutritious food, and going back to work at early stage, all these are responsible for her

poor health in slum areas. Instead of taking modern medicines, they rely on traditional medicines or home remedies for minor diseases.

It has been found that women who are more educated has more control on her autonomy , played a important role in decision making and have adequate knowledge on their health and they provide good moral and ethic values to their children. Alka basu felt that it is important that both husband and wife are educated so that they can contribute towards intentional fertility decline and women schooling is help them to take a joint decision regarding their health and family. Schooling has a strong effect on fertility of women which allow women to take decision on contraception about fertility reduction. Female schooling is one of the sole factors which determine the autonomy in reproductive decision. Promotion of universal primary education for girls and non formal education skills and employment generation, all these can improve the health of women in slum areas. Mass education helps the population towards the right attitude for attribute modernisation.

CHAPTER 3

DEMOGRAPHY OF HYDERABAD

3.1 Hyderabad: From a Historic to a Globalising City

Hyderabad, the new name of Bhayagnagar (According to Quli Qutub Shah who fall in love with a dancer whose name is Bhagmati), is situated in the Deccan plateau of Indian subcontinent, located on the south banks of river musi around 400 years ago which was approximately 4 miles east of the Golconda Fortress Town (Viswanadham, 1979). The two main dynasties, who ruled on Hyderabad over many decades, were Quli Qutub Sahi and Asaf Jahi Dynasties.

Quli Qutabul Malik (1591), Turkman from Hamdani in Iran, ruler of Golconda, who belongs to Quli Qutub Shahi Dynasty founded the Hyderabad city. During the Qutub Shahi Dynasty period, Golconda became one of the leading markets of Diamond, Pearls, and Steels for arms and for fabric painting. It was the only place where kallur mine was situated where the main export of Diamond was during this period. Indo-Islamic Literature and Culture of Hyderabad was flourished under the successors of Quli Qutub Shahi Dynasty.

In 1867, the honour of Golconda ends in the battle with Aurangzeb, last ruler of Mughal Dynasty who captured the Golconda and siege for 8 months. At that time Aurangzeb has established his strong hold on Deccan and South but with his death on 1707, the empire falls radically. During that time, Mir Quarmaruddin, the Governor of the Deccan who receives the title of Nizam ul- Mulk (Order of the Realm) and Later on, Feroze Jung Asaf Jah who declared his independence from Mughal in1724 became the first Nizam and founder of Asaf Jahi Dynasty. His successor Nizam Ali Khan II shifted the capital from Aurangabad to Hyderabad in 1769 and ruled the city under the title of Nizams. During the 7th Nizam rule, Hyderabad saw the economic and culture growth.

The subsidiary alliance treaty of 1798, allowed the Britishers to set up their cantonment area in Hyderabad towards the north of Hussain Sagar, near the village called Hussain Shahpur. A new twin settlement came into existence which replaces the old Golconda- Hyderabad development. The cantonment area is named after the Nizam Secunder Jan in 1806. Heavy industries were established, bazaars were set up, and trade was open due to introduction of railway in 1874. The city was expanding for commerce where public works department was established followed by two railway repair workshops, the mint, a cotton ginning, spinning and weaving factory and a tile

factory were also set up. The new colonies were coming up like Malakpet, Kachiguda, and Amberpet etc.

In 1869 department of municipal and road maintenance was introduced in the urban landscape. A year in 1889, Department of Hyderabad water works was layout. In 1908, flood occurred in Hyderabad which destroyed the most of the city that is where the ruler and his nobles came out of the city and this incidence forced the ruler to think about the city development in a planned manner. The next step was taken by establishing a planning body called the city improvement board which was formed in 1912 to look after the problems of city development. Under the guidance of Sir M. Vishveshwaraya, a prominent engineer from Mysore was called to handle the planning body.

The City Improvement Board took few services in their hands in order to bring some changes in the planning of city. The services were like improvement of embankments of the river, opening up of congested areas by undertaking slum clearance schemes, building houses for the poors, expanding the roads, constructing the sewages and drainage lines etc.

During the late Asaf Jahi period, the communication (rail and bus) was flourishing in a fully fledged manner. The networks were so strong that it helps the ruler to develop large and small scale industries, educational institutes, military, markets, and residential centres at the centre of the city. The railway networks help the ruler as well as Britishers to connect with other presidencies such as Madras, Masulipatnam, Pune, and etc. strong networking was established between the commerce, cities and railway.

Due to political events especially police action in 1948 left the Nizams with two options. Either they shift to Pakistan, leave the jagirdari system or joined their hands with Indian state. The Nizam ruler chooses to be on the map of Indian subcontinent and became the part of Indian state. But the economy of the state was in big loss and time change when second five year plan was introduced in the state which mainly focused on the development of large scale industries for future benefits. During that time, there were many agencies that financed the large and small scale industries and state took the advantage of the situation and slowly and steadily became one of the commercial markets of India.

According to Sherwani, the population of Hyderabad in 1687 were less than 1, 00,000. During 1820-1830 it increased from 1, 50,000 – 2, 00,000 (Bhattacharya, 1961).

On 17th February 1881, the first census in Hyderabad was conducted where it was found that the population of the city was reached to 376,643. According to 2nd census report (February 26, 1891), there were 428,731 people residing in the city. From 1881 and 1911, the city population was increased by 63.3 percent due to migration and establishment of state railway which facilitated immigration which helped in expanding trade and commerce in future.

Hyderabad became the administrative capital of Andhra Pradesh on November 1956. Hyderabad was merged with the Telugu speaking districts in Telangana Region to form Andhra Pradesh. After the city became the capital of state, the central Government follow the path of development. During this process, many heavy industries were established along with educational institutions, different public departments, providing electricity, department of town planning, roads, transport, sewage and drainage system, water facilities and perfect plan for city development and within two decades it became one of the largest commercial centres.

In 1961, it became the fifth largest city of subcontinent where one million populations residing in the city. There were new industries both private and public were established during 1960s and 70s. Education, research institutes and hospitals were set up by the state in various parts of Andhra Pradesh. The parts of Telangana region were still underdeveloped but economist says regardless of this, Hyderabad is still competing with other cities which are in advance. The southern part of the city is dominated by the Muslims as well as backward. Muslim population constitutes 45 percent population of Hyderabad and in old city it was 60 per cent during this phase. This area of the state showed the characteristics of slums where people belong to deprived classes.

In 1950 under the Hyderabad Corporation Act 1950, two distinct unit were organised, one for Hyderabad and another for Secunderabad. These two units clubbed together under the Hyderabad Municipal Corporation Act, 1955 and formed a single unit on 3rd August 1960. Greater Hyderabad and the municipal corporation of Hyderabad with 12 municipalities and 8 village bodies (Gram Panchayats) joined their hands to

strengthen and promote its infrastructure. It was formed on 16th April 2007 who will look after the Ranga Reddy district and Medak District. Earlier greater Hyderabad covered 175 sq km (MCH) but now it expands to 650 sq km.

The GHMC became a government body which is looking after the city infrastructure work in the city such as expanding the roads and sewer, city planning, preserving markets and parks, solid waste management, issue of birth and death certificates, issuing trade licence, collection of Property tax, community welfare service, set up educational institutes and health care services for mother and child. The Hyderabad urban development authority (HUDA) which covered an area of 200 sq km, now it has been overtake by Hyderabad metropolitan development authority (HMDA) in 2008.

In late 20th century, Hyderabad observed the tremendous growth in all sectors due to establishment of IT parks which give opportunities to both public and private sectors to grow. It emerged in the global platform where global industries had an eye on information technology. New public corporation such as Hyderabad Urban Development Authority (HUDA), Cyberabad Development Authority (CDA), Hyderabad Airport Development Authority (HADA) and Buddha Purnima Project Authority (BPPA) came into scenario.

The city grabbing the new projects which help the state to develop their infrastructure such as HiTec, International Airport, and some ongoing projects like Outer Ring Road and Hyderabad Metro Rail. The outer ring road connects with 5 national highways, 5 state highways and 5 district roads which create a strong network which help the state to increase their economy through trade and commerce. There are other firms for instance Hardware Park, National games village, IT Parks, The Indian School of Bussiness, A special purpose Vehicle (SPV) formed by the public as well as private sectors in order to bring a overall development in the city so that Hyderabad will considered as the important centre for trade, innovations, research and many more.

Despite of all these development, Telangana people felt that Andhra is more advance in terms of development so people demanded a separate state. The newly 29th state i.e. Telangana formed on June 2, 2014 with 68 urban local bodies (ULBs), divided into 6 Municipal Corporation, 37 municipalities and 25 Nagar Panchayats. The GHMC is on the side of Telangana who will look after the infrastructure of city. The population

density is 18,480 persons per sq km. As per census 2011, the Hyderabad Urban Agglomeration (UA) holds the 6th largest city in India with a population of 7.7 million. The Hyderabad city becomes a smart city and now the authorities are working hard to place in the category of mega city.

The urban population constitute 27 per cent population which create the state GDP (Gross Domestic product) is 14 percent. Heavy industries contribute 25 per cent to the state GDP and 40 per cent population are engaged in trade and commerce, transport, community, social and personal services. The city is competing with other cities in terms of ICT Software, biopharma and biotechnology. We can see the development in education centres as there are 9 universities, 45 colleges and 25 public research system laboratories currently working in Telangana state. To make the life of common man easier, the state is having Off Site Real Time Monitoring System (OSRT) which is a mobile based technology, by combining the GPs and GPRS technologies. With the help of Cell Phones a common man can find the Civic amenities. The Hyderabad Metropolitan Water Supply and Sewerage Board, has the duty to supply water to the Greater Hyderabad Municipal Corporation and helping them to collect online bills with the help of meter reader machine. For better water management, the board has taken an initiate by introducing SCADA system which can balance the reservoir and taking adequate measures.

Apart from GHMC, there are several other governmental firms established by the states. These are (a) Hyderabad Metropolitan Water Supply and Sewerage Board (HMWSSB), (b) Hyderabad Metropolitan Development Authority (HMDA), (c) Municipal Administration and Urban Development Department (MAUD), (d) Directorate of Municipal Administration (DMA), (e) Directorate of Town and Country Planning (DTCP), and (f) Public Health Engineering Department (PHED). Though these firms are presently working in state but due to lack of funds it is not working efficiently.

The government of Telangana made a plan for the city of Hyderabad i.e. New Master Plan (NMP) and some new projects have been assigned to various parts of the city. The projects which are projected in pockets of city is Metropolitan Development Plan (2003) for HMR, development plan for MCH, development plan for HUDA, master plan for Hyderabad Airport development authority (HADA), master plan for outer

ring road growth corridor (ORRGC), master plan for Cyberabad development authority (CDA). The authority has prepared a seventh master plan for Hyderabad i.e. NMP. With the help of Public Private Partnership (PPP) city is inviting new innovative ideas for helping the common man by providing public service at their doors.

The city is turning into IT hub, presence of E- governance make it more advance. It is considered that AP was pioneer who introduced the E- governance in order to serve public by providing basic facilities and make a better administration. Under this the state bagged high projects such as Eseva which was introduced in 2001. In November 2011, it reached to rural population and it renamed as Mee Seva which means at your Service which make rural life easier by providing specific services such as issuing birth certificate, Voter ID card, bus passes, passport application, and payments towards the utility bills as such. These kinds of services are helpful to rural and urban people to overcome their problems and state is taking initiatives to make life easier which is a good sign of good governance.

Where the authorities are trying to grab the new projects which help the city to come in mega city category, on the other side city is facing fundamental issues like any other city. The government is trying to deal with these issues like (1) inequality distribution of water (2) problem of properly managing solid wastes (3) drainage and sewage distribution of water (4) problem of easy connectivity (5) inadequate presence of public transport and (5) proliferation of slums . State government introduced Jawaharlal National Urban Renewal Mission (JNNURM) in the state to provide funds for the projects helping in urban planning.

The scarcity of water in city is the major issue where the government is failed to provide safe drinking water to common people. The supply of water is done by the Hyderabad Metropolitan Water Supply and Sewage Board which provide water to MCH area but not it extended to GHMC area as well. GHMC is the main exporter of water supply to the 90.39 percent to household and 74.28 percent in slums which come under his area. According to GHMC statistics, 25 percent population live in slums. It has been observed that the population which is covered by GHMC are suffering from water and sanitation issues and contaminated water has been supplied to local areas where people are dying because diarrhea and fever caused because of

unsafe water consumed by the population. The sanitation condition is poor as 97.92 percent population is having latrines inside the premises. But only 82.12 percent household is connected to the sewerage facilities. Though there are a less percentage of those whose houses are not connected with sewerage but this little per cent has a bad effect on environmental health of people.

Hyderabad is emerged as IT Park next To Bangalore but education in Hyderabad is becoming privatised and the condition of government schools is horrible as there is no proper building and curriculum followed by the administration. In last ten years several schools were closed due to lack of facilities. In Hyderabad there are 820 government schools, out of these, 267 schools have their own buildings and 211 school buildings are on rent. There are some schools which are running in community hall by educational department. As the fees of private schools are high so the lower section of the people couldn't send their kids to good school where they receive good schooling. The slum population cannot manage with the money which they earn in a month so children are diverted to child labour. The quality of education is bad that is why there are many drop outs among children. One side authorities are talking about the development and on the other side, city is facing fundamental issues which adversely affecting the life of people especially lower class people.

Hyderabad, the capital city of Telangana and Andhra for next 10 years, grow in a rapid manner and at the same time it got a global recognition but cannot deny the facts that there are several key issues which need to be addressed especially slums which is the urban phenomena which is creation of city. The slum is a major issue in all cities of Indian state and it is a high time that government should take measures to eradicate the problems faced by the people living in slum areas.

3.2 Demographic profile of Hyderabad

Under the state reorganisation scheme, Telangana, 29th state of India was formed on 2nd June, 2014 which covers an area of 1, 14,840 sq km. it is the 12th largest state of India which was engrave out from Andhra Pradesh. Telangana shared 2.9 percent of total population with India. The urban population of Telangana has increased from 9.85 million to 13.68 million in past 10 years. The state has 158 cities/town,

population is 13.07 million (2011), 4 municipal corporation, 35 municipalities, 116 census towns, 2 nagar panchayats and one cantonment board. The urban population which is residing in these 4 municipal corporations contribute 60.6 percent. The municipalities and census town shared a population of 21 percent and 16 percent. Hyderabad is the administrative capital of Telangana. For better administration, it is divided into 6 zones and 150 wards represented by a corporator, elected by vote.

Table 3.2.1

Pattern of urbanisation in Telangana state

Districts	% of Urban Population		AEGR
	2001	2011	2001-2011
Hyderabad	100	100	0.29
Rangareddy	54.2	70.22	6.52
Warangal	19.2	28.25	4.65
Adilabad	26.53	27.73	1.41
Karimnagar	19.44	25.19	3.37
Medak	14.36	23.99	6.41
Khammam	19.81	23.45	2.50
Nizamabad	18.11	23.06	3.26
Nalgonda	13.32	18.99	4.26
Mahbubnagar	10.57	14.99	4.93
Telangana state	31.8	38.67	3.23

Sources: Census of India 2001 and 2011

According to census 2011, the ST population of the state is around 9.3 percent and SC population is 15.4 percent. As per the report presented by Sachar Committee, Hyderabad is the seventh largest district which represents Muslim whose population is 1.6 million. Most of the Muslim population is residing in Telangana covered Hyderabad district.

Table 3.2.2

District wise social indicator of Telangana state (urban) 2001 and 2011

Name of the District	Sex ratio		Child sex ratio		% of literacy rate		Work participation rate	
	2001	2011	2001	2011	2001	2011	2001	2011
Adilabad	965	978	939	925	61	68	29	35
Nizamabad	974	1016	953	962	62	68	34	38
Karimnagar	964	986	948	932	65	70	33	38
Medak	947	966	954	955	66	69	32	37
Hyderabad	933	953	943	914	69	73	29	36
Rangareddy	929	957	950	931	67	73	33	38
Mahbubnagar	954	973	953	935	65	69	33	37
Nalgonda	944	995	955	943	70	73	32	37
Warangal	970	989	961	939	70	73	32	36
Khammam	978	1023	958	947	68	73	31	36
Telangana	945	970	948	930	67	72	31	37

Source: census of India 2001 and 2011

Table 3.2.2 "represent the social indicators for districts of Telangana state's urban area. According to Census of India 2011, Khammam district hold the highest position in Telangana in terms of sex ratio (1023) and Hyderabad district is at the least position i.e. 953. Child sex ratio is highest in Nizamabad and lowest in Hyderabad. Telangana state literacy rate was low as compared to the national average but it was seen that the average literacy rate of Telangana has increased from 61 percent in 2001 to 71 percent in 2011. Hyderabad, Warangal, Khammam and Nalgonda are the areas where literacy rate is higher than the other districts of Telangana. The working participation is higher in Karimnagar and lower in Adilabad in 2011".

Hyderabad is the IT hub of the state. The other parts of Telangana is not developed the way Hyderabad emerged as a smart city. In 2012-2013, the Gross State Domestic Product (GSDP) of Telangana was Rs 3, 35,018 where in India it was Rs 94, 61,979. The average annual GSDP of Telangana increased from15.58 (2004 2005) percent to 17.87 (2012-2013). Due to service sectors and industry working on a high page, are responsible for growth in Telangana. The primary sector contributes 17.2 percent; secondary sector contributes 28.8 percent and service sector contributes more than 50 per cent in Gross State Domestic Product. The per capita income of the Telangana is Rs 83, 020 in 2012-2013. The average per capita income of Telangana increased by 22.63 per cent from 2003-2004 to 2012-2013. The highest contributor towards this

growth is only because of Hyderabad (19 per cent) and Ranga Reddy districts (18 per cent) in the GSDP of Telangana.

Goes back to its roots, Hyderabad attracting people from his charm, present in the mix culture and tradition. It emerged as one of the fastest growing cities of India where the industrial, trade and commerce and technology centres are expanding to enter in mega city. Hyderabad bagged a fourth most populous city and sixth most populous urban agglomeration. It covers an area of 922 sq km, population is 7.17 million (2013) under Greater Hyderabad Municipal Corporation. It is spreading in three districts of Telangana i.e. Hyderabad, Rangareddy and Medak district respectively.

3.3 Origin of Slum in Hyderabad

The presence of slum in world can be drawn from the ancient societies (Roman Civilization). Slaves and lower class used to stay in these areas because of lower economic status. Due to industrialization, world population grow rapidly and urban space became overpopulated. The urban population start living in those areas where basic amenities are absent. The term slum coined recently after post industrialization to represent a particular section of people who are living in deteriorated area, whose socio- economic condition is bad, politically inactive. These sections of people are failed to establish their status in urban space because of globalisation. They are deprived of modern facilities such as health care, education, sanitation and so on.

The rise of slum in India is due to two factors, one is partition of India and another is industrialisation during British period. In 19th and 20th century, slums were found near factories and mills. The industrial labourers used to live in these areas. But after 1950, the urban population increased with the increase of slums in cities. “From 1950 to 1968, one can see the number of slums increased to 18 percent and by the time of this period, slum population were half of the entire population” (). According to 2001 Census report, the slum population living in slums increased from 28 million (1981) to 45.7 million (2001). “According to data mentioned in Census of India 2011, the total slum dwellers population is 65.4 million and there are 37,072 notified slums and 30,846 recognized slums and 40,309 identified slums in India” ().

The shanty town appeared in Hyderabad, when Muslim elite run away because of police action incident took place in 1948. They left their property and lands. The rapid growth of population can be seen after Hyderabad became the capital and IT hub of Telangana. Telangana state has adopted the definition of notified slum as per Andhra Pradesh Slum Improvement (Acquisition of Land Act, 1956) which says "Where the government are satisfied that any area is or may be a source of danger to the public health, safety or convenience of its neighbourhood by reason of the area being low lying, insanitary, squalid, or otherwise, they may by, notification of Andhra Pradesh gazette declared such area to be a slum".

According to Census of India (2011) 29.9 percent population lives in 463 slums outside the GHMC. As per GHMC (2012) report, Hyderabad has 1,476 slums where the population of slum dwellers were 1.7 million, 66 per cent lives in 958 slums in nucleus of the city and 34 per cent live in 491 slums which are situated in countryside. As reported by AP State Minorities Finance Corporation, Muslim constitutes 41.7 percent of total population of Hyderabad.

In Hyderabad, along with GHMC, municipality of government department provide various facilities to different parts of Hyderabad. Under the Provisions of the Hyderabad Municipal Corporation Act of 1956, GHMC is the sole responsible for giving infrastructure provisions and civic services. "The GHMC is presented by the commissioner on the Board for coordination and convergence of service. Hyderabad doesn't have any Municipal Schools, and an education comes under the District Educational Office (DEO) in the District Collectorate, along with Department Of Women and Children Development, the department of Medical Health promotes Family Planning, antenatal and postnatal care. Under the GHMC, slums are located in the state government, municipal and quasi government land, abadi land, central government land, private land and unclaimed land. There are two kinds of slums existed in Hyderabad, one is notified slum which are recognised by the government and another one is non-notified slums which are not recognised. So when state is considered slum as illegal and unethical, then there is no point to provide basic amenities like water, housing, education, electricity, fuel and medical facilities and so on, hence the living condition of slum dwellers is deteriorating who are living in various slums present in pockets of Hyderabad. The GHMC is working in five zones i.e. East zone, West zone, South zone, North zone and Central Zone.

Table 3.3.1

Organisational structure of GHMC

North zone	South zone	East zone	West zone	Central zone
4 circles	3 circles	3 circles	4 circles	4 circles
26 wards	43 wards	17 wards	14 wards	50 wards

Table 3.3.2

Slum population in Hyderabad							
Circle/ Zone	Area	Number of slums		Total	Population	Households	Population of surveyed slums
		Notified	Non-Notified				
1E	Kapra			51	1, 59, 179		
2E	Uppal	26	2	28	1, 68, 293	2, 543	
3E	Saroornagar	54	21	75	5, 83, 589		1, 14, 450
4S	Bhavani Nagar, Edi Bazar			211	2, 87, 00	58, 670	
5S	Chintalmet, Bahadurpura, Falaknuma, Jhanuma	93	1	94	1, 17, 165		10,145 (Fatima Nagar-1, 445 , BST-3, 250, Ramnaspura-3, 500, Mahmood nagar- 1, 950)
6S	Rajendra Nagar	38	7	45	64, 532	16, 133	
7C	Khairtabad	115	32	147	1, 48, 850		
8C	Sultan Bazar	29	7	36		4, 709	24, 079
9C	Abids,Amberpet, Domalguda, Bagh Lingampally	115	32	147	14, 22, 573	33, 009	
10C	Khairtabad	145	12	157	2, 15, 850	43, 209	Deendayal Nagar – 960(HH-192)
11W	Serilingampally	24	6	30	58,220	14,555	
12W	Hafizpet	10	22	32	1, 73, 800	11, 718	
13W	Pathancheru/ RC			20	46, 242	11, 376	

	Puram						
13W	RC Puram			26	70, 622	17, 031	HH-10, 904 & POP-44, 182
14W	Kukatpally	26	42	68	85, 052	20, 228	
15N	Qutbullapur			63	1, 95, 845	44, 312	HH-7, 670 & POP-38, 077
16N	Alwal	49	1	50	1, 41, 120	30,000	
18N	Secundera bad	113	21	134	1, 56, 571	31, 028	
	Total	**865**	**214**	**1450**	**39, 20, 748**	**3, 38, 527**	
Source: Data collection from Circle Office of GHMC							

The literacy rate in slum is low where girls' literacy rate is 52-73 percent. There are 405 government schools, 267 government aided schools, 175 private schools and 528 community halls in the slum areas. Around 3.72 percent slum children aged 5-14 do not go to schools and 3.17 percent involved in child labour out of this 64 percent are boys and 36 percent are girls.

The Vaidya Vidhana Parishad (governmental organisation) is looking after the administering healthcare in Hyderabad. There are 50 government hospitals, 300 private and charity hospitals and 194 nursing homes where only 12, 000 beds are available in hospital. For every 1000 persons in the city, there are 17.6 hospital beds, 9 specialist doctors, 14 nurses and 6 physicians. There are 4,000 clinics run by doctors on their own and 500 diagnostic centres where most of the population visit every day. Only 28 percent population prefer to go to government hospitals due to various reason such as quality is low, located in faraway places, waiting for hours and hours for the turn, behaviour is not satisfied and many more.

The condition of slum in Hyderabad and in any other city is more or less same where the slum dwellers are not having basic amenities, no proper ventilation, kaccha house, inadequate environment, water problem, sanitation issues and poor housing facilities. Most of the families in slums have to wait for water tanker to provide safe drinking water or walk miles and miles to bring safe drinking water. They don't have own restrooms, use open areas or public toilets. Most of the slum dwellers are in informal sectors. The male population is working in various construction sites and female worker are involve in housekeeping. The health condition of slum dwellers are bad

especially children and female. Instead of going to schools, children became the helping hand for their family.

The use of antenatal and postnatal service is low where they prefer to deliver their kids at home by untrained attendants. The nutritional level is low and that is why children and female are suffering from malnutrition. The intake calories are low among women. The awareness among women is low as their schooling has been stopped due to low economic status. There are common diseases prevailing due to unclean environment like malaria, diarrhea, typhoid and dengue. Due to inhaling of smoke during the time of cooking is harming the respiratory system of women. Women are suffering from gastro diseases, chronic diseases and so on. Instead of going to hospital, women of slum is relying on home remedies for minor diseases such as burn, cold, fever, body pain, knee pain, back pain and so on and so forth.

The condition of women in slum is bad where women are fighting for better living condition. In order to provide good future to their children, she works continuously without paying attention to her health condition.

3.4 Slum upgradation under various schemes: initiatives taken by Telangana state

Globalisation brought many challenges; one of them is growth of informal settlement which is the major concern in less developed countries. people who are living with a constant fear of shifting from place to place, getting descent jobs, lack of sanitation, electricity and water supply etc. the government of India launched various programmes to address these issues and tried to solve the problems of housing, employment, education, healthcare facilities, electricity, and water supply. In the same manner the Andhra Pradesh State Government picked up these issues to make a slum free state, eco friendly city, and safe city.

Environmental Improvement of Urban Slums (EIUS) programme was initiated by the municipalities of the state in order to improve the environment condition of slum areas. The programme is basically for migrants not having proper house. It aims is to provide a secure, healthy, and orderly growth of slums in terms of better facilities.

In 1989- 90, Nehru Rozgar Yojna was introduced in all the municipalities of the states to eliminate the poverty in urban areas. This programme has been replaced by the Swarna Jayanthi Shahari Yojana (SJSRY) in 1997.

Prime Minister's Integrated Urban Poverty Eradication Programme (PMIUPED) is planned to wrapping 34 Class 1 towns of Andhra Pradesh to prioritised the living condition of the poverty-stricken by grant them basic services and self employment opportunities.

Urban Basic Service for Poor (UBDB) was introduced in 1991-92 in 19 municipal towns including 1 municipal corporation of the state. The main objectives of this programmes is to provide necessary services such as non- formal education, immunization, health care, nutrition supplement and etc. It promotes communal harmony and national integration.

Andhra Pradesh Urban Service for Poor (APUSP) started in 1999 with an aim to collaborating with governmental programmes to strengthen the capacity of beneficiaries, service providers and planners. This state project motive was to revamp the urban poor's to use the services provided continuously in 32 Class 1 town. Under this programme, the municipality took initiation to improve environmental structure, removing of poverty, municipal reform with the help of participants who are willing to participate in this programme to make a society as a civic society.

Integrated Development for Small and Medium towns (IDSMT) in 1979-80, focused on migration rate, where village or small town people are migrating to urban areas so in order to slow down the process of migration, they introduced schemes and programmes for people living in small and medium towns. The programme focused on Upgradation of Master plans, Solid waste Management, Development of City/ Town parks etc.

Jawaharlal Nehru National Urban Renewal Mission (JNNURM) was launched in 2005 with an aim is to provide funds and facilities to states Governments and ULBs so that they will promote a holistic urban growth by giving an oration to problems of infrastructure, housing condition, and capacity building. One lakhs eighty thousand houses are sanctioned under this programme.

Rajiv Awas Yojna programme has begun for slum dwellers and urban poor in order to provide houses to them. Government of India has selected 11 towns to introduce this programme. Kesahvnagar (GHMC), Suryatejnagar (GVMC), NSC Bose and Dall Mill area (VMC) are the 4 pilot slums approved for this scheme.

Urban Health Service Scheme was implemented in year 2000 with an aim to provide better health care services to urban poors living in slum areas. They opened 192 Urban Health Centres which are currently working in the present state with the help of NGOs who are providing funds from state government.

These are the few schemes and programmes initiated by the government of India and state government in order to make life easier. The recent studies have shown that somewhere government is unable to reach their targets.

Table 3.4.1

Over view of Andhra Pradesh Government Slum Development Initiatives

Year	Development programmes/ schemes
1967	Urban Community Development (UCD) Project
1976	Slum improvement and slum housing were including in UCD
1979	Weaker section housing scheme
1980	Hyderabad slum improvement project phase I
1981-83	Hyderabad slum improvement project phase II
1984-89	Hyderabad slum improvement project
1989-96	Hyderabad slum improvement project phase III
1989	Establishment of Andhra Pradesh State Urban Development and Housing Corporation (APSUDHC)
1997	Emergence of Andhra Pradesh State Housing Corporation Limited (APSHCL) as apex agency for all schemes of weaker section
1998	Introduction of 'Township houses'
2000-2007	Andhra Pradesh Urban Services for the Poor (APUSP)

Source: Slum Free City Plan Action for GHMC

Table 3.4.1 is the representation of various slum programmes funded by various bodies.

Table 3.4.2

Slum Improvement Programmes (Funding agency wise)

Source of Funds	Programmes/Schemes	Project Year and Funding Agencies
Externally funded	Slum improvement program (SIP)	1989-96, Overseas Development Agency, UK
	Indian Population Project (IPP-VII)	2001, World Bank
	Andhra Pradesh Urban Services for Poor	2002, DFID, MUAD
	Andhra Pradesh Urban Reforms and Municipal Services project (APURMSP)	2004, WORLD BANK
Central Sponsored	Swarna Jayanti Shahari Rozgar Yojna (SJSRY)	2006, Government of India
	National Slum Development Programme	2006, Government of India
	BSUP under JNNURM	2005, GoI MoUD/ MoHUPA
	Low Cost Sanitation Programme (ILCS)	1980-81, Government of India
	VAMBAY	2001, MoHUPA
State Sponsored	Rajiv Nagara Bata	2006,Government of AP
	Urban Programme for Advancement of Household Incomes	2007, Government of AP
	Rajiv Yuva Sakthi	2007, Government of AP
	Rajiv Gruha Kalpa	2007, Government of AP
	Integrated Novel Development in Rural Areas and Model Municipal Areas (INDRIAMMA)	2006, Government of AP
	Welfare Programmes Sponsored by Women, SC, ST, Minorities and Other Corporations	2005, Government of AP
ULB Funded	Clean Slum Initiatives (CSI)	2008, GHMC
	Voluntary Garbage Disposal Scheme (VGDS)	2008, GHMC

Source: Slum Free City Plan Action for GHMC

3.5 Condition of health care system in Slum Areas

The rapid growth of urban population due to globalisation is hampering the health of urban slum dwellers because, they are not able to meet the basic amenities which are essentially required in one's life. Inspite of having many government hospitals and health care services present in cities, the health of slum dwellers are not improving. The most affecting group is women and children who spending most of their time in their respective surroundings which is not clean. There are few other factors which are responsible for the deteriorating the health of slum women. Most of the health issues occur in slum areas due to deprived of basic services such as lack of drinking water, over-crowding, clean environment and disposal of garbage, all these creates serious problems within the slums. The inhalation of harmful gases which is coming out from vehicle or the bad quality of fuel used during the time of cooking also generates respiratory problems among women. The non slum dwellers are having more purchasing power than slum dwellers which increase the money value of products which cannot be afford by a common slum dwellers. Due to this their will power of purchasing or accessing services decline.

Despite of many health care services and schemes/ programmes introduced by the various bodies of the government, still somewhere the government is not reaching the people's need for health services. There are number of doctors, specialists and staffs present in urban hospitals whether it is government or private but are not putting much efforts to reach those areas which are situated at city outskirts. But at the same time if the services are nearby the places, slum population have little access to those high quality health care services. Thus, people in urban slums are failed to reach these services on time. Important scenery is behavioural feature of the staffs who are working in government hospital which move away the urban poors to go in the direction of the secondary or tertiary sectors for health care services which is quite impossible for them to use as it is not in their budget.

The slum population especially women are in a vulnerable condition due to the workload of both inside the house and outside the side. Due to economic instability, the women in slum areas don't access the private hospitals which are situated nearby as the fees and the charges are high. The thinking or mindset of the people also matters a lot in this case. They themselves don't want to go to hospitals during the

time of sickness. There are secondary reasons as well which also play a vital role such as hospitals are situated at far or lack of contact/ transportation. The government hospitals are not working properly, most of them are either closed or the staffs are not present to attend the patient. The highly technological equipments are not present in the hospitals which detect the problem on time. Discrimination factor is also adding value in it. As they belong to poor class, people don't treat them properly.

All these factors are highly responsible for the bad condition of health care system among slum population. The way parents bought up their children also somewhere affect the health of women. The society and the family expect their girl child to make most of the sacrifice so that family can run smoothly and have a status in society. Due to this concept, women sacrifice their desires whenever it is needed. As time passes, they start living in such condition or situation which makes them to think twice before taking an action. This happen in the case of money as well. They think many times before spending money even on their health as well. Women is always seen as the savour in terms of money so when it comes to buy medicine or go for checkups, they either deny it or buy the cheap medicine which can cure their health for a time being. These are few social factors which bound them to do such things. These act as a barrier in their life which stops them being progressive or do something for themselves.

CHAPTER 4

DATA ANALAYSIS AND INTERPRETATION

This chapter deal with the data analysis and interpretation based on the data collected during field work which is done at two slums located in Gopanpally. This is a comparative study between the Hindu women population and Muslim women population lives in two different slums of Gopanpally. The analysis consists of the tabular presentation and Bar graph presentation of collected data and its interpretation.

4.1 Age of the Respondent

Table No. 4.1 Information of the Age profile of the Slum women

RELIGION	AGE GROUP	NUMBER OF RESPONDENT	PERCENTAGE (%)
HINDU	15-20	6	15
	21-25	14	35
	25-30	9	22.5
	31-35	9	22.5
	35-40	2	5
	TOTAL	**40**	**100**
MUSLIM	15-20	4	10
	21-25	7	17.5
	26-30	16	40
	31-35	13	32.5
	35-40	0	0
	TOTAL	**40**	**100**

Source: Primary Source (2017-2018)

Table 4.1 shows the age of the respondents belong to two different religions i.e. Hindu and Muslim. The Hindu women respondents are living in a slum which is in front of journalist colony beside the road side and the Muslim women respondents are living in a slum which is in NTR Nagar. Out of 40 Hindus respondents, 14 respondents (35%) falls in the age group of 21-25 , 9 respondents (22.5 %) equally share the numbers, falls in between 25-30 and 31-25 age group, 6 respondents (15 %) comes into the age group of 15-20 and 2 respondents (5 %) falls into 35-40 age group where as among 40 Muslims respondents, 16 respondents (40%) comes in the age group of 26-30, 13 respondents (32.5 %) falls into the age group of 31-35, 7 respondents are of age group 21-25 and 4 respondents (10 %) are lying at the age group of 15-20.

4.2 Religion of the Respondent

Table No.4.2 Distribution of the respondents by their Religion

RELIGION	RESPONDENTS	PERCENTAGE (%)
HINDU	40	50
MUSLIM	40	50
TOTAL	80	100

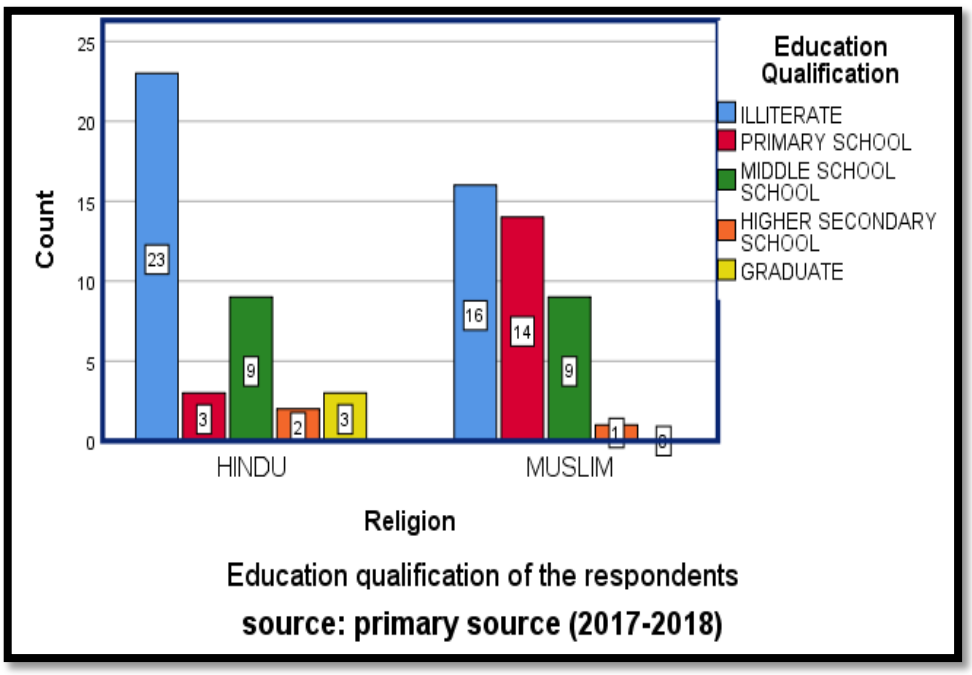
Source: Primary Source (2017-2018)

The Table 4.2 represent the religion of the respondents. Both are having equal percentage i.e. 50 percentage. 50 percent are Hindus and another 50 percent are Muslim.

4.3 Education Qualification of the Respondents

Education has a big impact on health as it will create awareness and give knowledge to lead a healthy life but when population is not getting proper schooling it indicates that they are not aware of anything which makes them handicap who cannot take right decision on right time for her wellbeing

Figure 4.1 Distribution of the respondents by the count of education qualification



The Figure 4.1 represents the Education qualifications of the respondent where we can see the difference in education received by the women belong to two different communities. There is no single Muslim women out of forty sample who done their graduation whereas among Hindu women there are 3 (7.5%) respondent who completed their graduation. Out of 40 Muslim respondents, 16 (40%) women are illiterate where among 40 Hindu women 23 (57.5%) women are illiterate who received no schooling in their entire life, only 14(35%) Muslim respondents received primary education, 9 (22.5%) women reached till middle school and only 1(2.5%) respondent completed her high schooling in contrast to this, among Hindu respondents, there are 3 (7.5%) women who has done their primary schooling and left education, 9 (22.5) respondents received middle school and 2 (5%) respondents completed their high school. It shows that still women received no education.

4.4 Occupation of the Respondents

Occupation is the only source of living and it will decide the economic and social status of a person in a family and in a society. This will provide you earning which can increase the quality of life and ability to access the health care services.

Table 4.3 Representation of occupation of the respondents

RELIGION	CATEGORIES	NO. OF RESPONDENTS	PERCENTAGE (%)
HINDU	HOUSEWIFE	13	32.5
	SELF EMPLOYED/ BUSINESS	27	67.5
	PRIVATE SECTOR	0	0
	TOTAL	**40**	**100**
MUSLIM	HOUSEWIFE	21	52.5
	SELF EMPLOYED/BUSINESS	17	42.5
	PRIVATE SECTOR	2	5
	TOTAL	**40**	**100**

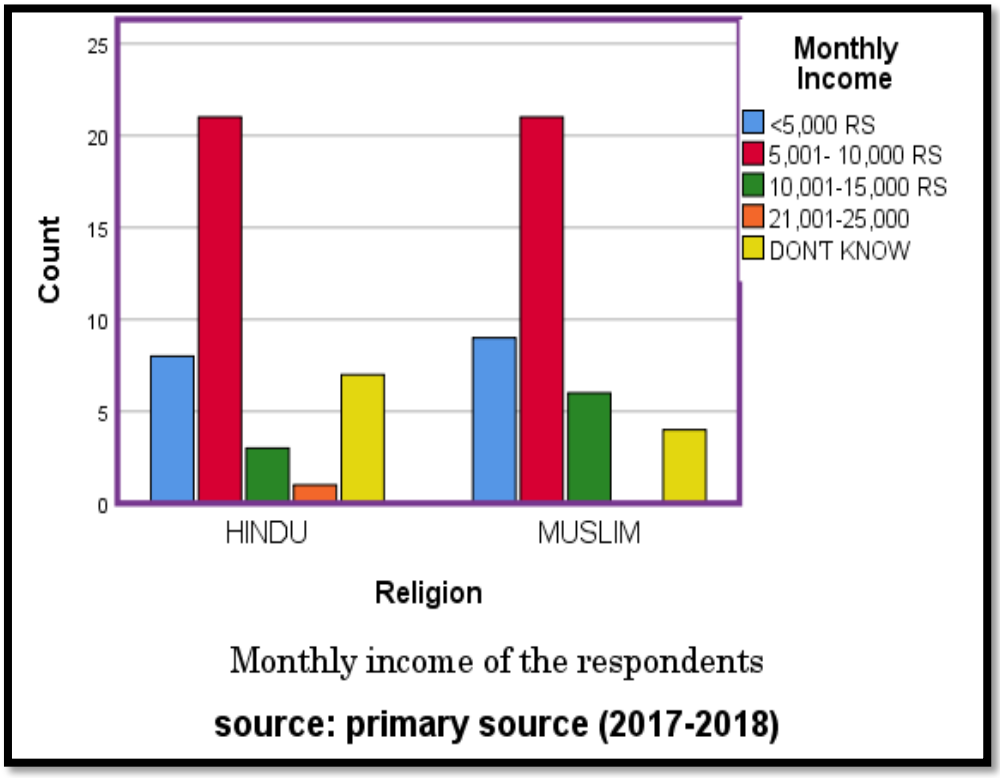
Source: Primary Source (2017-2018)

Table 4.3 represents the occupation of the respondents residing in two different slums of Gopanpally. Hindu women are living in front of Journalist colony where they have built their house beside the road and Muslim women are living in a slum which is located in the NTR Nagar. The figure shows that among Hindu respondents no women is in private sector but whereas in Muslims there are two respondents who are indulged in private sectors which is the only livelihood for them. Out of 40 Hindu respondents, there are 13 (32.5%) women who are housewife who are not having any economical contribution towards the family and 27 (67.5%) women are engaged in self employment. In comparison to Hindu, among Muslim community, there are 21 (52.5%) women who are housewife, 17(42.5%) women are self employed and 2 (5%) women are involved in private sector. Here we can see that Hindu women are more inclined towards the earning to meet their needs and don't stop them to go out for work but among Muslims, family doesn't allow women to step out from their house so their contribution is nil towards family.

4.5 Monthly Income of the Respondents

The income of the family and an individual is important aspects, which determine the quality of life or living condition. It is a deciding factor which shows the capability of an individual to spent money on health care services which is easily available in urban space.

Figure 4.2 Representation of Monthly Income of the respondents



The figure 4.2 represents the monthly income of the respondents. Among Hindu population there is one respondent whose monthly income is between 21,000-25,000 Rs but there is not a single figure in Muslims who can earn this much amount and give a good life to her family. There are 21(52.5%) respondents among both the population whose monthly income lies between 5001-10,000 Rs. Out of 40 Hindu Population there are 8 (20%) women who can only earn < 5000Rs, 3 (7.5%) respondents whose monthly income falls in the middle of 10,001-15,000 Rs, in the same process there are 7 (17.5%) women who doesn't know how much is their monthly income as they are daily wage workers who got money at the end of the day when their works gets over.

In the same manner out of 40 Muslim women, there are 9 (22.5%) women whose monthly income is < 5000 Rs, 6 (15%) women who earn up to 10,001-15,000 Rs per month and 4 (10%) respondents have no idea how much is the monthly income.

4.6. Number of children of the respondents

Male children

Table 4.4 Representation of male children of the respondents

RELIGION	NO. OF MALE CHILDREN	NO. OF RESPONDENTS	PERCENTAGE (%)
HINDU	0	10	25
	1	15	37.5
	2	13	32.5
	3	2	5
	TOTAL	**40**	**100**
MUSLIM	0	8	20
	1	19	47.5
	2	9	22.5
	3	4	10
	TOTAL	**40**	**100**

Source: Primary Source (2017-2018)

This table 4.4 representing the number of children of the respondents where we can see that out of 40 Hindu respondents, 10 (25%) respondents have 0 male children, 15 (37.5%) respondents have 1 child, 13 (32.5%) respondents have 2 children and 2 (5%) respondents have 3 children whereas among 40 Muslim respondents, 8 (20%) respondents have 0 children, 19 (47.5%) respondents have 1 child, 9 (22.5%) respondents have 2 children and 4 (10) respondents have 3 children.

Female children

Table 4.5 Representation of Female children of the respondents

RELIGION	NO. OF FEMALE CHILDREN	NO. OF RESPONDENTS	PERCENTAGE (%)
HINDU	0	12	30
	1	22	55
	2	4	10
	3	0	0
	4	2	5
	TOTAL	**40**	**100**
MUSLIM	0	9	22.5
	1	18	45
	2	8	20
	3	3	7.5
	4	2	5
	TOTAL	**40**	**100**

Source: Primary Source (2017-2018)

This table 4.5 representing the number of female children of the respondents. Out of 40 Hindu respondents, there are 12 (30%) respondents who is not having any female children, 22 (55%) respondents have 1 child, 4 (10%) respondents have 2 children, there are no respondents who have 3 female children, 2 (5%) respondents have 4 children whereas among 40 Muslim respondents, there are 9 (22.5%) respondents who don't have any female child, 18 (45%) respondents have 1 child, 8 (20%) respondents have 2 children, 3 (7.5%) respondents have 3 children and 2 (5%) respondents have 4 female children.

4.7 Marital status of respondents

Table 4.6 Representation of marital status of respondents

RELIGION		NO. OF RESPONDENTS	PERCENTAGE (%)
HINDU	Married Women	37	92.5
	Divorced Women	1	2.5
	Separated Women	1	2.5
	Widow Women	1	2.5
	TOTAL	**40**	**100**
MUSLIM	Married Women	33	82.5
	Divorced Women	2	5
	Separated Women	1	2.5
	Widow Women	4	10
	TOTAL	**40**	**100**

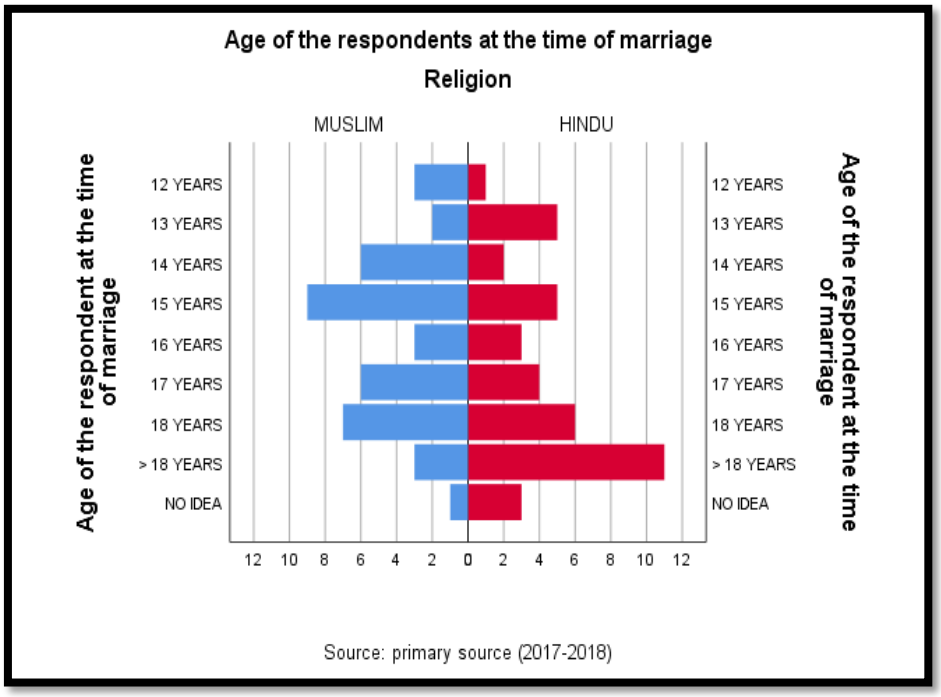
Source: Primary Source (2017-2018)

This table 4.6 representing the marital status of respondents residing in slums of Gopanpally. Out of 40 Hindu women respondents, 37 (92.5%) women are married, 1 (2.5%) women is divorced, 1 (2.5%) women is separated from her husband and 1 (2.5%) women is widow who lost her husband whereas among 40 Muslim women, there are 33 (82.5%) are married, 2 (5%) women are divorce, 1 (2.5%) women is separated from her spouse and 4 (10%) women are widow whose husband is no more on this earth.

4.8 Age of the respondents at the time of marriage

Age of the marriage plays a crucial role in girl's life. Early marriage cause early pregnancy and number of miscarriages which is not good for women reproductive health. So it is important for a woman to marry after 18 years which is a legal age so that she won't face any miscarriage and it won't affect her health as well.

Figure 4.3 Representation of age of the respondents at the time of marriage



This figure 4.3 shows the age of the respondents at the time of marriage. Among Hindu women there are 11(27.5%) respondents and in Muslims there are only 3 (7.5%) respondents who got married after 18 years. There are 6 (15%) Hindu respondents and 7(17.5%) Muslim respondents, who got married at 18 years, there are 4 (10%) Hindu respondents and 6 (16%) Muslim respondents who started their marriage life at 17, at the age of 16 there are 3 (7.5%) respondents from both Muslim and Hindu who got married. There are 5 (12.5%) Hindu respondents who got married at the age of 15 and in the same age, there are 9 (22.5%) Muslim respondents. There are 2 (5%) Hindu respondents and 6 (15%) Muslim respondents who wedlock at 14, 5 (12.5%) Hindu respondents and 2 (5%) Muslim respondents came into an alliance at 13 and the youngest age of the respondents at the time of marriage is 12 where we can see that only 1(2.5%) respondent from Hindu community and 3 (7.5%) respondents from Muslims community got married.

4.9 Age of the respondent's spouse at the time of marriage

Table 4.7 Representation of age of respondent's husband at the time of marriage

RELIGION	AGE GROUP	NO. OF THE RESPONDENTS	PERCENTAGE (%)
HINDU	< 20	10	25
	21-25	18	45
	26-30	4	10
	31-35	1	2.5
	DON'T KNOW	7	17.5
	TOTAL	**40**	**100**
MUSLIM	<20	13	32.5
	21-25	16	40
	26-30	2	5
	31-35	3	7.5
	DON'T KNOW	6	15
	TOTAL	**40**	**100**

Source: Primary Source (2017-2018)

This table 4.7 indicate the age of respondent's husband at the time of marriage. Out of 40 Hindu respondent's, 25 % of the spouse got married < 20 where among 40 Muslim respondents, 32.5 % of the spouse got married < 20. 45 % in Hindu and 40 % in Muslim married in between 21-25, 10 % and 5 % tied their nod in between 26-30, 2.5 % and 7.5 % start their marriage life in between 31-35 and 17.5 % and 15 % women doesn't know their husband age at marriage time.

4.10 Native of Hyderabad

Table 4.8 indicates whether the respondent belongs to Hyderabad or not

RELIGION	NATIVE OF HYDERABAD	NO. OF RESPONDENTS	PERCENTAGE (%)
HINDU	YES	14	35
	NO	26	65
	TOTAL	**40**	**100**
MUSLIM	YES	26	65
	NO	14	35
	TOTAL	**40**	**100**

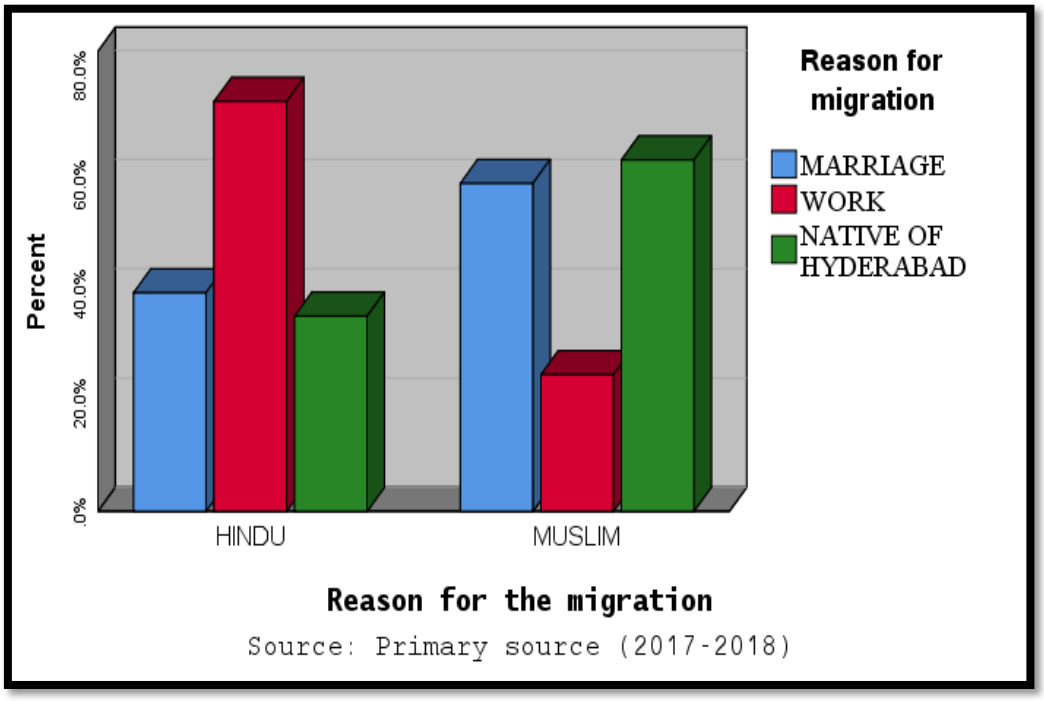
Source: Primary Source (2017-2018)

This table 4.8 represent the percentage of respondents belong to Hyderabad where we can see the 65 % Muslim population belongs to Hyderabad whereas only 35 % Hindu population belongs to Hyderabad. It means among Hindu population 65 % and in Muslim population 35 % are migrated from other places and settle down in Hyderabad.

4.11 Reason for the migration of the respondents

Migration is one of the major factors for the growth of slum population in cities where, an individual thinks their dreams will be fulfilled such as, a standard living, earn more money, provide a security etc, he became prey who is struggling to provide micro requirements to his family. The expense is too high that it is impossible for him to provide all basic facilities such as health care and education. They hardly have money to spend on their health because they prioritize other requirement which is necessary to them and in that process they live in such a surrounding which is not safe and healthy for a human being. The unsafe environment and lack of basic amenities has a sever effect on their health.

Figure 4.4 represent the reason for migration of the respondents



This Figure 4.4 shows the reasons for migration among respondents where we can see that Muslim women respondents are having highest percentage i.e. 67.5 % who belongs to Hyderabad only 37.5 % Hindu respondents belongs to Hyderabad. 10 % Hindu respondents and 15 % Muslim respondents migrated to Hyderabad after they got married whereas Hindu respondents are having highest percentage of migrants which is 52.5 % who have migrated because of no labour at their place so they shifted to Hyderabad in search of new jobs which makes their life easier. In contrast to this there are only 17.5 % Muslim population who moved to Hyderabad for better living condition.

4.12 Type of family of the Respondents

Table 4.9 Distribution of the respondents by type of the family

RELIGION	TYPE OF FAMILY	RESPONDENTS	PERCENTAGE
HINDU	JOINT FAMILY	8	20
	NUCLEAR FAMILY	32	80
	TOTAL	**40**	**100**
MUSLIM	JOINT FAMILY	13	32.5
	NUCLEAR FAMILY	27	67.5
	TOTAL	**40**	**100**

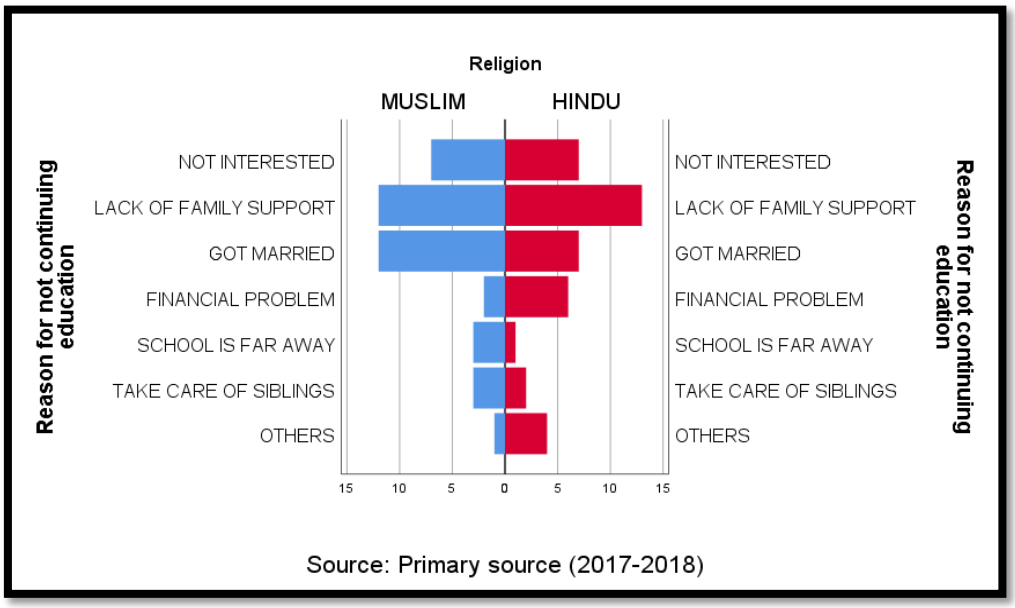
Source: Primary Source (2017-2018)

This table 4.9 represent the type of the family of the respondents where we can see, Out of 40 Hindu respondents, there are 20 % of the respondents belongs to joint family where out of 40 Muslim respondents, 32.5% of the respondents belongs to joint family. Among Hindu respondents, 80 % population belongs to Nuclear family and in the same manner, 67 .5 % Muslim populations belongs to Nuclear family.

4.13 Reason for discontinuing the education

Education plays an important role to determine the good health of respondents. It helps the women in taking wise decision in matter of health. If she is aware of health issues, then only she is able to cure her diseases with the help of facilities available in urban space. With the help of education, she can improve her quality of life.

Figure 4.5 representations of reasons for discontinuing education of the respondents



This figure 4.5 indicates the various reasons for the discontinuing education of the respondents. Out of 40 Hindu respondents and 40 Muslim respondents, 17.5 % respondents are not interested in studies, 32.5 % Hindu respondents and 30 % Muslim respondents are not having any support from family members, 30 % Hindu respondents and 17.5 % Muslim respondents got married and couldn't complete her education, 15% Hindu respondents and

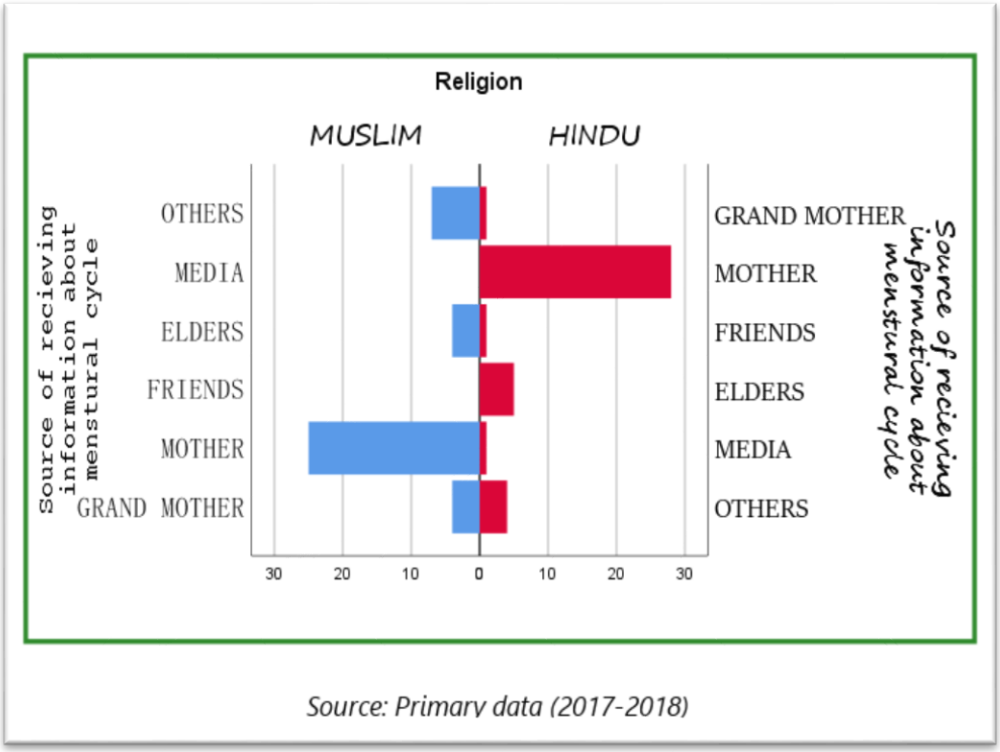
5 % Muslim respondents left education because of financial problem, 2.5 % Hindu respondents and 7.5 % Muslim respondents give up on their education because the schools are far away, 5 % Hindu respondents and 7.5 % Muslim respondents has to take care of siblings that is the reason for discontinuing their education and 10 %

Hindu respondents and 2.5 % Muslim respondents have other reasons which made them to leave the school.

4.14 Source of receiving information on menstrual cycle

Puberty age comes in everyone life which tells the human being to leave childhood and enter into Adolescence stage where the body go through many hormonal changes which shape their body.

Figure 4.6 Depict on the source of knowledge on menstrual cycle received by the respondents



The Figure 4.6 indicates the source of Information on menstrual cycle received by the respondents when they attain puberty. Out of 40 Hindu respondents and 40 Muslim respondents, 25 (62.5%) Muslim respondents and 28 (70%) Hindu respondents get knowledge through their mother; there are 4 (10%) Muslim respondents and only 1 (2.5%) Hindu respondents in which grandmother were the one who provide her first hand information on menstrual cycle. There are 4 (10%) Muslim respondents and 5 (12.5%) Hindu respondents who got to know from their elders. It has been seen that no Muslim respondents were enlightened by friend but if we see the Histogram, it shows that among Hindus, only 1(2.5%) respondent friend told her about the

menstrual cycle. There is only 1 (2.5%) Hindu respondent who get the information through media where as there is no Muslim respondent who has received any information from media. Only 4 (10%) Hindu respondents and 7 (17.5%) Muslim respondents got to know about menstrual cycle through others.

4.15 Menstrual Problem

Table 4.10 Represent weather the respondents are having menstrual problem or not

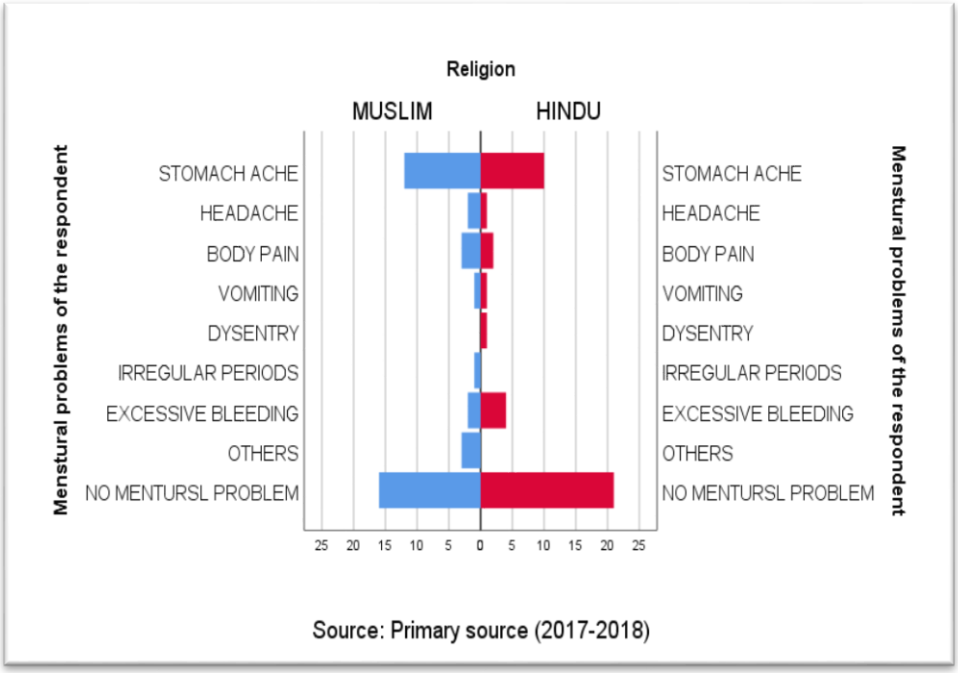
RELIGION	MENSTRUAL PROBLEM	NO OF RESPONDENTS	PERCENTAGE (%)
HINDU	YES	19	47.5
	NO	21	52.5
	TOTAL	**40**	**100**
MUSLIM	YES	24	60
	NO	16	40
	TOTAL	**40**	**100**

Source: Primary Source (2017-2018)

This table 4.10 represent the Number of respondents are suffering from Menstrual problem or not. Out of 40 Hindu respondents, only 47.5 % respondents are having various menstrual issues whereas among 40 Muslims respondents, 60 % respondents are having menstrual problem which is higher than Hindu respondents. There are 52.5 % Hindu respondents and 40 % Muslims respondents are not having any menstrual problem.

4.16 Health issues related to Menstrual Cycle

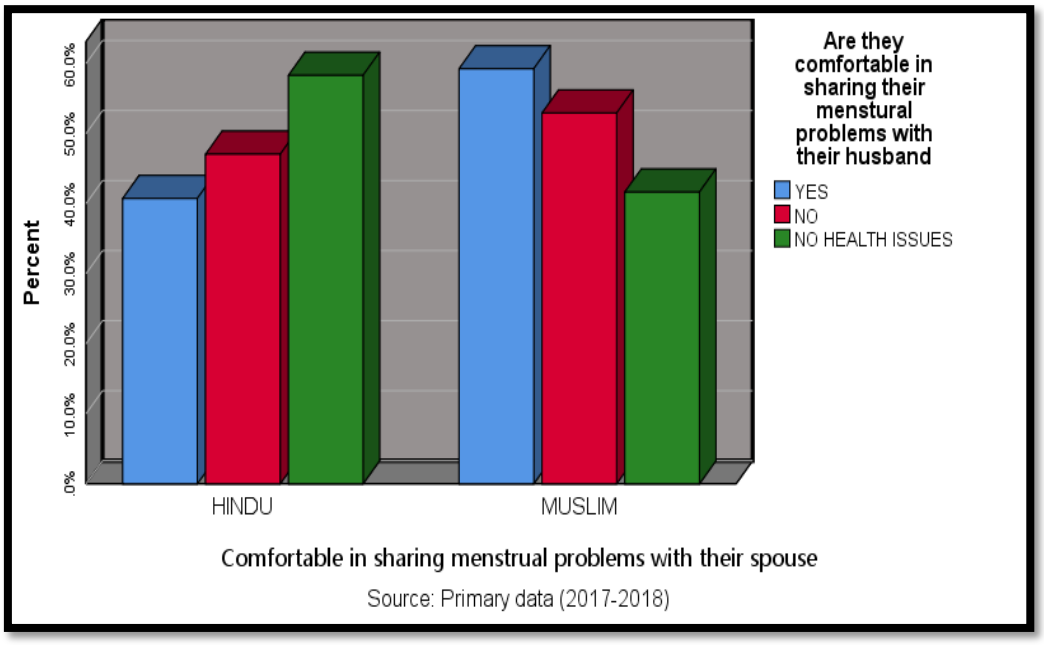
Figure 4.7 depicts the various menstrual problems of the respondents



The Figure 4.7 shows the various menstrual problems of the respondents, among 40 Hindu respondents and 40 Muslim respondents, 25 % of Hindu respondents are having Stomach ache but in Muslims 30 % of them are having same problem. 2.5 % Hindu respondents are suffering from Headache whereas among Muslims, the percentage is higher i.e. 5 % are having the headache during these days. 5 % Hindu respondents are having body pain whereas 7.5 % Muslims are having the same issues. Both in Hindu and Muslims, there are 2.5 % respondents who are suffering from Vomiting. There is not a single respondent among Hindus who is having irregular periods but in the same category, 2.5 % Muslim respondents are having Irregular periods. Among Hindus, there are 10 % respondents who has a problem of excessive bleeding during menstrual days, where as among Muslims there are only 5 % respondents are having this problem. There is no single Muslim respondent who don't have Dysentery but among Hindus, there are 2.5 % respondents are having dysentery in these days. There are other problems among respondents but not in case of Hindus but among Muslims, 7.5 % respondents are suffering from other problems. 52.5 % Hindu respondents are not having any health issues as compare to Muslims, 40 % of them are not dealing with any problems.

4.17 Comfortable in sharing the Menstrual Health issues with their spouse

Figure 4.8 Representation of comfort zone of respondents with regards to sharing their Menstrual Health issues with their spouse

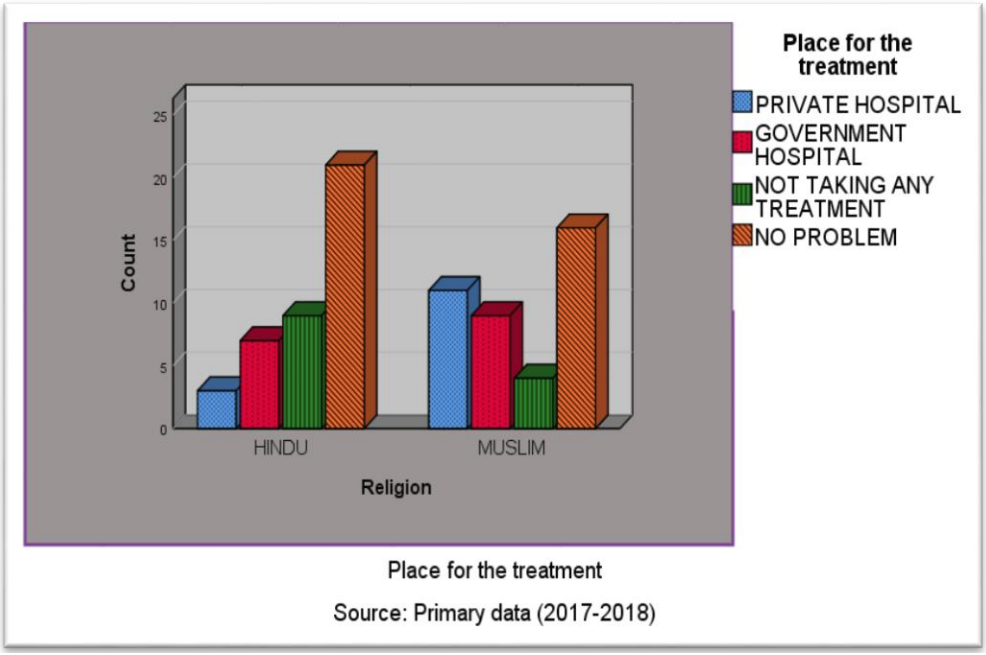


This Figure 4.8 represent weather the respondents belong to two different religions is comfortable in sharing their menstrual health issues with their Spouse. In this Graphical representation, we can see that there are only 27.5 % Hindu Respondents who are comfortable in sharing their problems with their spouse, 20 % respondents are keeping their issues with themselves and 52.5 % are not having any health issues so there is no point to tell to their husband. In comparison to this, there are 40 % Muslim respondents are comfortable in sharing their problems with their husband which is quite a greater % than Hindu, 20 % of them don't share their problems as that is the matter of shame so cannot express their emotions in front of their spouse and 40 % of them are not having any health issues so there is no need to share anything with their spouse.

4.18 Place for Treatment

It is very important to treat the problem especially when it is related to menstrual problem because the menstrual cycle symbolise that your body is functioning properly and you don't have any serious health issues so it is very important at personal level to see whether your are getting regular cycle or not.

Figure 4.9 indicates the place of treatment where the respondents prefer to take a treatment for the problems related to Menstruation.



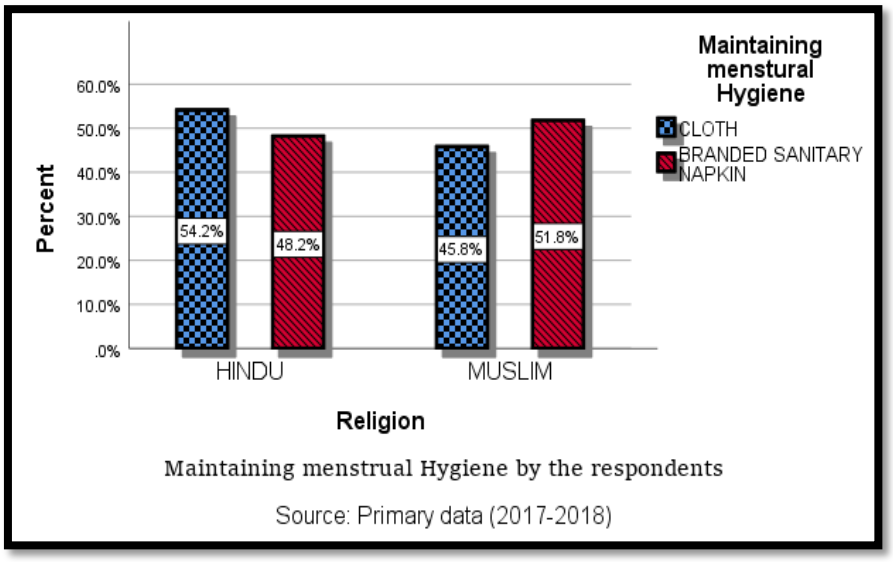
This Figure 4.9 represents the places of treatment where the respondents prefer to take admission for their health issues related to menstruation. Among Hindu respondents and Muslim respondents, there are only 7.5 % Hindu respondents are taking treatment from Private Hospital whereas the percentage is more in Muslims where 27.5 % Muslim respondents taking treatment from Private Hospitals because they feel private Hospitals are far better than Government Hospitals in terms of Facilities and Modern Technology. There are 17.5 % Hindu respondents who prefer to go to Government Hospitals for further treatment and in same manner there are 22.5 % Muslim population who are comfortable in visiting Government Hospitals for medication as Government hospitals are cheaper in cost. There are 22.5 % Hindu respondents who don't consider taking admission in any Hospitals whereas 10 % Muslim respondents

thinks the same. There are 52.5 % Hindu respondents and 40 % Muslim respondents who are not having any health issues so they don't go for any sort of treatment.

4.19 Maintaining Menstrual Hygiene

Menstrual hygiene is an important for every girl and women because it can cause various infections and further turned it into serious health issues, so it is necessary to maintain the hygiene during these days.

Figure 4.10 indicates the menstrual hygiene maintain by respondents



Maintaining menstrual Hygiene by the respondents

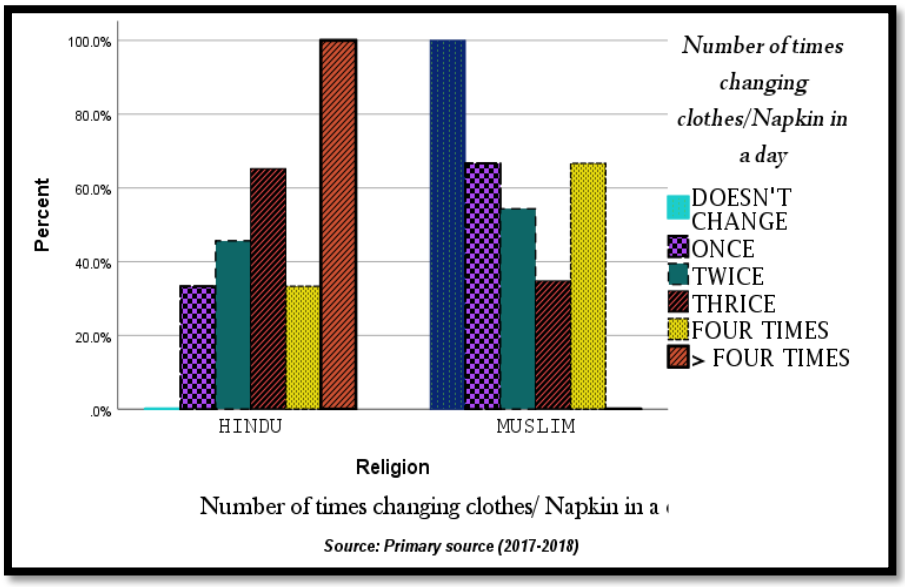
Source: Primary data (2017-2018)

This figure 4.10 is the graphical representation which indicates how the respondents of both the groups are maintaining menstrual Hygiene. Among Hindu population, there are 54.2 % respondents who are comfortable in using cloth whereas among Muslims only 45.8 % respondents are utilizing cloth which is lesser than Hindu percentage. 48.2 % Hindu respondents are applying Branded sanitary napkin and in compare to this, 51.8 % Muslim respondents handle it with Branded sanitary napkin which is greater than Hindus.

4.20 Number of times changing Clothes/Napkin

Maintain hygiene is most important during menstrual days, where a girl or women has to change the material (cloth/napkin) very often so that it won't harm their body with the bacteria and small organism which generate automatically with time so one should be very protective of her body parts from these harmful bacteria organisms.

Figure 4.11 Graphical representation of Number of times changing their Clothes/ Napkin in a day



This figure 4.11 indicates the number of times respondents changing their clothes/napkin in a day. Among Hindus and Muslims there is not a single Hindu respondents who doesn't change in a day whereas there are 2.5 % Muslim respondents who doesn't even change a single time. 2.5 % Hindu respondents and 5 % Muslim respondents changes once in a day, 52.5% Hindu respondents changes their clothes/ napkin twice in a day whereas the percentage is higher among Muslims i.e. 62.5 % changes twice per day. 37.5 % Hindus changes thrice in a day as compare to Muslims only 20 % of them do the same. There are 5 % Hindu respondents who changes four times in a day and 10 % Muslim respondents are also following the same. Only 2.5 % Hindu respondents' changes more than four times in a day because of excessive bleeding but there is no number among Muslims who changes more than four times.

4.21 Period of using same clothes

Using same clothes for many days is not good for body parts as it will destroy the anti bacterial organisms which help the human body to fight against the harmful organisms so one should keep on changing their used clothes every month for maintaining hygiene.

Table 4.11 Representation of Time period of using same clothes for months

RELIGION		NO. OF RESPONDENTS	PERCENTAGE (%)
HINDU	USE FOR A MONTH	10	25
	USE FOR TWO MONTHS	1	2.5
	USE FOR THREE MONTHS	2	5
	USE NAPKIN INSTEAD OF CLOTH	27	67.5
	TOTAL	**40**	**100**
MUSLIM	USE FOR A MONTH	9	22.5
	USE FOR TWO MONTHS	1	2.5
	USE FOR THREE MONTHS	1	2.5
	USE NAPKIN INSTEAD OF CLOTH	20	72.5
	TOTAL	**40**	**100**

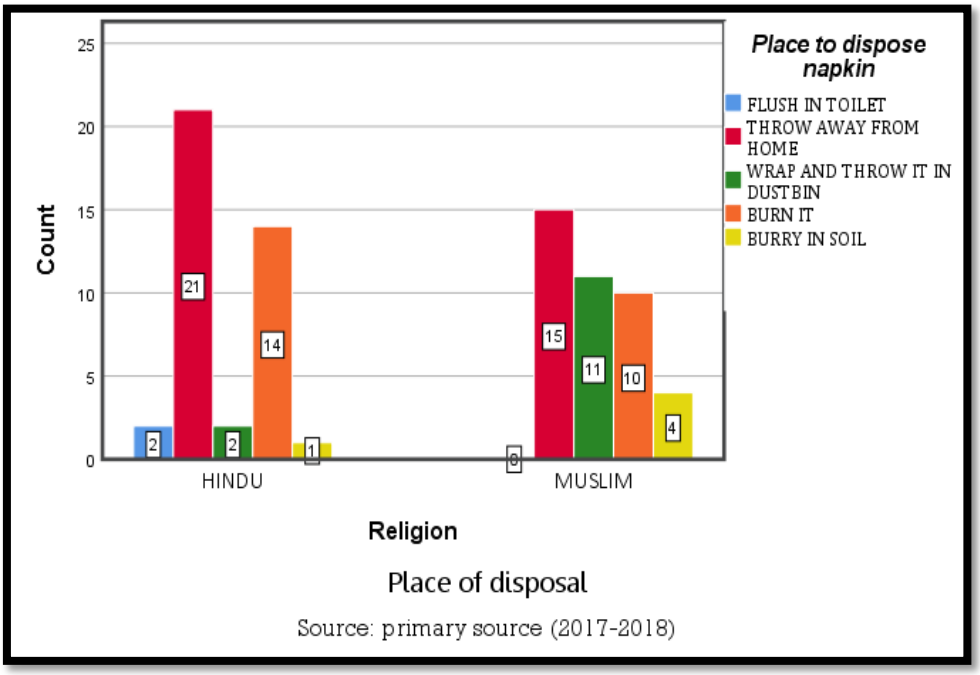
Source: Primary Source (2017-2018)

This Figure 4.11 indicates the period of changing clothes which is used during menstrual days where we can see that, out of 40 Hindu respondents, 25 % respondents changes their using clothes every month, 2.5 % of them changes in every two months, 5 % respondents changes once in a three months and rest 67.5 % are using Napkin so they are not countable in this category. As compare to Hindu respondents, out of 40 Muslim respondents, 22.5 % respondents changes every month which is quite lesser than Hindus, 2.5 % of them changes in every two months which is equal to Hindus, 2.5 % Muslim respondents are changing in every three months which is also a quite lesser than Hindu and rest 72.5 % are not countable in this category because instead of clothes they use Napkin.

4.22 Place of Disposal

Place of disposal is a matter of concern of hygiene so it is important to see how women maintain hygiene by disposing of material they have used during these days.

Figure 4.12 Representation of Place of Disposal of Clothes/ Napkin by the respondents

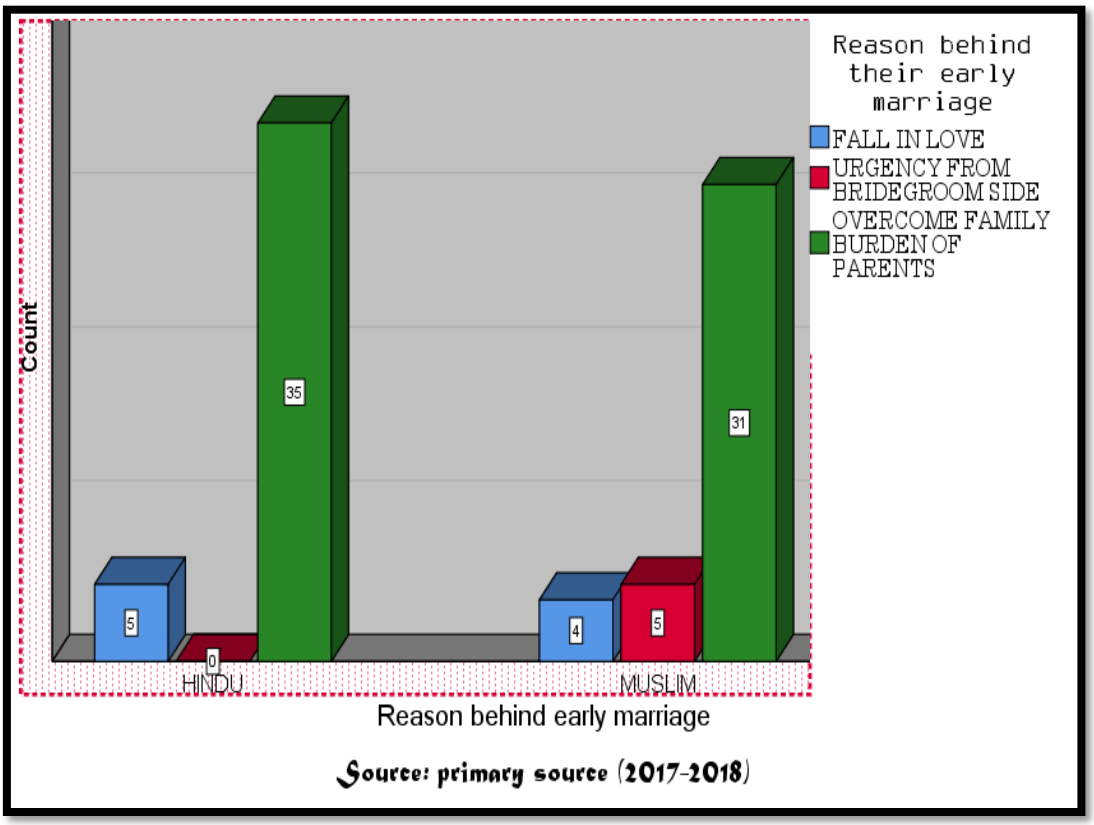


This Figure 4.12 represents the places of disposal of clothes/ napkin by the respondents. Among Hindu respondents, 5 % respondents dispose the napkin in Toilets where as among Muslims there is none who use the toilet for disposing napkin. 52.5 % Hindu respondents are throwing far away the used napkin from their house but only 37.5 % Muslim population do the same which is lesser than Hindus. There are only 5 % Hindu respondents who used dustbin for disposal whereas there are 27.5 % Muslim respondents who disposed in dustbin which is greater than Hindus, 35% Hindu respondents use the burning methods to destroy the material whereas 25 % Muslim respondents are doing the same but the percentage is lesser than Hindus. Only 2.5 % Hindu respondents burry their clothes/ napkin in soil and among Muslims 10 % respondents follow the same method to dispose the napkin which is higher than Hindus.

4.23 Reasons for Early marriage

Early marriage also has an impact of the women health. In slum areas, parents usually married their daughters at early age and girls has no other choice than get married. Early marriage leads to early conceptions and multiple miscarriages which finally resulted in the deterioration of their health and face the consequences.

Figure 4.13 representations for the reasons for early marriage of the respondents



This figure 4.13 indicates the reasons for the early marriage among the respondents belong to two different religious groups. Out of 40 Hindu respondents there are 87.5 % respondents married at early age due to overcoming the family burden which is higher than Muslims and out of 40 Muslim respondents 77.5 % respondents married for the same reasons. There are 12.5 % Hindu respondents fall in love and that is why they got married at early age whereas in Muslims 10 % fall in love and get married. Though there is no respondent among Hindus where early marriage happened due to urgency from bridegroom side but in Muslims there are 12.5 % who got married because of pressure from bridegroom side.

4.24 Whether the respondent's marriage in Bloodlines or not

In south India, among Muslims and Hindus, sometimes girls get married from their bloodlines which is the part of their tradition and culture so that parents shouldn't worry about their daughter life and she will be secured in the same family after she get married to someone whom she knows before.

Table 4.12 depiction of weather the respondents married to their Bloodlines or married to someone who is unknown to her.

RELIGION		NO. OF RESPONDENTS	PERCENTAGE OF RESPONDENTS (%)
HINDU	YES	8	20
	NO	32	80
	TOTAL	**40**	**100**
MUSLIMS	YES	9	22.5
	NO	31	77.5
	TOTAL	**40**	**100**

Source: Primary Source (2017-2018)

This table 4.12 represents the number of respondents married someone to their relatives or married to outsider whom she doesn't even know before marriage. Out of 40 Hindu respondents there are 8 (20%) of them who get married someone from their bloodlines and rest 32 (80 %) married to a person whom she is unknown before marriage whereas out of 40 Muslim respondents there are 9 (22.5%) of them get married to their relatives whom they knew before marriage and rest 31(77.5 %) of them are married outside of their family.

4.25 Respondents married to Bloodlines

Figure 4.13 depicts the respondents married to Bloodlines

RELIGION		NO. OF RESPONDENTS	PERCENTAGE (%)
HINDU	MATERNAL UNCLE SON	3	7.5
	PATERNAL AUNT'S SON	5	12.5
	OTHER	32	80
	TOTAL	**40**	**100**
MUSLIM	MATERNAL UNCLE SON	5	12.5
	PATERNAL UNCLE SON	4	10
	OTHER	31	77.5
	TOTAL	**40**	**100**

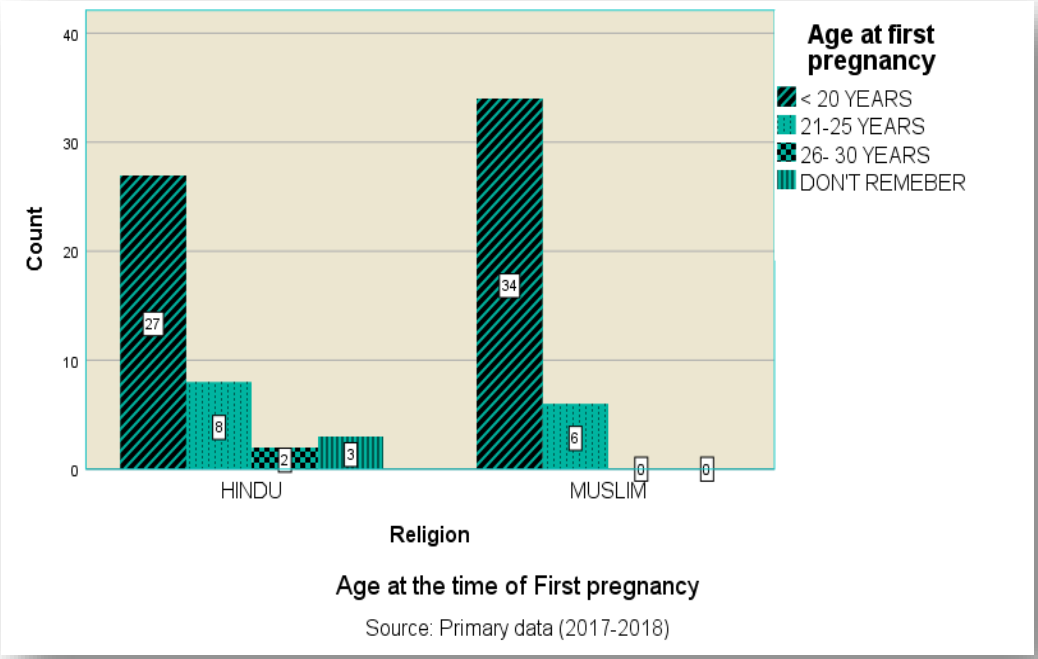
Source: Primary Source (2017-2018)

This figure 4.13 indicates the respondents married to bloodlines where we can see that out of 40 Hindu respondents and 40 Muslim respondents, 7.5 % Hindu respondents get married to their Maternal Uncle son whereas 12.5 % Muslim respondents who also did the same which is greater than Hindus. 12.5 % Hindu respondents married to their Paternal Aunt's son in comparison to 10 % Muslim respondents which is higher than Hindus. There are 80 % Hindu respondents got married to someone from outside and in the same manner 77.5 % Muslim respondents also falls in the same category.

4.26 Respondents age at their first pregnancy

Becoming a mother is a new phase in women's life who is blessed with the child but it is important to see whether she is getting pregnant at the right age or not because early conception at early age might cause various health issues and she has to see miscarriage or go through abortion process which is not good for future. Even it is not good for women to conceive late as it creates social tension in family.

Figure 4.14 indicates the respondent's age when they get pregnant for the first time

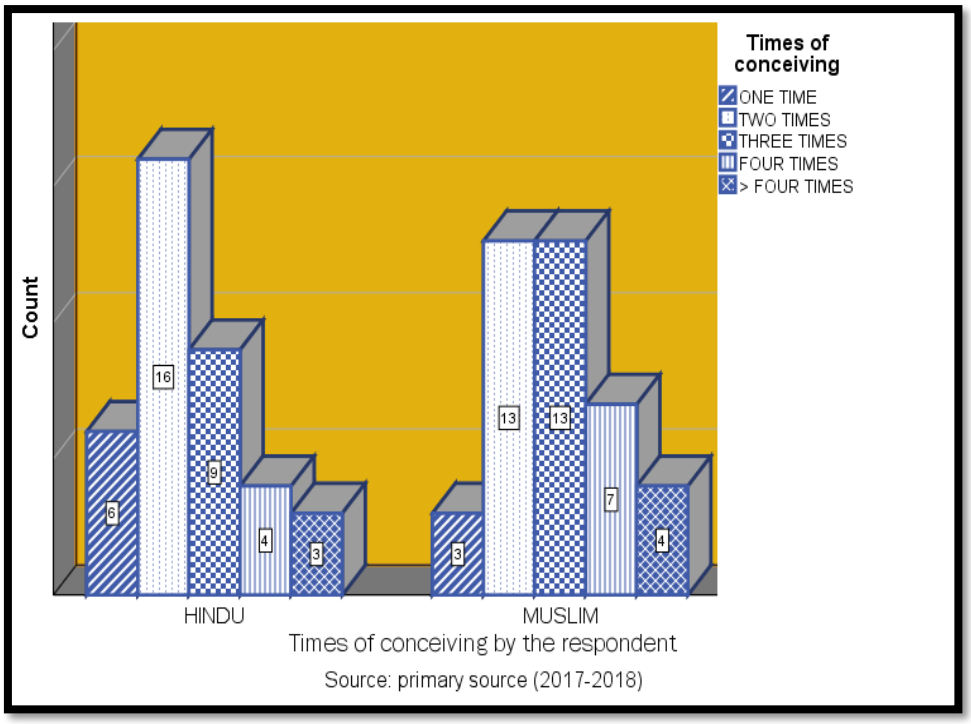


This figure 4.14 depicts the respondents age at the time of first pregnancy. Out of 40 Hindu respondents and 40 Muslim respondents, 67.5 % Hindu respondents get pregnant before 20 whereas 85 % Muslim respondents get pregnant before 20 which is higher than Hindus, only 20 % Hindu respondents expected in between the age group of 21-25 and 15 % Muslim respondents heavy with child in between 21-25 age group. 5 % of Hindu respondents get pregnant in between 26-30 age groups whereas among Muslims there is no respondent which falls in this category. 7.5 % Hindu respondents don't remember at what age they were expecting but again in Muslims there is no one who forget her age when she was expecting for the first time.

4.27 Number of times respondents conceive

Multiple conceiving at early age is also not good for women health as it generates health issues. Doctors also suggests a women should conceive for the second time after 3 years of her first delivery as body will also support her and her health will be fine. But if the women conceive many number of times in a small span then that will has a bad effect on her health which can decline her health.

Figure 4.15 represent the Number of times respondents conceiving till date

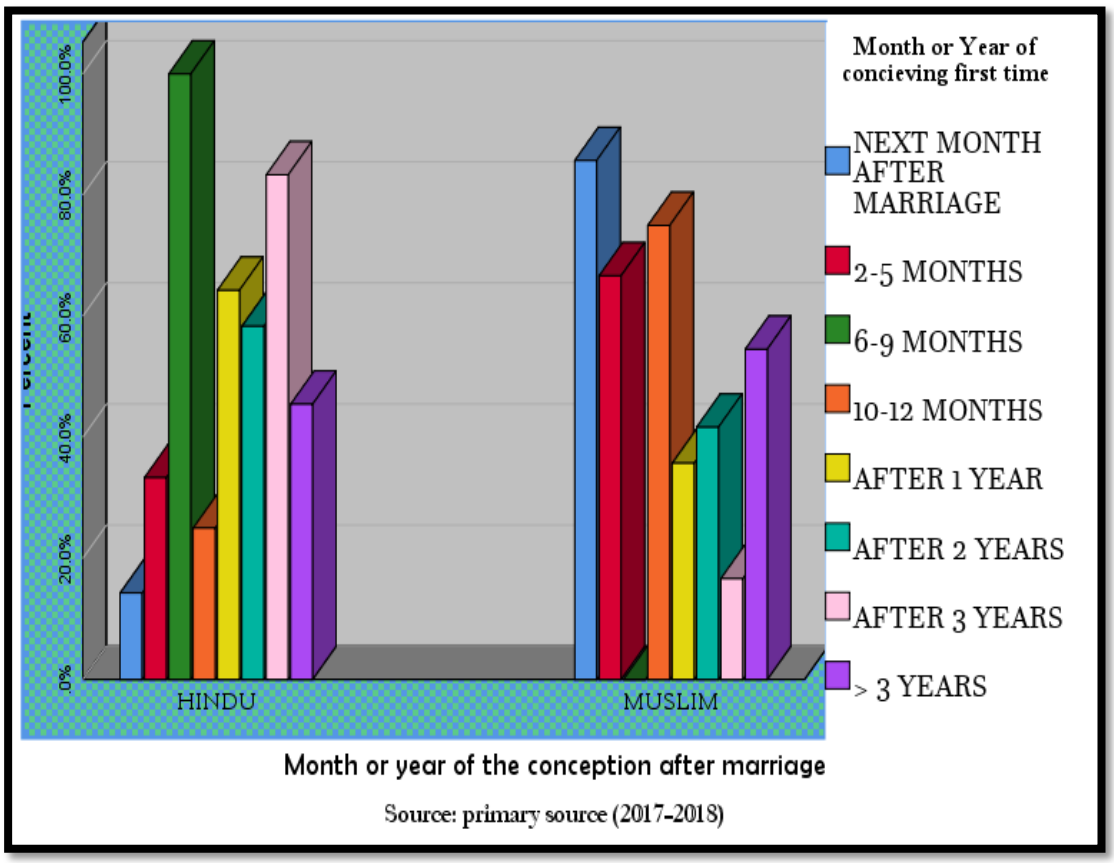


This figure 4.15 indicates the number of times respondents conceive. Out of 40 Hindu respondents 15 % respondents conceive once in her life whereas 7.5 % Muslim respondents thinks that they are pregnant which is lesser than Hindus, 40 % Hindu respondents get pregnant twice as compare to Muslims 32.5 % of them conceive twice till now. 22.5 % of Hindu respondents get pregnant thrice till present whereas 32.5 % Muslim respondents conceive three times till today which is greater than Hindus. There are 10 % Hindu respondents and 17.5 % Muslim respondents who expected four times till now and 7.5 % Hindu respondents get pregnant more than four times and in same manner 10 % Muslim respondents fall in the same section which is greater than Hindus. But there are 5 % Hindu respondents who were not able to answer this question as they were not able to conceive till present.

4.28 Month or Year of conception for the first time of the respondents

Conception for the first time is a good feeling if both the partners are ready to start their family so one should think wisely before starting a family. Giving birth to a new baby gives a new life to a mother as well so it is necessary for both the partners to start a family at a right time.

Figure 4.16 representation of month or year of conception for the first time of the respondents



This figure 4.16 indicates the month or year of the conception of the respondents after marriage. Out of 40 Hindu respondents and 40 Muslim respondents, 2.5 % Hindu respondents conceived next month after her marriage whereas 15 % Muslim respondents, get pregnant in following month after their marriage, 17.5 % Hindu respondents were heavy with child in next 2-5 months of their marriage and in the same way 35 % Muslim respondents also expected. 7.5 % Hindu respondents expected their first child in next 6-9 months of their marriage whereas none of the Muslim respondent falls in this category. There are 2.5 % Hindu respondents who expected in next 10-12 months after their marriage, as compare to

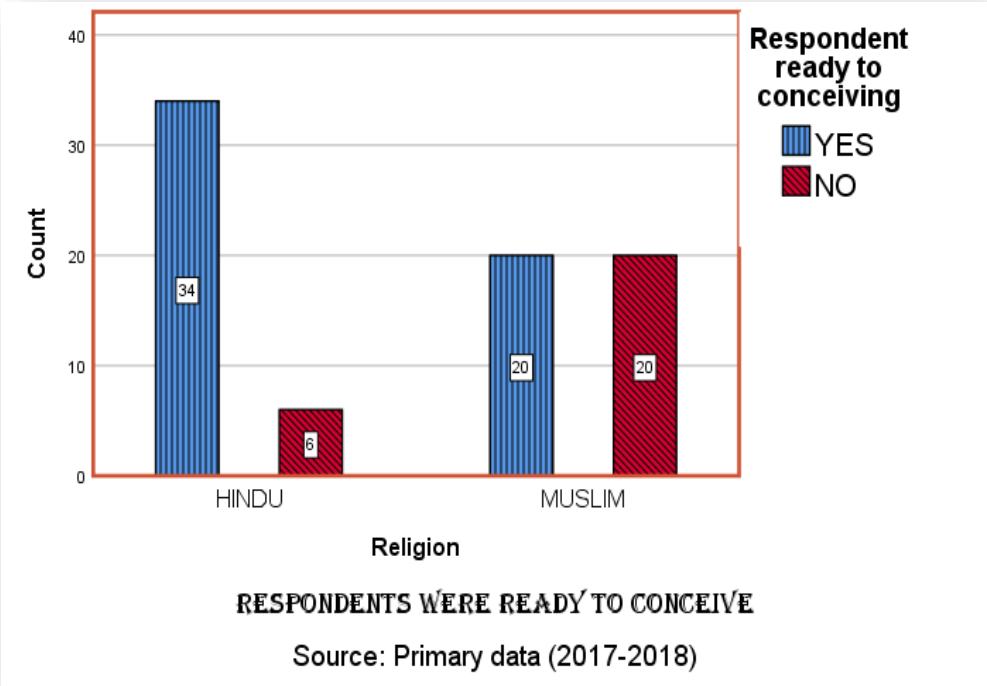
7.5 % Muslim respondents. 22.5 % Hindu respondents get pregnant after one year of their marriage but among Muslim respondents there are 12.5 % who expected after one year of their marriage which is lesser than Hindus. There are 17.5 % Hindu respondents as compare to 12.5 % Muslim respondents who expected their first child after two years of their marriage. 12.5% Hindu respondents were heavy with child after three years of their marriage but only 2.5 % Muslim respondent also felt the

same which is lesser than Hindus. 12.5 % Hindu respondents and 15 % Muslim respondents were expecting their first child after more than three years of their marriage. 5 % Hindu respondents were not able to participate in this question as they didn't become mother till now.

4.29 Whether the respondents were ready to start their family

A woman should be ready to conceive but her opinion doesn't matter in this case. She has no role in the decision making process where her point of view should be considered or the family felt to take an opinion on certain matters.

Figure 4.17 indicates whether the respondents were ready to conceive or not.



This figure 4.17 indicates whether the respondents of both the religious group were ready to conceive or not. Out of 40 Hindu respondents and 40 Muslim respondents 85 % Hindu respondents were ready to conceive or start the family as compare to Muslims, only 50 % respondents were ready to start their family. 15 % Hindu respondents were not prepared to start their family whereas 50 % Muslim respondents didn't set their mind to conceive.

4.30 Minimum gap between the first and second child of the respondents

As doctor also prescribed a women should go for second delivery minimum of after three years of her first pregnancy but most of the time women don't follow and get pregnant in next one year or less than one year which affect their health which means her body is not fully prepared to take a load of another child which taking a shape in women womb and sometimes women has to face miscarriage or the child get aborted because of less space in between the first and second child. So it is necessary for a woman to maintain a proper gap between first and second child so that she can do a safe delivery if she is planning for another child.

Table 4.14 depicts the minimum gap between the first and second child of the respondents

RELIGION		NO. OF RESPONDENTS	PERCENTAGE (%)
HINDU	1 YEAR	11	27.5
	1.5 YEAR	2	5
	2 YEARS	10	25
	>2 YEARS	10	25
	NO IDEA	5	12.5
	MISSING VALUE	2	5
	TOTAL	**40**	**100**
MUSLIM	1 YEAR	8	20
	1.5 YEAR	4	10
	2 YEARS	10	25
	>2 YEARS	13	32.5
	NO IDEA	0	0
	MISSING VALUE	5	12.5
	TOTAL	**40**	**100**

Source: Primary Source (2017-2018)

This figure 4.14 represents the minimum gap between first and the second child of the respondents belongs to two different religious groups. Among Hindus, 27.5 % of respondent's 1st child and 2nd child age gap is either less than one year or one year whereas among Muslims, 20 % of respondent's initial child and instant child age gap is either less than one year or one year. 5 % of Hindu respondent's first child and second child age gap is in between 1 ½ year as compare to Muslim women, 10 % respondent's maintain one and half year space between their first and second children

age. There are 25 % Hindu respondents and 25 % Muslim respondents has maintained two years gap between their initial child and immediate child. Out of 40 Hindu respondents, 25 % of them took more than 3 years to have a second baby which means the age gap in between their first and second child is more than two years as compare to Muslims which is higher i.e. 32.5 % Muslim respondents falls in the same category. 12.5 % Hindu respondents have no idea how much gap is there in between their first two children. 5 % Hindu respondents and 12.5 % Muslim respondents were not able to answer this question.

4.31 Whether the respondents have a late conception or not

After a marriage if a women conceived late then either simply she is not able to conceive or she is having any health issue. On this note she should visit doctor to identify the problem otherwise it will create a social tension in her life and in family as well.

Table 4.15 represent whether the respondents have a late conception or not

RELIGION		NO OF RESPONDENTS	PERCENTAGE (%)
HINDU	YES	20	50
	NO	18	45
	MISSING VALUE	2	5
	TOTAL	**40**	**100**
MUSLIM	YES	20	50
	NO	20	50
	TOTAL	**40**	**100**

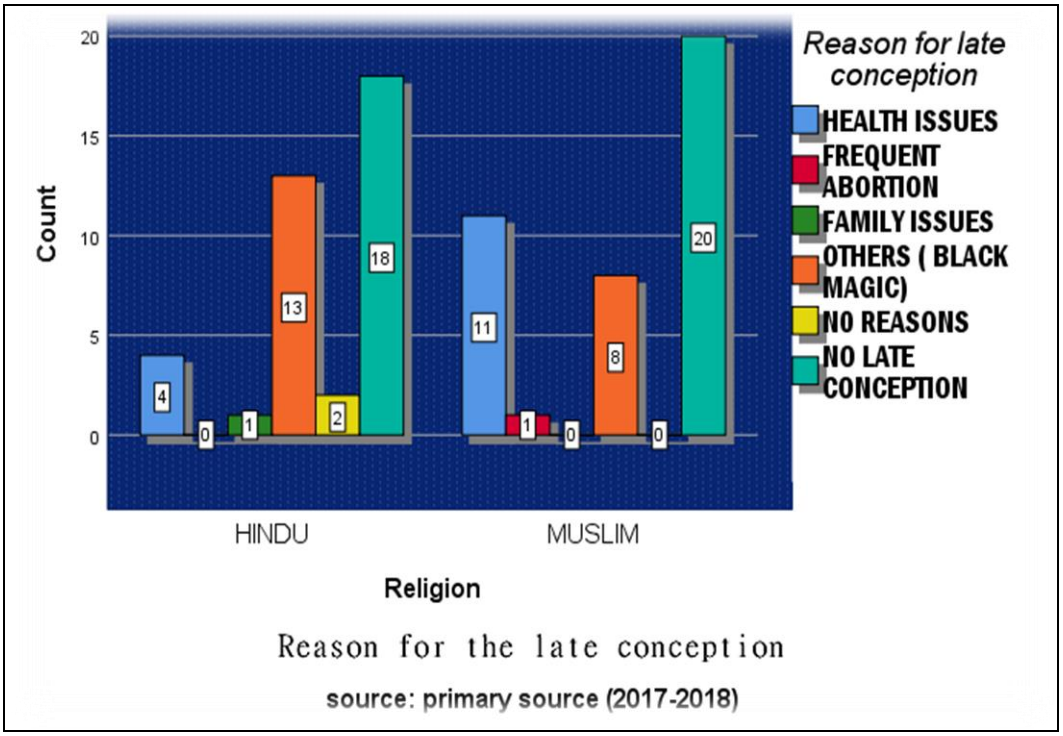
Source: Primary Source (2017-2018)

This table 4.15 represent whether the respondents from both the religious group have a late conception or not. Out of 40 Hindu respondents, 50 % respondents have a late conception and 45 % haven't and 5 % respondents didn't answer this question where as out of 40 Muslim respondents, 50 % respondents have a late conception and 50 % respondents haven't.

4.32 Reason for late conception

There is n number of reasons why the women couldn't conceive at a right time.

Figure 4.18 depicts the reason for the late conception of the respondents



This figure 4.18 represents the various reasons for the late conception of the respondents. Out of 40 Hindu respondents, 10 % of them are having health issue that is why they conceive late, 2.5 % of them are having family issues, 32.5 % thought it is because of black magic that is why they couldn't conceive, 5 % respondents had no answer why they didn't conceive on time, 45 % respondents has no such issue like that 5 % respondents didn't answer this question. As compare to Hindus, out of 40 Muslim respondents, 27.5 % have a family issues, 2.5 % respondents have went through frequent abortion, 20 % thinks that it is due to black magic and 50 % respondents has no such issues, they conceive at a right time.

4.33 Type of Delivery

Table 4.16 represent the type of delivery of the respondents

RELIGION	TYPE OF DELIVERY	NO. OF RESPONDENTS	PERCENTAGE (%)
HINDU	NORMAL	28	70
	CESAREAN	12	30
	TOTAL	**40**	**100**
MUSLIM	NORMAL	31	77.5
	CESAREAN	9	22.5
	TOTAL	**40**	**100**

Source: Primary Source (2017-2018)

This table 4.16 shows the data of the respondents who went for different kind of delivery. Out of 40 Hindu respondents, there is 70% respondent who did a normal delivery and 30 % did a caesarean where among 40 Muslim respondents, 77.5 % respondents did a normal delivery and only 22.5 % went for caesarean.

4.34 Whether the respondents received antenatal care

Antenatal care is important for both mother and child so that if there are any complications in delivery, it can be identified before and precautions can be taken so that both mother and child can be saved.

Table 4.17 represent whether the respondents received antenatal care or not

RELIGION		NO. OF RESPONDENTS	PERCENTAGE (%)
HINDU	YES	30	75
	NO	8	20
	MISSING VALUE	2	5
	TOTAL	**40**	**100**
MUSLIM	YES	30	75
	NO	10	25
	TOTAL	**40**	**100**

Source: Primary Source (2017-2018)

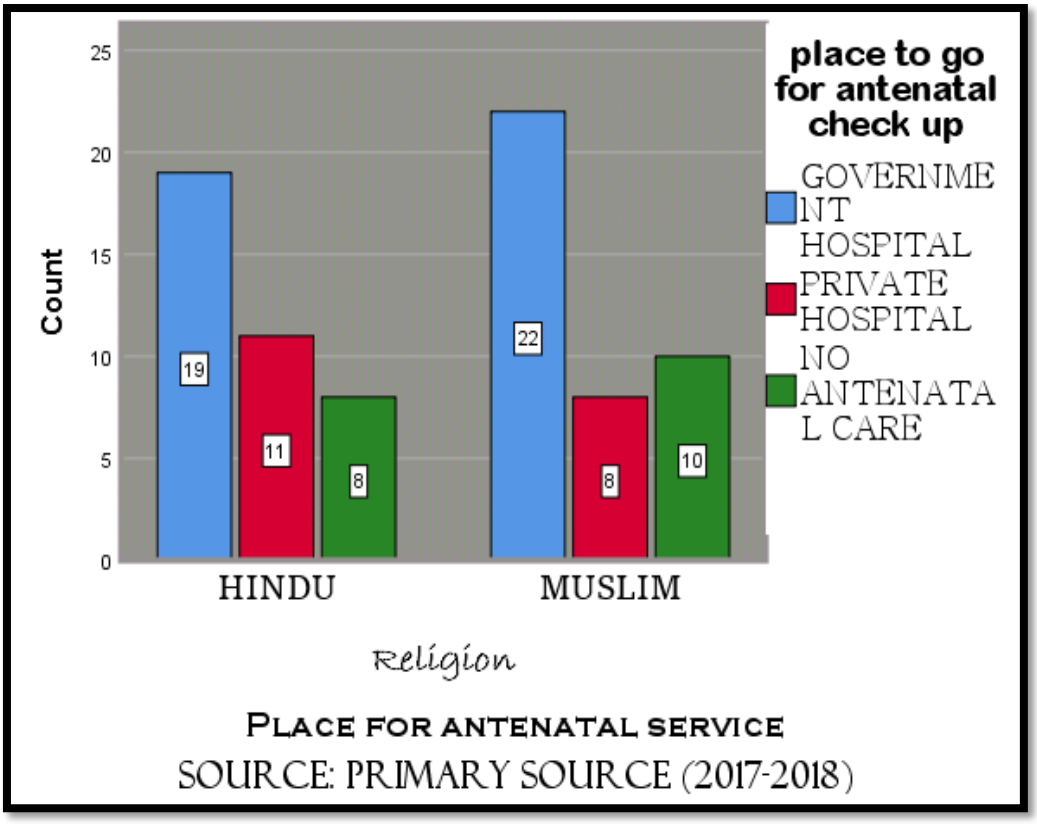
This Table 4.17 represent whether the respondents received antenatal care or not. Out of 40 Hindu respondents, 75 % received antenatal care from hospitals whereas out of 40 Muslim respondents, same 75% received antenatal care from hospitals. Only 20 %

Hindu respondents didn't receive antenatal care as compare to 25 % Muslim respondents. But 5 % respondents didn't answer this question.

4. 35 Place for antenatal service

It is important for a woman to take a antenatal care from a reputed hospital which is equipped with modern technology so that it will help the doctor to find out the problems if it is there so that the doctor should advice the patient and the relatives to take proper care by prescribing the proper solution for the existing problems. It will help the mother and the child to protect from the serious health issues.

Figure 4.19 depicts the place for antenatal service used by the respondents



This figure 4.19 indicates the place for antenatal check up where respondents usually go for regular checkups. Out of 40 Hindu respondents, 47.5 % respondents choose to go to government hospital, 27.5 % like to go to private hospital, 20 % didn't go for antenatal care and 5 % didn't answer this question. As compare to Hindus, out of 40 Muslim respondents, 55 % respondents decide to go to government hospital which is higher than Hindus, 20 % prefer to go to Private hospitals and rest 25 % didn't receive any antenatal care.

4.36 Number of times respondents went for antenatal check up

As it is earlier mentioned how important is for a woman to go for antenatal checkups, in the same manner it is as important as for a woman to go for a regular check up. Atleast once in three months it is mandatory for a pregnant woman to go for antenatal checkups. So every expected mother should take an antenatal service when it is available and also easier to access for herself and for her child. So that both should be safe and child should born in a healthy manner without any health issue.

Table 4.18 represent the number of times respondents went for antenatal check up

RELIGION	NUMBER OF TIMES	NO. OF RESPONDENTS	PERCENTAGE (%)
HINDU	MONTHLY	23	57.5
	3 MONTHS	5	12.5
	6 MONTHS	2	5
	8 MONTHS	0	0
	NO ANTENATAL CARE	8	20
	MISSING VALUE	2	5
	TOTAL	**40**	**100**
MUSLIM	MONTHLY	18	45
	3 MONTHS	12	30
	6 MONTHS	0	0
	8 MONTHS	0	0
	NO ANTENATAL CARE	10	25
	TOTAL	**40**	**100**

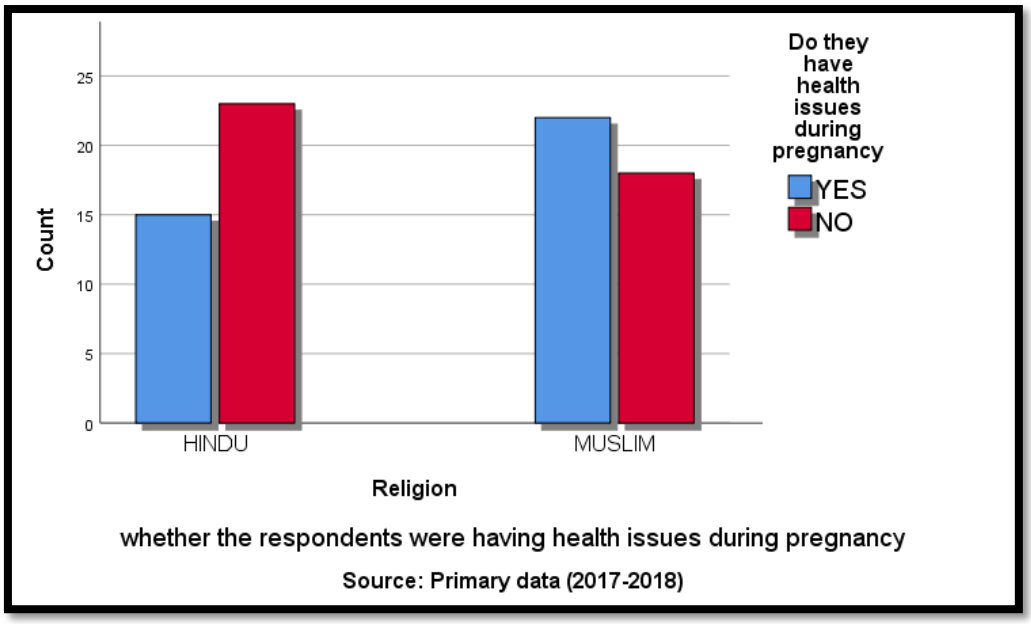
Source: Primary Source (2017-2018)

This table 4.18 depicts the number of times respondent went for antenatal checkups during their pregnancy period. Out of 40 Hindu respondents, 57.5 % went for monthly checkups, 12. 5 % went once in a three months, 5 % went once in a six month and 20 % didn't go for antenatal care and 5 % respondents didn't answer this question whereas out of 40 Muslim respondents, 45 % went for monthly checkups, which is higher than Hindus, 30 % went once in a three months and rest 25 % didn't receive antenatal care.

4.37 Whether the respondents were facing any health issues during pregnancy

Many women face many challenges related to their health during pregnancy so it is important for a woman to take a proper care of her health so that she can deliver a healthy baby in future.

Figure 4.20 represent whether the respondents faced any health issues during pregnancy

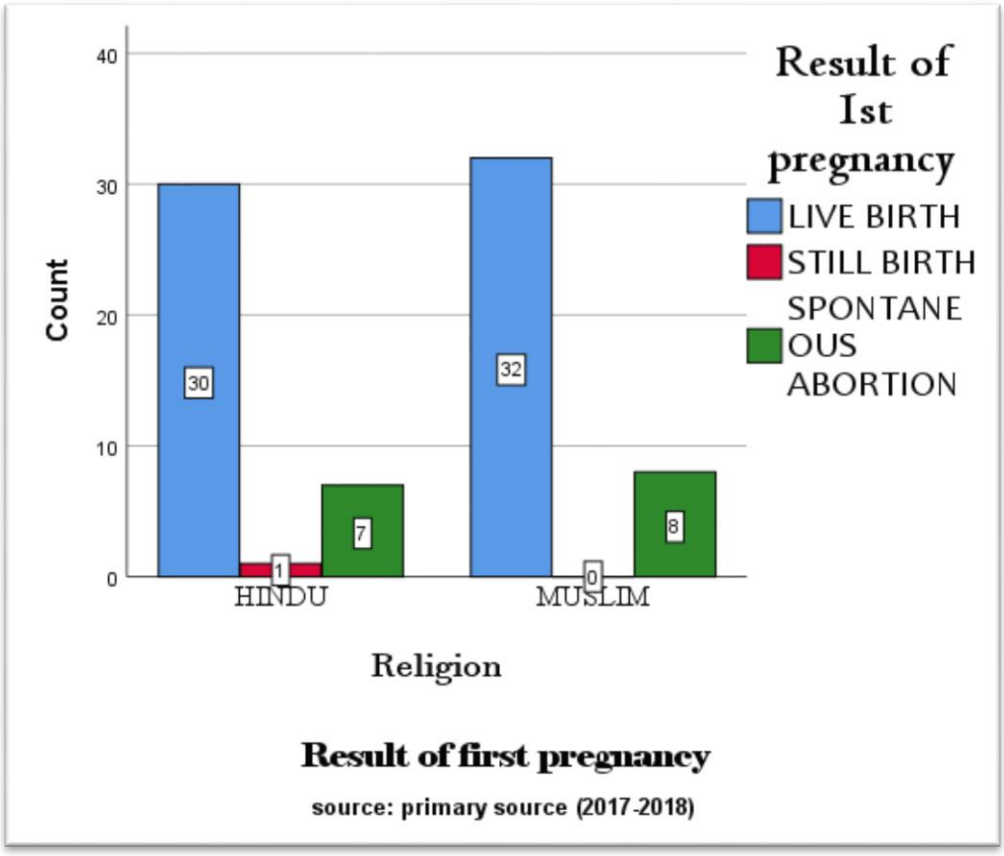


This figure 4.20 indicates whether the respondents were facing any health issues during pregnancy or not. Out of 40 Hindu respondents, 37.5 % had a health issues during pregnancy and rest 57.5 % didn't have any problem where as out of 40 Muslim respondents, 55 % which is higher than Hindus, were suffering from health issues during pregnancy and rest 45 % didn't have any issues as such.

4. 38 Result of the first pregnancy of the respondents

For a woman first child is very close to her heart and it is important that the child should come in this world without any complication.

Figure 4.21 represent the result of first pregnancy of the respondents



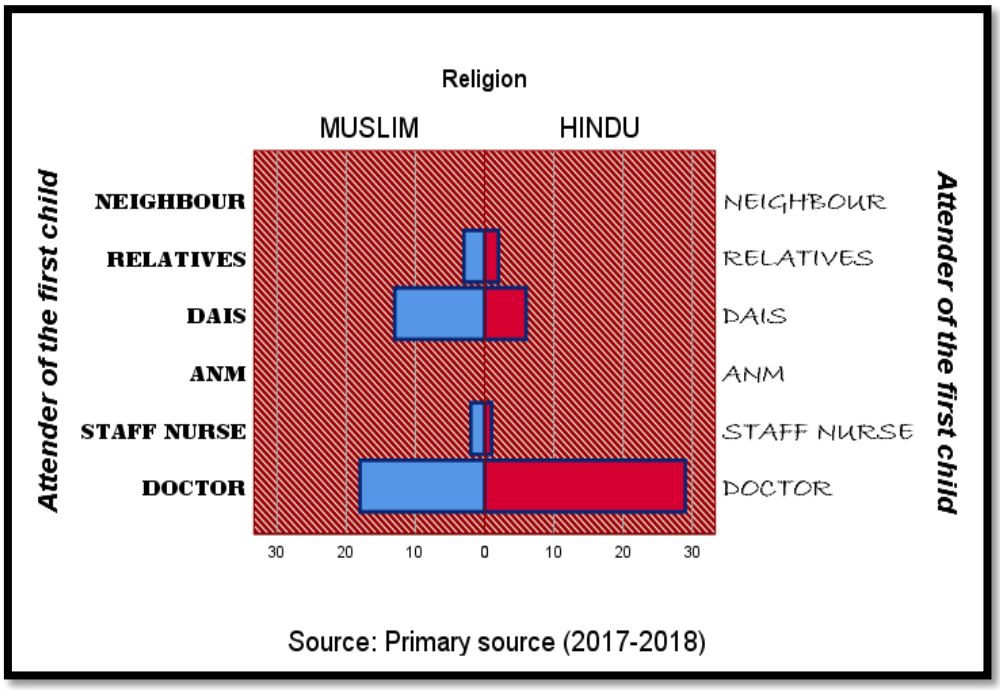
This figure 4.21 indicates the result of first pregnancy of the respondents. Out of 40 respondents, 75 % respondents first child is born safely, 2.5 % respondent's initial child is still birth and 17.5 % respondents foremost child was died spontaneously and 5 % respondents couldn't participate in this questions whereas out of 40 Muslim respondents, 80 % respondents first child is still alive and rest 20 % respondents initial child died spontaneously.

4. 39 Attender of the first child of the respondent

It is necessary that a delivery of a woman should do by the specialist who knows how to do a delivery in a proper manner. So, a woman should take care of this that delivery should be do by a safe hand hence her child should be safe without any complication

and if there is any complication, the specialist should handle the situation accordingly, thus both mother and child should be healthy.

Figure 4.22 represent the Attender of the first child of the respondents



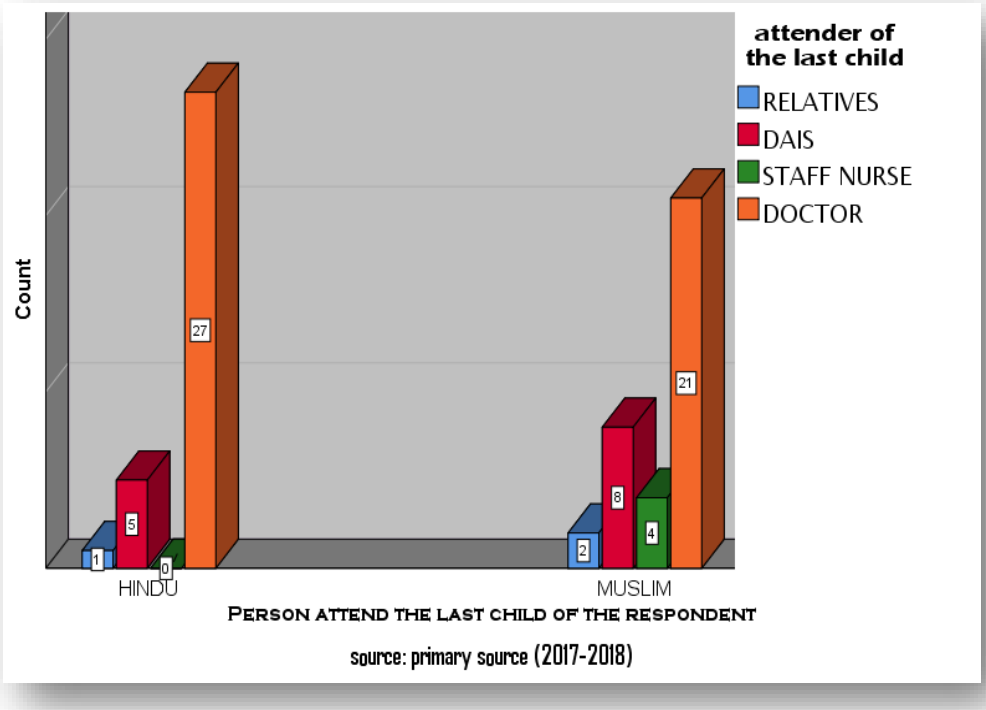
This figure 4.22 shows the Attender of the first child of the respondents belong to two different religious group where out of 40 Hindu respondents, 5 % respondents whose delivery was did by her relatives, 15 % respondents liberation was done by the hands of dais, 2.5 % respondents delivery was done by the staff nurse, 72.5 % respondents delivery was happened under the guidance of doctor and 5 % respondents didn't participated in this question. As compare to Hindu, out of 40 Muslim respondents, 7.5 % respondents delivery was handled by her relatives, 32.5 % respondents liberation was done under the guidance of dais, 5 % respondents delivery was happened by the staff nurse, 45 % respondents whose delivery was done by the doctors and 10 % respondents couldn't answer this question.

4.40 Attender of the last child

Every child is precious for her mother but in areas like slums, sometimes women didn't reach hospital on time and because of this she lost her child or has to do delivery at home which is not at all safe for mother as well as for child because apart from hospitals, there is no facilities available during the time of delivery. Many times

women understood the fact that they should give birth at hospital because of the staff and modern equipment available in the hospitals which can protect her and her child from any problems. So women should deliver her child at a safe place and hospital is only place where specialist can try to reduce the complication if it is there and help the woman to do a safe delivery.

Figure 4.23 indicates the Attender of the last child of the respondents



This figure 4.23 represents the Attender of last child of the respondents, where out of 40 Hindu respondents 2.5 % respondent's delivery is done by her relatives, 12.5 % respondents delivery is completed by the dais, 67.5 % respondents liberation was done under the guidance of doctor and 17.5 % respondents didn't participate in this question. Out of 40 Muslim respondents, 5 % respondent's delivery is completed by her relatives, 20 % respondents deliverance is finished by the dais, 52.5 % respondents whose delivery is done by the doctors and rest 12.5 % respondents didn't participated in this questions.

4.41 Whether the respondents faced abortion or not

Abortion is happening due to various reasons. It can be because of early marriage where the female body is not ready to conceive or there may be any health issues, because of that child is not able to develop properly in mother womb and destroyed inside the womb. Hence pregnant women should take a proper care during pregnancy so that her child should see the world.

Table 4.19 Represent whether the respondents faced any abortion or not.

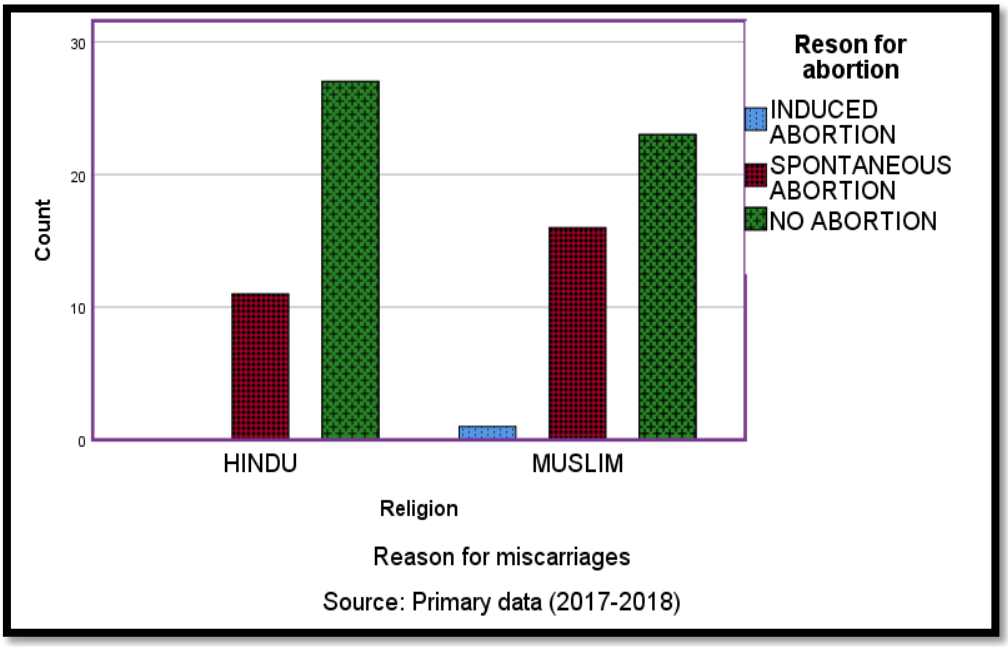
RELIGION		NO. OF RESPONDENTS	PERCENTAGE (%)
HINDU	YES	11	27.5
	NO	27	67.5
	MISSING VALUE	2	5
	TOTAL	**40**	**100**
MUSLIM	YES	17	42.5
	NO	23	57.5
	MISSING VALUE	0	00
	TOTAL	**40**	**100**

Source: Primary Source (2017-2018)

This table 4.19 depicts whether the respondents faced any abortion or not. Out of 40 Hindu respondents, 27.5 % respondents faced abortion and rest 67.5 % respondents didn't but 5 % respondents didn't participate in this question. As compare to Hindus, out of 40 Muslim respondents, 42.5 % respondents faced a abortion which is higher than Hindus and rest 57.5 % didn't face any problem as such.

4.42 Reason for abortion of the respondents

Figure 4.24 represent the data of the respondents who gave various reasons for aborting their child.



This figure 4.24 represents the reasons why respondents faced abortion. Out of 40 Hindu respondents, 27.5 % respondents faced induced abortion, and 67.5 % respondents didn't faced abortion till today but 5 % respondents didn't participate in this question. Among 40 Muslim respondents, 2.5 % respondents faced induced abortion, 40 % respondents faced spontaneous abortion and rest 57.5 % respondents didn't face any problem as such.

4.43 Whether the respondents used contraceptive or not

Table 4.20 Represent whether the respondents used contraceptive or not

RELIGION		NO. OF RESPONDENTS	PERCENTAGE (%)
HINDU	YES	6	15
	NO	34	85
	TOTAL	**40**	**100**
MUSLIM	YES	5	12.5
	NO	35	87.5
	TOTAL	**40**	**100**

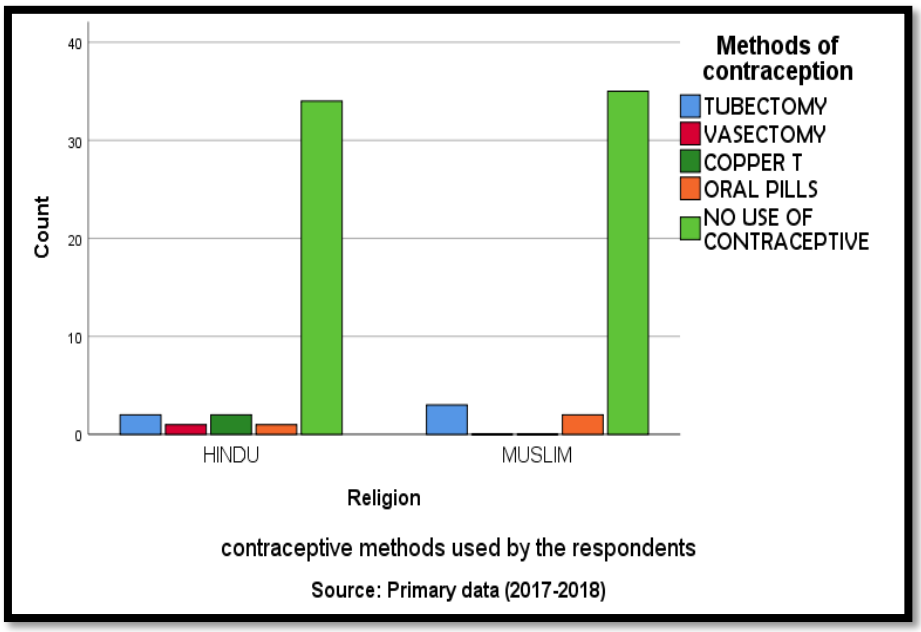
Source: Primary Source (2017-2018)

This table 4.20 indicates the number of respondents used contraceptive or not. Out of 40 Hindu respondents, there are 15 % respondents used contraceptive and rest 85 % respondents didn't use whereas out of 40 Muslim respondents, 12.5 % respondents used contraceptive and others 87.5 % respondents didn't use.

4.44 Contraceptive methods used by the respondents

There are multiple contraceptive methods present in the market which can be accessible by the people.

Figure 4.25 represent the various contraceptive methods used by the respondents



This figure 4.25 represent the various methods of contraceptive used by the respondents belong to two different religious groups. Out of 40 Hindu respondents, 5 % respondents used Tubectomy, 2.5 % respondents used vasectomy, 5 % respondents used copper T, 2.5 % respondents used oral pills and rest 85 % didn't use any contraception methods. As compare to Hindu, out of 40 Muslim respondents, 7.5 % respondents used Tubectomy, 5 % used oral pills and rest 87.5 % didn't adopt any contraceptive methods.

4.45 Whether the respondents did a sterilization or not

Sterilization is a process or technique which leaves a person unable to reproduce more. Most of the partner or women do sterilization to stop reproducing children in future. But in many places, women do the sterilization than men.

Table 4.21 indicates the number of respondents did sterilization or not

RELIGION		NO. OF RESPONDENTS	PERCENTAGE (%)
HINDU	YES	25	62.5
	NO	15	37.5
	TOTAL	**40**	**100**
MUSLIM	YES	20	50
	NO	20	50
	TOTAL	**40**	**100**

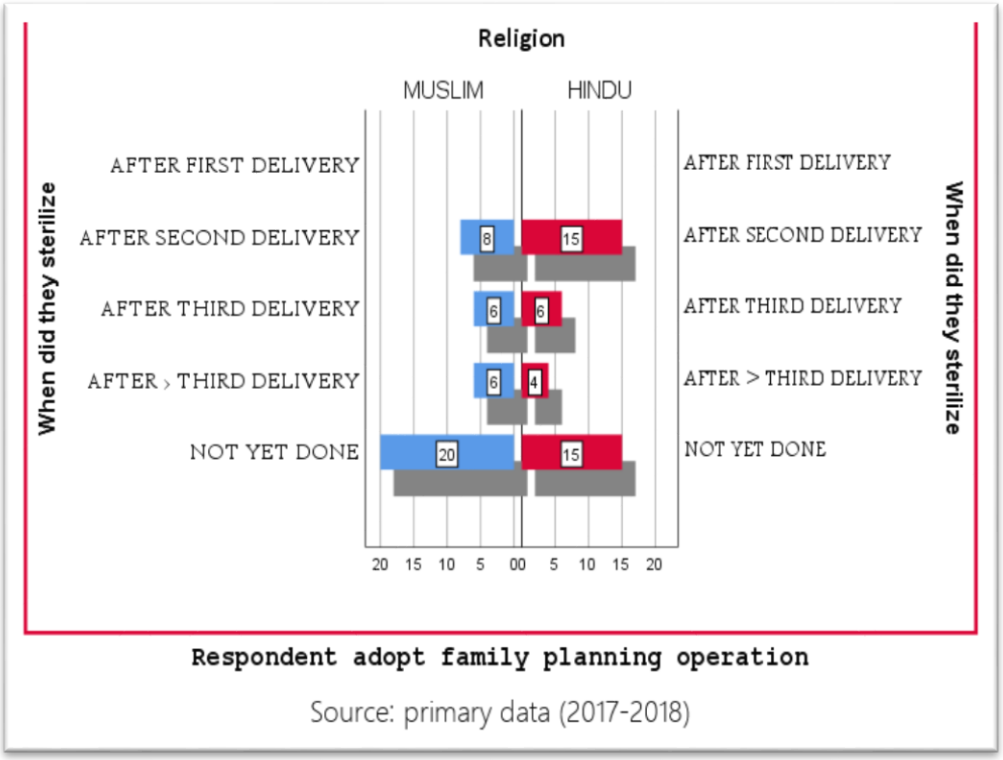
Source: Primary Source (2017-2018)

This table 4.21 represent the number of women did sterilization or not which belong to two different religious groups. Out of 40 Hindu respondents, 62.5 % of them did sterilization and rest 37.5 % didn't do till date whereas out of 40 Muslim respondents, 50 % respondents did sterilization and another 50 % didn't do till now.

4.46 Time period of the sterilization done by the respondents

Sterilization means stop consuming child which is a part of family planning. Every couple has decided the number of children they want in future. After reaching two or three children, most of the partners decide not to have more children because of various reasons so in order to do that they go for sterilization process which can be done either by male or female.

Figure 4.26 represent the time of the sterilization done by the respondents



This figure 4.26 depicts the time of the sterilization done by the respondents of two different religious groups. Out of 40 Hindu respondents, 37.5 % respondents did sterilization after their second delivery, 15 % did after third delivery, 10 % did after they delivered more than three times and rest 37.5 % didn't do sterilization till date. As compare to 40 Muslim respondents, 20 % did after second delivery, 15 % did sterilization after third delivery, 15 % respondents did after they delivered more than three times and rest 50 % didn't do till present.

4.47 Autonomy to take a decision on using contraception by the respondents

Indian society didn't give this right to women to take her own decision on using contraception or not but there are women who used contraceptive to safe herself from unwanted child or doctor prescribed them not have a immediate child because of health issues, in that case women use contraception otherwise women has least participation in decision making.

Table 4.22 depicts whether the respondents has the autonomy to take decision on using contraception or not

RELIGION		NO. OF RESPONDENTS	PERCENTAGE (%)
HINDU	YES	2	5
	NO	38	95
	TOTAL	**40**	**100**
MUSLIM	YES	4	10
	NO	36	90
	TOTAL	**40**	**100**

Source: Primary Source (2017-2018)

This table 4.22 represent how many respondents have the right to take a decision on using contraception or not. Out of 40 Hindu respondents, 5 % respondents has the right to use contraception by her own and rest 95 % didn't have whereas among 40 Muslim respondents, 10 % of them has the right and rest 90 % are not having any participation in decision making.

4.48 Knowledge of contraception among the respondents

Women should have knowledge on contraception so that she can safe herself from unsafe sex and unwanted child and this can be possible when they are literate and has full knowledge on contraception.

Table 4.23 depicts the number of respondents who has knowledge of contraception

RELIGION		NO. OF RESPONDENTS	PERCENTAGE (%)
HINDU	YES	9	22.5
	NO	31	77.5
	TOTAL	**40**	**100**
MUSLIM	YES	16	40
	NO	24	60
	TOTAL	**40**	**100**

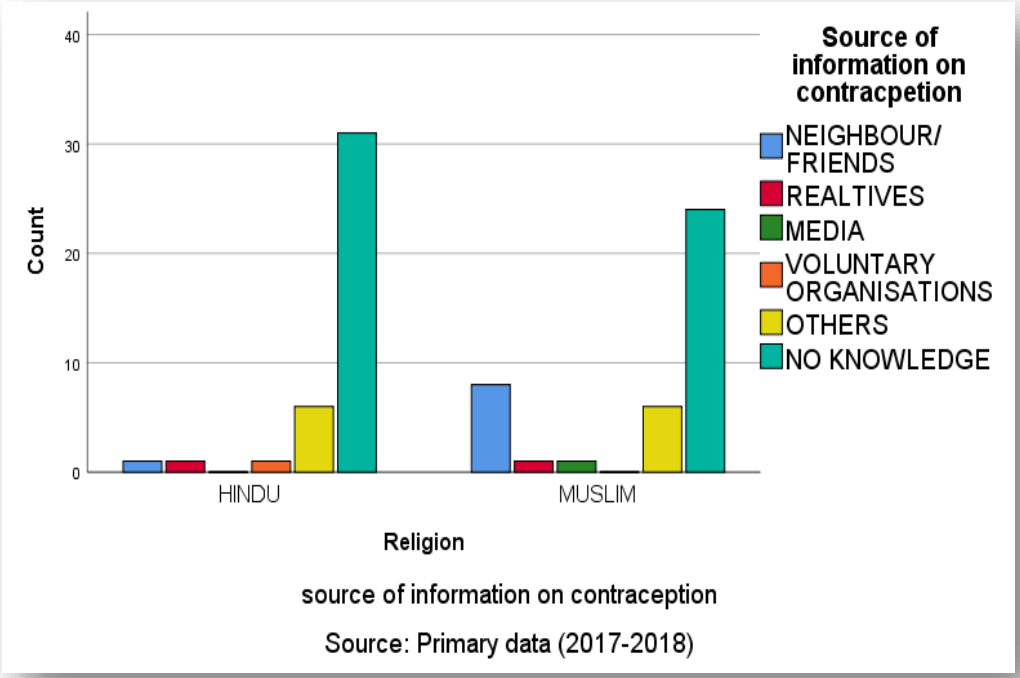
Source: Primary Source (2017-2018)

This table 4.23 represent the number of respondents who has knowledge on contraception. Out of 40 Hindu respondents, only 22.5 % respondents has a knowledge on contraception and rest 77.5 % respondents don't have any information whereas out of 40 Muslim respondents, 40 % of them has a knowledge on contraception and rest 60 % don't have as such.

4. 49 Source of knowledge on contraception among respondents

It is important to see from where the respondents get the information on contraception as the women in slum areas are not that educated so that they can understand but in 21st century, girls and women knew about the contraception but due to shame they are not openly tell or discuss among themselves. Another thing is they don't have time to sit and discuss all these; hence it is important for each and every woman to have knowledge on contraception.

Figure 4.27 depicts the source of information on contraception among respondents



This figure 4.27 represents the source through respondents get knowledge on contraception. Out of 40 Hindu respondents, 2.5 % respondents got to know from their neighbours/ friends, another 2.5 % got knowledge from relatives, others 2.5 % got information through voluntary organisations, 15 % received information from others and rest 77.5 % has no idea about contraception. As compare to Hindus, out of 40 Muslim respondents, 20 % respondents received information from neighbour/ friends, 2.5 % got from relatives, another 2.5 % got from media, 15 % respondents get to know from others and left over 60 % respondents has no knowledge on contraception till present.

4.50 Knowledge on RTI/STD among respondents

RTI/STD is the sexual transmitted diseases which occurred when partners do a sex with multiple partners and it transfer from one affected person to another when they do the act of sex. So a person should have knowledge on RTI/STD so that s/he can use protection and safe themselves from these kinds of diseases. Especially pregnant women should have knowledge on this so that the diseases cannot be transferred from her to child if she is affected by the disease.

Table 4.24 Represent whether the respondents have knowledge on RTI/STD or not

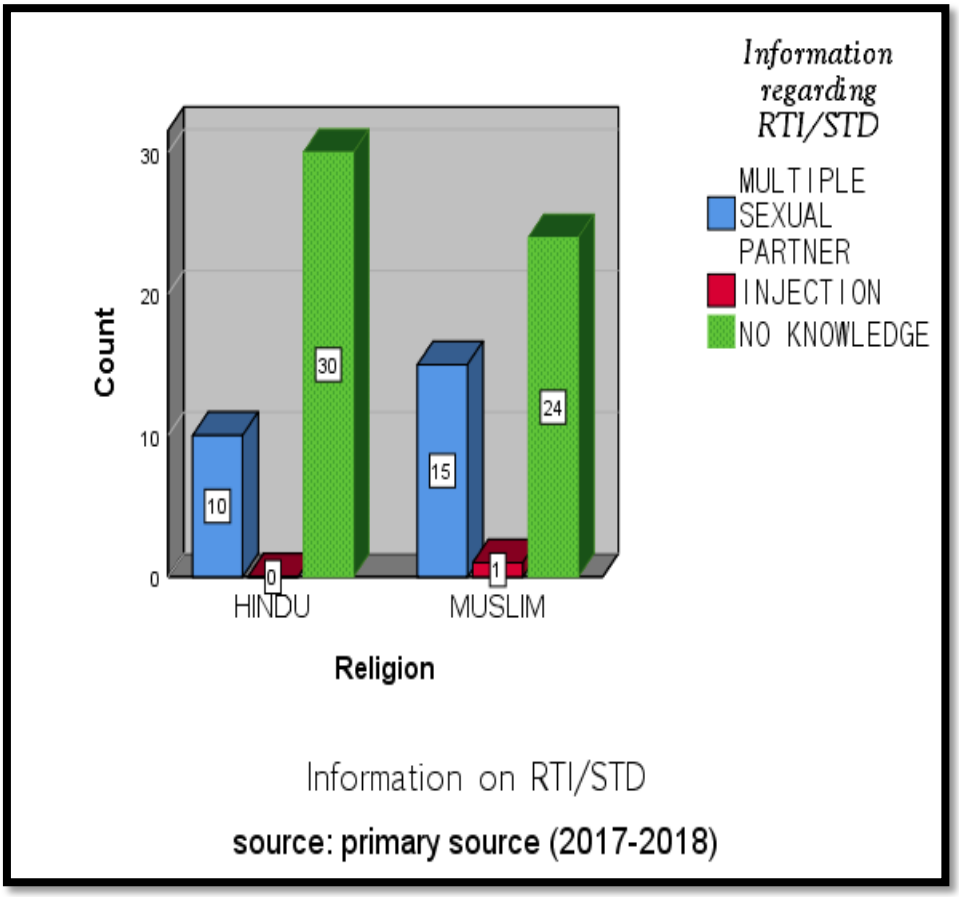
RELIGION		NO. OF RESPONDENTS	PERCENTAGE (%)
HINDU	YES	10	25
	NO	30	75
	TOTAL	**40**	**100**
MUSLIM	YES	16	40
	NO	24	60
	TOTAL	**40**	**100**

Source: Primary Source (2017-2018)

This table 4.24 represent whether the respondents have knowledge on RTI/STD or not. Out of 40 Hindu respondents, 25 % respondents have a information and rest 75 % don't have any knowledge whereas out of 40 Muslim respondents, 40 % of them have knowledge and rest 60 % don't have till present.

4.51 Respondents has the information on RTI/STD

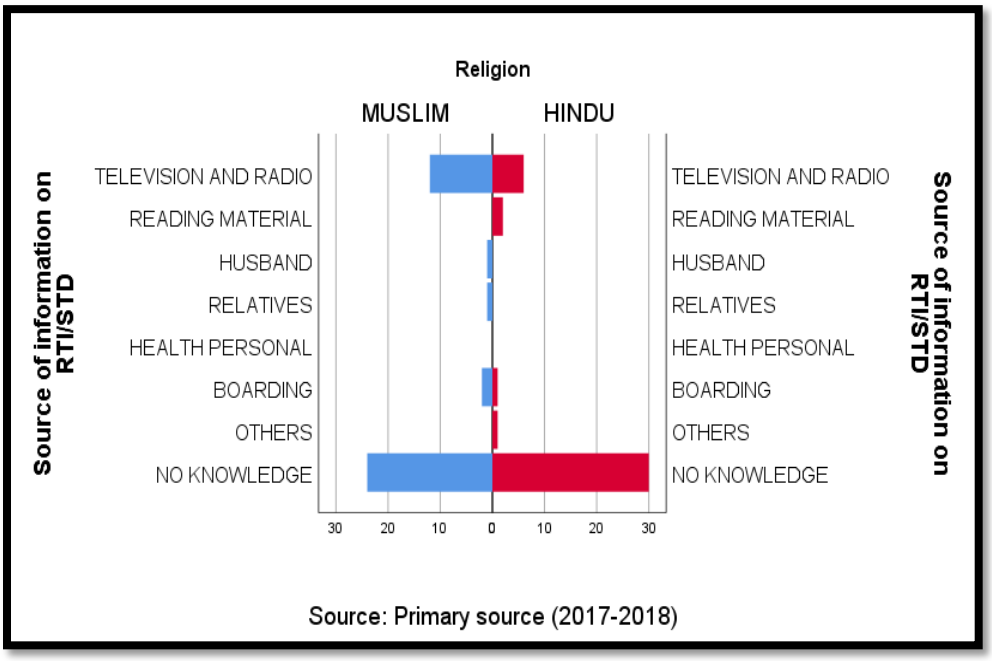
Figure 4.28 represent the information on RTI/STD among respondents.



This figure 4.28 depicts the information on RTI/STD among respondents. Out of 40 Hindu respondents 25 % of then know that RTI/STD happened because of multiple sexual partner and rest 75% respondents has no clue about RTI/STD whereas out of 40 Muslim respondents, 37.5 % respondents knows it happen due to Multiple sexual partner, 2.5 % knows due to injection it transmitted from one body to another and rest 60 % of them has no knowledge on RTI/STD.

4. 52 Source of information on RTI/STD

Figure 4.29 represent the source of information on RTI/STD



This figure 4.29 depicts the source of information through respondents knows about RTI/STD. Out of 40 Hindu respondents, 15 % of them get enlightened from television and radio, 5 % knows through reading material, 2.5 % knows by seeing the boarding, 2.5 % knows from others and rest 75 % has no knowledge on RTI/STD. As compare to Hindus, out of 40 Muslim respondents, 30 % knows from television and radio, 2. 5 % respondent's husband told them, 2.5 % respondent's relatives gave information, 5 % knows through boarding and 60 % has no idea about RTI/STD till date.

4.53 Do the respondents were having knowledge on pregnancy before they get pregnant

Pregnancy is a new phase of life and every woman should have minimum knowledge on it so that she should be conscious at this time and shouldn't be panic seeing the changes in her body. These 9 months is very crucial for every pregnant woman so she should be more careful.

Table 4.25 Represent whether the respondents has knowledge on pregnancy before they get pregnant

RELIGION		NO. OF RESPONDENTS	PERCENTAGE (%)
HINDU	YES	10	25
	NO	30	75
	TOTAL	**40**	**100**
MUSLIM	YES	15	37.5
	NO	25	62.5
	TOTAL	**40**	**100**

Source: Primary Source (2017-2018)

This table 4.25 depicts whether the respondents has knowledge on pregnancy before they get pregnant. Out of 40 Hindu respondents, 25 % has knowledge on pregnancy and 75 % didn't have before whereas out of 40 Muslim respondents, 37.5 % respondents have knowledge before and rest 62.5 % didn't have any idea about pregnancy.

4.54 Whether the respondents were facing violence during pregnancy

Domestic violence is an act of crime. In India, many women suffer from domestic violence and still stay with their husbands and families because they think separation from their husband is not acceptable in the society and she has to stay in that condition.

Table 4.26 Represent the number of respondents faced domestic violence at the time of pregnancy or not.

RELIGION		NO. OF RESPONDENTS	PERCENATGE (%)
HINDU	YES	13	32.5
	NO	27	67.5
	TOTAL	**40**	**100**
MUSLIM	YES	16	40
	NO	24	60
	TOTAL	**40**	**100**

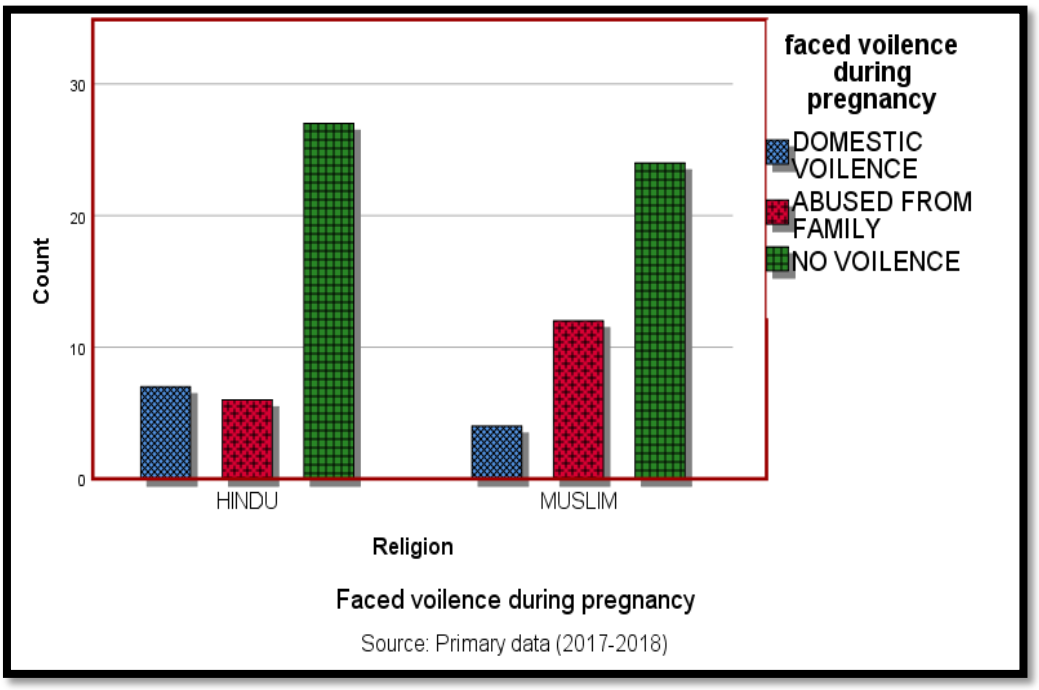
Source: Primary Source (2017-2018)

This table 4.26 represent the number of respondents faced domestic violence at the time of pregnancy or not. Out of 40 Hindu respondents, 32.5 % faced violence when they were pregnant and rest 67.5 % has a full support from their in-laws side and has

no such problem occurred till date. As compare to Hindus, out of 40 Muslims, 40 % faced violence and 60 % had no such issues from their in-laws side.

4.55 Domestic violence faced by the respondents

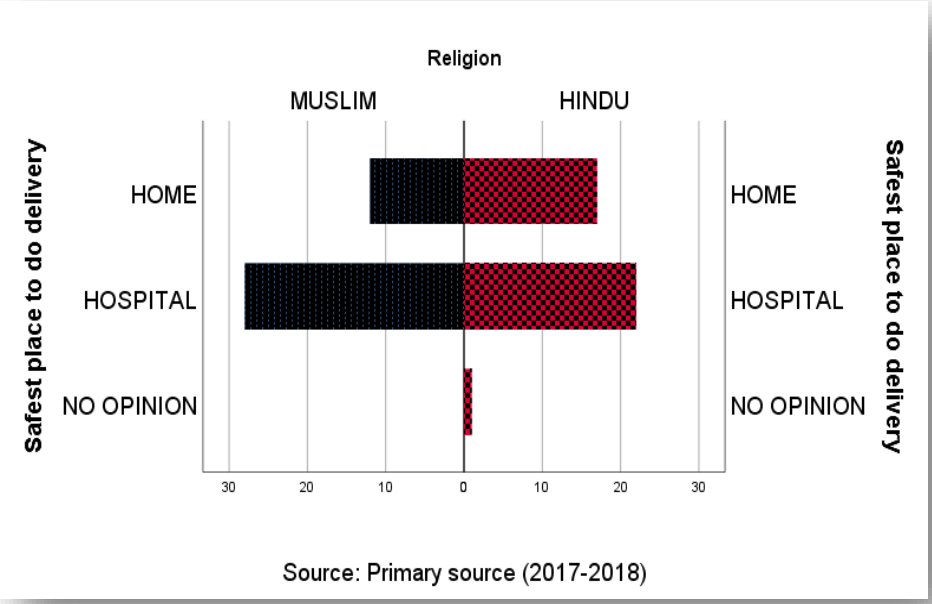
Figure 4.30 represent the Domestic violence faced by the respondents during pregnancy



This figure 4.30 represents the Domestic violence faced by the respondents during pregnancy. Out of 40 Hindu respondents, 17.5 % respondents faced domestic violence from their husband side, 15 % of them faced violence from their in-laws and rest 67.5 % didn't face any violence where as Out of 40 Muslim respondents, 10 % faced violence from Husband, 30 % faced from in-laws and rest 60 % are lucky that they didn't suffer from this act.

4.56 Safest place to do delivery

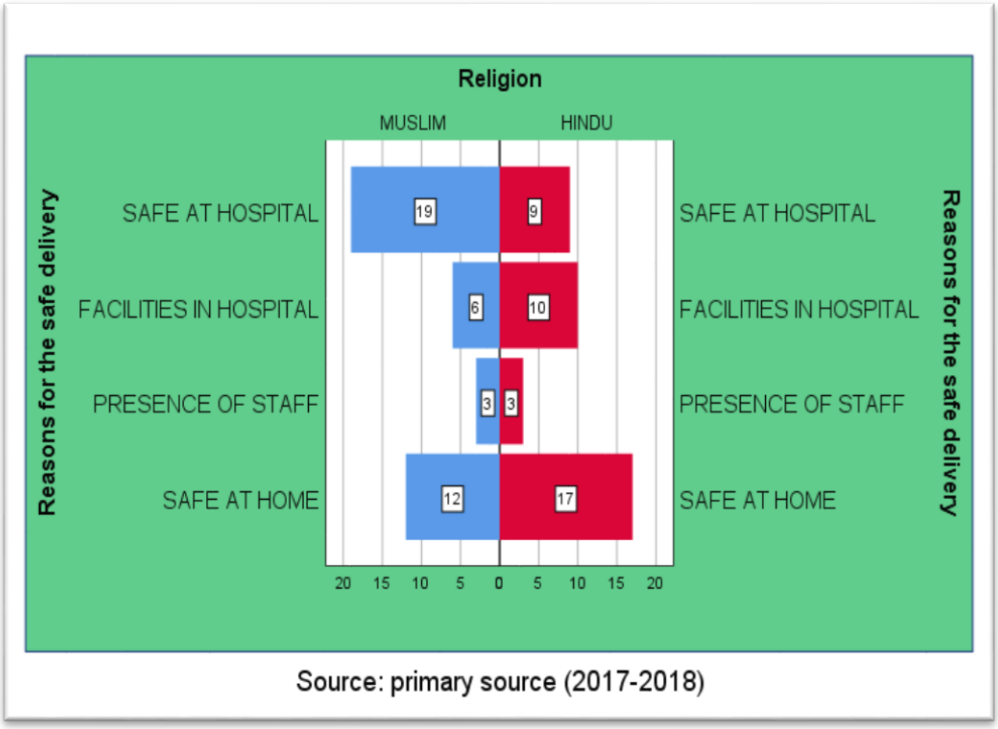
Figure 4.31 represent the safest place to do delivery



This figure 4.31 represents the opinion of the respondents regarding the safest place to do delivery. Out of 40 Hindu respondents,42.5 % respondents feel home is the safest place to do delivery, 55 % feel Hospital is the more convenient to give birth to child and 2.5 % respondents has no opinion when this question was ask to them. As compare to Hindus, out of 40 Muslim respondents, 30 % feels the delivery should be done at home and rest 70 % respondents feel hospital is the better place to do delivery.

4.57 Reason for the safest delivery

Figure 4.32 depicts the various reasons of the respondents regarding the safest place for delivery



This figure 4.32 depicts the various reasons of the respondents feel the safest place for delivery. Out of 40 Hindu respondents, there are 17 (42.5%) respondents think that home is the safest place for delivery, 3 (7.5%) respondents thinks that due to presence of staff at hospital it is safest place and 10 (25%) respondents feel that due to the facilities in hospital it is safe to do delivery at hospital and 9 (22.5%) respondents feel that hospital is the safest place o do delivery because of the reason mentioned above. But among 40 Muslim respondents, there are 12 (30%) respondents who thinks that home is the safest place to do delivery, 3 (7.5%) respondents thinks that because of the presence of staff, hospital is the safest place for delivery, 6 (15%) respondents felt that as there are number of facilities at hospital so it is the safest place to do delivery and 19 (47.5%) respondents felt that hospital is the safest place to give birth.

4.58 Support of the husband during pregnancy

During the time of pregnancy a women need a family support especially her husband support so that she can overcome the mood swings during the time pregnancy and also need to be care by all the members of the family.

Table 4.27 Represent the table on the number of respondents whose husbands were supportive during pregnancy.

RELIGION		NO. OF RESPONDENTS	PERCENTAGE (%)
HINDU	YES	27	67.5
	NO	11	27.5
	MISSING VALUE	2	5
	TOTAL	**40**	**100**
MUSLIM	YES	31	77.5
	NO	9	22.5
	MISSING VALUE	0	0
	TOTAL	**40**	**100**

Source: Primary Source (2017-2018)

This table 4.27 shows the data of the respondents whose husbands were supportive during the time of pregnancy. Out of 40 Hindus, 67.5 % were having support from their husband and 27.5 % didn't get any kind of support from the husband and 5 % respondents didn't provide any answer on this question whereas among 40 Muslims, 77.5 % were having full support of their husbands and 22.5 % husbands didn't care at all during the whole process.

4.59 Do government/ private hospitals conducted any medical camp?

Table 4.28 Represent the table on the medical camps conducted by the government/private in their locality.

RELIGION		NO. OF RESPONDENTS	PERCENTAGE (%)
HINDU	YES	2	5
	NO	38	95
	TOTAL	**40**	**100**
MUSLIM	YES	7	17.5
	NO	33	82.5
	TOTAL	**40**	**100**

Source: Primary Source (2017-2018)

This table 4.28 categorize the respondents who had attended a medical camp in their locality. Among 40 Hindus, there are only 5 % population who had attended a medical camp till date and 95 % respondents which is very less in number and among 40 Muslims, only 17.5 % respondents attend the medical camp and 82.5 % which is a huge number didn't have knowledge about the medical camp. The number shows that huge population who are living in slums didn't have the facility or have no knowledge about the medical camps as they are not aware of such things. This also shows that none of the government or private hospitals took initiations for conducting free checkups for those who are living in slum areas.

4.60 Aware of Telangana kit

The Telangana government has started a programme where they distribute the pregnancy kit to the pregnant women in which they provide all important things in it which will be needed by the pregnant women.

Table 4.29 Represent the table on the number of respondents aware of Telangana kit.

RELIGION		**NO. OF RESPONDENTS**	**PERCENTAGE (%)**
HINDU	YES	24	60
	NO	16	40
	TOTAL	**40**	**100**
MUSLIM	YES	25	62.5
	NO	15	37.5
	TOTAL	**40**	**100**

Source: Primary Source (2017-2018)

This table 4.29 shows the data of the respondents who are aware of the Telangana Kit provide by the KCR. Out of 40 Hindu respondents 60 % respondent are aware of the KCR Telangana kit which is distributed to the pregnant women by the state government and 40 % respondent don't have any knowledge about this scheme where among 40 Muslims 62.5 % women respondents have knowledge about the KC Telangana kit and 37.5 % are not aware about the scheme.

4.61 Receive any facilities from Telangana government at the time of pregnancy

Table 4.30 Represent the table on the respondents who received any facilities from Telangana government at the time of pregnancy.

RELIGION		NO. OF RESPONDENTS	PERCENTAGE (%)
HINDU	YES	6	15
	NO	32	80
	MISSING VALUE	2	5
	TOTAL	**40**	**100**
MUSLIM	YES	4	10
	NO	35	87.5
	MISSING VALUE	1	2.5
	TOTAL	**40**	**100**

Source: Primary Source (2017-2018)

This table 4.30 shows the answers of the respondent on whether they received any facilities from the Telangana government during the time of pregnancy. Out of 40 Hindu respondents there are 15 % respondents who received the kinds of facilities from the Telangana government during the time of pregnancy and 80 % respondents didn't receive any kind of facility where among 40 Muslim respondents there are only 10 % respondents who got the facilities from the Telangana government and 87.5 % didn't get any sort of facility and 1 % respondent was not able to answer this question. This shows that government is not providing any facilities to the slum population who is living in an utter poverty.

4.62 Respondents having health card or health insurance

Now days the government has the provision given to the people to have a health card of health insurance for their future. Those who have the card or insurance they are getting various facilities when they visit government hospital or insurance from the bank if they met with an accident of died due to diseases.

Table 4.31 Represent the table on the respondents having health card or health insurance

RELIGION		**NO. OF RESPONDENTS**	**PERCENTAGE (%)**
HINDU	YES	7	17.5
	NO	33	82.5
	TOTAL	**40**	**100**
MUSLIM	YES	7	17.5
	NO	33	82.5
	TOTAL	**40**	**100**

Source: primary source (2017-2018)

This table 4.31 describe the data of the respondents who are having or not having health card or health insurance. In this table out of 40 Hindu respondent only 17.5 % respondents are having health card or health insurance and 82.5 % majority are not having health card or health insurance where among 40 Muslim women, 17.5 % are have made the health card or health insurance and 82.5% don't prepare their health card or health insurance.

4.63 Number of times respondents visit doctor

Table 4.32 Represent the table on the number of times respondents visit doctor.

RELIGION		**NO. OF RESPONDENTS**	**PERCENTAGE (%)**
HINDU	NEVER VISITED	7	17.5
	SOMETIMES VISITED	33	82.5
	MANY TIMES	00	00
	TOTAL	**40**	**100**
MUSLIM	NEVER VISITED	7	17.5
	SOMETIMES VISITED	33	82.5
	MANY TIMES	00	00
	TOTAL	**40**	**100**

Source: Primary Source (2017-2018)

This table 4.32 represent the number of times respondents visit doctor. Among 40 Hindu respondents there are 17.5% respondents who never visited the doctor till date and 82.5 % respondents visit the doctor very often when they fall sick due to change in climate or having cold or fever where among 40 Muslim respondents, there are 17.5 % respondents never visited the doctor and 82.5 % respondents consulted the specialist when they were not keeping well.

4.64 Aware of Aarogyasi scheme

Table 4.33 Represent the table of the respondents about the awareness of Aarogyasi scheme

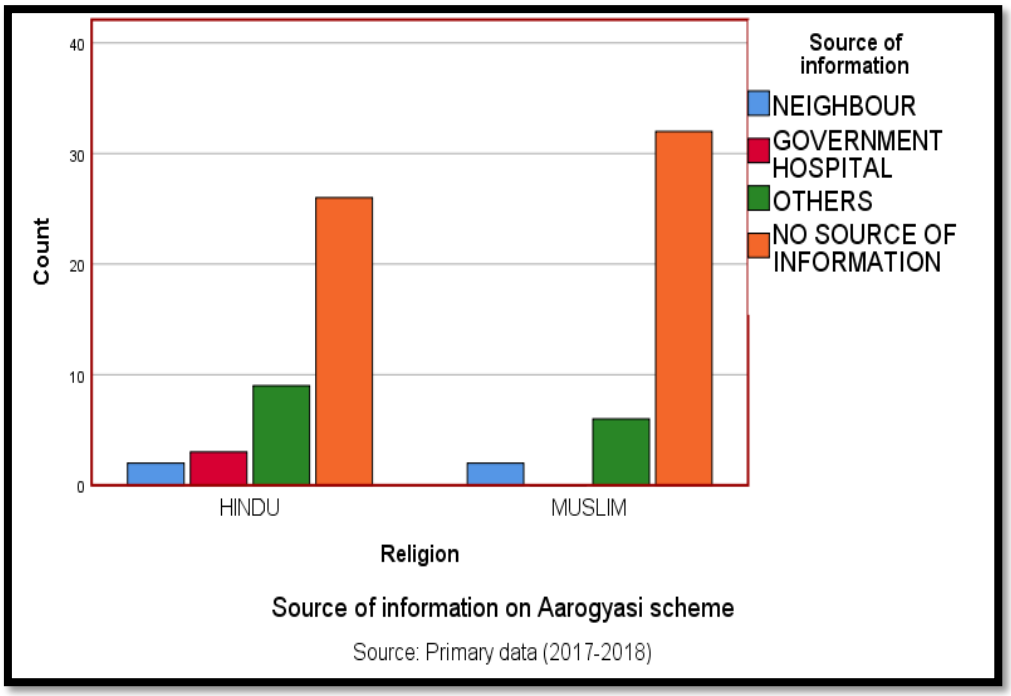
RELIGION		NO. OF RESPONDENTS	PERCENTAGE (%)
HINDU	YES	14	35
	NO	26	65
	TOTAL	**40**	**100**
MUSLIM	YES	8	20
	NO	32	80
	TOTAL	**40**	**100**

Source: Primary Source (2017-2018)

This table 4.33 shows the number of respondents who are aware of Aarogyasi scheme. Out of 40 Hindu respondents there are 35 % respondents are having knowledge on Aarogyasi scheme and 65 % respondents are not conscious of Aarogyasi programme where out of 40 Muslim respondents , only 20 % respondents knows about Aarogyasi programme and 80 % are not alert about the agenda.

4.65 Source of information on Aarogyasi scheme

Figure 4.33 represent the figure on the source of information on Aarogyasi scheme



This figure 4.33 represents the bargraph of the respondents on the various source through which they are aware of the Aarogyasi scheme. Out of 40 Hindu respondents, 2 (5%) respondents who received the information from their neighbour, 3 (7.5%) respondents knew from the government hospital, 9 (22.5%) respondents got to know from other sources and 26 (65%) respondents don't know about the Aarogyasi scheme where among 40 Muslim women respondents, 2 (5%) respondents knew from their neighbour and 6 (15%) respondents have the knowledge from other sources and 32 (80%) respondents don't know about it.

4.66 Aware of water born diseases

Table 4.34 Represent the table about the awareness of water born diseases among respondents.

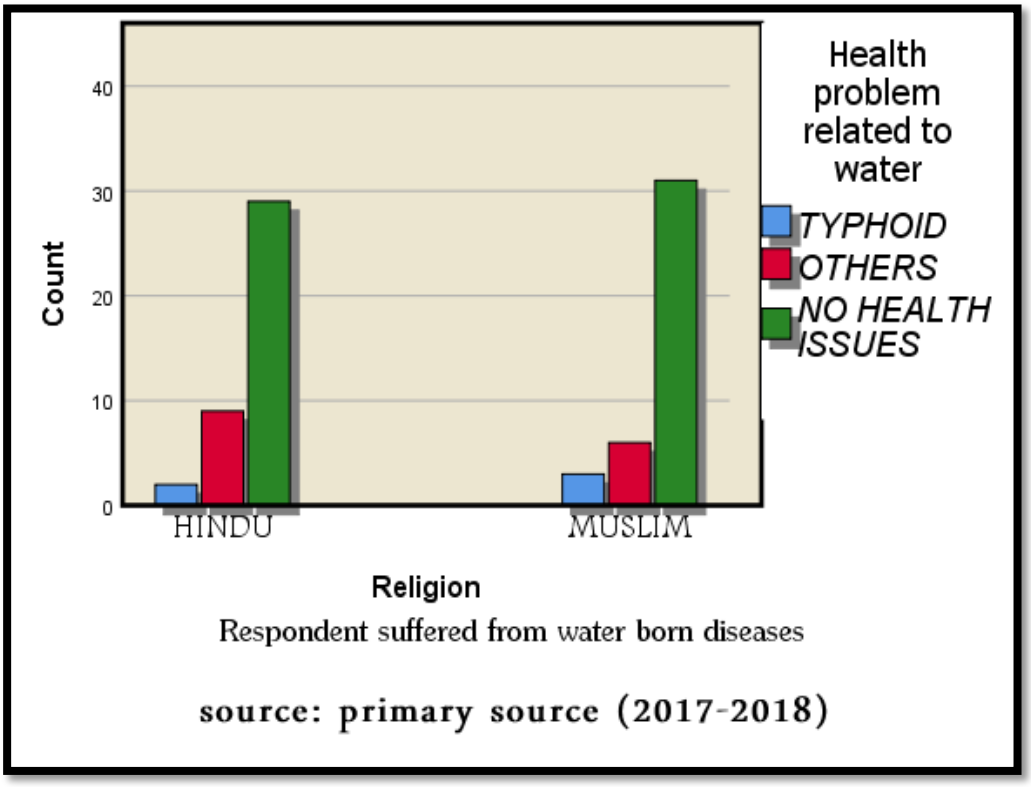
RELIGION		NO. OF RESPONDENTS	PERCENTAGE (%)
HINDU	YES	35	87.5
	NO	5	12.5
	TOTAL	**40**	**100**
MUSLIM	YES	37	92.5
	NO	3	7.5
	TOTAL	**40**	**100**

Source: Primary Source (2017-2018)

This table 4.34 shows the data of the respondents who are aware of water borne diseases. Within 40 Hindu respondents, 87.5 % majority population are attentive about water born diseases and only 12.5 % population have no idea about the various types of diseases spreading because of water where among 40 Muslim, there are 92.5 % respondents are cognisant about the water born diseases and barely 7.5 % population are unknown about the water born diseases.

4.67 Health problems due to unsafe water or water born diseases

Figure 4.34 represent the figure on the health problems due to unsafe water or water born diseases.



This figure 4.34 shows the data of the respondents on their health problems which occurred due to unsafe water or water born diseases. Out of 40 Hindu respondents there are 2 (5%) respondents who suffered from typhoid, 9 (22.5%) respondents suffered from other diseases and 29 (72.5%) respondents were not having any health issues due to poor quality of water or water born disease where out of 40 Muslim women, 3 (7.5%) respondents had typhoid, 6 (15%) respondents were suffering from other diseases and 31 (77.5%) respondents had no health problem.

4.68 Do they consult doctor?

Table 4.35 Represent the table of the respondents whether they consult doctor or not.

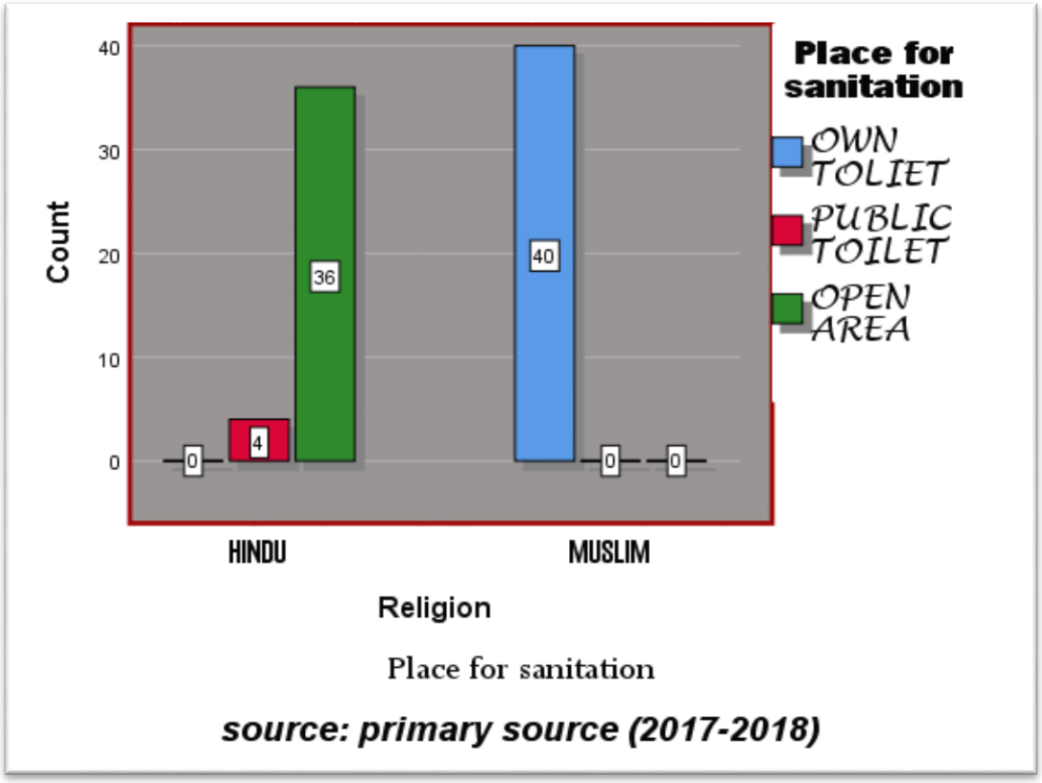
RELIGION		NO. OF RESPONDENTS	PERCENTAGE (%)
HINDU	YES	10	25
	NO	1	2.5
	NO PROBLEM	29	72.5
	TOTAL	**40**	**100**
MUSLIM	YES	8	20
	NO	1	2.5
	NO PROBLEM	31	77.5
	TOTAL	**40**	**100**

Source: Primary Source (2017-2018)

This table 4.35 represent the data of respondents whether they are consulting doctor or not when they fall sick due to other reasons. Among 40 Hindu respondents, only 25 % went for consultation and 2.5 % didn't and 72.5 % didn't have any issues as such where among 40 Muslim respondents there are 20 % respondents went to meet the doctor and 2.5 % didn't visit the doctor when they fall sick and 77.5% population had no problem.

4.69 Place for sanitation

Figure 4.35 represent the figure on places of sanitation use by the respondents



This figure 4.35 shows the data on places of sanitation. Out of 40 Hindu respondents, 0 respondents have their own toilet it means that they don't have the access or built their own toilet near to their house, 4 (10%) respondents access the public toilet which is a common toilet built by the government and 36 (90%) respondents go to open areas for sanitation where among 40 (100%) Muslim respondents have their own toilet attach to their house and none of the respondents use public toilets or goes to open area for sanitation

4.70 Did any NGO or organisations have come for the construction or improvement of latrines facilities in their areas?

Table 4.36 Represent the table concern about the construction or improvement of latrine facilities in their areas.

RELIGION		NO. OF RESPONDENTS	PERCENTAGE (%)
HINDU	YES	0	0
	NO	40	100
	TOTAL	**40**	**100**
MUSLIM	YES	0	0
	NO	40	100
	TOTAL	**40**	**100**

Source: Primary Source (2017-2018)

This table 4.36 represent the data on whether any NGO or any other organisation took initiation regarding the construction or improving the latrine facilities in their areas. Out of 40 (100%) Hindu respondents and 40 (100%) Muslim respondents none of them get any facilities from any NGO or other organisation regarding the construction or improving the facility of latrines in their area or locality.

4.71 Aware of slum improvement scheme

Table 4.37 Represent the table about the awareness of slum improvement scheme among the respondents.

RELIGION		NO. OF RESPONDENTS	PERCENTAGE (%)
HINDU	YES	0	0
	NO	40	100
	TOTAL	**40**	**100**
MUSLIM	YES	0	0
	NO	40	100
	TOTAL	**40**	**100**

Source: Primary Source (2017-2018)

This table 4.37 represent the data on the slum improvement scheme. Among 40 (100%) Hindu respondents and 40 (100%) Muslim respondents none of them has knowledge on slum improvement scheme. It means government never went to such places to see the condition of people who are living in such a poor condition.

4.72 Did they receive any kind of facilities from government?

Table 4.38 Represent the table regarding the facilities provided by the government

RELIGION		NO. OF RESPONDENTS	PERCENTAGE (%)
HINDU	YES	0	0
	NO	40	100
	TOTAL	**40**	**100**
MUSLIM	YES	0	0
	NO	40	100
	TOTAL	**40**	**100**

Source: Primary Source (2017-2018)

This table 4.38 represent the data whether they receive any kind of facilities from government. Out of 40 (100%) Hindu respondents and 40 (100%) Muslim respondents none of them received any kind of facilities regarding the improvement of their living condition. They are still living in the same condition.

CHAPTER 5

FINDINGS AND CONCLUSION

India is a growing country which follows the path of industrialization and modernization. From ancient period, people are migrating to urban space for employment. After industrialization hits India, people lost their jobs and N number of population shifted to cities for better future. As the industries are growing, cities are becoming a promising place of employment for many people. As the country is progressing, population is increasing at the faster rate. Now cities are also facing multiple crises such as shortage of water, landless areas, spacing of houses, pollution, overcrowding, crimes etc. With all these issues, there is another problem which is becoming the part of the city is "slum". Slum can be define as the place where lower economical background people are living as a daily wage labour who don't have a proper house, no aeration, no proper sanitation facility, lower education level, no proper voltage, dirty atmosphere etc. Most of the slum is situated at the outskirt of the cities, under bridges, near railway lines, open areas which haven't captured by public or private sector or near lake where all the disposals of the city meet.

Due to all these circumstances, slum dwellers faced many challenges specially health problems. There are many factors such as their placement in the cities, their finance, social stigma, intake and etc are highly responsible for their health issues. The two groups children and women who spend most of their time in slums are easily get affected by the virus of diseases. In slum areas, the earning of male member of the family is not sufficient enough for whole family so the women or elder child of the family are the helping hand in order to get more money. The whole burden of the family is on women who do all the house chore activities, take care of children, elders and also go out for work. Her life revolves around these thinks due to which her mental and physical condition of her body get deteriorates with the span of time. She hardly has time to look after for herself as her whole time is behind the family and other things which are important for the survival. She is vulnerable to many diseases such as chronic diseases, respiratory problem, body and joint pain, deficiency of balance diet etc.

In rural and urban areas, access to hospital is very difficult so most of the women do home remedies for their health issues which they have leant from their ancestors. Inspite of going to hospital they always try to find out the alternate solution for their health issues. Either they don't go to hospital or they use the traditional methods to cure their problems. It has been observed that antenatal care is minimal during and

after pregnancy. There are social stigmas (act as a barrier) which is present in the society has an influence on them and stop them to do anything for themselves.

Hyderabad is one such city which is in the list of metropolitan cities like Bangalore, Chennai, Mumbai, Delhi and Kolkata. Hyderabad is rising as a dream city which provides plenty of work to people who are unemployed as the state government is investing their money in many projects which help the industries or corporate world to grow.

At national level and state level, government is facing problem regarding slum and slum dwellers as their population is budding due to migration. Inspite of introducing many programmes, the government is failing somewhere to solve their issues in order to make their life better. The middle man is also responsible somewhere for their poor condition. Though government has been taking many initiations but couldn't reach to them directly as the middle man don't do their work properly. Most of the money has been eaten by these people for their own selfish reasons. And because of this attitude the poor people became poorer.

5.1 Findings of the study

My study is a comparative study on two major religious group of India i.e. Hindu and Muslim where I took an interview of 40 women from both the groups staying in two different slums situated at Gopanpally. After I have analysed my data I found that:

Education is the only factor which can change the nation. From the post independence, government always stress or improved the education system at any cost but Indian society was never be in favour of sending their girl child for higher education. They send boys for education and ask their girl child to learn house chore activities or other works which help her to run her married life. And still this phenomenon still exists in minds of people. According to my study, most of the women in both the community are not getting education because of various reasons such as they stay at home to take care of their siblings, family members, help their mother in work and learn to handle the house chore activities. The Muslim women percentage is higher in getting education at primary and middle schooling than Hindu women where as Hindu women percentage is higher at higher school and graduation. None of the Muslim women has entered into the graduation where as there were some

women among Hindus who went to college to complete their graduation. But still majority of the women in both the communities couldn't go for schooling which shows that parents are not comfortable in providing education to girl child.

There are various reasons for slum dwellers to leave their education in between and indulge in some other activities. So is the case with girls as well. Due to lack of family support girls are leaving their education; do house chore activities in the absence of their mother, taking care of their siblings and etc. As compare to Muslim women, Hindu women are less in number who left their studies because the school is far and they had to take care of their siblings where as Muslim women is at higher position than Hindu women who discontinue their studies due to lack of family interest, got married, other reasons and face financial crises. But there are equal number of women in both the communities who has no interest in studies so they didn't go to school to get education.

In terms of occupation, various type of employment has been offered to the population of cities but due to less qualification, slum dwellers couldn't grab those opportunities. In both the community, Muslim women have grabbed the superior position than Hindu women for being a housewife. The percentage of Hindu women is higher than the Muslim women in terms of self employed. But there are few women among Muslim community who do work in private sector but that is not the case amongst Hindu women.

Whether a person belong to middle class or lower class, monthly income is necessary for running the family. At the end of the month, families are eagerly waiting for the income to come home so that they can buy the products which is necessary for the whole family. But this is not the case among slum dwellers while most of them are daily wage labourer who work where ever there is a requirement and get the money at end of the day. The monthly income varies from one family to another family among slum dwellers. The Muslim women are privileged to earn more than Hindu women in the categories of below 5000Rs and 10-15 thousand Rs. Both the families share the equal position as their monthly income lies between the 10-15 thousand rupees. But there are few respondents who are not aware of the monthly income of the family.

Marriage is a social institute which has been created by the society a long ago. The society has set a particular age for both boys and girls which are acceptable by the

pupils. From the late 18th century, child marriage is exist and has been practised in many region of Indian sub continent. Along with Indian reformers, the colonizers had tried to eradicate this social evil from the society. They were successful at some point of time but at the same time these norms are continuing and passing from one era to another era on the name of tradition. Though according to Indian law child marriage is offensive crime where a boy cannot marry before the age of 21 and girls cannot marry before 18 years old. The Indian Supreme Court has passed the order by saying that if the law fund anyone is practising; strict action will be taken against the family members of both girls and boys. In India, laws have been made but society doesn't follow or accept such laws. Today we are living in a 21st century but still in rural areas and in slum areas, child marriage is practising without any hesitation. Marriage is one of the most important event in everyone's life so among the slum dwellers. There are many girls in slum areas who get married before 18 years old as parents think that it is their responsibility which need to be done as soon as possible so that they can focus on their other works. The slum dwellers think that it is good that their daughters should get married at an early age otherwise they won't get a suitable boy in future. But they forget that if the girl marries at early age, their health will get affected as their body don't permit them to conceive and the result will be miscarriage which is not good for physical, mental and emotional health. As compare to Muslim women, Hindu women percentage is more who get married after the age of 18. But at the age of 17 and 18, the percentage of Muslim women is higher than the Hindu women. The Hindu women are less in percentage than Muslim women who get married at the age of 14 and 15. There are few Muslim women who get married at the age of 12 which is higher than Hindu women where as Hindu women proportion is elevated than Muslim women who get married at the age of 13.

Among slum dwellers and even in the society where we live, we have created the right age for both girls and boys to get married and people get married for various reasons and some people were forced to get married directly or indirectly or emotionally from their family side. Every day the slum dwellers facade countless challenges and fight for the survival. Among them, they also have the view that it is better their daughters get married as soon as possible. It has been seen that at one point of time, girls in slum get married because of two reasons. One is family members make her to feel that she become the burden on them and second was she

herself start thinking in that perspective. With comparison to Muslim women, Hindu women are greater in number in marring because they fall in love and wants to overcome their family burden. But that is not the case with the Muslim women. The Muslim women are more in number than Hindu women in matter of marrying early as the family of bride wants to do it soon so they married early.

There are few states who believe marriage should be happen in their bloodlines and one such state is Telangana and Andhra where parents looking for suitable candidate within the family. This theory has been practised by the Muslim community where cousins can marry to each other. So among Telugu speaking Hindu women and Muslim women, it has been seen that more digit of Muslim women married to their cousins whom they knew already before marriage.

As it is mention earlier, Hyderabad is one of the metropolises which offer large amount of employment in different sector and that is the one main reason people are shifting to urban areas. Because of the same reason, rural population is migrating from rural areas to urban areas. Migration is one such reason which is responsible for the growth of slums in cities. So the slum dwellers that are residing in urban areas were living in countryside. Among both the communities, the percentage of Muslim women is higher than the Hindu women regarding the native of Hyderabad. It shows that Hindu women are migrated to Hyderabad due to marriage or in search of employment.

Puberty is the age where both boys and girls left their childhood and enter into adolescence. They start growing, they observed the physical changes in their body, and they start behaving mature and take things seriously. When girls enter into puberty, she hardly has any knowledge on her biological changes so it is very important that she should be aware of all the changes which will occur in her body. It is the responsibility or a duty of the mother or an elder person (female) to make her understand these thinks so that she should know how to tackle the situation and have full knowledge on it. It has been observed that among slum dwellers the parents are so busy that they don’t provide any information on menstrual cycle to their girl child. As compare to Hindu women, Muslim women are less in number who got the information on menstrual cycle from their mother, friends and media whereas Hindu

women is lesser than the Muslim women who got first hand information on puberty from their grandparents, friends and other sources.

An individual face many health issues at their personal level when she hit the puberty age. Some girls have common health issues and some are having different. But it is significant that girls should aware of these issues so that they can handle it properly with adequate measure. As compare to Hindu women, Muslim women have a better knowledge on the problems which occur due to menstrual cycle. With contrast to Hindu women, Muslim women are having higher chances of stomach pain, headache, body pain, irregular periods and other problems in every month while Hindu women are having more chance to have dysentery and excessive bleeding every month. The number of Hindu women is higher than Muslim women who don't have any health issues due to menstruation.

Women suffer from many issues which she is comfortable in sharing either with her mother or husband and once she get married, she gradually sharing her problems with husbands even if she having any health issues. We have seen that most of the women are not comfortable in sharing their menstrual women with their spouses but there are cases where women do as spouse has the right to know whether his wife is comfortable or not in her life. Among slum dweller, Muslim women are more comfortable in sharing their health issues related to menstrual cycle with their partner than Hindu women.

It is advisable that if an individual is suffering from any health issues then S/HE should visit doctor and take medication if it is needed. Many women consult gynaecologist for their health issues related to menstruation as they are the one who give best advice and proper treatment. After the study of my data I found that more number of Muslim women consults the doctor working in private and government hospital than Hindu women so that it will cure soon. But number of Hindu women is more than Muslim women who feels that they don't want any medication or prescription.

Hygiene is most important element in everyone's life. If we don't maintain cleanliness, indirectly we invite the harmful bacteria and fungus to enter in to our body and make our immune system weak. Menstrual hygiene is as important as taking bath everyday otherwise we will unnecessarily affect our body with our own hand. Is

has been seen that more integer of Hindu women are secure to use clothes than sanitary napkin than Muslim women. In order to maintain sanitation, it is important to maintain or follow some cleanliness in our daily life. During menstrual days we shouldn't wear the same cloth or napkin all the time. Instead of doing that, it is prudent to change the cloth or napkin twice or thrice in 24 hours. It has been seen that due to work pressure, girls or women forget or don't have time to change the material and stay for a longer time which is actually not good for their health. Among both the communities' women, the more number of Muslim women change their cloth or napkin twice a day than Hindu women whereas more number of Hindu women change their material thrice a day than Muslim women. Apart from this, Muslim women percentage is more in number than Hindu women in maintaining hygiene during menstrual period.

Under the Hygiene one more segment is added i.e. changing of clothes (material) used by the women or girl during menstrual cycle. It is mandatory that any girl or women who are using clothes during menstrual days should change it frequently. Those women who change their clothes regularly, they secure their lives from unsafe microbes. Among both the communities Hindu women change their menstrual materials regularly than Muslim women in every one, two or three months. We observed that those women who use sanitary napkin have to throw it away after it has been used. With comparison to Muslim women, Hindu women are more in number who throw the napkin in flush or throw away from the house and also burnt it where as among Muslim women there are more number of women who wrap the napkin and throw it in dustbin or burry in soil than Hindu women.

Women face many health challenges in her lifetime. She goes through many changes in her body. One such change occurs after her puberty which they don't understand at initial stage and have many questions in her mind. During menstrual period, some women observe that there are gaps in between two cycles which become the concern of the girl. In this case she should consult the doctor and know the reason behind it. Now days, this happen due to stress where women might not get their regular cycle on time so if this happen to anyone, she should immediately rush to clinic for her health checkups. Regular period symbolise the healthy body and healthy mind. But as city life is so busy that women neglect these gaps which occur due to bad lifestyle, less sleep, no physical activities and stress for small things. In case of women living in

slum, they also face these gaps majority of Hindu women face this issue than Muslim women. As it has been seen that this problem is common among Hindu women, there number is also high in terms of taking medication and consulting doctor. Even there is more number of Hindu women than Muslim women who don't go for treatment and ignore this sign.

Motherhood is the beautiful phase or feeling which has been experienced by the all most all women after marriage. But it is very crucial that women get pregnant at correct age so that she won't have any complications during delivery so women should get pregnant at right age. It has been observed among Muslims that women conceived very early after marriage and within one year of their marriage, they give birth to child. In other words, within few months women have to give nativity soon otherwise, their in-laws will feel that there is some problem in girl. So they might ask their son to divorce her or marry to some other girls who can give them the grandchildren. So in order to save themselves from this situation, they conceive immediately after marriage. It has been observed that percentage of Muslim women is higher than Hindu women in getting pregnant for the earliest time before the age of 20 and in between 21 to 25. But there is a decline in percentage of Muslim women as none of them get expecting after 21 whereas there are few Hindu women who get heavy with child for the first time even in between the age of 26 to 30. Surprisingly, there are few Hindu women who don't remember their age of conceiving for the first time. Most of the Muslim women had already known about pregnancy before marriage.

Domestic violence is a criminal offence. A person can go to jail if any family or groom does such kind of heinous act. Government of India has already made laws. From many years, the domestic violence has increased. Many cases are going on in the courts at various levels. There are people are spending their lives in jail due to domestic violence. Many women in this country face domestic violence every year but most of the women don't speak on this issue and suffer from mental and physical torture from their in laws and husband side. Most of the violence happened on the name of dowry. Giving dowry and taking dowry is a heinous crime which has been practised in India from many decades in our society. There are people who support this system which is not good. It makes man greedier and takes him towards crime. Many organisations has come up and talked to people on this issue but only few

women have the courage to go against this. Still this has been practised in rural areas. On the name of bright future of couples, parents are ready to give and take dowry and once they received, they want more of it. If their daughter in law is unable to give more money, then she has to go through many humiliations. There are many cases where women suffered from depression or when she found that there is no way out then she chooses the path of death. But there are cases where their in laws make the life hell and sometimes burnt them. In the end, women lost their life. It has been seen that few number of Muslim women face domestic violence in the form of verbal abuse from their husband and family members and raising hand during pregnancy. Most of the women from both the community don't face domestic violence which is a good symbol.

After marriage women conceive many times till menopause. According to my survey, Hindu women percentage is higher than Muslim women who are getting pregnant once or twice but Muslim women are at highest position than Hindu women who conceived more than two times, three times and even four times and more than four times. It is not a good sign for women health to get conceive again and again as it makes the body and internal organ weak.

The results shows that more number of Muslim women had conceive their first child in next month of their marriage, in between 2 to 5 months and after 3 years of their marriage while the percentage is more among Hindu women who get weighty after 10 to 12, after first, second and third year of their marriage. There is a decline among Hindu women after 3 years. Both Hindu and Muslim women share equal position in conceiving in flanked by 6 to 9 month.

When a woman is pregnant, she needs an immense support from their family member especially from their husband as he is the better half. During pregnancy, women need any sort of things according to mood swings and it is the duty of the husband to provide all that whatever she wants. From time to time, she has to go to hospital for regular checkups, there she need her husband to be at her side. During this period, husband plays an important role as she needs him now and then. It has been seen that more number of Muslim women got support from their husband than Hindu women. But data clearly shows that most of the women's husband's were very supportive.

During this, very few Hindu women had attended the medical camp whereas the percentage is more among Muslim women who also attended the camps during their carrying days. But most of them didn't get any facilities from any of the organisation (both government and private). The number is very less those who had attended the camp. Though they didn't get any facilities from any organisation but more than half percentage of women both the community are aware of the Telangana kit provided by the government to pregnant women. But hardly anyone receive the kit from government which shows that government is failing to reach the population.

Government has initiated in order to grant them health card or health insurance through government hospital so that they can access the government hospital situated all around the city. But majority of women from both the communities don't have health card or health insurance.

Government of Telangana has started Aarogyasi scheme before Andhra and Telangana got split. In both the state this scheme is run by the respective government. This scheme is for those who are living in below poverty line which offer free service in both government and private hospital. This scheme is for those populations whose economic condition is very low. This helps the residents to get various services from hospitals across the city. It ensures to provide quality health care for the poor. Most of the women have no idea about this scheme. As compare to Muslim population, Hindu population are more in number who has the knowledge on Aarogyasi from their neighbour, government hospital and other sources.

Women don't prefer to go to hospital until they face serious health issues which are not good. Every woman should go to hospital for regular checkups in every six months to ensure that she is healthy but most of them neglect this because they think they are healthy and don't have any serious health issues as such. So according to the data, most of the women visit doctor very rarely when they fall sick due to season change or they don't keep well for long time.

A woman should prepare themselves for carrying then only she can understand the whole process of motherhood. In India, this is one of the issues among women where most of the women are not ready for the child but apparently has to give birth once she is carrying. Most of the families don't do the planning and face problems in future. So it is really important that every woman should speak on this with their

husbands for better prospects. Among slum dwellers, Hindu women are higher than Muslim women who were ready to conceive.

Gynaecologist suggests that every parent should maintain minimum 3 years and maximum 5 years gap in between the two children so that a mother can recover her body and ready for another child. That shows the good sign of good health. If not then women health get worse if there will not be proper rest in her life. Because raising a child is not an easy task. It takes lots of mental, physical and emotional effort. A woman is attaching to her child and does all necessary activities which help the child to grow healthy. A child needs fully attention from parent to strengthen their overall growth. It is mandatory for every couple to take adequate measures in raising their kids. It has been seen that Muslim women are at higher position than Hindu women in maintain the gap of 1.5 years, two years and more than two years amid their first and second child. Whereas Hindu women are more than Muslim women who have maintain only one year gap in the midst of first and second child.

Among these two groups, women get married at early age which is not even the age to get married and become mother at initial years of their matrimony. The life of women is difficult in slums anyways. There are other factors which don't favour her to carry child and consequence is either the child will be weak or died in bomb. Due to lack of Knowledge, the woman carries number of times which make their health worst in time. All these factors lead to multiple abortions and the result will be late conception. There are fewer digits of Hindu women than Muslim women who had a late conception after their marriage.

Due to many reasons, women have late conceptions. As per the data, Muslim women are more in number than Hindu women in conceiving late due to health issues, frequent abortion. But in another cases such as family issues and black magic, Hindu women population is larger than Muslim women.

With compare to Hindu women, Muslim women population is higher who did normal delivery and there is more number of Hindu women than Muslim women who did caesarean. Pre Antenatal care is most important for mother and child's health. It is prescribed by the specialist that woman who are expecting should visit for regular check up. It will be good if they do so. If there is any problem, it can be detected early and according to that proper treatment will going to provide for unborn child and

mother. Ante natal care is also important for wellbeing of both mother and child. A mother will give birth to her unborn child safely without any complication. It has been seen that both the communities' women equally went for antenatal care. It is necessary to go to good organisation for antenatal care. So most of the Muslim women went to government hospital for regular checkups and number of Hindu women went to private hospital for pre ante natal care. But it has been seen that few women from both the community didn't go for ante natal care which is not a good sign.

As compare to Muslim women, the percentage of Hindu women is higher in taking ante natal care in every month and in every six month whereas Muslim women are high who go for antenatal care in every 3 months. During pregnancy period, women goes through many health issues in which we found that more number of Muslim women faced health issues than Hindu women. A woman forgets everything when she sees her first child still alive and healthy. There are women who faced abortion due to early conception as their body is not fully prepared for carrying the child in womb. This happened due to early marriage. It has been seen that more number of Muslim women's first child is still alive but at the same time there number is high where their first child was dead spontaneously after the birth. So it means that they faced more abortion than Hindu women.

It has been observed that none of the women from these two groups did their delivery in presence of their neighbour. The number of Muslim women is high than Hindu women whose delivery is done by their relatives, dais and staff (Nurse) where as Hindu population is higher than Muslim population who went to hospital and did their delivery in the presence of doctor. This means that they think that hospital is the safest place to do delivery. In the same manner, their last child also took birth in hospital under the guidance of doctor whereas among Muslim the situation is same where their last child has been attended by the relatives, dais and staff nurse. In this process, many women had to face the abortion because not adequate measures were taken during delivery. Many Muslim women had to abort their child because they didn't go to hospital and their attender had no technology through which they could safe their child on time.

Many women have their opinion on the safest place for delivery. Some feels that home is the safest and some felt that hospital is the safest one. But in rural areas and in low income areas, couples couldn't reach on time for delivery either due to lack of transportation and communication or the hospital is very far. In this situation they have to deliver their child at home. There are other reasons such as expense at hospital, unethical behaviour of staff, and absence of staff or scared of technology especially injections. Because of these reasons they don't prefer to go to hospital for delivery and feel safe at home. There are more number of Muslim women who believe that hospital is the safest place for delivery because of facilities and presence of staff. Whereas Hindu women don't have such kind of opinion as they think there is no point to go to hospital for delivery that is why most of the Hindu slum dwellers women gave birth at home.

It is important for the married to couples to have knowledge on contraception which protect them from sexual transmission diseases and unwanted pregnancy. In the initial days, married couples don't want to become parents, so it is advisable to use contraception. Among both the communities, Hindu women prefer to use contraception than Muslim women. There are various ways which has been opted by the Hindu women such as Tubectomy, vasectomy, copper T and oral pills. But in case of Muslim women they used Tubectomy and oral pills to protect from unwanted pregnancy. These methods are the safest methods which helps the partner for making better future. Though percentage of Hindu women is high in using contraception but very few Hindu women had the autonomy to take decision on using protection. It has been seen that Muslim women has more knowledge than Hindu women on this matter. Most of them received information from their neighbour and other sources whereas Hindu women get sources from their relatives, voluntary organisations and other sources.

Family planning is the most important element among married couples. After they reached at certain point where they feel that their family is complete and don't want more child, they go for family planning. Today in 21st century, there are different methods to opt for family planning. Among both the communities, most of the Hindu women did sterilization than Muslim women. Most of the Hindu women did sterilization after their second delivery but within Muslim women, there are few who

did sterilization after second, third and fourth child. But many of the Muslim women didn't do sterilization.

One biggest disadvantage of not using contraception is, a person might get affected by RTI/STD. These are sexually transmitted diseases which spread from one person while maintain sexual relationship with multiple partners, through injection, using same raiser (blade), breastfeeding and from mother to child during pregnancy. It is important to take the advice of doctor not to have unprotected sex with multiple partners, not to use same blade which has been used by affected person and detect the disease before going for delivery (mother). In these ways, a person can save themselves from STD. In today's world, this disease is spreading like a virus and there is a urge to the various organisation to come up and spread awareness among the population those who have no idea about this. Most of the women who are illiterate and live in slums have no knowledge on this matter or if they have they are feeling shy to come out and talk openly. But all thanks to hospitals who put posters and banners inside and outside the hospital to give first hand information or make them aware about it. During checkups the doctor asks various questions related to this and if the couple is affected by this STD, then it is the duty to tell everything to doctor so that doctors can take immediate measures on time to protect the child from being affected. With comparison to Muslim women, Hindu women are less in number who is having knowledge on RTI/STD. But majority of women from both the communities have no knowledge which is not good. So it is the responsibility of NGOs and other governmental organisation to conduct programmes and camps where they address this issue among people. In this way, they can create awareness among people.

Most of the Muslim women got the information through television and radio and rest of them got it from other sources such as boarding and husbands. Same is the case with Hindu women. Though very little population knew about it but they know that due to multiple sexual partners, a person can get affected.

As it is mentioned earlier that in slums, people face many challenges especially due to unclean environment, they fall sick. During rainy season, their house is filled with water and eventually with the passage of time; they fall sick as the water turned into the breeding place of mosquitoes and became the cause of malaria or typhoid. Those whose immunity system is weak can easily fall sick due to unclean water. Most of the

population from both the community are aware about the water born diseases which means that they know the real cause of the diseases. This helps them to take adequate measures if they fall sick due to dirty water. But most of the Muslim women had typhoid and many Hindu women face other kind of health issues due to impure water. Most of the women from both the community have no such health issues it means that they do care of their health very well. Though Muslim population is high but the percentage is very less for those women who consult the doctor. Most of the Hindu women visit specialist when they fall sick. It has been suggested by the specialist that if a person is suffering from fever and temperature is not decreasing then S/HE should rush to hospital and take immediate medication or consult doctor for their wellbeing.

Slum is a place where the sanitation facility is very low. Most of the population either use public toilet or go to open area for stool. There are no proper facilities for these people. Due to this, women face many challenges as they have to get up early in the morning or late in night to go for latrine as latrine facility is not available in their surroundings. It has been seen that among Muslim population, all the houses have their own toilets which is safe and hygiene where among Hindu population, none of them has their own toilet to use, and they either go to public washrooms for rest or open areas which is very shameful. As they are living in the slums from long time but none of the organisation has come up and built latrines in their surroundings. The government is also not taking any initiation for improving their living standard. From the time they entered into the urban space, their life become more miserable as they don't have any maintain system that help them to provide employment and raise their standard of living. They face many challenges in their day today life as they don't receive any kind of support from state government.

5.2 Suggestions

As per the study, the observation is done on the health of women who belong to two different religious groups who are living in two different slums of Gopanpally. After the study has been done, few suggestions have come up in the mind which can be implementing in the lives of women to make their health healthier. These suggestions can help them to grow in their lives and prepare them to take a stand for their wellbeing.

Firstly I would suggest that the parents should encourage and support their girl child to complete her education. Education helps them to know their basic rights which they are not aware of it. It will change their way of thinking which will make them to realize that their human rights should be in their hand. Learning makes a man wise. This should be implemented on women as well. All women have the right to take their own decision without any dependency on other. She can discuss with her family but the last decision should be hers. Schooling is the only way which can bring changes in their life. Through wisdom one can have immense knowledge on different phases of life such as menstruation, puberty, motherhood, pregnancy, ante natal care, post natal care, proper dies, intake calories, transmitted diseases, chronic diseases, respiratory diseases and many more. Education gives the basic knowledge and provides liberal thinking to think rationally. It can generate employment and raise the standard of living. Wisdom change the way of thinking of a person which is necessary for a person to survive in this world. So education should be compulsory for each and everyone. Instead of asking girls to learn house chore activities, parents should encourage their girl child to do well in their studies and qualify to get scholarship provided by government. In this way the poor parents who cannot afford the education, they themselves can get rid of this burden and provide a good future for their upcoming generation.

When woman receive proper education, she can take ample of steps to make her life better by taking a job in private or in public sector. Or she can generate an employment for herself by using her ideas which can change her life. Education ensures and push the ability of every women to access their right which helps in achieving women's empowerment. The higher education allows them to think logically which helps them to break the orthodox ideas created by our ancestors. It gives wings to the girls to fly high in the sky and fulfil their dreams.

As a parent they have certain responsibilities towards their girl child. One such responsibility is marriage. But parents should know that early marriage won't help in solving the issues and concern towards their girl child. It will only increase their stress level and makes the life of girl more miserable and pathetic. Early marriage leads to early carrying which is not good for the health of women as she might face frequent abortion and multiple conceiving that make her health more worst. The emotional pain of losing child is another trauma adding in her life which will make her mental

and physical condition weak in future. So there is an urge to the government to make sure that no such practise should be held in such areas.

A woman should have the autonomy to participate in decision making weather it is the cases of pregnancy or using contraceptive. Women should aware of the different kind of facilities exist in the market which can help them to use in order to stop conceiving frequently. A woman should have the knowledge on gaping between two children (which most of the women don't have) which is really important for recovery of her health. In this manner they will get some time to think sensibly regarding the proper time to welcome their first or second child in the family. A woman should have a proper knowledge on pregnancy, antenatal care, and post natal care which will help her to nourish her child in a proper manner so that there shouldn't be any further problem in the growth of child. Family planning is the most important decision which has to be taken by the couples after certain period of time so that it will protect the women from unwanted pregnancies and make life stable with no worries for another child which will help her to concentrate on her current children. It is not mandatory for women to do, a man can also do. There is no harm if men do family planning operation. These are traditional values which still present in the society which hold the partners not to think in progressive manner. These issues should be discussed by both the partners for their good future and come out from such social stigmas.

The family should support or include their daughter in law in decision making process towards bright future, regarding starting of family or if she wants to pursue higher education which is not completed due to any factors or build good relation, understand her rights to work or live and take a stand if she doing anything wise for the family rather than stopping her or not involving her in any action. Building relation is a tough task if there is no mutual understanding between the members of the family. So it is really necessary that all the family members should share good relation with one another. This helps in building strong and good relation which will help them to raise their standard of living with the contribution of all the members of the family.

Domestic violence is unlawful acts which is present in society and has been practised by the people belong to different religion, caste and class. A woman should raise her voice if she is suffering from this rather than tolerating and maintain silence against

this scandalous offence. Any type of violence if it is mental torture or physical abuse shouldn't be acceptable by the woman. Government and law should look at it and take proper action against those who do such kind of crimes. The system should make sure that those victims who are going through this pain should get justice and shelter so that they can come out from this and lead a normal life.

Government should generate more employment for women in order to strengthen them and increase women empowerment. Women should get all the rights which she deserves from the government. And it is the duty of state government to go for survey and find out the problems faced by women who are living in such poor condition. The way the system is trying to support the rural lives by giving employment or giving money to construct the house and latrines in their respective areas in the same manner they shouldn't avoid the population who are living in slums. They should introduce such programmes which can reach directly to the people so that they will get direct benefits without any intervention of middle man. This will help the government and population to build a trust among the population.

As the health care facility is poor among slum dwellers, it is the duty of government to pass the order to organisations and NGOs and hospitals to go to such areas for spreading awareness and routine checkups for free of cost. In this way the women will get overall knowledge on various aspects which they are not aware or not having a proper knowledge. In this manner, the people don't have to struggle much to reach hospitals due to lack of communication and transportation.

Booth camps should be conducted twice or thrice in a year in order to provide medicine for all group of population. Through camps they can generate the awareness about various diseases which is prone to their areas and taught them how to take measures in to protect themselves from these dangerous virus or fungus which is the actual cause of sickness. If these camps will be held in such areas, the women will learn the importance of cleanliness and maintain hygiene in their areas. These camps should be conducted seasonally as these virus or fungus generated in the environment with the onset of season which makes people weak by directly attacking their immune system. The specialist should tell them the importance of consuming green vegetables and fruits which helps in generating new fresh blood in their body. This will also make their body strong and strengthen their muscles which will help them to fight

against the unwanted virus which entered in their body through various ways. The specialist should explain the benefits of intake proper calories which is useful for their body to fight against many health issues.

Government should invest some money in order to provide basic amenities which are missing in their areas and lives. They should give money to organisation which initiate towards building proper house where they have basic facilities such as proper electricity, safe tap drinking water, proper ventilation, restroom and bathroom. They should provide LPG stove or gas at low cost like they provide ration at low rate which can help them to protect from respiratory diseases and inhalation of bad smoke due to use of poor quality of fuel while cooking. They should create awareness on the importance of education so that they can send their kids for schooling and make their life secure. They should organise various programme which can give the platform to women to earn money and locked their prospect.

The government should make such body or organisation/association that can look after their problems and reach to the government in order to solve the issues which are present in their society. Though government has introduced many programmes but it didn't reach or if it is they couldn't access it as they don't have overall information about such programmes. Here comes the role of middle man who becomes the connection between masses and government. The government hire such people so that they can reach the masses and people don't have any complaint towards them. But because of these mediators the benefits which masses has to get, couldn't grab it and most of the money goes to their pocket and exploit the population by not doing their work.

Apart from all these, women should understand the fact that their health is most important for themselves and for the whole family. Their contribution towards the family is credible. We have seen that if a woman fall sick whole house system has stop working properly. It means that she is the caretaker of the house. Without her, the family can't run efficiently. They should understand that they also have the rights like a man has and she also has right to live as she wants and no one can control her life without her permission. If they really want to improve their standard of living and health then they have to take a stand for themselves. Nobody can help her until she wants to help herself.

5.3 Conclusion

As the whole study has been conducting in two different slums where two different religious communities have been living from past many years. The study has been done under the title on “A Comparison Study of Hindu and Muslim women living in slum areas of Gopanpally, Hyderabad”.

We will find slums in all the countries of the world that are having same issues and common concerns. Different authors and social scientist have studies slums in different ways. The social scientists tried to give definition to the world but as such now, there is no definite definition acceptable by all the social scientist who is working on slum. The issues which are prevailing in slums are common everywhere. The writers used the terminologies related to the issues of the slums and define the shanty towns such as a place which is unclean, dirty, habitat of lower economic background people living under BPL, unclean environment, poor sanitation facility, no proper current, poor ventilation, crowded quarter, less space between two houses, congested areas etc. The people who are living in such areas are named as slum dwellers. These people are migrating from villages to cities in order to get employment. Majority of slum dwellers are daily wage worker who go to work in the morning and returned in the evening with handful of money which is not sufficient for the family to live a satisfied life. The population in slum have no hope in future. The conditions of these people are miserable as they don’t have any proper facilities and lost all hopes to get a better life. In India, most of the slums are dominated by one group of community. Community plays an important role in societies which decides the future of the people residing over there. The community has an influence on the lives of people. The way they pursue their lives it’s all because of the culture and tradition they have learnt from their ancestor who are passing the same ideas from many centuries.

The lives of slum dwellers are pathetic that they can’t give a bright future to their children. At a one point of time they will ask their children to leave school and do work to get some money. That is why in one way they involve their children in same profession and pushed them towards darkness where they don’t have a bright future. They face many challenges in their day today life.

Now comes to women health, all the women are dropouts from their schooling, hardly anyone are there who have completed their education. Most of the women work at construction sites or maids in someone's house. After the marriage they has shifted to urban space with their husbands and living in nuclear family. The access of opportunities are very less as they are not educated enough to get a good job in cities. The literacy rate is very low among the population. At a very small age they have learnt the house chore activities and taking care of their younger siblings in the absence of their elders. Being from such areas, they also accepted that their fate won't change and with this mind set they don't try or work hard to change the fate of future generation. As the living cost is very high they also help their husbands by taking up informal jobs at various places which helps them to survive in this world.

Women in such areas are suffering from many health issues. Firstly, being a girl she has to face the disadvantage at every stage of their lives. The most disadvantages are (1) intake of proper calories which comes from the food. In India we have a tradition which says that female should eat after all the male members finish their food. So whatever is left they have to adjust with that. Sometimes when no food is left they have to starve and drink only water to fill their stomach. Due to this most of the women and girls are having deficiencies which make their body weak. (2) At a very early age they have to leave their schooling as parents can't afford much to their education. Most of the parents who are living in low economic areas felt that there is no point in sending their girl child to school because at last she has to get married and handle the whole house so inspite of encouraging them to go to school they ask them to leave school and learn house chore activities. (3) When they don't have proper knowledge on any aspect of their lives, they will also follow the same rituals which their parents and grandparents had followed. By seeing them, they also learnt the same thing and pass it to their next generation. When they fall sick, they don't consult the doctor as their parents doesn't want to spend money on minor diseases. But they forget that if they don't get treated on time, the disease will turn into dangerous issues which cannot be cure and eventually lead to death so it is better if they consult the doctor on time to safe themselves from this kind of situation.

Women face early marriage at early age which resulted in conceiving multiple of times. There is a need to understand the fact that women shouldn't go for early marriage until they turned into 20 or 21. Because early marriages have their

consequences which is already mentioned in above chapters. Here man plays an important role, where he should understand this fact that they are not ready yet to start the family. A partner should openly discuss all these issues to avoid such situation which arrive at wrong time and make her health miserable due to frequent abortion. A woman should understand the fragility of her health. She should do her regular checkups and has the independence to take the decision on various issues such as whether she is ready to carrying, or use of contraception, pre and post ante natal care, sterilization and etc. All these will give a good life and good health in future. She should teach her kids to be rational and take right decision in future which will help them as well to have a secure life. The women should break the norms of the society which has been set by their ancestors in order to control the lives of women and girls in their society. During pregnancy she should take care of herself by eating health food, taking proper rest, go for regular checkups and give birth at hospital under the observation of doctors. She should access the facilities which are available in her surroundings such as schools, hospitals and many more.

We have come across many books and articles where the authors have studied slums from different perspectives. There are authors who wrote about their living conditions where they don't face proper facilities to access or they are unable to access it. How poverty hits their life and captured them in such a way that they couldn't access the resources which are available in front of their eyes. The authors have worked on the health of women and children living in slums. There are immense work has been done on slums situated in different cities and the livelihood of the people residing in such places.

The third chapter deals with the demographic structure of Hyderabad in which I have try to show the Hyderabad at the times of Nizam and how the Hyderabad is now in a brief manner. The study has been conducted in two slums which is located at Gopanpally where the residents belong to two different sacred groups. The GHMC is one of the strongest bodies who look after the whole city. The government has introduced many programmes for the welfare of the people. The state administration has taken up many programmes to uplift the people who are living in slum areas.

Except GHMC, there are other organisations that are looking at different areas of the cities such as HMWSSB, HMDA, MAUD, DMA, DTCP, PHEP, BPPA, CDA,

HADA, ORRGC, NMP and JNNURM etc. These are few bodies which are looking at different sectors across the Hyderabad and other cities which come under Telangana. There are IT parks where corporate world do trading and business, five national highways, HiTec, International airport, Indian School of Business etc makes the city a mega city.

There are several government and private hospital across the city but the cost of accessing the private hospitals are so high that it can't be afford by the slum dwellers. In government hospital, due to lack of facilities and the attitude of staff towards these people stops further to visit hospital in any case. Because of all these reasons the health care facility in slum is very poor. People in these areas are suffering from many health issues which last for many years as they don't visit doctor for checkups and consume some random medicine from stores without any description in order to save money. These kinds of acts specially are done by women. During the time of pregnancy they don't go for pre and post ante natal care. Even for delivery many women felt that house is the safest place than hospitals so they prefer to give birth at home with the help of dais or any elder person who has knowledge of doing such services in their surroundings. Most of the women are not aware of Aarogyasi scheme or Health insurance, KCR Kit and other facilities which are provide by the government for the people who comes under BPL.

In the fourth chapter, which is the analyses part, where I have done a comparison studied the two different groups belong to two different cultures which are apart from each other. In some cases Muslim women's were hold the highest position than Hindu women and vice versa. But it has been observed that though women's belong to different cultures but they share the same amount of exclusion with regards to their health. There is a social stigma attached to their mind and body which hold them back to take the decision for themselves. The literacy rate among the women is very low which make them less opportunity for employment and health care facilities. But when the question on restroom was asked, all the Muslim women had the answer which shows that they have a proper facility of sanitation but whereas when the same question was put forth in front of Hindu women, except four respondents all have responded in the same manner that they go to open area for defecation which shows that none of their house has the facility of restroom and bathrooms. In both the community women are not aware of slum improvement scheme introduced by the

government in order to improve the lives of people, they never heard about any NGO or any organisation which comes to their areas for the purpose of making latrines in their area nor they never get any facility from the government side in making their lives better. The health of women living in such areas are down as many of them having no roper knowledge on how to take care of their organs so that they can fight against those microbes which is harmful to their body.

The government should directly reach the masses without taking the help of middle man. The system should hire a good promotion agency who can promote their schemes and programmes.

Government has to take some initiation in order to improve their health and condition by providing some basic facilities near to their place. They should introduce and run such programmes which help them to make their life better. It is the responsibility of women living in slums to look after their health as health is everything. It is necessary for mother to teach their daughter on certain topics before she face such health issues in her life. She should teach about menstruation, conception of child, contraception, sterilizing, abortion, RTI/STD and etc. These will help her in better understanding of her health and stages of life. It's the women who can change her life by taking small baby steps towards the improvement of her health. With the help of government, women can achieve their goals. In this way state can achieve the SDG3 goals which include the utilization of health care services and access to safe, effective, quality and affordable essential medicines and vaccines for all. There is a quote which says "He who has health has hope; and he who has hope has everything".

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Interview Schedule

Women Health Issues in Selected Slums of Hyderabad

Name of the Respondent:

Personal data

S.no	Questions	Answers
(1)	Age	(A) <15 (B) 15-20 (C) 20-25 (D) 25-30 (E) 30-35
(2)	Religion	(A) Hindu (B) Muslim
(3)	Educational qualification	(A) Illiterate (B) Primary School (C) Middle School (D) Higher Secondary (E) Graduate
(4)	Occupation	(A) Housewife (B) Self Employment/ Business (C) Private Sector (D) Government Employee
(5)	Monthly Income	(A) < 5000 (B) 5001-10,000 (C) 10,001-15,000 (D) 15,001- 20,000 (E) > 20,001
(6)	Marital Status	(A) Un wed mother (B) Married (C)Divorced (D) Separated (E) Widow
(7)	No. Of children	(A) Male _____ (B) Female _____
(8)	When did you get marry after puberty?	(A) 12 years (B) 13 years (C) 14 years (D) 15 years (E) 16 years (F) 17 years (G) 18 years
(9)	Husband's age @ of marriage?	(A) <20 (B) 21-25 (C) 26-30 (D) 31-35 (E) 36-40 (F)>40
(10)	Are you a native of Hyderabad? if no, where did you come from and where	(A) Yes (B) No (Ans) _____
(11)	Reasons for migration	(1) _____ (2) _____
(12)	Type of family	(A) Joint family (B) Nuclear family
(13)	Why didn't you continue your education?	(A) No interest in studies (B) Lack of support from family (C) Got married (D) Financial Problems (E) School is far away (F) To take care of siblings (G) Any other reason specify _____

Marriage, Health and Hygiene

S.no	Questions	Answer
(14)	Can you say the sources of receiving information about menstruation? What is your opinion about menstruation?	(A) Grandmother (B) Mother (C) Friends (D) Elders (E) Media (F) Other sources specify (Ans) _____ _____
(15)	Do you have menstrual problem?	(A) Yes (B) No
(16)	If yes?	(A) Stomach pain (B) Headache (C) Body pain (D) Vomiting (E) Dysentery (F) Irregular periods (G) Excessive bleeding (H) Any other reason specify (_____)
(17)	Where you got treatment for this problem?	(A) Private Hospital (B) Government Hospital (C) Not going for any treatment (D) Any other reasons specify _____
(18)	How did you manage the menstrual hygiene?	(A) Cloth (B) Local branded napkin (C) Branded sanitary napkin
(19)	How often do you change your cloth/ napkin in a day?	(A) Don't change (B) Once (C) Twice (D) Thrice (E) > Four times
(20)	How often do you use the same clothes?	(A) Changing every month (B) Use for two months (C) Use for three months
(21)	Where do you dispose the napkin?	(A) Flush in bathroom (B) Throw far away from the house (C) wrap with paper and throw it in dustbin (D) Burn it
(22)	Are you comfortable sharing your menstrual health problems with your husband?	(A) Yes (B) No
(23)	What were the reasons behind your early marriage?	(A) Fall in love (B) Maintain relationship (C) Urgency from bridegroom side (D) Due to dowry problem (E) Overcome family burden of parents
(24)	Was your husband a relative of yours? If yes, what is the relationship?	(A) Yes (B) No (B) Maternal Uncle (B) Maternal Uncle's son (C) Paternal Aunt's son (E) Others

Health issues related to Pregnancy, Miscarriage and Contraceptive

S.no	Questions	Answers
(25)	What was your age when you get pregnant for the first time?	(A) < 20 (B) 21-25 (C) 26-30 (D) > 30
(26)	How many conceptions did you have so far?	(A) One time (B) Two time (C) Three time (D) Four time (E) > Four time
(27)	When did you conceive for the first time after your marriage? Were you ready to conceive?	(A) Next month after marriage (B) 2 to 5 months (C) 6 to 9 months (C) 10 to 12 months (D) After 1 year (E) After 2 years (F) After 3 years (G) Above 3 years (A) Yes (B) No
(28)	What is the minimum gap between your first and second child?	(A) 1 year (B) 1 ½ year (C) 2 year (D) > 2 years
(29)	Did you have late conception?	(A) Yes (B) No
(30)	If yes, what are the reasons?	(A) Health issues (B) Frequent abortion (C) Family problem (D) Due to work of husband
(31)	Nature of delivery	(A) Normal (B) Caesarean
(32)	Did you receive anti natal care?	(A) Yes (B) No
	If yes?	(A) Government hospital (B) Private hospital (C) Trained Dai
(33)	Did you go for regular checkups? How often do you go?	(A) 3 months after conception (B) 6 months after conception (C) 8 months after conception
(34)	If yes, what are they (component)	(A) Weight measured (B) Height measured (C) Blood pressure (D) Blood test (E) Urine test (F) Abdomen Examined (G) X-Ray Sonogram/Ultras (H) Any other test specify _____
(35)	If no, what are the reasons	
(36)	Did you have any health problem during pregnancy?	(A) Yes (B) No
(37)	What was the result of your first pregnant?	(A) Live birth (B) Still birth (C) Spontaneous abortion (D) Induced abortion
(38)	Who attended your first child?	(A) Neighbour (B) Relatives (C) Dais (D) ANM (E) Staff nurse (F) Doctor
(39)	Who attended your last children?	(A) Neighbour (B) Relatives (C) Dais (D) ANM (E) Staff nurse (F) Doctor
(40)	Have you aborted anytime?	(A) Yes (B) No

(41)	If yes, reasons	(A) Induced abortion (B) Spontaneous abortion (C) Not applicable
(42)	Do you adopt any contraception?	(A) Yes (B) No
(43)	If yes,	(A) Tubectomy (B) Vasectomy (C) Cooper T (D) Oral pill (E) Injection (F) Rhythm method (G) Withdrawal method (H) Not adopting any method (I) Jelly (J) Condom
(44)	Did you sterilize	(A) Yes (No)
(45)	If yes, when did you sterilize	(A) After first delivery (B) After second delivery (C) Any other reason _____
(46)	Did you take the decision about the use of contraception on your own?	(A) Yes (B) No
(47)	Are you aware of the contraceptive methods?	(A) Yes (B) No
(48)	Can you say the sources of receiving information about contraceptive methods?	(A) Neighbours/ Friends (B) Relatives (C) Family planning worker (D) Media (E) Voluntary organisations (F) Others (Specify) _____
(49)	Do you know about RTI/STD?	(A) Yes (B) No
(50)	If yes,	(A) Multiple sexual partner (B) Disease related to sexual conduct (C) Due to lack of personal hygiene
(51)	Where did you get information regarding RTI/STD?	(A) Television and Radio (B) Reading materials (C) Husband (D) Relatives (E) Health personal (F)Any other reason _____
(52)	Did you have any knowledge about the pregnancy related changes? If yes, then what information you were having?	(A) Yes (B) No (Ans) _____ _____
(53)	Did you face any violence during pregnancy?	(A) Yes (B) No
(54)	If yes,	(A) Domestic Violence (B) Abused from family member (C) Abused from husband
(55)	Do you think it is safe to give birth at home? If yes why and if no why not?	
(56)	Did your husband support you during the time of pregnancy?	(A) Yes (B) No
(57)	Do government/ Private Hospitals conduct any medical camp?	(A) Yes (B) No

(58)	If yes, what are the facilities they provide?	(A) Medical check up (B) Medications
(59)	Do you know the Telangana government provide maternal kit to pregnant women?	(A) Yes (B) No
(60)	Did you receive any such kind of facilities from the government during pregnancy?	(A) Yes (B) No
(61)	Do you have health card or health insurance?	(A) Yes (B) No
(62)	How often do you visit doctor?	(A) Never visit (B) Sometimes (C) Many times
(63)	Do you aware of Aarogyasi scheme related to health?	(A) Yes (B) No
(64)	What is the source of the information?	(A) Neighbour (B) Government hospital (C) NGO (D) Any other source

Health and Sanitation

S.no	Questions	Answers
(65)	Do you aware of the water born diseases?	(A) Yes (B) No
(66)	Did you have any health problems because of water?	(A) Cholera (B) Typhoid (C) Dysentery (D) Any other specify _____
(67)	Do you consult doctors?	(A) Yes (B) No
(68)	Where do you go for treatment?	(A) Government hospital (B) Private hospital (C) Clinic (D) Ayurveda Doctor (E) Any other reason_____
(69)	Where do you go for sanitation?	(A) Own toilet (B) Public toilet (C) Open area
(70)	Are you aware of government's slum improvement scheme?	(A) Yes (B) No
(71)	Did you receive any sort of facilities from the government?	(A) Yes (B) No
(72)	Did any organisation or NGO come up for the construction of latrines in your area?	(A) Yes (B) No

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Health Status of Hindu and Muslim Women Residents in the slums of Gopanpally: A Comparative Study

by Sasmita Sahoo

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