

Reproductive Health Status and Utilization of Health Services of Women Street Vendors in Varanasi City, Uttar Pradesh

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Abstract:

The paper examines the issue of reproductive health status of women street vendors in Varanasi city. Reproductive health is a broad concept that encompasses health problems related to reproductive organs and functions. An interview schedule was used for data collection. Since women faces various unique health issues as compared to male, there is a need for more specific and combined research on women health status. This paper attempted to comprehend the reproductive health status of female street vendors while also suggesting solutions to enhance their future position.

Keywords: Reproductive health, women street vendors, Health status, Utilization of health services

Introduction

The World Health Organization (WHO) offers a definition of reproductive health: within the WHO definition of health as a state of complete physical, mental and social well-being, reproductive health therefore means that people are able to lead responsible, satisfying and safe sex lives, and that they have the capacity to reproduce and the freedom to choose whether, when and how often to do so. Reproductive health means that people are able to have responsible, satisfying, and safe sex lives, and that they have the ability to reproduce and the freedom to choose whether, when, and how often to do so (Fathalla 2015).

Reproductive health is a major concern for every woman. It is an essential component of overall health and a central feature of human development. Reproductive health is a concern for many stakeholders because maternal mortality and morbidity in developing countries like India. In recent years, reproductive health/rights issues (RH /RR) have been increasingly perceived as social problems; they have become increasingly important in both developed and developing countries. India has made remarkable progress in important aspects of health and family well-being since independence. However, the overall health status, especially the reproductive health status, remains unsatisfactory (Hasan, 2005). The inadequacy of women's and children's health care is reflected in the high infant and maternal mortality rates (Haque et. al., 2015). Mehar & Ghatole (2020) although women street vendors earn money on a daily basis, they mostly use health services from private providers. This results in them having to pay out of pocket. Therefore, they suggested improving the overall quality of public health facilities to reduce out-of-pocket expenses. Reproductive health as a state of complete physical, mental, and social well-being and not just freedom from disease in all matters related to the reproductive system.

It is important to point out that they have a satisfying and safe sex life and that they have the ability to reproduce and freely make reproductive decisions (Sujatha & Rajeswari, 2018). Another study by Haque et al. (2015) explores urban and rural women in Bangladesh regarding their reproductive behaviour. Similarly, Saravanabavan et al. (2019) find that reproductive health services vary by socioeconomic status, education level, age, ethnicity, religion, and available resources in their communities. Modern facilities such as TV, radio, newspapers, etc. have played an important role in ensuring the reproductive health of the respondents. Possessing modern facilities is very important for a society, and a society with enough modern facilities is more developed while people enjoy their reproductive health. Consequently, mass media such as radio and television can raise awareness of daily life issues, family planning programs, poverty alleviation programs, gender issues, human rights issues, and so on. Government of India recently launched Mantri Surakshit Matritva Abhiyan (PMSMA) scheme that aims to provide assured, comprehensive and free-of-cost maternity care to all pregnant women. The focus of this study was to find out the reproductive health status and utilization of health services of women street vendors in Varanasi city.

Objectives of the Study

The study mainly focuses on reproductive health status for socially and economically vulnerable sections of women. The study is under taken with the following objectives.

1. To analyze the reproductive health status of women street vendors in Varanasi city.
2. To study the utilization of reproductive health services by women street vendors.
3. To offer suitable suggestions to improve women street vendors reproductive health status.

Research Methodology

The study is based on primary data. The study was conducted among 50 female street vendors in the reproductive age group (15-50 years). The study area was randomly selected to obtain an adequate sample. The study participants included street vendors who accessed reproductive health services at health facilities such as antenatal care, self-vaccination during pregnancy, child immunization, choice of family planning methods, and safe abortions. Data were collected using an interview schedule. The final interview schedule was developed and consisted of five parts. The first part was used to collect general socioeconomic and demographic information. The second part was used to collect details on health facility utilization. The third part was used to collect information on the reproductive health status of the respondents. After collection, data were thoroughly checked for consistency and completeness, and all analyses were performed with appropriate statistical methods using Statistical Package for Social Sciences (SPSS) software for Windows version 26.0.

Data Analysis and Discussion

The sociodemographic and economic characteristics of the respondents are presented in Table 01. The average age of the respondents is 32 years. The majority (96percent) of female street vendors are married, and of the female street vendors, 4percent are widowed. A total of 42percent of the respondents have a high school education. More than 62percent of female street vendors belong to the SC /ST category, followed by the Gen/OBC (Other Backward Classes) category (38percent). 66percent of the respondents reported that they have a nuclear family. About 42percent of respondents have a family with

4 to 8 members. The majority of street vendors reported that their family earns less than 10000 rupees per month.

Table 01: Socio Demographic Profile of Respondents

Parameters	Classification	Number of Respondents
Age	15-25	14 (28.0)
	26-35	17 (34.0)
	36-45	15 (30.0)
	46 and above	4 (8.0)
Education	Illiterate	4 (8.0)
	Primary	6 (12.0)
	High school	21 (42.0)
	Intermediate	19 (38.0)
Caste	General/ OBC	19 (38.0)
	SC/ST	31 (62.0)
Religion	Hindu	46 (92.0)
	Others	4 (8.0)
Marital status	Married	48 (96.0)
	Widow/Separate/ Divorced	2 (4.0)
Family type	Nuclear	33 (66.0)
	Joint	17 (34.0)
Household type	Male Headed	44 (88.0)
	Female Headed	6 (12.0)
Family size	Less than 4	17 (34.0)

	4-8	21 (42.0)
	More than 8	12 (24.0)
Family income	Less than 10000	27 (54.0)
	10001-20000	20 (40.0)
	20001 and above	3 (6.0)

(Figures in parenthesis refer to percentage)

(Total no. of respondents = 50)

Source : Field Survey

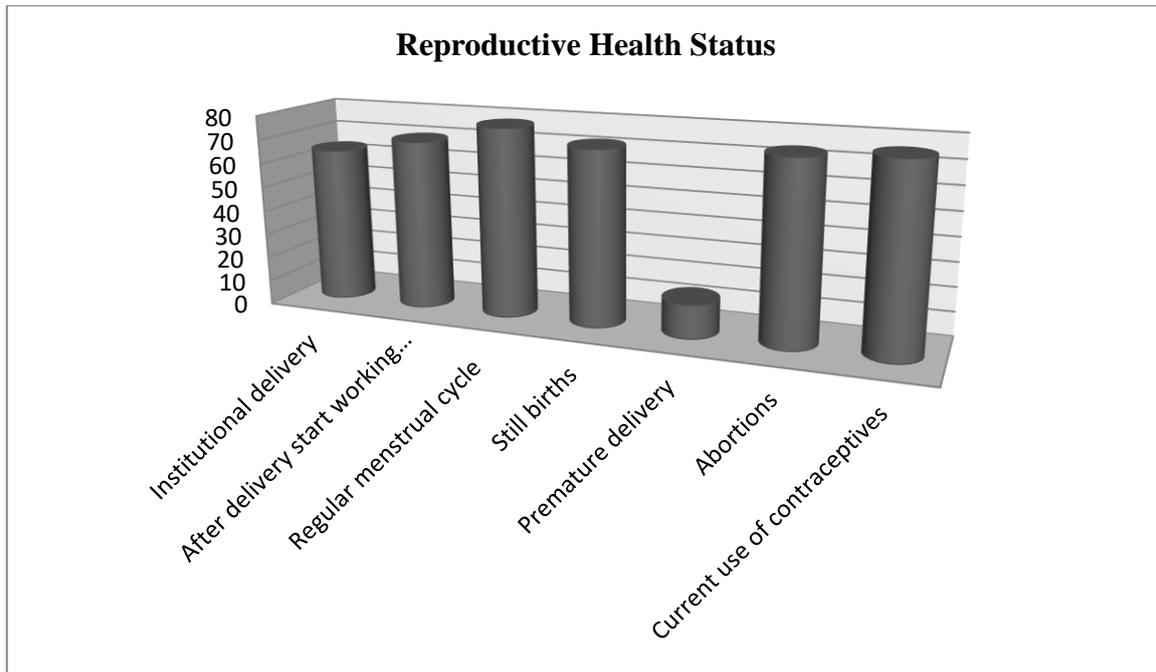
The street vendors use different methods to treat diseases. They use all these homemade, traditional and modern medicines for the treatment of the disease. It is often observed that the respondents use traditional home remedies or homemade herbs. Only when the illness becomes serious do they go to the doctor, as these treatments are a prohibitive expense for socially and economically disadvantaged groups. With this in mind, respondents were asked what treatment they prefer when they become ill. Respondents' answers revealed that they visit government hospitals when they become seriously ill. Saravanabavan et. al. (2021) found that five factors - postnatal health care, prenatal health care, menstruation, physical contact and accessibility - are the most important determinants of reproductive health among working women.

Table 02: Current Reproductive Health Status of Respondents

Parameters	Number of respondents
Institutional delivery	32 (64.0)
After delivery start working within one month	35 (70.0)
Regular menstrual cycle	39 (78.0)
Still births	36 (72.0)
Premature delivery	07 (14.0)
Abortions	37 (74.0)
Current use of contraceptives	38 (76.0)

(Figures in parenthesis refer to percentage)

Source : Field Survey



The table above shows that of the total respondents, 64 percent had institutional delivery (either caesarean or vaginal), and 70 percent of respondents were working within one month of their delivery because they are main bread earner of their family. 78 percent had regular menstruation, 72 percent delivered a stillborn child, and 14 percent of respondents reported preterm birth. However, 74 percent of the respondents faced abortions. 76 percent of respondents accepted that they currently use modern contraceptive methods such as pills, condoms, and fertility awareness-based methods.

Respondents reported that they worked during their pregnancy because there was no other earning member in the family. Respondents reported that they faced problems after starting a job as a vendor during pregnancy due to lack of water, toilets, sanitation, etc. They faced problems in using health services, such as long waiting time in hospitals, quality of doctors, quality of nursing facilities, high cost of medicines, etc. With these obstacle keep in mind, respondents were asked about the utilization of healthcare services.

Table 03: Utilization of Reproductive Healthcare Services by Respondents

Health Services	Number of Respondents
Pre/Post-natal care	23 (46.0)
Skilled birth attendance	34 (68.0)
Full immunization of children	48 (96.0)
At least two tetanus injections before birth	46 (92.0)
Iron folic tablet/syrup	45 (90.0)

Modern contraceptive use	38 (76.0)
Received financial assistance for delivery cost	37 (74.0)

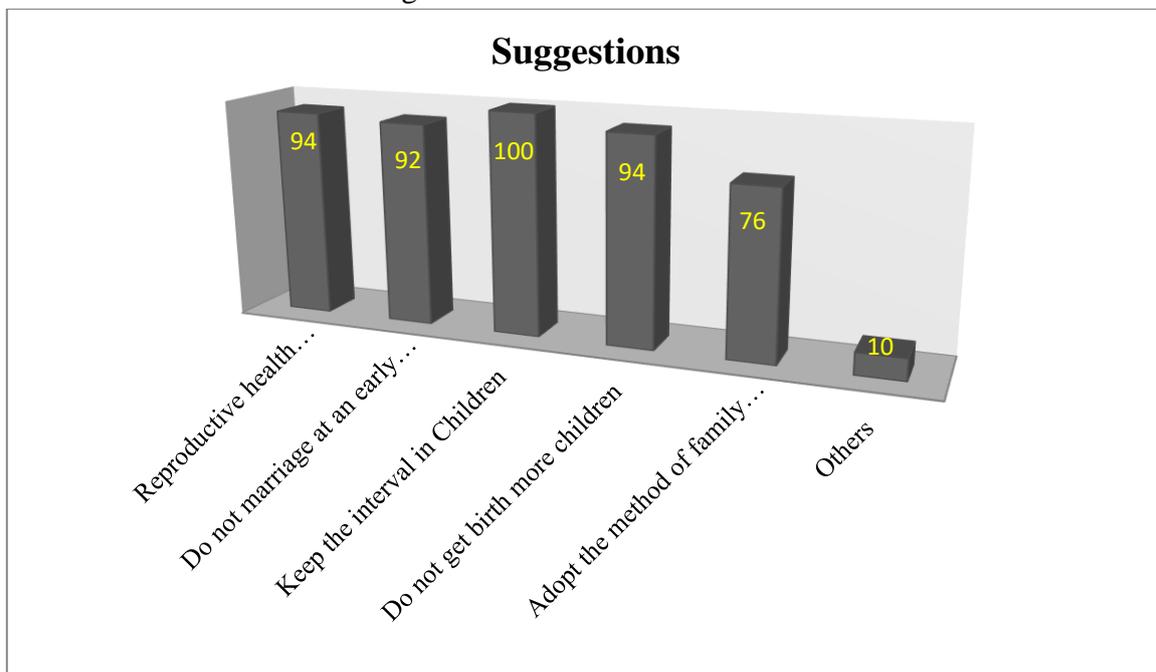
(Figures in parenthesis refer to percentage)

Source : Field Survey

Table 03 shows the percentage distribution of the health services utilization by the respondent. From the table, it can be seen that during pregnancy, 46 percent of the respondents had < 3 visits, about 98 percent of the respondents received TT vaccination at birth. Nearly 90 percent of respondents used iron tablets, blood tests, and physical examinations by physicians. 74 percent of respondents had received financial assistance to cover delivery costs.

Suggestions

In light of the findings of this study, the following suggestions are made to improve the reproductive health of women street vendors at the grassroots level.



The above table shows that 94percent of the respondents indicated that in order to improve the status of reproductive health, girls' education is needed. Okonkwo (2004) links teenage pregnancies to a lack of adequate sex education. Sex education consists of parents explaining the facts of human reproduction to children who have reached adolescence. 92percent do not marry at a young age, 100percent of respondents keep the differences in children, 94percent do not have more children, and 76percent use the family planning method. Moronkola et. al (2006) found that women have a high level of knowledge about the benefits of family planning. They considered the husband's consent as a strong determinant of contraceptive use.

Conclusion

Women's health is concerned with the physical, mental, and social well-being of women Reproductive health is particularly important to people's quality of life. It is influenced by many factors, including

behaviors, social environment, and use of health services. The study found that women mostly use homemade herbal medicines when they are sick. It is worth noting that accessibility and availability of health services are as important as reproductive health, in addition to quality. They suggested improving reproductive health status by spacing children, not marrying too early, and using the right family planning method. It recognizes the fact that a woman's health needs vary throughout her life cycle and that these needs are influenced by race, culture, ethnicity, education level, self-determination, and access to health care.

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