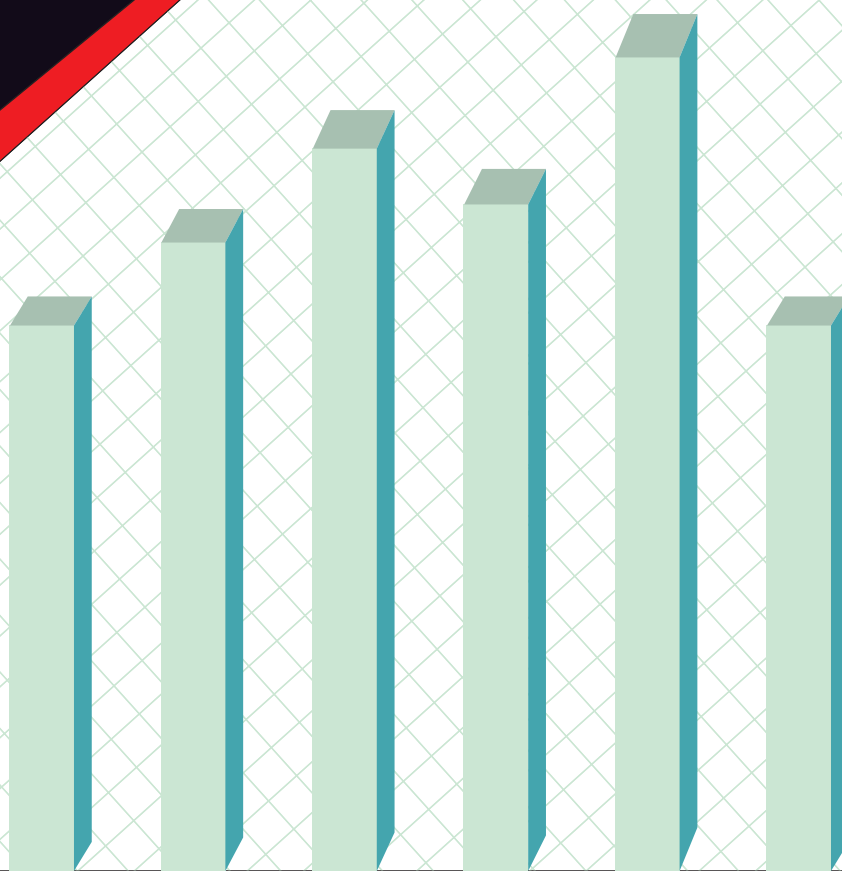




# HEALTH STATUS OF MUSLIM WOMEN

**A Short Study**



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*By*

**Bharatiya Muslim Mahila Andolan**

*Supported By*

**Maharashtra State Women's Commission**  
Mumbai



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Sarvodaya Colony, Amrut Nagar, Kherwadi Road,  
Bandra East, Mumbai – 400 051

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## **CHAPTER 1**

### **HEALTH STATUS OF MUSLIM WOMEN**

A health survey was conducted in various parts of Bandra East, Mumbai to understand the health conditions of Muslim women. The respondents were from various localities of Behrampada, Bharatnagar, Navpada, Nirmal Nagar, Tata Colony and Jyaneshwar nagar. Some respondents were from the neighbouring areas of Golibar in Khar east, Lohiya Nagar of Parla west and Kalina in Santacruz east. All respondents belonged to the slum communities in this area. The women belonged to lower socio-economic strata. The age group of women was between 13-45 years of age. 13% of the women surveyed were between the age of 13-17 years, 18% were between the age group of 18-21 years, 15% between the age of 22-25 years of age, 14% between the age of 26-29 years, 16% between the age of 30-33%, 11% between the age of 34-37 years and 13% for the women between 38-45 years of age. Largely the educational status of the women was low. Most of them have studied up to class 10. 13% of the respondents are illiterate, 3% are educated less or till Std 4th, 27% have studied between 5th-8th std. 28% have been educated between 9th and 10th std. 28% of them have attended college of which only 8% have graduated. Out of the 250 respondents, 27% of the respondents are un-married, 62% are married, 5% are widow, 3% are divorcees and 4% are single.

### **GENERAL HEALTH**

To get a firsthand understanding of what women felt about their health, 88 women reported to be having a fair health, somewhere in-between good and poor health. At least the perception about ones health is a positive one where collectively 56 women reporting to be having very good to excellent health. 34 women say that they have poor health. This is reflected in the figure where 145 have reported to have visited the doctor in the last one month. So all those women who reported 'fair' and 'poor' health and a few others [145] have visited the doctor in the past one month.

And as is widely known that the health care sector has been largely privatized. 164 respondents go to private doctors which line the communities where the study was conducted. The clinics of these doctors and the community health posts are within 10-15 minutes of walking distance from their home. A good number, 54 have to travel by a vehicle mostly an auto to visit the doctor.

20% of the respondents have a history of prolonged illnesses. Out of the 20% women, 6% of the women suffer from blood pressure, 8% suffer from diabetes, tuberculosis, thyroid and body/joint pains and another 3% each suffer from asthma, kidney stone and skin problem. 44% of the women have been suffering for any time between one to five years, 26% of the women live with the sickness for any time between 6 to 12 years and 18% have contracted their sickness anytime between 1 to 6 months. Women don't really prioritize their health. They prolong its treatment till it becomes unbearable.

While 164 women have said that they eat 3 square meals a day, 56 say that they are not able to eat 3 times a day and 30 women are able to do it only sometimes. Combined, 86 women are under eating. This is just the fact of eating three times. What they eat during these three meals also needs to be looked into.

Popping pills is fairly common with 64 women reporting to be taking painkillers once a month and 43 taking it every single day and 29 taking once a week. If we combine these numbers than 136 women out of 250 take painkillers on a daily, weekly and monthly basis. Makes sense as earlier we saw 145 visiting the doctor practically once every month. And one does not even have to visit a doctor to take painkillers. It is also reflected in the figures concerning the HB count. 76% of the respondents had no idea about their HB count.

A large majority, 210, reported to having regular bowel movements. It may be an insignificant number



but 16 women go to the toilet twice a week and 24 go only four times a week. Irregular bowel movements which is as infrequent as only twice a week can lead to severe health problems apart from playing havoc with one's mental state, mobility and activities. Out of 210, 148 go in the morning. A very significant number, 69, go whenever it is free, 22 in the night and 11 in the evening. Given that most communities have public toilets, safety of women around public toilets is a major concern. Another significant data is whether women are dependent on any substance for easy bowel movement. 73 women are dependent which goes well with another data where 74 women have reported to be addicted to paan, gutkha, tobacco and masher. Dependence on substance for clear bowels indicates a deeper health malaise. To add to this dependence is the inadequate amount of water intake. 72 women out of 250 drink only 2-4 glasses of water and 80 drink 4-6 glasses. 152 women drink less than 6 glasses of water.

Lack of healthy, fibrous food, inability to have 3 square meals, inadequate water intake, unhealthy timing of eating meals, especially dinner, all combine to give a situation like this.

Deficiency of sunlight is a cause of deficiency of vitamin D. 132 women out of 250 do not get sunlight into their homes thus depriving themselves and their families of this vital source of natural energy. Moreover 157 women out of 250 wear burkha when they leave the house for any chore. Another method to keep the sun away from even touching one's body. 12% of the 157 women who wear burkha have reported breathing difficulty, 10% suffer from headache, 6% have skin problems and 3% have hypertension.

### **REPRODUCTIVE HEALTH**

250 respondents were checked on for their reproductive health. A large percentage of them showed that they got their periods at the right time although 21 of them got it between 9-12 years and 6 after the age of 16. The cause of concern is that 40 reported to be having irregular periods. 30 of them had heavy bleeding including clots and flooding.

On the gap between two menstrual periods, it needs to be analyzed further. If we take 29-32 days as a normal gap between two cycles then only 40, which is 16% of the respondents have a normal gap of 29-32 days. 76 respondents have a gap of 25-28 days. So if we combine the two numbers, 76 and 40, then a fairly good number, 116 have a normal gap of 25-32 days. Cause of concern is 53 who have a gap of less than 21 days and 42 who have a gap of 22-24 days. If we combine this with 10 who get their periods twice a month, then we have 84 respondents who get periods in less than 24 days.

Only 37 women reported not having any symptoms. Rest reported experiencing pelvic pain, nausea, weakness, lower back pain, headache, leg ache and other aches and pains. Out of which lower back pain and weakness was the most common difficulty faced.

If we combine "always" and "sometimes", then 120 out of 250 women have complained of white discharge other than that experienced before or after the periods. White discharge is symptomatic of infections and if kept untreated can lead to debilitating illnesses. Another indication is that of genital itching where 18 have reported to be always having this problem and a big number, 81 say that they experience it sometimes. Given the shame attached to reproductive health and lack of access to public health care coupled with poverty, it is no wonder that 82 women do not seek treatment at all.

Comparing this data with data on how quickly women reach out for medical help in non-reproductive ailment, shows that 66 women reached out to the doctor immediately, 95 women within a day and 38 within a week and 43 when it was completely unbearable. There was nobody who did not seek medical treatment in non-reproductive health issues! For reproductive health ailments 24 reached out for medical care within 15 days and 17 within a month. Of the 250 women surveyed it was observed that only 26% of them visit the doctor immediately, 38% visit the doctor within a day, 15% within a week, 3% within a

month and 17% when the pain becomes unbearable. Only 46 women sought treatment immediately.

If we look at pregnancy related issues, 95 respondents had pregnancy between the ages of 15-20 and 17 before the age of 15. 112 have had pregnancies before the age of 20. Which also implies and is validated by the data that early marriage and pregnancy keeps them away from education and skill development. Early pregnancy means many physiological and psychological ramifications which all of us are aware of. Copper T appears to be the most favoured family planning method followed by condom. 13 have undergone sterilization. Another study will be required to see the impact of use of invasive methods like Copper-T and even injections on women's health.

### **MENTAL HEALTH**

Sleep is an indication of good health. 6-8 of hours of sleep is considered to be adequate for complete rest to the body. A completely rested body is ready to face the challenges and helps keep the mind alert and fresh. Out of the 250 women surveyed 154 women get less than 6 hours of sleep. Many reasons are attributed for lack of adequate sleep. Husband or the earning member of the house, which in a Muslim household is largely involved in informal work which has long and irregular hours. Working late night, eating late night dinner and thus sleeping late becomes a norm. Women with small children have to get up early for their school and also to fill up water. Thus they do not get block undisturbed sleep. Long term impact of inadequate sleep have been widely researched and women are highly susceptible towards those diseases.

Out of the 250 women surveyed, 51 have reported to be feeling sad and depressed most of the time and 115 feel so sometimes. 107 of them feel angry and upset most of the time. It would be interesting to explore further through case studies the link between lack of sleep and feelings of sadness and anger. Comparatively women experience anger more than sadness. Expression of anger in a constructive way is crucial for a healthy mind and body. Repression of anger has short and long term impact of physical health. As the socio economic status of women of this study shows that the respondents are from a lower socio-economic strata. Poverty, illiteracy, lack of means for self fulfilment could can also lead to negative feelings.

74 women out of 250 are addicted to paan, gutka, masher and tobacco. Thus 30% of respondents have some or the other form of addiction. Long term impact of addiction to these substances can be very fatal. Also the reasons for the addiction needs also to be explored. Easy availability and accessibility of these substances and its dependence for various reasons have made women dependent on these substances.

Mental health is in many ways linked to physical violence. 66 women have reported to have faced physical violence. 18 women said they faced violence during sex most of the time and 7 women said they faced violence during sex sometimes. Thus 25 women have been subjected to violence during sex.

Lack of sleep, addiction to substances, physical and sexual violence on one hand and feelings of anger and sadness on the other are very clearly visible in this study. It is an indication for the state and for the community to take note of it.

## **CHAPTER 2**

### **SURVEY OF MUSLIM SLUM COMMUNITIES**

Behrampada , Bharatnagar, Garibnagar, Jogeshwari, Kalina, Mahim, Navpada, Andheri Dongar,  
Gyaneshwar nagar

This study was done by BMMA couple of years back and the findings still hold true.

#### **PART ONE**

##### **➤ MOST COMMON DISEASES IN THE COMMUNITY**

###### **CHILDREN**

Cold, cough and fever are the diseases seen most frequently among children. Typhoid, dengue, chikangunya, malaria, tuberculosis, vomiting, jaundice, viral fevers are the most prevalent diseases detected among children. As the weather changes, more and more children fall sick with cough, cold, throat irritation and fever.

###### **YOUTH**

The most common diseases among the youth in the area include tuberculosis, jaundice, typhoid, pneumonia, malaria, chikangunya, diabetes, blood pressure, cancer. The youth are intoxicated and addicted to tobacco products (tambaku, gutka, cigarette) and medicines (freely available at the chemist) which leads to cancer, lung related diseases and kidney problems. Hand and joint pains, eye infection, back aches, elephantiasis, tonsillitis and tuberculosis are also common.

###### **WOMEN**

Women mostly complain of ovarian and breast cancer, blood clot, backaches, white discharge and weakness, irregular menstrual cycle, stomach ache, knee ache. Diabetes, heart diseases, blood pressure, elephantiasis, kidney stones, appendicitis, typhoid, tonsillitis and pneumonia are the diseases which are prevalent among women. Women also complain of eye problems, arthritis, joint pains, obesity, blood vessel blocks, acidity, anaemia and calcium deficiency.

###### **ELDERLY**

Frequent complaints made by the elderly are weakness, fever, diabetes, cancer, arthritis, eye diseases (glaucoma), heart diseases, tuberculosis, kidney failure, anaemia and calcium deficiency. Diseases most common among the elderly are, block in blood vessels, weak bones, knee pain, leg and hand pain, weak or loss of eyesight, cough and cold and insomnia.

###### **CAUSE OF THESE DISEASES**

A recurrent cause seen among all the groups mentioned above relates to dirty environment, presence of a big open drains, unclean public toilets, water contamination and stress/anxiety.

Lack of food, insufficient knowledge of a healthy diet, stress and anxiety and obesity are seen as the main reasons for the diseases among women. Stress is caused by lack of employment which leads to worries and tensions. Women meanwhile have erratic meal timings, consumption of unhealthy oil, adulterated food, calcium deficiency and lack of exercise. Women's diseases can also be attributed

to use of tobacco products (thambaku, gutka and masher].

Youth are highly affected by intoxicants like gutkha. They also consume unhealthy junk food, fast food, Chinese food which are also made in dirty and unclean surroundings.

Weakness, tension, lack of food, tobacco products (thambaku and gutka), betel nut (supari), betel leaf (paan), cigarettes and alcohol are the causes for the diseases among the old. Lack of food and sleep along with tension are the primary reasons for the spread of these diseases. Adulterated food, high oil content, calcium deficiency, rise of inflation and hence non-accessibility to basic food items is also the cause of diseases amongst the old.

Change in weather, lack of proper garbage disposal and breeding of mosquitoes are seen to be the main culprits for diseases seen among the population. Houses being small and no gardens nearby, fresh air doesn't come in. Children also don't have spaces to play. This affects the health of both the elderly and children.

#### ➤ **NEW DISEASES WITNESSED IN THE PAST TWO YEARS**

Dengue, chikengunya, malaria, thyroid, arthritis, jaundice, diabetes and swine flu are diseases reported to have come up in the past two years. Diseases which are most prevalent in the community include cancer, blood pressure, kidney failure, tuberculosis, thyroid, jaundice, heart diseases, diarrhoea, cold, cough and fever.

## **PART TWO**

### **STATUS OF HEALTH FACILITIES IN THE COMMUNITIES**

#### ➤ **CONDITION OF HEALTH CENTRES**

In *Behrampada* Kherwadi and Bhabha hospital are the two health centres nearby. Medicines and injection for tetanus are available here. These facilities aren't sufficient. Facilities like x-ray, sonography and treatment for big diseases are required. Doctors visit regularly and since it is new, they come on time as well. A lot of people come here for treatment.

In *Bharatnagar*, government health centres are present nearby. However, they do not have any facilities. Treatment for cough, cold, rat bites, antiseptic medicines and injections are provided. Polio vaccine is also administered here. No other facilities are given and if at all they are given, they are sent to Sion or Bhabha hospital. Not a single doctor is available and even when he comes, he leaves quickly. Also, Rs.5 is charged by the government hospital every time they visit the hospital.

In *Garibnagar*, there are no government health centres nearby and hence a huge lack of all medical services.

In *Jogeshwari* government health centres are present nearby, but they do not have any facilities. Medicines are not available and they are asked to be bought from outside. Neither does the doctor come on time, nor does he give enough time to discuss problems. Medicines aren't administered well either. A laboratory and x-ray machine is a necessity here. The hospitals charge Rs.250 from the pregnant women in the first month of their pregnancy itself. Medicines are available in only one medical shop. The things bought for the pregnant women are siphoned off at the BMC as well as the anganwadis.

In *Kalina*, no government health centres are present nearby in Shastri Nagar and hence there are no facilities. This is not acceptable and facilities are required.

*In Mahim, Mori Road*, there are no facilities in the government medical shop. Check up isn't done and medicines are asked to be bought from outside. From the side of the government, there are no facilities. Blood test, x-ray and sonography are all available at Bhabha hospital, but not in Mahim. In case of any emergency, patients are sent to Bhabha hospital. Such facilities are lacking in Mahim and are a necessity. The facilities are insufficient and services that are available in private hospitals like sophisticated machines are required here as well. Doctor isn't available round the clock and especially aren't available during hartals.

*In Navpada*, no government health centres are present nearby. There are only private ones. BCG, TB, cough and cold medicines are the facilities available. All other medicines are asked to be bought from outside. The facilities at the health centre are grossly insufficient. The doctor doesn't visit the health centre on a regular basis either. There are about 2-3 government health centres present nearby. Medicines for cold, cough, leprosy, jaundice, polio and iron capsules are available here. These facilities aren't enough. The doctor visits the health centre regularly.

*In Andheri* too there is no facility available. They get only medicines for cough and cold, vaccination for polio and antiseptics. That clearly is not enough. Many more facilities need to be provided by the state. The doctors come very late and leave early.

*In Jyaneshtwar nagar* the health centre has medicines for cold and cough, ointment for leprosy and treatment for TB. Those facilities are not enough. More medicines are also required. The doctors also come daily.

#### ➤ **CONDITION OF GOVERNMENT HOSPITALS**

People in *Behrampada, Navpada and Garibnagar and Pipeline* go to KEM, Sion hospital in case of big diseases and in case of jaundice, they go to Kasturba hospital. The closest government hospital is 1 km away from Behrampada. Medicines for TB, worms and polio and injections for tetanus are available. They were aware of only Kherwadi hospital and they felt that the behaviour of the doctors there were good. The behaviour of nurses is also satisfactory and they don't get irritated. While the aya bai in Kherwadi were well behaved, the ones in Bhabha hospital weren't. They squander away money and if they aren't given money, they don't pay attention to the patients.

Kherwadi hospital and Bhabha hospital are at a minimum distance of 2 kms and 5 kms respectively from Navpada. Private or trust run hospitals like Lilavati and Millat are preferred over government hospitals as the latter don't have the necessary facilities. Only the check up by the doctors is free of cost. Medicines have to be bought from outside. CT scans aren't available. X-ray and sonography are available at Bhabha hospital. But none of these machines are there in Kherwadi hospital. The behaviour of doctors at both the hospitals mentioned above is satisfactory. Nurses behave very rudely to the patients. In case of any emergency or help, they do not come to the aid of the patients and don't provide them with good facilities. They refuse to respond to patients. Injections are also given with no proper care. The behaviour of the aya bai is the worst of the lot. They make a lot of fuss, behave very rudely and steal from the ward. They also slap pregnant ladies and don't let people enter the wards.

*In Bharatnagar*, in case of big diseases, the hospitals preferred are Kasturba, Cooper, Nair, Tata, Sion and Bhabha. The two nearest government hospitals are at a distance of one and five kilometres. Facilities for diseases like cold, cough, tuberculosis, polio and also facilities for pregnant ladies are available here. The behaviour of doctors, nurses and aya bai is good. It is only the doctors in Bhabha hospital who behave well. The aya bai in Bhabha hospital however don't treat the patients well. The behaviour of doctors, nurses and ward bai at both the hospitals mentioned above is satisfactory. Burkha clad women are especially treated badly. Nurses make a lot of fuss while the aya bai behaves



as if the hospital belongs to them.

*In Jogeshwari*, on going to BMC hospital, Sector Colony which is 15 kms away from Jogeshwari, patients are sent to KEM hospital. Only labour facilities and TB medicines are available here. The doctors in the hospital make a lot of fuss and don't talk properly to the patients. The nurses, on the other hand, make them run around like dogs. The services rendered by them depend on the social standing of the person or otherwise based on personal bias. The behaviour meted out by the aya bai is the worst and they trouble the patients a lot.

*In Kalina, Santacruz east*, JJ hospital, KEM hospital, Bhabha hospital, VN Desai hospital, Sion hospital, Wadia hospital are approached in case of big diseases. The closest government hospital is at a distance of about 5 kms. The facilities available in the government hospital include x-ray and medicines for minor diseases. The behaviour of doctors at these hospitals is satisfactory when they are known to the doctors. Those doctors who speak in Marathi don't behave well. Nurses behave very offensively. They ask the women not to wear the burkha as they feel that it leads to diseases and body pain. The aya bai's behaviour on the other hand was reported to be good.

KEM, Sion, Nair, Cooper and other big hospitals are approached in case of major diseases for people in *Mahim*. The closest government health centres are at a distance of 5-10kms and hence one can say that there is none nearby. KEM hospital has all facilities. But medicines aren't available and they need to be bought from elsewhere. The behaviour of doctors in these hospitals depend on their mood and isn't consistent. The nurses and aya bai on the other hand mete out very bad behaviour and are domineering. On asking the aya bai to clean, they would rudely ask the patients to get someone from their home itself. They also ask for food expenses in order to take care of the new born babies.

*In Andheri* too people go to Cooper, Nair, Sion, Tata and Kamgar hospital for treatment. The closest public hospital is 3-5 kms. away from the community. The behaviour of doctors, nurses and wardboys is good and basic health care is given properly.

People in *Gyaneshwar nagar* go to Sion, KEM and Kurla Bhabha hospital.

## ➤ **CONDITION OF ANGANWADIS**

*In Behrampada* pregnant and lactating women are given adequate health facilities. Immunization camps happen and injections/vaccinations are also done here.

*In Bharatnagar*, all pregnant and lactating women are called and given health facilities. Food, calcium capsules and medicines are provided and weights of children are also recorded. Information about immunization is provided once in a while. Polio vaccine is administered here.

*In Garibnagar*, pregnant and lactating women are given adequate health facilities and food at the anganwadi present nearby. Immunization camps are undertaken by the anganwadi and polio vaccination is also done. Pregnant and lactating women are given adequate health facilities. Immunization camps are conducted and injections/vaccinations are also done in Navpada.

*But in Jogeshwari*, pregnant and lactating women don't get any health facilities. Not even iron capsules are given. Children aren't given food. The teachers fill everything in their bag and take it along with them. No information about immunization is given. Injections/vaccinations are done. Polio vaccine is administered here. There are no facilities. The children and their mothers aren't given food or medicines.

Same in *Kalina*. Pregnant and lactating women are not given any health facilities. Immunization

camps aren't held by them neither is vaccinations done regularly.

Even in *Mahim*, neither is pregnant and lactating women given adequate health facilities nor are immunization camps held. However, polio vaccine is administered.

In *Andheri* the anganwadis function properly. They give medicines and calcium and immunization is also done regularly.

In *Gyaneshwar nagar*, the mothers do not get any services, children get khichdi. No immunization camps are held. Only children are given polio dose.

#### ➤ **CONDITION OF PUBLIC TOILETS**

In *Bharatnagar*, there are 8 public toilets of the BMC in the entire basti. This is sufficient and there is a person entrusted to clean them. Basera society maintains it which is private and money is paid to them. The BMC officials refuse to respond and maintain that they have sold it to the builders.

*Behrampada* has ten public toilets. They are sufficient and clean. BMC takes the responsibility for the cleanliness and they send people for the same.

There are no public toilets in *Garibnagar*. Since the ones available are private and one pays to use them, they are generally kept clean by the private agency itself.

In *Jogeshwari*, there are about 10-12 public toilets of the BMC. They have become private and one has to pay to use them. Private people clean them and extract money in the name of BMC.

Public toilets are present in *Kalina* but they aren't clean and they charge money for its usage. Makadwale sit outside, but don't keep it clean. They are enough, but need to be renovated. Women throw sanitary napkin which also sticks to the feet.

*Mahim* has ten public toilets, but they are used by people from three areas. No one comes to clean them. Though private people have been assigned to clean them, they don't do it either. Not only are they dirty, but don't have doors, lights or even water.

*Navpada* has two public toilets. They are not sufficient and many more are required. The public toilets are all very dirty and there is no one around to clean them.

In *Andheri* the total area has only 6 toilets which is not enough. They are also not cleaned regularly.

There are 3 public toilets in *Gyaneshwar nagar*. But they are all paid toilets. The number of toilets are enough but they need to be cleaned.

#### ➤ **CONDITION OF DRAINS**

In *Behrampada*, the drains are cleaned regularly and it is undertaken by the BMC itself. People from BMC come to clean the drains once in 15 days and the roads are cleaned every day. Fumigation is done regularly, so are medical camps organised once in a month.

In *Bharatnagar* drains aren't cleaned at regular intervals. Private people clean it when given money and do it once in two or six months. No one from BMC /comes to clean these drains and the people have kept individuals to clean the drains. Fumigation is done every 15 days or a month. Medical camp isn't undertaken by the municipality.

In *Garib Nagar* the drains are not at all clean. The person appointed by the BMC does come, but demands money for the services. They feel that the BMC is just namesake and private contractors are assigned to clean them. Fumigation is done once in fifteen days. However medical camps aren't

organized By BMC.

In *Jogeshwari*, drains aren't cleaned. People save money and get it cleaned by private people. To clean one chamber, Rs. 150 is demanded. It is people like beggars and waste pickers who are made to clean the drains. No one from BMC come to clean these drains. Fumigation is done every month. Medical camp is however not conducted by the BMC. Drains are open with dirty water, so are the pipelines which are on the streets. Public toilets of the BMC and water facilities need to be made available in the basti.

In *Kalina*, the BMC comes, but do not take away the waste and yet ask for money. They are cleaned privately through contracts. No one from the BMC comes to clean. Makadwale and contractors come only once in a month to clean. Fumigation is done 15 days in a month and then in the next month only. Medical camps aren't organised here by BMC. Only road visits are done by them.

In *Mahim*, neither are the drains clean nor does anyone come to clean it. No one from BMC come to clean the drains regularly. Fumigation is done once in a month. Medical camps are however not organised here by BMC.

In *Navpada*, neither are the drains cleaned nor does anyone come to clean it regularly. Privately, people come and clean the drains and no effort is taken by the municipality for the same. No one from Brihanmumbai Mahanagarpalika come to clean the drains unless they are called and an application is filed. They come to clean only when some leader comes to visit the area. Neither is fumigation done during the monsoon season nor is medical camp undertaken by BMC.

In *Andheri* the drains are not cleaned regularly. People have employed private persons to do the cleaning. The BMC is absent completely. Fumigation is done regularly. No health camps are held.

In *Gyaneshwar nagar* the Mithi river flows along which is cleaned regularly. There is another pipe running through it. But that is cleaned by public only. BMC does not clean it.

## **PART THREE**

### **DEMANDS TOWARDS THE GOVERNMENT**

#### **➤ FOR CLEAN SURROUNDINGS**

- In all the communities the women interviewed demanded that:
- Drains and public toilets be cleaned regularly by the BMC.
- There should also be waste bins at regular intervals. These bins must be cleared regularly by the BMC.
- Waste should be put only in the bins and they acknowledge that it is the people's fault for not doing so always.

#### **➤ FOR BETTER HEALTH CARE**

Everyone felt that free medicines and tests should definitely be available in hospitals. Respect and good behaviour is also expected from the staff of the hospitals.

There should be a fully functional health centre in each slum community.

The health centre must have the following facilities:



- General body check up
- Treatment for minor illnesses
- Medicines [tablets, ointments and injections]
- Machines like x-ray and sonography
- Facility for blood test, ECG, tetanus shots
- Gynaecology services like regular check up, sonography etc.
- Basic health care in case of sudden illnesses and emergencies

They believe that hospitals should be state run and not be privatised. *Doctors, medicines and machines must be available round the clock so that the poor does not have to run from pillar to post. The poor depend on the state run hospitals and state must not run away from its responsibility. The state must spend on medicines, machines and total health care facility for the poor.*

Earlier the roads in Bharatnagar used to be good, but once they have been handed over to the builder, everything has gone haywire. The builder along with the general atmosphere of greed that has been created has brought a bad name to the community. The state must monitor the work of the builders.

## **CHAPTER 3**

### **INDIVIDUAL COMMUNITIES AND THEIR HEALTH CONCERNS**

Health and education facilities are an important part of the development process. It is the responsibility of the government to ensure that these amenities are available. It has been observed that health care facilities aren't good in the Muslim bastis. The government doesn't provide these. On behalf of the society it is important to demand these facilities. The objective of this survey is to formulate such a demand. In order to help bring about change, BMMA aims to understand the health care needs and also the health services being provided to the community. This survey has been divided into three parts. The first part deals with the specific needs of the community and their solutions. The second part deals with the facilities available in the bastis, its importance and condition. Part three will deal with the specific demands that are to be asked from the government.

#### **OBJECTIVES OF THE SURVEY:**

1. To document the health issues of Muslim communities.
2. To analyse the health facilities given to these communities by the government.
3. To formulate the demands to initiate changes.

#### **AREA:**

Behrampada, Bharatnagar, Garib Nagar, Jogeshwari, Kalina, Navpada and Mahim

#### **PROCESS:**

Get information through the medium of group discussions with the people of the area.

#### **TECHNIQUE:**

1. The facilitator led the group discussion with the questionnaire and another member wrote the answers given by the group.
2. Health services in the community were evaluated.

## **BEHRAMPADA**

### **PART ONE- THE NEEDS AND SOLUTIONS OF THE COMMUNITY RELATING TO HEALTH**

#### **➤ *Most commonly seen diseases among different groups:***

Cold, cough and fever are the diseases seen most frequently among children. The most common diseases among the youth in the area include white discharge, tuberculosis, jaundice, typhoid, pneumonia, irregular menstrual cycle and blood clot due to this. Women mostly complain of ovarian cancer, blood clot, backaches, white discharge and weakness. Frequent complaints made by the elderly are weakness, fever, diabetes, cancer, arthritis and eye diseases (glaucoma).

#### **➤ *Causes of these diseases:***

A recurrent cause seen among all the groups mentioned above relates to dirty environment and presence of a big open drain. The primary problem is that cleanliness isn't taken care of. Another cause for the diseases among the children include their consumption of cold water and ice. Lack of

food, insufficient knowledge of a healthy diet and obesity are said to be the main reasons for the diseases among women.

➤ *New diseases witnessed in the past two years:*

Dengue, thyroid and swine flu are diseases reported to have come up in the past two years. Diseases which are most prevalent in the community include cancer, tuberculosis, thyroid, jaundice, cold, cough and fever.

## **PART TWO- IMPORTANCE OF FACILITIES GIVEN IN BASTIS AND THEIR CONDITION**

➤ *Condition of health centres:*

Kherwadi and Bhabha hospital are the two health centres nearby. Medicines and injection for tetanus are available here. These facilities aren't sufficient. Facilities like x-ray, sonography and treatment for big diseases are required. Doctors visit regularly and since it is new, they come on time as well. A lot of people come here for treatment.

➤ *Condition of government hospitals:*

KEM, Sion hospital are those that the community visits in case of big diseases and in case of jaundice, they go to Kasturba hospital. The closest government hospital is 1km away from Behrampada. Medicines for TB, worms and polio and injections for tetanus are available. They were aware of only Kherwadi hospital and they felt that the behaviour of the doctors there were good. The behaviour of nurses is also satisfactory and they don't get irritated. While the ward bai in Kherwadi were well behaved, the ones in Bhabha hospital weren't. They squander away money and if they aren't given money, they don't pay attention to the patients.

➤ *Condition of Anganwadis:*

Pregnant and lactating women are given adequate health facilities. Immunization camps happen and injections/vaccinations are also done here.

➤ *Condition of Public Toilets:*

Behrampada has ten public toilets. They are sufficient and clean. BMC takes the responsibility for the cleanliness and they send people for the same.

➤ *Condition of Drains:*

The drains are cleaned regularly and it is undertaken by the BMC itself. People from Brihanmumbai Mahanagarpalika come to clean the drains once in 15 days and the roads are cleaned every day. Fumigation is done regularly, so are medical camps organised once in a month.

## **PART THREE- DEMANDS TOWARDS THE GOVERNMENT**

➤ *For clean surroundings:*

The community interviewed demand that the drains and public toilets be cleaned regularly by the Brihanmumbai Mahanagarpalika. There should also be waste bins at regular intervals.

➤ *For better health care:*

Everyone felt that free medicines and tests should definitely be available in hospitals. Respect and good behaviour is also expected from the staff of the hospitals. Not only should there be a health care centre in the basti, but also availability of injections and treatment for all kinds of diseases. There is also a need for a hospital in every ward. They believe that hospitals should be state run and not be privatised.

## **BHARATNAGAR**

### **PART ONE- THE NEEDS AND SOLUTIONS OF THE COMMUNITY RELATING TO HEALTH**

➤ *Most commonly seen diseases among different groups:*

Cough, cold, fever, typhoid, dengue and malaria are the most prevalent diseases detected among children. As the weather changes, more and more children fall sick. The most common diseases among the youth in the area include tuberculosis, typhoid and cancer in different parts of the body. Women mostly complain of tonsillitis, breast cancer and tuberculosis. Sometimes women even die due to stomach pains. Frequent complaints made by the elderly are diabetes, blood pressure, arthritis and heart attack.

➤ *Causes of these diseases:*

The environment of the community is very dirty and no one comes to clean. Roads are also littered with waste. There are mobile towers of Reliance and Vodafone which along with unclean surroundings are seen to be the main reason for the diseases seen among the youth. The prime causes for the diseases among women include tension and anxiety. Germs are also spread through coughing and sneezing. Weakness, old age, tension, lack of food, tobacco products (thambaku and gutka), betel nut (supari), betel leaf (paan), cigarettes and alcohol are the causes for the diseases among the old.

➤ *New diseases witnessed in the past two years:*

Dengue, cancer, heart disease and thyroid are the diseases reported to have come up in the past two years and the whole body becomes weak due to these diseases. Meanwhile, the diseases most prevalent in society include cold, cough, fever and thyroid.

### **PART TWO- IMPORTANCE OF FACILITIES GIVEN IN BASTIS AND THEIR CONDITION**

➤ *Condition of health centres:*

Government health centres are present nearby. However, they do not have any facilities. Treatment for cough, cold, rat bites, antiseptic medicines and injections are provided. Polio vaccine is also administered here. No other facilities are given and if at all they are given, they are sent to Sion or Bhabha hospital. Not a single doctor is available and even when he comes, he leaves quickly. Also, Rs.5 is charged by the government hospital every time they visit the hospital.

➤ *Condition of government hospitals:*

In case of big diseases, the hospitals preferred are Kasturba, Cooper, Nair, Tata, Sion and Bhabha. The two nearest government hospitals are at a distance of one and five kilometres. Facilities for diseases like cold, cough, tuberculosis, polio and also facilities for pregnant ladies are available

here. The behaviour of doctors, nurses and ward bai is good. It is only the doctors in Bhabha hospital who behave well. The ward bai in Bhabha hospital however don't treat the patients well.

➤ *Condition of Anganwadis:*

All pregnant and lactating women are called and given health facilities. Food, calcium capsules and medicines are provided and weights of children are also recorded. Information about immunization is provided once in a while. Polio vaccine is administered here.

➤ *Condition of Public Toilets:*

There are 8 public toilets of the BMC in the entire basti. This is sufficient and there is a person entrusted to clean them. Basera society maintains it which is private and money is paid to them. The BMC officials refuse to respond and maintain that they have sold it to the builders.

➤ *Condition of Drains:*

Drains aren't cleaned at regular intervals. Private people clean it when given money and do it once in two or six months. No one from Brihanmumbai Mahanagarpalika comes to clean these drains and the people have kept individuals to clean the drains. Fumigation is done every 15 days or a month. Medical camp isn't undertaken by the municipality.

### **PART THREE- DEMANDS TOWARDS THE GOVERNMENT**

➤ *For clean surroundings:*

The community interviewed demand that the drains and public toilets be cleaned regularly by the Brihanmumbai Mahanagarpalika. Similarly waste bins must be maintained at regular intervals.

➤ *For better health care:*

They demand free medicines, especially for the poor. It would be great if everyone is treated equally and if the hospital staff behaves well with all. They also feel that all tests must be available free of cost. There should be BMC hospital in every basti and ward. Facilities for labour, sudden illnesses and difficulties should be made. They believe that the hospitals must remain under the BMC and not be privatised so that they get some relief.

Earlier the roads in Bharatnagar used to be good, but once they have been handed over to the builder, everything has gone haywire. The presence of the mobile towers and dirty surroundings are major cause for concern. The builder along with the general atmosphere of greed that has been created has brought a bad name to the community.

## **JOGESHWARI**

### **PART ONE- THE NEEDS AND SOLUTIONS OF THE COMMUNITY RELATING TO HEALTH**

➤ *Most commonly seen diseases among different groups:*

Cold, cough, fever, throat irritation, tuberculosis, vomiting, diarrhoea, malaria, typhoid and dengue are the most prevalent diseases detected among children. The most common diseases among the youth in the area include white discharge, back aches and tuberculosis. Women mostly complain of eye problems, arthritis, diabetes and backaches. Frequent complaints made by the elderly are arthritis, cancer, diabetes, tuberculosis and heart disease.

➤ *Causes of these diseases:*

The environment of the community in general and toilets in particular are very dirty. Poor quality of water is also observed to be a main cause for the prevalence of the diseases among children. The main cause attributed to the diseases among the youth and women is tension. There is also an inability to explain the disease among the youth. Women also blame a lack of work to be a reason for their diseases. The reasons for the diseases among the elderly include tension and unhealthy, dirty surroundings.

➤ *New diseases witnessed in the past two years:*

Chikungunya, dengue and jaundice are three diseases reported to have come up in the past two years. Meanwhile, the diseases most prevalent in society include fever, heart attack and cancer.

## **PART TWO- IMPORTANCE OF FACILITIES GIVEN IN BASTIS AND THEIR CONDITION**

➤ *Condition of health centres:*

Government health centres are present nearby, but they do not have any facilities. Medicines are not available and they are asked to be bought from outside. Neither does the doctor come on time, nor does he give enough time to discuss problems. Medicines aren't administered well either. A laboratory and x-ray machine is a necessity here.

➤ *Condition of government hospitals:*

On going to BMC hospital, Sector Colony which is 15kms away from Jogeshwari, patients are sent to KEM hospital. Only labour facilities and TB medicines are available here. The doctors in the hospital make a lot of fuss and don't talk properly to the patients. The nurses, on the other hand, make them run around like dogs. The services rendered by them depend on the social standing of the person or otherwise based on personal bias. The behaviour meted out by the ward bai is the worst and they trouble the patients a lot.

➤ *Condition of Anganwadis:*

Pregnant and lactating women don't get any health facilities. Not even iron capsules are given. Children aren't given food. The teachers fill everything in their bag and take it along with them. No information about immunization is given. Injections/vaccinations are done. Polio vaccine is administered here.

➤ *Condition of Public Toilets:*

There are about 10-12 public toilets of the BMC. They have become private and one has to pay to use them. Private people clean them and extract money in the name of BMC.

➤ *Condition of Drains:*

Drains aren't cleaned. People save money and get it cleaned by private people. To clean one chamber, Rs. 150 is demanded. It is people like beggars and waste pickers who are made to clean the drains. No one from Brihanmumbai Mahanagarpalika come to clean these drains. Fumigation is done every month. Medical camp is however not conducted by the BMC.

## PART THREE- DEMANDS TOWARDS THE GOVERNMENT

### ➤ *For clean surroundings:*

The community interviewed demand that the drains and public toilets be cleaned regularly by the Brihanmumbai Mahanagarpalika. There should also be waste bins at regular intervals. Waste should be put only in the bins and they acknowledged that it is the people's fault for not doing so always.

### ➤ *For better health care:*

They demand free medicines and most importantly better behaviour from the staff of the hospital. They also feel that all tests must be available free of cost. There should be a health care centre and facilities like blood test, eye check up, labour facilities, treatment for cough and cold and sonography. They feel that there should be a hospital in every ward, especially because a ward like theirs is very big. They demand a BMC hospital nearby with proper facilities and do not want it to be privatised. A big chemist run by the BMC is also a necessity.

The hospitals charge Rs.250 from the pregnant women in the first month of their pregnancy itself. Medicines are available in only one medical shop. The things bought for the pregnant women are siphoned off at the BMC as well as the anganwadis. The latter lack any kind of facilities. The children and their mothers aren't given food or medicines. Drains are open with dirty water, so are the pipelines which are on the streets. They experience trouble at the BMC run schools too. Public toilets of the BMC and water facilities need to be made available in the basti. They feel that there is an urgent need to do something about all these problems.

## MAHIM

## PART ONE- THE NEEDS AND SOLUTIONS OF THE COMMUNITY RELATING TO HEALTH

### ➤ *Most commonly seen diseases among different groups:*

Malaria, fever and typhoid are the most prevalent diseases detected among children. The youth meanwhile are troubled by tuberculosis, menstrual problems, anaemia and calcium deficiency. Women mostly complain of stomach pains, knee pain, diabetes, ovarian cancer and acidity. Diseases most common among the elderly are kidney failures, block in blood vessels, heart attack and insomnia.

### ➤ *Causes of these diseases:*

The environment of the community and waste bin is dirty and not cleaned. This is responsible for the prevalence of diseases among children. Among the youth, TB is hereditary/ genetic. Apart from these main causes include changes in weather and tension. Diseases among the women are attributed to erratic meal timings, lack of attention to one's own health and tension. Lack of food and sleep along with tension are the primary reasons for the spread of these diseases among the elderly.

### ➤ *New diseases witnessed in the past two years:*

Dengue, chikungunya and swine flu are three diseases reported to have come up in the past two years. On the other hand, heart diseases, diabetes, blood pressure, malaria and kidney failure are those that are most prevalent.



## PART TWO- IMPORTANCE OF FACILITIES GIVEN IN BASTIS AND THEIR CONDITION

### ➤ *Condition of health centres:*

There are no facilities in the government medical shop. Check up isn't done and medicines are asked to be bought from outside. From the side of the government, there are no facilities. Blood test, x-ray and sonography are all available at Bhabha hospital, but not in Mahim. In case of any emergency, patients are sent to Bhabha hospital. Such facilities are lacking in Mahim and are a necessity. The facilities are insufficient and services that are available in private hospitals like sophisticated machines are required here as well. Doctor isn't available round the clock and especially aren't available during hartals.

### ➤ *Condition of government hospitals:*

KEM, Sion, Nair, Cooper and other big hospitals are approached in case of major diseases. The closest government health centres are at a distance of 5-10kms and hence one can say that there is none nearby. KEM hospital has all facilities. But medicines aren't available and they need to be bought from elsewhere.

The behaviour of doctors in these hospitals depend on their mood and isn't consistent. The nurses and ward bai on the other hand mete out very bad behaviour and are domineering. On asking the ward bai to clean, they would rudely ask the patients to get someone from their home itself. They also ask for food expenses in order to take care of the new born babies.

### ➤ *Condition of Anganwadis:*

Neither is pregnant and lactating women given adequate health facilities nor are immunization camps held. Polio vaccine is administered.

### ➤ *Condition of Public Toilets:*

Mahim has ten public toilets, but they are used by people from three areas. No one comes to clean them. Though private people have been assigned to clean them, they don't do it either. Not only are they dirty, but don't have doors, lights or even water.

### ➤ *Condition of Drains:*

Neither are the drains clean nor does anyone come to clean it. No one from Brihanmumbai Mahanagarpalika come to clean the drains regularly. Fumigation is done once in a month. Medical camps are however not organised here by BMC.

## PART THREE- DEMANDS TOWARDS THE GOVERNMENT

### ➤ *For clean surroundings:*

The community interviewed demand that the drains and public toilets be cleaned regularly by the Brihanmumbai Mahanagarpalika. There should also be waste bins at regular intervals which also need to be regularly picked up by the municipality.

### ➤ *For better health care:*

Availability of free medicines and tests in hospitals is a major demand. Better behaviour from the staff of the hospitals is also necessary. Not only should there be a health care centre and hospital,



but also facilities like doctor-round the clock and ambulance. They believe that most hospitals should be under the control of the state as there are a lot of private ones.

➤ *Others:*

It would be great if a Mahila Mandal office is started here. Facilities to make documents like Aadhar card, pan card and caste certificate should also be there.

## KALINA

### PART ONE- THE NEEDS AND SOLUTIONS OF THE COMMUNITY RELATING TO HEALTH

➤ *Most commonly seen diseases among different groups:*

Jaundice, malaria, typhoid, cold, cough, fever, vomiting and diarrhoea are the most common diseases detected among children. The prevalent diseases among the youth in the area include chikungunya, hand and joint pains, eye infection, itching and back aches. Cholesterol is also being seen among children now. Women mostly complain of backaches, joint pains, cholesterol, obesity and blood vessel blocks. Frequent complaints made by the elderly are heart diseases, diabetes and backaches.

➤ *Causes of these diseases:*

The community is very dirty and the quality of water here is also very poor which cause diseases among children. Change in weather, unclean surroundings, lack of proper garbage disposal and breeding of mosquitoes are seen to be the main culprits for diseases seen among the youth. Women meanwhile have erratic meal timings, unhealthy oil and lack of exercise. Houses being small and no gardens nearby, fresh air doesn't come in. Children also don't have spaces to play. This affects the health of both the elderly and children.

➤ *New diseases witnessed in the past two years:*

Diabetes, dengue, malaria and chikungunya and swine flu are the diseases reported to have come up in the past two years. Fever, cold and malaria on the other hand are most common in society.

### PART TWO- IMPORTANCE OF FACILITIES GIVEN IN BASTIS AND THEIR CONDITION

➤ *Condition of health centres:*

No government health centres are present nearby in Shastri Nagar and hence there are no facilities. This is not acceptable and facilities are required.

➤ *Condition of government hospitals:*

JJ hospital, KEM hospital, Bhabha hospital, VN Desai hospital, Sion hospital, Wadia hospital are approached in case of big diseases. The closest government hospital is at a distance of about 5kms. The facilities available in the government hospital include x-ray and medicines for minor diseases.

The behaviour of doctors at these hospitals is satisfactory when they are known to the doctors. Those doctors who speak in Marathi don't behave well. Nurses behave very offensively. They ask the women not to wear the burkha as they feel that it leads to diseases and body pain. The ward bai's behaviour on the other hand was reported to be good.

➤ *Condition of Anganwadis:*

Pregnant and lactating women are not given any health facilities. Immunization camps aren't held by them neither is vaccinations done regularly.

➤ *Condition of Public Toilets:*

Public toilets are present in Kalina but they aren't clean and they charge money for its usage. Makadwale sit outside, but don't keep it clean. They are enough, but need to be renovated. Women throw sanitary napkin which also sticks to the feet.

➤ *Condition of Drains:*

The BMC authorised people come, but do not take away the waste and yet ask for money. They are cleaned privately through contracts. No one from the BMC comes to clean. Makadwale and contractors come only once in a month to clean. Fumigation is done 15 days in a month and then in the next month only. Medical camps aren't organised here by Brihanmumbai Mahanagarpalika. Only road visits are done by them.

### **PART THREE- DEMANDS TOWARDS THE GOVERNMENT**

➤ *For a clean environment:*

The community interviewed demand that the drains and public toilets be cleaned regularly by the Brihanmumbai Mahanagarpalika. They feel that this will lead particularly to a reduction in spread of diseases. As of now there are only two waste bins and they demand that there should be 5-6 waste bins at regular intervals.

➤ *For better health care:*

The community at Kalina were of the opinion that medicines and tests should be done for free as it will be of huge relief to the poor. Consultations should also be free or subsidised. Better behaviour is also expected from the staff of hospitals. They demand for a BMC hospital in the basti and they feel that it can be set up near the school as there is space for the same. If not a hospital in every ward, at least one hospital should be there for 4-5 wards because they face difficulties especially during the monsoons. Facilities like blood tests, labour services, ECG and doctor especially for women in case of internal diseases are necessary. They believe that hospitals and other institutions too should be under the control of the state and not be privatised. More importantly they should be well maintained.

➤ *Others:*

The community demand implementation of entitlements at the anganwadis for children and pregnant and lactating women.

## **GARIB NAGAR**

### **PART ONE- THE NEEDS AND SOLUTIONS OF THE COMMUNITY RELATING TO HEALTH**

➤ *Most commonly seen diseases among different groups:*

Dengue, cough, fever and chikungunya are the most prevalent diseases detected among children. The youth are intoxicated and addicted to tobacco products (thambaku, gutka, cigarette) and medicines (freely available at the chemist) which leads to cancer, lung related diseases and kidney

problems. Diabetes, heart diseases, blood pressure, elephantiasis, typhoid and pneumonia are the diseases which are prevalent among women. Frequent complaints made by the elderly are chest congestion, asthma, cancer and heart diseases.

➤ *Causes of these diseases:*

Surroundings are dirty and people also throw wastes from their houses. This was seen as the primary reason for the diseases among all the categories. Among the youth particularly significant is intoxication and in this context they want all such establishments selling these commodities to be shut down.

➤ *New diseases witnessed in the past two years:*

Dengue, heart diseases, diabetes and arthritis are diseases reported to have come up in the past two years with the first two being most prevalent.

## **PART TWO- IMPORTANCE OF FACILITIES GIVEN IN BASTIS AND THEIR CONDITION**

➤ *Condition of health centres:*

There are no government health centres nearby and hence a huge lack of all medical services.

➤ *Condition of government hospitals:*

In case of big diseases hospitals like Sion and KEM are preferred. Bhabha hospital and Sion hospital are at a minimum distance of 2kms and 7kms respectively from Garibnagar. No facilities are available and medicines have to be availed from elsewhere.

The behaviour of doctors, nurses and ward bai at both the hospitals mentioned above is satisfactory. Burkha clad women are especially treated badly. Nurses make a lot of fuss while the ward bai behaves as if the hospital belongs to them.

➤ *Condition of Anganwadis:*

Pregnant and lactating women are given adequate health facilities and food at the anganwadi present nearby. Immunization camps are undertaken by the anganwadi and polio vaccination is also done.

➤ *Condition of Public Toilets:*

There are no public toilets in Garibnagar. Since the ones available are private and one pays to use them, they are generally kept clean by the private agency itself.

➤ *Condition of Drains:*

The drains are not at all clean. The person appointed by the BMC does come, but demands money for the services. They feel that the BMC is just namesake and private contractors are assigned to clean them. Fumigation is done once in fifteen days. However medical camps aren't organized By Brihanmumbai Mahanagarpalika.

## **PART THREE- DEMANDS TOWARDS THE GOVERNMENT**

➤ *For clean surroundings:*

The community interviewed in Garibnagar demand that the drains and public toilets be cleaned regularly by the Brihanmumbai Mahanagarpalika. There should also be waste bins at regular intervals.

➤ *For better health care:*

Everyone was unanimous in their demand for availing of free medicines in hospitals and especially in their demand for better behaviour from the staff of the hospitals. They also feel that all tests must be given free of cost. Not only should there be a health care centre, but also a chemist. Medicines, injections, ointments, proper machines like x-ray and sonography are also a necessity. Hospitals are also to be there in every ward of the municipality. Moreover they believe that hospitals should be under the control of the state as the poor particularly depend on them.

## NAVPADA

### PART ONE- THE NEEDS AND SOLUTIONS OF THE COMMUNITY RELATING TO HEALTH

➤ *Most commonly seen diseases among different groups:*

Dengue, malaria, typhoid, diarrhoea, jaundice and viral fever are the most prevalent diseases detected among children while small children suffer frequently from cough and cold. The most common diseases among the youth in the area include malaria, dengue, typhoid, tuberculosis, cancer, diabetes and blood pressure. Women mostly complain of backaches, weak bones, arthritis and menstrual problems. Breast cancer, ovary cancer, blood pressure, kidney stone, appendicitis are other diseases commonly seen among the women in the area. Frequent complaints made by the elderly are diabetes, heart disease, weak bones, weak or loss of eyesight, cough and cold.

➤ *Causes of these diseases:*

The environment of the community is dirty and ridden with waste. Broken pipeline, poor quality of water and open gutters filled with water are observed to be the main causes for the prevalence of the diseases among children. The main causes attributed to the diseases among the youth include unhealthy, oily junk food, fast food and Chinese food which are made in unhealthy and dirty environments. Women meanwhile have erratic meal timings coupled with calcium deficiency and adulterated food. The causes for the diseases among the elderly include calcium deficiency and adulterated food. Increasing inflation has led to shooting up of prices of basic commodities including dal. Unavailability of food is also a primary cause of most of the diseases among the elderly.

➤ *New diseases witnessed in the past two years:*

Chikungunya and swine flu are two diseases reported to have come up in the past two years.

### PART TWO- IMPORTANCE OF FACILITIES GIVEN IN BASTIS AND THEIR CONDITION

➤ *Condition of health centres:*

No government health centres are present nearby. There are only private ones. BCG, TB, cough and cold medicines are the facilities available. All other medicines are asked to be bought from outside. The facilities at the health centre are grossly insufficient. The doctor doesn't visit the health centre on a regular basis either.

➤ *Condition of government hospitals:*

Kherwadi hospital and Bhabha hospital are at a minimum distance of 2kms and 5kms respectively from Navpada. Private or trust run hospitals like Lilavati and Millat are preferred over government hospitals as the latter don't have the necessary facilities. Only the check up by the doctors is free of

cost. Medicines have to be bought from outside. CT scans aren't available. X-ray and sonography are available at Bhabha hospital. But none of these machines are there in Kherwadi hospital.

The behaviour of doctors at both the hospitals mentioned above is satisfactory. Nurses behave very rudely to the patients. In case of any emergency or help, they do not come to the aid of the patients and don't provide them with good facilities. They refuse to respond to patients. Injections are also given with no proper care. The behaviour of the ward bai is the worst of the lot. They make a lot of fuss, behave very rudely and steal from the ward. They also slap pregnant ladies and don't let people enter the wards.

➤ ***Condition of Anganwadis:***

Pregnant and lactating women are given adequate health facilities. Immunization camps are conducted and injections/vaccinations are also done here.

➤ ***Condition of Public Toilets:***

Navpada has two public toilets. They are not sufficient and many more are required. The public toilets are all very dirty and there is no one around to clean them.

➤ ***Condition of Drains:***

Neither are the drains clean nor does anyone come to clean it regularly. Privately, people come and clean the drains and no effort is taken by the municipality for the same. No one from Brihanmumbai Mahanagarpalika come to clean the drains unless they are called and an application is filed. They come to clean only when some leader comes to visit the area. Neither is fumigation done during the monsoon season nor is medical camp undertaken by BMC.

### **PART THREE- DEMANDS TOWARDS THE GOVERNMENT**

➤ ***For clean surroundings:***

The community interviewed demand that the drains and public toilets be cleaned regularly by the Brihanmumbai Mahanagarpalika. There should also be waste bins at regular intervals which also need to be regularly picked up by the municipality as presently it is only being picked up at night.

➤ ***For better health care:***

Everyone was unanimous in their demand for availability free medicines in hospitals and especially in their demand for better behaviour from the staff of the hospitals. They also feel that all tests must be given free of cost. Not only should there be a health care centre, but also facilities like doctor-round the clock and machines so that they don't have to go elsewhere to get tests done. All these facilities are particularly required at Kherwadi hospital. The importance of having a hospital in every ward was also emphasized. They believe that hospitals should be under the control of the state and not privatised as only then will it benefit the people. There is a need for the state to spend more money so that medicines, machines and other facilities come free, especially for the poor.

## HEALTH PROBLEMS OF MUSLIM WOMEN

### Maharashtra State Women's Commission and Bharatiya Muslim Mahila Andolan

Particulars	Count
Andheri	2
Baheram Nagar	49
Bharat Nagar	53
Dnyaneshwar Nagar	14
Golibar	16
Kalina	31
Santacruz Lohiya Nagar	32
Naupada	25
Nirmal Nagar	18
Tata Colony	10
<b>Grand Total</b>	<b>250</b>

The table shows the areas in which the study was done.

Age	Count	%
> 17	33	13%
18-21	45	18%
22-25	37	15%
26-29	34	14%
30-33	39	16%
34-37	28	11%
38-41	23	9%
>42	11	4%
<b>Grand Total</b>	<b>250</b>	<b>100%</b>

This survey was conducted to understand the overall health condition of Muslim women between the age group of 13-45. As per the table 13% of the women surveyed are between the age of 13-17 years, 18% are between the age group of 18-21 years, 15% are between the age of 22-25 years of age, 14% between the age of 26-29 years, 16% between the age of 30-33%, 11% between the age of 34-37 years and 13% for the women between 38-45 years of age.

Particulars	Count	%
Ill-literate	33	13%
J.K - IV	7	3%
V - VIII	67	27%
IX - X	71	28%
XI - XIII	51	20%
XIII-XV	20	8%
Master	1	0%
<b>Grand Total</b>	<b>250</b>	<b>100%</b>

The educational status of the Muslim women surveyed as per the table states that 13% are Ill-literate, 3% are educated less or till Std 4<sup>th</sup>, 27% have studied between 5<sup>th</sup>-8<sup>th</sup> Std, 28% have been educated between 9<sup>th</sup> & 10<sup>th</sup> Std. 28% of them have attended college of which 8% have graduated.

Particulars	Count	%
Un-married	67	27%
Married	154	62%
Widow	12	5%
Divorcee	8	3%
Single	9	4%
<b>Grand Total</b>	<b>250</b>	<b>100%</b>

Of the Muslim women surveyed as per the table it is observed that 27% of them are un-married, 62% are married, 5% are widows, 3% are divorced and 4% are single.

## GENERAL HEALTH

1. In general, would you say your health is?

Particulars	Count	%
Excellent	34	14%
Very good	22	9%
Good	72	29%
Fair	88	35%
Poor	34	14%
<b>Grand Total</b>	<b>250</b>	<b>100%</b>

Of the women surveyed, only 14% of them replied that their health was excellent, 9% said it was very good, 29% said it was good, 35% said it was fair, whereas 14% of the women said it was poor.

2. When did you last visit the physician?

Particulars	Count	%
Past month	145	58%
Past three months	48	19%
Past six months	27	11%
Past year	9	4%
Over a year ago	21	8%
<b>Grand Total</b>	<b>250</b>	<b>100%</b>

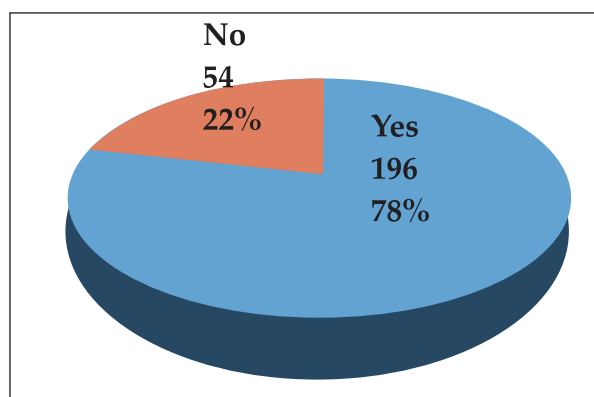
Of the woman surveyed, only 58% of them had visited a physician within a month, whereas 19% had visited a doctor over 3 months back, 11% over six months, 12% over a year.

3. Which doctor do you go to?

Particulars	Count	%
Private doctor	164	66%
Government health post	79	32%
Hakeem	5	2%
Any one else	2	1%
<b>Grand Total</b>	<b>250</b>	<b>100%</b>

Of the women surveyed it is observed that 66% of them go to private doctors as they are near and easily available, 32% go to government health post whereas only 3% visit the hakeem or other health specialist.

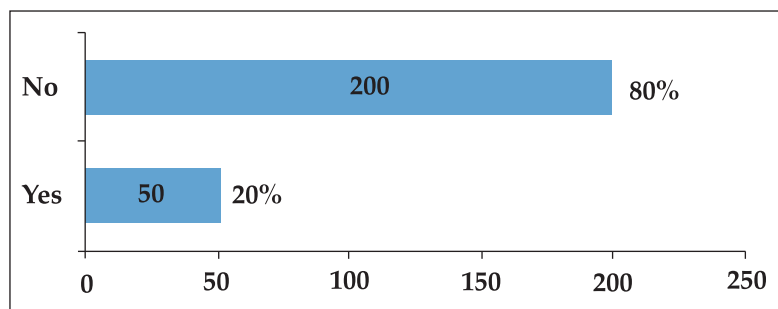
4. Is the health post or doctors clinic within 10-15 minutes of walk?



Of the women surveyed it is observed that 78% of them have health post or doctor's clinic within 10-15 minutes of walking distance whereas 22% of the women had to travel by vehicle to reach a doctor.



## 5. Do you have a history of prolonged illnesses?



Of the women surveyed it is observed that 80% of them do not have a history of prolonged illness whereas 20% do have a history of prolonged illness.

If yes, specify the illness

Particulars	Count	%
Blood Pressure	14	6%
Diabities	5	2%
Asthama	2	1%
Liver Problem	1	0%
Heart Problem	1	0%
Ear ache/ Loss of earring	2	1%
Fit	1	1%
Skin problems	2	0%
Itching	1	0%
Kidney stone	2	1%
Body pain (neck,back,leg etc.)	5	2%
Piles	1	0%
Sandhi Vat	1	0%
Stomach	1	2%
Tuberculosis	6	2%
Thyroid	4	2%
Menstuation Problems	1	0%
Not Applicable	200	80%
<b>Grand Total</b>	<b>250</b>	<b>100%</b>

It is observed that of the 20% women who suffer from prolonged diseases 6% of the women suffer from blood pressure, 8% suffer from diabetes, tuberculosis', thyroid and body/joint pains and another 3% each suffer from asthma, kidney stone, skin problem.

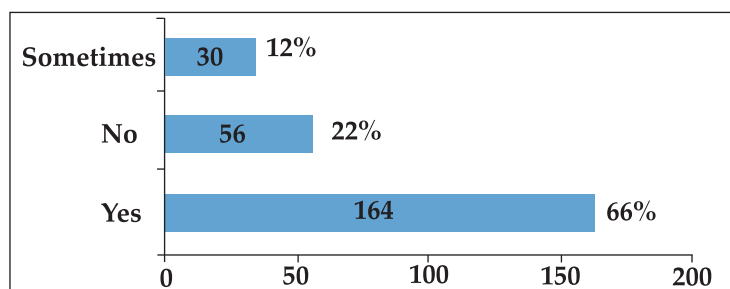
How long?

Particulars	Count	%
1-2 Weeks	2	4%
1-6 Months	9	18%
7-12 Months	2	4%
> 1year < 5years	22	44%
> 6year < 12years	13	26%
<b>Grand Total</b>	<b>50</b>	<b>100%</b>

Of the women surveyed 20% suffer from prolonged illness. 44% of the women have been suffering for any time between one to five years, 26% of the women live with the sickness for any time between 6 to 12 years and 18% have contracted their sickness anytime between 1 to 6 months.

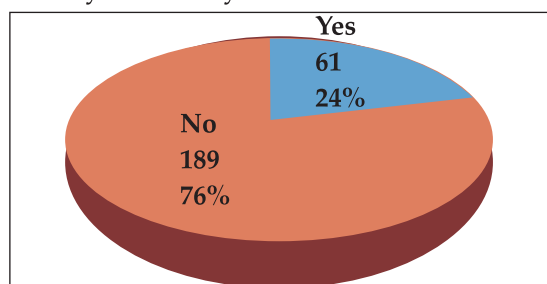


6. Do you eat at least three square meals in a day?



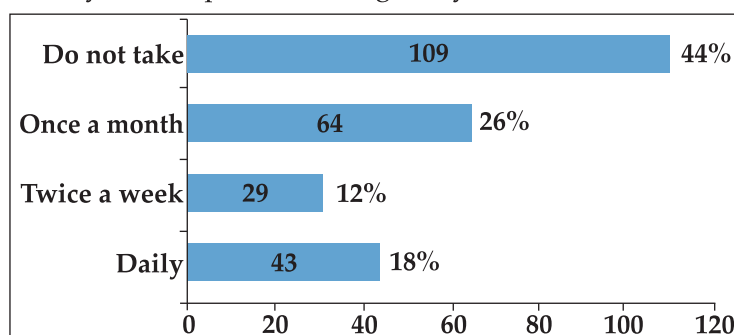
Of the women surveyed it is observed that 66% of the women have said that they regularly have at least 3 square meals (breakfast, lunch & dinner) in a day whereas 22% of the women do not. 12% of the women said sometimes they do eat 3 square meals in a day.

7. Do you know your HB count?



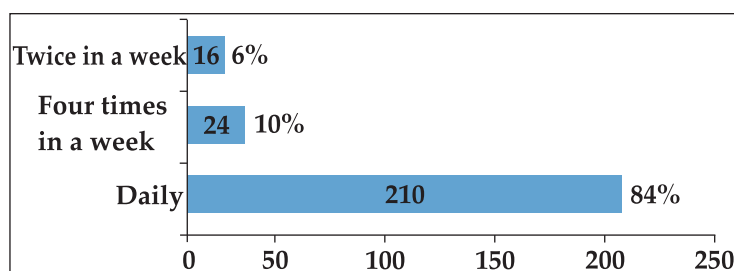
Of the women surveyed it is observed that 76% of the women have said that they do not know their HB Count whereas only 24% of the women are aware of their HB count.

8. Do you take painkillers regularly?



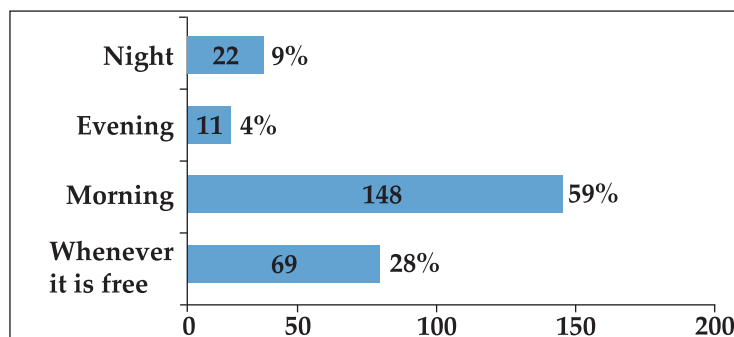
Of the women surveyed it is observed that 44% of the women do not take pain killers at all, 26% of them take a pain killer at least once a month, 12% of the women take a pain killer at least twice in a week where as 18% of the women said they take pain killers daily.

9. Do you have regular bowel movements?



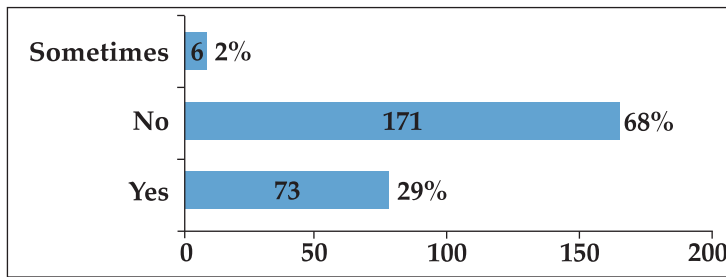
As per the chart it is observed that 84% of the women do have regular bowel movements whereas 16% do not have regular bowel movements of which 10% go four times a week and 6% go twice a week.

10. When do you go to the toilets ?



As per the chart it is observed that 59% of the women do visit the toilet in the mornings. 4% in the evening, 9% at night and the rest 28% visit the toilet whenever it is free/available.

11. Do you need to eat anything before going to the toilet?



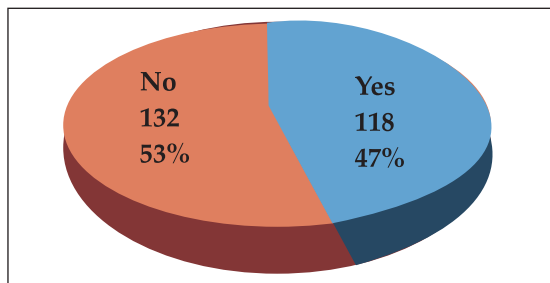
As per the chart it is observed that 68% of the women do not need to eat anything before going to the toilet whereas 31% of the women require to eat something before going to the toilet of which 2% women said they do so sometimes and 29% said they need it regularly.

12. What do you eat before going to toilet?

Particulars	Participants	%
Tobacco	10	4%
Masher	34	14%
Paan	4	2%
Gutkha	14	6%
Tea	27	11%
Anything else	6	2%
NA	155	62%
<b>Grand Total</b>	<b>250</b>	<b>100%</b>

As per the table it is observed that 14% use masheri, 11% tea, 6% gutkha, 4% tobacco, 2% paan and other 2% other things. 62% do not consume any thing before going to the toilet.

13. Do you get sunlight in the house?



As per the chart it is observed that 47% of the women surveyed get sunlight into their house whereas 53% do not get sunlight into their houses.

14. What do you wear when you get out of the house?

Particulars	Participants	%
Shalwar kameez	86	34%
Saree	7	3%
Burkha	157	63%
<b>Grand Total</b>	<b>250</b>	<b>100%</b>

As per the table it is observed that 63% of the women wear burkha before leaving the house, whereas of the remaining 37%, 34% of the women wear shalwar kamees and 2% drape saree.

15. Do you face any health problem because of hijab ?

Particulars	Participants	%
Breathing difficulty	19	12%
Skin Problems	10	6%
Hyper tension	5	3%
Headache	16	10%
No Problem	121	76%

As per the table it is observed that of the 157 women who wear burkha, 76% of them said that they do not face any problem. 12% of the women who wear burkha have breathing difficulty, 10% suffered from headache, 6% had skin problems and 3% have hyper tension.

16. How many glasses of water do you drink?

Particulars	Participants	%
Less than one glass	5	2%
2-4 glasses	72	29%
4-6 glasses	80	32%
6-8 glasses	93	37%
<b>Grand Total</b>	<b>250</b>	<b>100%</b>

As per the table it is observed that 37% of the women surveyed consumed 6-8 glasses of water, 32% of the women drank 4-6 glasses of water, 29% of the women drank 2-4 glasses of water and only 2% drink less than 1 glass of water in a day.

17. Atleast once a week do you eat these food items?

Particulars	Participants	%
Salad	125	50%
Green Vegetables	170	68%
Milk	99	40%
Curd	88	35%
Egg	153	61%
Fruit	160	64%

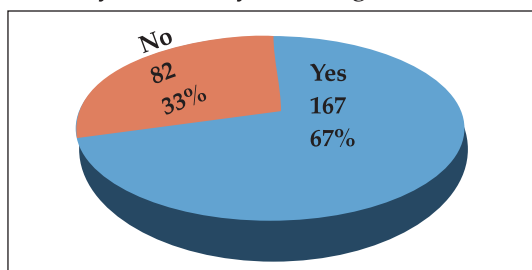
Of the 250 women surveyed it is observed that 50% eat salad, 68% eat green vegetables, 40% drink milk, 35% have curd, 61% eat eggs and 64% have fruits at least once in a week.

18. When do you go to the doctor when ill?

Particulars	Participants	%
Immediately	66	26%
Within a day	95	38%
Within a week	38	15%
Within a month	8	3%
When unbearable	43	17%
<b>Total</b>	<b>250</b>	<b>100%</b>

Of the 250 women surveyed it is observed that only 26% of them visit the doctor immediately, 38% visit the doctor within a day, 15% within a week, 3% within a month and 17% when the pain becomes unbearable.

19. Do you know your weight?



Of the 250 women surveyed it is observed that 67% of the women knew their weight whereas 33% did not know their weight.

20. If yes, then how much?

Particulars	Participants	%
26-35	16	6%
36-45	31	12%
46-55	53	21%
56-65	42	17%
66-75	15	6%
76-85	8	3%
>86	3	1%
Don't Know	82	33%
<b>Total</b>	<b>250</b>	<b>100%</b>

Of the 250 women surveyed it is observed that 6% of the women were less than 35 Kg, 12% were between 36-45 Kg, 21% were between 46-55 Kg, 17% were between 56-65 Kg weight only 10% were over 65 Kg while 33% did not know their weight.

## SEXUAL AND REPRODUCTIVE HEALTH

21. At what age did you have your first period?

Particulars	Participants	%
Between 9-12	21	8%
Between 12-14	170	68%
Between 14-16	53	21%
Above 16	6	2%
<b>Grand Total</b>	<b>250</b>	<b>100%</b>

Of the 250 women surveyed it is observed that 68% of the women got their period between the age of 12-14 years, 21% got their period between the age of 14-16 years whereas 8% were between 9-12 years and only 2% got their period after the age of 16.

22. Are your periods regular?

Particulars	Participants	%
Very regular	121	48%
Somewhat regular	89	36%
Not regular at all	40	16%
<b>Grand Total</b>	<b>250</b>	<b>100%</b>

Of the 250 women surveyed it is observed that 48% of the women got their periods very regularly, 36% got it somewhat regularly and 40% faced the problem of irregular periods.

23. How heavy is your menstrual flow?

Particulars	Participants	%
Light	74	30%
Moderate	146	58%
Heavy (clots/flooding)	40	12%
<b>Grand Total</b>	<b>250</b>	<b>100%</b>

Of the 250 women surveyed it is observed that 30% of the women's menstrual flow is very light, 58% of the women have a moderate flow and 12% of the women have heavy (clots/flooding) flow.

24. How many days are there between the start of one period and the start of the next on an average?

Particulars	Count	%
Twice in a month	10	4%
Less than 21 days	53	21%
22-24 days	42	17%
25-28 days	76	30%
29-32 days	40	16%
33-35 days	14	6%
More than 36 days	6	2%
Too irregular to say	9	4%
<b>Grand Total</b>	<b>250</b>	<b>100%</b>

Of the 250 women surveyed it is observed that 30% of the women get their menstrual flow in 25-28 days, 21% get in less than 21 days, 17% get in 22-24 days, 16% get in 29-32 day, 6% get in 33-35 days, 2% get over 36 days and 4% periods are too irregular to say.

25. Do you have any following symptoms when you have a period?

Particulars	Count	%
Pelvic pain	93	37%
Nausea	19	8%
Weakness	85	34%
Lower back pain	90	36%
Headache	31	12%
Leg ache	99	40%
Any other	2	1%
No Problem	37	15%

Of the 250 women surveyed it is observed that 37% suffered from pelvic pain during periods, 34% complained of weakness, 36% of lower back pain, 40% of leg ache, 12% of headache, 8% of nausea, 1% of other problems, the balance 15% did not face any problem during their periods.

26.Are you suffering from white discharge?

Particulars	Count	%
Always	34	14%
Sometimes	86	34%
Rarely	17	7%
Only after periods	16	6%
Only before periods	29	12%
Not at all	68	27%
<b>Grand Total</b>	<b>250</b>	<b>100%</b>

Of the 250 women surveyed it is observed that 27% of the women did not face the problem of white discharge. Of the 73% it is observed that 34% sometimes faced the problem of white discharge, 14% faced regular white discharge, 7% rarely , 18% said they got white discharge before or after periods.

27. Do you itch at your genitals?

Particulars	Count	%
Always	18	7%
Sometimes	81	32%
Rarely	24	10%
No	127	51%
<b>Grand Total</b>	<b>250</b>	<b>100%</b>

Of the 250 women surveyed it is observed that 51% of the women did not face the problem of itching in their genitals. It is observed that 7% of the women always suffered from itch at the genitals, 32% suffered sometimes and 10% suffered rarely.

28. How long do you usually wait to seek treatment for issues such as irregular periods, excessive bleeding or severe pain?

Particulars	Count	%
Immediately	46	18%
Within 15 days	24	10%
Within a month	17	7%
One to two months	3	1%
More than two months	7	3%
Dont go at all	82	33%
No problem faced	71	28%
<b>Grand Total</b>	<b>250</b>	<b>100%</b>

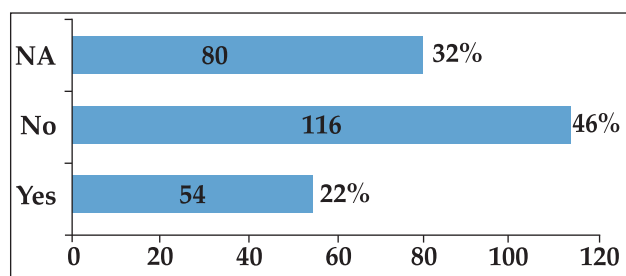
Of the 250 women surveyed it is observed that 28% of the women did not seek treatment as they did not face any problem. Of the 72% women only 18% i.e. 46 sought treatment for menstrual problems immediately, 10% of the women sought treatment within 15 days, 7% within a month, 1% within two months, 3% over three months and 33% did not go at all.

29. How old were you when you had your first pregnancy?

Particulars	Count	%
> 15 years	17	7%
15 - 20 years	95	38%
21 - 25 years	40	16%
26 - 30 years	4	2%
31 - 35 years	2	1%
36 - 40 years	5	2%
NA	87	35%
<b>Grand Total</b>	<b>250</b>	<b>100%</b>

Of the 250 women surveyed it is observed that 35% i.e 87 of the women did not get pregnant at all. Of the 65% who did get pregnant 7% i.e. 17 women were below the age of 15 years at their first pregnancy, 38% women were between the age of 15-20 years, 16% were between the age of 21-25 years, 2% were between the age of 26-30 years and only 3% were above the age of 30.

30.Have you got your sterilization done?



Of the 250 women surveyed it is observed that 32% of the women did not go for sterilization, 31% of the women are either un-married/single and 1% have problems in conceiving. Of the 68% women only 22% of the women have got their sterilization done whereas 46% have said that they have not done sterilization..

31. Do you use any of the family planning methods?

Particulars	Count	%
Condom	16	6%
Copper T	27	11%
Injection	2	1%
Withdrawal	5	2%
Not having relationship during certain days	5	2%
Operation	13	5%
Any thing else	2	1%
NA	180	72%
<b>Grand Total</b>	<b>250</b>	<b>100%</b>

Of the 250 women surveyed it is observed that 72% i.e.180 women do not use any family planning methods. Of the 28% women who used family planning methods 11% used Copper T, 6% used condoms, 5% got operated, 2 % used natural planning method, 2% used withdrawal method whereas, 5 used injection and still another 1% used other methods.

## MENTAL HEALTH

32. How many hours do you sleep in the night?

Particulars	Count	%
Less than 4 hours	42	17%
Between 4-6 hours	112	45%
Between 6-8	93	37%
More than 8 hours	3	1%
<b>Grand Total</b>	<b>250</b>	<b>100%</b>

It is observed that 17% of the women sleep less than 4 hours in the night, 45% of the women sleep between 4-6 hours, 37% sleep between 6-8 hours and 1% sleep more than 8 hours in the night.

33. Do you feel sad and depressed ?

Particulars	Count	%
Most of the time	51	20%
Sometimes	115	46%
Rarely	70	28%
NA	14	6%
<b>Grand Total</b>	<b>250</b>	<b>100%</b>

It is observed that out of 250 women surveyed, 20% of the women feel sad and depressed, 46% sometimes feel sad and depressed, 28% rarely feel sad and depressed, and 6% did not feel sad and depressed.

34. Do you feel angry and upset?

Particulars	Count	%
Most of the time	107	43%
Sometimes	86	34%
Rarely	57	23%
<b>Grand Total</b>	<b>250</b>	<b>100%</b>

It is observed that out of 250 women surveyed 43% of the women feel angry and upset most of the time, 34% said they feel angry and upset sometimes and 23% said that they rarely get angry and upset.

35. Are you addicted to

Particulars	Count	%
Gutkha	18	7%
Masheri	37	15%
Tobacco	7	3%
Paan	12	5%
No addiction	176	70%
<b>Grand Total</b>	<b>250</b>	<b>100%</b>

It is observed that out of 250 women surveyed, 70% of the women do not have addictions. 15% of the women are addicted to masheri, 7% to gutkha, 5% to paan and 3% to tobacco.

36. Do you face physical violence?

Particulars	Count	%
Yes	51	20%
No	184	74%
Sometimes	15	6%
<b>Grand Total</b>	<b>250</b>	<b>100%</b>

It is observed that out of 250 women surveyed, 74% of the women do not face physical violence. Only 26% i.e. 66 women said that they faced physical violence of which 6% said that they faced physical violence sometimes.

37. Do you face violence during sex?

Particulars	Count	%
Yes	18	7%
No	123	49%
Sometimes	7	3%
Don't want to answer	32	13%
NA	70	28%
<b>Grand Total</b>	<b>250</b>	<b>100%</b>

It is observed that out of 250 women surveyed, 49% of the women do not face violence during sex and 28% are not applicable as they are unmarried and 13% chose not to answer. Of the 10% women who agreed, 7% said that they faced violence during sex and 3% said it was sometimes.



**HEALTH PROBLEMS OF MUSLIM WOMEN**  
**Maharashtra State Women's Commission and Bharatiya Muslim Mahila Andolan**

No./ नंबर \_\_\_\_\_

AREA/ एरिया : \_\_\_\_\_

Name/ नाम : \_\_\_\_\_

Age/ उम्र : \_\_\_\_\_

Education/तालीम : \_\_\_\_\_

Marital Status/ शादी का स्टेटस : शादी नहीं हुई/शादी शुदा /विधवा/तलाक शुदा/अकेली \_\_\_\_\_

**GENERAL HEALTH / सामान्य सेहत**

1. **In general, would you say your health is? क्या आप की सेहत?**
  - a. Excellent / बेहतरीन
  - b. Very good / बहुत अच्छी
  - c. Good / अच्छी
  - d. Fair / ठीक ठाक
  - e. Poor / खराब
2. **When did you last visit the physician? आप आखरी बार अपने इलाज के लिए डॉक्टर के पास कब गए थे?**
  - a. Past month / पिछले महीने
  - b. Past three months / पिछले तीन महीने में
  - c. Past six month / पिछले 6 महीने में
  - d. Past year / पिछले साल
  - e. Over a year ago / एक साल के भी पहले
3. **Which doctor do you go to? आप कौन से डॉक्टर के पास जाते हो?**
  - a. Private doctor / प्राइवेट डॉक्टर
  - b. Government health post / सरकारी दवाखाना
  - c. Hakeem / हकीम
  - d. Any one else / कोई और
4. **Is the health post or doctors clinic within 10-15 minutes of walk? क्या दवाखाना घर से १०-१५ मिनट की दूरी पर है?**
  - a. Yes / है
  - b. No / नहीं
5. **Do you have a history of prolonged illnesses? क्या तुम्हें कोई लम्बे समय तक चलनेवाली बीमारी है?**
  - a. Yes / हाँ
  - b. No / नहीं

If yes, specify the illness and how long \_\_\_\_\_

अगर हाँ तो कौनसी बीमारी और कब से \_\_\_\_\_
6. **Do you eat at least three square meals in a day? क्या दिन में तीन बार खाना खाते हो?**
  - a. Yes / हाँ
  - b. No / नहीं
  - c. Sometimes/ कभी कभी



7. **B count? क्या तुम्हे तुम्हारा खून का प्रमाण पता है ?**  
a. Yes / हाँ  
b. No / नहीं
8. **Do you take painkillers regularly? क्या तुम दर्द दूर करने की गोलियां लेते हो?**  
a. Daily / रोज़  
b. Twice a week / हफ्ते में दो बार  
c. Once a month / महीने में एक बार
9. **Do you have regular bowel movements? क्या तुम संडास बराबर जाते हो**  
a. Daily / रोज़  
b. 4 times in a week / हफ्ते में 4 बार  
c. 2 times in a week / हफ्ते में दो बार
10. **When do you go to the toilets / संडास कब जाते हो**  
a. Whenever it is free / जब भी फ्री मिले तब  
b. Morning / सुबह  
c. Evening / शाम  
d. Night / रात को
11. **Do you need to eat anything before going to the toilet / संडास जाने से पहले कुछ खाते हो**  
a. Yes / हाँ  
b. No / नहीं  
c. Sometimes / कभी कभी
12. **What do you eat before going to toilet? संडास जाने के पहले क्या खाते हो?**  
a. Tobacco / तम्बाकू  
b. Masher / मशरी  
c. Paan / पान  
d. Gutkha / गुटखा  
e. Tea / चाय  
f. Anything else / कुछ और  
g. NA / लागू नहीं
13. **Do you get sunlight in the house? क्या घर में धूप आती है?**  
a. Yes / हाँ  
b. No / नहीं
14. **What do you wear when you get out of the house / घर से निकलते वक्त क्या पहनते हो**  
a. Shalwar kameez / सलवार कमीज़  
b. Saree / सारी  
c. Burkha / बुरखा
15. **Do you face any health problem because of hijab / हिजाब की वजह से क्या तकलीफ होती है**  
a. Breathing difficulty / सांस लेने में तकलीफ  
b. Skin problems / चमड़ी की तकलीफ  
c. Hyper tension / ब्लड प्रेशर  
d. Headache / सर दर्द  
e. no problem / कोई तकलीफ नहीं

**16. How many glasses of water do you drink? / दिन में कितने गिलास पानी पीते हो**

- a. Less than one glass / एक गिलास से कम
- b. 2-4 glasses / २-४ गिलास
- c. 4-6 glasses / ४-६ गिलास
- d. 6-8 glasses / ६-८ गिलास

**17. Atleast once a week do you eat these food items / क्या हफ्ते में एक दिन कम से कम यह चीज़ें खाते हो**

- a. Salad / सलाद
- b. Green vegetables / हरी सब्जी
- c. Milk / दूध
- d. Curd / दही
- e. Egg / अंडा
- f. Fruit / फल

**18. When do you go to the doctor when ill? जब बीमार पड़ते हो तो डॉक्टर के पास कब जाते हो**

- b. Immediately / तुरंत
- c. Within a day / एक दिन में अन्दर
- d. Within a week / एक हफ्ते के अन्दर
- e. Within a month / एक महीने के अन्दर
- f. When unbearable / जब बर्दाश्त के बाहर

**19. Do you know your weight? / क्या तुम्हें तुम्हारा वज़न पता है**

- Yes / हाँ
- No / नहीं

**20. If yes, then how much? / अगर हाँ तो कितना है**

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#### **SEXUAL AND REPRODUCTIVE HEALTH / लैंगिक और प्रजनन स्वास्थ्य**

**21. At what age did you have your first period/ किस उम्र में पहला माहवा आया**

- a. Between 9-12
- b. Between 12-14
- c. Between 14-16
- d. Above 16

**22. Are your periods regular? क्या तुम्हारी माहवारी नियमित है**

- a. Very regular / बहुत नियमित
- b. Somewhat regular / कुछ कुछ नियमित
- c. Not regular at all / बिल्कुल नियमित नहीं

**23. How heavy is your menstrual flow? खून का बहाव कैसा है**

- a. Light / हल्का
- b. Moderate / मध्यम
- c. Heavy (clots/flooding) / बहुत ज्यादा

**24. How many days are there between the start of one period and the start of the next on an average?**

एक माहवारी से दूसरी माहवारी के बीच कितने दिन का गैप होता है

- a. Twice in a month / महीने में दो बार

- b. Less than 21 days / २१ दिन से कम
- c. 22-24 days / २२-२४ दिन
- d. 25-28 days / २५-२८ दिन
- e. 29-32 days / २९-३२ दिन
- f. 33-35 days / ३३-३५ दिन
- g. More than 36 days / ३६ दिन से ज्यादा
- h. Too irregular to say / बहुत ही ज्यादा अनियमित

**25. Do you have any following symptoms when you have a period? / माहवारी के वक्त तकलीफ**

- a. Pelvic pain ( pain in the lower part of your belly) / निचले पेट में दुखना
- b. Nausea / मतली
- c. Weakness / कमजोरी
- d. Lower back pain / निचली पीठ में दुखना
- e. Headache
- f. Leg ache
- g. Any other / कुछ और

**26. Are you suffering from white discharge? क्या तुम्हें सफेद पानी जाता है**

- a. Always / हमेशा
- b. Sometimes / कभी कभी
- c. Rarely / बहुत कम
- d. Only after periods / सिर्फ के बाद

**27. Do you itch at your genitals / क्या पिशाब की जगह पर खुजली होती है**

- a. Always / हमेशा
- b. Sometimes / कभी कभी
- c. Rarely / बहुत कम

**28. How long do you usually wait to seek treatment for issues such as irregular periods, excessive bleeding or severe pain? ज्यादा खून जाना, दुखना, माहवारी अनियमित होना - इन सब के इलाज कब करती हो**

- a. Immediately / तुरंत
- b. within 15 days / १५ दिन के अन्दर
- c. within a month / एक महीने के अन्दर
- d. one to two months / १ से २ महीने में
- e. more than two months / दो महीने से ज्यादा
- f. dont go at all / जाती ही नहीं हूँ

**29. How old were you when you had your first pregnancy? पहला हमाल कब ठहरा**

- a. 15 / १५ से कम
- b. 15-20 / १५-२० साल
- c. 21-25 / २१-२५
- d. 26-30 / २६-३०
- e. 31-35 / ३१-३५
- f. 36-40 / ३६-४०
- g. NA / लागू नहीं

**30. Have you got your sterilization done? क्या बच्चे बंद करने का ऑपरेशन किया है**

- a. Yes / हाँ
- b. No / नहीं
- c. NA / लागू नहीं

**31. Do you use any of the family planning methods? क्या तुम कोई फैमिली प्लानिंग के तरीके इस्तेमाल करते हो ?**

- a. Condom / कॉन्डोम
- b. Copper T / कॉपर टी
- c. Injection / इंजेक्शन
- d. Withdrawal / लिंग बाहर निकाल देना
- e. Not having relationship during certain days / कुछ दिनों सम्बन्ध नहीं रखना
- f. any thing else / या कुछ और

**MENTAL HEALTH / मानसिक स्वास्थ्य**

**32. How many hours do you sleep in the night? / रात में कितने घंटा सोते हैं**

- a. Less than 4 hours / चार घंटे से कम
- b. Between 4-6 hours / ४-६ घंटा
- c. Between 6-8 / ६-८ घंटा
- d. More than 8 hours / ८ घंटे से ज्यादा

**33. Do you feel sad and depressed / क्या तुम उदास रहते हो**

- a. Most of the time / ज्यादातर वक्त
- b. Sometimes / कभी कभार
- c. Rarely / बहुत कम

**34. Do you feel angry and upset / क्या तुम्हें बहुत गुस्सा आता है**

- a. Most of the time / ज्यादातर वक्त
- b. Sometimes / कभी कभार
- c. Rarely / बहुत कम

**35. Are you addicted to / क्या तुम्हें इन चीजों की लत है**

- a. Gutkha / गुटखा
- b. Masher / मशरी
- c. Tobacco / तम्बाकू
- d. Paan / पान
- e. No addiction / कोई लत नहीं

**36. Do you face physical violence? क्या तुम शारीरिक हिंसा के शिकार हो**

- a. Yes / हाँ
- b. No / नहीं
- c. Sometimes / कभी कभी

**37. Do you face violence during sex? क्या सम्बन्ध राखते वक्त हिंसा होते हैं**

- a. Yes / हाँ
- b. No / नहीं
- c. Sometimes / कभी कभी
- d. Don't want to answer / मुझे जवाब नहीं देना





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