

Original Research Article

Health status of the female inside the probation home, Namkum, Ranchi

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ABSTRACT

Background: This study was intended to have a close look at the need of women in probation home and their health related aspects. The objective of the study was to obtain the socio-demographic profile of the inmates of probation home and to assess the health status of the study population.

Methods: This was an institutional based cross sectional study which was carried out among the inmates residing in the probation home, Namkum, Ranchi. Data was collected using pretested semi-structured questionnaire on 14 January 2020 during a health camp. The questionnaire was designed to collect information on socio-demographic profile, health detail like co-morbid conditions, presenting complaint and findings of general examination. Data collected was entered in microsoft excel sheet and was analyzed using SPSS software version 20.

Results: Out of total 54 inmates residing there, only 44 females willing to participate in the study were enrolled in the study, the response rate was 81.48%. More than two third (81.8%) population were of age group 15-25 years of age. Less than a half (45.5%) population had no formal education. On general examination we found that 75% were having mild to moderate pallor and 11.36% participants were underweight. More over the presenting complaint was also supportive that is weakness in 18.18% of participants.

Conclusions: Based on our result we concluded that the population residing in the probation home was vulnerable to malnutrition and if not corrected may become susceptible to communicable and non-communicable diseases.

Keywords: Female health, Malnutrition, Probation home

INTRODUCTION

India has the largest adolescent population in the world, 253 million and every fifth person is between 10 to 19 years.¹ Adolescent girls, especially, are exposed to multiple layers of vulnerability due to pernicious social norms affecting the value of girls, which in turn affects their ability to move freely and to make decisions affecting their work, education, marriage and social relationships. Unfortunately, the majority is out of school and has limited choices available for the future. They are

caught in the cycle of early marriage, repeated pregnancy, and poverty. Industrialization, liberalization and urbanization and female foeticide have brought about some obvious changes in stereotyped concepts of masculinity and femininity, affecting household composition, residence patterns, specific kinship relationships, and male and female attitudes and behavior.² Women also face specific gendered risks and vulnerabilities like they receive up to 30% lower wages than men in casual labour and 20% lower for the same task (World bank, 2009).

In India, early marriage of girls has received religious and social sanctions. Despite the laws increasing the legal age of marriage to 18 for girls, there are strong cultural pressures on parents to marry daughters early. In India, the median age at first marriage among women is 16.7 years.³ In Jharkhand, 1 in 2 girls aged 15-19 is married.⁴

According to annual status of education report (ASER) 2018, 13.5 percent of girls between the ages 15-16 years were out of school.⁵ Investing in girls' education is perceived as a waste of resources since families believe that a girl's education will only benefit her husband's household and not the family of origin. Women are seen as nurturers and the providers of emotional caretaking, while men are considered providers of economic support. Girls inherit their mother's domestic chores and adopt stereotypical gender roles. Low self-esteem and self-worth are common.⁶ In search of self-identity and financial stability, they easily get entrapped with human trafficking. Jharkhand records highest human trafficking cases. According to data released by the national crime records bureau, Jharkhand recorded 373 cases of human trafficking in 2018, the highest in the country. Among these, 314 cases involved trafficking of minor girls.⁷ The adolescents who are physiologically surrounded with storms of hormonal changes and emotional turbulence, have no hesitancy to leave the home when they get marriage proposal from their immature boyfriends.

There is numerous research investigation related to women problem, however there are scanty data revealing the health profile of the female at special settings. The female probation home, where the study was conducted, is located at Namkum block of Ranchi district in Jharkhand. It was inaugurated on 7 May 2006 by Jharkhand legal service authority. During our study period the probation home was being used for dual purpose (probation home as well as shelter home) at that time, where rehabilitation as well as correctional treatment was going side by side. Probation is a sentence imposed by the court as an alternative to jail. Probation is usually used as the sole punishment for first time offenses or crimes that are not very serious. It is also used in conjunction with jail sentences for supervising people who have to pay restitution or for monitoring serious offenders who have strict conditions for their transition from jail to regular life.⁸ The women shelter home is meant for women victim of difficult circumstances, so that they can lead their life with dignity and conviction. Shelter homes in India are run under the swadhar greh scheme (1969) and swadhar scheme (2001), set up by department of social welfare and department of women and child development, respectively.⁹

Against this background, this study was carried out with the objectives to obtain the socio demographic profile of the study population and to assess the health status of the study population.

METHODS

This institution based cross sectional study was carried out among the inmates residing at female probation home Namkum, Ranchi. A health camp was organized by district legal service authority at campus of female probation home on date 14 January 2020 and responsibility of health assessment was given to the department of preventive and social medicine, Rajendra institute of medical sciences, Ranchi. Data collection was done during this camp. A convenience sampling approach was adopted to recruit the study participants who attended the health camp. The inmates who attended the health camp were collectively briefed about the study purpose and the inmates who came forward and willing to participate in the study were interviewed using pretested semi structured questionnaire.

Data collection tool and analysis

The questionnaire was designed to collect information on socio demographic characteristics (age, sex, marital status, duration of stay, reason for stay). To assess the health status data pertaining to previous co-morbidities and presenting complaint was focused and post interview they underwent general examination. Collected data were entered in microsoft excel sheet and was analyzed using SPSS software. Descriptive statistics were used to report socio-demographic related characteristics. The prevalence of anaemia and malnutrition were calculated as percentage as per general examination.

RESULTS

Out of total 54 inmates residing in the probation home, only 44 female participated in the study, the response rate being 81.48%. The participants were of the age bracket 15-41 years. More than two third (81.1%) of the participants were of age group 15-25 years. Less than a half population (45.5%) had no formal education. Detail of demographic characteristics is presented in Table 1.

Regarding health status, 77.3% participants reported that they had no co-morbidities and 72.7% participants agreed that they have no health complaint and they just came for general check-up. Among other participants main complaints (18.18%) was generalized weakness. On physical examination we found mild to moderate pallor among 75% participants and 11.36% were found underweight.

Although our study was not primarily focused on reason for stay, the data revealed that eloped population was in considerable number (40.1%). Table 3 presents the detail of the reason for staying at probation home. It is obvious from the data that setting was serving as shelter home.

Table 1: Socio-demographic characteristics of the study population.

Characteristics		Frequencies	Percentage
Age (in years)	15-25	36	81.8
	26-40	6	13.6
	>41	2	4.5
Marital status	Married	5	11.4
	Unmarried	39	88.6
Education	No formal education	20	45.5
	Class 1-5	4	9.0
	Class 6-8	3	6.8
	Class 9-10	10	22.7
	Intermediate	7	15.9
Type of family	Nuclear	2	4.5
	Joint	6	13.6
	Extended	15	34.9
	Broken	21	47.7
Residence	Jharkhand	44	100
Duration of stay	Less than 1 month	0	0
	1month-1 years	15	34.09
	1-3 years	21	47.7
	>3years	8	18.1

Table 2: Health status of the study population.

Characteristics		Frequencies	Percentage
Co-morbidity	Filariasis	1	2.27
	Handicapped	3	6.81
	Headache	1	2.27
	Heavy menstrual bleed	2	4.54
	Pthisis bulbi	1	2.27
	None	35	77.3
Presenting complaint	Weakness	8	18.18
	Pain abdomen	1	2.27
	Headache	1	2.27
	Itching	1	2.27
	No complaint	32	72.7
Physical examination	Pallor	33	75
	Under weight	5	11.36
	No relevant finding	6	0

Table 3: Reason for staying at probation home.

Reasons	Frequency	Percentage
Under trial	3	6.8
Convict	9	20.4
Rape victim	3	6.8
Eloped	18	40.9
Transferred from other shelter home	2	4.5
Found wandering and brought by police	8	18.2
Transferred from RINPAS*	1	2.3

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DISCUSSION

The obtained data revealed the participants were of active reproductive age group 15-41 years and 88.6% population is unmarried and they need special care in terms of general health as well as reproductive health. Data also revealed that 45.5% population had no formal education. This data is consistent with census 2011 for Jharkhand and probation home may provide a common platform for providing educational as well as vocational training.¹⁰

Three fourth (75%) of the population were found with mild to moderate pallor and 11.36% population were found under weight. In India, the prevalence of anaemia among women of age group 15 to 49 years is much higher; particularly in the state of Jharkhand the situation is very worst, almost 69% women are anaemic.¹¹ The presenting complaints are also supportive in the form of weakness pain abdomen and head ache. The underlying reason might be nutritional deficiency or due to gynecological problem.

In the present study, elopement (40.1%) was found to be the main reason for stay. Studies have explained how economic marginalization and lack of opportunities along with stigmatization of adolescent sexuality have resulted in the trend of self-arranged early marriage. Certain factors like lack of rapport with parents, fear of punishment and strict rules against pursuit of interest are also contributors.¹²

However, our study had several limitations. The most compelling limitation of the study was time constraint for data collection during health camp. Our result prepared was completely dependent on the response provided by the participants and physical examination by the medical team. No laboratory tests were conducted for hemoglobin estimation. In order to get clearer picture, further longitudinal studies is required and should be supported with laboratory tests.

CONCLUSION

Based on the result we can conclude that a mixed population is residing there in the probation home. The study population mainly consists of active reproductive age group and was vulnerable to malnutrition and anaemia. A multidisciplinary approach may be made for the empowerment and the holistic health of the residing population. A regular visit by the medical officer and gynecological consultation at a regular interval must be arranged. Multi skill vocational training should be conducted to empower the residents. Moreover, they need to be counselled. More longitudinal studies are recommended to get a clear data for the policy makers.

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