

**HEALTH STATUS OF THE INMATES IN WOMEN SHELTER HOME, RANCHI:  
FINDINGS OF A HEALTH CAMP**Shalini Sunderam<sup>1</sup>, Anju Prabha Kumari<sup>2\*</sup>, Dewesh Kumar<sup>3</sup>, Neelanjali Kumari<sup>4</sup> and Vivek Kashyap<sup>5</sup><sup>1</sup>Professor Department of PSM, RIMS, Ranchi.<sup>2</sup>JRA, Department of PSM, RIMS, Ranchi.<sup>3</sup>Assistant Professor Department of PSM, RIMS, Ranchi.<sup>4</sup>JRA, Department of PSM, RIMS, Ranchi.<sup>5</sup>Professor & H.O.D Department of PSM, RIMS, Ranchi.**\*Corresponding Author: Anju Prabha Kumari**

JRA, Department of PSM, RIMS, Ranchi.

Article Received on 05/07/2020

Article Revised on 26/07/2020

Article Accepted on 16/08/2020

**ABSTRACT**

**Introduction:** There is scanty data revealing the health profile of the inmates of shelter home, so there was a felt need to assess the actual situation of these shelter homes. **Aim and objectives-** (i) To obtain the socio-demographic information of the inmates of the women shelter home. (ii) To assess the health status of the study population. **Methodology:** This cross sectional study was carried out among the inmates, at Nari Niketan, Kanke, Ranchi on 17<sup>th</sup> October 2019, during a health checkup camp, conducted by Department of Community Medicine, RIMS, Ranchi. Out of total 37 females residing there, only 26 females participated in the study and were interviewed using pretested semi structured questionnaire. **Result-** The mean age(SD) of the participants was 23.65(6.026) years. Maximum participants (85%) were from Jharkhand, 61.5 % were unmarried and 35% of the participants had no formal education. On general examination, 100% participants were found anemic and underweight. More than half (58%) of the study population were manifesting symptoms of anxiety and depression. **Conclusion:** The population residing in the women shelter home was found vulnerable to malnutrition, anemia, and mental disorder. The population needs proper attention in terms of balanced diet, regular health checkup and good counseling by the psychologists.

**KEYWORDS:** Health, women, shelter home.**INTRODUCTION**

Women play an integral role in the overall functioning of the society. As per census 2011, females are contributing nearly half (48.4%) of the population.<sup>[1]</sup> Women's health is an important indicator of nation's political, social and economic development.<sup>[1]</sup> The health of women is of particular concern because they are disadvantaged by discrimination rooted in socio cultural factors. In addition there is prevailing attitude in the society towards women for example misconception and stereotypes about vulnerable women like widow, single women or women who have been sexually exploited, abused, rape victim etc.<sup>[3]</sup> As a result many women are forced to leave their home.

The women shelter home is a supportive institutional framework 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.<sup>[4]</sup>

There is limited focus from administration and researcher regarding health of the inmates of shelter home, so there was a felt need from judiciary side to assess the actual situation of these shelter homes. In this regard, assessment of health was asked to be done by our health team. The objective of this study was to obtain the socio-demographic information of the inmates of the women shelter home and to assess the health status of the study population.

**METHODOLOGY**

This was an institution based cross sectional study conducted among the inmates of Nari Niketan, Sneharshaya Kanke, Ranchi. This shelter home is located in Kanke block of district Ranchi of Jharkhand. It was inaugurated on 25<sup>th</sup> of May 2015 by the ministry of Social Welfare and Women & Child Development. This study was carried out over a period of three weeks 7<sup>th</sup> October 2019 to 30<sup>th</sup> October 2019). The data was

collected during a health camp organized by District Legal Services Authority (DLSA) within the campus of women shelter home, held on 17<sup>th</sup> of October 2019. The study population was all the inmates residing in the shelter home. Out of total 37 females residing there, only 26 female, willing for the participation were enrolled in the study.

**Data collection and analysis:** A pretested semi-structured questionnaire was used for face to face interview of the participants. The questionnaire was designed to collect information on socio-demographic characteristics (age, gender, birth place, education, marital status, duration of stay at Nari Niketan, reason for staying there, current employment, engaged in any educational or any vocational training etc) and health status (presenting complaints, any previous morbidity). The participants also underwent screening for mental health with General Health Questionnaire (GHQ5).<sup>[5]</sup> Physical examination (pulse, BP& weight) conducted after interview. The collected data was entered in MS Excel sheet and was analyzed using SPSS software version 20.

## RESULT

The study population was of age group 15- 40 years. Of the total 26 participants more than three fourth (85%) were residents from Jharkhand and rest one fourth were from different states (Uttar Pradesh, Kolkata, Odisha and Maharashtra). More than half of the participants (61.5%) were unmarried. More than one third (34.6%) participants had no formal education. Reason for staying at the shelter home was mainly (46.2%) found to be marital dispute. Detail of the socio-demographic information is presented in Table1. On physical examination almost every participant (100%) were found under weight and with mild to moderate pallor. Moreover their presenting complaints also comprised of weakness, loss of appetite, mild fever, headache, heavy menstrual bleed etc. More than half of the participants (57.6%) showed symptoms of anxiety and depression. Detail of the health information is depicted in Table2. The current study also revealed that the residing participants were not engaged in any educational and vocational training. There were no recreational activities for the residing inmates.

**Table1: Socio-demographic characteristics of study population.**

	Characteristics	Frequency	Percentage
Age(15-40 Yrs)	15-25	19	73
	26-40	7	27
Marital status	Unmarried	16	62
	Married	10	38
Birth place	Jharkhand	22	85
	Other states	4	15
Duration of stay	Less than one month	9	34.6
	1-12 months	15	57.7
	13 – 24 months	2	7.7
Education	No formal education	9	34.6
	Class 1-5	3	11.5
	Class 6-8	1	3.8
	Class 9-10	4	15.4
	Intermediate	6	23.1
	Graduate	1	3.8
Reason for staying at shelter home	Post Graduate	2	7.7
	Found wandering	3	11.5
	Transferred from other shelter home	1	3.8
	Brought from RINPAS*	1	3.8
	Marital dispute	12	46.2
	Rescued from trafficking	3	11.5
	No response**	3	11.5
Victim of rape case	3	11.5	

\*RINPAS-Ranchi Institute of Neuro- Pshychiatry & Allied Sciences

\*\*No response- participants did not shared their reason

**Table 2: Health status of the study population.**

	Symptoms/disease	Frequency	Percentage
Previous morbidity	Heavy menstrual bleed	3	11.5
	Fracture bone	2	7.7
	Headache	5	19.2
	Common mental disorder	7	26.9
	No previous morbidity	9	34.6
Presenting complaints	Generalized weakness	7	26.9
	Loss of appetite	2	7.7
	Pain abdomen	3	11.5
	Heavy menstrual bleed	4	15.4
	Fever	4	15.4
	Headache	3	11.5
	Itching	1	3.8
	Knee pain	1	3.8
	Chest pain	1	3.8
	Physical examination	Pallor	26
Under weight		26	100
Mental health	Anxiety and depression	15	57.6

## DISCUSSION

The results of the present study revealed that the maximum study participants (73%) are of age group 15-25 years and becoming homeless in this period makes them prone to sexual abuses and poor genital health as they have limited access to contraception.<sup>[6]</sup> Half of the participants (50%) were either having no formal education or had got education till class 8 only. It suggests that even after independence female education is not getting priority. Reason provided for staying at shelter home was mainly marital dispute (46.2%) that is drawing attention towards social pathology. The health status also needs particular concern as finding of physical examination clearly indicates towards under nutrition of the residents, which may put them in the risk of non communicable disease.<sup>[7]</sup> As screened with GHQ5 (57.6%) participants were showing symptoms of anxiety and depression. The reason behind such findings may be because of a common emotional state like helplessness, nonexistence and hopelessness when one enters in shelter home everything is entirely new and different for her to adopt. The limitation of this study was that it was a cross sectional study and conclusions made on the basis of the observation in one health camp is not appropriate.

## CONCLUSION

From the results of this current study it can be concluded that the residing population are vulnerable to malnutrition, anaemia and mental disorder. They need proper attention in terms of proper diet, regular health checkup and psychological counseling. The residing population should be engaged with appropriate educational and vocational training. Healthcare should be provided by multidisciplinary team in coordination with local health care system and other supporting organization.<sup>[1]</sup>

In addition more study to be carried out in such settings in order to present clear data to the decision makers.

## REFERENCES

1. <http://censusindia.gov.in>.
2. Wasnik V, Rao SB, Rao D. A study of the Health Status of Early Adolescent Girls Residing in Social Welfare Hostel in Vizianagaram District of Andhra Pradesh State, India. International Journal of Collaborative Research on Internal Medicine & Public Health: <https://internalmedicine.imedpub.com>>[last accessed on 28.5.20].
3. [www.unodc.org/southasia](http://www.unodc.org/southasia)[last accessed on 20.5.20].
4. [wcd.nic.in/scheme/swadhar-greh-scheme-difficult-circumstances](http://wcd.nic.in/scheme/swadhar-greh-scheme-difficult-circumstances).
5. Shamasunder C, Sriram T, Raj SG, Shanmugham V. Validity of Short 5- Item Version of the General Health Questionnaire(G.H.Q.). Indian Journal of Psychiatry, July 1996; 28(3): 217-219.
6. Keygnaert I, Vettenburg N, Temmerman M. Hidden violence is silent rape: sexual and gender-based violence in refugee, asylum seekers and undocumented migrants in Belgium and the Netherlands. Cult Health Sex, 2012; 14: 505-520.
7. De Vito E, De Waurce C, Specchia ML, Ricciardi W. Public Health Aspects of Migrant Health: A review of the evidence on Health Status for undocumented Migrants in the European Region. WHO Health Evidence Network Synthesis Reports. Copenhagen: WHO Regional Office for Europe, 2015.
8. Schilling T, Rauscher S, Selgrad M et al. Migrants and refugee in Europe: Challenges, Experiences & Contribution. Visc Med, 2017 Aug; 33(4): 295-300.