

A study on health and sanitation practices among women residing in slum area of Lucknow district

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■ **ABSTRACT :** Women are the venerable group of our society still women living in some area such as slum are not treated same due to their residence. The woman residing in the Slum area leading their lives in an unfeasible manner. This unfeasible manner is directly associated with their health and sanitation practices. Health and sanitation are the important aspects of our lives and the practices followed are the indicators of the leading the future diseases. The present study was an attempt to study the health and sanitation practices adopted by the woman living various slum area of Lucknow district. The sample of total 250 women selected randomly from different slum area of the Lucknow district. The data was collected by interview method using self structured interview schedule. The study revealed that majority (98 %) of women were married. More than 50 per cent were lived in katcha houses where as 64 per cent had no proper water supply. About 58 per cent women were illiterate and 46 per cent were housewives. 76.4 per cent were going public health centres for any health related issues and 51.2 were usually suffering from cough and cold. 52 per cent were aware about the health services and same were benefitted from those services. 88 per cent were eating stale foods. 92 per cent women were not using sanitary pads during menstruation. Due to poor menstrual hygiene they are prone to some infectious and most serious health risks such as urinary tract diseases and sexually transmitted diseases. The study concludes that more than half of the women still have lack of information about health services and for better sanitation practices there is still need to provide more knowledge and awareness among them so that they can easily take it in practice.

■ **KEY WORDS:** Katcha houses, Slum area, Women, Health, Sanitation

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The word slum has defined to those residential areas where there are physical as well as social disintegration and leading an acceptable family life becomes unfeasible. UN-Habitat defines slum conditions as a living environment with non-durable structures, insecure tenure, lack of water, lack of

sanitation, and overcrowding. One billion people—32 per cent of the global urban population—live in urban slums. The UN predicts that, failing a major intervention, this total is set to double in a little over 30 years. It includes poor condition of housing which is one of the major indexes of slum environment which means dwellings

where there is insufficient air, light, bathing, and toilet facilities; that are not repaired, dumped and improperly heated as well as those that don't have any confidentiality for a family. They are prone to fire hazards and are overcrowded with practically no room for recreation. The section-3 of the Act on Improvement of Slums and its Clearance Act, Government of India, 1956, slums were defined as primarily those inhabited places or areas where human habitation is unfit due to dilapidation, congestion, wrong designs and provision of these buildings, restricted arrangement of sanitation, ventilation facilities, streets, no entry of light, or combination of any of these factors which are damaging to health, safety, and ethics.

Women, children, and widows are the most vulnerable groups among the urban poor. Women are also particularly vulnerable to gender violence during slum clearances and other forms of social upheaval. As more and more women become involved in the global migration trend, the feminization of urban poverty has grown increasingly acute. Due to economic necessity, work patterns of women have changed considerably with increasing numbers of women from low socio-economic settings participating in the work force. The economic value of contributions by women and children to household income in some cases exceed even male contribution. These factors, coupled with further increased urbanization, migration, and industrialization has led to an increase in the number of female-headed households: according to UN-Habitat, women preside over more than a quarter of all households in the developing world (26.8%), while in urban African slums, the total exceeds 30 per cent. It is well-known that female-headed households generally suffer more from poverty, lack of awareness of health and sanitation practices, malnutrition due these things they easily get in to the many communicable diseases and infections. Thus, the present study was undertaken to study the socio economic condition and the health and sanitation practices followed by them.

Objectives:

- To study the socio-economic status of women's living in the slum area.
- To study the health and sanitation practices of women's living in the slum area.

Jana (2003) conducted a short-term research, to

study the impact of open-defecation on health, observed that people of rural Bankura (a district of West Bengal) who are used to in open-defecation, majority of them (71%) have suffered from worms infecting humans that are transmitted through contaminated soil which leads to many health risk among them.

In another study conducted by UNICEF (2008) in rural parts of Medinipur district of West Bengal – found that rural women traditionally bear the basic knowledge regarding safe sanitation to be practiced at household level. Since childhood, girls and women of villages gain mastery over sanitation related activities and water resource management due to their engagement in such activities in their respective families.

Agarwal *et al.* (2017) studied water sanitation and hygiene practices of peoples living in the slum area and also find the association between WASH and neglected tropical diseases (NTDs). The study reveals that there was lack of proper hand washing and sanitation practices. A significant association was found between NTDs and condition of kitchen, storage of food, hand washing habits, and place of defecation. Therefore, there is a need to encourage people to adopt healthy habits and practices and it will only be possible when they were sensitizing through health education.

Rani *et al.* (2019) conducted the study on socio economic, hygiene, and nutritional status of slum peoples. After reviewing many studies he found that the socio economic status of slum people is very low and there is a need of improvement in the health and sanitation practices among them. In the same way the nutritional status of women and children are severely low and there is a need of more studies to understand their problem and do better actions for the improvement.

Maurya *et al.* (2019) conducted a cross sectional study on relation of socio demographic factors and living conditions on health of female youth in four urban slums of Amritsar city. The survey study method and a interview schedule was used. the result shows that among total population majority (41.2%) of the families were migrated from the other states. Overcrowding was present in majority (92%) of the families and many of them do not have proper toilet and the basic facilities like dustbins, lack of cleanliness that result half of them had some kind of health problems. Educational status, socio-economic status and overcrowding were significant factors affecting their health.

■ RESEARCH METHODS

Research design:

“Descriptive research design” was adopted for the present study and survey method was used to collect the data from the respondent.

Sampling procedure:

Locale of study:

Slum area of three cities was purposively selected to carry out the present study due to easy accessibility by the researcher and economic viability.

Selection of sample:

A sample of 250 women’s in the age group of below 18 to above 50 years belonging were selected through purposive sampling technique from various slum area of Lucknow district.

Sample distribution:

A total sample of 250 from various slum area of Lucknow, Allahabad, Sitapur district namely- Ulrapur, Naveenmandi, Aliganj, Rasulpur, Bhavani kheda, Tikrikala, Purnia crossing, Gallamandi, Near Sachivalaya colony, Daliganj crossing, Nirala nagar, Daud nagar, Manduali, Arjunpur, Ahladpur, Pahadpur, Bharapur, B.K.T. station, Madiyoan, Kalimnagar, Fazullahganj, Bhitauli, Ramgarha, Gallamandi, Anwaribasti, Raitha, Mallahankheda, Rajkipuram, Bhavanikheda, chawgava, Baghasirsa, Chamarpurva, Mawai kala, Jankipuram vistar sector 4.

Tools and test:

A self structure interview schedule was used to assess the socioeconomic status and various aspects of women’s living in the selected slum area.

Statistical procedure:

Frequency and percentage.

■ RESEARCH FINDINGS AND DISCUSSION

The Table 1 highlights the demographic characteristics that include the age, marital status and the type of family of the women’s living in slum area. Majority of 38 per cent and 31 per cent women’s belonging the age group 30-40 and 20-30, respectively 24.4 per cent were belonging to age group 40-50 and rest of about 4.4 per cent and 2 per cent belonging to

age group above 50 and below 20 years. Further the Table 1 also depicts that most of the 98.8 per cent women’s were married whereas few of about 1.2 per cent unmarried. While considering the type of family it shows that 86.8 per cent women’s were belonging to nuclear family and rest of 13.2 per cent were belonging to joint family.

Table 1 : Distribution of respondent according personal characteristics

Characters	Frequency	Percentage
Age(years)		
Below 20	05	2.0
20-30	78	31.2
30-40	95	38.0
40-50	61	24.4
Above 50	11	4.4
Total	250	100
Marital status		
Married	247	98.8
Unmarried	03	1.2
Total	250	100
Type of family		
Nuclear	217	86.8
Joint	33	13.2
Total	250	100

The Table 2 shows the type of house and water facility in the slum area more than half 53.6 per cent women’s were living in katcha house and 40 per cent living in semi pacca house and few of them 6.4 per cent were living in pacca house. Table 2 also detailed about the type of water facility that is majority 64 per cent using other supply such as taking water from water tanker. 28 per cent taking water from hand pumps only 8 per cent taking water from tube well.

Table 2 : Distribution of the respondent according to type of house and water facility

Type of house	Frequency	Percentage
Katcha house	134	53.6
Pacca house	16	6.4
Semi pacca house	100	40
Total	250	100
Water facility		
Hand pump	70	28
Well	00	00
Tube well	20	8
Other supply	160	64
Total	250	100

The Table 3 depicts the various parameters to assess the socio economic status of women’s living in slum area. In education more than half *i.e.*, 58 per cent women’s were illiterate, 30 per cent having education up to primary level rest of 8 per cent and 4 per cent educated up to high school and intermediate, respectively. While considering the occupation of the women’s it was shows that 46 percent women’s were housewives, 28 per cent were labourer, 18.4 per cent were maids and few of them 7.6 per cent were involved in other works.

Table 3 : Distribution of the respondent under different parameters of socio-economic status		
Socio-economic status	Frequency	Percentage
Education		
Illiterate	145	58.0
Primary	75	30
High School	20	8
Intermediate	10	4
Total	250	100
Occupation		
Labourer	70	28
Housemaids	46	18.4
Housewife	115	46
Other	19	7.6
Total	250	100
Income (monthly)		
1000-5000	200	80
5000-10000	45	18
10000-20000	5	2
Above 20000	-	-

Further the Table 3 also reveal the income group about majority of 80 per cent having monthly income in between 1000-5000 whereas 18 per cent having monthly income between 5000-10000 and 2 per cent having monthly income 10000-20000, respectively.

The Table 4 shows the availability of toilets in the slum area more than half 64.4 of the women’s responding that their wee no toilets available in their houses and they go outside for the toilet whereas as 33.2 per cent saying that they have proper toilet facility in their houses.

Table 4 : Distribution of the respondent according to availability of toilets		
Availability of toilets (%)		
Yes	No	Total
33.2	64.4	100

The Table 5 shows the personal cleanliness among women’s it shows that majority of 81.6 per cent women’s uses soap, 8.4 and 6.4 per cent were wash their hands after toilet with only water and sand and few of 3.2 per cent were using ashes. The table also reveals that 76.4 per cent went public health centres and 22 per cent were going to private hospitals and only 1.6 went other places for health related problems.

Table 5 : Distribution of the respondent according to types of material used for washing hands and health problems		
Material used for washing hands after toilet	Frequency	Percentage
Only water	21	8.4
Ash	8	3.2
Sand	16	6.4
Soap	204	81.6
Going for health related problems		
Public health centre	191	76.4
Private hospital	55	22
Other	4	1.6

The Table 6 shows the types of diseases usually caused among them about half of the 51.2 per cent women’s responded that they usually caused by cough and cold, 40 per cent responded that they caused by fever, 4.8 and 2.4 per cent were said that whooping cough and diarrhea and few of 0.8 per cent responded that chicken pox and diabetes is also caused them.

Table 6 : Distribution of respondent according to different type diseases they usually caused		
Type of diseases usually caused	Frequency	Percentage
Cough and cold	128	51.2
Fever	100	40
Whooping cough	12	4.8
Chicken pox	2	0.8
Diabetes	2	0.8
Cancer	-	-
Diarrhea	6	2.4
AIDS	-	-

Table 7 shows the awareness of public health among women’s in slum area. More than half women’s responded that they were aware about different public health services still 48 per cent were not aware about the services. The same per cent of women’s benefitted from those services.

Table 7 : Distribution of respondents according to awareness of public health services		
Awareness of public health services (%)		
Yes	No	Total
52	48	100
If yes		
Benefited from those services		
Yes	No	Total
52	48	100

Fig. 1 shows the percentage of consumption stale food by them. Majority of 88 per cent women responded that they were eating stale food and rest of 12 per cent was saying they were eating stale food, respectively.

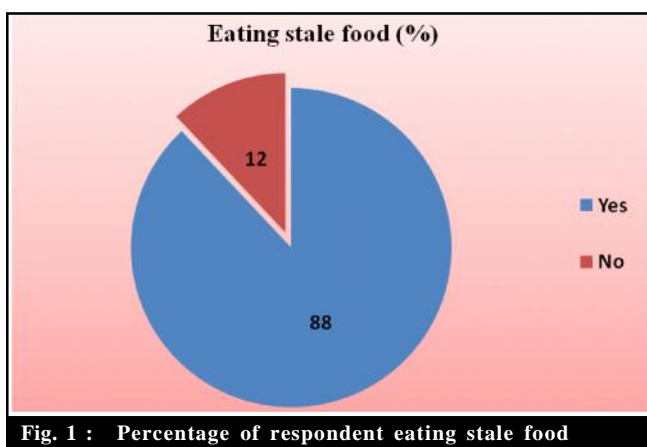


Fig. 1 : Percentage of respondent eating stale food

The Fig. 2 shows the percentage of women’s using sanitary pads. Maximum 86 per cent women’s were responded that they were not using sanitary pads in the place of it they were usually using cotton fabric or other materials whereas only 14 per cent were using sanitary pads during menstruation.

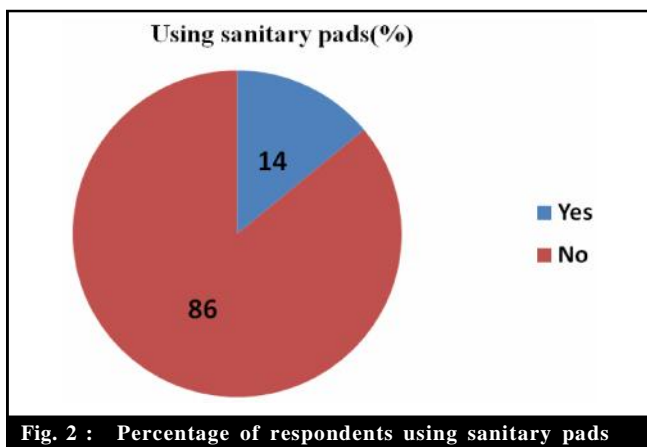


Fig. 2 : Percentage of respondents using sanitary pads

Table 8 depicts the place of delivery among women’s in slum area. Majority of 80 per cent women’s deliver their child in public and private hospitals on the other hand only 2 per cent were saying that they do the delivery at home.

Table 8 : Distribution of respondents according to place of delivery		
Place of delivery	Frequency	Percentage
Hospital	200	80
At home	50	2

The Fig. 3 shows the percentage of mother breast feed their child after delivery. Majority of 92 per cent woman responded that they breast feed their child after delivery up to 6 months to 2 years and 8 per cent were responded that they were not breast feed their child after delivery.

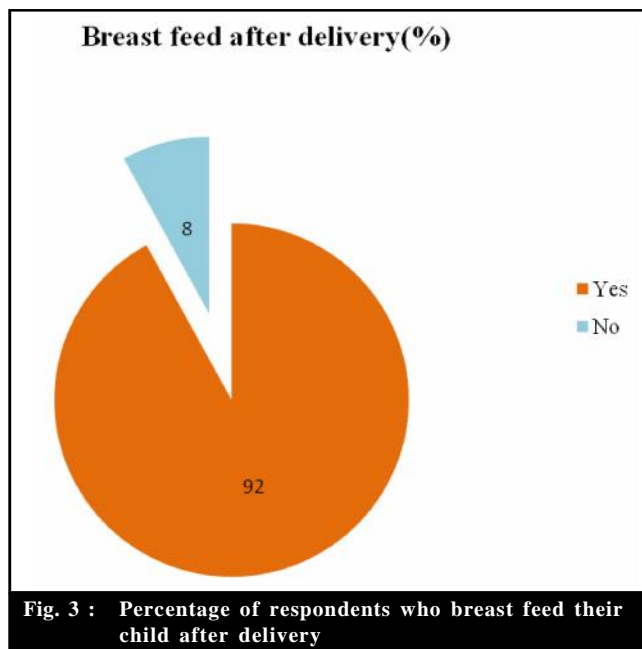


Fig. 3 : Percentage of respondents who breast feed their child after delivery

Conclusion:

This study reveals the socio-economic conditions, health and sanitation of woman’s living in the slum areas. Majority of women’s were illiterate and living in the katcha house. Important factor affecting the health of the respondents were from poor socio-economic status, lack of education and overcrowding. Majority of women’s were went outside for toilet because it is not available in their homes and less aware about health and sanitation practices. Therefore, there is a need of more

intervention studies to understand the actual problems in depth regarding the health and sanitation practices following by the woman's in the slum area. There is an urgent need to sensitize them with the help of health education and proper sanitation and hygiene practices so that they can easily take it in their daily practices.

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