

## HEALTH AND HYGIENE RELATED PROBLEMS AMONG SLUM WOMEN

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### Abstract

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*Slums are the areas of substandard housing conditions within a city .The United Nations defines the slum as ... a building, group of buildings or area characterized by overcrowding, deterioration, unsanitary conditions or absence of facilities or amenities which, because of these conditions or any of them in danger, the health, the safety or morals of its inhabitants or the community. Various terms such as 'blighted area', 'deteriorated areas', ' marginal areas', 'transitional areas', 'substandard settlement', 'provisional settlement', 'squatter settlement', 'overnight settlement', 'urban villages' etc. are very loosely used to denote slums.*

*It has been found by number of researchers that due to poor economic and educational status, awareness regarding health and hygiene is found to be very poor among slum dwellers. Slums are very prone to unhygienic and unhealthy conditions because of their socio-ecological settings. Slum areas have been the breeding grounds of epidemics such as cholera, jaundice, hepatic disorder. Infectious diseases like tuberculosis, chest disease like asthma, lung cancer due to excessive use of tobacco, alcohol and spirit are very common. Abject poverty, social and economic deprivations, lack of essential food and nutrients and the unhygienic and contaminated water force them to live on the mercy of nature than on human resources. The water borne diseases like amoebiasis, helmenthiasis, diarrhoea, dysentery, viral hepatitis, and typhoid are very much common among them. Eighty to ninety percent of the slum inhabitants have no access to human waste disposal facilities. These conditions render the surroundings polluted and un conducive for human habitation resulting in environmental degradation. These slum dwellers are also not aware of small family norms. The size of their family is very large. Child marriages are prevalent among them.*

*In spite of hard work by the women in slum, their condition is very bad. They have very low literacy rate and their economic condition is also not good. Most of the slum women get married at the age of 13 to 15 years. But the condition of unmarried girls is also far from satisfactory. They are treated as an unpaid worker who helps in cooking food, cleaning utensils and looking up their young brothers and sisters when the parents go to their work. Socially, these women's are very much deprived and engaged in anti-social work and are the easy victim of unhealthy physical as well as social environment.*

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Slums are the areas of substandard housing conditions within a city. The United Nations defines the slum as ... a building, group of buildings or area characterized by overcrowding, deterioration, unsanitary conditions or absence of facilities or amenities which, because of these conditions or any of them in danger, the health, the safety or morals of its inhabitants or the community. Various terms such as 'blighted area', 'deteriorated areas', 'marginal areas', 'transitional areas', 'substandard settlement', 'provisional settlement', 'squatter settlement', 'overnight settlement', 'urban villages' etc. are very loosely used to denote slums.

It has been found by number of researchers that due to poor economic and educational status, awareness regarding health and hygiene is found to be very poor among slum dwellers. Slums are very prone to unhygienic and unhealthy conditions because of their socio-ecological settings. Slum areas have been the breeding grounds of epidemics such as cholera, jaundice, hepatic disorder. Infectious diseases like tuberculosis, chest disease like asthma, lung cancer due to excessive use of tobacco, alcohol and spirit are very common. Abject poverty, social and economic deprivations, lack of essential food and nutrients and the unhygienic and contaminated water force them to live on the mercy of nature than on human resources. The water borne diseases like amoebiasis, helmenthiasis, diarrhoea, dysentery, viral hepatitis, and typhoid are very much common among them. Devi, Pandey (1993), Singh and Pothan (1982), Venkatrayappa (1972) in their studies of different slum areas found that slums are very prone to unhygienic and unhealthy conditions because of their socio-ecological settings. Slum dwellers are not quite "health conscious" has been observed by Mathur (1987) in his study on Jaipur slum. The author further reported that all the people suffer from undernutrition, particularly the children who suffer from Xerophthalmia, anaemia, scurvy, and rickets and appear too pale and sickly.

Eighty to ninety percent of the slum inhabitants have no access to human waste disposal facilities. These conditions render the surroundings polluted and unconducive for human habitation resulting in environmental degradation is observed by Chakra barty (1993).

Mathur (1992) in his study on slums of Delhi found that the main brunt of malnutrition is borne by women and children. While Swaminathan (1979) in his survey of Delhi slum reported that 40% of the children (below 5 years of age) were severely malnourished. Among them Vitamin A and B deficiency are pronounced.

Singh (1997) found that due to lack of social awareness, mainly because of widespread illiteracy and ignorance, breeds lack of concern for adoption of proper maternity and child care measures. The rate of maternal and infant mortality is quite high.

Mathur (1992) in his study found that these slum dwellers are hardly mindful about pregnancy supervision, childbirth, and post natal care. The author further reported that in most cases childbirth takes place in shanties themselves, often supervised by the elderly women from the neighborhood. Infantile Mortality Rate (IMR) is unduly high. In 1990, a study of a slum in New Delhi, estimated as high an IMR as 213 per thousand live births. The situation of child survival is equally precarious, particularly in respect of those infants whose mothers are engaged in paid work inside or outside home.

These slum dwellers are also not aware of small family norms. The size of their family is very large. Child marriages are prevalent among them.

In spite of hard work by the women in slum, their condition is very bad. They have very low literacy rate and their economic condition is also not good. Most of the slum women get married at the age of 13 to 15 years. But the condition of unmarried girls is also far from satisfactory. They are treated as an unpaid worker who helps in cooking food, cleaning utensils and looking up their young brothers and sisters when the parents go to their work.

Socially, these women's are very much deprived and engaged in anti-social work and are the easy victim of unhealthy physical as well as social environment.

## **Methodology of investigation**

### **Selection of Slum Areas**

As the present study is pertaining to slum dwellers in the city of Lucknow, various slum areas are identified in the first stage. The Corporation of Lucknow has classified these slums into two categories; these are authorised and unauthorised slums. The authorised slums are recognised slums by the Corporation and some special assistance is provided to them by the corporation, while unauthorised slums are without any such help.

For the purpose of study three slums, one authorised and two unauthorised are selected. These are situated into different localities of city in the trans Gomti Area. As the study is confined to women folk, the entire population of women in these slums consist the universe of the study.

The authorised slum, which is covered in this study has their identity and is named as Banarsi Tola in Aliganj. Unauthorised slums are one in Nirala Nagar and another in Aliganj. The first one exists in a park and the second one is spread along with railway line.

These slums are situated in area that is surrounded by urban population consisting of families of upper socio-economic and educational status where slum women get some kind of employment in the frame of domestic servants. These areas also have a number of educational institutions where education of children of these women is possible.

### **Selection of Women**

In all the three slums there are total number of 350 families (Nirala Nagar -50, Railway Crossing - 80, Banarsi Tola - 220).

Women above 15 years are selected for participation in the study.

The sampling is systematic random in the sense that researcher selected homes in the slum area alternately and from each alternate home a woman is selected, thus half the number of slum women are selected for the purpose. Some women in the slum areas are very keen to be surveyed, thus they are also included in the list.

**Table No. 1 Sample Composition**

S. No.	Name of Slum	Total no. of families	No. of families selected	No. of female selected
1.	Nirala nagar	50	35	35
2.	Railway crossing	80	50	50
3.	Banarsi tola	220	115	115

### **First Interview Schedule**

The present study is the survey of slum women who are either illiterate or have very little education. The manner in which data could be collected from these women is by person to person talk with them. For this purpose an interview schedule covering various areas connected with slum women needs to be prepared. This is done by identifying some of the important aspects of their lives.

### **Scheme of Data Collection**

After preparing all the three tools, researcher visited the slums and contacted all the 200 slum women individually and collected information-conducting interviews.

### Scheme of Analysis of Data

In the study like the present one, data are in rather crude form, making it more or less difficult if not impossible to apply sophisticated multivariate design for analysis. Being aware of this fact it was decided to limit the analysis to percentages. Thus, information collected through interview schedule is presented in terms of percentages in each category.

### Awareness about Health and Hygiene

Table No. 2 provides information regarding awareness about health and hygiene.

**Table 2 Awareness about Health and Hygiene**

Responses		Slum No.							
		Literate				Illiterate			
		I	II	III	Total	I	II	III	Total
<b>Faith on Medical Treatment</b>	N	5	5	38	48	1	-	2	3
	%	62.5	71.4	56.7	58.5	3.7	-	4.2	2.5
<b>Faith on Magic and witch craft</b>	N	-	-	-	-	2	-	7	9
	%	-	-	-	-	7.4	-	14.6	7.6
<b>Believe in Both</b>	N	3	2	29	34	24	43	39	106
	%	37.5	28.6	43.3	41.5	88.9	100	81.3	89.9
<b>Total</b>	N	<b>8</b>	<b>7</b>	<b>67</b>	<b>82</b>	<b>27</b>	<b>43</b>	<b>48</b>	<b>118</b>

To test the awareness about health and hygiene responses among respondents to the question 'what kind of treatment is taken by you when suffering from illness was asked? Some interesting revelation have been made on the issue of what type of treatment are popular with them 58.5% (62.5%, 71.4%, 56.7%) of the literate group indicated the preference of medical treatment while illiterates have a low percentage of 2.5% (3.7%, nil, 4.2%) in this regard. So far as faith in magic and 'witch-craft' is concerned it is only illiterate group of which 7.6%, (7.4%, nil, 14.6%) has shown preference. However, both of these groups have shown preference for a mixture of the two systems, though illiterates clearly outnumbered the literate in this regard {(89.9% (88.9%, 100.0%, 81.3%) illiterates and 41.5% (37.5%, 28.6%, 43.3%) literates). Slum dwellers have little or no medical facilities providing by private practitioners. They are confined only to medical facilities provided by the government. However, there is a ray of hope among, literate respondents who have indicated that only magic and 'witch craft cannot solve their health problems. With the little education that they have their preference for the combination of these two is easily understandable.

The present venture is an attempt to reach those women who are slum dwellers in the city of Lucknow. These women are living under conditions of below poverty line and have

failed to get any attention so far. Educationally these women are deprived of any kind of formal education. Weather they are educated or uneducated awareness regarding health and hygiene is not good.

### **References**

- Mathur, H.S. (1987) : Socio Economic Profile of Urban Slums – A Case Study of Jaipur City Slums, Urban Decline and Revitalization, Vol. 7, Concept Publishing Company, New Delhi.*
- Mathur, O.P. (1992): Impact of urbanisation on children. In Dev, A.K. and Rizvi, S.A. (eds). Urban Poverty Alleviation Programmes, H.P. Institute of Public Administration, Shimla.*
- Pandey, P.N. (1997) : Life and Society of Slum Dwellers : An urban crises, Contemporary Social Work, October, Vol. 14.*
- Singh, Surendra (1997): Problems of Slum Dwellers and Strategies for intervention, Contemporary Social Work, 14, pp. 25-26.*
- Venkatarayappa, K. N. (1972) : Slums A study of urban problems, Sterling Publishers, New Delhi.*