

HEALTH PROBLEMS OF WOMEN LIVING IN SLUMS OF CHIDAMBARAM TOWN

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Abstract ;According to the World Health Organization (WHO), over 600 million urbanites live in low quality shelters or other areas plagued by overcrowding and inadequate provision of sanitation services, including potable water and safe waste disposal. Urbanization in India is characterized by high rate of population growth in the urban centers and inability of civic bodies to provide basic services, including education and health. The respondents reported that generally they suffer from Intestinal infections such as Diarrhea, Dysentery, and Intestinal parasite. Other diseases mentioned are Headache, Fever, Cough and cold, Gastric/ Ulcer, Blood Pressure Jaundice, Diabetes, Anemia, Skin Disease, Toothache. In case of some severe diseases like tuberculosis, anemia, the slum women don't even know the cause and their proper treatment. Open sewers are just one of the unsanitary aspects of slum conditions, and these cause serious problems by contaminating water.

Key words; urbanites, plagued, sanitation, potable water, unfit for habitation, respondents, Intestinal infections, Intestinal parasite.

I. Introduction

Most of the urban population growth is coming up in many Indian towns and cities that are poor and settlements that are informal and unplanned, the task of reaching the unreached will become surmounted task for the municipal administration or urban authorities. Poor sanitation is one of the most accurate indicators of urban poverty and health problems. Between 1990 and 2025, the total urban population is expected to grow from 300 to 700 million; this may lead to poor sanitation and poverty in urban areas all over the world. According to the World Health Organization (WHO), over 600 million urbanites live in low quality shelters or other areas plagued by overcrowding and inadequate provision of sanitation services, including potable water and safe waste disposal. In many instances, the urban poor live illegally in areas "deemed unfit for habitation," making the residents "officially invisible". Urbanization in India is characterized by high rate of population growth in the urban centers and inability of civic bodies to provide basic services, including education and health. Sanitation is linked with the livelihoods and incomes. Urban poverty is generally associated with poor quality housing, overcrowded, unsanitary slum settlements, ill-health related to spread of infectious diseases, the threat of exposure to environmental hazards and fear of eviction from illegal squatter settlements in precarious locations. Urban poverty merits attention in its own right since it presents some issues distinct from those addressed in the typical analysis of poverty. Moreover the urban poverty results in health and also contributes by the poor sanitation. Public Health promotes vital health standards among the urban poor. According to the World Health Organization (WHO), the definition of health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Irrespective of urban poor location and socio-cultural status, low-income settlements have various similar characteristics. The urban poor often lack access to adequate and affordable basic water supply and sanitation services, lack adequate housing and have limited or no access to other basic sanitary infrastructure and services such as solid waste, drainage, street lighting, roads and toilet facilities. The health status of any community is influenced by the interplay of health consciousness of the people, socio cultural, demographic, economic, educational and political factors. The common beliefs, traditional customs, myths, practices related to health and disease in turn influence the health seeking behavior of autochthonous people. Thus sanitation is an essential component of the well-being of mankind and is a prerequisite for human development. There are three distinctive characteristics along which urban poverty and vulnerability differ from rural poverty: commoditization, environmental hazard, and social fragmentation⁶. Poverty is one of the main reasons for the poor sanitation and affects health standards of the urban poor. The urban slums are very compact and scanty in resource utilizing and allocation. The poor urban poor are in the clutches of the severe public health problems due to poor facilities. The urban poverty mainly relied on univariate measures of income and non-income dimensions of poverty. Despite evidence suggesting the heterogeneity of living standards within a city, rigorous examination of intra-city differences in well-beings lacking.

Evidence suggests that large differences exist among the urban poor in modes of livelihood and access to resources. The income levels of the urban poor are meager and uncertain due to these reasons the urban poor cannot spare money for good sanitation and for other health needs. Improvement in sanitation requires newer strategies and targeted interventions with follow-up evaluation. The combination of inadequate access to water and sanitation, poor quality housing, and overcrowding increases the health risks facing urban residents and the urban poor in particular. Slum dwellers are more disadvantaged in terms of maternal health services compared to households residing in non-slum urban areas. Households in urban neighborhoods lacking drinking water and sanitation face a daily assault of health threats. Public health infrastructure is far from satisfactory as delivery of services is hampered by several policy and management constraints. In urban areas managerial challenges are many to ensure availability, accessibility, affordability and equity delivering health services to meet the urban poor effectively and efficiently. The character of urban growth is often informal and takes place predominantly in urban areas or at city fringes. This result in a high number of people exposed to severe health and environmental risks because they are unnerved by the city's sanitation systems. Responding to the basic services and health needs of this vast urban poor population is indeed a challenging task. Due to poor housing, lack of hygiene and access to basic services, the urban poor suffer from an extremely low health status and restricted access to healthcare services. Despite natural proximity to healthcare, the utilization and reach is very low among the urban poor due to various factors such as sub-optimal facilities, unsuitable timings, high costs, low awareness of services/programmes, and weak community-provider linkages. Urban poverty is characterized by food insecurity, extremely poor living conditions and a lack of job security (more work for unorganized sector). Thus the urban poor are vulnerable in multiple ways. Their dependence on the informal sector makes their income highly insecure. Events such as serious illness typically lead to financial shock for the household. The ecological conditions in which they live, and the poor access to water, sanitation and safe drinking water, increase their physical vulnerability. Sanitation envisages promotion of health of the people by providing clean environment and breaking the cycle of disease. It depends on various factors that include hygiene status of the urban poor people, types of resources available, innovative and appropriate technologies according to the requirement of the community, socioeconomic development of the country, cultural factors related to environmental sanitation, political commitment, capacity building of the concerned sectors, social factors including behavioral pattern of the community, legislative measures adopted, and others. India is still lagging far behind many countries in the field of environmental sanitation¹⁰. When sanitation conditions are poor, water quality improvements may have minimal impact regardless of amount of water contamination. If each transmission pathway alone is sufficient to maintain diarrheal disease, single-pathway interventions will have minimal benefit, and ultimately an intervention will be successful only if all sufficient pathways are eliminated. However, when one pathway is critical to maintaining the disease, public health efforts should focus on this critical pathway. Building sanitation systems that are responsive to community needs, particularly for the poor requires politically difficult and administratively demanding choices. Health is a priority goal in its own right, as well as a central input into economic development and poverty reduction.

II. Literature Review:

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 (32percent 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. 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.

Slums have been defined by Mr Salahuddin and Ms Ishrat (1992), as a densely populated temporary residential house built lawfully or unlawfully having no water supply, sanitation facilities or electricity supply. Most of these are one-roomed dwellings and extremely overcrowded. The World Bank, in a survey report that was conducted in collaboration with the Housing and Settlement Directorate, Government of Bangladesh (GoB) and Centre for Urban Studies, defined a slum as a residential area where more than three hundred people live in one acre (0.405 hectares) of land. An average of more than three adults live in a single room. 46 per cent

of these houses are one-roomed and the average size is 120 square feet. Ventilation, drinking water, electricity and sewerage facilities are absent in these houses. (Source: 'Dhakar Paribesh', Gias Siddique, page- 47)

Cultural norms dictate that women in urban slums tend to spend more time in the home caring for their families and their households. Factors in the home such as poor sanitation, leaking roofs and increased flooding and fire risks increase inhabitants' vulnerability to the spread of disease. Because they spend more time in the home, women are therefore more susceptible to the adverse health outcomes associated with inadequate housing conditions. Meanwhile, cultural hierarchies or social status often significantly disadvantage women. In urban populations of Bangladesh, healthcare is provided according to an individual's status in a household. Due to women and girls' lower societal position, less money is spent on them for medical treatment. The impact of this has been demonstrated to a devastating effect in the various Bangladeshi cholera epidemics. Women are not taken to hospital until the disease is far advanced. Due to this factor fatalities among females have been seen to be three times higher than males.

III. Objectives of the Study:

The general objective of the study is to know about the present health status of women living in slums and the health problems of women living in slums of Chidambaram town

IV. Rationale of the study:

With the increase of people living in Chidambaram town, the impact of urban living on human health is now a growing concern. The rapid growth of slum populations in India is an increasing challenge for local health authorities and deserves intensive investigations. Slums have often been conceptualized as areas of concentrated poverty, which comprise a social cluster that engenders a distinct set of health problems. So, it is of the utmost importance to ensure health services for these growing numbers of urban dwellers, especially the poor. This neglected population of slum has become a major reservoir for a wide spectrum of health conditions that the formal health sector must deal with. People residing in slums face many problems like improper sanitation, unhygienic environmental conditions, social, economic, health, educational and cultural problems and many more. The basic problems inherent in slums are health hazards. Lack of basic amenities like safe drinking water, proper housing, drainage, and waste disposal services; make slum population vulnerable to infections.

V. Methodology

Sample size and Sampling Technique: Among the slums of Cuddalore district as representative sample in Chidambaram town. Slum were selected as the study area purposively for their extensive size and mass identity in Chidambaram town.

Study Population: The study Population consisted of the slum dwellers of Chidambaram town. 67 women from slum were selected as sample as per their availability to collect data.

Data collection technique: The study was conducted on urban slum women to know about their knowledge regarding health issues, existing services and to identify necessary steps to ensure women's good health. Face to face interview techniques of data collection were applied using semi-structured interview schedule.

Data Processing:

To analyze the data, collected information was classified in the light of objectives set forth for the study. The classified data was coded, tabulated and percent calculated for the same. The results were presented and discussed along with tables in numbers and percentages.

Period of study: The period of study is from January to April 2016.

VI. ANALYSIS AND FINDINGS:

*Health Related Information:***Table 1: Common Diseases suffered by the respondents**

Sl	Name of the diseases	No	Causes of Diseases	Types of treatment
1	Fever, Cough and cold	56	Season Change Drenched in Rain Work pressure	Bring medicine from pharmacy Take medicine from prescribed doctor of the nearest hospital
2	Headache	35	Excessive tension Excessive heat Sleeping problem Work pressure	Take medicine Use ointment (like vix, nix) Take rest Medicated band-aid Do not take medicine
3	Toothache	35	Brush irregularly Dental carriage Pyorrhea	Take medicine occasionally Extract tooth Mouthwash with boiled salted water Do not take medicine
4	Skin Disease	14	Excessive heat For carrying pitcher full of water continuously in one side Lack of awareness about cleanliness	Take medicine Use lime Do not take medicine
5	Gastric/ Ulcer	34	Irregularity in taking food For taking excessive spicy food	Take medicine irregularly
6	A Maggot/ Worm (An intestinal parasite)	10	Lack of awareness about transmission of worm through skin while walking bare foot.	Take homeopathy Take Allopathic medicine Do not take medicine
7	Blood Pressure	10	For excessive tension	Take medicine
8	Diarrhoea	10	For eating stale food Take orsaline Take rice with scum	Take medicine from prescribed doctor of the nearest hospital
9	Jaundice	08	Irregularity in taking food Excessive work load Take unhygienic food Lack of fresh drinking water They do not know	Take medicine Kabiraji treatment Sometimes they do not receive treatment
10	Gout	04		Take medicine
11	Dysentery	03	Take unhygienic food	Take medicine Lack of fresh drinking water
12	Diabetes	01	For taking sweets	No ability to take treatment
13	Anemia	01		Take rest
14	Tuberculosis	01		

Analysis:

The respondents reported that generally they suffer from Intestinal infections such as Diarrhea, Dysentery, and Intestinal parasite. Other diseases mentioned are Headache, Fever, Cough and cold, Gastric/ Ulcer, Blood Pressure Jaundice, Diabetes, Anemia, Skin Disease, Toothache etc. The table shows that in some cases they have some idea about the causes of the diseases, but in most cases they are not aware of real causes of diseases. Most of the respondents reported that they go for modern medical assistance. Some of them also use traditional medicine such as such as , homeopathy etc. The most common diseases mentioned by the slum dwellers from which they suffered from are headache, skin diseases, A Maggot/ Worm (An intestinal parasite), Fever, Cough and cold, Gastric/ Ulcer, Blood Pressure, Toothache, Diarrhea, Jaundice, Diabetes, Dysentery, Anemia, Tuberculosis and Gout. In most cases the slum dwellers lack knowledge about disease and symptoms of disease. In case of diseases like Fever, Cough and cold, Gastric/ Ulcer, Blood Pressure, Diabetes, Diarrhea and Dysentery the respondents can specify the exact causes. Such as they know that season change, drenching in rain etc are the causes of fever, as well as gastric/ulcer is the cause of irregularity in taking food. Regardless of the initial water quality, widespread unhygienic practices during water collection and storage, poor hand washing and limited access to sanitation facilities mean that in slum areas, spread of diarrhea-causing germs by taking stale and unhygienic food is very common. Although diarrhea is easily treated by rehydration methods, people do not always have the knowledge to deal with it in this way. In case of diarrhea, dysentery the respondents know that these are caused for taking unhygienic food, but they do not know exactly that these disease are the result of viral or bacterial infection. The respondents are not that much aware of having treatment. The study found that either the respondents take medicine from prescribed doctor of nearest hospital, NGO clinic or from the nearest pharmacy. In case of headache some respondents said that they do not take medicine, respondents suffered from gastric take medicine irregularly and incase of diabetes respondents said that they have no ability to take treatment.

The study found that in case of some diseases the slum women do not even know about the causes. They thought that skin diseases such as eczema are a normal skin condition due to excessive heat. They mentioned another disease toothache, which is the cause of dental decay, pyorrhea and brushing irregularly. But they do not know that dental decay and pyorrhea itself is a disease and toothache is caused for that. Sometimes they use their general knowledge to cure from the disease. Such as: they use mouthwash with boiled salted water to get relief from toothache. Otherwise they take medicine. So, it can be said that they are not much acquainted with knowledge about diseases, their causes and its prevention.

In case of some severe diseases like tuberculosis, anemia, the slum women don't even know the cause and their proper treatment. Open sewers are just one of the unsanitary aspects of slum conditions, and these cause serious problems by contaminating water. In addition to dysentery, cholera and other preventable diseases, the water contains parasites such as hookworm, whipworm and roundworm that infect the slum dwellers and children in particular. The slum dwellers know about maggot/worm, but they thought that this is only because of not using sandal. But they do not know the actual cause. They take homeopathy or allopathic medicine as prevention. Some of them do not even take medicine.

VII. Recommendations for the health improvement of Slum dwellers of Chidambaram Town:

Following steps that should be taken to improve the quality of health service of this area:

- Hospital to be established in the locality.
- Medicine should be provided at free of cost
- Health service should be provided by the Government door to door and also by the Non- Government organizations.
- Quality of health service needed to be improved.
- Doctors and health service provider's behavior needed to be more cordial.
- The price of medicine should be reduced.
- More health care centers should be set up in the locality.
- Quality of sanitation facilities needed to be improved.

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