



SANITATION AND HYGIENE PRACTICES IN URBAN SLUMS – CASE STUDIES FROM NAMASHIVAYAPURAM, CHENNAI

¹Dr. G. Jothimani, ²M. Subashini

¹Associate Professor, ²External Consultant-IIHS,

¹Department of Medical Sociology,

¹MMM College of Health Sciences, Chennai, India

Abstract-Worldwide urbanization is increasing at rapid rate and is responsible for establishment of underprivileged settlements deprived of basic amenities. India has the second largest urban population in the world. With the expansion and spread of urbanization, the population growth in the urban areas has been growing rapidly, since people have migrated from rural to urban areas in search of better jobs and life style. Many countries have facing challenges in providing adequate sanitation for their entire populations, leaving people at risk for water, sanitation, and hygiene related diseases. Safe disposal of waste is essential to maintain the well-being of the people in the urban slums. Sanitation is a key tool of action to maintain the environmental health. This helps in managing waste, providing safe environment, proper drainage system and other health management systems. An in-depth empirical study has been carried out by means of collecting case studies from urban slum to find out their risky hygiene practices, health and sanitation. Collecting water to fulfill their daily chores is highly challenging among people in slum. They do not have proper practice of disposing wastes. Practice of sharing latrine and its improper maintenance has been found in the present study. In this scenario, the present study has been assessing risky hygiene practices and sanitation in Namashivayapuram slum, Chennai.

Index Terms - Sanitation, Hygiene practices, Health practices, Waste disposal, Slums.

I. INTRODUCTION

With the expansion and spread of urbanization, the population growth in the urban areas has been growing rapidly, since people have migrated from rural to urban areas in search of better jobs and life style. Sanitation and hygiene are critical to health, survival, and development. Many countries are challenged in providing adequate sanitation for their entire populations, leaving people at risk for water, sanitation, and hygiene (WASH)-related diseases. Sanitation is a key tool of action to maintain the environmental health. This helps in managing waste, providing safe environment, proper drainage system and other health management systems. Adequate sanitation, together with good hygiene and safe water, are fundamental to good health and to social and economic development (Duncan Mara et.al, 2010). Slums are where the many deprivations facing the urban poor collide, including lack of access to clean drinking water, sanitation, safe and nutritious foods, sufficient living space, durable housing and secure tenure (UN Habitat). There where human waste is routinely emptied into streets, canals, and garbage dumps. Some of the diseases that sanitation has brought to Indian slums like Diarrhea, water diseases, parasitic worms/infestation and fecal orals diseases. In India, it is extremely dirty and it is known to be the second worst sanitation country in the world according to Briefing Paper.

II. PROBLEMS IN URBAN SLUMS

The challenge of rapid and unplanned urbanization that India is facing and will continue to face over the coming decades needs no introduction. Of the 93 million slum residents in India, 81 per cent have inadequate access to sanitation, according to a 2008-09 National Sample Survey Organization (NSSO) survey on the characteristics of slums. That is to say, they lack the facility of either an individual toilet or a shared toilet. They had forced to depend on badly maintained and overcrowded toilet blocks or, no form of toilet at all. Open spaces are thus the only option.

In 2013, the UN Deputy Secretary-General issued a call to action on sanitation that included the elimination of open defecation by 2025. Achieving universal access to a basic drinking water source appears within reach, but universal access to basic sanitation will require additional efforts.

The situation of the urban poor poses a growing challenge as they live increasingly in mega cities where sewage is precarious or non-existent and space for toilets and removal of waste is at a premium. Inequalities in access are compounded when sewage removed from wealthier households is discharged into storm drains, waterways or landfills, polluting poor residential areas (WHO, 2019).

In this scenario, the present study spotlight the health practices and sanitation of people from Namashivayapuram slum in Chennai. It made an attempt to focus the latest evidence on the provision of adequate sanitation, to analyse the provision of safe drinking water and sewage system, and to suggest strategies to improve the impact of sanitation, highlighting the role of the health sector. It also seeks to show that sanitation work to improve health.

III. METHODOLOGY

The objective of the study is to find out the health status and hygiene practices among slum people in Chennai. An in-depth empirical study was carried out by means of collecting case studies from urban slum to find out their risky hygiene practices, health and sanitation. The inclusion criteria for the present study are the less fortunate working class slum people from Namashivayapuram slum which is located near to Koovam river.

Case Study - 1

Ms. Shanthi is a 52 year old housewife. Living in Namashivayapuram from the time of her marriage. She has two sons, they got married and living as a nuclear family. Now she is with her husband who is working as a security in a bank. They are living in an own pucca house. They have water tank in the terrace and they fill the tank using motor pump. They use metro water for cooking and other domestic usage. And using packaged drinking water cans for drinking. She added only her husband drinks mineral water and she drinks the metro water without boiling. She said that they use Indian pour flush toilet and she wash usually every day after taking bath, using popular reagents like (phenol). She used to clean her house once in 2 days. During her menstruation, she used sanitary pads and change them every 4 hours. She is suffering from diabetes for past 3 years along with blood pressure. She is taking treatment in KMC hospital. She has a complaint of severe leg and knee pain. They used to take non-vegetarian diet every day. Other family members were healthy.

Case Study - 2

Ms. Karpagam is a 50 years old housewife. She is an illiterate. She stated that there are four members in her family. They were living in this area for past 25 years. They were living in a thatched house for rent of rupees 3500/-. She has two daughters both were working in an export company. She said that there is no proper water facility over many years, and it is more severe for past 6 months. She said that during menstruation, they use clothes and they were disposed in dustbin and not reused. They use metro water for drinking they usually don't boil, unless the water is unclean. If the water is unclean they used to filter, boil and drink or else they will consume directly. They were using shared toilets. They are living in a small thatched house, so they don't have water tanks. Her, chief complaints was lack of water facilities and her daughters were spending more time in fetching water. It is observed that their economic status were low and they use shared toilets which they clean it twice in a week. They were not a members of any SHG groups. They used to take non-vegetarian diet once in a week. She also said that they don't have any physical health problem among the members in the family.

Case Study -3

Ms. Noorjaghan is a 52 year old women. She is widowed and she is illiterate. There are four members in her family. She works as a maid. Her daughter is also doing work for daily wages. They use Indian pour flush toilet and it is shared by 4 other houses (15 individuals approximately). They used to clean the toilet once in a week. They use metro water for drinking and bore water for other domestic works. She said that approximately it takes 1 ½ hours to collect water from the water pump. She said that they get water once in 2 days and she added that in the morning times it will be more rush near the pump they find difficulty in fetching water, so she usually collect water in the evening. Also stated that lorry water is also provided in times of water crisis and in case waste is mixed with the water. They use to cook and wash in the same place. She said mosquito repellents sprays were only sprayed occasionally. In rainy days mosquitos count were high. She said that there is no health problems in their family. They use both cloth & napkin interchangingly during their menstrual period. She also complaints about the drainage pipe line, which leaks in the street. But the municipal corporation help to sort out it.

Case Study 4

Ms. Meenatchi, is a 22 year old woman, she is a feeding mother of 1 year girl child. She has studied 9th standard. She is an house wife. There are 6 members in her family. They live in pucca house for lease of Rs. 2.5 lakhs. Her husband is a car driver, her mother is a domestic worker and her sister working in an export garment. They have a separate attached bathroom in their house. She also said that they use hand wash after using toilets. She said they have a water tank in their house and they clean the bathroom using chemical reagents once in every week. She said that during her menstruation she use sanitary napkins and she used change in the frequency of 3 hours. She said that she used to dispose those napkins properly. They use mineral water for drinking. She said that they use to take non-vegetarian diet every day. At least they used to have eggs daily. She said that her family members have good health condition. In case of medical emergency they used to visit the nearby PHC. Sanitary worker used to collect the waste in every 2 days. She also said that mosquitos were more in number especially in the evening.

Case study 5

Ms. Kavitha, is a 45 year old housewife. She has studied 5th standard. There are 4 members in her family. Her husband is a painter. She told that they were using mineral water for past 4 months. She had a complaint about the water scarcity and water stagnation in that area. They use metro water for drinking, usually don't boil the water. She stated that it takes 4 hours to fetch the water from water pump to fulfill their household needs. She said that she use clothes during her menstruation, she wash them, and reuse for the next time. She said they were using Indian pour flush toilet shared by 2 families. They clean the bathroom using phenol and bleach every 2 days. They take non-vegetarian diet once in a week. Her major complaint was water stagnation and improper drinking water facilities. She stated that there is no health problem in their family.

Case study 6

Ms. Umapiya is a 25 year old unmarried woman. She is a working woman. She has studied B.com. She has 4 members in the family. Two of them were employed. They were living in a pucca house and they have tank in their house. They were using packaged drinking water for about 5-6 years. She said there are many problems in drainage system like frequent leakage in the drainage pipeline. She also added that if they call the Chennai Municipal Corporation they will promptly response and repair the drainage pipelines. She also added that they use hand sanitizers after using toilets and she said they use chemical reagents like (Harpic) to clean the toilet. Also, stated that she use sanitary napkins during her menstruation and she used to dispose them properly by wrapping them using newspaper. She complaints that the sanitary workers were not collecting the garbage regularly. She told that there was a leak in the drainage last month and the corporation workers helped them to get rid of it. They used to take non-vegetarian diet twice in a week. She also said that their health condition was well and good.

Case study 7

Ms. Ambika is a 25 year old woman. She has studied 7th standard. There are 5 members in their family. They were living in a pucca house for rent of Rs. 5000/- Her husband is a tailor, she said that their income was not satisfied. They use mineral water for drinking, metro water for cooking and bore water for other household activities. They use Indian pour flush toilet, and they clean them once in a week using popular chemical reagents. She told that they would not share their toilet with the outside members. Her children get immunized in Sankarapuram hospital. She also told that, there is ventilation problem and excess mosquitoes in their area. Mosquito repellents were not sprayed regularly. She added that she use sanitary napkins during her menstruation. She told that it takes 2 hours to fetch water from the common water tank. No physical illnesses were found in their family. In case of emergency, they used to go to private hospital.

Case study 8

Ms. Annapoorani is a 36 year old housewife, she has studied 10th standard and there are 5 members in their family. Her husband is a mason. They have an attached bathroom in their house. It is a pucca house. They shifted to this place before 5 years. She told that the sanitation facilities were very poor. She was facing more difficulties in collecting water for their day-to-day activities. Since, they get water only once in two days. She told that it takes 2½ hours to collect water and they used to store them in drums, and other empty water cans. She also told that they use mineral water for drinking, only for her son and rest of the family members were drinking metro water. They don't boil the water, unless is unclean. She said that she use metro water for cooking and other household activities. She said that she don't use sanitary napkins during her menstruation. She use cloths and it will not be reused again. She used to dispose them by washing and throwing in the dustbin. Either the sanitary workers collect the waste or they just threw them on the road.

Case study 9

Ms. Deepa is a 16 years old girl. Studying 12th standard in a government higher secondary school. Her father is working as a car driver in irregular basis. She said that the income was insufficient. They live in a pucca house, for rent. They don't have water tank in her house. They use metro water for drinking, cooking, and other domestic works. They have a common Indian pour flush toilet. Totally 6 families were sharing the same toilet. And they used to clean only once in a week using washing powder. She told that she use napkins during her menstruation. And she added that she used to dispose them by flushing it into the toilet. She reasoned that the sanitary workers were not collecting them on the daily basis. So she doesn't wanted to keep the used napkins in the house for a long time. She stated that her father has diabetes. Strangely she added that if they had any health issues she usually don't go to the hospital. She will go to church and pray instead.

Case study 10

Ms. Poonguzhazhi is a 42 years old woman. She has studied 12th standard. She is working as a field worker in an NGO. Her husband is working for daily wages. They were living in an own pucca house. They use mineral water for drinking and cooking. They have tank in their house. She told that they use Indian pour flush toilet and she used to clean the toilet once in two days using bleach and other reagents. She told that once in two days they get water from the corporation. She added that, the drainage in their place used to leak and overflows frequently. And corporation workers aids in this cases. She has diabetes and increased lipid cholesterol level. She has over all body edema, and swellings especially around the knees and legs. She told that she is taking treatment in a private hospital in choolaivedu. She said that she use sanitary napkins during her menstruation. She also stated that she has irregular periods. She said they used to have non-vegetarian almost every day.

IV. RESULTS & DISCUSSION:

The present study reveals that almost every respondent are facing burden in collecting water for drinking and domestic usage. Since, they depend metro water, which is provided once in three days, and mostly they are impure and unhygienic. So, collecting and storing the water to fulfill their daily chores becomes highly challenging. They do not have the habit of boiling the water for drinking. Namashivayapuram slum is located near to Koovam River, so that, majority are practicing open defecation as well, since most of the people from the present study has a practice of sharing the toilet. Moreover, they had a practice of cleaning the toilet once in a week. Majority of the respondents do not have a habit of disposing the garbage in the dustbins. Because, the sanitary workers were not working regularly. So, people were forced to throw all the wastes in the pathways and roads. Almost all were having the habit of eating non-vegetarian frequently than the vegetables and fruits. They do not have adequate distance between kitchen and toilet and they do not have awareness about the spread of infections. Houses were so closely built without adequate space and ventilation. In case of medical emergency they seek help from the near by primary health centre. It is found that during leakage or overflow of drainage, the Chennai Municipal Corporation promptly response and repair the drainage pipelines.

V. CONCLUSION:

The present case studies assess the proportion of people without access to safe sanitation. The services provided by the government were not reached to the people in the urban slums. The overall perception of the society stated that, the people living in the slums might have deviance behaviour. It's clearly visible by observing the area though they don't even have a common dustbin, but they have CCTV cameras in every street. Drug and alcohol addiction and substance abuse is also there in this slum. Even there is another perception like criminals will hide themselves in the slum areas. It is clearly visible that there is no any organized job for the people living in the community. Even there is no SHG in their slum. From this study the major health problem found is diabetes. Either to the respondent or to their family member.

REFERENCES

- [1] Duncan Mara, Jon Lane, Beth Scott, and David Trouba, PLOS Medicine, A Peer Reviewed Open Access Journal, Published online, 2010 Nov 16. Vol. 11.
- [2] Inclusive Action Business Network, Slum Sanitation In India – Is There A Case For Private Toilet Provision? Water, Sanitation or Waste Management, India, South India, September, 2018.
- [3] WHO report on Sanitation, June, 2019.

