



Hygiene and sanitation practices among urban slum dwellers of distirct Kathua J&K: A cross sectional study

Anuj Kapoor¹, Kamna Singh¹, Suresh Kotwal²

¹Demonstrator, Department of Community Medicine, GMC Kathua

²Assistant Professor, Department of Community Medicine, GMC Doda

***Corresponding Author:**

Suresh Kotwal

Assistant Professor, Department of Community Medicine, GMC Doda

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ABSTRACT

Introduction: Poor hygiene and sanitation in India has been a major public health challenge. Improved housing, improved nutrition and improved hygiene with improved access to safe water, sanitation and good hygiene are the essential components for living a healthy life.

Aims and objectives: To assess the hygiene and sanitation practices among slum dwellers of distirct Kathua.

Methodology: It was a Community based cross-sectional study conducted for a period of 3 months from January 2021 to March 2021 during which a total of 254 were covered .A house-to-house survey was conducted to collect the data by using self-designed and semi-structured questionnaire after seeking informed consent

Results: Out of the 254-study population, 35.03% were males and 64.9% females. Majority of the participants were in the age group 51- 60 years. Results shows that only 25.1% individuals have the habit of brushing the teeth twice a day followed by 46.4% participants brushing once a day. Cleanliness of nails was found satisfactory among 27.9% of the participants. Only 64.9% were using latrines for defecation.

Conclusion: The personal hygiene practices and household sanitation of slum dwellers was found unsatisfactory in our study. People in slum region are not educated which result into low income and low standard of living which result into lack of awareness about the importance of personal and environmental sanitation.

Keywords: Urban slums, Personal hygiene, Sanitation.

INTRODUCTION

Hygiene is commonly known as cleanliness or conditions and practices that serve to promote or preserve health. According to United Nation (UN)-HABITAT, sanitation and hygiene challenges in slums is described in terms of poor basic services, such as access to sanitation facilities as well as safe water sources¹ WHO estimates that approximately 2.6 billion people worldwide live with inadequate sanitation and the health risks are severe for the urban poor living in slum conditions (WHO, 2002). . India is a developing economy and slum population is growing at an alarming rate. . Slums have become an inevitable part of the major Indian metropolitan

cities. Water is one of the most important natural resources and is the essence of life on earth. The availability of safe water and adequate sanitation is critical not merely for health reasons, but also for economic development (WHO and UNICEF, 2006).Worldwide, an estimated 2.5 billion people lack access to basic improved sanitation, 780 million lack access to improved drinking water and 1.1 billion defecate in open areas.² This is due to the lack of waste collection services, poor rain water drainage system, poor infrastructure and absence the of an electricity supply.³ People living in slums are not only vulnerable and at high risk of diseases and high

mortality in addition unsafe, inadequate, and unhygienic sanitation results in multiple and overlapping health, economic, and social impacts that disproportionately impact women and girls living in urban slums; the impacts on women's health include infectious and chronic illnesses, violence, food contamination and malnutrition, economic and educational attainment, and indignity⁴

Methodology

It was a Community based cross-sectional study conducted in the urban field practice area of the Department of the Community Medicine, GMC Kathua. Urban Health Training Centre caters to a population of about 47,000 residing in 11 wards. Out of this, urban slums constitute 11,500-12,000. Present study was conducted for a period of 4 months from January 2021 to April 2021 during which a total of 163 households were covered. The data was collected using self-designed and semi-structured questionnaire after seeking informed consent. A house-to-house survey was conducted to collect the data and a total of 254 individuals were interviewed. All the individuals aged 20- 60 years present at the time of household visit were included and those individuals/ families not willing to participate in the study were excluded. The collected data was entered in Microsoft Excel, coding of the variables was done and thereby interpretation and analysis of the collected data was done by using appropriate statistical methods.

Results

Out of the 254-study population, 35.03% were males and 64.9% females. Majority of the participants are in the age group 51- 60 years (37.7%) followed by the age group 41-50 years (27.5%). Only 21.1% of the study participants had education up to high school whereas majority of the participants were found to be illiterate (41.7%). Majority of the participants having the family size of 5-7 members (40.1%) (Table 1) Result showed that the Majority of the participants having high frequency of daily bathing (42.5%) followed by alternate days bathing (29.1) whereas 9.8% had on occasionally bathing. Only 25.1% individuals having brushing the teeth twice a day followed by 46.4% participants brushing once a day. Only the 27.9% participants having the habit of satisfactory cleanliness of nails. 61.4% of the individuals were wearing dirty clothes whereas only 38.5 are wearing neat and clean clothes. (Table 2). Regarding Cleanliness of their compounds majority of participants 60.2 % are found to be clean their compounds on weekly basis followed by 27.9% clean their compound daily. are seen to disposing household waste at street level. Majority of participants 42.9% are disposing of waste water at street level. 64.9% are using latrines for defecation but 66.1% having the uncleanness of latrines. (Table 3)

Table 1: Socio-demographic profile of the study participants

S.no	Variable	n (%)
1.	Gender <ul style="list-style-type: none"> Male Female 	89 (35.03) 165 (64.9)
2.	Age <ul style="list-style-type: none"> 21-30 31-40 	34 (13.3) 54 (21.2)

	<ul style="list-style-type: none"> • 41-50 • 51-60 	70 (27.5) 96 (37.7)
3.	Education status <ul style="list-style-type: none"> • Illiterate • Primary school • Middle school • High school • Higher secondary 	106 (41.7) 50 (19.6) 44 (17.3) 38 (14.9) 16 (6.2)
4	Family Size <ul style="list-style-type: none"> • 1-4 • 5-7 • >8 	65(25.5) 102 (40.1) 87 (34.2)

Table 2: Distribution of individual respondent's personal hygiene

S.no	Variable	n (%)
1.	Frequency of bathing	
	Daily	108 (42.5)
	Alternative days	74 (29.1)
	Weekly	47 (18.5)
	Occasionally	25 (9.8)
2.	Frequency of brushing teeth	
	Once a day	118 (46.4)
	Twice a day	64 (25.1)
	In every 2 days	40 (15.7)
	Rarely	32 (12.5)
3.	Cleanliness of Nails	
	Satisfactory	71 (27.9)

	Not satisfactory	183 (72.04)
4	Clothes	
	Neat and clean	98 (38.5)
	Dirty	156 (61.4)

Table 3: Distribution of sanitation practices

S.no	Variable	n (%)
1.	Frequency of Cleaning Compound	
	Once daily	
	Once weekly	92 (56.4)
	Once rare	46 (28.2)
		25 (15.3)
2.	Place of disposing household waste	
	Refuse dump site	24 (14.7)
	Garbage Pit	10 (6.1)
	Street	96 (58.8)
	Riverbank	33 (20.2)
3.	Place of Disposing waste water	
	In the street	
	Within Courtyard	75(46.01)
	In the Gutter	15 (9.2)
	In the river	24 (14.7)
		49 (30.06)
4.	Place of Defecation	
	Open	54 (33.1)
	Use of latrine	109 (66.8)

5.	Cleanliness of Latrines	
	Unclean	102 (62.5)
	Clean	39 (23.9)

Results

Out of the 254-study population, 35.03% were males and 64.9% females. Majority of the participants are in the age group 51- 60 years (37.7%) followed by the age group 41-50 years (27.5%). Only 21.1% of the study participants had education up to high school where as majority of the participants were found to be illiterate (41.7%). Majority of the participants had the family size of 5-7 members (40.1%) (Table 1) Result showed that the majority of the participants had bath daily (42.5%) followed by alternate days bathing (29.1%) whereas 9.8% had on occasionally bathing. Only 25.1% individuals were brushing their teeth twice a day followed by 46.4% participants brushing once a day. Cleanliness of nails were found to be satisfactory among only 27.9%. 61.4% of the individuals were wearing dirty clothes whereas only 38.5 are wearing neat and clean clothes at the time of survey. (Table 2) Regarding cleanliness of their compounds, 56.4% % of the households were cleaned daily 15.3% % were cleaned occasionally . 58.8% of the households were seen to dispose household waste into nearby streets. Majority of participants 46.1% were disposing waste water into streets. 66.8% of the households had latrines for defecation wherein 62.5% of the latrines were found unclean at the time of survey. (Table 3)

Discussion

In the present community based cross sectional study, most of the respondents (64.9%) used to defecate in latrine which was much higher than study conducted in Morang, Nepal; Madhya Pradesh and urban slum of South Delhi.⁵⁻⁷ It might be due to open defecation free (ODF) camp had helped to build improved non-shared latrine in slum area to make Kaski district free from open defecation. Regarding personal cleanliness, 71.6% subjects took bath regularly In an Ethiopian study approximately 34% of the respondents reported poor bathing practices.⁸ These findings are in concurrence with a study conducted in the Philippines which found that 35% of respondents

reported poor bathing.⁹ This study also showed that 48.4% of the households practice open dumping of solid wastes in the streets. This finding was consistent with a study from Kersa (38.5%) (Bizatu and Negga, 2010) and similar solid waste dumping practices was also reported from Northern Ethiopia (Tewodros et al., 2008). The practice of indiscriminate throwing of refuse was reported by Shukla et al. (2016), from Lucknow, capital of Uttar Pradesh. In this study 36.6% of the households of slums used to deposit their garbage/waste directly into river which was more than two times higher than the study conducted on 25 slum of Luck now, India.¹⁰ It might be due to irregularity of municipal vehicle to pick the waste. From the study, it was revealed that majority (64.9%) of the respondents used sanitary latrine. But Raihan et al.^{11,12} mentioned that near one-fourth (22%) of the respondents used sanitary latrine and about 58% used kacha and 20% used open latrines. The differences regarding the use of sanitary latrine may be due difference in study area.

Conclusion

The personal hygiene practices and household sanitation of slum dwellers was found unsatisfactory in our study. People in slum region are not educated which result into low income and low standard of living which result into lack of awareness about the importance of personal and environmental sanitation.

Limitation of the study

Present study had the limitations which are inherent to cross sectional studies as these studies cannot be used to analyse behaviour over a prolonged period of time

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