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On

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ENVIRONMENTAL FACTORS AFFECTING HEALTH IN SLUM COMMUNITIES

People are moving in large numbers from villages to towns and cities in search of employment and economic stability in the recent past. This is a world wide phenomenon, and the lack of planning in this rapid urbanization has forced these migrants to live in appalling conditions – the slums. Almost one-third of Bangalore’s population live in slums.

The slums are located in unused waste lands, on dry tank beds, adjacent to the large urban drains and around factories and industrial areas. These are areas, not considered fit for living by the earlier residents. The composition of the slum-dwellers population is heterogenous and non-availability of living space makes them congested. There has been no planning for basic civic amenities when the slums started and the lack of space makes it difficult to plan and implement at a later date. More than two thirds of the population living in such conditions are women and children.

These slums are the starting points and the major victims of epidemics in urban areas. The pattern of disease prevalent here are:

a) Waterborne diseases like diarrheas, dysenteries, typhoid, jaundice, amoebiasis, etc.,

b) Communicable diseases like Tuberculosis, Leprosy, skin diseases etc,

c) Diseases due to malnutrition – especially in children, and

d) Diseases related to occupation, like injuries, lung diseases, skin diseases etc.,

The urban environment contributes to a great extent to the disease patterns, but the immediate surroundings and needs which require consideration are:

a) **Housing:** the lack of space forces a large number of people to live in a very small area, where all daily activities from cooking to sleeping take place.

   It is now being recognized that more important than the floor-space available, it is ventilation or ‘air-change’ that determines availability of oxygen for breathing.

   Ventilation and lighting (especially sunlight) is grossly inadequate in slum houses which are transplanted smaller houses form the rural model of shelter. Firewood and other inflammable wastes are the major fuel, for which the slum dwellers pay about 20% of their income. A women who cooks for a family in such a house is calculated to breathe-in an equivalent of smoke from twenty packets of cigarettes every day! The health problems to her and her children this creates is tremendous indeed. “smokeless chulas” or “Astra-vole” is not as popular in these areas. Cramped living conditions also makes communicable diseases common.

b) **Water-supply:** The number of water taps per 1000 people is considered a better indication of health than the number of hospital beds.

   Women and children spend long hours in catering to water-needs of their households. It takes away from their energy to work and learn. Sufficient and clean water-supply not
only reduces water-borne diseases but also has a positive impact on nutrition, health and hygiene.

All urban areas suffer a water crisis and the slum dwellers are the worst hit. The provision of bore-wells is a welcome relief in this situation, but the unhygienic surroundings and problems of maintenance of pumps takes away from the benefits.

c) **Sanitation and Pollution:** Sanitation is often seen as a “Latrine or drain construction” activity – even this is not adequate in a slum community, in available facilities and proper utilization and maintenance. The women and girl children are adversely affected due to social reasons – in this situation.

A large number of people living in a small area generate huge amounts of liquid and solid wastes during their activity which needs to be disposed off from the living area to prevent pollution of water sources and also communicable disease. The location of slums in low lying areas makes proper drainage difficult, and being subjected to flooding in the monsoons, brings in problems from surrounding areas too. The additional burden from surrounding factories and industries adds to the problem.

The lack of education on the importance of sanitation and the pre-occupation with survival precludes the residents from taking responsibility in this activity, producing a lot of health problems.

d) **Employment and Occupational hazards:** The struggle for water, fuel and domestic chores keeps the women and older children busy enough. The need for economic resources for food and clothing makes them take up low-paying jobs in and around their living areas. Home-based industry like agarbathi and beedi making add hazards to their health.

e) **Personal hygiene and health- practices:** Many health practices which people are used to in the wide open spaces of rural areas are hazardous to health in the congested slums.

Personal hygiene is the most important factor in preventing a majority of the diseases to which slum-dwellers fall prey. The facilities for clean living are inadequate, while the lack of awareness is indeed gross.

Mahatma Gandhi stressed on and lived his maxim that CLEANLINESS IS NEXT TO GODLINESS. He tried to prove that poverty is not reason enough to be unclean in terms of personal hygiene. It is a relevant message to be carried t slum-dwellers.

The social, physical and mental aspects of their environment is being tackled by the other resource persons today.
CONCLUSION:

The single most important determinant of the health of a community is the level of ‘Female Literacy’. This has been the experience in Kerala, Sri Lanka, Cuba and China.

In addition to improving literacy in women and children, other measures in health education of slum dwellers and tackling of their problems will move towards a better living environment in the future.

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