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A Study on the Impact of Poverty on Hygiene and Sanitary Issues Among the Rural Women in Tamilnadu with Special Reference to Most Backward, Scheduled Caste/Scheduled Tribes Communities.

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Abstract: ***"Healthy Women are the Prerequisite for Creating a Healthy Nation" Women are the nerve center of the family. They are the first educators and weavers of the fabric of national integration and harbingers of harmony in the nation. Women being the chief health care providers take care of the family and community as a whole, the health problems of women should be identified both in qualitative and quantitative terms. Economically backward women (Rural,tribals,slums etc) are weaker sections of the society who have lagged behind in all fields. They are integral part of our civilization, yet they mark distinct difference from the main stream population in terms of resisting change. Those women face a number of risks of ill health including high rates of poverty, illiteracy, and harsh living environments, high rates of smoking and alcohol use and poor access to health care. They are deprived of educational, economical, political and legal rights. India is a land of rich ethnic diversity. Women constitute almost half of the total population in the world and out of which two third of the world's adult illiterates are women. The health of women in particular is conceptualized within the social contact in which they are embedded. Since research in these areas of tribal women health status is sparse, it would be of immense value to study their health status and cultural pattern to acquire knowledge on it. As an economically backward woman occupies an important place in the socio-economic structure of her society, there is an urgent need to uplift the health and nutritional status of women. Focusing this, diversified efforts and concerted endeavors have to be undertaken to promote their status.***

Keywords: effects of poverty, status and living style of economically backward SC/ST women, hygiene issues and challenges, hygiene practices in Tamilnadu

1. Introduction

Tamilnadu is one of the developing nations of the modern world. The nation has been engaged in efforts to attain development and growth in various areas such as building\infrastructure, production of food grains, science of medicine, technology and spread of education. The life expectancy has increased and many diseases have been controlled. However, there are many areas in which Indian society is experiencing most of the problems. Some of these problems have their roots in our colonial past while others are related to demographic changes, socio-political conditions and cultural processes. Social Problem is objectively as well as subjectively oriented social phenomenon. Objectively, poverty implies a dehumanizing condition in which people are unable to look after the basic needs. Subjectively poverty stands for perceived deprivation. As such it is relative and anybody can feel poor by comparing himself or herself with a rich person. Poor people lack the necessary resources and capacity to satisfy basic needs like food, shelter, health and education. Poverty interferes with development in many ways. For instance lack of or inadequate nutrition arrests mental development during early childhood. The issue of massive poverty, food shortages, lack of basic hygiene, spread of incurable diseases, ethnic cleansing, and lack of education inhibits the development of society. Moreover, these problems are related to each other and it can seem hard to address one without addressing all of them. The very nature of social problem suggests that society itself is problem.There is many challenges to women in Tamilnadu, but improvements are being made. CARE India focuses on women because they are the key to achieving long-term progress. Women nurture their children and strive to provide adequate food and shelter. Women try to improve their livelihoods and communities, and attempt to see that their children are educated and are successful.

2. Review of Literature

1) According to NFHS III data, more than a third (36%) of women has a BMI below 18.5, indicating a high prevalence of nutritional deficiency. Among women who are thin, 44% are moderately or severely thin. More than half of the women (55%) are anaemic as depicted by NFHS III survey. Less than one-third of women in the lowest wealth quintile consume milk or curd at least once a week, as do less than half of women in the second wealth quintile. More than half of women in the three highest wealth quintiles consume milk or curd at least once a week. In the highest wealth quintile, three-quarters of women consume milk or curd at least once a week. The differentials in food consumption are even sharper for the consumption of fruit. Weekly consumption of fruit increases from 16 percent in the

lowest wealth quintile to 72 percent in the highest wealth quintile.

2) Anjum, S.(2014)conducted study to assess knowledge of contraceptives methods and appraisal of health education among married women and concluded After the health education married women knowledge was improved to 100% about female sterilization followed by condom 99%, skin implants 86%, oral pills 85% and emergency contraceptives 85%.Sociodemographic variable were significantly associated with existing knowledge and level of married women specially age at marriage, age at first child, occupation,, income ,education.
3) A Study on puberty rituals, reproductive knowledge and health of adolescent school girls in South India, carried out in the urban and rural field practice areas of the Jawaharlal institute of post graduate medical education and research center(JIPMER)in Pondicherry, Tamilnadu. A knowledge questionnaire was used for data collection. Sample size was 619 adolescent girls, who attained menarche, out of which 327 are from rural and 292 are from urban. The results showed that knowledge about anatomy of reproductive system is less in rural girls (14.4% n=327) than urban girls (22.35% n=292) Traditionality was found to be higher among rural girls. Regarding hygienic practices (6.5%) used under garments during menstruation, and using of old cloth as a menstrual absorbent is high in rural(82.5%)than urban (72.2%).Urban girls had a permanent structure for a bath room or wash area (37.9%) how ever in the rural areas , the bathroom with no flooring and a stone for washing clothes . The Pearson correlation co-efficient between the traditionality scale and the hygiene index was (r= - 2.44) ($p<0.01$) indicating the girls who are higher in traditionality have poor hygiene practices.

3. Statement of the Problem

With the increase of people living in Tamilnadu, the impact of urban living on human health is now a growing concern. The rapid growth of populations in Tamilnadu is an increasing challenge for local health authorities and deserves intensive investigations.

Rural, 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 the utmost importance to ensure health services for these growing numbers of city dwellers, especially the women. Economically backward Women face many problems like improper sanitation, unhygienic environmental conditions, social, economic, health, educational and cultural problems and many more. Lack of basic amenities like safe drinking water, proper housing, drainage, and sheet disposal services; make slum population vulnerable to infections. Poor sanitary conditions and poor quality of water lead to illnesses like diarrhea and other water borne diseases, affecting their health to a great extent. Many have to defecate in the open or share whatever limited facilities are available which tend to offer no privacy, safety or hygiene. Human waste and refuse deposited in stagnant pools spread disease and contaminates water sources. This problem is made worse during the rainy season.

Hence this study is initiated to provide solution to the above mentioned problems and offer research results to the academicians in the near future. All the above said issues are stated as the problem to be studied in this research.

4. Objectives of the Study

In light of the above issues, the present research has undertaken to assess the "Health and Nutritional Status of economically backward Women of Tamilnadu". The objectives of this research are presented as follows

1) To understand the socio-economic status of women such as age and marital status of women, type and size of family, religious practices, homogeneity, educational qualification and occupation of economically backward women, housing facilities, monthly income of the family and saving pattern, household gadgets, availability of public services and assets at workplace.
2) To study the cultural status of women such as food fads and taboos, tattooing practices, bathing practices and recreational methods.
3) To determine the cooking practices and food preferences of economically backward women.
4) To assess the maternal and child health status, puberty and menstrual issues, prenatal and postnatal care, awareness about prenatal and postnatal care and child and women nutrition.
5) To understand influence of traditional and cultural practices on health and hygienic issues.
6) To assess the impact of health and nutrition education on the knowledge, attitude and practices.

5. Scope of the Study

This research lays emphasis development of tribal population especially women by recommending policy makers to provide

a) Programmes for meeting the basic needs of the population and poverty eradication would be increased.
b) Any effort to reduce maternal and child morality in the aggregate will focus more squarely on lowering mortality among the economically backward women in Tamilnadu.
c) The study may be beneficial to promote and construct new medical centers that provide non-governmental and government-insured services.
d) Intervening the knowledge, attitude and practices of economically backward women would enable betterment of nutrition and health related practices in the community.

Thus in the present research an attempt has been made to correlate the available literature on health among Economically backward women, to indicate their existing health status and hygienic practices, to identify the gaps of knowledge and to suggest a possible plan of action besides pointing out the debatable issues. The homogeneity of the female participants in this study ensured ease while discussing their knowledge on health, hygiene practices and issues, attitudes, beliefs, norms, and common practices and provided an insight into age- and gender-specific attitudes towards health and illness. Economically backward women can be empowered through programmes that eradicate poverty and bring about necessary socio-economic changes.

6. Issues and Challenges

Age of Marriage
The age of marriage for the women in the slums is a key factor in understanding their health status. In a recent study it is found that 11 per cent of the women were married before 18 years of age. Only a negligible per cent of the women (5%) married after 21 years of age. The vast majority of women respondents (84%) married between 18 - 21 years of age.

Menstrual Hygiene Practice
Of the many goals of MDGs, one is Menstruation a hygiene practice is generally considered as unclean in the Tamilnadu society. Isolation of the menstruating girls and restrictions being imposed on them in the family, have reinforced a negative attitude towards this phenomenon. By late adolescence, 75 percent of girls experience some problem associated with menstruation. This paper is dealt with to assess the practices of menstrual hygiene among unmarried women in Tamilnadu, to examine the socio-economic and demographic characteristics of unmarried women in the study areas, to analyze the determinants of SED characters on menstrual hygiene practices. It is very urgent studies are required to evaluate the effects of menstruation-related morbidity to evaluate the efficacy of any therapeutic alternatives.

Age at the time of First Birth
It is medically proven that pregnancy at early age is detrimental for the health of mother and child. In spite of the government taking several steps by enacting the laws and also disseminating awareness programmes for the prevention of marriage at an early age and avoiding pregnancy before the age of 19, the scenario among the poorer section has not changed much. It is appalling to learn that 67 per cent of the mothers delivered the first child before the age of 21. The relationship between the level of education and the age of mother at the time of birth is positively related. The women who completed between X and XII (18%) grades, got married after 21 years of their age and delivered their first child relatively on a more mature age.

Spacing between Pregnancies
The doctors say that there must be minimum three years gap for the second child to be born. Here in the study area, nearly half of the mothers (47%) have more than two children and this indicates clearly that the spacing between pregnancies is comparatively lower. Among 47%, more than quarter of the respondents (27%), have given birth between 2 – 4 years gab. It is shocking to find that 53 per cent of the mothers have two children who were born in less than two years gap. Only 20 per cent of the mothers have given birth to their children leaving 4 years space. Therefore it is very clear that most of the women (47%) from the study areas had low spacing years between two children and this in turn has adversely affected their health conditions.

Place of Delivery
One of the very important indicators for the health awareness of people is the place of delivery. It is good to note that the vast majority of women (87%) in tamilnadu chose the government hospital as the place of delivery, due to poor economical status. Only 11 per cent of the respondents preferred the private nursing home as the place of delivery, with an idea of quality care and good treatment. It is a good indicator that no mothers in the slums gave birth to their children at their homes.

Food habits and Pre and Post Natal Care of Women
Health of the mothers is enhanced quickly due regular intake of calorie food and also pre and post natal care of women on a regular basis. More than half of the respondents (58%) from the study areas said that they were not given sufficient food at the time of their pregnancy and this shows that they just had meals only three times a day. Among these women, the data reveals that about quarter (20%) of the respondents had only single cup of tea and biscuits as their Tiffin. They always gave priority to their husband and children without minding themselves. Thus, these women could not get proper calorie they needed.

Only 22 per cent of the women had food four times a day at the time of their pregnancy. It is hardly encouraging to learn that only 20 per cent of the pregnant women had lunch and dinner sufficiently but they did not get proper breakfast and rarely got tiffin in the evening. But the percentage of food intake is high in case of lunch and dinner which is not always food containing high calories. These women could not consume proper food mainly due to poverty, and physical inability.

Most of research study illustrates clearly that most of women (35%) who were earlier doing different works such as washing clothes, mopping the floors, cleaning vessels and cooking in the apartments and in rich people's houses lost their earnings because of their pregnancy. All those women, who availed leave for delivery, did not get proper rest after their delivery, as they had to join back after three months to retain their jobs that were a source of livelihood to them. It is sad to note that 14 per cent of the women had to join back in their work just after one month duration of their delivery and these mothers could not get sufficient time and facility for the regular health check up too.

Sources of Drinking Water
Every family in the study areas has access to drinking water facility. Tamilnadu government provides drinking water via corporations which is available almost every day through hand pumps. Where there is no facility of hand pumps, the drinking water is provided through tanks and Most of women drinking water without purification.

Types of Fuel Used in Cooking
A vast majority of the respondents' family (85%) have the gas cylinder to cook their food. Only 15 per cent of the respondents' family use the kerosene stove for cooking food. Almost 40 per cent of the women use wood as fuel to cook rice and boil water for both taking bath and drinking. Health is largely affected for those women who used wood as fuel to cook.

Types of Diseases
Most of diseases are mainly due to water borne in nature and also due to unhygienic environment. The diseases mentioned by all three slum dwellers were headache, fever, cough and

cold. In the study areas, mainly during the rainy seasons, increased number of women and children acquired common diseases like diarrhea, typhoid, dengue and dysentery.

7. Recommendations

1) Door to door health services should be provided in the slum areas by government and non government organizations.
2) Doctors and health service providers' behavior needed to be more cordial towards slum women.
3) Quality of sanitation facilities to be improved.
4) Distribution of iron tablet, and vitamin tablets by the Government in the locality is needed.
5) Government and non-government organizations should work in increasing awareness on different health issues.

8. Conclusion

It is timely needed study to be concentrate even more deeply because the wealth of the nation drastically depends on the health of women. It is indispensable that government should focus more on this scenario and have to aggrandize the awareness of hygiene issues and practices. As women we should join our hands together and have to work for our health and to improve the nation.

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