Reflection









"Hygiene Health Nutrition and Education of Slum People:

A Survey under Sylhet City Corporation

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Published by

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Zamzam
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MESSAGE:

Zamzam Bagladesh is going to publish a study report on "Hygiene Health Nutrition and Education of slum people" of Sylhet; it's a pleasant affair for all of us and this kind of publication, no doubt demonstrates capability of the organization and its preparedness for upcoming activities.

So far I understand the main objective of this survey is to find the prevailing socio-economic conditions including health-hygiene and literacy position of the slum people. This is an enterprising act and the study will enrich us with the relevant findings, those are necessary for strategic and action plan.

I wish to express my sincere thanks to the management and staff of Zamzam Bangladesh for such a wonderful piece of work and I hope the findings will be of great use.

Wish Zamzam be an organization of choice.

Jazak Allah

Moyeen Uddin Ahmed Chowdhury
Chairman, Zamzam Charitable Trust, UK

ACKNOWLEDGEMENT:

Zamzam has really facilitated me a comfort zone just after my retirement and as I possessed genetically a kind of affinity towards charity, I find a good place for an effective time pass. But the initial challenge was to transform a family based charity organization to a formal one keeping the personal and emotional traits in order. However, in due course I understand that the sponsors have undaunted confidence on me which given me a kind of liberty and responsibility as well. Small organizations seldom go for such a study but a kind of whimsical fancy tempted me to go ahead and my benign team of management endorsed the proposal. Whatsoever, I must acknowledge that the involvement with Zamzam facilitated this very special opportunity of writing preface of a study report first in my life.

We are working in the slums of Sylhet and our interest is child literacy and vocational training for youths. The thought of child literacy for hard reaching children raised some questions in my mind; is it their location or poverty or social environment that made them hard reaching ? Meanwhile, we made a small study in 2014 to assess child literacy in slum and found some interesting information about the life style in slums. The slums of Sylhet are unlike conventional slums, these are developed in the private land by the owners or their relatives or care takers; the size of the slum depends on the area of land in possession and the usual size is around 25-30 single room accommodations. The residents are paying rents and the rent rate is usually higher comparing the normal standard but civic facilities are scarce. The families living in slum are poor but having different cultural background depending on the cause of migration or becoming homeless. A family of 5-6 and sometimes more resides in a room of size around 150-160 sft and share one cooking & one toilet facility by as many as 5-6 families having different tastes, no separate wash room available for females.

Legal owner of a slum is the land owner and in many cases the controlling authority is different and sometimes have vested interest including political motivation as well. The sarder or the care taker has his own options and authority to allow any literacy center inside slum. However, the child literacy program as we are doing as per guideline given by our Sponsor Mr. Moyeen Uddin Ahmed Chowdhury, Trustee Zamzam Cheritable Trust, UK; was visited and appreciated by the top ranks of PKSF and their ultimate support of our program with fund for health and hygiene tempted me go for another venture with a wider scope of study. I also gratefully Acknowledge the support of PKSF & inspiring words of Dr. Jashim Uddin, DMD, PKSF. However, I have my limitations but my companions helped me to get knowledge and skill based support necessary for the study. We do not claim our study flawless and our processing including collection of data are unquestionable but we had the sincere intention of having a good study to guide our future course of action.

Rationalization of all interest or purpose is difficult, whatsoever our primary interest was literacy but addition of health and hygiene with our activities made us to go for this comprehensive study and I convincingly hope that my management will not be dissatisfied with the study and hopefully it will also serve some interest of other stakeholders.
However, many questions still remain unanswered or unclear. How the dwellers maintain their privacy in private life living together in crammed condition; what is its' emotional impact on younger/grown up staff of family; whether this has any linkage with juvenile sex abuses or crime etc. How the people will maintain their health without provisions of safe water in slums? How the elder child, whatever is his/er age, will go to school keeping the kiddies of working mother/parents in home, and many more.

I must acknowledge the sincere involvement and support of my colleagues including Mr. Mohd. Shakil Murad. During the data collection the enumerators had to face some untoward situation or repulsive questions by the respondents for being cheated in past by some frauds in the name of NGO, whatsoever, their spirit of doing good job helped them to perform - thanks are due for all of them. It will be an act of miser if I do not mention the name of Mr. Mohammad Mujammel Hussain Raihan, who has provided us support with his skill of data analysis, we are thankful to him. I also like to express my gratefulness to my management team including Mr. Mohammad A Muiz Chowdhury for their unquestionable confidence on me and finally, it is for our Sustainer Allah Who has kindly given us strength and opportunity for pursuing good.

Mahboob Subhani Choudhury

ABSTRACT

This report conveyed attention to know about the hygienic& health seeking behavior. Besides this, it also concerned to identify the perception towards education of slum people in Sylhet district, Bangladesh. Slum people are the most deprived section of the society. Like other cities of Bangladesh, living condition and overall milieu, especially health situation in the slum areas of Sylhet city is miserable. Descriptive designs have been followed in the study. Collected data have been analyzed by percentage, Hygienic Behavior Index (HBI) and Nutritional Status Index (NSI). The results indicate that practices of hygiene, nutritional status and health seeking behaviors are relatively poor among slum people. The Study reveals that, slum dwellers health consciousness is below moderate level of quality. Consequently, they incessantly suffered from a variety of diseases like diarrhea, cold & cough and others diseases.To improve these situations, government and NGO should increase different awareness campaigns in slum areas and go ahead with short and long term action plan.

Key words: Slum, Health seeking behavior, Hygienic behavior, Nutritional status, education.

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INTRODUCTION:

Slums are part of the urban fabric, usually develop to accommodate displaced or poor migrants in shanty houses of deteriorating condition, in fact, it is the first step from homeless to shelter. Slums exist because of the acute shortage of affordable adequate housing for the larger urban poor masses in the Third World. The slums are generally developed illegally in government/institutions owned vacant land and in some particular cases slums are also found developed in the privately owned lands. The number of people in slums constitutes a significant percentage of the city population in these countries. Due to lack of economic means and limited public investment allocated to the areas of the city, the slums characterize the overcrowding of low-income families in dwellings. The increasing trends in urbanization have an influence in the slum settlement of increased numbers of working but vulnerable people. The displaced and poverty stricken people are mainly the inhabitants of slums having different cultural back ground depending upon the cause of migration or homelessness; and many of them do not have address or home-connection. The increase in slum population means increasing number of population with problem in access to safe drinking water, sanitation, health care and education; moreover they live under the threat of hunger, deprivation and easily preventable or curable diseases.

A significant portion of child populations of these groups are deprived of basic needs of life including health and education; and engaged in various hazardous jobs or loitering in the street with ample opportunities to involve in different kinds of juvenile delinquencies. Again, lack of health care facilities making them more exposed to different kinds of diseases. The development of a child during the early age of his/her life depends on availability of various care giving opportunities, like parental care at home, neighborhood environment, and availability of pre-schooling & schooling opportunities. These are pitifully absent in the slums.

Deprivation and constant pressure of maintaining lively hood left them with little scope of thinking for a quality life. Their life is not only a story of misery but of decaying values; and infiltration of broken values; in the mainstream causing decay in social order at large.

As per one assessment there are more than 1500 slums in Sylhet city. None of the part of the city is relaxed from the effect of the slum environment.

The issue is really a public concern and for remedial action we need their behavioral pattern. These kinds of necessity lead us to go for a study.

OBJECTIVES

The broad objective of this research report is to know about hygienic& health seeking behavior and perception towards education of slum inhabitants. This objective has been divided into several specific objectives. These are in the following:

1. To know socio-demographic profile of the subjects;
2. To identify their hygienic behavior;
3. To know about health seeking behavior of the slum people;
4. To assess nutritional status of the respondents and
5. To know the perception of slum people towards education.

METHODOLOGY

Descriptive research design is followed to meet the objectives of the study. Sylhet City Corporation consists of 28 words. Zamzam Bangladesh provides support in 18 words with 80 literacy centers situated in slum area. This research was conducted on households of children who get support from literacy centers. The numbers of literacy centers differ in size in 18 words. The inclusion criterion for the word in research was- the words where there are at least three literacy centers available. 13 words were selected by following the inclusion condition where there were 72 centers with 2100households. Therefore, total population in the study was 2100 from where the sample 340 was drawn by using Cochran's formula. Since the population is known hence simple random sampling procedure is followed. Sample is selected by using lottery method for data collection. The data collection tool was semi-structured survey questionnaire. Processed data was analyzed by Statistical Package for Social Sciences (SPSS). Besides this, data was presented with percentage tables and charts. Furthermore, some indices were developed to explain the hygienic behavior and health status of slum people.

SOCIO-DEMOGRAPHIC PROFILE

Socio-demographic profile is very essential to get overall idea about studied subjects. This study tried to collect data about the household structure of the respondents, their family income, household head, and age of the children and whether or not they go to school.

Table-1: Household head in family

Head	Frequency	Percent	Valid Percent	Cumulative Percent
Father	257	75.6	75.6	94.7
Mother	65	19.1	19.1	19.1
Others	18	5.3	5.3	100.0
Total	340	100.0	100.0	

From the data it obvious that, about 19 percent families head is mother while just over three fourth (75.6 percent) of the families head is father. Besides this, around 5.3 percent in the families head is except father or mother.

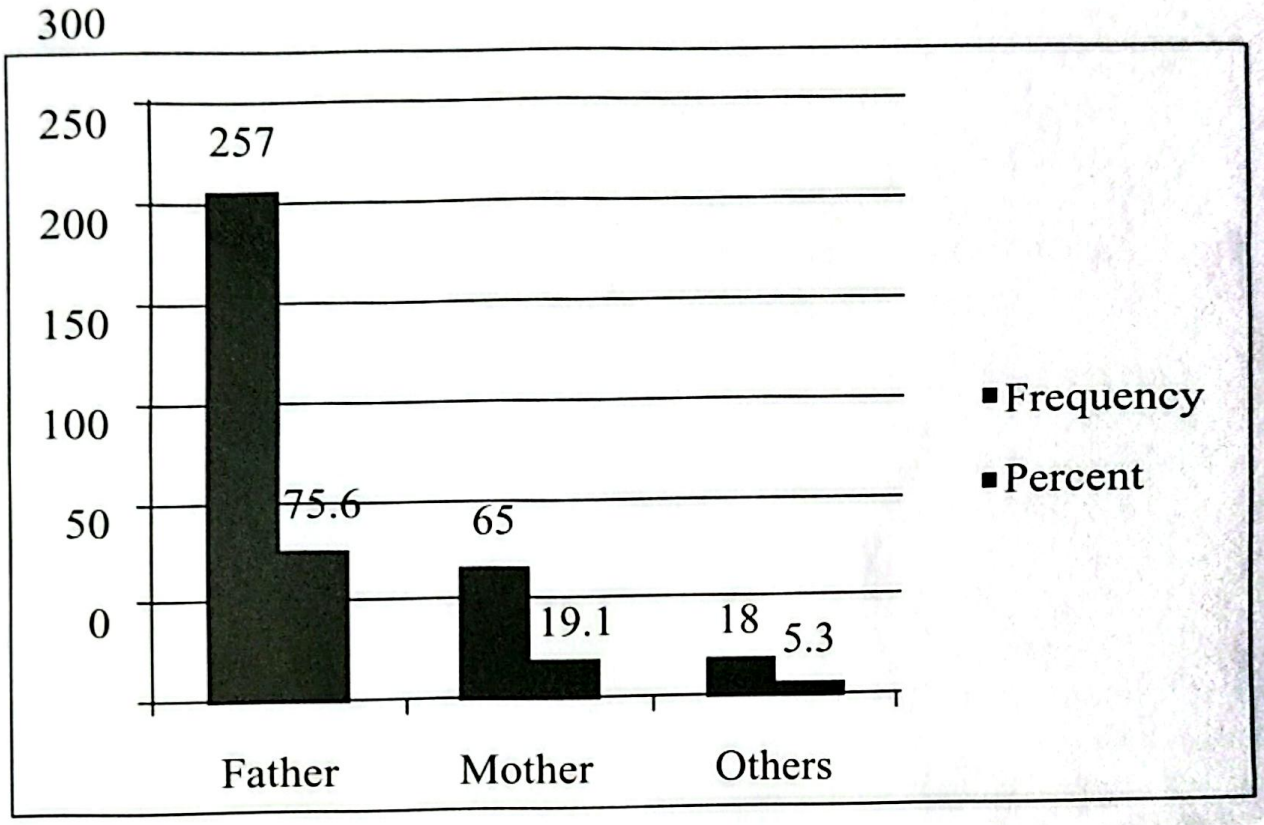


Chart 1: Household head in family

Table-2: Family income (in Taka)

Range	Frequency	Percent Valid	Percent	Cumulative Percent
Below 5000	95	27.9	27.9	27.9
5000-10000	194	57.1	57.1	85.0
10000-15000	48	14.1	14.1	99.1
15000-above	3	.9	.9	100.0
Total 340	100.0	100.0		

It is found from the above table that, about 28 percent family income was below 5000 taka. Besides this, more than half (57.1%) of the respondent's monthly family income is between 5000-10000 taka. In addition, around 14 percent of the families have 10000-15000 taka monthly income. It is obvious that, lower income families live in slum area and most of the family's monthly income is between below 5000 taka and 5000 to 10000 taka.

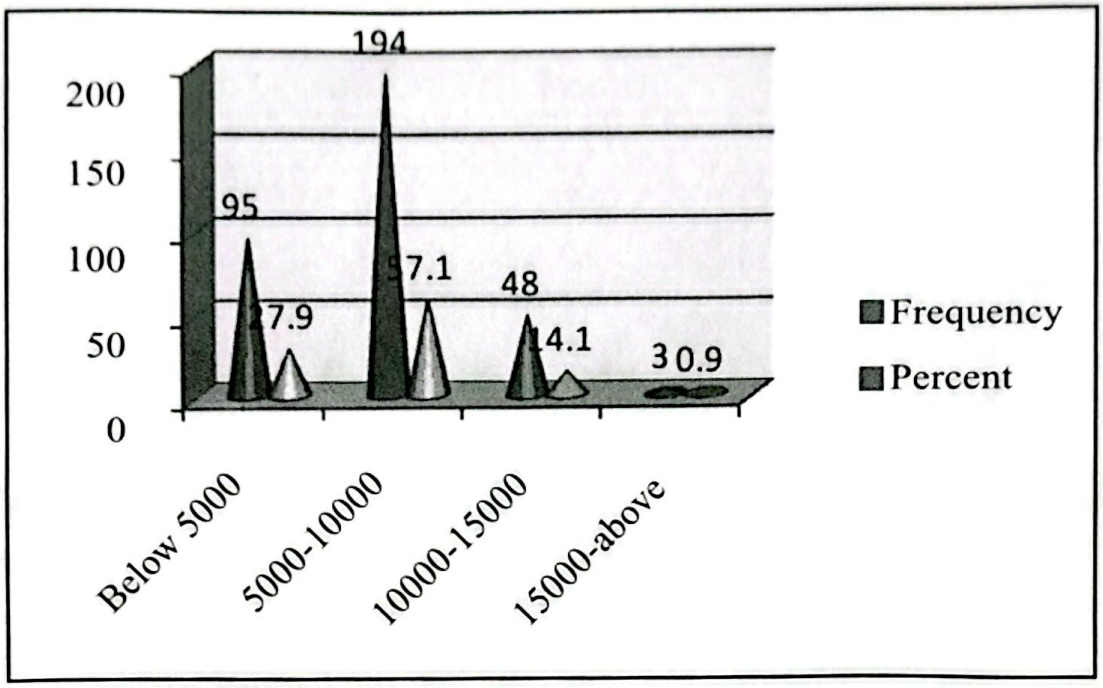


Chart 2: Family income (in taka)

Table-3: Family members

Members	Frequency	Percent	Valid Percent	Cumulative Percent
3-6	272	80.0	80.0	80.0
6-9	64	18.8	18.8	98.8
9-12	4	1.2	1.2	100.0
Total	340	100.0	100.0	

From the data about family members it reveals that most of the families have 3-6 members in family. In addition about 18.8 percent family consists of 6-9 members. Rests (1.2%) of the families have 9-12 members. It can be said from the data that most of the family has more than two children in slum.

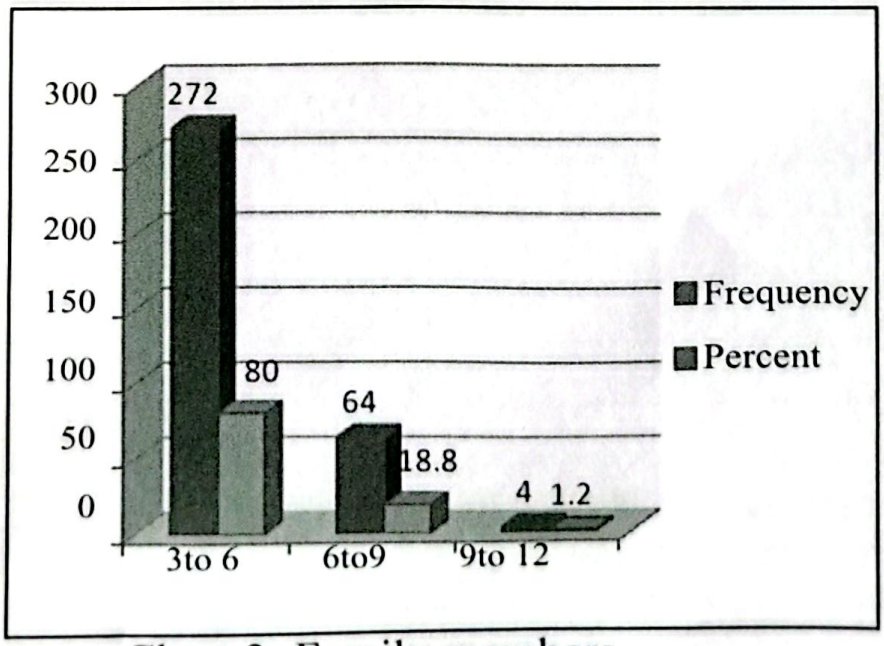


Chart 3: Family members

Table-4: Age (years) of the children

Age	Frequency	Percent	Valid Percent	Cumulative Percent
0-5	228	23.6	23.6	23.6
6-10	413	42.7	42.7	66.3
11-15	326	33.7	33.7	100.0
Total	**967**	**100.0**	**100.0**	

Study shows that just under one fourth (23.6%) of the children's age is between 0-5 years old. This portion of the children is prospective school students. Again, about 42.7 percent of the children are 6-10 years old. Furthermore, one third (33.7%) of the children belong to the age group 11-15 years.

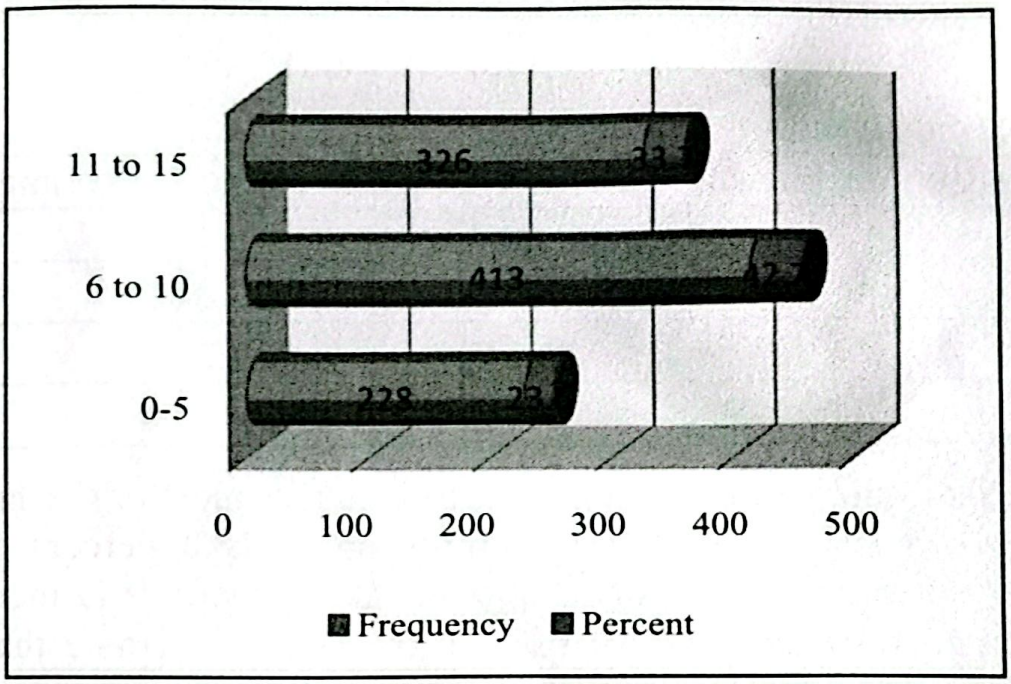


Chart 4: Age (years) of the children

Table-5: Number of boy children in the family

Boys	Frequency	Percent	Valid Percent	Cumulative Percent
No boy	65	19.1	19.1	19.1
1-3	257	75.6	75.6	94.7
4-6	18	5.3	5.3	100.0
Total	**340**	**100.0**	**100.0**	

From the data it obvious that, about 19 percent families have no boy child while just over three fourth (75.6 percent) of the families have 1-3 boy child. Besides this, around 5.3 percent in the families have 4-6 boy children.

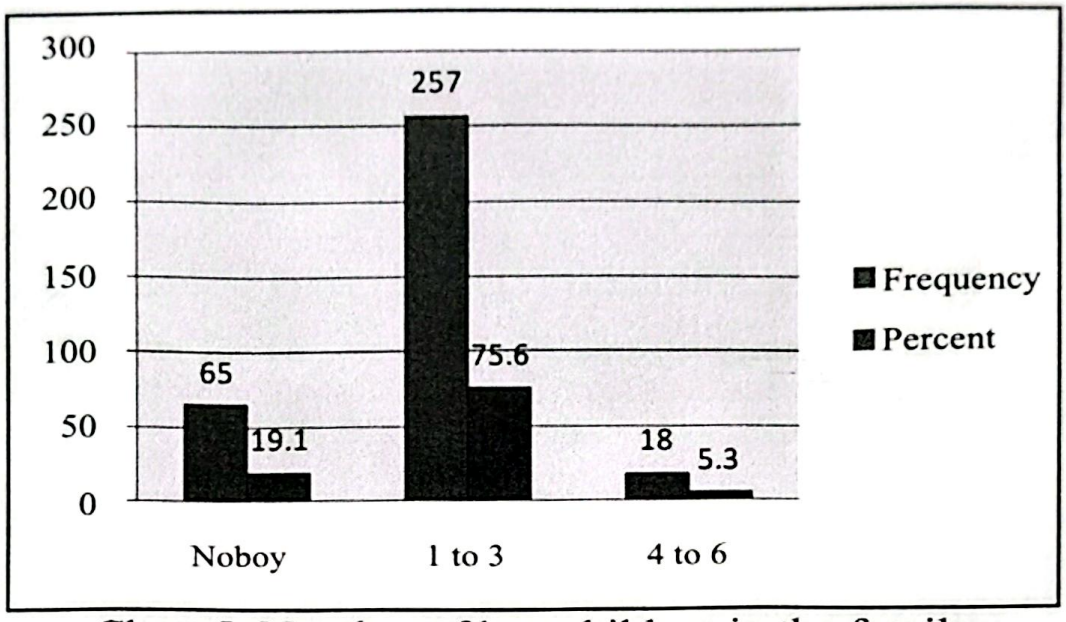


Chart 5: Number of boy children in the family

Table-6: Number of girl children in the family

Range	Frequency	Percent	Valid Percent	Cumulative Percent
No girl	64	18.8	18.8	18.8
1-3	253	74.4	74.4	93.2
4-6	23	6.8	6.8	100.0
Total	340	100.0	100.0	

Above table shows that, about 18.8 percent families have no girl child while just under three fourth (74.4 percent) of the families have 1-3 girl child. Besides this, around 6.8 percent in the families have 4-6 girl children.

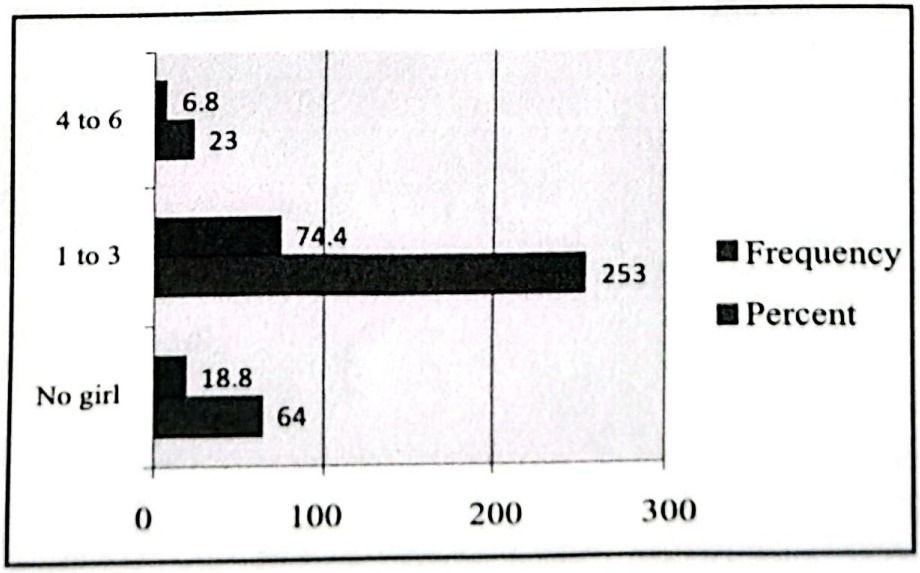


Chart 6: Number of girl children in the family

Table-7: Number of boy goes to School

Range	Frequency	Percent	Valid Percent	Cumulative Percent
Don't go	233	68.5	68.5	68.5
1-3	107	31.5	31.5	100.0
Total	340	100.0	100.0	

Research indicates that, just over two third (68.5%) of the families do not send their boy childrenin the school whereas about 31.5 percent families have 1-3 boys who participate in the school.

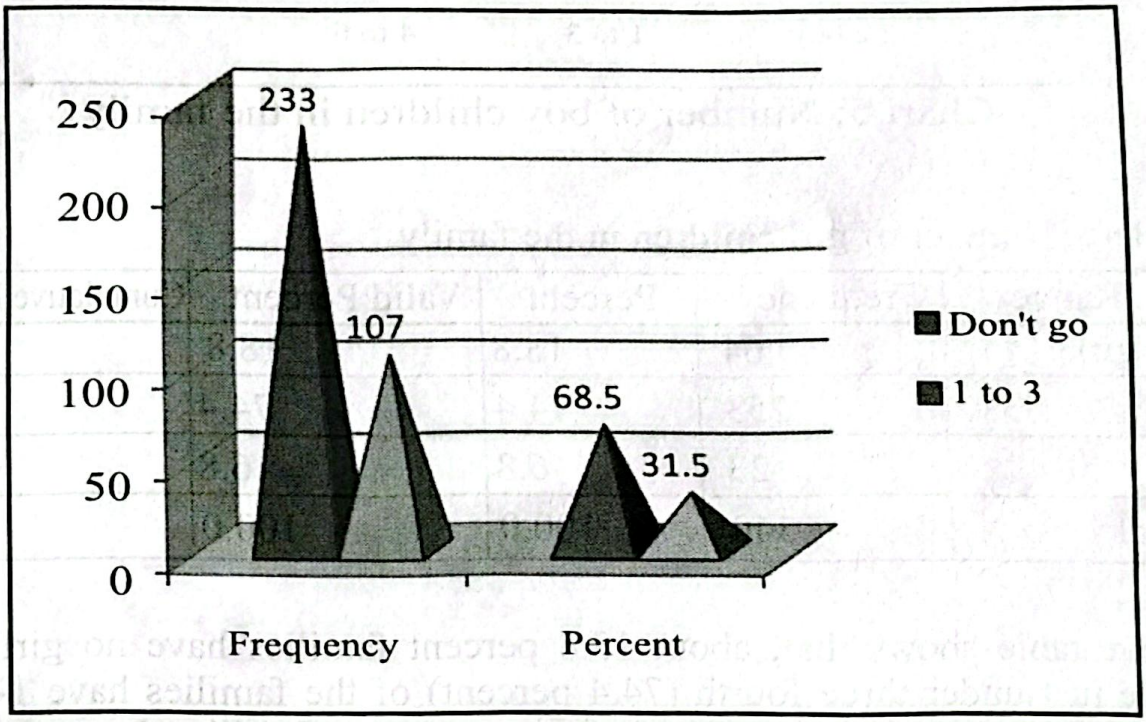


Chart 7: Number of boy goes to School

Table-8: Number of girl goes to School

Range	Frequency	Percent	Valid Percent	Cumulative Percent
Don't go	204	60.0	60.0	60.0
1-3	134	39.4	39.4	99.4
4-6	2	.6	.6	100.0
Total	**340**	**100.0**	**100.0**	

Research indicates that, about 60 percent of the families do not send their girl children in the school whereas about 39.4 percent families have 1-3 girls who participate in the school. Rests of the families have 4-6 girls who go to school.

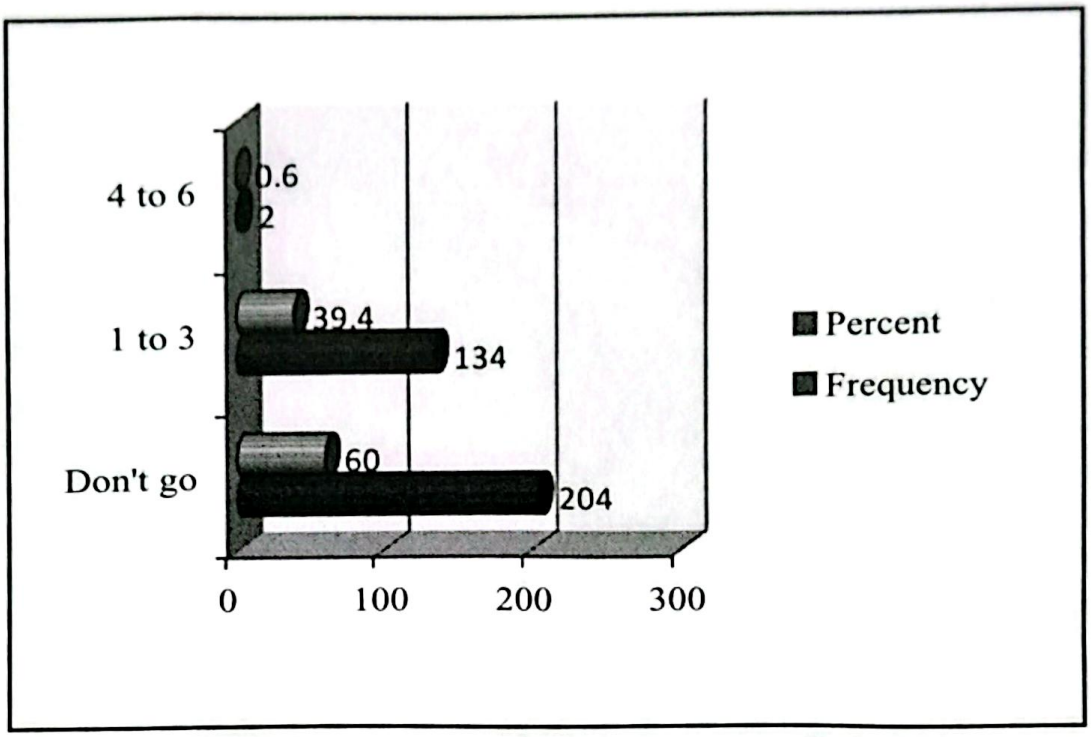


Chart 8: Number of girl goes to School

HYGIENIC BEHAVIOUR OF SLUM PEOPLE

To know about hygienic behavior of the slum people several questions were asked to respondents that represent their hygienic practices. Responses about their hygienic behaviors portrait are in the following:

Table-9: Use sanitary latrine

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	257	75.6	75.6	75.6
No	83	24.4	24.4	100.0
Total	340	100.0	100.0	

Respondents were asked about whether they defecate in sanitary latrine or not. More than half (75.6%) of the slum dwellers said that they use sanitary latrine while others (24.4%) said that they defecate in other than sanitary latrine.

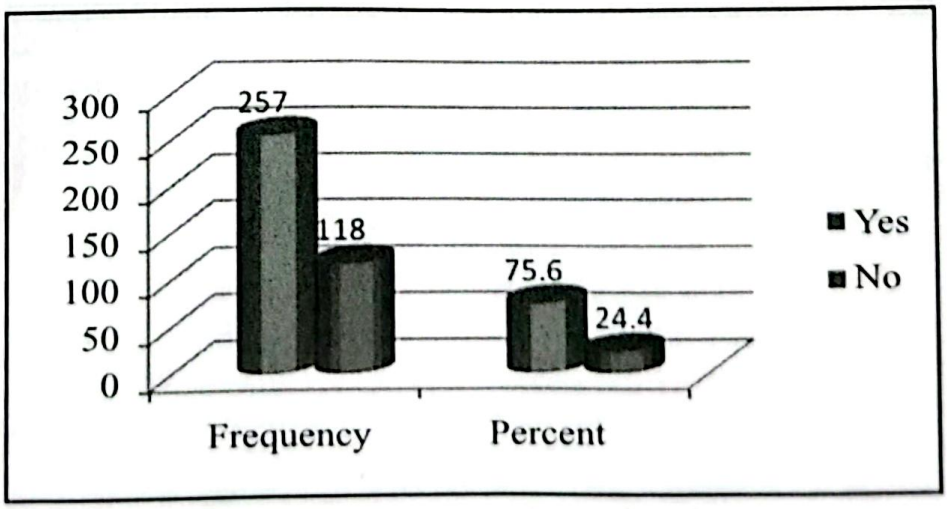


Chart 9: Use sanitary latrine

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Range	Frequency	Percent	Valid Percent	Cumulative Percent
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1-3	107	31.5	31.5	100.0
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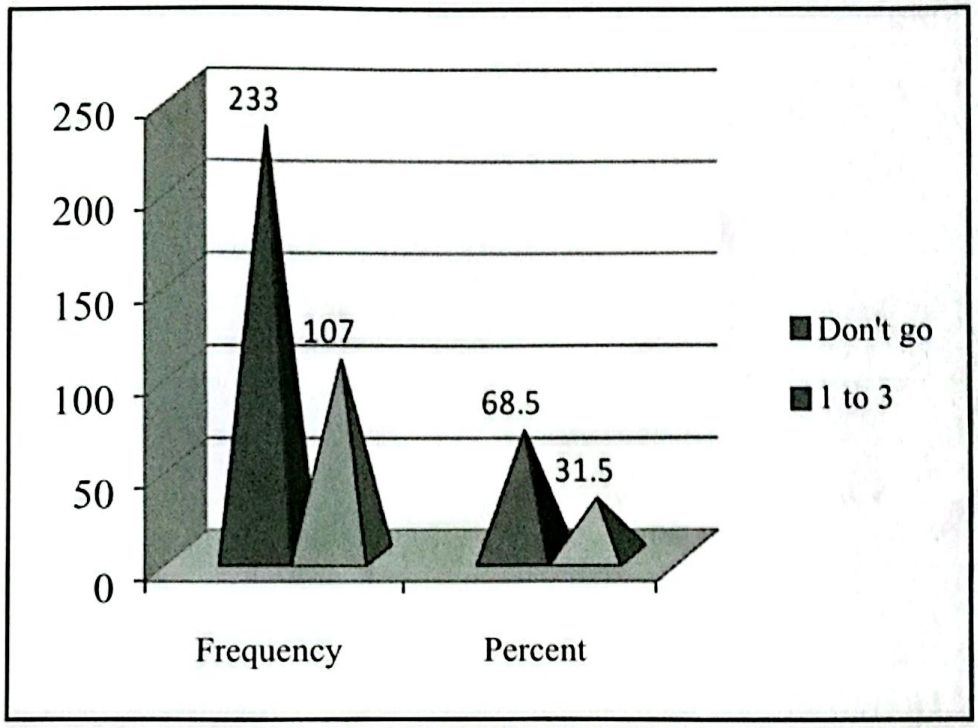


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Table-8: Number of girl goes to School

Range	Frequency	Percent	Valid Percent	Cumulative Percent
Don't go	204	60.0	60.0	60.0
1-3	134	39.4	39.4	99.4
4-6	2	.6	.6	100.0
Total	**340**	**100.0**	**100.0**	

Research indicates that, about 60 percent of the families do not send their girl children in the school whereas about 39.4 percent families have 1-3 girls who participate in the school. Rests of the families have 4-6 girls who go to school.

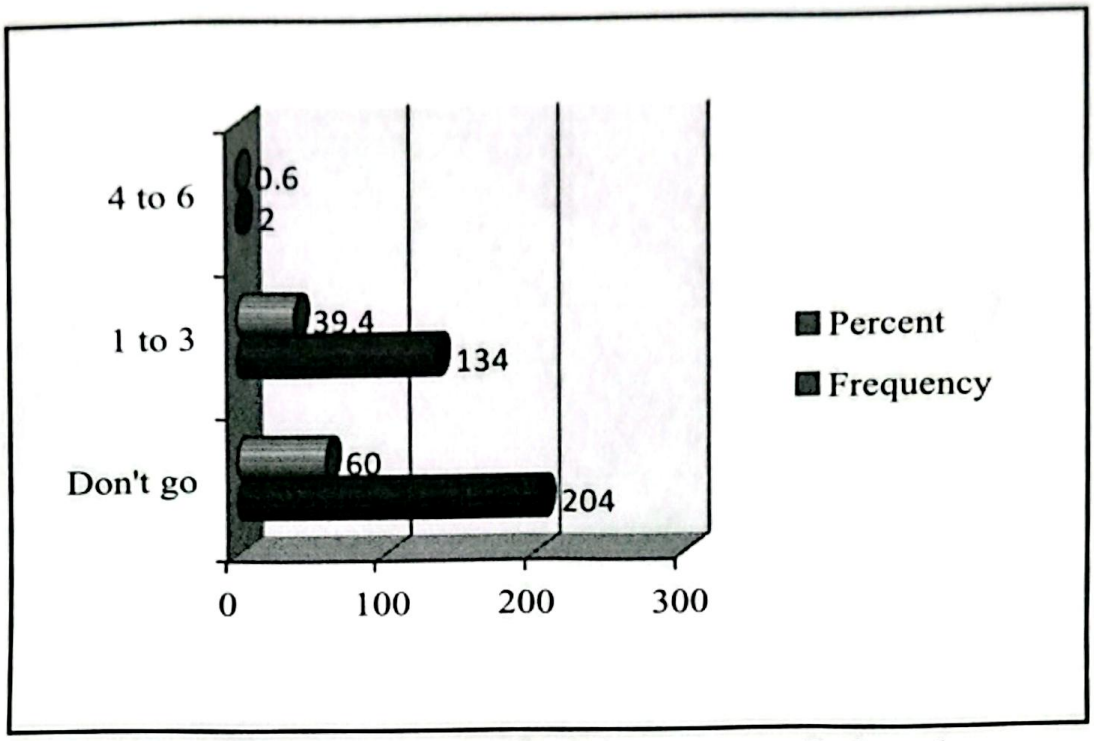


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HYGIENIC BEHAVIOUR OF SLUM PEOPLE

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Table-9: Use sanitary latrine

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Yes	257	75.6	75.6	75.6
No	83	24.4	24.4	100.0
Total	340	100.0	100.0	

Respondents were asked about whether they defecate in sanitary latrine or not. More than half (75.6%) of the slum dwellers said that they use sanitary latrine while others (24.4%) said that they defecate in other than sanitary latrine.

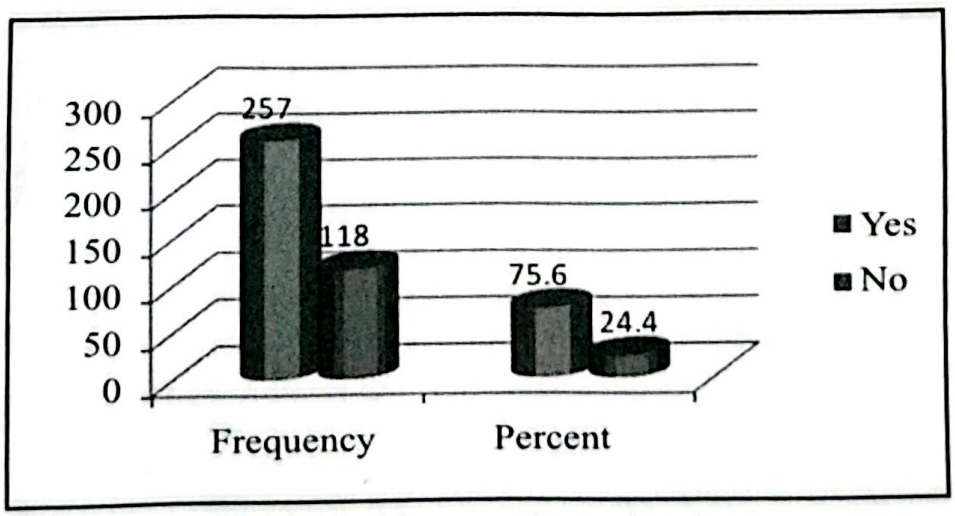


Chart 9: Use sanitary latrine

Table-10: Hand washes with soap before eating

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	100	29.4	29.4	29.4
No	240	70.6	70.6	100.0
Total	**340**	**100.0**	**100.0**	

Researchers inquired to the respondents about washing hand with soap before eating, where most (70.6%) of the subjects responded that they do not wash hand by soap before eating. On the other hand, rests (29.4%) of them use soap to wash hand before eating.

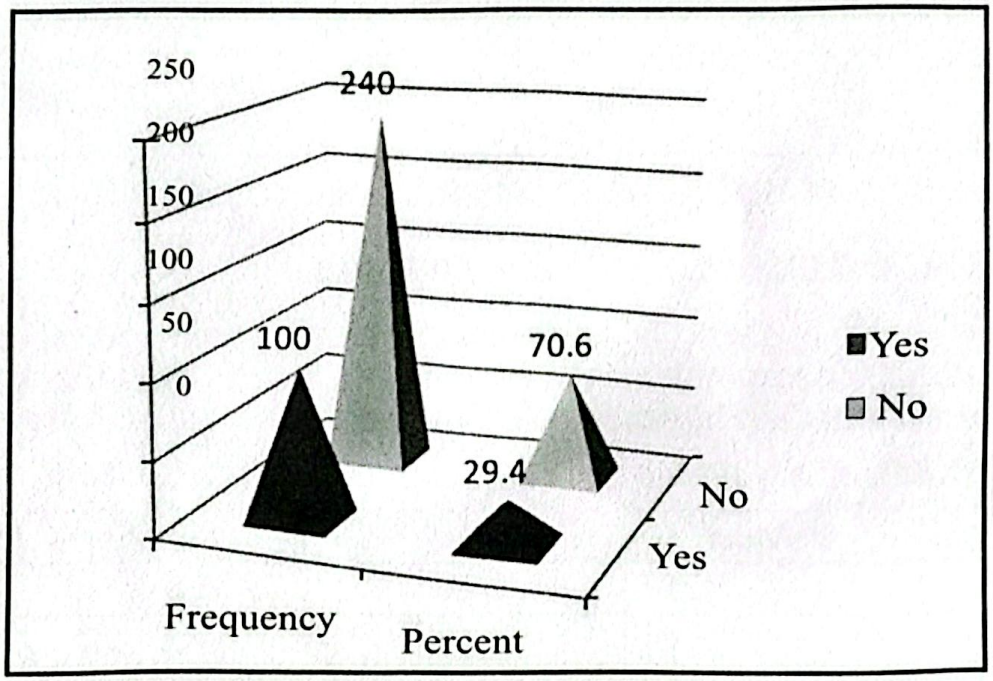


Chart 10: Hand washes with soap before eating

Table-11: Use sandal

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	105	30.9	30.9	30.9
No	235	69.1	69.1	100.0
Total	**340**	**100.0**	**100.0**	

Using sandal is one of the most important hygienic practices. Because through bare foot lots of germs can inflicts in our body. However, this practices hardly seen in slum inhabitants. From the data it found that most (69.1%) of the slum people do not use sandal while only 30.9 percent of them use it.

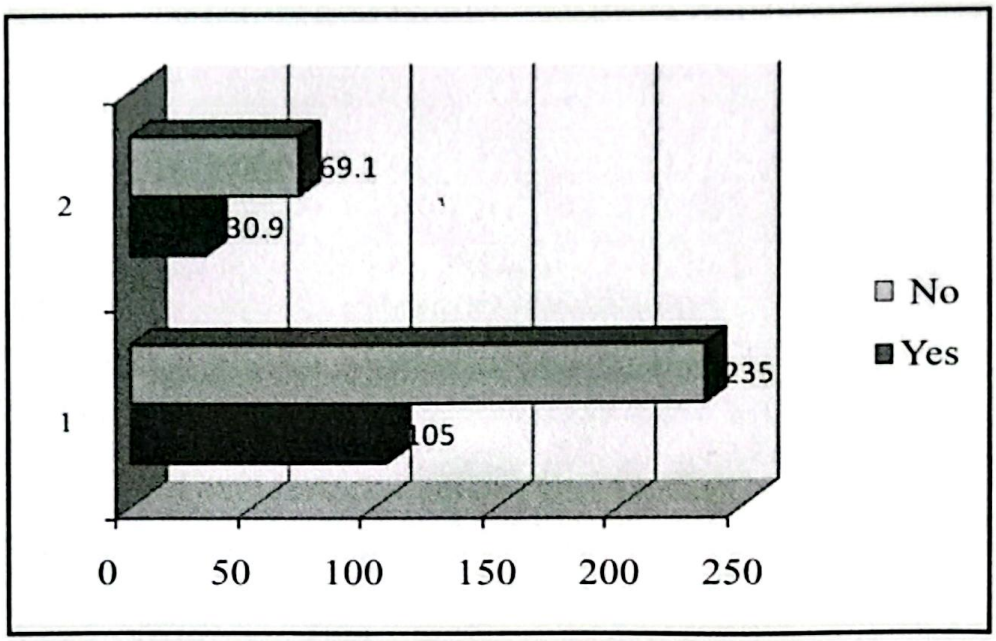


Chart 11: Use sandal

Table-12: Use sandal in toilet

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	107	31.5	31.5	31.5
No	233	68.5	68.5	100.0
Total	**340**	**100.0**	**100.0**	

Study founded that majority of the respondents do not use sandal in their diurnal lives. Even it is also found from the data that about 68.5 percent of the people do not use sandal when they go to toilet for defecation. On the contrary, only 31.5 percent of them are habituated with this practice.

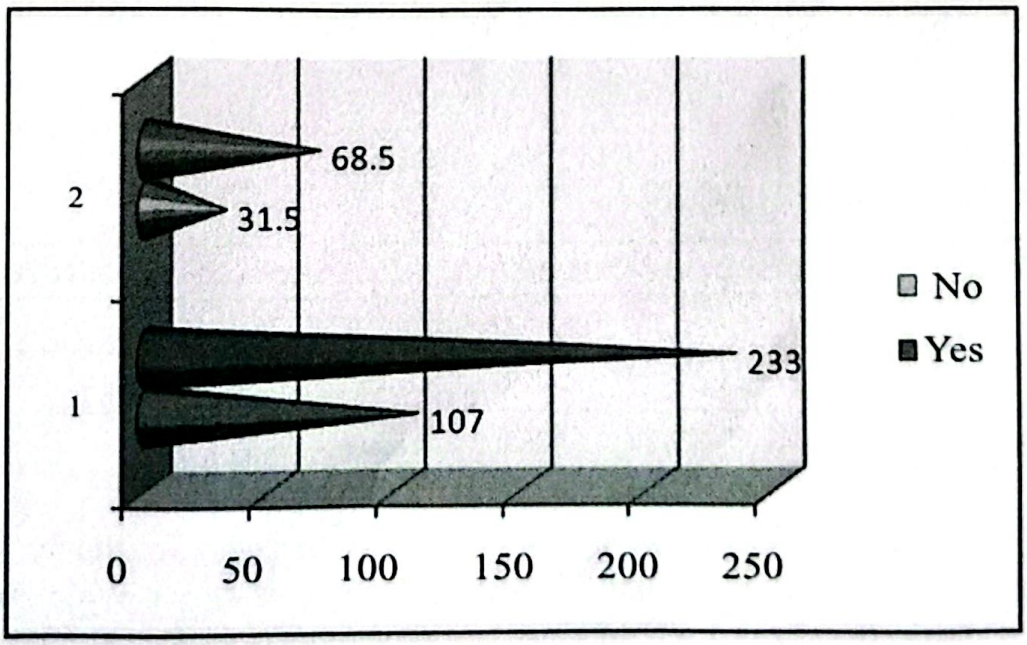


Table-13: Drink Tube well water

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	229	67.4	67.4	67.4
No	111	32.6	32.6	100.0
Total	**340**	**100.0**	**100.0**	

Drinking pure water is the prerequisite for healthy and nutritious life. In this study pure water considered as tube-well water. Interestingly it found that more than half (67.4%) of the respondents drink their water collected from tube-well source. On the other hand, some e.g. 32.6 percent of the inhabitants drink water from other than tube-well sources including pipeline.

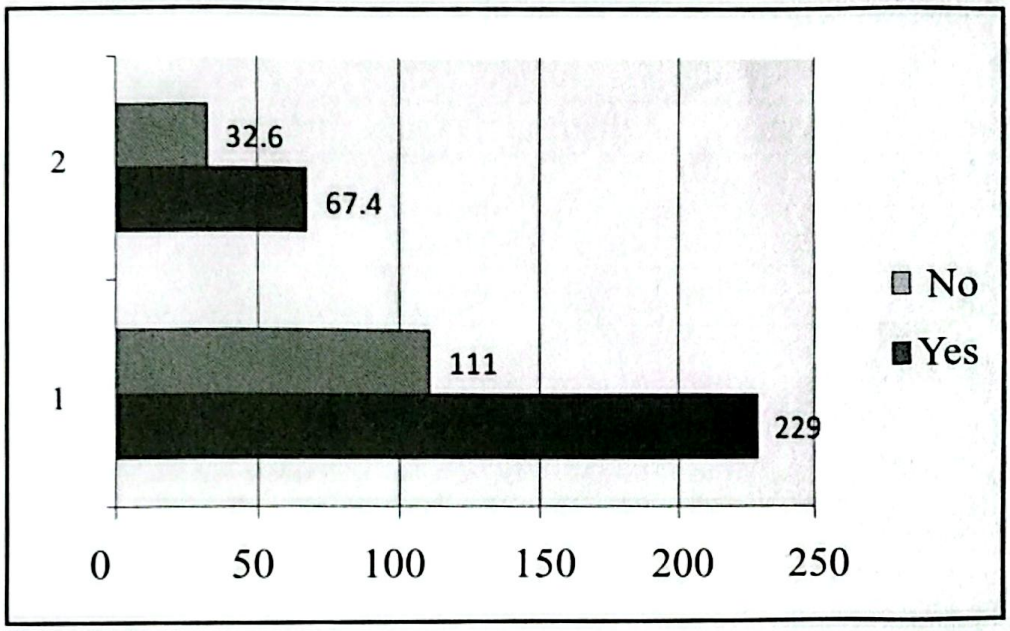


Chart 13: Drink Tube well/ Pipeline water

Table-14: Brash teeth regularly

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	128	37.6	37.6	37.6
No	212	62.4	62.4	100.0
Total	**340**	**100.0**	**100.0**	

Respondents were asked whether they brush their teeth regularly or not. Data shows that just under two third (62.4%) of the people are not conscious about brushing their teeth every day whereas more the one third (37.6%) of them brush their teeth in regular basis.

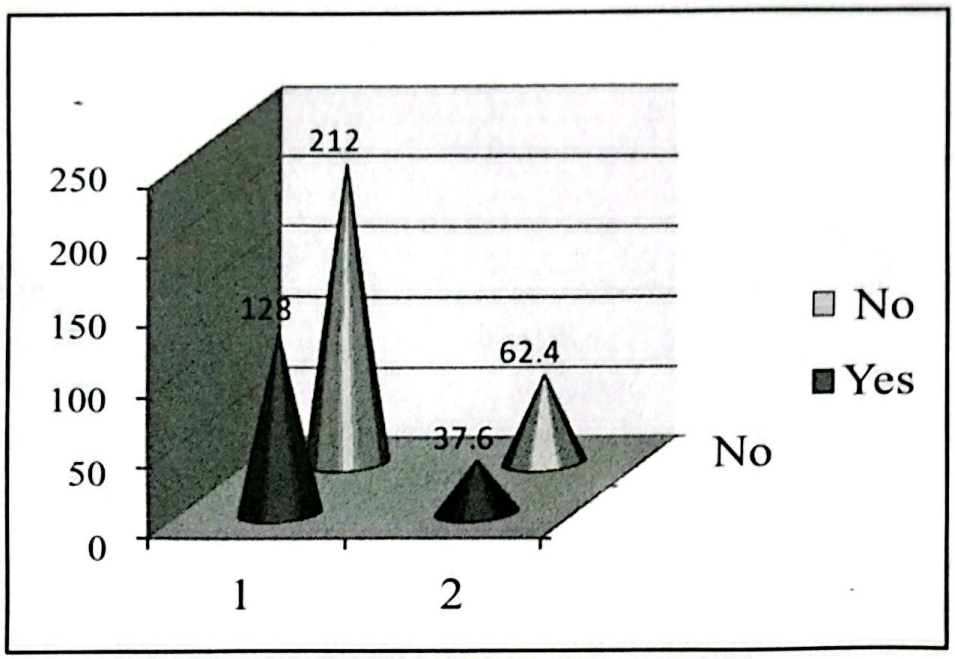


Chart 14: Brash teeth regularly

Table-15: Keep household waste in Dustbin

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	108	31.8	31.8	31.8
No	232	68.2	68.2	100.0
Total	**340**	**100.0**	**100.0**	

Respondents were asked about whether they keep garbage in a fixed place or not, where majority (68.2%) of them responded that they do not keep the waste in dustbin. However rests (31.8%) of the respondents keep their household waste in a fixed place nearby their slum.

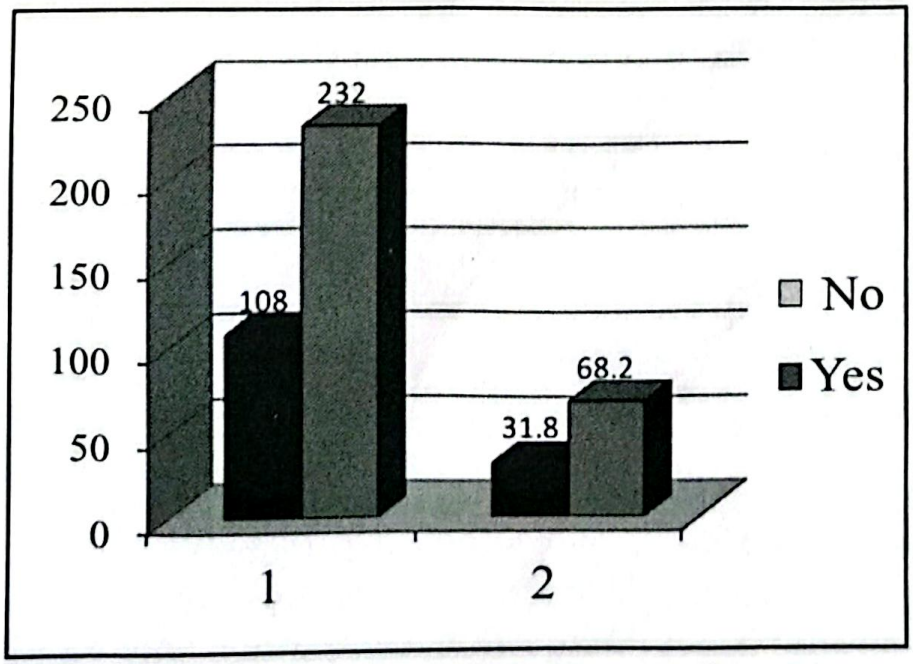


Chart 15: Keep household waste in Dustbin

Table-16: Wash utensils by pure (tube-well/pipeline) water

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	148	43.5	43.5	43.5
No	192	56.5	56.5	100.0
Total	**340**	**100.0**	**100.0**	

Data shows that significant numbers of slum inhabitants take their drinking water from tube-well source. However, when they were asked about washing their household apparatuses by tube-well water most of them responded that they do not use tube-well water. Besides this, others (43.5%) use pure water for washing the utensils

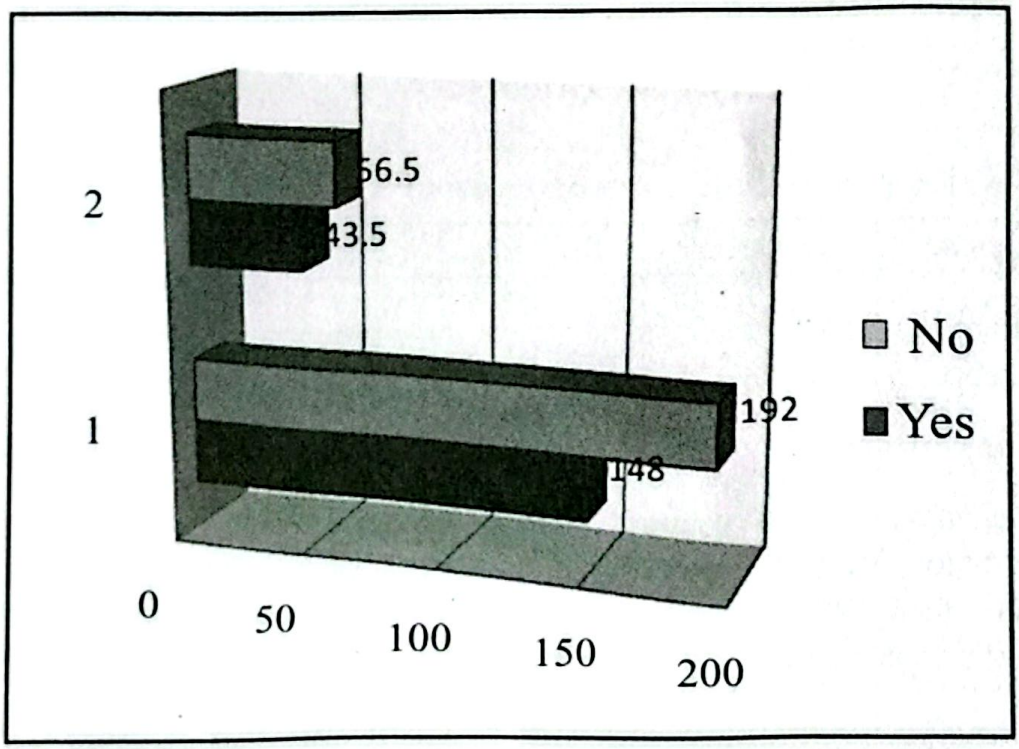


Chart 16: Wash utensils by pure (tube-well/pipeline) water

Table-17: Cut nail regularly

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	159	46.8	46.8	46.8
No	181	53.2	53.2	100.0
Total	**340**	**100.0**	**100.0**	

Cutting nail in a week is the general consciousness of people and important hygienic behavior for healthy life. People with long nail are considered as unhygienic. Data disclose that, more than half (53.2%) of the respondents do not cut their nail regularly while only 46.8 percent of them regularly cut their nail.

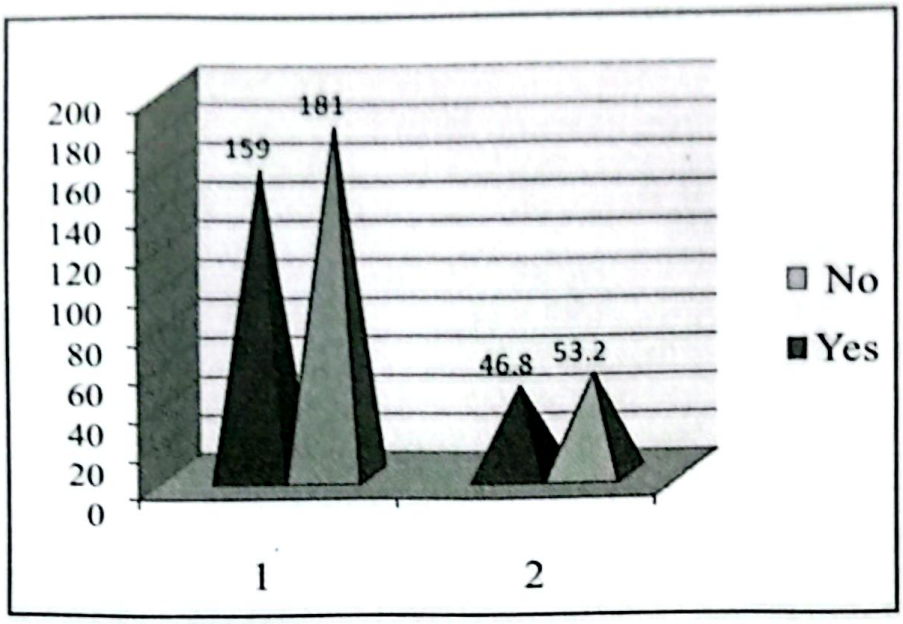


Chart 17: Cut nail regularly

HYGIENIC BEHAVIOR INDEX (HBI)

Following HDI (Human Development Index), this study has developed some indices to determine comparative measures of all hygienic behavior e.g. Use sanitary latrine; Hand washes with soap before eating; Use sandal; Use sandal in toilet; Drink pure (Tube well) water; Brash teeth regularly; Keep household waste in Dustbin; Wash utensils by pure (tube-well) water and Cut nail regularly. The index scores range between 0-1. Higher scores designate the superiority of the elements over another. Index values for each item has been calculated and followed to measure a composite index for hygienic behavior of slum inhabitants, which consists of different items.

Calculation of index value of hygienic behavior is made in the following way:

$$HBI = \frac{\text{Calculated Value- Minimum Value}}{\text{Maximum Value-Minimum Value}}$$

The index value for the first hygienic behavior is calculating in the following:

If all the respondents respond that they use sanitary latrine then the maximum value will be 340 (340 respondent × 1 for "Yes") and the minimum value will be 0 (340 respondent × 0 for "No"). Since 222 respondents said that they use sanitary latrine and 118 responded that they do not use that type of latrine hence the calculated value is: 222×1 + 118×0 = 222. Now we can measure the index value by putting the information in the formula for hygienic behavior "Use Sanitary Latrine"

$$USLI = \frac{257-0}{340-0}$$

$$= 257/340$$
$$= 0.76$$

Similarly, the values of hygienic behaviors are as follows:

1. Use sanitary latrine = 0.76
2. Hand washes with soap before eating = 0.29
3. Use sandal = 0.31
4. Use sandal in toilet = 0.31
5. Drink pure (Tube well) water = 0.67
6. Brash teeth regularly = 0.38
7. Keep household waste in Dustbin = 0.32
8. Wash utensils by pure (tube-well) water = 0.44
9. Cut nail regularly = 0.47

Therefore, the index value for the hygienic behavior of the slum people is-

HBI (Hygienic Behavior Index) = (0.76+0.29+0. 31+0.31+0.67 +0.38+0. 32+0.44+0.47)/9
= 3.95/9
= 0.44 (below moderate level)

The range of the index value is 0 to 1, where 1 denotes higher hygienic consciousness and 0 indicated totally unaware about hygienic practices. From the analysis of the result of the hygienic behavior index value 0.44, obvious that slum people are not aware about hygienic behavior. And their consciousness level is in below moderate as founded in the index value.

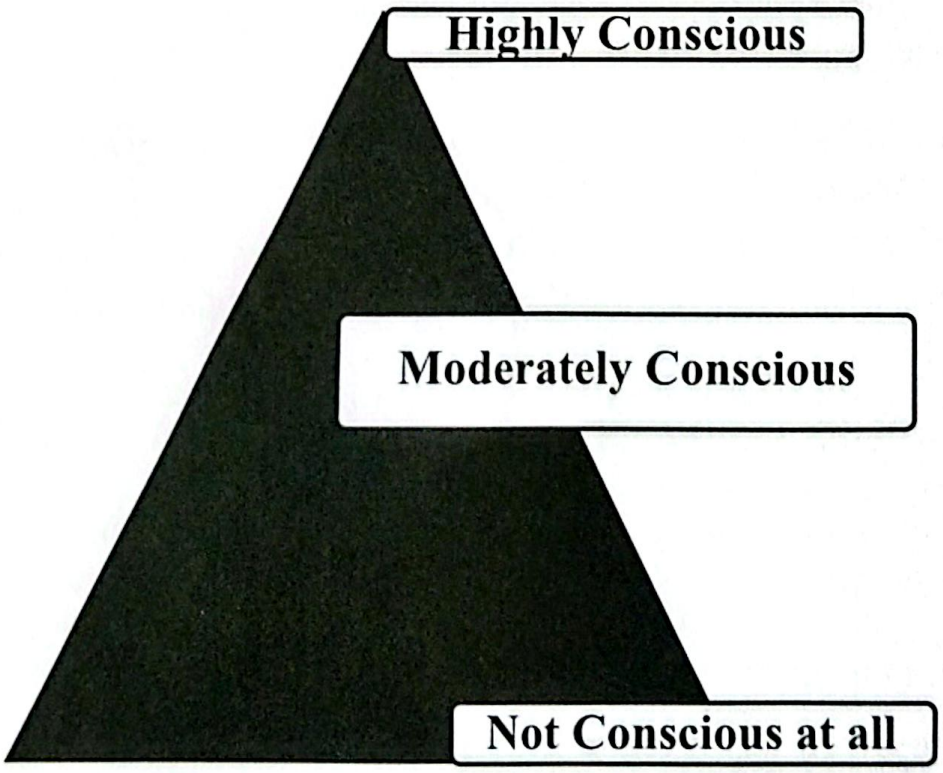


Chart: Position of the subject in terms of hygienic consciousness

HEALTH SEEKING BEHAVIOR OF SLUM PEOPLE

This endeavor tries to gain some important heath related information from the slum people. First of all, they were asked whether they have knowledge about available health services or not.

Table-18: Knowledge about available health services

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	183	53.8	53.8	53.8
No	157	46.2	46.2	100.0
Total	**340**	**100.0**	**100.0**	

Study reveals that, more than half (53.8%) of the inhabitants has the knowledge about health services available in their locality. However it is also seen that about 46.2 percent of the people don't know about all available health services

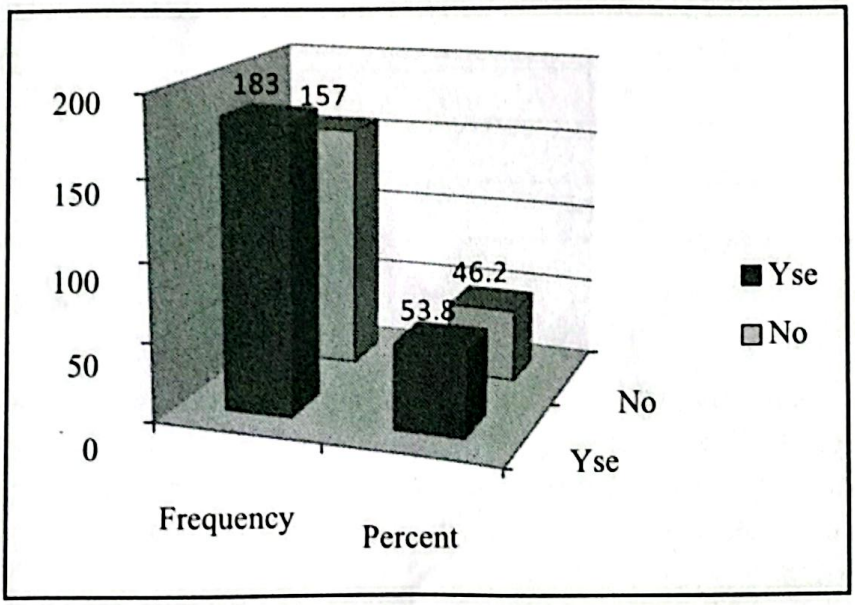


Chart 18: Knowledge about available health services

Table-19: Generally occurred diseases

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Cold& Cough	154	45.3	45.3	45.3
Diarrhea	103	30.3	30.3	75.6
Others	83	24.4	24.4	100.0
Total	340	100.0	100.0	

Slum people are generally affected by cold & cough, diarrhea and others disease as found in the study. Cold&Cough is the highly prevalent health barriers among the slum dwellers. Data indicates that, about 45.3 percent of the people responded that they generally suffered by cold and cough, around 30.3 percent suffered from diarrhea. Besides, rests (24.4%) of the respondents are agonized by other diseases

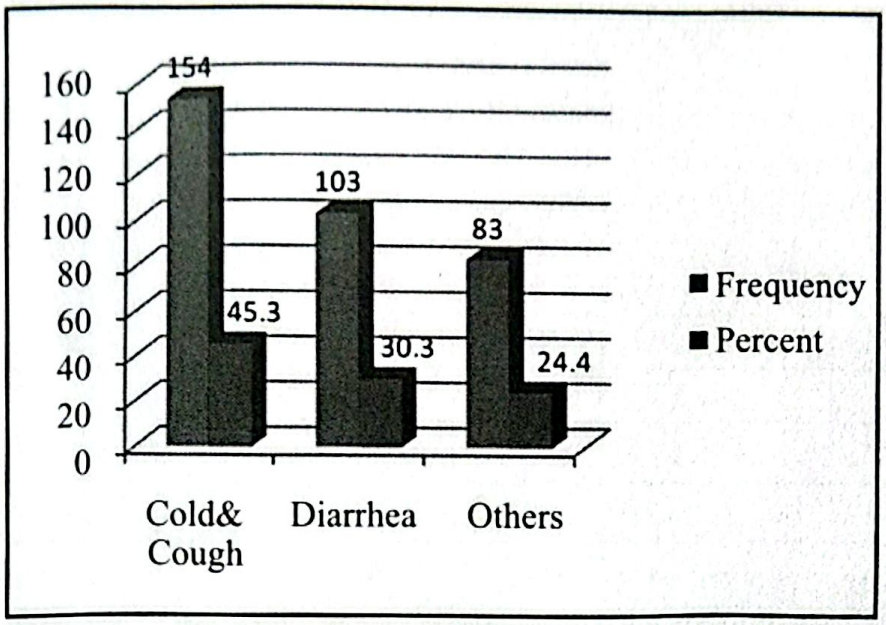


Chart 19: Generally occurred diseases

Table-20: Types of health service generally take

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Allopathic	218	64.1	64.1	64.1
Homeopathic	64	18.8	18.8	82.9
Unani	12	3.5	3.5	86.5
Others	46	13.5	13.5	100.0
Total	**340**	**100.0**	**100.0**	

Respondents were asked about the types of health services they take generally when suffer by disease. Study found that just under two third (64.1%) of the respondents said that they go to Allopathic whereas only 18.8 percent consult with Homeopathic doctors. In addition, rests (3.5% and 13.5%) of them go to Unani and other sources of health services respectively

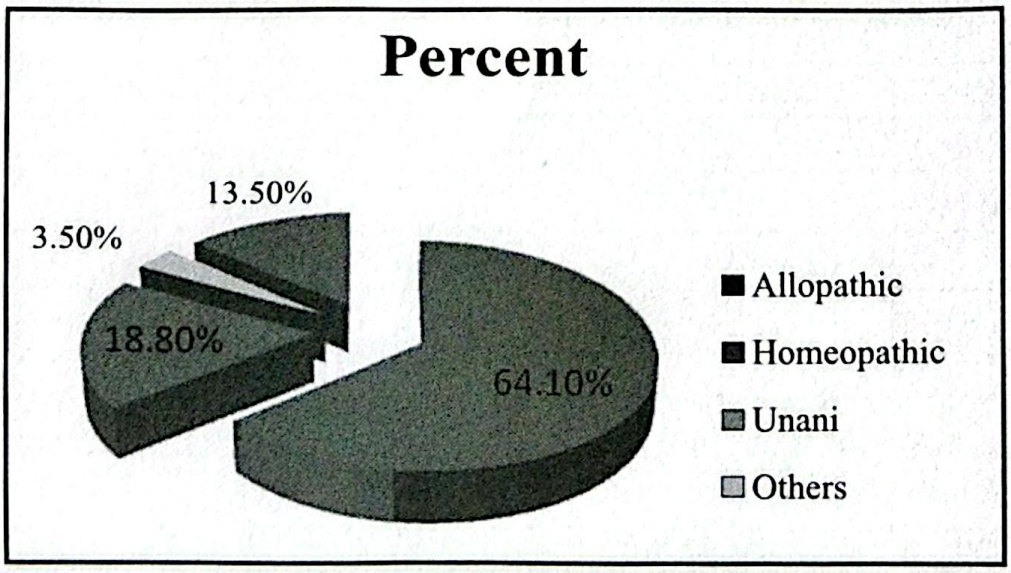


Chart 20: Types of health service generally take

Table-21: Health service taken from

Sources	Frequency	Percent	Valid Percent	Cumulative Percent
Pharmacy	191	56.2	56.2	56.2
Private clinic	2	.6	.6	56.8
NGO clinic	93	27.4	27.4	84.1
Government hospital	41	12.1	12.1	96.2
Private doctor	13	3.8	3.8	100.0
Total	**340**	**100.0**	**100.0**	

Research shows that, 56.2% slum people receive treatment from pharmacists and second available option is NGO clinic, 27.4% people go to NGO clinic to consult with doctors for their health problem. In addition, some (12.1%) people go to government hospital for taking health related services.

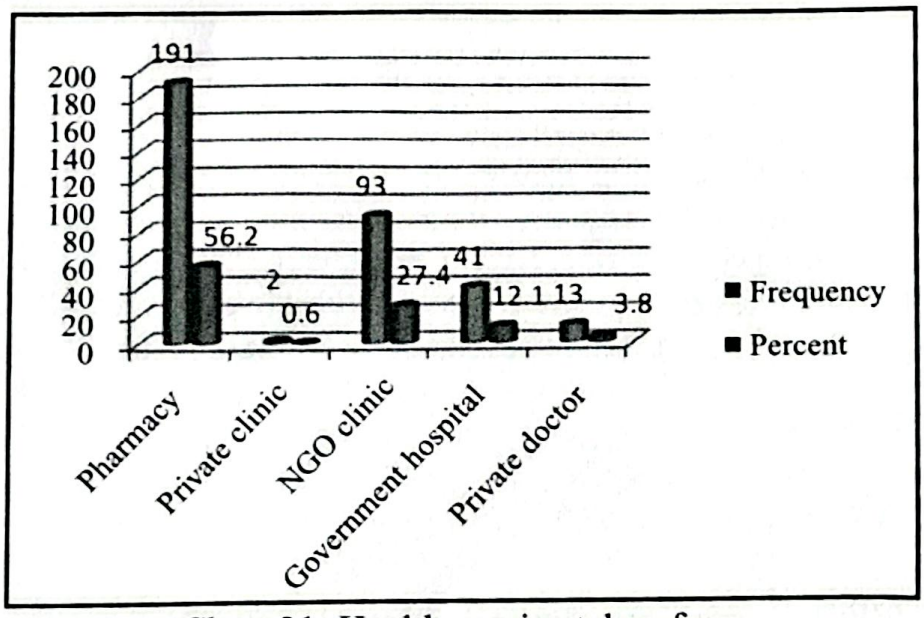


Chart 21: Health service taken from

Table-22: Take necessary vaccine for children

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	73	21.5	21.5	21.5
No	267	78.5	78.5	100.0
Total	**340**	**100.0**	**100.0**	

To know the health consciousness of the slum dwellers they were asked whether they take necessary vaccine for their children (babies) or not. Interestingly study result shows that most (78.5%) of the people are not aware about this and they do not take important vaccine which are very essential for child health. However, only 21.5 percent of the inhabitants said that they take the vaccines.

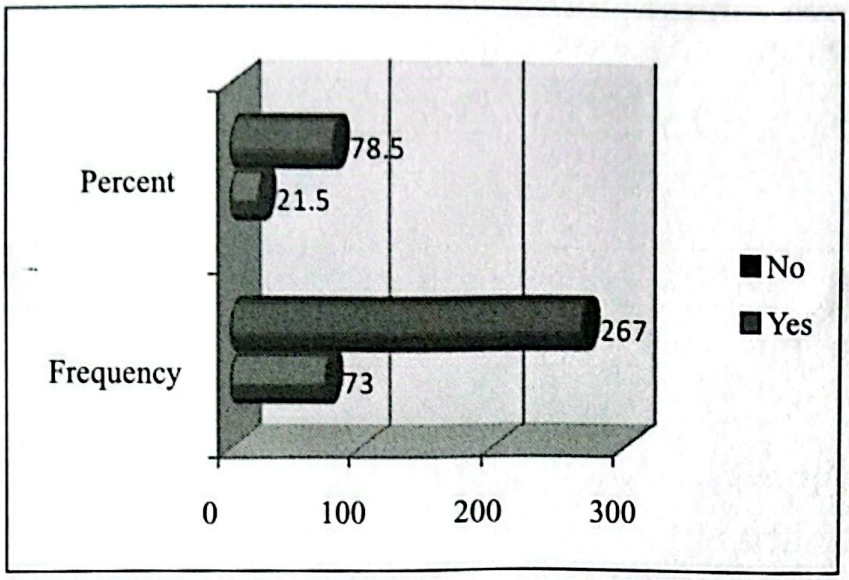


Table-23: Take medicine for krimi(Worms) regularly

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	115	33.8	33.8	33.8
No	225	66.2	66.2	100.0
Total	**340**	**100.0**	**100.0**	

Taking medicine for worms is very important for child as well as adult health. To know about this issue data have been collected whether they take medicine for krimi or not. In this case, more than half (66.2%) of the respondents said that they do not take the medicine regularly while other (33.8%) said that they take the protection in regular basis.

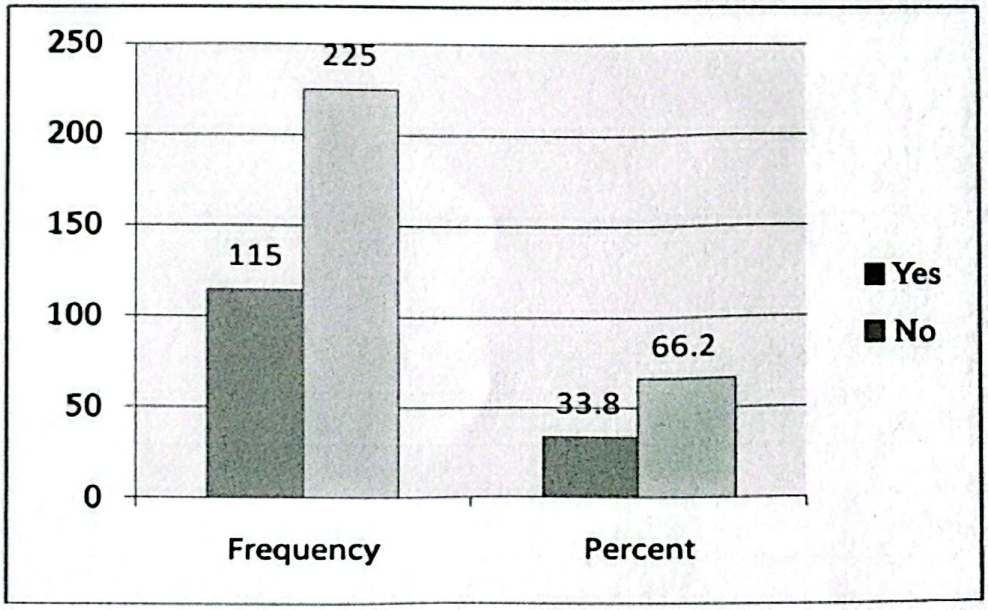


Table-24: Follow family planning

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	144	42.4	42.4	42.4
No	196	57.6	57.6	100.0
Total	**340**	**100.0**	**100.0**	

In case of using family planning initiatives more than half of the respondents said that they do not follow the practice of family planning. On the contrary, about 42.4 percent of the respondents said yes.

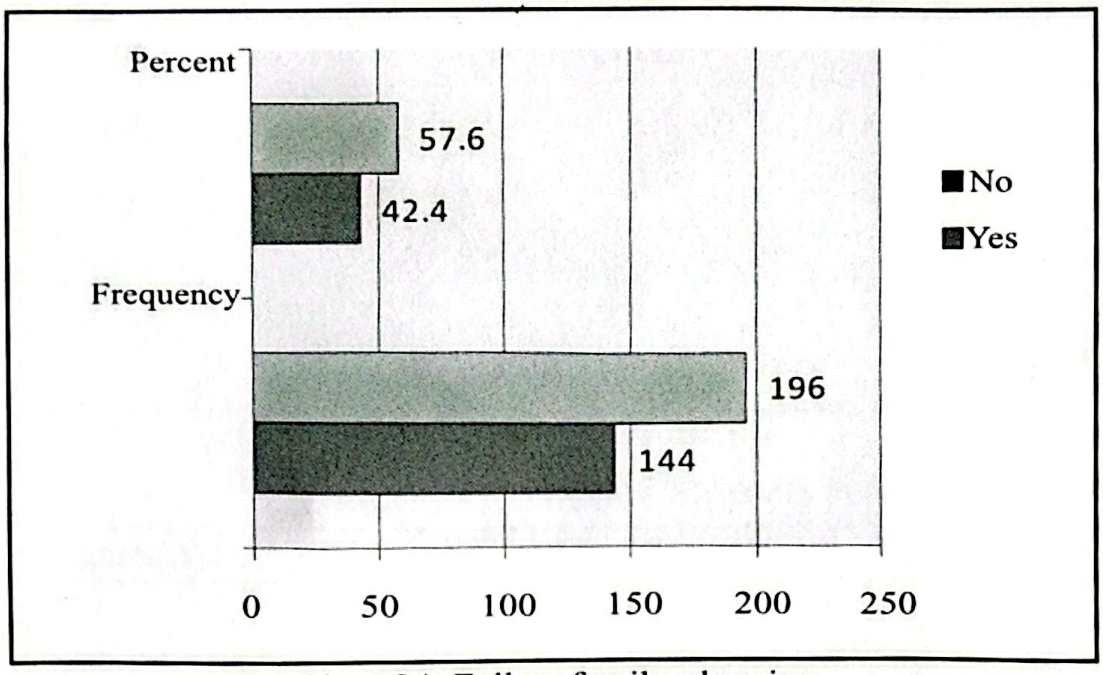


Chart 24: Follow family planning

NUTRITIONAL STATUS OF SLUM PEOPLE

Nutritional status depends on the life style people follow generally. It is measured by the food they take, their physical ailment and the interval of time taking for recovering the illness condition. Research endeavor tried to ascertain the nutritional status of the slum populations by collecting information from the following areas.

Table-25: Knowledge about nutrition

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	176	51.8	51.8	51.8
No	164	48.2	48.2	100.0
Total	**340**	**100.0**	**100.0**	

To maintain a nutritious life people must have to possess the knowledge about nutrition. When the respondents were asked that whether they understand the concept of nutrition, just over the half (51.8%) of the subjects said that they know what does nutrition meant. On the other hand, just under half (48.2%) of the respondents don't have clear idea about nutrition.

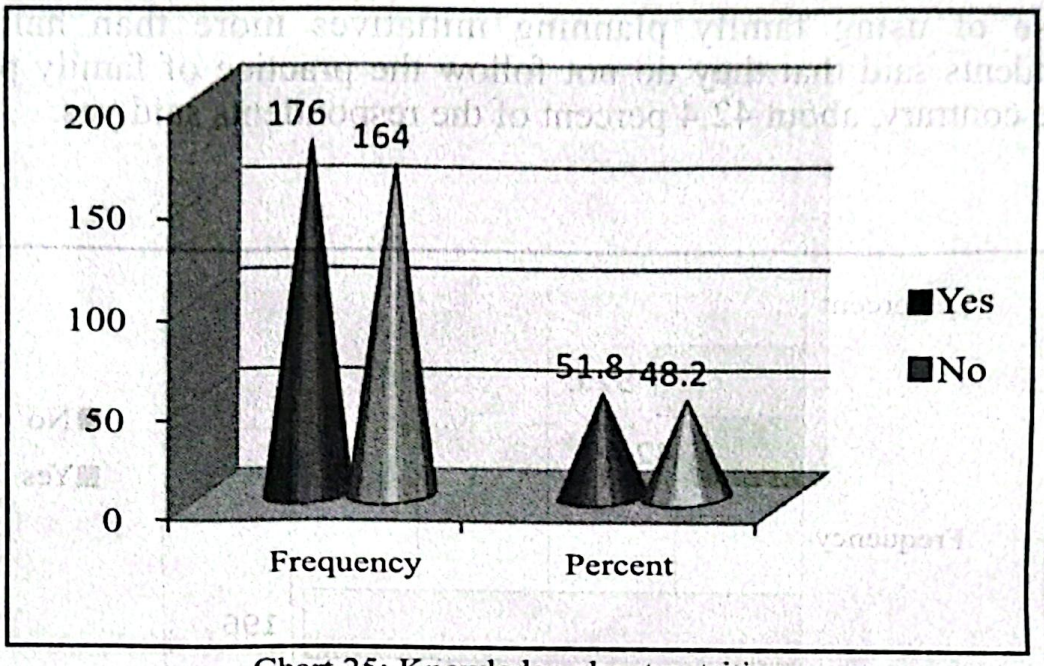


Chart 25: Knowledge about nutrition

Table-26: Eat three times in a day

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	271	79.7	79.7	79.7
No	69	20.3	20.3	100.0
Total	**340**	**100.0**	**100.0**	

Generally people in Bangladesh eat three times in a day. Slum people commonly live hand to mouth therefore sometimes it is very hard for them to take three meals in a day. Study found that most (79.7%) of the family have the ability to arrange three meals in a day. However, about 20.3 percent families cannot array three meals in a day.

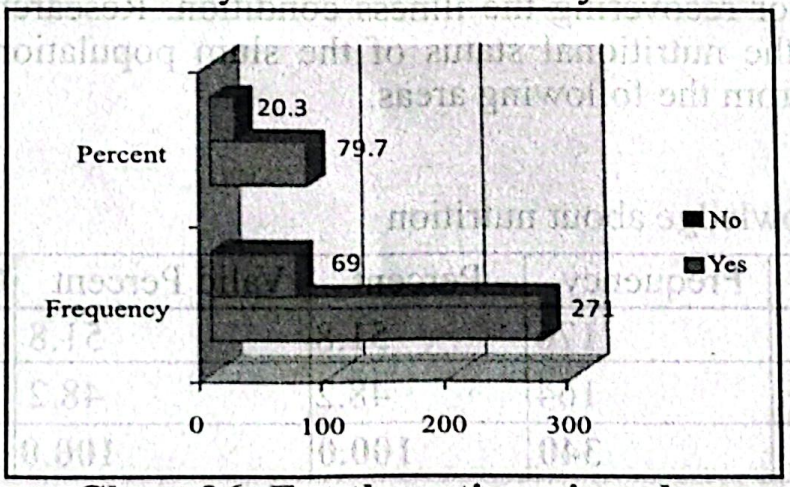


Chart 26: Eat three times in a day

Table-27: Physical weakness

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	260	76.5	76.5	76.5
No	80	23.5	23.5	100.0
Total	**340**	**100.0**	**100.0**	

Slum dwellers are suffered from physical weakness. From the research it indicates that more than three fourth (76.5%) of the subjects said that they are suffering from physical weaknesses. On the contrast only 23.5% of the respondents are not suffering from such problem.

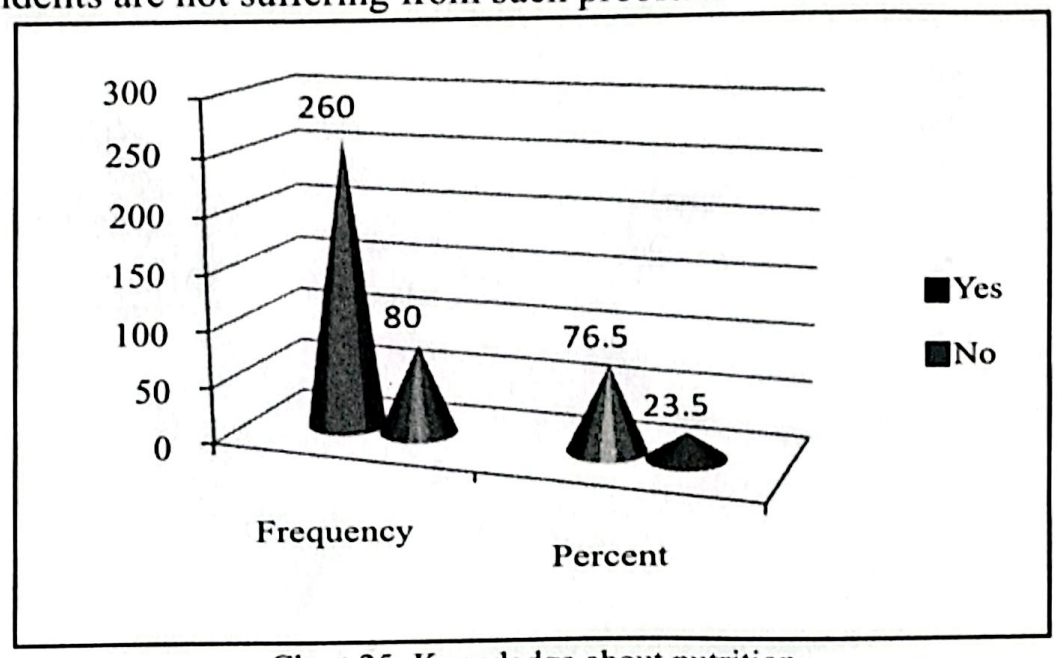


Chart 25: Knowledge about nutrition

Table-26: Eat three times in a day

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	182	53.5	53.5	53.5
No	158	46.5	46.5	100.0
Total	**340**	**100.0**	**100.0**	

Taking more time to recover from the illness is not a positive sign for human health. Data disclose that just over the half of the subject respond that their illness usually procrastinates and take more time for recovery. Around 46.5 percent of the people said that their illness recovered by normal time interval.

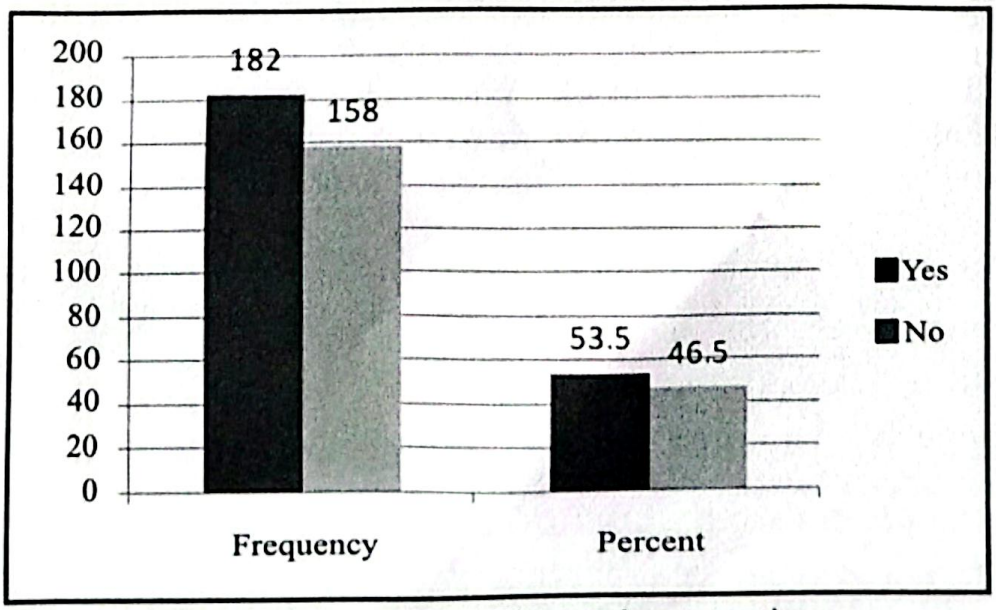


Chart 28: Recovering illness takes more time

Table-29: Take nutritious food (Fish, Meat, Egg, Milk etc.)

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	70	20.6	20.6	20.6
No	270	79.4	79.4	100.0
Total	**340**	**100.0**	**100.0**	

Study reveals that most of the slum people (79.4%) cannot take nutritious food (e.g. meat, egg and milk) whereas only 20.6 percent of them have the ability to take nutritious food.

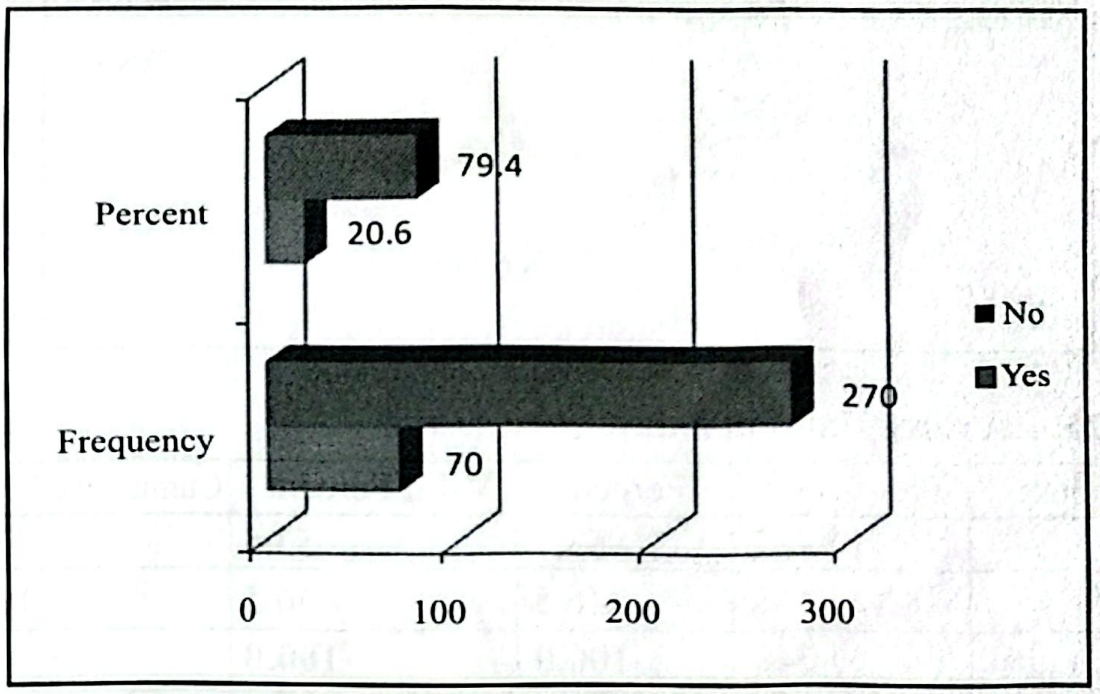


Chart 29: Take nutritious food (Fish, Meat, Egg, Milk etc.)

NUTRITIONAL STATUS INDEX (NSI)

Following HDI (Human Development Index), this study has developed some indices to determine comparative measures of all hygienic behavior e.g. Knowledge about nutrition; Eat three times in a day; Physical weakness; Recovering illness takes more time; Take nutritious food (Fish, Meat, Egg, Milk etc.).The index scores range between 0-1. Higher scores designate the superiority of the elements over another. Index values for each item has been calculated and followed to measure a composite index for hygienic behavior of slum inhabitants, which consists of different items.

Formula for calculating the index values is denoted in the below:

$$NSI = \frac{\textbf{Calculated Value - Minimum Value}}{\textbf{Maximum Value - Minimum value}}$$

1. Knowledge about nutrition = 0.52
2. Eat three times in a day = 0.79
3. Physical strength = 0.24
4. Recovering illness takes normal time = 0.46
5. Take nutritious food (Fish, Meat, Egg, Milk etc.) = 0.21

Therefore, the index value for the hygienic behavior of the slum people is-
NSI (Nutritional Status Index) = (0.52+0.79+0.24+0.46+0.21)/5
= 2.22/5
= 0.44 (below moderate level

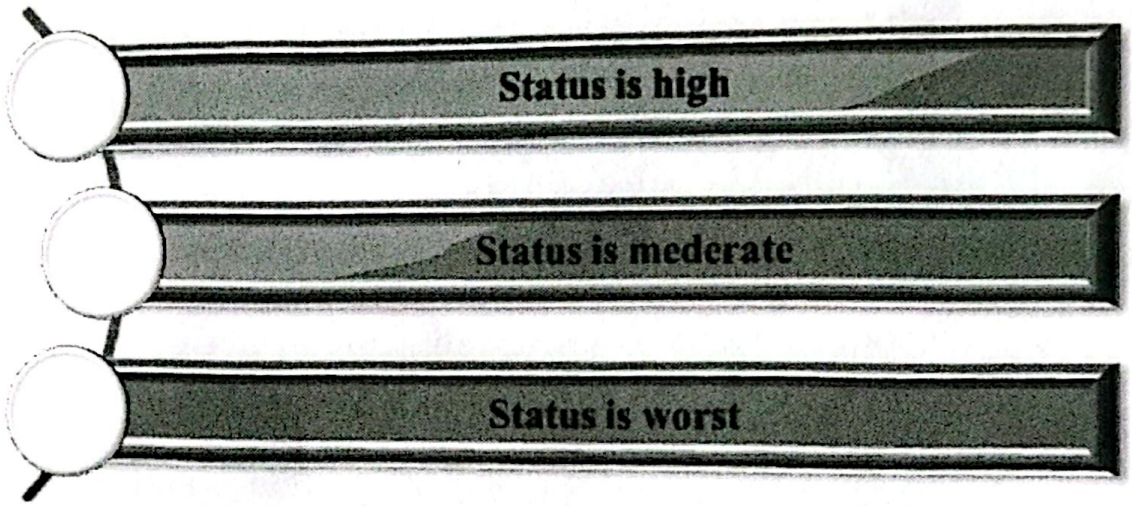


Chart: Nutritional Status of slum people

The range of the index value is 0 to 1 where 1 denotes higher nutritional status and 0 indicates nutritional status is worst. From the analysis of the result of the nutritional status index value 0.44 obvious that nutritional status of slum people are not good which is below moderate level.

PERCEPTION ABOUT EDUCATION

To know the educational status of the subjects they were asked about their years of schooling as well as their spouse's. Also some queries related to their perception about education were questioned. Analyses of the information presented are in the following table:

Table-30: Years of schooling of children's father

Response	Frequency	Percent	Valid Percent	Cumulative Percent
No Education	291	85.6	85.6	85.6
1-5	33	9.7	9.7	95.3
6-10	15	4.4	4.4	99.7
10-Above	1	.3	.3	100.0
Total	**340**	**100.0**	**100.0**	

TIt is very interesting that most of the household head (85.6%) of the slum family has no educational qualification. 9.7% of subjects have 1-5 level education and only 4.4% have 6-10 level of education.

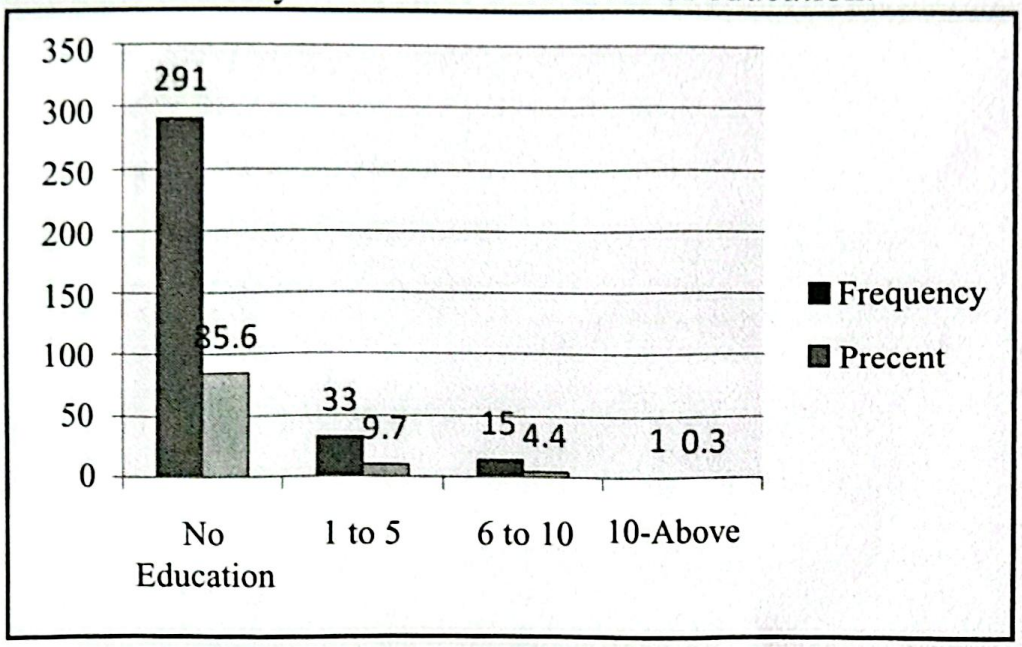


Chart 30: Years of schooling of children's father

Table-31: Schooling of children's mother

Response	Frequency	Percent	Valid Percent	Cumulative Percent
No Education	305	89.7	89.7	89.7
1-5	33	9.7	9.7	99.4
6-10	2	.6	.6	100.0
Total	**340**	**100.0**	**100.0**	

In addition, same scenarios found in case of mother education in the most of the families. Data shows that overwhelming numbers (89.7%) of the mothers of the families have no education as like as fathers of the households. Furthermore, only 9.7 percent and 0.6 percent of mothers have 1-5 and 6-10 years of schooling respectively.

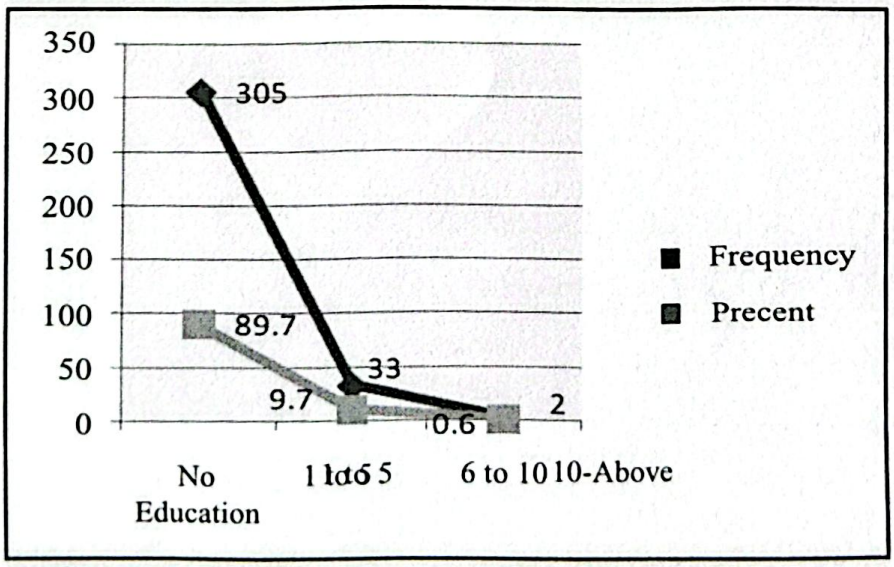


Chart 30: Years of schooling of children's father

Table-32: Education need for all

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	336	98.8	98.8	98.8
No	4	1.2	1.2	100.0
Total	**340**	**100.0**	**100.0**	

Though the older family members have no education but they think in our society education is necessary for all. Results indicate that about 98.8 percent of the respondents conceded that education a need for all.

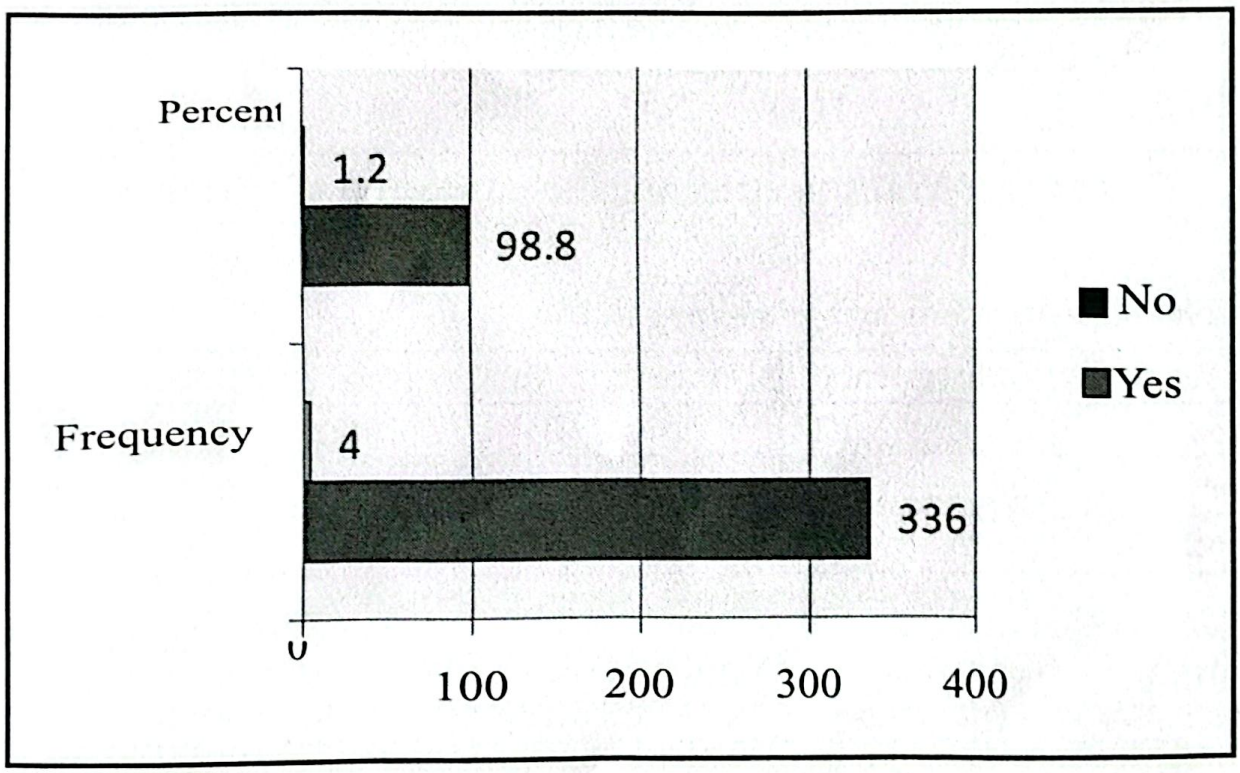


Chart 32: Education need for all

Table-33: Want to continue the education of children

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	320	94.1	94.1	94.1
No	20	5.9	5.9	100.0
Total	**340**	**100.0**	**100.0**	

Likewise, majority of the subjects said that they want to continue the education of their children. From the data it found that the percentage was 94.1 which was almost all the respondents who want their children to study.

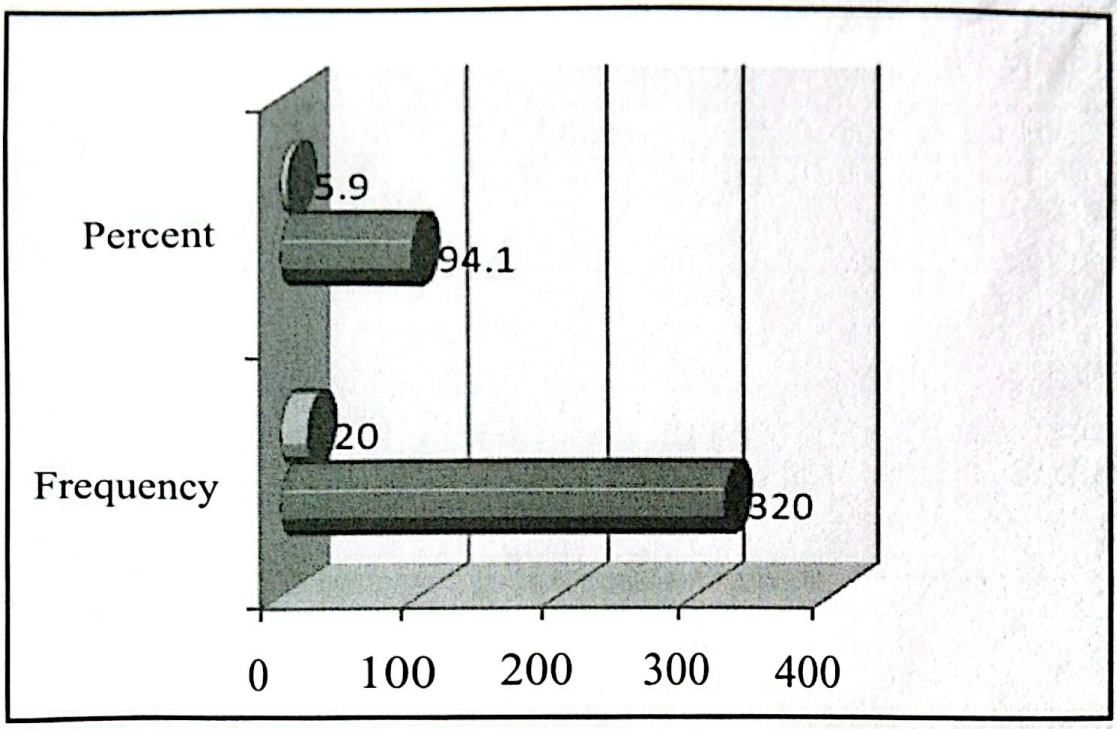


Chart 33: Want to continue the education of children

Table-34: Education brings change in life

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	334	98.2	98.2	98.2
No	6	1.8	1.8	100.0
Total	**340**	**100.0**	**100.0**	

Slum dwellers believe that education can bring change in people's life. They want to continue the education of their children and most (98.2%) of them trust that education will bring prosperity in their children's life.

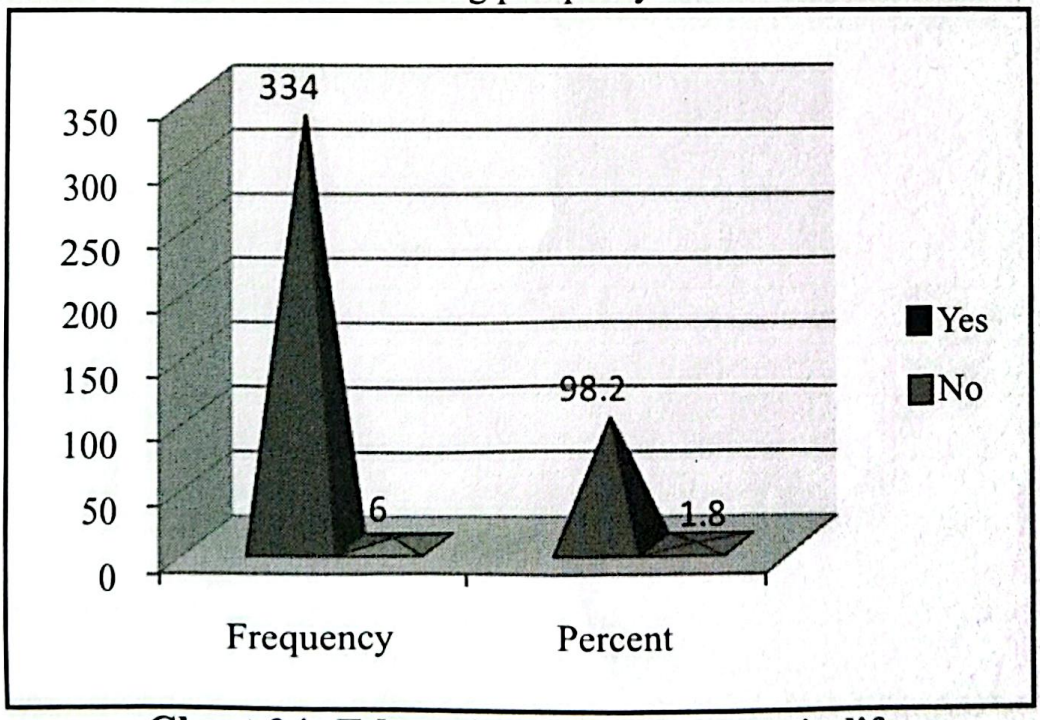


Chart 34: Education brings change in life

From the analysis of the collected data it reveals that, there are total 967 children in 340 families under study. Among the total children about 23.58 percent are under aged (0 to 5 years old) whereas more than three fourth (76.42%) are between 6-15 years old. Besides this, study also disclose that among the school aged children only 40.87 percent of them are going to school while more than half (59.13%) of the do not go to school.

Table 35: Total children and percentage of going school or not

Children	Frequency	Percentage
Under aged	228	23.58
School aged	739	76.42
Total	**967**	**100**
Go to School or not		
Go to School	302	40.87
Don't go	437	59.13
Total	**739**	**100**

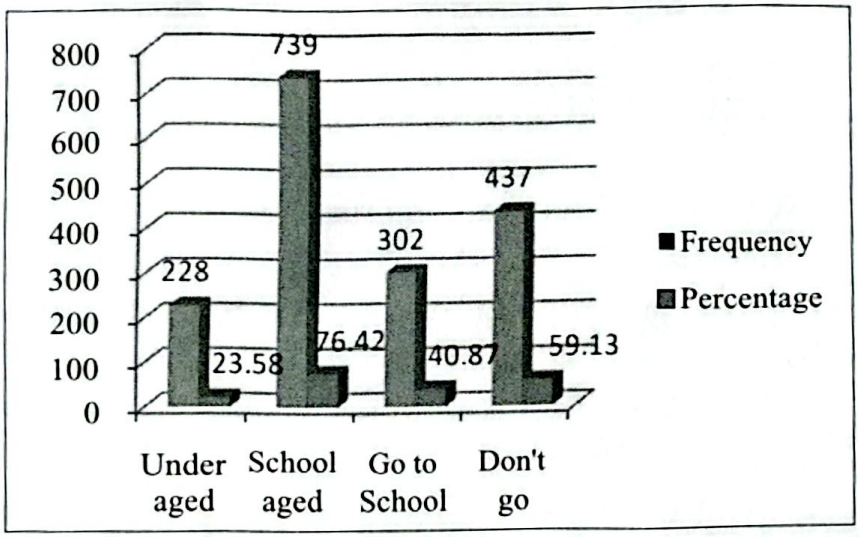
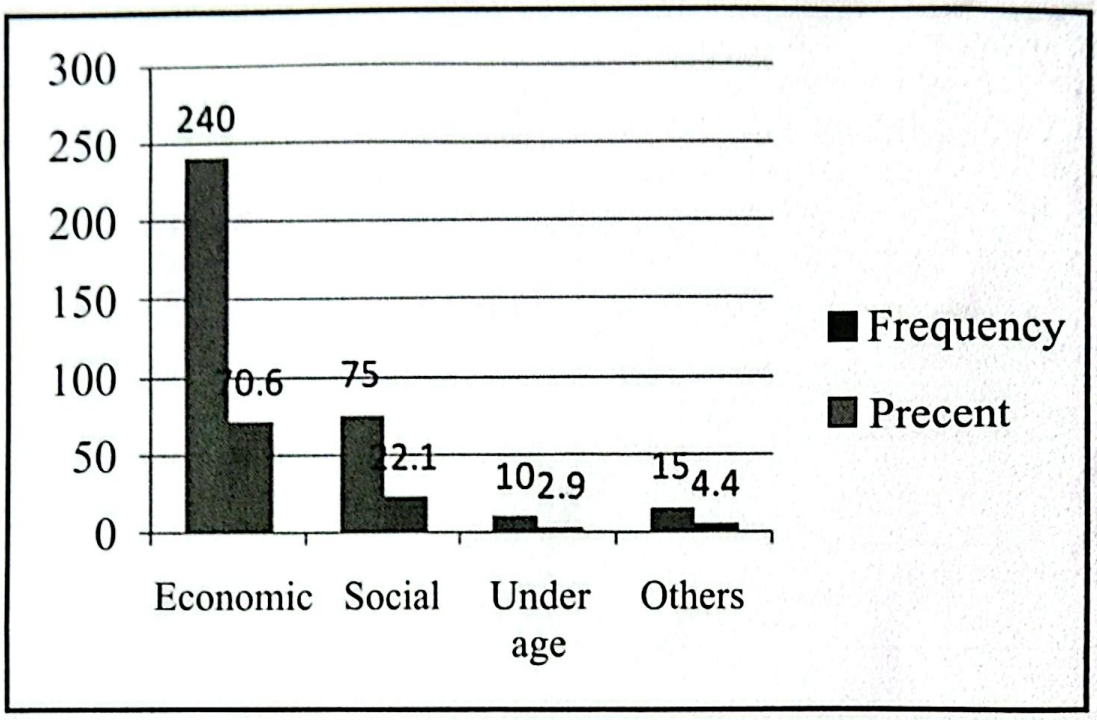


Chart 35: Total children and percentage of going school or not

Table-36: Reason behind children does not go to school

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Economic	240	70.6	70.6	70.6
Social	75	22.1	22.1	92.6
Under age	10	2.9	2.9	95.6
Others	15	4.4	4.4	100.0
Total	**340**	**100.0**	**100.0**	

This study tries to know about the underlying causes for why slum children do not to go school. Respondents were asked that what they think about this situation. Data indicates that, majority (70.6%) of the respondents said that it is economic reason. However, some (22.1%) children do not go for social barriers. Furthermore, only 4.4 percent claims others causes.



CONCLUSION & RECOMMENDATION

From the survey it is found that the slum people are not aware of hygienic behavior. The result clearly means that slum people are not in the state of affairs to attain basic hygienic behavior. Using sandal while in toilet, washing hand with soap and essential hygienic behaviors are absent from them. Their consciousness level is in below moderate level as founded in the index value.

The result of the nutritional status index value revealed the slum people's nutritional status is awful though the majority have idea about nutrition. Low income level and lower level of consciousness do not allow them a planned life and do not also allow them to plan expenditure.

The health seeking behavior of slum people is also in unfortunate state. Half of the respondents are unaware of health care services and most of them take treatment from quack pharmacy instead of going to qualified physician. They are also not used to take vaccine and family planning.

The education scenario of slum people is also in deplorable condition contrary to national situation. Majority of parents don't have educational qualification but they come to realize the necessity of education and also believe that education can bring prosperity in their life. as per assessment, the most obstructing thing in the way of sending their children in the school is their economic condition.

On the basis of above findings this study suggests some recommendations for bring positive change in the slum that is in the following:

1. Slum dwellers are literally illiterate, while the social structure let them understand that improvement in quality of life is most desirable but they have limitations. It is, therefore, necessary for the GO and NGO's work for upgrading of awareness about every aspect of human life and dignity in addition to development of structural facilities in proximity for the needy people.

2. Education is a fundamental right and is also essential to reduce poverty but the slum living people are mostly illiterate so it is necessary to facilitate both adult and child literacy in slums.

3. Health care is one the most important fundamental rights of people. Slum people are not getting proper health care. Primary Health care facility should be made available within the reach, at a low cost. Health, nutrition backup and sanitation support for mother and children should also be made available besides slum owners should be pressured to improve delivery of basic facilities like safe water, sanitation, cleanliness etc.

4. Slum people are not in the moderate level of hygiene consciousness. In order to raise their consciousness government, non-government and voluntary organizations should work hand to hand vigorously. Different kinds of awareness raising campaigns should be arranged in their locality. Issues like basic health, hygiene, nutrition and education should be given priority in those campaigns.

5. Lack of information about food value of different food items and the food habits keep the poor and illiterate people indifferent or inattentive about nutritious food. They should be made aware of the inexpensive nutritious food and motivate them to eat recommended food and avoid roadside filthy restaurants and mobile stores/venders.

6. Develop a unified policy frame to work for underprivileged. All NGO shall work according to that framework with achievable goal.

7. Separate support program to be developed and initiated for widows aged considering vulnerability of the group.

APPENDIX:

"Hygiene Health Nutrition and Education of Slum People: A Survey under Sylhet City Corporation"

Code no:
Center name:
Socio-Demographic Information:

Name: Age: Gender:
Occupation: Income: Principal Earning Member:
Other Earning Member (If Exists):
Family Members:
Number of Boy: Age: [0-5....., 5-10....., 10-15....., 15+.....]
Number of Girl: Age: [0-5....., 5-10....., 10-15....., 15+.....]
School going boy: Age: [5-10....., 10-15.....]
School going Girl: Age: [5-10....., 10-15.....]

Hygiene:

1. Do you use latrine?
   a) Yes b) No
2. Do you wash your hands with soap before eating and after defecation?
   a) Yes b) No
3. Do you use sandal regularly?
   a) Yes b) No
4. Do you use sandal while in toilet?
   a) Yes b) No
5. Do you drink pure drinking water (Tube well)?
   a) Yes b) No
6. Do you brush your teeth regularly? / Does she tell you about brushing teeth.
   a) Yes b) No
7. Do you take out your garbage in proper place?
   a) Yes b) No
8. Do you wash your cooking utensils with pure water (Tube well)?
   a) Yes b) No
9. Do you cut your nail regularly?
   a) Yes b) No

Health:

1. Do you know about health care?
   a) Yes b) No
2. What kind of diseases generally occurs in your family?
a) Cold and Cough b) Diarrhea c) Others
3. What kind of treatment do you take normally?
a) Allopathic b) Homeopathic c) Unani d) Others
4. From where you take health service?
   a) Pharmacy b) Private Clinic c) Govt. Hospital d) NGO Clinic e) Private Doctor
5. Do you arrange vaccination for your children?
   a) Yes b) No
6. Do you take De-worming tablet regularly?
7. Do you follow family planning?
   a) Yes b) No
8. Are there any institutions that provide healthcare services?
9. a) Yes b) No

Nutrition:

Nutritious food in breakfast / lunch / Dinner

1. Do you have any idea about nutrition?
   a) Yes b) No
2. Do you eat three times in a day?
   a) Yes b) No
3. Do you suffer from illness regularly?
   a) Yes b) No
4. Do you feel physically weak regularly?
   a) Yes b) No
5. Does it take long time to recover from illness?
   a) Yes b) No
6. Do you eat nutritious food (Fish, Meat, Egg, Milk, Fruit) regularly?
   a) Yes b) No

Remarks.

Education:

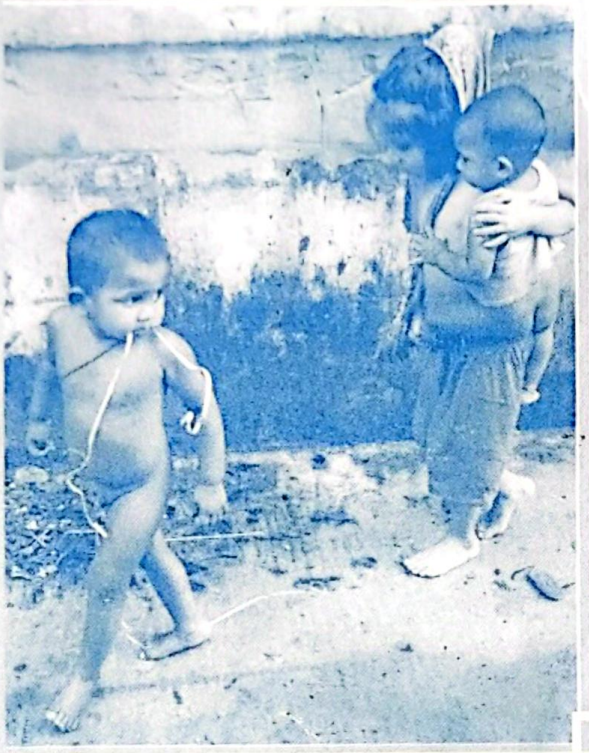
1. Your educational qualification?
   Ans:
2. Your spouse's educational qualification?
   Ans:
3. Do you think every child should go to school?
   a) Yes b) No
4. Do you want to continue your children's education?
   a) Yes b) No
5. Do you think education can bring change in life?
   a) Yes b) No
6. Do you have any educational ambition with your children?
   a) Yes b) No
7. What is reason behind children not going to school in slum areas?
   a) Economic b) Social c) Underage d) Others

Data given by:
Signature:
Date:

Data Collected by:
Signature:
Date:

Executive Committee :

Mr. Shahjahan Chowdhury	- Chairman
Mr. Sirajul Islam Farooq	- Vice Chairman
Mr. Mujahid Ali Chowdhury	- Member
Mr. Principal M Ataur Rahman Pir	- Member
Mr. Sorwar Ahmed Chowdhury	- Member
Mr. Adv. Mujibur Rahman Chowdhury	- Member
Mr. ABM Zillur Rahman, Councilor	- Member





Helping the needy people

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