

## HEALTH AND HYGIENE: DALIT WOMEN

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### ABSTRACT

*Health is crucial component of life for both men and women. In India the health and hygiene condition of dalit women is very poor. Dalit women are marginalized from the society. The health condition of dalit women is alarming with high incidence of maternal mortality and infant mortality. According to National Family Health Survey data ,the average death of dalit women is 39.5 years. One in four dalit women in 15-49 years are undernourished. These women are much more likely to suffer from ill health. There are many causes of health issues in dalit women in which the basic causes are poverty and low status in the society. The basic problems inherit in slums are health hazards. Lack of basic services like drinking water, proper housing, drainage and sheet disposable services make slum population vulnerable and generate infection. Dalit women are living in slums represented a pathetic scenario in terms of ill health, low level of income, educational backwardness and unhygienic environment. Dalit women are generally deprived of good nutrition and sanitation facilities. They face difficulties with respect to affordability and availability of health facilities. They also lack of awareness regarding various health facilities. Bottom up approach is required to focus on the empowerment of dalit women. Present study was conducted in the Bhadurpur Block of the Darbhanga District. Total 400 Dalit women were selected for the study purpose. Results reveals that there were some types of awareness regarding health and hygiene in the respondents, but there is need of educating them regarding good practices of health and hygiene.*

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**Keywords:** Dalit, Women, Health, Hygiene.

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### Introduction

Dalit women are placed at very bottom of South Asia's caste, class and gender hierarchies. They suffer multiple forms of discrimination - as Dalits, as poor and as a women. The caste system declares Dalit women to be intrinsically impure and untouchable which sanctions social exclusion and exploitation. The vast majority of dalit women are impoverished, they are landless wage labours and they lack access to basic resources. They are subjugated by patriarchal structures both in general community and within their own family. Dalit women have very limited access to and control over land which in turn leads to food insecurity. They also lack access to water and other communal resources when those resources, when those resources are in non-dalitareas, the women are attacked for attempting to use them. Due to poverty, dalit women are malnourished and anaemic. Early marriage and multiple child birth causes the women to suffer from prolapsed uterus. Continuous bending, working while sowing and harvesting in agricultural causes acute back pain. They also develop skin irritation and allergy due to excessive use of pesticides. As they work barefoot and the soil is damp and wet, the women develop soars between their toes. Due to lack of awareness and medical care, many of them suffer from reproductive health complications, including STDs and cervical cancer with white discharge. As largely landless communities, Dalits usually have little other option in urban areas than to cram into the already crowded slums, where their access to clean, for safe water and sanitation is often severely limited. Many still get their water from dirty shallow wells or illegally from leaks in the city's piped water supply. The research study found health and hygiene problem in research area like lack of proper sanitization and lack of awareness related health issues.

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**Objectives**

To assess the hygiene practices among dalit women.

**Methodology**

- **Area** : Bahadurpur Block of Darbhanga City was the taken the study purpose.
- **Sample selection**: Total 400 dalit women were selected from the different area of the Bahadurpur block.
- **Data Collection**: Data was collected with help of structured questionnaire.
- **Statistical Analysis**: The data obtained in the present study was statistically analysed using statistical constant and relevant statistical test.

**Result and Discussion****Table 1: Frequency of respondent of hand wash with soap after toilet**

S. No	Age	Yes		No		Total
		Numbers	Percentage	Numbers	Percentage	
1	20-30	112	28	48	12	160 (40%)
2	31-40	60	15	22	5.5	82 (20.5%)
3	41-50	32	8	28	7	60 (15%)
4	Above 50	56	14	42	10.5	98 (24.5%)
5	Total	260	65	140	35	400 (100%)

This table shows that, maximum respondent 65% wash their hand with soap after toilet while 35% of respondents use soil, ash, etc to wash their hand.

Evidence shows that the handwashing is thought to be effective for presentation of transmission of diarrhoea pathogens. However, it is not conclusive that handwashing with soap is more effective at reducing contamination with bacteria.

**Table 2: Frequency of Respondent using Sanitary pad during Mensuration**

S.No	Age	Yes		No		Total
		Numbers	Percentage	Numbers	Percentage	
1	20-30	103	25.75	54	13.5	157(39.25%)
2	31-40	94	23.5	41	10.25	135(33.75%)
3	41-50	76	19	32	8	108(27%)
4	Above 50	0	0	0	0	0(0%)
5	Total	273	68	127	32	400(100%)

This table shows maximum 68% respondent use sanitary pad during menstruation while 32% of respondent use cloth during menstruation.

Other studies also supporting that hygiene related practices during menstruation are of considerable importance for reproductive health as poor practices increase vulnerability to reproductive tract infection. The United Nation defines adequate menstrual hygiene management as women and adolescent girls using a clean menstrual management material to absorb or collect blood that can be changed in privacy as often as necessary for the duration of menstruation period, using soap and water for washing the body as required and having access to facilities to dispose of used menstrual materials. Poor menstrual hygiene can negatively impact the health and psycho-social of well being of women and girls. Women in low income setting have low awareness of hygienic practices and lack culturally appropriate materials for menstrual hygiene management practices.

**Table 3: Frequency of respondent on the basis of consumption of safe drinking water**

S. No.	Age	Yes		No		Total
		Numbers	Percentage	Numbers	Percentage	
1	20-30	147	36.75	16	4	163(40.75%)
2	31-40	69	17.25	8	2	77(19.25%)
3	41-50	56	14	4	1	60(15%)
4	Above 50	100	25	0	0	100(25%)
5	Total	372	93	28	7	400(100%)

This table shows maximum 93% of respondent drink clean water while 7% of respondent does not drink clean water.

Other study also supporting that the issues and challenges faced by dalit women is accessing water from common, often distant sources of water, across five Indian states. Their reality of poor availability of drinking water was worsened by limited by limited access to common resources due to their caste identity.

**Table 4: Frequency of Respondent of House Cleaning Habit**

SI No.	Age	Yes		No		Total
		Numbers	Percentage	Numbers	Percentage	
1	20-30	136	34	14	3.5	150(37.5%)
2	31-40	64	16	26	6.5	90(22.5%)
3	41-50	68	17	16	4	84(21%)
4	Above 50	56	14	20	5	76(19%)
5	Total	324	81	76	19	400(100%)

This table shows maximum 81% of respondent clean their house regularly while 19% of respondent does not clean their house regular.

### Conclusion

The present study was concluded that most of the dalit women are not aware of health and hygiene . The lack of administrative function and poor wash conditions and drinking water quality. Urgent action from the stake holders is the need of the hour to improve the water quality ,health, hygiene and living standards of dalit women.

### References

1. G.Samba Siva Rao (2015) Status Of Dalit Women (1st ed.) . Discovery Publishing House Pvt.Ltd.
2. Swarup Dutta (June, 2018), Dalit Women and Water Availability Access And Discrimination in Rural, India, Sage Journals ,Volume 4, Issue 1.
3. Myles F.Elledge (Sept.2018) Menstrual Hygiene Management and Waste Disposal in Low and Middle Income Countries-A Review of the Literature, International Journal of Environmental Research and Public Health.
4. Nidhi Wali (May 2020), Women and WASH in Nepal: A Scoping Review of Existing Literature, Water International, Issue 3.
5. BM Hegde . (2020) You Can Be Healthy (5th ed.). Trinity press.

