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Study on socio-economic, communication, health & hygienic status of slum dwelling adolescent girls in Kolkata, India

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Abstract

Adolescence (from Latin *'adolescere'*, meaning 'to grow up') is a transitional stage of physical and psychological development that generally occurs during the period from puberty to legal adulthood (age of majority). WHO identifies adolescence as the period of human growth and development that occurs after childhood and before adulthood, between the ages of 10-19 years. It is a period of dynamic brain development. During this period, adolescents learn from the social behaviour and environmental surroundings of their community. The total sample and population was 200 adolescent school girls from the surrounding slum area under the Kolkata Municipal Corporation in the state of West Bengal. The data was collected by using pre tested, semi-structured interview schedule developed by the researcher for the present study. The collected data was tabulated, and analysed with statistical applications for better interpretation and conclusion. This study was highlight the well-being factors, literacy rate, decision making power of the adolescent girls of the urban slum area and exploring their health & hygiene, social attitude, socio-economic conditions. So the study will be help to draw attention of every one to think and do something for the better life and security of the young girls of the urban slum areas.

Keywords: Adolescence, socio-economic, communication, health, hygiene, adolescent, slum, girls etc.

Introduction

Adolescence as the period of human growth and development that occurs after childhood and before adulthood, between the ages of 10-19 years. It is a period of dynamic brain development. During this period, adolescents learn from the social behaviour and environmental surroundings of their community. Because of rapid urbanization without accounting for the basic health-care, mental -care and social- care amenities, these all disparities tend to arise. Adolescent girls in urban slum areas perceive their physical, psychological, and social environment as very poor. Social capital and social cohesion are very important in their development. Increasing child marriage and poor antenatal care among adolescent girls are key challenges in improving the reproductive and sexual health. More than half of adolescent girls are undernourished. About 56% of adolescent girls are anaemic. At this time of fighting against under-nutrition, burden of overweight and obesity is increasing among the urban slum adolescent girls. Labile mental and emotional behaviour makes them prone to suicide and intentional self-harm. Another avoidable key challenge among adolescents is addiction. Urban living and regular media exposure are positively associated with smoking and alcohol consumption. Adolescents constitute 16% of the global population, with an absolute number of 1.2 billion. More than half of all adolescents live in Asia. In absolute numbers, South Asia is home to more adolescents - around 340 million – than any other region. In India, 243 million adolescents constitute 21% of its population. The 50% adolescent population is girl population which is approximately 10% of the total population. Almost 72% of the adolescent population resides in rural areas. An adolescent acquires physical, emotional, cognitive, social, and economic resources that are the foundation for health and well-being in later life. Even though urbanization provides many opportunities for economic and social well-being, rapid urbanization without catering to the basic amenities will result in health disparities. It is a period of transition and influenced by major decisions.

According to the World Health Organization (WHO), the location where people live affects their health and life outcomes (WHO, 2008). This means impoverished people's health outcomes are especially determined by whether they live in an urban or rural area. Living situation is an especially strong determinant of health in poverty. The research presents health risks through poor living condition among adolescent girls'.

The definition of slum proposed by the UN-HABITAT Expert Group Meeting, 2002 on slum indicators states that: "A slum is a contiguous settlement where the inhabitants are characterized as having inadequate housing and basic services. A slum is often not recognized and addressed by the public authorities as an integral or equal part of the city." "A Slum is a highly populated urban residential area consisting mostly of closely packed, decrepit housing units in a situation of deteriorated or incomplete infrastructure, inhabited primarily by impoverished persons. It is a part of the city where the housing quality is low and living conditions are poor as 1.6 billion People live in slum in the world. Census 2011 found that there are 40,309 identified slums, constituting 37 percent of the total in India. According to the slum census 2014, about 646,000 people live in slums. This large population brings along with it a huge problem of accommodation and low living standards. The slum dwelling adolescent girls unlike women are less likely to access sexual and reproductive health care services. They consider themselves grown up and mature enough to have sex, yet they have inadequate knowledge about the consequences of unprotected sex. The adolescent girls staying in slums from urban area severely lack reliable resources to build knowledge regarding their health-related queries. It is very important to understand and empower the adolescents, as it will not only help in reduction of morbidity and mortality but also indirectly in progress of the nation in many ways like-boosting economy of the nation keeping the population under check. In this backdrop fact, the study was conducted to find out the Socio-economic, communication, health and hygienic status of slum dwelling adolescent girls in surrounding area of Kolkata, India.

Materials and Methods

The study was carried out in Kolkata district of West Bengal in India. Kolkata is the third largest municipal corporation in India with a population of 44, 96,694 (Census 2011) and a population density of 24,429 per sq. km. The sample area of this study was divided into 5 Zones of Kolkata Municipal Corporation as North Kolkata (N.K.), East Kolkata (E.K.), South Kolkata (S.K.), West Kolkata (W.K.), and Central Kolkata (C.K.). The population was selected from the school going adolescent girls and total 05 girls high schools was purposively selected, which are situated nearest to the slum area surrounding of whole Kolkata Municipality Corporation. Only 20 nos. of girls of class-IX and 20 no's of girls of class-X of every school was randomly selected for the present study. The total sample population was 200 adolescent school girls from the surrounding slum area under the KMC in the state of West Bengal. The data was collected by using predesigned, pre tested, and semi-structured interview schedule developed by the researcher. The collected data was tabulated, and analysed with statistical applications like-frequency and percentiles for analysing nos. of independent variable under socio-personal, communication, and socio-

psychological attributes for better interpretation and conclusion of the present study.

Results and Discussion

In the present study, the collected data was analysed in two parts i.e. Socio-Economic and communication features as well as health and hygiene status of slum dwelling adolescent girls were analysed in terms of frequency & percentage for effective interpretation of the investigative study.

Table-I depicted the Socio-economic & communication attributes of slum dwelling adolescent girls in Municipal Corporation as North Kolkata (N.K.), East Kolkata (E.K.), South Kolkata (S.K.), West Kolkata (W.K.), and Central Kolkata (C.K.) of the State West Bengal. The analysed data revealed that, 02 categories of respondents i.e. 14-15 years & 16-17 years of age group. In case of North Kolkata, majority of respondents (60%) were between the ages 16-17 years of age group. In East Kolkata majority of respondents (55%) were between the ages 16-17 years of age group under study. Similarly in case of South Kolkata majority of respondents (57.5%) were between the ages 16-17 years of age group under study. In West Kolkata majority of respondents (55%) were between the ages 16-17 years of age group under study. Majority of respondents (50%) were between the ages 16-17 years of age group under study in Central Kolkata. Among the respondents, majority of respondents (52.5%) were taken from west Kolkata were underweight and only 12.5% were belongs to overweight. In South Kolkata majority of respondents (50%) were underweight and 7.5% overweight. Majority of respondents (60%) were taken from Central Kolkata were underweight and only 15% were belongs to overweight. Similarly in East & North Kolkata majority of respondents (65% & 55%) underweight and only 7.5% & 12.5% were overweight. In W.K. & C.K. all respondents (100%) were from nuclear family. Similarly in S.K. 92.5% respondents were from nuclear family & 7.5% from joint family. In case of E.K. 97.5% from nuclear family and in N.K. 95% from nuclear family and 5% from joint family. In W.K. majority of respondents (97.5%) Hindu by religion and only 2.5% were belongs to Muslims Community, which is very much indicative in nature. In S.K. & N.K. majority of respondents (90%) Hindu by religion. Similarly in E.K. majority of respondents (85%) Hindu by religion and 2.5% were belongs to Christian community. In C.K. 82.5% respondents Hindu by religion and 5% were belongs to Christian religion. Austrian & D. Anderson (2014) ^[2] represented that adolescent girls and young women who were in the age range of 18–25 years, living in various slums in Nairobi, Kenya. Social networks, self-esteem and financial literacy all played important roles in positively positioning girls to make the transition to economic activity safely and successfully.

In W.K. & E.K. majority of respondents (55%) from General category caste and 2.5% were OBC category caste. In S.K. & C.K majority of respondents (62.5%) from General category caste and 2.5% were OBC category caste. Similarly in N.K. 45% from General category caste and 7.5% were OBC category caste. In W.K., S.K & N.K. majority of respondents (87.5%) attend school regularly and only small no's of girls (12.5%) does not goes to school. Similarly in C.K. & E.K. almost (95%) of respondents attend school regularly and only small no's of students (5%) does not goes to school. The investigation revealed that, equal basis (50%) of respondent,

studied under 9th class where other 50% studied under 10th class. Some students didn't going to school, due to some reasons (87.5%) in W.K., S.K., & N.K. The majority of respondents (95%) of E.K. & C.K. students didn't go to school, due to some reasons & 5% students didn't go to school because they doing work at home. In W.K. majority of respondents (97.5%) parents both alive and living together only 2.5% respondent's father died. In S.K. majority of respondents (80%) parents both alive and living together only 2.5% respondent's father died. In C.K. majority of respondents (87.5%) parents both alive and living together only 2.5% respondent's both died. In E.K. majority of respondents (85%) parents both alive and living together only 2.5% respondent's mother died. Similarly, in N.K. majority of respondents (82.5%) parents both alive and living together only 2.5% respondent's both died.

The study found that, Majority of respondents (70%) parental educational qualification were less than 8th standard & 5% were illiterate in W.K. In S.K. majority of respondents (77.5%) parental educational qualification were less than 8th standard. Majority of respondents (82.5%) parental educational qualification were less than 8th standard, similarly in E.K. almost all the respondents (80%) & 17.5% were greater than 8th pass. The analytical work depicts that, majority of respondents (87.5%) living with parents and 12.5% were living with relative in W.K. & N.K. Larger no's of recipients (77.5%) living with parents in S.K. & E.K. In C.K. majority of respondents (90%) living with parents and 10% were living with relative. The research activity delineates that, majority of respondents (80%) good relationship with family members in W.K. Majority of respondents (85%) have good relationship with family members in S.K. & N.K. Similarly, majority of respondents (87.5%) are good relationship with family members & 12.5% tensed relationship with family members in C.K.

The study found that, source of income for majority of respondents (80%) is daily labourer & 2.5% shopkeeper in W.K. & S.K. Almost all respondents (90%) source of income is daily labourer & 2.5% is shop keeper in E.K. The findings of the table depicted that, in W.K., N.K. & E.K. majority of respondents (95%) respondents belongs to income group between Rs. 3000/-15,000/- per month and only 5% in low income group i.e. Rs. Below Rs. 15000/- in the study. Similarly, majority of respondents (97.5%) respondents belongs to income group between Rs. 3000/-15,000/- per month and only 2.5% in low income group i.e. Rs. Below Rs. 15000/- in C.K. It is also opined by, majority of respondents (92.5%) no savings of money (<3000) only 7.5% were savings the money in W.K. 95% majority of respondents no savings of money (<3000) only 5% were savings the money in S.K. & E.K. The study further delineates that, largest no's of respondents (100%) were no life insurance in W.K. & S.K. Similarly, majority of informants (97.5%) were no life insurance in E.K. & N.K. The analytical work explore that, larger respondents (95%) were migrants in W.K. The investigation revealed that, majority of respondents (47.5%) causes' of coming to city were poverty only 12.5% natural calamities were the reason in W.K. In S.K. & E.K. Maximum (42.5%) causes' of coming to city were to search work. Finally the study also signifies that, maximum interview girls (92.5%) reason of setting in slum were low income in W.K. Similarly, in N.K. majority of respondents (77.5%) reason of setting in slum were low income & only 2.5% due to inheritance. Dutta *et al.* (1994) [4] analysed, how the work

pattern of the slum dweller is related to the types of job opportunities available in the city. They also examined that settled migrants' low incomes ensure that they become spatially immobile, thus proximity to a work place is essential to a slum-dweller.

Table-02 explained the health & hygienic status of slum dwelling adolescent girls and analysed in terms of frequency & percentage for effective interpretation of the investigative study. The analytical work explores that, larger respondents (82.5%) have not proper sanitation infrastructure in W.K. In S.K. & N.K. majority of respondents (92.5%) were have not proper sanitation infrastructure & only 7.5% have proper sanitation infrastructure in the study. The larger no's of recipients (70%) have public latrine sanitation facility & 2.5% have open defecation facility in W.K. Similarly, larger group of informants (80%) public latrine sanitation facility & 20% have pit latrine facility in E.K. The study further delineate that, higher no's of respondents (92.5%) have no supply of sufficient water of sanitation in W.K. In S.K. majority of respondents (80%) have no supply of sufficient water of sanitation. Similarly, larger group of informants (95%) have no supply of sufficient water of sanitation only 5% have water facility in C.K. The study disclosed that, Majority of respondents (92.5%) have no cleaning requirements for sanitation in W.K. & S.K. Similarly, in E.K. Majority of respondents (97.5%) have no cleaning requirements for sanitation. The study further delineates that, in W.K. & E.K. Higher no's of respondents (90%) have no adequate light facility in toilet. 82.5% respondents in C.K. have no adequate light facility in toilet, only 17.5% have the facility. The research study also explains that, the research study also explains that, majority of the informants (97.5%) in C.K. think no privacy standards for toilet and washroom is satisfactory. In W.K. & S.K. majority of the informants (92.5%) think no privacy standards for toilet and washroom is satisfactory, only 7.5% think privacy is needed. Abrams (1953) [1] explained that slum is a common problem in almost every city of the world. He observed that lack of light even in day time, lack of ventilation, uses of single living room for many purpose and overcrowding are common problems in slums.

In regard to hygienic status, the analytical work depicted that, greater no's of respondents (77.5%) have no drainage system in colony only 12.5% have choked and open drainage system in S.K. & C.K. The investigative study delineates that, majority (92.5%) of respondents inside the house domestic sewage seen in E.K. Similarly, in W.K. & C.K. (75%) of respondents inside the house domestic sewage seen. The research study also explains that, majority of the informants (100%) garbage disposal method is discarded in open area outside in C.K., which is also very indicative regarding N.K. (77.5%) respondent's garbage disposal method is discarded in open area outside, only 22.5% respondents garbage disposal method is inside compound. Das (2013) [3] examined the quality of life in the slum of Balurghat town, West Bengal; there were also some problems in the slum area like poor condition of sewage and drainage, poor recreation facilities, improper solid waste management etc.

It is also opined by, majority of respondents (100%) have only 1-2 rooms for staying in North Kolkata (N.K.), East Kolkata (E.K.), South Kolkata (S.K.), West Kolkata (W.K.), and Central Kolkata (C.K.) of the State West Bengal. In this regard, maximum beneficiary respondent (97.5%) also depict that, cooking area is inside the room in C.K. the study also

signifies that, majority of interviewee (90%) house situated beside the rail line in S.K. and in C.K. (92.5%) respondents house situated beside the road. In W.K. majority of respondents (95%) like junk food and 52.5% respondents not too meal properly. The research study also explains that, majority of the informants (90%) don't know about anaemia in W.K. & N.K. & in C.K. majority of the informants (95%) don't know about anaemia. The analytical work depicted that, greater no's of respondents (85%) have fatigue symptom in anaemia in W.K. In W.K. C.K. & N.K majority of the

informants (95%) know about anaemia. Majority of respondents (100%) in C.K. during menstruation used sanitary pads. During treatment purpose majority of respondents (95%) go govt. Hospital for treatment & only 2.5% go privet clinic in C.K & E.K. Mohite *et al.* (2013) ^[5] told that Menstruation, an important part of female reproductive cycle but poor nutritional status and anaemia were associated with common menstrual problems among adolescent girls from slum area.

Table 1: Socio-Economic & Communication Characteristics of slum dwelling adolescent Girls in terms of Percentage (%) distribution from Kolkata district of West Bengal, India

S. No.	Items	W. Kol.		S. Kol.		C. Kol.		East Kol.		N. Kol.		
		Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%	
1	Age	14-15 yrs	18	45.0	17	42.5	20	50.0	18	45.0	16	40.0
		16-17 yrs	22	55.0	23	57.5	20	50.0	22	55.0	24	60.0
		Total	40	100.0	40	100.0	100.0	40	100.0	40	100.0	40
2	Weight	Under wt	21	52.5	20	50.0	24	60.0	26	65.0	22	55.0
		Normal wt	14	35.0	17	42.5	10	25.0	11	27.5	13	32.5
		Over wt.	5	12.5	3	7.5	6	15.0	3	7.5	5	12.5
		Total	40	100.0	40	100.0	100.0	40	100.0	40	100.0	40
3.	Family	Nuclear	40	100.0	37	92.5	40	100.0	39	97.5	38	95.0
		Joint	0	0	3	7.5	0	0	1	2.5	2	5.0
		Total	40	100.0	40	100.0	100.0	40	100.0	40	100.0	40
4.	Religion	Hindu	39	97.5	36	90.0	33	82.5	34	85.0	36	90.0
		Muslim	1	2.5	4	10.0	5	12.5	5	12.5	4	10.0
		Christian	0	0	0	0	2	5.0	1	2.5	0	0
		Total	40	100	40	100.0	100.0	40	100.0	40	100.0	40
5.	Caste	Gen	22	55.0	25	62.5	25	62.5	22	55.0	18	45.0
		SC	16	44.0	14	35.0	14	35.0	16	40.0	18	45.0
		ST	1	2.5	0	0	0	0	1	2.5	1	2.5
		OBC	1	2.5	1	2.5	1	2.5	1	2.5	3	7.5
		Total	40	100.0	40	100.0	100.0	40	100.0	40	100.0	40
6.	Class	ixth	20	50.0	20	50.0	20	50.0	20	50.0	20	50.0
		Xth	20	50.0	20	50.0	20	50.0	20	50.0	20	50.0
		Total	40	100.0	40	100.0	100.0	40	100.0	40	100.0	40
7.	Schooling status	yes	35	87.5	35	87.5	38	95.0	38	95.0	35	87.5
		No	5	12.5	5	12.5	2	5.0	2	5.0	5	12.5
		Total	40	100.0	40	100.0	100.0	40	100.0	40	100.0	40
8.	If No why	Not applicable	35	87.5	35	87.5	38	95.0	38	95.0	35	87.5
		Work at home	3	7.5	2	5.0	2	5.0	2	5.0	2	5.0
		Parents do not allow	1	2.5	1	2.5	0	0	0	0	1	2.5
		No interest in study	1	2.5	2	5.0	0	0	0	0	2	5.0
		Total	40	100.0	40	100.0	40	100.0	40	100.0	40	100.0
9.	Living status of parents	Father died	1	2.5	1	2.5	2	5.0	2	5.0	2	5.0
		Mother died	0	0	2	5.0	0	0	1	2.5	2	5.0
		Both dead	0	0	0	0	1	2.5	0	0	1	2.5
		Separated	0	0	5	12.5	2	5.0	2	5.0	2	5.0
		Both alive & living together	39	97.5	32	80.0	35	87.5	34	85.0	33	82.5
		Total	40	100.0	40	100.0	40	100.0	40	100.0	40	100.0
10.	Parental educational qualification	Illiterate	2	5.0	3	7.5	2	5.0	1	2.5	0	0
		Less than 8th	28	70.0	31	77.5	33	82.5	32	80.0	26	65.0
		> than 8th	10	25.0	6	15.0	5	12.5	7	17.5	14	35.0
		Total	40	100.0	40	100.0	40	100.0	40	100.0	40	100.0
11.	Living status of respondent	Living with parents	35	87.5	31	77.5	36	90.0	31	77.5	35	87.5
		Living with relatives	5	12.5	9	22.5	4	10.0	9	22.5	5	12.5
		Total	40	100.0	40	100.0	40	100.0	40	100.0	40	100.0
12.	Relationship with family members	Tensed	8	20.0	6	15.0	5	12.5	7	17.5	6	15.0
		Good	32	80.0	34	85.0	35	87.5	33	82.5	34	85.0
		Total	40	100.0	40	100.0	40	100.0	40	100.0	40	100.0
13	Source of Income of your family	Daily laborer	32	80.0	32	80.0	33	82.5	36	90.0	33	82.5
		Regular job	4	10.0	6	15.0	1	2.5	3	7.5	1	2.5
		Shop keeper	2	5.0	1	2.5	3	7.5	1	2.5	3	7.5
		Business	0	0	0	0	2	5.0	0	0	1	2.5
		others	2	5.0	1	2.5	1	2.5	0	0	2	5.0
		Total	40	100.0	40	100.0	40	100.0	40	100.0	40	100.0

14	Monthly income	3000-15000	38	95.0	37	92.5	39	97.5	38	95.0	38	95.0
		>15000	2	5.0	1	2.5	1	2.5	1	2.5	1	2.5
		<3000	0	0	2	5.0	0	0	1	2.5	1	2.5
		Total	40	100.0	40	100.0	40	100.0	40	100.0	40	100.0
15	Amount of saving: <3000	No	37	92.5	38	95.0	36	90.0	38	95.0	36	90.0
		Yes	3	7.5	2	5.0	4	10.0	2	5.0	4	10.0
		Total	40	100.0	40	100.0	40	100.0	40	100.0	40	100.0
16	Life insurance	No	40	100.0	40	100.0	38	95.0	39	97.5	39	97.5
		Yes	0	0	0	0	2	5.0	1	2.5	1	2.5
17	Migrated	No	2	5.0	5	12.5	3	7.5	3	7.5	7	17.5
		Yes	38	95.0	35	87.5	37	92.5	37	92.5	33	82.5
		Total	40	100.0	40	100.0	40	100.0	40	100.0	40	100.0
18	Causes of coming city	.00	2	5.0	5	12.5	3	7.5	3	7.5	6	15.0
		poverty	19	47.5	12	30.0	9	22.5	18	45.0	15	37.5
		To search work	13	32.5	17	42.5	19	47.5	17	42.5	17	42.5
		Natural calamities	5	12.5	4	10.0	8	20.0	2	5.0	1	2.5
		Others	1	2.5	2	5.0	1	2.5	0	0	1	2.5
		Total	40	100.0	40	100.0	40	100.0	40	100.0	40	100.0
19	Reason of setting in slum	Near to work place	2	5.0	1	2.5	4	10.0	1	2.5	0	0
		Inheritance	0	0	1	2.5	1	2.5	0	0	1	2.5
		High rent in non-slum area	1	2.5	5	12.5	3	7.5	3	7.5	8	20.0
		Low income	37	92.5	33	82.5	32	80.0	36	90.0	31	77.5
		Total	40	100.0	40	100.0	40	100.0	40	100.0	40	100.0

Table 2: Health & Hygiene status of the slum dwelling adolescent girls in terms of Percentage (%) distribution from Kolkata district of West Bengal, India

Sl. No	Particulars of Items	W. Kol.		S. Kol.		C. Kol.		East Kol.		N. Kol.		
		Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%	
1	Proper sanitation infrastructure	Yes	7	17.5	3	7.5	6	15.0	4	10.0	3	7.5
		No	33	82.5	37	92.5	34	85.0	36	90.0	37	92.5
2.	Sanitation facility	Pit latrine	11	27.5	9	22.5	8	20.0	8	20.0	10	25.0
		Public latrine	28	70.0	30	75.0	29	72.5	32	80.0	29	72.5
		Open defecation	1	2.5	1	2.5	3	7.5	0	0	1	2.5
3.	Water supply	No	37	92.5	32	80.0	38	95.0	36	90.0	28	70.0
		Yes	3	7.5	8	20.0	2	5.0	4	10.0	12	30.0
4.	Sufficient water for sanitation	No	37	92.5	36	90.0	38	95.0	31	77.5	34	85.0
		Yes	3	7.5	4	10.0	2	5.0	9	22.5	6	15.0
5.	Cleaning requirement for sanitation	No	37	92.5	37	92.5	35	87.5	39	97.5	38	95.0
		Yes	3	7.5	3	7.5	5	12.5	1	2.5	2	5.0
6.	Adequate light in toilet	No	36	90.0	35	87.5	33	82.5	36	90.0	37	92.5
		Yes	4	10.0	5	12.5	7	17.5	4	10.0	3	7.5
7.	Privacy for toilet and washroom	No	37	92.5	37	92.5	39	97.5	38	95.0	38	95.0
		Yes	3	7.5	3	7.5	1	2.5	2	5.0	2	5.0
8.	Drainage system	Organized	1	2.5	0	0	4	10.0	3	7.5	3	7.5
		Not drainage	30	75.0	31	77.5	31	77.5	33	82.5	28	70.0
		Open & Choked	9	22.5	9	22.5	5	12.5	4	10.0	9	22.5
9.	Domestic sewage seen inside house	No	10	25.0	6	15.0	10	25.0	3	7.5	4	10.0
		Yes	30	75.0	34	85.0	30	75.0	37	92.5	36	90.0
10.	Garbage disposal method	Discarded in open area outside	39	97.5	34	85.0	40	100.0	35	87.5	31	77.5
		Thrown away inside compound	1	2.5	6	15.0	0	0	5	12.5	9	22.5
11.	Rooms in your house	1-2 rooms	40	100.0	40	100.0	40	100.0	40	100.0	40	100.0
12.	Cooking area inside house	No	2	5.0	1	2.5	1	2.5	3	7.5	3	7.5
		Yes	38	95.0	39	97.5	39	97.5	37	92.5	37	92.5
13.	Colony situated beside	Rail line	1	2.5	36	90.0	0	0	0	0	0	0
		Main road	34	85.0	1	2.5	37	92.5	7	17.5	5	12.5
		Along with drain	5	12.5	3	7.5	3	7.5	33	82.5	35	87.5
14.	Have you took meal properly	Yes	19	47.5	18	45.0	24	60.0	18	45.0	22	55.0
		No	21	52.5	22	55.0	16	40.0	22	55.0	18	45.0
15.	Do you like junk food	Yes	38	95.0	38	95.0	38	95.5	39	97.5	37	92.5
		No	2	5.0	2	5.0	2	5.0	1	2.5	3	7.5
16.	Do you know about anemia	Yes	4	10.0	6	15.0	2	5.0	5	12.5	4	10.0
		No	36	90.0	34	85.0	38	95.0	35	87.5	36	90.0
17.	Symptoms of anemia you have	Fatigue	34	85.0	30	75.0	33	82.5	33	82.5	32	80.0
		Pale skin color	4	10.0	0	0	3	7.5	3	7.5	2	5.0
		Irritability	2	5.0	9	22.5	3	7.5	2	5.0	5	12.5
		Shortness of breath	0	0	1	2.5	1	2.5	1	2.5	0	0
		Decrease appetite	0	0	0	0	0	0	1	2.5	1	2.5
18.	Are you anemic	No	38	95.0	36	90.0	38	95.0	37	92.5	38	95.0

		Yes	2	5.0	4	10.0	2	5.0	3	7.5	2	5.0
19.	Reason of anemia	Decrease dietary iron intake	7	17.5	1	2.5	8	20.0	1	2.5	3	7.5
		Increased blood loss during menstrual cycle	1	2.5	3	7.5	4	10.0	3	7.5	1	2.5
		Warm infection	0	0	0	0	0	0	0	0	0	0
		Increased need not fulfilled in adolescence and pregnancy	0	0	0	0	0	0	0	0	0	0
		Do not know	32	80.0	36	90.0	28	70.0	36	90.0	36	90.0
20.	Absorbent used during menstruation	Sanitary pad	39	97.5	39	97.5	40	100.0	39	97.5	39	97.5
		Cloths	1	2.5	1	2.5	0	0	1	2.5	1	2.5
21.	Teenage pregnancy is risky	Yes	40	100.0	40	100	40	100.0	40	100.0	40	100.0
		No	0	0	0	0	0	0	0	0	0	0
22.	Where do you go for treatment	Govt. hospital	37	92.5	38	95.0	38	95.0	38	95.0	37	92.5
		Pvt. clinic	0	0	1	2.5	2	5.0	0	0	1	2.5
		NGO health clinic	2	5.0	0	0	0	0	1	2.5	0	0
		Pharmacy	1	2.5	1	2.5	0	0	1	2.5	0	0
		Others	0	0	0	0	0	0	0	0	2	5.0

Conclusion

This study highlight the wellbeing factors, literacy rate, decision making power of the adolescent girls of the urban slum area and exploring their health & hygiene, social attitude, socio-economic conditions. Moreover it suggests and recommending effective ways and policies in favour of these slum dwelling girls. The most important part of this study is that it studied about the urban slum dwelling adolescent girls who are facing and suffering tough challenges and risk in every step of their life. The development of any country cannot take place smoothly, when important part of the population i.e. young girls is left out. A better physical, social, mental development of an adolescent will help the nation to smooth its way for future development. So the study will help to draw attention of every one to think and do something for the better life and security of the young girls of the urban slum areas of the state of West Bengal, India.

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