

# Summative Approach for Slum Adolescents

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## Abstract

**Background:** Urban slums in India are neglected communities as far as public health facilities are concerned. There is no health infrastructure since these slums are largely illegal and unauthorized. This community has poor awareness of health schemes and other social security benefits provided by the government. No initiatives have been taken to provide vocational training to empower this economically weaker and neglected section of the society.

**Objectives:** To generate health awareness among the slum adolescents on various issues related to health, especially menstrual hygiene, personal hygiene, household methods of water purification as well as safe disposal of waste and also make them economically independent.

**Methodology:** A summer workshop was conducted for a period of one week by MBBS students in the urban slums of Bhangel, during the summer vacations time of school going children. Two groups of slum adolescents were recognized. One group had younger adolescents and the other had older adolescents who acted as guides for the younger group. Health awareness sessions were conducted for these children everyday on community relevant health topics like personal hygiene, menstrual hygiene, water purification techniques, etc., along with teaching them some vocational skills like first aid box making, mehendi application, lipstick making, making of dust bins, etc. They were also taught marketing and selling skills. Both these groups were asked to identify another group of young adolescents and teach them what they learnt in the workshop, under observation of the medical students.

**Results:** On comparing the pre and post workshop assessment, the results were very encouraging.

**Conclusion:** Marked improvement was observed in the knowledge levels related to health issues and vocational independence could be promoted. However, there is a need to explore the possibility of replicating the same at a larger scale.

**Keywords:** Urban slums, Health awareness, Workshop, Vocational skills, Adolescents

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### Introduction

Our country comprises urban, rural and slum population. Currently as per WHO estimates, the number of people living in slum conditions in India is 104.7 million.<sup>1</sup> The slum population specifically is the neglected community as far as provision of healthcare and other public amenities are concerned. Adolescents constitute nearly 23% of the Indian population<sup>2</sup> and are vulnerable to high-risk behavior. They are the best messengers of health awareness and need generation. **Summative approach** comprises utilization of timings of summer vacations through training workshops for **Lead Trainers** on various health awareness issues, vocational training on preparing household utility items, and

marketing of products with selling the same for financial independence.

Slums being the underprivileged unorganized sector, lack skills for financial independence, especially among young people and adolescent girls. So, the following study was an initiative to explore the feasibility of self-sustainable workshops to improve health awareness levels and impart vocational training for financial independence.

### Aims and Objectives

To improve the level of health awareness among slum adolescents and to make these slum adolescents financially independent.

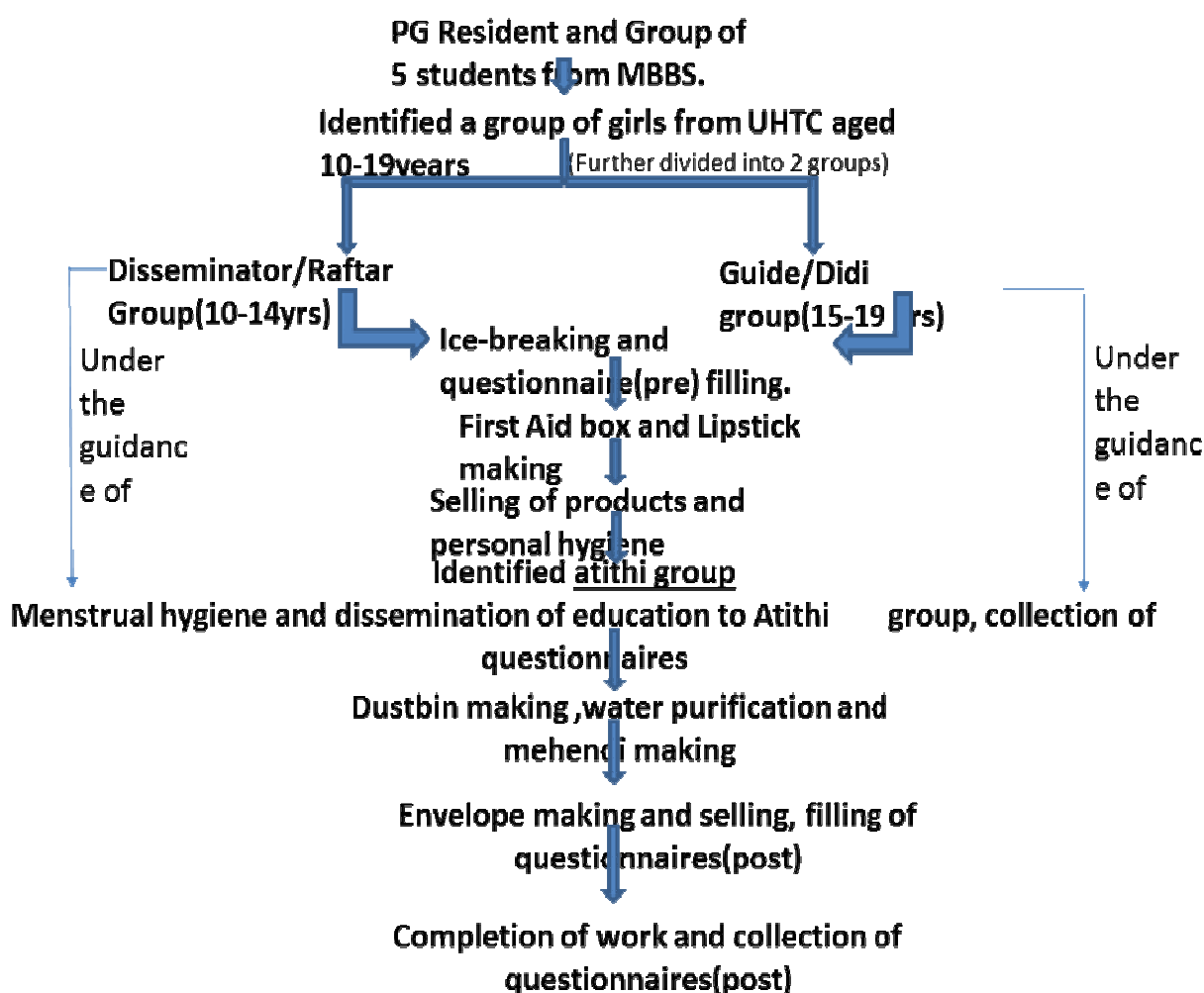


Figure 1.

### Methodology

To start with, two groups of adolescents were identified - the **RAFTAR** group having children aged 10-14 years and the **DIDI** group with children aged 15-19 years. A pre-workshop assessment of their knowledge regarding

personal hygiene and menstrual hygiene was done with the help of a questionnaire. This was followed up by a discussion on the same topic as well as on topics like water purification, community hygiene, etc., by MBBS students under guidance of PG resident. Both groups were also given vocational training to make lipstick, first

aid boxes, mehendi application, dustbin making, etc., and skills were taught to sell them. These groups then identified more adolescents in their community (*ATITHI* group) and educated them on the health-related issues and trained them in vocational skills, under guided supervision. Towards the end of the workshop, these adolescents were again assessed for their knowledge regarding the health issues discussed so far and also trained on the tactics of successfully selling their products (post-workshop assessment).

## Observations and Results

Seven adolescents were chosen for *Raftar* and three for

*Didi* group. The levels of knowledge regarding personal hygiene, menstrual hygiene, first aid, and health importance of using dustbin were assessed through pre and post workshop (Table 1). The difference in the scores for menstrual hygiene and knowledge regarding first aid was found to be significant (P value=0.009 and 0.00016 respectively).

In the same way, knowledge imparted to the *Atithi* group by *Raftar* group was assessed as pre and post workshop knowledge of the *Atithi* group (Table 2). In this, a significant difference was found in the knowledge level for personal hygiene (P Value=0.0300)

Table 1.

Knowledge of Personal Hygiene ( <i>Raftar</i> and <i>Didi</i> Group)			
Parameter	Pre Workshop Response (%)	Post Workshop Response (%)	P Value
Should we wash hands?	100	100	P=0.1734
Number of times hands should be washed	80	100	
When hands should be washed?	100	100	
Steps of hand washing	0	100	
Trimming of nails	100	100	
Importance of trimming nails	70	100	
Importance of daily bath	100	100	
Knowledge of Menstrual Hygiene ( <i>Raftar</i> and <i>Didi</i> Group)			
Parameter	Pre Workshop Response (%)	Post Workshop Response (%)	P Value
Age of menarche	70	100	P=0-0090
Type of menstrual problems	70	100	
Consult doctor for problems	70	70	
What should be used?	60	100	
How to use?	0	50	
How to dispose of?	40	100	
Knowledge of First Aid ( <i>Raftar</i> and <i>Didi</i> Group)			
Parameter	Pre Workshop Response (%)	Post Workshop Response (%)	P Value
What should be used during medical emergency?	60	100	P=0.0016
Know about first aid	40	100	
Have a first aid box at home?	40	100	
How to use a first aid box?	40	100	
Knowledge about Health Importance of Dustbin ( <i>Raftar</i> and <i>Didi</i> Group)			
Parameter	Pre Workshop Response (%)	Post Workshop Response (%)	P Value
What is used household waste?	10	50	P=0.0955
How should it be disposed of?	60	70	
Health hazards of unsafe disposal	30	70	

Table 2.

Knowledge of Personal Hygiene (Atithi Group)			
Parameter	Pre Workshop Response (%)	Post Workshop Response (%)	P Value
Should we wash hands?	100	100	P=0.030 0
Number of times hands should be washed	71.4	100	
When hands should be washed?	85.7	100	
Steps of hand washing	28.5	100	
Trimming of nails	85.7	100	
Importance of trimming nails	71.4	100	
Importance of daily bath	85.7	100	
Knowledge of Menstrual Hygiene (Atithi Group)			
Parameter	Pre Workshop Response (%)	Post Workshop Response (%)	P Value
Age of menarche	42.8	100	P=0.1747
Type of menstrual problems	28.5	28.5	
Consult doctor for problems	28.5	28.5	
What should be used?	14.2	14.2	
How to use?	42.8	100	
How to dispose of?	42.8	42.8	

## Discussion and Conclusion

Faculty members were amazed to see the results of this little initiative of the students. The participants were enthusiastic in pursuing the activities and they imbibed considerable knowledge about personal hygiene, menstrual hygiene, community hygiene, and water sanitation.

Children were keen to disseminate the knowledge they had gained to their peers and learnt many vocational skills and could raise money after selling their products.

## Recommendations

India is a vast country having a total of 500 medical colleges, each having their urban and rural health centres catering to a population of 30,000,<sup>4</sup> amounting to 15 million population collectively. All these colleges are tertiary level centres having necessary infrastructure as well as resources. Initiation of same kind of activities in the urban slum areas catered by these colleges will definitely bring about a change in the health status of this underprivileged population and empower them socially and financially. The health ministry can involve NGOs active in these areas to cater to their needs and also start small vocational centres within the slums. This

can be taken up as part of National Urban Health Mission<sup>5</sup> under the public-private-partnership (PPP). The state government can also allocate funds for slum-based research projects aimed at enhancing the health and financial status of this section of our society.

**Conflict of Interest:** None

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