

Original Research Article

Sanitation Status and Waste Disposal Pattern in the Slum Area of Sylhet City Corporation.

Abstract

Aims: Majority of slum people are living in poor quality housing where the absence of basic services and facilities are significant. The aim of the study is to determine the present condition of sanitation status and waste disposal patterns of the selected slum areas of Sylhet City Corporation (SCC).

Study Design: Both descriptive and analytical method were applied to find out the result.

Methodology: To conduct the study, 355 samples were collected from five different wards through a constructive questionnaire survey. Key Information Interview (KII), field observation, and focus group discussion (FGD) were also used to collect data.

Results: While the slum people are always struggling to ensure their basic needs, they don't give emphasis on the sanitary, hygiene, health condition, etc. About 80.4% of slum dwellers is used for unhygienic defecation causing various diseases and lead to water pollution by pathogenic microbes. Only 54.9% of people dispose of their waste in a proper way and the others are accountable for environmental pollution by disposing of waste here and there. This study also reveals the socioeconomic condition, health issues, and water source of the slum dwellers.

Conclusion: Due to lack of education and knowledge about health and hygiene, unwillingness, poverty, etc. are also responsible for the deterioration of the situation of slum inhabitants. Several remedial steps should be taken for the improvement of sanitation and waste disposal system.

Keywords: Sylhet, Slum, sanitation, waste.

1. INTRODUCTION

Sylhet, a developing city of Bangladesh, where a large number of low-income migrated workers are depending on labor-intensive economic activity. The socioeconomic condition of the northeast region of Bangladesh is different due to the presence of hill tracts, tea gardens, forests, and mineral resources as well as for natural calamities [1]. The rapid growth of industries, lack of financial resources, inadequately trained manpower, inappropriate technology and lack of awareness of the community are the major constraints of waste management [2]. The sanitation condition of the low-income slum areas of Sylhet city is miserable [3]. A large number of low-income workers live in the slum areas in the Sylhet region [4]. Almost no latrines or urinals are observed here and the inhabitants often defecate at open spaces, hedges, drains and bushes [1]. Only about 16% of the slum dwellers of the city have access to use sanitary latrines [5]. Moreover, the water they use for drinking and other domestic purposes is far below the permissible water quality standard. As a result, many kinds of diseases spread by water, soil, flies, mosquitoes, air, etc. The deteriorated sanitation situation causes severe environmental degradation in Sylhet city [1]. The health improvements, are extremely difficult within the provision of water and sanitation technology alone without changes of hygienic behavior of the people [6]. Human activities create waste, and it is the way these wastes are handled, stored, collected and disposed of, which can pose risks to the environment and to public health [7]. More than 200-250 tons of waste are generated in Sylhet city every day [8]. Typically, one to two-thirds of the solid waste generated is not collected [9]. As a result, the uncollected waste, which is often also mixed with human and animal excreta, is dumped indiscriminately in the streets and in drains, so contributing to flooding, breeding of insect and rodent vectors and the spread of diseases [10]. Most of the municipal solid waste in the Sylhet city area is collected from the land in a more or less uncontrolled manner. Such inadequate waste disposal creates serious environmental problems that affect the health of humans and animals and cause serious economic and other welfare losses [8]. The specific objectives of this study are to investigate the sanitation system and waste disposal patterns in the study area.

1.2 Research hypothesis

This study is based on the hypothesis that the condition of sanitation and waste disposal system of slum dwellers is very poor. It also tested two research assumptions.

- Due to poor sanitation and unplanned waste disposal pattern, the ambient environmental condition may be polluted and its effect on the health of slum dwellers.
- Lack of proper management of domestic waste.

1.3 Study area

Sylhet City Corporation, which is established in 1867 is running from the period of the British Government. It consists of 27 wards and a huge population of nearly 500,000. It is located at the 24°53'N

latitude and at 91°52'E longitude with an area of 26.5 square kilometers [11]. For this study, five wards (ward number 2, 7, 9, 15, 17) have selected among 27 wards. Puratan Medical Colony, Khetri Para, Bamkala Para , Madina Market, Jatarpur, Kazitula areas were selected on the basis of having a large number of slum dwellers found after doing a pilot survey. The location of the study area is shown in figure 1.

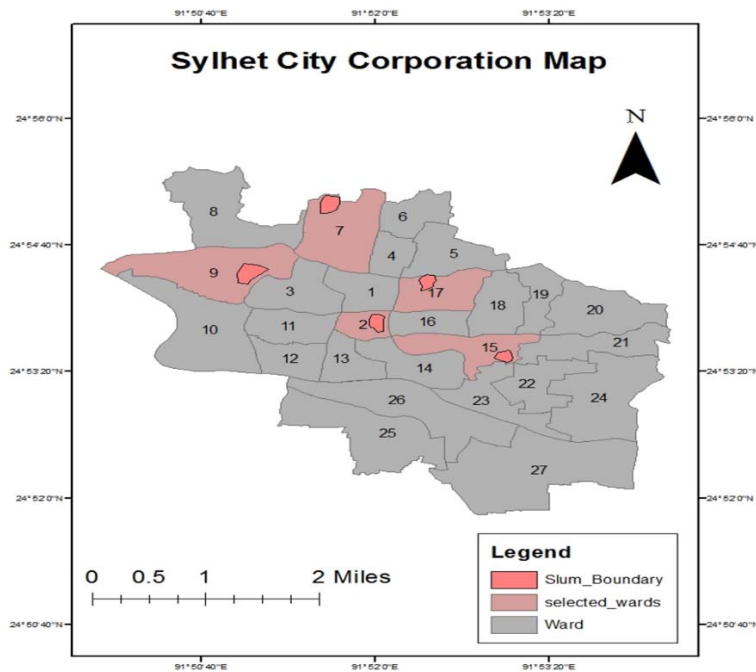


Fig. 1 Location of study area

2. RESEARCH METHODOLOGY

In this research, the descriptive method and the analytical method both are applied to find out the result. The data were collected from the dwellers of the study areas by questionnaire survey. Secondary data were collected from the Sylhet City Corporation (SCC), related reports, and research papers. Structured questionnaire, key information interview (KII), field observation, and focus group discussion (FGD) method were used to collect data from people in the study area. From the wards, individual houses were selected randomly to collect the primary data. The total research design was shown in table 1. Respondent was selected purposively and randomly from the study area. Age and gender issues were seriously considered throughout the survey work.

Table 1 Sample design and methods

Steps	Sampling Technique	Description	Area
1.	Purposive Sampling	To study the sanitation status and waste disposal practice of slum people in Sylhet city.	Sylhet City Corporation
2.	Simple Random Sampling	2, 7, 9, 15, 17 number wards have been selected purposively for questionnaire survey among the slum dwellers.	Five wards among 27 wards of the SCC.

In order to collect the data in a significant way, 355 holdings were selected at 5% significance level among 3145 holdings of the study area. During the survey, the holdings were selected by the simple random procedure. The Sample size is determined based on the following equation 1 and 2. Details of the sampling technique are shown in table 2.

Sample size,
$$n = \frac{N}{1+Ne^2}$$

(1)

Where, N= Total Number of Population and e= Level of Significance

Sample fraction=
$$\frac{n}{N} = \frac{355}{3145} = 0.11287$$

(2)

- Ward Number 2 = $1250 \times 0.11287 = 141.09$
- Ward Number 7 = $725 \times 0.11287 = 81.83$
- Ward Number 9 = $400 \times 0.11287 = 45.14$
- Ward Number 15 = $450 \times 0.11287 = 50.79$
- Ward Number 17 = $320 \times 0.11287 = 36.11$

Identity	Ward Number	Location	Total Population	No of Sample Taken	Sample Size
Zone 1	Ward 2	Puratan medical Colony, Khetri Para	1250	141	$n = \frac{N}{1 + Ne^2}$ $= \frac{3145}{\{1 + 3145 \times (0.05)^2\}}$ $= 355$
Zone 2	Ward 7	Bamkala Para	725	82	
Zone 3	Ward 9	Madina Market	400	45	
Zone 4	Ward 15	Jatarpur	450	51	
Zone 5	Ward 17	Kazitula	320	36	
		Total	3145	355	355

Table 2 Selected wards and sample holdings

2.1 Data analysis

Analysis of the data was done according to the objectives and the guidelines of the research. Different types of data collected through a questionnaire survey were analyzed using SPSS and Excel software. Descriptive statistics such as frequency, percentage, average and cross tabulation are used to analyze the socioeconomic condition, sanitation condition & pattern, hygiene condition, waste generation quantity, waste disposal system, preferred disposal site, disposal area of the city and then give suggestions about the waste disposal system and some other relevant categorical data

3 RESULTS AND DISCUSSION

The determinations of the study resulting from the detailed survey were examined, processed, and provided through tables and figures. The Analysis was done by SPSS 16.0 and Microsoft Excel 2013. These sections include the analysis of socioeconomic conditions, existing water source, sanitary situation, and waste management of the existing systems as well as an overall scenario of the selected slum areas.

3.1 Socioeconomic condition

Most of the slum dwellers are living under the poverty limit. They are illiterate and poor. They can hardly fulfill their basic needs with monthly income below to Tk (Taka—Bangladeshi currency) 6000 or about US \$70.98. Maximum children in slum areas are involved in low-income work at an early age. They have no capability or

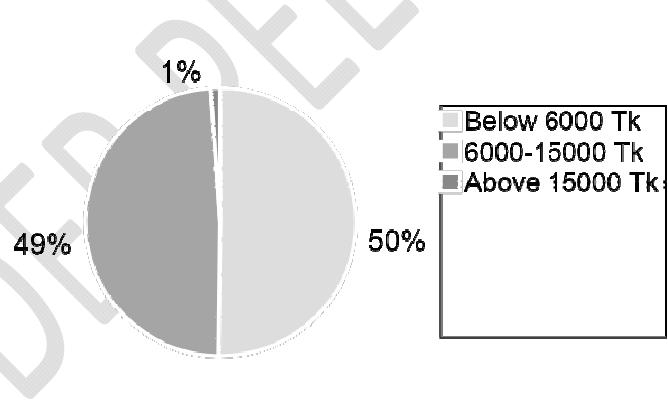


Fig. 2 Monthly income level of slum dwellers. Conversion rate -1 US \$ = 84.53 Tk (approximately)

willingness to spend money on sanitary, health issues, education, hygiene, water purification, etc. Figure 2 shows the monthly income level of slum dwellers.

3.2 Source of water

Most of the slum dwellers were used to tap water supplied by the Sylhet municipality for the purpose of drinking, bathing, toileting, cooking, and household needs. Both men and women used the open slab and the condition of the bathroom was very unhygienic. Maximum people used the supplied and tube well

water in all zones except zone 2 and 3. In these two zones, a significant number of people have to depend on pond /"Chara" (small hilly canals) without any treatment process which is very unhygienic. Such types of practices should lead to a dangerous health hazard. Figure 3 depicts the source of water in the slum area.

3.3 Practices of water purification

The slum dwellers preserved drinking water from the supply water in pitchers or any kind of pots as they can't afford any other purification system. Table 3 indicates most of the inhabitants (83.9%) did not boil drinking water. Only 16.1% slum dwellers boiled water for drinking purpose. As their economic condition was not so good and fuel for cooking was expensive, so they thought that boiling water for drinking was an extravagance to them. Slum dwellers would suffer from different waterborne diseases if the condition has not to be improved.

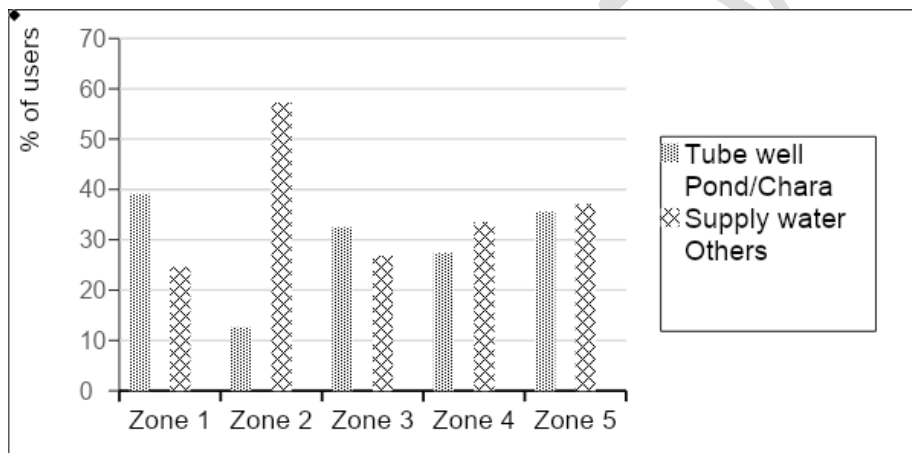


Fig. 3 Sources of water

Table 3 Practices of boiling drinking water

Response	Frequency	Percentage (%)
Yes	57	16.1
No	298	83.9
Total	355	100

3.4 Types of Latrine

As there is always a high density of population in the slum areas and for being poor, living conditions of the slum dwellers are generally unhealthy. For a large number of slum dwellers, there was a limited number of the latrine. The majority of the households used unhygienic latrines. Only 19.6% of people used the sanitary latrine, 61.7% people used the unhygienic latrine and 18.7% people used an open

place or chara to defecate. Open defecation leads to water pollution via pathogenic microbes when it is mixed with water or rain flushes. The defecation type is shown in figure 4. Unhygienic latrines spread waterborne diseases such as cholera, dysentery, diarrhea, etc.

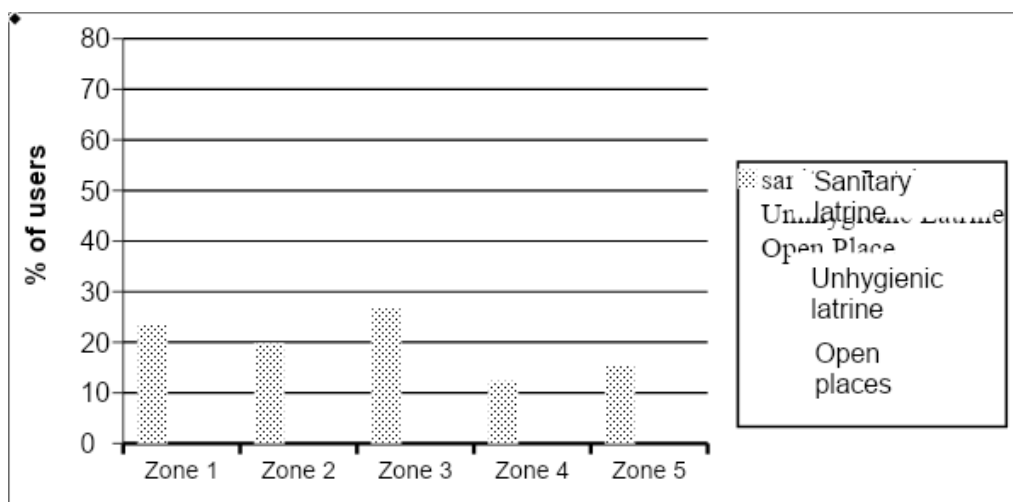


Fig. 4 Latrine types

3.5 Materials to wash hands after urinating/ defecating

Table 4 shows that most of the slum residents (78.3%) used soap for washing hands after urinating/ defecating. Only 3.7% of inhabitants wash hands only by water after it. Though the health condition of the people has been improved, some dwellers have remained under the health risk.

Table 4 Materials for washing hands after urinating/ defecating

Name of Materials	Frequency	Percentage (%)
Only Water	13	3.7
Soap	278	78.3
Ash	19	5.4
Mud or Soil	45	12.6
Total	355	100

3.6 Waste Generation, management, and disposal stations

A perfect waste disposal system maintains the city's daily generated waste to be disposed of perfection in a specific way. This study shows that 44% of people generate approximately 5-6 kilograms of solid waste per day. The quantity of waste generated in a single day is represented in figure 5. In those slum areas, the amount of dustbin is not sufficient. Only 54.9 % of people dispose of their waste in a proper manner. Either they use dustbin or take services from SCC or other community. The SCC collects waste and sometimes local colony/community did the job from door to door. Figure 6 shows that 16.4% of people

disposed of their waste by themselves in dustbins, 14.3% of peoples used the facility of SCC directly and 24.1 % people used their community services. The rest 45.1% of

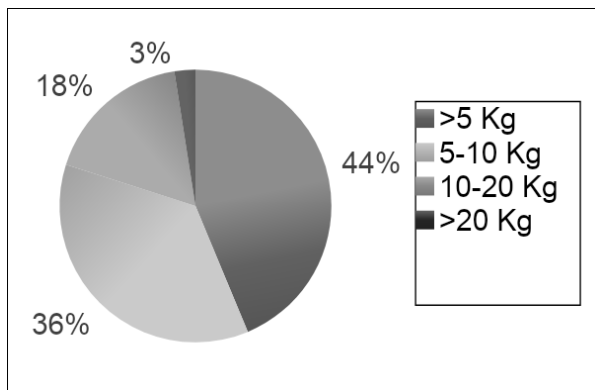


Fig. 5 Daily waste generation

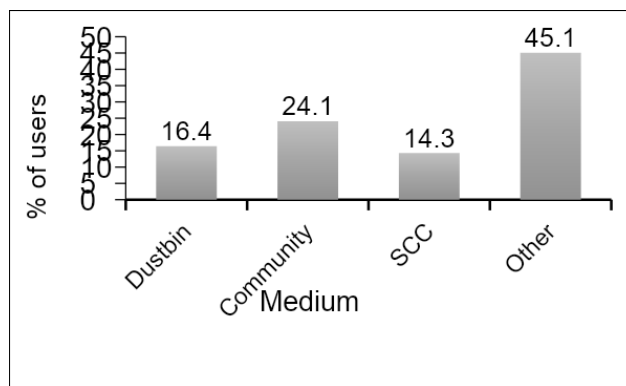


Fig. 6 Dispose of waste

people dispose of wastes in nearby water bodies, open-fields or on roadsides. This can cause waterlogging, road and drain blockage, malodor, water and air pollution in the surrounding areas. Maximum people preferred the dustbin should be closed as it causes many problems. Achieving a controlled, engineered landfill with a minimal level of environmental pollution and health risk to the public (here defined as a "sanitary" landfill), can be a step to step process depending on the financial situation of the authorities [12].

3.7 Impact of unplanned waste disposal

Figure 7 shows that malodor is the main problem because of unplanned waste disposal. Malodor from the wastes creates an unhygienic ambiance for everyone such as Bronchitis, respiratory, etc. Unplanned disposal of waste is a big threat to slum people's health. Waterlogging occurs when the wastes block the road and drainage system by making hindrance of continuous water flow. Most of these uncollected wastes which are often mixed with animal and human excreta are usually thrown in an indiscriminate manner in both the streets and drains which contribute to flooding, insect breeding, rodent vectors and the ultimate spread of diseases [13].

3.8 Impact on human health

From the survey, it was found that unplanned waste disposal causes many types of pollution, which have much impact on the health of slum dwellers. Figure 8 shows that 42.32% of people thought unplanned waste disposal does harm to child health. Waterborne diseases, mainly affect children because of their weak immunity. Besides 12.63% of people believed that unplanned waste disposal was a big reason for

the mental and physical anxiety of the urban people and 2.89% people thought it can harm all ages of people.

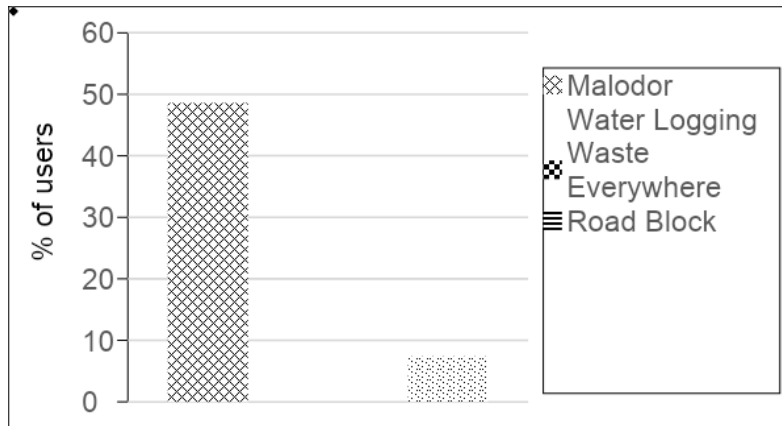


Fig. 7 Problems for unplanned waste disposal

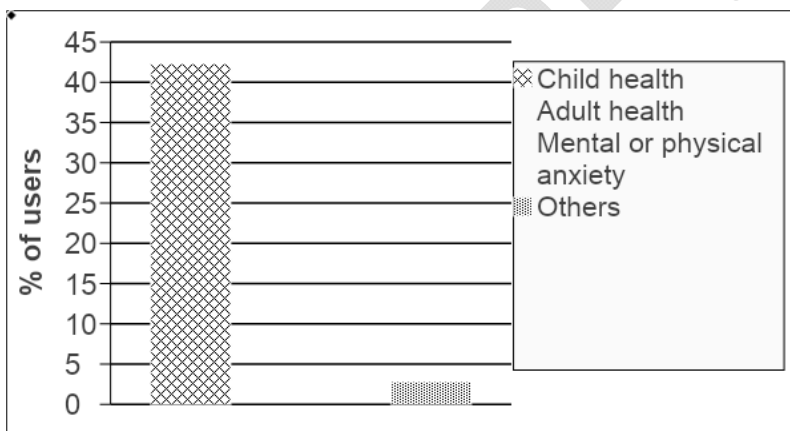


Fig. 8 Impact on human health

The study conducted on five wards of SCC reveals the sanitary condition and waste disposal of slum dwellers. The major discussions of the study are given below

- While the slum people are struggling to ensure their basic needs from being under the poverty limit, they didn't construct sanitary latrines as seriously as they should.
- The majority of people are used to unhygienic defecation which was the main sources of spreading diarrheal and other sanitation-related diseases.
- For drinking purposes, the majority of the people used untreated tap water.
- Though major people have a good practice of washing hands with soap, some of them also rubbing their hands with soil or mud.
- Severe odor and unpleasant aesthetic problems were found in many of the existing latrines in slum areas.

- Maximum people didn't use community service for waste transportation and disposal, they throw their household wastes on the drain or open places which may lead to environmental pollution.
- The people of these areas were facing problems like malodor and mental anxiety.

4 CONCLUSION

Due to rapid urbanization, people gradually migrate from rural to the urban area expecting to get better opportunities. Typically poor citizens, migrants from the rural areas are the inhabitants of the slums. The study accompanied at five different wards in Sylhet city found that the deteriorated sanitation scenario and waste disposal system causes severe environmental degradation. Obviously, the improvement of the environmental condition of Sylhet City mostly depends on the improvements in the sanitation condition and waste disposal pattern of the slum areas. This study found that sanitary and waste disposal condition is very poor. As much as 67% of slum people are used to supply water for drinking purposes. Only 19.6% of slum people use the hygienic sanitary latrine and the defecation type of the rest is unhygienic. Open defecation led to water pollution causing various excreta-related diseases. Only 54.9 % of slum dwellers dispose of their waste in a proper manner. So the unplanned waste disposal has been degrading the environment. Lack of education and knowledge, not having awareness about health and hygiene, unwillingness, poverty, etc are also responsible for the worsened situation of slum people. Slum people are fighting against poverty and trying to improve their economic condition and standard of living. These problems of the slum can be solved by themselves with little support from the Government and NGOs. Additionally, organizing health education, counseling services for the slum dwellers to make them aware of different diseases, basic knowledge on water, proper sanitation, and waste disposal services provided by the govt. and NGOs should be implemented in the slum areas.

5 RECOMMENDATIONS

According to the respondents the following steps should be taken to improve the quality of service in this area:

- Quality of sanitation facilities needed to be improved.
- Hospital and more health care centers should be established in the locality.
- The reduced price of medicine so that slum people can afford it.
- Distribution of iron and vitamin tablet by the Government in the locality is needed.
- Government and non-government organizations should work in increasing awareness of different health issues.
- Established sufficient dustbin in the area.
- Proper garbage cleaning facility by City Corporation.
- Regular spraying to controlling mosquito in the locality.
- To manage the total waste, SCC has to increase its manpower.

ETHICAL APPROVAL AND CONSENT TO PARTICIPATE

This study was approved by the local responsible authority. All participants were free to refuse the interview at any time before, during or after the interview. Interviews were conducted privately and study team members maintained the confidentiality of subjects.

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UNDER PEER REVIEW