

A STUDY ON INFLUENCE OF URBAN HOUSING SCHEME ON THE HEALTH, HYGIENE, BEHAVIOURAL CHANGES AND SELF-ESTEEM LEVEL OF THE BENEFICIARIES

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Abstract

The present research aimed at understanding the urban women's health and hygiene consciousness and self-esteem level in Kottayam municipality, Kerala state. Health is a dynamic, multidimensional term that encompasses an individual's physical, mental and emotional elements. Municipality of Kottayam in Kerala was seen as the universe of the current research. 410 samples were selected from the beneficiaries of the Kottayam municipal area, Kerala. Beneficiaries who had completed the construction of their urban homes were considered. The study mainly focused on demographic factors to figure out the health and hygiene of the respondents. Face to face questionnaire survey method was used for data collection. Statistical analysis was performed on the gathered data. The result indicates that, respondents vary in their standard of health and hygiene on the basis of education. The research also demonstrates the variation in level of health and hygiene of the respondent on the basis of family type. Therefore, relative to nuclear family respondents, the joint family has a stronger outlook on wellbeing and grooming. It is also assumed that after the building of own homes, there is still a major connexion between self-esteem than before. Individuals have a good optimistic self-esteem relationship after creating their own home.

Keyword: *Urban Housing, Women, Empowerment, Health and Hygiene*

Introduction

An important aspect of development has been known to be the emancipation of women and their involvement in the development process. True growth is believed to be feasible only where women and men work on an equitable basis. Women's gender equity and inclusion are regarded internationally as a central component of change in all fields. Urban women are treated as defenceless and voiceless. Raping cases occur every day in the headlines. They are not really sponsored by lawmakers. They must, then, be motivated to fight against the evils they face. Women's liberation encompasses economic opportunity, gender inclusion and personal freedom in several respects. Women, sometimes as a matter of tradition, are stripped

of their civil rights. Women are typically not considered to have any significant capacity to produce income in rural areas, and are largely confined to household duties and cheap labour. Kudumbashree, Kerala 's state poverty eradication project, has played a crucial role in improving Kerala's urban as well as rural women's folk status in society over all women's growth over the past two decades.

It was 1848 AD when, in the form of "Savitribai Phule," India received its first woman educator. This year marks the increase in the emancipation of women in India. At the 1985 UN Third World Conference on Women in Nairobi, women's empowerment as a term was adopted, describing it as a transfer of social and economic forces and resource ownership in favour of women. For nations all over the world, especially in poor and developed countries, the emancipation of women has become a matter of great concern. In harmonious co-existence with men in society, liberation implies liberation of women. Social respect, integrity, wealth, land, reputation and protection are given by force. Empowerment has thus assumed significant significance. Empowerment is a means of acquiring the capacity and potential to engage with sufficient understanding of self-dignity and self-confidence in decision-making and execution of decisions. Empowerment is important not only in the political arena, but also in the mental, physical, social and political facets of personal empowerment.

Women's Empowerment Concept

One of the distinctive characteristics of our times is the increase of gender sensitivity. The human creativity has taken over like never before. The concern over gender equality has graduated to the extent of policy priorities for all practical purposes. (Sharma: 2000). According to Sharma (2000), however, not only for its inability to meet its pledge, but also for operating against the wishes of women, the growth plan has come under intense questioning. Consequently, the decade of the 90s saw the emergence of the viewpoint of women's liberation that at the Beijing Conference shot into popularity. Kabeer (2003) describes it as a redial shift in power ties between women and men' such that women have greater power over their own lives and men have less power over the lives in women'. The idea of 'alternative creation' by Friedman (1992) is drawn from the definition of liberation that emerges from society's tribal, political and social cultures. There are three kinds of control, according to Friedman. Psychological, social and democratic. In processing intelligence, information and abilities, social power consists. Political capital is a force that both at the micro and macro level drives policy shifts. It is the product of the strength and collective activity of the voice. Empowerment helps women to take charge of their own lives, set their own agenda, mobilise to aid each other, and make demands on the state for assistance, and on society itself for reform. A critically significant aim in itself is the empowerment and sovereignty of women and the enhancement of their political, social, and economic and health status. It is, however, necessary for achieving sustainable growth. Productive and reproductive life involves equal engagement and cooperation between women and men, including joint responsibility for the caring and feeding of children and the management of the home. Women face risks to their lives, health and well-being in all parts of the world as a result of being overburdened with jobs and of their lack of strength and control. Women receive less formal education than men in most parts of the world, and

women's own skills, talents and coping strategies frequently go unrecognised at the same time .

Health and Hygiene Practices

The societies of health and disease (or simply the sociology of health and health) investigate the relationship between culture and health. It is called the sociology of health and health. Health or health impairment is once merely due to biological and natural circumstances.

Women self esteem

Self-esteem is a positive or negative self-reference, a general measure of one's worth. Self-esteem is only one aspect of the self-conception that Rosenberg describes as a whole of the thinking and emotions of the individual, relating to itself as an entity.

Self-esteem can play an important role in your life in motivation and accomplishment. Low self-esteem might keep you from getting a school or working success because you don't feel that you are successful.

Review of Literature

The government and civil society are very much concerned about education for women in India because professional women will play a key role in the development of the country. "Role of Women in Empowerment Education of India" Training is a landmark in women's empowerment, as it allows women to challenge and change their life in a stereotypical way. We cannot however underestimate the relevance of education with regard to empowering women and India, which is ready to become a powerhouse in recent years. The most effective tool for transforming social positions is women's education. Woman's education in India has been given the time to do this, because education is the basis for equality for women, Bhat, R. A. (2015).

The important reasons of gender are women and mental wellbeing in India: an outline of mental health and the illness. The prevalence of physical and emotional illness is different for women than for men. The average internalisation level for women is higher than the average externalisation level for men. Gender is the major characterization of the prevalence of mental disorders in majority women. At the age of initial symptoms, psychiatric traits, depressive frequency, pathways, social changes, and the long-term effects of severe clinical disorders were established gender differences. People who take alcoholic beverages or other substances are more likely, even if they drink from stress and tension, to have been sexually or physically attacked. The risk of suicide and self-harm measured with nuclear-family girls and married women of a very young age is higher Malhotra, S., & Shah, R. (2015).

State of urban health in India; the lowest neighbourhood in chosen states and cities contrasts with the majority of the town population. India is the second biggest urban population in the world (after China). This paper addresses the key health-related disparities in this metropolitan environment. It shows differences between the poorest areas and the rest of the urban population in infant and maternal welfare, in health care, working standards in India and some of its populous states Agarwal, S. (2011).

This essay discusses the federal system's structural features and transition mechanisms through which communities are expected to enhance the quality of life of their residents and to develop an investment climate for fast-growing. Although planned urbanisation is required for the enterprises and services sectors as well as for rural rejuvenation, lack of urban empowerment undermines their ability to implement the urban growth agenda Kasper, E. (2020).

The paper emphasises the need to address the urban development deficit and suggests systemic reforms are required to spread the financial burden and increase the provision of services for the private sector. In order to emphasise how crucial reforms, and local planning and management capacity can be strengthened, the history of a pioneering national urban transformation and the development of new national missions is investigated Ahluwalia, I. J. (2019).

Methodology

Objectives

- To identify respondents' health and hygiene on the basis of education and family.
- Identify the important relationship between self-esteem before and after construction of a house.

Hypothesis

- There is no substantial difference in respondents' health and hygiene based on education and family.
- Before and after constructing a home, there is no important connection between self-esteem.

Method of Data collection

The primary data collected by standard surveys. The questionnaire were distributed among the respondents chosen and the interview form was used.

Statistical tool used

For the study of the results, the following statistical tools were used.

- Percentage analysis
- Linear analysis
- Descriptive analysis (Mean and Standard Deviation).
- Shapiro-Wilk

Result and Discussion

The analysts here evaluate the women's groups' pre-health behaviours. How their health patterns impact the new home is also being observed. It is well-known that taking good choices would make us happy and longer to live. Below is a cross-table of women's groups sleeping habits

Table 1. Health and Hygiene Practices of the Respondents

		How many hours of sleep do you get every night in general (After)				Total	Percent
		Below 5 hours	5-6 hours	7-8 hours	Above 8 hours		
Sleep Pattern (Before)	Below 5 hours	12	169	0	0	181	44
	5-6 hours	0	15	199	2	216	53

	7-8 hours	0	0	0	9	9	2
	Above 8 hours	0	0	0	4	4	1
Total		12	184	199	15	410	100
Per cent		3	45	49	3	100	

53% of women spent 5–6 hours in the night before the new house was constructed, 44% slept under 5 hours and 2% and 1% slept 7–8 hours and over 8 hours respectively.

Table 2. Preference of Treatment of the Respondents

Preference of Treatment (Before & After)				
	Frequency	Percent	Valid Percent	Cumulative Percent
Homeopathic	16	3.9	3.9	3.9
Ayurveda	81	19.8	19.8	23.7
Allopathic	313	76.3	76.3	100.0
Total	410	100.0	100.0	

76.3% of beneficiary families favour allopathic care because the treatment is quick. 19.8% of families favour Ayurveda medicine and 3.9% prefer homoeopathic treatment for the remaining.

Self Esteem

Self-esteem reflects a self-esteem assessment. Auto sufficiency is deeper rooted in ideals such as individuality, sovereignty and autonomy. The works and contributions are there. For females, encouragement and unity produce the feelings of self-confidence and capacity that they create for others. Combined four parameters to determine self-esteem based on variables coding. The following descriptive self-esteem statistics are given.

Table 3. Descriptive analysis between self-esteem and before, after constructing houses

Descriptive Statistics					
	Mean	Median	Minimum	Maximum	Std. Deviation
Self Esteem (Before)	10.48	11	6.00	14.00	1.25
Self Esteem (After)	12.04	11	7.00	15.00	2.59

Checking the essential disparity between self-esteem before and after building houses. The test performed by Shapiro-Wilk to verify normality of the usual assumption of t-test pair samples is given in the table for two cases. Null hypothesis, the samples are distributed in the normal manner.

Findings

- The result indicates that respondents vary on the basis of education in their health and hygiene standards. Therefore, key populations have a high degree of fitness and grooming.

- Survey reveals that the health and hygiene standard of the respondents is dependent on the family type. The shared family therefore has stronger fitness and grooming views than those of the nuclear family.
- Analysis has demonstrated that there is a high correlation between self-esteem and house-building. They have a high positive relationship between self-esteem, thus, after building homes.

Conclusion

The goal of this study was to learn about the health, hygiene and self-esteem of urban women in the Kottayam Municipality, Kerala state. Health is a dynamic, multidimensional term that encompasses an individual's physical, behavioural and emotional dimensions. The urban area of the Municipal Area of Kottayam in Kerala has been considered the current universe. 410 urban women in the municipal area of Kottayam, Kerala state have been chosen through random sampling. In order to gather the required data, the questionnaire and interview system were more used. The F-test and correlation statistical test used. This indicates that respondents differ on the basis of education in their health and hygiene standards. There is also a high degree of health and hygiene concern for primary community respondents. Survey reveals that the health and hygiene levels of respondents are dependent on the family type. The joint family therefore has a stronger understanding of fitness and sanitation than nuclear family interviewees. There is also a considerable correlation between self-esteem and before, the association between self-esteem after building a house is extremely beneficial.

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