

Healthy Kitchens Healthy Cities

January 2013—
September 2014

Exploratory Qualitative Study and Routine Data Analysis of Urban Slums in Kathmandu

Project Objectives:

- To explore practices in, and the symbolic importance of, kitchens in slum areas in Kathmandu, in particular the wider gender, caste and socio-economic influences.
- To identify trends in lung health, NCD, burn injury, skin and gastro-intestinal disease in relation to weather conditions, fuel/power availability and increasing urbanisation.
- To synthesise existing evidence on kitchen related risk factors, their wider determinants and the associations with NCDs, burn injury, skin, gastrointestinal and lung health disease among the urban poor in South Asia.
- To identify kitchen-focused interventions to reduce the risks of NCDs, burn injury, skin, gastrointestinal and lung health disease among the urban poor in South Asia.

Team Members:

Dr. Helen Elsey	Principal Investigator
Dr. Sushil Baral	Co-Principal Investigator
Ms. Sudeepa Khanal	Project Coordinator
Dr. Hillary Wallace	Project Advisor
Ms. Shraddha Manandhar	Research Officer
Mr. Sudip Devkota	Research Officer
Mr. Dilip Sah	Research Officer

Project Summary

The kitchen, which in South Asia often the hidden domain of women and children, is the epicentre of activities which can either enhance or undermine health. Reducing public health risks in slum kitchens has the potential to have an impact on health outcomes, particularly respiratory health, burn injuries and gastro-intestinal disease. Nepal provides a clear example of rapid urbanisation. Wider determinants of health such as sanitation, transport systems and housing are inadequate, as is access to free quality health care, resulting in increased vulnerability of the urban poor. This study aims to identify effective and acceptable interventions for reducing public health risks in urban slums in South Asia.

Methodology

Study Sites and Population: This study was conducted with women in urban slums of Kathmandu and Bhaktapur in Shantinagar and Manohara respectively.

Study Methods: Mixed methods— qualitative and quantitative were used for this study.

Qualitative Component: We conducted 21 semi-structured interviews and 4 participatory workshops (2 each in Manohara and Shantinagar) to gather information on the following variables:

- Kitchen Practices: Who does what in the kitchen and why; to understand particular roles i.e. what women do, children, men, mother-in-law, others
- Cooking and heating practices: Fuel used and experiences
- Other Risk Factors: Smoke, smoking, water collection, washing, cooking practice
- Health Issues: Lung health, gastro intestinal, skin disease, non- communicable disease
- Reducing Kitchen-related Risks: Ideas for reducing kitchen related risks

Quantitative Component: We also conducted record reviews for secondary data analysis from Bir Hospital, Nepal Electricity Authority, Nepal Gas Limited and Weather Department to gather quantitative data.

Research Paper Development: The study team is currently finalising a research paper to discuss the findings from this

study and explore potential for further scale up of the project based on the lessons, the challenges, the mitigation measures and the way forward for policy level interventions.



Kitchen environment in the Shantinagar slum of Kathmandu



Project partners from Australia, UK, India and Bangladesh with the Health Secretary and Chief of Policy Planning and International Cooperation at the dissemination programme in Kathmandu in December, 2013