Original Article

Assessment of morbidly and health issues in underprivileged, penurious communities residing in a slum of Udaipur (Rajasthan)

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ABSTRACT

Background: A slum defined as residential areas where dwellings are unfit for human habitation by reasons of dilapidation, overcrowding and penurious life with lack of sanitation, safety and health measures. According to Indian census slum population in India in 1981 is 27.9 million, in 2001 it increased up to 61.8 million and accordingly 137 lakh households in 2011.

Aims: To study morbidity profile and magnitude of health problem in urban slum dwellers.

Material & Methods: Cross sectional study had been carried out between august to October 2013 on purposively selected slum dwellers of Udaipur. Information was obtained by interviewing the head and/or other family members of about 240 households. General physical examinations and history of illness present at time or in previous two weeks were recorded.

Results: About 31.2% males and 34.6% females were either suffering from or have a history of one or more illness within previous two weeks. The morbidity rate for both sexes was 33.0%. Anaemia was found in 11.2% of females. Respiratory tract infections and diarrhea were present in8.8% and 2.1% of studied population respectively. Among five years above age slum dwellers, 18.9%, 38.3% and 31.2% had a habit of smoking, tobacco chewing and alcohol intake respectively. Out of 188 eligible couples, 18.6% and 13.2% were adopted temporary and permanent sterilization methods for contraception respectively.

Conclusions: Slum dwellers were unaware of the pertinent health issues and effective information, education, communication activities along with effective health care delivery measures needed**.**

Key words: urban slum, health, morbidity

INTRODUCTION

Urban slums though has diversity, but the universal characteristics refer to overcrowding and congestion, extremely poor sanitation, lack of hygiene, high density of insects and rodents, lack of garbage disposal facilities makes the dwellers more prone to morbid or carrier of several diseases like skin diseases, gastroenteritis and other infectious and vector borne morbidities. Slums are present at areas connected to cities. Many are exposed to new types of risks associated with industrial pollution, road accidents, air pollution, poisonings, threat to child adolescent health etc. Another major health issue in urban slums is addiction, which is of alcohol, tobacco smoking and chewing. The addiction found both in males and females in study. Lack of awareness is most important reason behind their addiction. Health and morbidity surveys give an integrated picture of health and related conditions of population studied. In present study, an attempt was made to find out the health issues and morbidity profile of urban slum dwellers. (In front of city railway station, Udaipur), Rajasthan.

MATERIAL AND METHODS

The present cross sectional study had been carried out between august 2013 and October 2013 at urban slum in front of city railway station, Udaipur, where about 240 households were present. The area was a large slum of Udaipur city and all the

households there were taken .Since it is not a funded study we have our limitation in taking much large sample. Hence, this slum was purposefully selected for ease of study. House to house survey was carried out and information was obtained on pre-designed and pre-tested pro-forma by interviewing the head and/or other members of family. For morbidity data, general physical, clinical examinations were done. Enquiry was made about history of any morbidity at time or in previous two weeks and if present, recorded in pro-forma. About 1189 inhabitants of slum residing in 240 households were included in the study. The data were analyzed using MS Excel.

RESULTS

About 1189 slum dwellers studied among them 624 (52.4%) were males and 565(47.5%) were females. Under-five age children population found to be 225(18.9%) children.

Table 1: Morbidity found among inhabitants of urban slum

Disease	Male (n=624)	Females (n=565)	Total (n=1189)
Fever	34 (5.5%)	28 (4.9%)	62 (5.2%)
Anemia	37 (5.8%)	63 (11.2%)	100 (8.4%)
ARI	62 (9.9%)	43 (7.6%)	105 (8.8%)
Acute diarrhea	12 (1.9%)	14 (2.4%)	26 (2.1%)
Skin diseases	31 (5.0%)	23 (4.1%)	54 (4.5%)
Venereal diseases	06 (1.0%)	15 (2.7%)	21 (1.7%)
Eye diseases	08 (1.3%)	04 (0.8%)	12 (1.0%)
Ear discharge	05 (0.8%)	06 (1.1%)	11 (0.9%)

It was observed that 195 (31.2%) males and 196 (34.6%) females were either suffering from or had a history of one or more illness within previous two weeks although on applying chi square test this observed difference was found to be statistically insignificant(p value >0.05).The morbidity rate for both sexes was 33.0%. Fever was found in 62 (5.2%) total inhabitants. Anaemia was found in 11.2% of females .Respiratory tract infections and diarrhea were present in 105 (8.8%) and 26 (2.1%) of studied population respectively.

Table 2: Habits of addiction among different age groups

Age	N	Tobacco smoking	Tobacco chewing	Alcohol intake
5-14	321	6 (1.8)	26 (8.0)	00 (0)
15-44	492	107 (21.7)	275 (55.8)	211 (42.8)
45-60	125	54 (43.2)	61 (48.8)	78 (62.4)
60+	26	16 (61.5)	08 (30.7)	12 (46.1)
Total	964	183 (18.9)	370 (38.3)	301 (31.2)

*figures in the parenthesis indicate percentages

Among five years above age inhabitants 183 (18.9%), 370 (38.3%) and 301 (31.2%) had a habit of smoking, tobacco chewing and alcohol intake respectively.

Among 188 eligible couples, 35 (18.6%) and 25 (13.2%) were adopted temporary and permanent methods of contraception respectively and total of 60 (31.9%) of couples, were effectively protected by contraceptive measures. Majority (33.3%) of couples with three living children were found to be utilizing temporary method of contraception and on applying chi square test the difference between utilization of temporary and permanent methods was found to be statistically significant(p value<0.05) as compared to other eligible couples. On contrary majority of couples with a large family i.e. wards having five or more then that children were found to be utilizing permanent contraceptive then temporary methods and on applying chi square test this difference also found to be statistically significant (p value<0.05) as compared to other eligible couples .

DISCUSSION

In present study, it was founded that 31.2 % males and 34.6% females were either suffering from or have a history of one or more illness at time or within previous two weeks. The observed difference between male and female morbidity was statistically insignificant (p>0.05). A study by Marimuthu P et al.

Table 3: Contraceptive measures adopted by eligible couples

No. of living children	eligible couples	Temporary methods	Permanent sterilization	Total	P value
0	28	00 (0)	00 (0)	00 (0)	-
1	26	06 (23.0)	00 (0)	06 (23.0)	0.06
2	21	06 (28.5)	00 (0)	06 (28.5)	0.08
3	33	11 (33.3)	02 (6.0)	13 (39.3)	**0.03**
4	38	09 (23.6)	06 (15.7)	15 (39.3)	0.52
5	19	03 (15.7)	07 (36.8)	10 (52.5)	**0.01**
6	11	00 (0)	04 (36.3)	04 (36.3)	**0.03**
>=7	12	00 (0)	06 (50.0)	06 (50.0)	**0.00**
Total	188	35 (18.6)	25 (13.2)	60 (31.9)	

*figures in the parenthesis shows percentages

at Delhi slums reported overall morbidity prevalence per month was 14.7 and 16.3% for males and females, respectively but the differences were not statistically significant [2]. A previous study by Goswami Mihir, Kedia Geeta at slum of Ahmedabad reported overall morbidity 30.88% and 28% ,33.7% in males and females respectively and the differences were significant [3]. A study by T Puwar, B Kumpawat et al in slum area of Ahmedabad found that 67% of episodes of acute illness occurred among females and as compared to males this difference was statistically significant [4].

In our study respiratory tract infections and diarrhea were present in 105 (8.8%) and 26 (2.1%) of studied population respectively, anaemia was found in 11.2% of females. A study in year 2006 by Viswanathan V et al. had reported that respiratory illness was present in 17.2% of the studied population at slums of Chennai. And 30% of females were found anaemic [5].

It was found that 183(18.9%), 370(38.3%) and301 (31.2%) individuals had a habit of smoking, tobacco chewing and alcohol intake respectively. Overall smokeless tobacco prevalence in India is 35-40% [6]. A study by Gupta V et al. had found self-reported tobacco smoking among males was 48.3% and self-reported tobacco smoking among females was 11.9% in 15 to 64 years age group at urban slums of Haryana in year 2003-2004 [7].

In this study, only 35(18.6%) and 25(13.2%) of eligible couples were adopted spacing and permanent methods of contraception respectively. R. Biswas found in his study among eligible couples at urban slums of Calcutta that permanent contraceptive acceptors (42.4%) were significantly higher than use of spacing methods (9.5%) [8]. A study by P.Jayarani Reddy on 240 couples having two or more living children among slum dwellers at Hyderabad city had shown only 32 per cent of the slum dwellers currently using one or the other methods of contraception [9]. According to National Family Health Survey-3 on women's reproductive health in the slum population in India, surveyed 4,827 women in the age group of 15-49 years found that less than half of the women from the slum areas were currently using any contraceptive methods and sterilization was the most common method of contraception (25%) [10].

CONCLUSION

Urban slums are areas where inhabitants are with lack of awareness about health issues, addiction habits are high and very low contraceptive measures practiced. There should more health promotional activities have to conduct. Promotion of immunization necessary and also slum clinics and mobile slum clinics will improve the health scenario of the inhabitants. This study provide a snapshot of prevailing poor health situations of urban slum dwellers, more elaborate pragmatic studies needed to get clear picture of this section of community.

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Date of Submission: 19-11-2013
Date of Acceptance: 02-12-2013

How to cite this article: Sharma S, Kumar A, Sharma CP, Choudhary M. Assessment of morbidly and health issues in underprivileged, penurious communities residing in a slum of Udaipur (Rajasthan). J Res Med Den Sci 2013;1(2):29-32

Source of Support: None
Conflict of Interest: None Declared