

## Socio demographic conditions & morbidity status of urban slum dwellers in Pune city

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### Abstract

**Background:** The existence of slums is essentially a manifestation of poverty, along with the economic and industrial development-slums will continue to exist and grow further. Nearly one in every six urban Indian resident's lives in a slum, newly released Census data shows. The census defines a slum as "residential areas where dwellings are unfit for human habitation" because they are dilapidated, cramped, poorly ventilated, unclean, or "any combination of these factors which are detrimental to the safety and health".

**Objective:** To study the socio-demographic profiles & morbidity among urban slum dwellers.

**Material and Methods:** The present cross sectional study had been carried out from August 2015 to December 2015 at selected slums of Pune, Maharashtra on 500 households. Both primary and secondary data source was used. The data was analyzed manually under the headings of demography; population distribution by age group, literacy rate, occupation and income, garbage disposal, electricity, health, addiction, health services available and medical problems exists.

**Result:** The total population was 2463. 1293 were males and 1170 were females. 18.75% of the total population were male children & 15.55% were female children. Out of these children 11.5% were under-5, 10.65% were school age children and 12.15% population were adolescent. 3.53% of the total population were old age people. The literacy rate was 47.9 % and 31.2% for males and females respectively. About 55% and 30% families were belongs to socio-economic status class III and class IV according to modified Prasad's social classification. Nearly 89% of the population use garbage containers to dispose garbage. Households having individual electric meter connections are at 63%. In the selected slums, majority (54.37%) of the families were utilizing private health care services and 45.63% of families were availing government health care services.

**Conclusion:** Increasing numbers of slums constitute a major challenge to development. The result emphasizes the need for measures to improve the physical environment of the dwelling places like basic amenities of toilets, proper drainage, sewerage system, adequate water supply & school enrolment and lowering school dropout to increase literacy rate. Health care should provide through mobile health van or slum clinic which could tackle common ailments like acute respiratory infections, diarrhoea, anaemia, worm infestation, diabetes, hypertension etc.

**Keywords:** Slum Dwellers, Urban slums, Socio-economic, Socio-demographic, Morbidity

### 1. Introduction

A slum is a heavily populated urban informal settlement characterized by substandard housing and squalor. While slums differ in size and other characteristics from country to country, most lack reliable sanitation services, supply of clean water, reliable electricity, timely law enforcement and other basic services. Slum residences vary from shanty houses to professionally built dwellings that because of poor-quality construction or provision of services have deteriorated into slums.

Slums differ from each other, but the universal characteristics refer to overcrowding and congestion, extremely poor sanitation, lack of civic amenities and deviant behavior. Overcrowding, poor housing, choked drains, high density of insects and rodents, lack of garbage disposal facilities, poor personal hygiene, and hygienic conditions are hall marks of urban slums in India. Unplanned and rapid urbanization put a strain on the already dwindling civic amenities. Under such conditions gastroenteritis and other infectious diseases are rampant. Initially, rural to urban migration is limited to males. A slum gives him shelter and anonymity in urban area. This often leads to alcoholism and prostitution. Many are exposed to new types of risks associated with industrial pollution, road accidents, air pollution, poisonings, threat to child adolescent health etc. There is constant deprivation, particularly of

children among urban poor. Deteriorated houses crowded together, open sewer, uncollected garbage, poor sanitation, flies, stagnant water and poor lighting are common. People face threat of eviction if they are squatting on someone else's land. Joblessness and alcoholism make men angry or hopelessly drunk and lead to abandoned wives and children. Women must go to work to survive without a male breadwinner or to help him make both ends meet. For some of them, domestic service and prostitution are virtually the only options. Older children, some no more than 10 year old, take care of their younger siblings while the adults are away. India provides an excellent example of medical pluralism. People follow home remedies, spiritual remedies and treatment from various medical systems simultaneously or one after another. Urban poor whose hallmark in expenditure is cheapness get adulterated food and drugs. Health and morbidity surveys give an integrated picture of health and related conditions of population studied.

Nearly one in every six urban Indian resident's lives in a slum, newly released Census data shows. The census defines a slum as "residential areas where dwellings are unfit for human habitation" because they are dilapidated, cramped, poorly ventilated, unclean, or "any combination of these factors which are detrimental to the safety and health", registrar general of India said.

More than one in five urban households in Andhra Pradesh, Chhattisgarh, Madhya Pradesh, Odisha, West Bengal and Maharashtra lives in a slum. In absolute terms, Maharashtra has the highest number of slum blocks of any state - over 23,000 out of a total of just over 1 lakh for the whole country. Maharashtra accounted for 23 per cent of the total slum population according to the NSSO, followed by Andhra Pradesh and West Bengal. Over half of the slum population lives in 53 million-plus cities. An average slum has 263 households, according to the NSSO. Maharashtra, Karnataka and Andhra Pradesh had the largest slums.

Pune is the cultural capital and educational centre of Maharashtra state. Due to its unique geographical situation and pleasant climate, the number of people migrating from all over the country to Pune city is increasing day by day. Taking into consideration immense employment opportunities, social security and educational facility available in the city, a large rural population is attracted towards the city of Pune. At present, there are more than 500 slums in Pune city and the total percentage of slum population is about 33%.

In present study, an attempt was made to find out the socio-profile of an urban slum in Pune city. The objective of study is to study the socio- economic profiles among urban slum dwellers.

**2. Materials and Methods**

The present cross sectional study had been carried out from August 2015 to December 2015 at selected slums of Pune, Maharashtra on 500 households. The area was purposefully selected for ease of study. In the present study, both primary and secondary data source was used. For the primary data, 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. The secondary data was collected through census reports, report from municipal authorities and reports prepared by NGO, working for betterment of urban slum dwellers. Informed Consent was taken from the participants under the study. The data was analyzed manually under the headings of demography; population distribution by age group, literacy rate, occupation and income, garbage disposal, electricity, health, addiction, health services available and medical problems exists.

**3. Results**

**3.1 Demography**

Out of 500 surveyed households, 15.07%, 67.16% and 17.77% were katcha, semi-pucca and pucca type respectively. Water supply is from corporation through tap at individual households. 79% of families have their individual water

supply. An electric supply, motor able approach road and a system of garbage disposal facility were there. Public toilet facility is present but it was very unhygienic.

The total population was 2463. 1293 were males and 1170 were females. 18.75% of the total population were male children & 15.55% were female children. Out of these children 11.5% were under-5, 10.65% were school age children and 12.15% population were adolescent. 3.53% of the total population were old age people.

20% of the population were migrants from other states. 73% has been living there for more than 13 years. Majority population is Hindu (95%), Muslim and Buddhist 3% & 2%, respectively.

**3.2 Literacy Rate**

The literacy rate was 47.9 % and 31.2% for males and females respectively. The observed difference between literate male and females was statistically significant (p< 0.05).

**3.3 Occupation and Income**

About 55% and 30% families were belongs to socio-economic status class III and class IV according to modified Prasad's social classification. Unskilled labour (47%) is the predominant category, followed by skilled construction worker (32%) and self-employment (21%).

**3.4 Garbage disposal**

Nearly 89% of the population use garbage containers to dispose garbage. Only 11% throw garbage in open space. Garbage collection cycle for 64% of household on daily basis, for 17% of household on alternate basis and for 16% on regular basis.

**3.5 Electricity**

Households having individual electric meter connections are at 63%, about 37% avail rental facility. There were sufficient light poles in the slums.

**3.6 Health**

In the selected slums, majority (54.37%) of the families were utilizing private health care services and 45.63% of families were availing government health care services. 78% of households do not have health insurance and 93% do not have life insurance. Tobacco is the most commonly used followed by application of Mishri. Among 198 eligible couples, 11.16% and 24.46% were adopted temporary and permanent methods of contraception respectively. 29% of couples, who have two living children, were effectively protected by contraceptive measures.

**Table 1:** Morbidity found among inhabitants of selected urban slums. N=2463

S. No.	Health Problems	Frequency	%
1.	Diabetes	45	1.8
2.	Hypertension	63	2.5
3.	Anaemia	764	31.0
4.	Acute Diarrhoea	54	2.1
5.	Skin Infections	83	3.3
6.	Worm Infestations	56	2.2
7.	Acute respiratory tract infections	77	3.1
8.	Physically Handicapped	13	0.5

#### 4. Discussion

Socio-economic profile shows the typical features of slums like majority have the semi pucca house, male female ratio is unequal, low literacy rate and majority of the samples were having low socio-economic status. Majority of the households are migrants and came from different parts of the states and some different parts of the country. Water and electricity supply is looked after by the corporation authorities. Majority of the households dispose their waste in the corporation bins. The health statuses of the urban slum dwellers are not appreciable as most of them neglect the preventive aspects of the health and they believe in taking treatment rather than prevention. Most of the people avail the health services in extreme emergencies; otherwise they manage everything at home by taking home remedial measures. Health is one of the ignored sectors in the urban slums; sanitation aspects was missing, public toilets are not clean and unhealthy eating habits and personal hygiene practices.

Review of the related research articles also depicts the similar findings of urban slums. A study done by Mehir G & Kedia G on socio-demographic and morbidity profile of slum area in Ahmadabad shown similar findings. There were no sanitary latrines and drainage facilities at studied slum. There were 987 females per thousand males and 903 females per thousand males in fewer than five year age group. The literacy rate was 16.8 % and 5.6% among males and females respectively. Among five years above age males, 27%, 9.7% and 7.4% had a habit of smoking, tobacco chewing and alcohol intake respectively. Among five years above age females 4.36 %, 10.9% and 0.84 % had a habit of smoking, tobacco chewing and alcohol intake respectively. Out of 233 eligible couples, 11.16% and 24.46% were adopted spacing and permanent methods for contraception respectively. 28 % males and 33.7% 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 30.88%. Anemia was found in 19% of females of age group of 15-44 years. Respiratory tract infections and diarrhoea were present in 7.4% and 3.7% of studied population respectively. The incidence rates for respiratory tract infections and diarrhoea were found higher among 0-4 year age group children (15% and 10.6% respectively). A review of studies on the situation of reproductive and child health in urban areas noted that there were consistent differences in antenatal care (ANC) coverage between slum and non-slum areas. While 74% of women in non-slum areas received 3 or more ANC check-ups, only 55% of the women in slums did. This study also found that 27% of infants in slums had a low birth weight compared with 18% of those born in non-slum areas. In addition, there were significant differences in health access among those living in 'recognized' and 'unrecognized' slums. A study found high levels of malnutrition among children below 5 years of age in 114 THE NATIONAL MEDICAL JOURNAL OF INDIA VOL. 20, NO. 3, 2007 Mumbai, and the levels of stunting, which is an indicator of long term chronic malnutrition, were almost similar in the sample of the urban poor children as in a sample of tribal children taken from the poverty-stricken Jawhar taluka in neighbouring Thane district. This study found that while 17.6% of boys were stunted in urban slums, the figure was 17.8% for the sample of tribal boys in the same age group. The study concluded that the high levels of stunting in urban areas were not related to food scarcity, but to environmental and social factors such as access

to healthcare, clean drinking water, repeated childhood infections, mother's nutrition and her ability to breastfeed.

#### 5. Conclusion

The rapid growth of population in urban centres since independence has led to the emergence and growth of urban slums in the country. The developmental activities in urban centres provide employment to the rural migrants as well as the local urban population. These low income groups, in the absence of proper shelter were settled in pockets of the slum areas characterized by overcrowding, dilapidated dwellings, lack of sanitation and civic amenities. Realizing the gravity of the situation governments have implemented a number of schemes and programmes to improve the living conditions of people living in slums. We suspect that there is an untapped demand for clean, habitable, and decent living conditions among the slum dwellers that can positively impact on health. Even if slums are unauthorized settlements on public land, local government should provide facility of public latrines for prevention of water and land pollution. Emphasis should be put towards school enrolment and lowering school dropout to increase literacy rate. Packaged tobacco chewing product should be banned as females and children can consume it secretly. It helps in postponement of unhealthy habit. Strengthening of health education and family planning services are required for unmet need of contraception. Health care should provide through mobile health van or slum clinic which could tackle common ailments like acute respiratory infections, diarrhoea, anaemia, worm infestation, diabetes, hypertension etc.

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