

Organization,78(10):1207-21] Malnutrition as an underlying cause of Childhood Deaths associated with infectious diseases in Developing Countries is also an important study discussing childhood deaths.

4. General Analysis

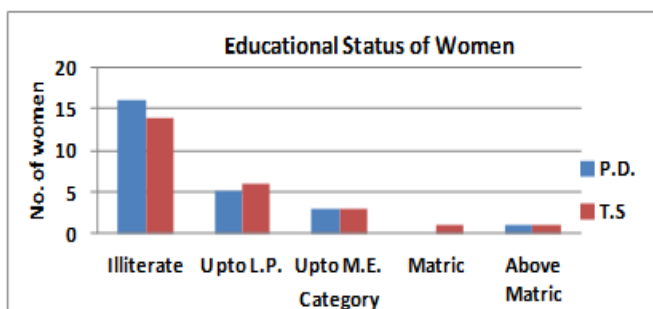
It has been a well-known fact that people in slum areas live under the most deplorable socio-economic and health conditions. The two slum pockets in the study area also experiences the same situations. For this purpose the study has been divided under certain criteria. The criteria are as follows:

1) Educational Status of Women:

The educational status of women is very low in both the slums. About 64% women are illiterate in Puja Dubi Area whereas about 56% women are illiterate in Tarajan Smanan Area which reveals that more than half of the women population living in slums are illiterate.

Table 1: Educational Status:

Category	Puja Dubi	Tarajan Smanan
Illiterate	16 (64%)	14 (56%)
Upto L.P.	5 (20%)	6 (24%)
Upto M.E.	3 (12%)	3 (12%)
Matric	0	1 (4%)
Above Matric	1 (4%)	1 (4%)



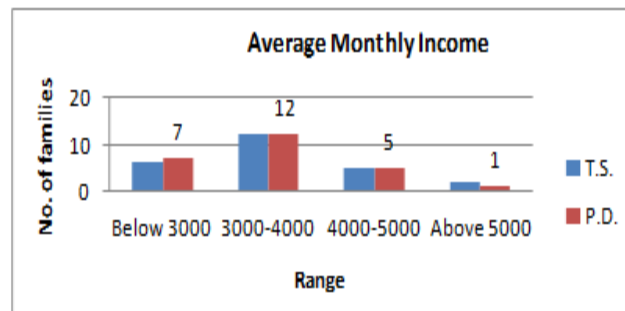
Source: Researcher’s survey, 2012.

2) Average Monthly Income of the households:

The study reveals that most of the people living in these two slums have average monthly income range between Rs.3000-4000. Mostly the males are the earning source of the family and are engaged in various economic activities. They are especially rickshaw pullers, cart pullers, wage labours, vendors etc.

Table 2: Average Monthly Income

Range	Tarajan Smanan (No. of households)	Puja Dubi (No. of households)
Below 3000	6	7
3000-4000	12	12
4000-5000	5	5
Above 5000	2	1



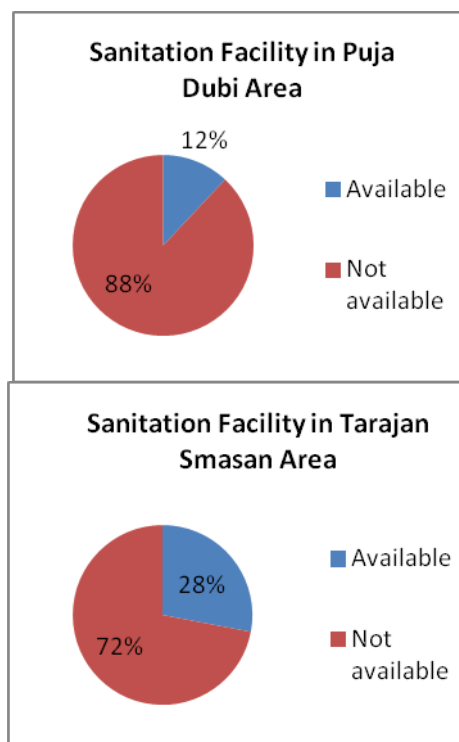
Source: Researcher’s survey, 2012.

3) Sanitation Facility

The availability of sanitation facility is an important indicator of health and hygiene. This in turn is reflected in the spread of several diseases especially those related to gastro-intestinal tract. The survey reveals that both the slums does have poor sanitation facilities (with toilets) with only 28% and 12% in each slums.

Table 3: Sanitation Facility

Facilities	Puja Dubi (in %)	Tarajan Smanan (in %)
Available	12	28
Not available	88	72



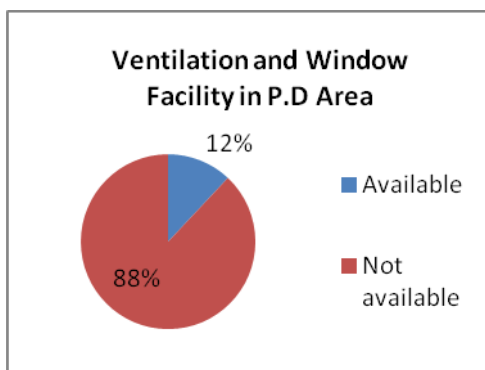
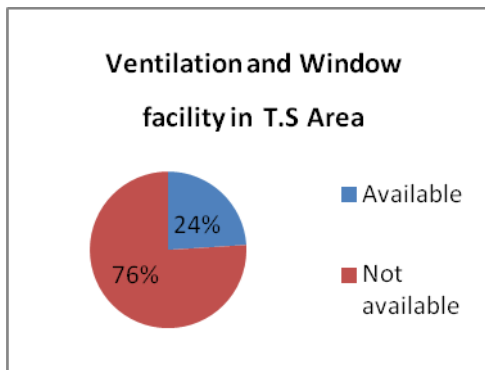
Source: Researcher’s survey, 2012.

4) Ventilation and Window Facility

Proper ventilation is essential for free flow of air or circulation of air. But in the study area only 12% in Puja Dubi Area and 24% in Tarajan Smanan Area have window and ventilation facilities.

Table 4: Ventilation Facility

Ventilation and window facility	Tarajan Smanan (in %)	Puja Dubi (in %)
Available	24	12
Not available	76	88



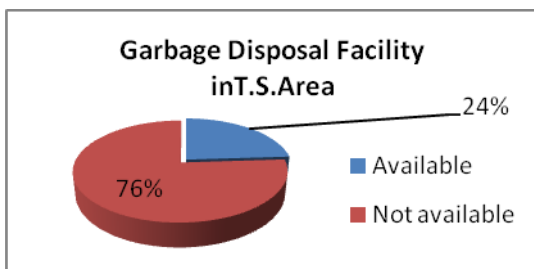
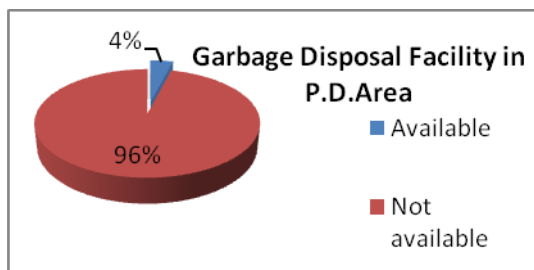
Source: Researcher's survey, 2012.

5) Garbage Disposal Facility

The availability of disposal arrangements for liquid as well as solid wastes has a great impact on the environment and consequently on the health of the people. About 96% and 88% of the households in both the slums does not have any drainage facility. They throw their garbage's in the riverside or in front of their house.

Table 5: Garbage Disposal

Garbage Disposal	Puja Dubi (in %)	Tarajan Smasan (in %)
Available	4	12
Not available	96	88



Source: Researcher's survey, 2012.

6) Source of drinking water

Major source of drinking water among the slum dwellers are hand pump and tape water. It has been found that most of the dwellers take their water from their neighbours.

Table 6: Source of Drinking Water:

Source of drinking water	Puja Dubi (No. of households)	Tarajan Smasan (No. Of households)
Hand Pump	13 (52%)	7 (28%)
Tap Water (P.H.E)	2 (8%)	10 (40%)
From other households	10 (40%)	8 (32%)

Health Analysis of Women and Children

By 2030, according to the projections of the United Nations Population Division, more people in the developing world will live in urban than rural areas. The world's population as a whole is expected to grow by 2.5 billion from 2007 to 2050, with the cities and towns of developing countries absorbing almost all of these additional people. This demographic transformation will have profound implications for health. To understand these consequences, it is important to set aside the misconceptions that have prevented the health needs of urban populations from being fully appreciated. The most urgent need is to acknowledge the social and economic diversity of urban populations, which include large groups of the poor whose health environments differ little from those of rural villagers. On average, urbanites enjoy an advantage in health relative to rural villagers, but health policies for an urbanizing world cannot be based on averages alone. (Population Bulletin, Urban Poverty and Health in Developing Countries, Vol.64, No.2, June, 2009.)

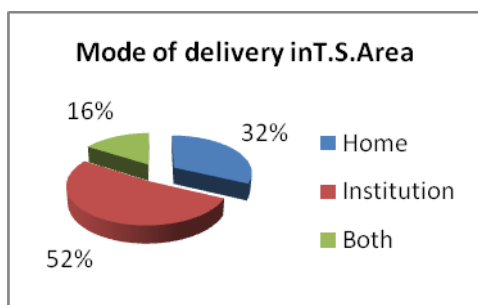
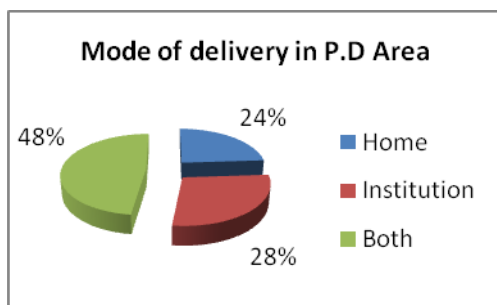
At an aggregate level, city health statistics generally seem better than those for rural areas of the Third World. This is misleading, however, since slum and squatter populations are often not included in official statistics. Even when these settlements are included, health conditions in low-income areas are disguised by the figures for healthier and better-served middle and high-income areas of the city. To study the health status of women some parameters are taken as follows:

Antenatal Health Check-up

Antenatal care (ANC) is the medical supervision given to a pregnant woman and her baby starting from the time of conception up tot the delivery of the baby by a physician, midwife or obstetrician or a combination of these professionals. It includes regular monitoring of the mother and her baby throughout pregnancy by a variety of routine regular examinations and tests (some routine and some for special circumstances). In the study area nearly 88% of women in P.D and 80% of women in T.S. prefer to go for antenatal check-up in Civil Hospital. The majority (81.6%) of the women had only one ANC visit, while 14.6%, 3% and 0.8% had two, three and more than three visits respectively.

Mode of Delivery

From the standpoint of child survival and maternal health, the first priority is a safe delivery. The mode of delivery are home, institutional and both home and institutional in the study area which is shown through this statistics. The percentage of institutional delivery is more in T. S. Area.



Source: Researcher's survey,2012.

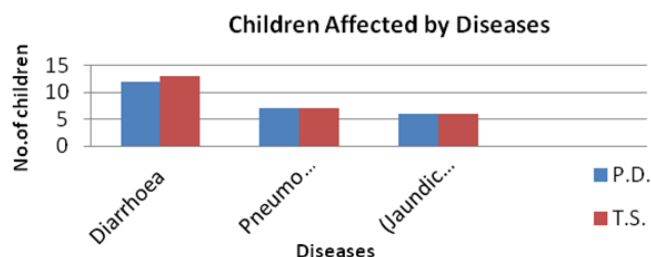
Prevalence of Anemia during pregnancy

In India, anaemia affects an estimated 50 per cent of the population. In women, anaemia may become the underlying cause of maternal mortality and perinatal mortality. In the study area about 68% and 72% women were found to be anemic during pregnancy in T. S. Area and in P.D Area. However, these statistics were taken verbally from the respondents as reported by their visits for health check-up. This is due to poor nutritional status of the women of the slums. Iron tablets/syrup and vitamin tablets/syrup are supplements necessary during pregnancy for the health of mothers and their unborn babies. The percentage taking iron tablets/syrup and vitamin increased somewhat with the increase of family's monthly income, the overall percentage of those taking iron tablets/syrup and vitamin is only 41.6% and 31.4% respectively, which is unsatisfactory. So, we can say that, irrespective of their level of income, well under half the respondents of the study areas do not take iron tablets/syrup and vitamin during pregnancy. This is no doubt because low monthly incomes prevent many from purchasing iron tablets/syrup and vitamin tablets/syrup.

In general, lack of clean water, proper sanitation facility and severe pollution all create poor health status of slum children.

Table 7: The table below shows the number of children affected by infectious diseases:

Name of diseases	Puja Dubi (No. of children being affected)	Tarajan Smasan (No. of children being affected)
Diarrhoea	12 (48%)	13 (52%)
Pneumonia	7 (28%)	6 (24%)
Others(Jaundice, Typhoid, Malaria)	6 (24%)	6 (24%)

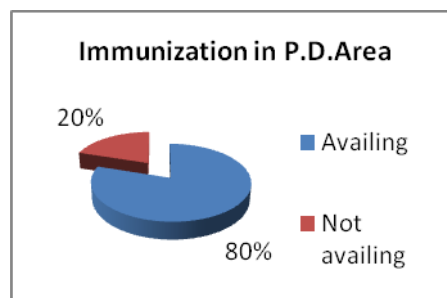


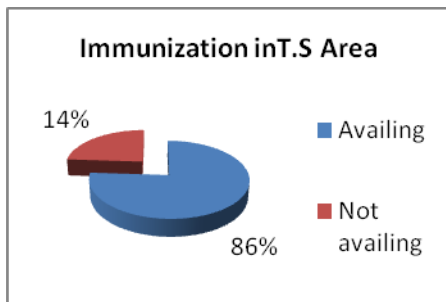
Source: Researcher's survey, 2012

Above statistics in the study area proves that the scarcity of clean water and lack of sanitation make diarrhoeal diseases a major health problem, while a variety of intestinal parasites, are usually present. The crowded living condition also leads to a high incidence of preventable infections in children such as measles, whooping cough etc. More generally, the overcrowded living conditions in low-income urban communities foster the spread of communicable diseases. The interaction of multiple risk factors in urban environments is illustrated in the case of acute respiratory infections that are endemic rather than epidemic, affect younger groups and are more prevalent in urban than rural areas.

Immunization of the children

Vaccination of infants and children is necessary for prevention of various diseases. Childhood vaccines are used as preventive tools for the diseases like- polio, whooping cough, tubercular meningities, measles, chicken pox, etc. The percentage of children being vaccinated in the age group 12-23 months are BCG-78, Polio3- 78, DPT3-55, Measles-59 in the surveyed area.





Source: Researcher's survey, 2012

Exclusive Breast Feeding of the children

The rate of Exclusive Breast Feeding (up to 6 months) is dismally low in these slum pockets. The reasons and determinants of this are debatable. Only 52% in T.S. and 24% in P.D practiced EBF. There are a number of misconceptions about BF in urban slum population. Some reasons may be that they are working women.

5. Major Findings

- More than 50% of women are illiterate in both the slum pockets.
- Nearly 50% of the households in both the area have average monthly income of Rs.3000 which signifies a low economic status.
- Nearly 80% of the people have poor basic necessities like sanitation, water supply, housing, drainage facility etc. which signifies poor environmental status.
- The health status of both women and children is also not satisfactory. Nearly 75% of the women are found to be anemic and malnourished.
- Most of the children suffer from diseases like diarrhoea, jaundice etc. due to poor environmental conditions.
- The rate of exclusive breast feeding is dismally low.

6. Recommendations

Slum upgrading and urban planning is essential for improving the conditions of the urban poor.

- Ensuring environmental sustainability by addressing the absolute deprivation of basic necessities-food, housing, water supply, sanitation etc. that these urban poor are experiencing.
- Eradicating extreme poverty by raising incomes and lowering the cost of food products to reduce hunger and malnutrition.
- Empowering women by universal primary education and work for all.
- Improving urban infrastructure and access to basic health services for maternal and child health.
- Availability of ASHA worker which will mobilise the community and facilitate them in accessing health related services being provided by the Government.
- Strengthen Municipal Functioning to generate resources at slums.
- The anemia control programme and removal of malnutrition needs to be implemented more efficiently in these areas.

7. Conclusion

Growth of slums are an alarming problem in the present scenario, it creates a great threat in the development process. There should be a full proof measures of preventing new slums, shanty clusters and paving dwellings from coming up in any part of the city or its periphery. Poverty, slums and urban squat are not going to go away in next 20 to 25 years. Reversal of this phenomenon will begin after sufficient economic progress had been made.

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