

# Health Status of Women and Children: A Case Study of Two Slum Pockets of Jorhat Municipal Area

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**Abstract:** *The unprecedented population growth in urban areas within a short span of time has created manifold complex problem in an urban environment. Slums are among one such problem in urban environment like India. Thereby, it is necessary to know and understand what slums are. This study is based on the study of two slum pockets of Jorhat district of Assam.*

**Keywords:** Health, status, slum, women, children

## 1. Introduction

Urbanization refers to the transition of the society from a rural set up to one in which a growing proportion of population lives in towns and cities. Urbanization has become a worldwide phenomenon since 1950. Although the pace of change has varied considerably between countries and regions, virtually every country of the Third World has been urbanizing rapidly which involves greater numbers of people and greater migration in volume than it did in the developed world. Such unprecedented population growth in urban areas within a short span of time has created manifold complex problem in an urban environment. Slums are one among the growing hazards in the Third World countries like India. By and large all urban units in India as well as Assam are suffering from unplanned growth and haphazard slum formation and Jorhat is also not an exception. Thereby, it is necessary to know and understand what are *slums*.

According to Census of India(2001),slum areas broadly constitute of:

- All specified areas in a town or city notified as 'slum'by State/Local Government and UT administration under any Act including a 'Slum Act'.
- All areas recognised as 'Slum'by State/Local Government and UT Administration, Housing and Slum Boards, which may not have been formally notified as slum under any act.
- A compact area of at least 300 population of about 60-70 households of poorly built congested tenements in unhygienic environment usually with inadequate infrastructure and lacking in proper sanitary and drinking water facilities.

Slums are a common phenomena in urban areas.Urban slums represent the lowest sections of people in urban society. They are the medley of all that is considered worst about the human situation-filth, pollution, disease and misery etc.Most of such environmental hazards exert a direct or indirect effect on the health and well-being of urban dwellers.

## 2. Objectives of the Study

- To analyse the existing environmental condition of these two slum pockets.
- To analyse the health status of women and children in slums taking three parameters.
- To suggest some corrective & innovative measures this can be used to develop the health status of women and children.

### Study Area

The present study is carried out in two slum pockets of Jorhat Town, namely Puja Dubi area in (Ward no.III) and Tarajan Smanan area in (Ward no.XII). Puja Dubi covers an area of about 0.2 sq.km and Tarajan Samsan covers about 0.22 sq.km.(Municipal Record,2001).

### Database and Methodology

This study is based on three health determinants such as *diarrhoea, acute respiratory infection, immunization* for children in the age group of 0-5 years and in case of maternal health status the determinants such as *anaemia, antenatal, postnatal health check-up* has been taken .A primary survey has been conducted in the two slum pockets of Jorhat Municipal Board based on random sampling of 50 women, 25 from each slum pockets. Those women who had no child less than five years of age at the time of the interview were not included in this study. Besides necessary information and other data has been collected from some secondary sources like books and journals.

## 3. Review of Literature

In realizing the importance of slums in urban areas various studies have been conducted. Nidhi Kotwal's [Impact of Work and Environment on Women Living in Urban Slums by Nidhi Kotwal(2008)] study is one among those studies which depicts that women and children constitute the most vulnerable group in the slum population, which need special attention . Besides, Urban Poverty and Urban Health of the Poor by Siddharth Agarwal (2007) was on the study of the health status of urban slum dwellers. [Amy L.Rice(2000):Bulletin of the World Health

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**

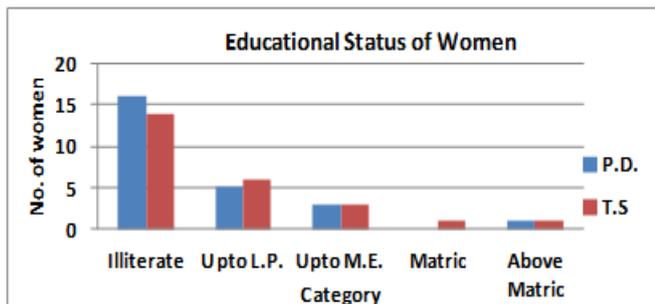
It has been a well-known fact that people in slum areas live under the most deplorable socio-economic and health conditions. The two slum pockets in the study area also experiences the same situations. For this purpose the study has been divided under certain criteria. The criteria are as follows:

**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 Smasan Area which reveals that more than half of the women population living in slums are illiterate.

**Table 1: Educational Status:**

Category	Puja Dubi	Tarajan Smasan
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%)



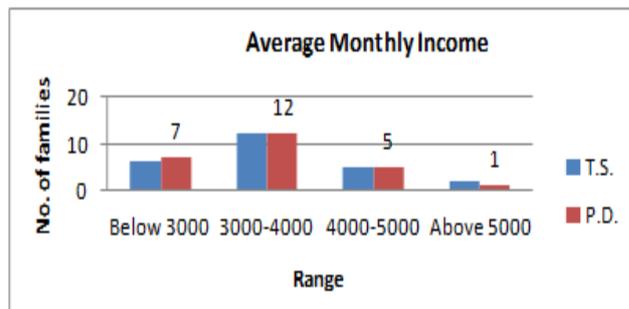
Source: Researcher’s survey, 2012.

**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, car t pullers, wage labours, vendors etc.

**Table 2: Average Monthly Income**

Range	Tarajan Smasan (No. of households)	Puja Dubi (No. of households)
Below 3000	6	7
3000-4000	12	12
4000-5000	5	5
Above5000	2	1



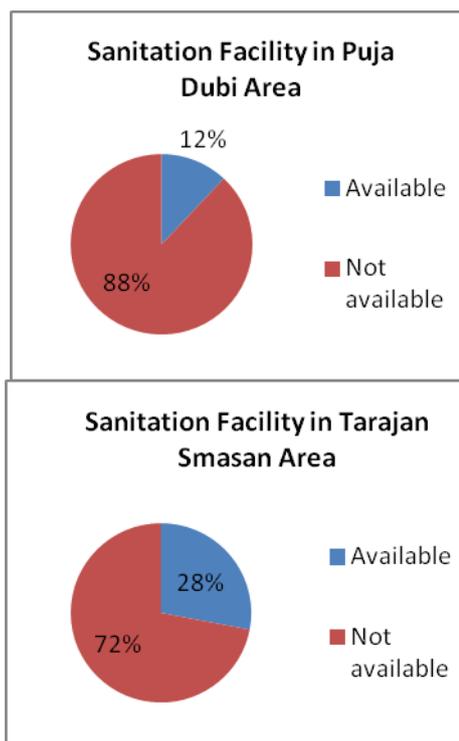
Source: Researcher’s survey, 2012.

**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 Smasan (in %)
Available	12	28
Not available	88	72



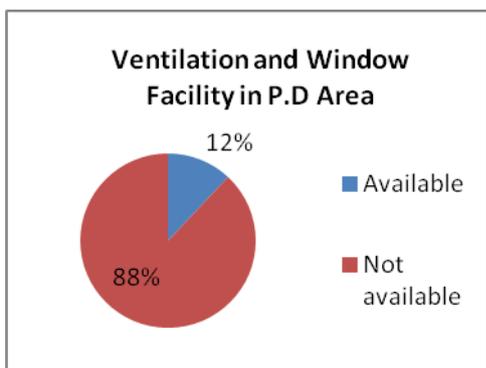
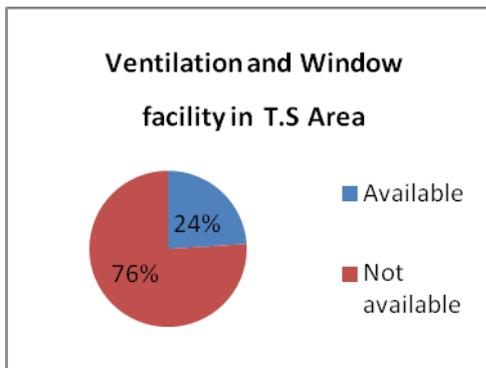
Source: Researcher’s survey, 2012.

**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 Smasan Area have window and ventilation facilities.

**Table 4: Ventilation Facility**

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



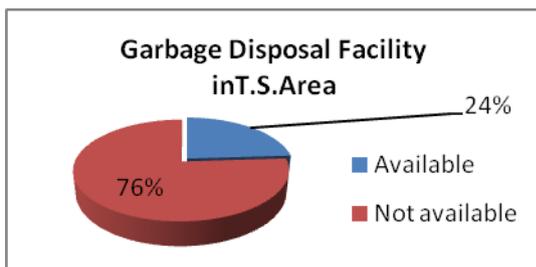
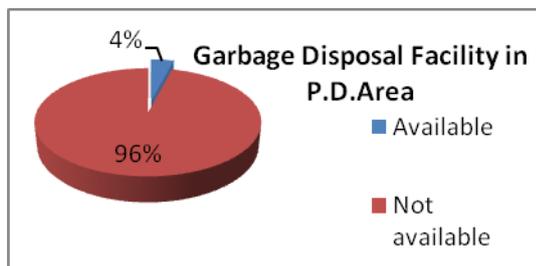
Source: Researcher's survey, 2012.

**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.)

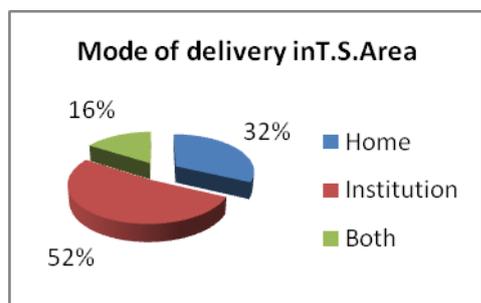
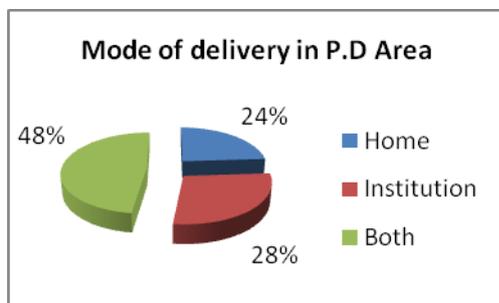
At an aggregate level, city health statistics generally seem better than those for rural areas of the Third World. This is misleading, however, since slum and squatter populations are often not included in official statistics. Even when these settlements are included, health conditions in low-income 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 to 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.

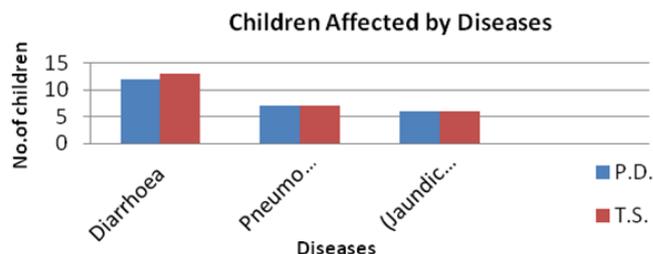
**Prevalence of Anemia during pregnancy**

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%)

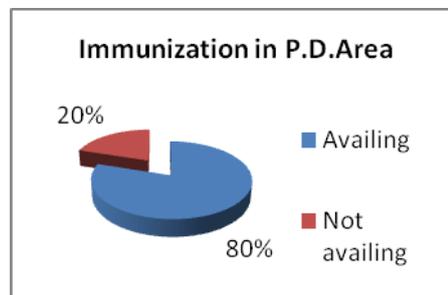


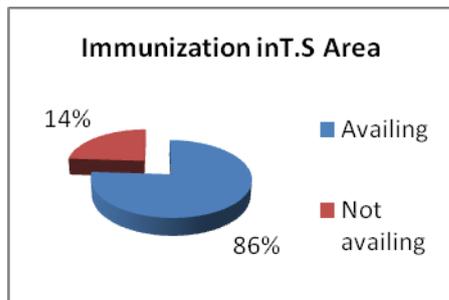
Source: Researcher’s survey, 2012

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 meningitis, 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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