Research Article

Assessment of morbidity profile in urban slum community of Udaipur (Rajasthan)

Dilip Kumar L*, Harish Narayan Mathur, Sanjeev Kumar Sharma

Department of Community Medicine, Geetanjali Medical College and Hospital, Udaipur, Rajasthan, India

Received: 10 February 2015

Accepted: 23 February 2015

*Correspondence:

Dr. Dilip Kumar L,

E-mail: dilippareek27@gmail.com

Copyright: © the author(s), publisher and licensee Medip Academy. This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

ABSTRACT

Background: The urban slums has diversity, but the universal characteristics refer to overcrowding and congestion, lack of hygiene, extremely poor sanitation, lack of garbage disposal facilities, high density of insects and rodents, makes the dwellers more prone to morbidity. Objectives: To study morbidity profile in urban slum dwellers.

Methods: Cross sectional study had been carried out between January 2014 to July 2014 on slum dwellers of Udaipur. Information obtained by interviewing the head and/or other family members of about 76 households.

Results: The morbidity rate for both sexes was 33.0%. 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. Anemia was found in 11.2% of females. Respiratory tract infections and diarrhea were present in 8.8% 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.

Conclusions: Slum dwellers were unaware of the effective information on hygiene, health and substance use, education, communication activities along with effective health care delivery measures needed.

Keywords: Urban slum, Morbidity

INTRODUCTION

The urban slum is a most disadvantaged section of society or the rural population which migrate to urban areas in search of employment or better conditions of living find no place to live in and end up in squatter settlements or in the unhygienic housing clusters in cities. These clusters having insufficient facilities of hygiene, toilets, drinking water, sanitation etc. are termed as slums.¹ In reference to Indian census slum population in India in 1981 was 27.9 million, in 2001 it was increased up to 61.8 million and now 137 lakh households in 2011.²

Though slums has diversity, but the same universal characteristics refer to overcrowding and congestion, lack of hygiene ,extremely poor sanitation, lack of garbage disposal facilities, high density of insects and rodents

makes the dwellers more prone to morbid and carriers of several diseases like gastroenteritis and other infectious, skin and vector borne. Another major health issue in urban slums is substance use, which may be alcohol, tobacco smoking and chewing or all of them. Lack of proper information and education is most important reason behind their habit. Health and morbidity surveys may give an integrated picture of conditions of population studied. Our study was made to find out the morbidity profile of urban slum dwellers (Shivaji Nagar, Kachi Basti, Udaipur), Rajasthan.

METHODS

The present cross sectional study had been carried out between January 2014 and July 2014, where about 76 households were studied (which co-operate in our study).

Since it is non-funded study we had our limitation in taking much large sample. Therefore, this slum was purposefully selected for convenience of study. House to house survey carried out and information was obtained on pre-designed and pre-tested pro-forma by interviewing the members of family. General physical and clinical examinations were done for morbidity data. History of any morbidity at time or was in previous two weeks, recorded. About 280 inhabitants residing in 76 households included in the study. The data were analyzed using MS excel.

RESULTS

In our study 280 slum dwellers were studied among them 147 (52.4%) males and 133 (47.5%) were females. In less than five year of age children population was 53 (18.9%) children.

Table 1: Morbidity found among inhabitants of urban slum.

Disease	No. of males suffered (n=147)	No. of females suffered (n=133)	Total (n=280)
Fever	08 (5.5)	07 (4.9)	15 (5.2)
Anemia	09 (5.8)	15 (11.2)	24 (8.4)
Acute respiratory infection	15 (9.9)	10 (7.6)	25 (8.8)
Acute diarrhea	03 (1.9)	3 (2.4)	06 (2.1)
Skin diseases	07 (5.0)	5 (4.1)	12 (4.5)
Venereal diseases	02 (1.0)	03 (2.7)	05 (1.7)
Ophthalmic diseases	02 (1.3)	01 (0.8)	03 (1.0)
Ear discharge	01 (0.8)	02 (1.1)	03 (1.0)

*Figures in the parenthesis indicate percentages

Table 2: Habits of addiction among different age groups.

Age group (years)	Number of respondents	Tobacco smoking	Tobacco chewing	Alcohol intake
5-14	68	02 (2.9)	06 (8.8)	00 (0)
15-44	115	23 (20.1)	60 (52.2)	48 (41.8)
45-60	30	11 (39.2)	16 (53.1)	17 (56.7)
60+	14	7 (50.0)	05 (35.7)	06 (42.8)
Total	227	43 (18.9)	87 (38.3)	71 (31.2)

*Figures in the parenthesis indicate percentages

It was found those 46 (31.2%) males and 46 (34.6%) females either suffering from or had a history of 1 or more illness in duration of previous 2 weeks. The application of chi square test on this data the difference was observed to be statistically insignificant (P value >0.05). On the other hand the morbidity rate for both sexes was 33.0%.

15 (5.2%) of inhabitants manifests fever and 15 (11.2%) of females had anemia. 25 (8.8%) and 06 (2.1%) of studied population had Respiratory tract infections and diarrhea respectively.

In five years above age groups there was 43 (18.9%), 87 (38.3%) and 71 (31.2%) had a habit of smoking, tobacco chewing and alcohol use respectively.

DISCUSSION

In present study, it was observed that 31.2 % and 34.6% males and females were either suffering from or had a history of 1 or more illness at time or in duration of previous 2 weeks. This difference between male female morbidity is observed statistically insignificant (P >0.05). A similar study by Goswami Mihir, Kedia Geeta at slum of Ahmedabad observed morbidity of 30.88% and 28% in males and females respectively and the differences statistically significant.³ A similar study by Marimuthu P et al. on Delhi slums observed morbidity of 14.7 and 16.3% for males and females, respectively but in this differences not statistically significant.⁴ Similarly in a study by T. Puwar, B. Kumpawat et al. in slum area of Ahmedabad, observed 67% episodes of acute illness among females and as compared to males this difference statistically significant.⁵

In present study 25 (8.8%) and 06 (2.1%) of studied population manifests respiratory tract infections and diarrhea respectively and anemia was observed among 11.2% of females. A similar previous study in the year of 2006 by Viswanathan V et al. reported the respiratory illness were present in 17.2% of the studied population at slums of Chennai and among 30% of female inhabitants were found anemic.⁶

In our present study, it was found that 43 (18.9%), 87 (38.3%) and 71 (31.2%) inhabitants had a habit of smoking, tobacco chewing and alcohol use respectively. A similar previous study in Mumbai by Gupta PC et al. reported that the overall smokeless tobacco prevalence in India was about 35-40%.⁷ A similar previous study by Gupta V et al. reported that the self-reported tobacco smoking in males were 48.3% and self-reported tobacco smoking in females were 11.9% in 15-64 years of age in inhabitants of urban slums of Haryana in year 2003-2004.⁸

CONCLUSION

Urban slums are neglected portions of community where inhabitants are lack with awareness about health, hygiene and preventive issues, substance use habits are high and lack of contraceptive measures practices. There should more health education promotional activity has to delivered and conducted. There should be the Promotion of immunization and proper treatment of infection and diseases necessary and also slum clinics with association of mobile slum clinics will improve the health scenario of

the inhabitants. This study will provide a snapshot of poor health situations of urban slum dwellers, more elaborate studies needed to improve picture of this section of community.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: The study was approved by the institutional ethics committee

REFERENCES

1. Ministry of Housing & Urban Poverty Alleviation (MHUPA). Slum population and its growth, 2014. Available at: <http://mhupa.gov.in/ministry/housing/11thplanChapter-VIII.pdf>. Accessed 01 August 2014.
2. Census India. Census of India, 2011. Available at: <http://www.census.gov.in>. Accessed 04 August 2014.
3. Goswami Mihir, Kedia Geeta. Socio-demographic and morbidity profile of slum area in Ahmedabad, India. *Natl J Community Med*. 2010;1(2):106-10.
4. Marimuthu P, Meitei MH, Sharma B. General morbidity prevalence in the Delhi slums. *Indian J Community Med*. 2009;34:338-42.
5. Puwar T, Kumpavat B, Trivedi K. Pattern of morbidity and health seeking behavior in a slum area of Ahmedabad city in India. *Internet J Health*. 2008;9(2):19.
6. Viswanathan V, Tharkar S. Can the divide be bridged? Overview of life in urban slums in India. *Indian J Community Med*. 2010;35:198-9.
7. Gupta PC, Subramoney S. Smokeless tobacco use, birth weight, and gestational age: population based prospective cohort study of 1217 women in Mumbai, India. *BMJ*. 2004;328:1538.
8. Gupta V, Yadav K, Anand K. Patterns of tobacco use across rural, urban, and urban-slum populations in a North Indian community. *Indian J Community Med*. 2010;35:245-51.

DOI: 10.5455/2394-6040.ijcmph20150512

Cite this article as: Dilip Kumar L, Mathur HN, Sharma SK. Assessment of morbidity profile in urban slum community of Udaipur (Rajasthan). *Int J Community Med Public Health* 2015;2:127-9.