

LOST VOICES: LIFE AND HEALTH OF CHILDREN IN A SOUTH-WEST DELHI SLUM

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ABSTRACT

Background

The slum population in India is mushrooming at an alarming rate. Economic deprivation and social and physical decay in these slums are leading to a formidable increase in health problems. The most severely affected are the young children in these slum clusters as they are exposed to harsh living standards. The study was conducted in the Kishangarh slum in South-West Delhi in November 2018 during a health camp conducted by an NGO (Non-Governmental Organisation) in Kishangarh. 469 children attended the health camp. The collected data was recorded in pretested questionnaires and entered into Microsoft Excel 2007 and Google Spreadsheet.

Results

63.34% of the total number of children have minimal health issues. Weight of 40.93% of these children is lower than the normal body weight. 36.66% of these children are suffering from acute health problems and require immediate attention.

Conclusion

The study asserts that comprehensive action needs to be taken in order to make sure of health care delivery to each and every disadvantaged child in the nation.

KEYWORDS

slums, child health, health camp, healthcare

1. INTRODUCTION

1.1. Background

Today, 55% of the world's population lives in urban areas, a proportion that is expected to increase to 68% by 2050. The urban population of the world has grown rapidly from 751 million in 1950 to 4.2 billion in 2018. Asia, despite its relatively lower level of urbanization, is home to 54% of the world's urban population.^[1] In India, 34% of the total population lives in urban areas. The slum population in India constitutes 17.4 percent of the total urban population.^[2] Out of the 377 million urban Indians, 32% are children below 18 years of age. More than eight million children under the age of 6 years live in approximately 49,000 slums in India.^[3] They are at an alarming risk of exclusion. Since they are living in sub-standard overcrowded settlements, they are devoid of the basic rights of survival, protection and development. They have marginal access to clean and safe drinking water, education, healthcare, sanitation and other essential services. The families surviving in slum settlements are barely able to cope up with the city life due to

impecuniosity. The pressing needs of food, clothing and shelter are met; while education, healthcare and social security are not regarded as urgent requisites. Due to impoverishment, the earning members in these families focus on the physiological needs, i.e., food, water, warmth and rest; which are foremost for survival as mentioned in Maslow's Hierarchy of Needs.^[4] Healthcare is not of great importance in the lives of the urban poor. The elder members in such families have little idea about the repercussions of ill-health. The exposure to healthcare services is minimal and the disease or deficiency is identified at a later stage which may also become fatal. This makes it difficult for the public health sector to intervene at the right time, i.e., when the individual can be treated for the disease or deficiency. The poor living conditions in slums lead to the inhabitants getting affected by various communicable and non-communicable diseases. Most slums grow in congested and unhygienic neighbourhoods where the slum inhabitants experience lack of clean drinking water and proper sanitation and hence, communicable diseases like Tuberculosis, Hepatitis B & C, HIV infection, skin infections and rheumatic fever are very common. Also, non-communicable diseases like hypertension, diabetes, asthma, mental illness and reproductive health problems are common due to the highly stressful and unhealthy lifestyles of slum inhabitants. The symptoms appear at late stages and public sector intervention is at an even later stage. Slum-dwellers have very poor access to healthcare services which make it even more difficult for them to avail any treatment. Of the entire urban poor population, children have the most affected lifestyles. Childhood is a period of physical, emotional and psychological growth and development. The children in these poverty-stricken families are unable to eat proper meals, drink safe and clean water and have marginal access to toilets. Due to such conditions, their essential period of growth and development gets hampered. Healthcare availability for them is scarcer as they are a minority in slum settlements.

1.2. Research Questions

A study was conducted in the Kishangarh slum of New Delhi. The study aimed to answer the following questions:

1. What are the sources and causes of health problems affecting young children in the slum?
2. What are the lifestyle problems these children experience on an everyday basis?
3. Which health problems are most common and why?

2. LITERATURE REVIEW

Slums in the developing world constitute a significant portion of the population. Settlements are generally informal, springing up around areas of higher economic growth without approval or planning and often on land deemed undesirable (hillsides subject to flood and erosion, toxic landfills, or waste dumps). As a result, water and sanitation facilities are not planned and dwellings are often temporary and unstable as mentioned in the article 'Slums Are Not Places for Children to Live' by *Kacey C. Ernst*.^[5] According to an article 'Children's health in slum settings' by *Alon Unger*, children suffer from higher rates of diarrhoeal and respiratory illness, malnutrition and have lower vaccination rates. Mothers residing in slums are more poorly educated and less likely to receive antenatal care and skilled birth assistance. Adolescents have earlier sexual debut and higher rates of HIV, and adopt risky behaviours influenced by their social environment.^[6] A 2013 review assessed 38 studies which examined risk factors of undernutrition among children in urban slum settings around the world and concluded that we need to understand these risk factors better to conduct more effective nutritional intervention trials in these vulnerable populations. From these 38 studies, the six most-reported risk factors in previous studies included (in descending order) maternal education status, age of the child, sex of the child, household income, report of illness, and family size as stated in 'Prevalence and

Correlates of Undernutrition in Young Children Living in Urban Slums of Mumbai, India: A Cross Sectional Study' by Huey and others.^[7]

3. MATERIALS AND METHODS

3.1. Sample

New Delhi is a metropolitan city housing an extremely diverse population. The sample area is Kishangarh Slum surrounded by the posh localities of Vasant Kunj on all sides. The people living in the slum in Kishangarh Village are mostly urban casual laborers who have highly dependent family members. The study was conducted in the form of a Health Camp which was organized by a Non-Government Organization based in Kishangarh in November 2018. It was attended by 469 children living in the adjacent slums. A team of 50 doctors from Maulana Azad Medical College, New Delhi; including a dermatologist, an ophthalmologist, a pediatrician, a gynaecologist, an ENT specialist, a general physician and technicians for ECGs, blood tests and spirometry; volunteered for the camp.

3.2. Confounding Variables

Confounding variables included: BMI, Haemoglobin count, Pallor, Left eye vision, Right eye vision, Dental health, Dermal health, etc. which affect a child were looked into and checked at this camp.

3.3. Method

A thorough evaluation of each child was done. Information and details were filled out in separate health cards. These health cards were pretested questionnaires. The collected data was entered into Microsoft Excel 2007 and Google Spreadsheet and analysed for results.

4. RESULTS

4.1. Analysis of Health Camp

Figure 1 shows that out of a total of 469 children attended the Health Camp. Out of these 469 children, 297 children, i.e., 63.34% of the total number of children attending the camp were deemed to be in good condition. The recorded weights of these children indicated that 192 of these children, i.e., 40.93% of the total number of children were underweight and must eat nutritious food (Figure 1).

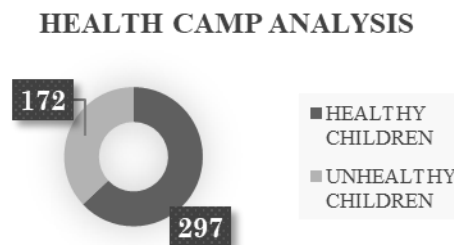


Figure 1. Health camp analysis.

Out of these 172, 74 were in serious condition, i.e., 36.66% of the total number of children (Figure 2).

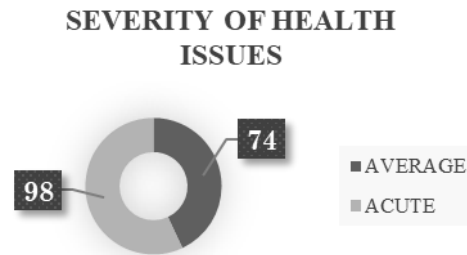


Figure 2. Severity of health issues.

4.2. Hospital Follow-Up

As the data indicates in Table 1, 172 children had health problems and were referred for follow ups to different hospitals such as Lok Nayak Jai Prakash Narayan hospital (LNJP), All India Institute of Medical Sciences (AIIMS) and Maulana Azad Institute of Dental Sciences (MAIDS).

Table 1. Hospitals for follow-ups.

NAME OF HOSPITAL	AILMENTS	NUMBER OF FOLLOW-UPS
MAIDS: Maulana Azad Institute of Dental Sciences, New Delhi	Teeth	134
LNJP: Lok Nayak Jai Prakash Narayan Hospital, New Delhi	Skin, Blood Pressure, ENT, Speech, Eye	32
All India Institute of Medical Sciences, New Delhi	Gynaecological problems	6
		172

4.3. Types of Health Problems

Figure 3 shows that more than half the total number of children have dental and dermal problems. The most common dental problems were calculus, caries, deep pits and fissures, crowding, yellowing and staining. 60 students had severe cases of Acne vulgaris while 172 children have other skin disorders such as Pityriasis alba, Xerosis, Vitiligo, Tinea corporis, Tinea cutis, Pediculosis, Seborrheic dermatitis, Eczema, scabies, dryness, itching, skin lesions, pigmentation and diffused hair fall. Ear, nose and throat ailments were mostly limited to earwax deposition, earache, nasal discharge, nasal congestion and sore throat in 129 children while 3 children needed Speech Therapy and were referred to LNJP for further follow-ups. Eye problems were noticed in 170 children such as watering, itching, blurred vision, redness in eyes, diminished vision along with Myopia and Hypermetropia. 6 female students have gynaecological problems such as irregular cycle and excessive bleeding. About 43 children in the gathering had a case of pallor. 6 children had abnormal Haemoglobin counts, while 6 children had a case of abnormal pulse and 6 had high or low blood pressure.

4.4. Limitations of the Study

The study has been conducted in an urban slum in Southwest Delhi and the findings and analysis may not hold true for all slums in India owing to differences in topography, demography, availability of resources and other factors.

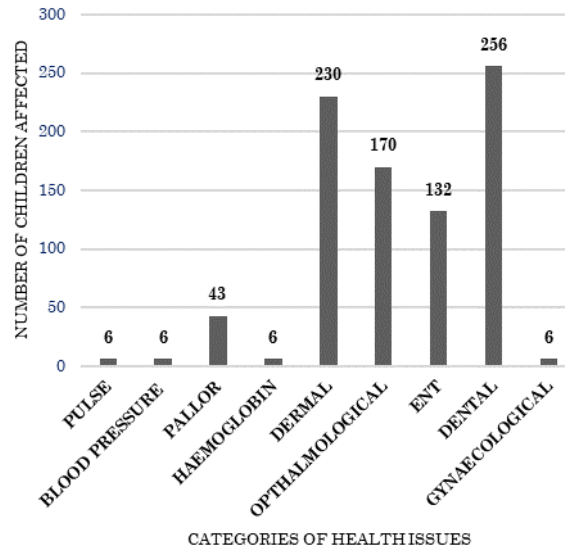


Figure 3. Areas of concern.

5. DISCUSSION

Government of India has introduced two programmes in Health Sector, viz. National Rural Health Mission, and National Urban Health Mission (NUHM) with the aim of achieving inclusive growth in India. Yet, the urban poor has little to no access to healthcare services due to various reasons such as the higher purchasing power of the rich that drives up the prices of food and healthcare goods, making them unaffordable to the poor.^[8] Among the urban poor, children are the most vulnerable due to inadequate healthcare facilities, congested living conditions, unavailability of basic amenities like safe drinking water, sanitation, nutritious food, etc. Over 60% urban poor children do not receive complete immunization as compared to 58% rural children; 47.1% urban poor children under 3 years of age are underweight as compared to 45% rural children. More than half of the India's urban poor children are underweight or stunted. In most parts of the country, undernutrition among the urban poor children is more than the rural children. According to NFHS-3 only 39.9 per cent of urban poor children get full immunization against the 65.4 per cent of urban non-poor children. 49.8 per cent of urban poor children under 3 years of age was underweight as compared to 26.2 per cent of urban non-poor children.^[9] In this study, the focus was on the health status of children in an urban slum situated at the heart of South Delhi. Various PHC's, Private as well as Government Hospitals are present in the vicinity of this Kishangarh slum. Yet, the health status remains as a major issue. The dental problems are mostly due to poor oral hygiene and they involve the demineralization and decay of the enamel covering of the teeth. The plausible reasons are: a) Presence of excess fluorides in water sources, b) Frequent consumption of sugars, c) Low pH of food and water sources, d) Alcohol consumption, e) Frequent use of tobacco in the forms of beedi, cigarette and gutka. Dermal problem like Acne vulgaris is caused by sebum and dead cells plugging hair follicles. Its severity in the particular group under observation is due to dirt and pollution in the slums and unhygienic

living conditions. Other dermal problems are due to: a) Irritants, b) Unhealthy food habits, c) Infections, d) Sweating, e) Stress, or f) Allergens. Eye problems are common as these children live in unhygienic, overpopulated and congested housing. There is remarkable increase in allergens and infections in such neighborhoods. Also, low socio-economic status transforms into lesser nutrition intake which further degrades eye health. The main eye problems are caused by: a) Inflammation of eye, b) Bacterial, viral or fungal infection, c) Genetic inheritance, d) Allergens, e) Overuse of eyes, f) Unhealthy food habits, and g) External damage.

6. CONCLUSION

The study shows that urban slums are expanding in humongous proportions. Since migration from rural to urban areas results in the substandard living conditions, the children in the migrating families suffer maximally as they are devoid of the basic rights of survival and development. They constantly face the risk of eviction. Furthermore, they suffer from a variety of health problems due to lack of nutritious food and clean drinking water. Absence of hygienic living conditions put them at the constant danger of catching infectious and dangerous diseases. Although the government has introduced programmes for healthcare, comprehensive action needs to be taken in order to make sure that services are available to each and every citizen in the country. The services should be implemented such that the neglected population can derive benefits from the available healthcare facilities. Including children in policies would bring a major change to their health standards as they lack significant voice in the policies.

Public hygiene needs to be taken utmost care of. The sample area is surrounded by waste dumps on all sides which results in Kishangarh slum area getting converted to breeding ground for mosquitoes and other vectors. The water supply to the area is left unattended due to political reasons and it becomes harsher for the people belonging to these slums. Evidently, action can be taken at grassroot, state as well as national levels to ensure better living conditions even for slum dwellers. In the recent times of COVID-19 pandemic, slum dwellers have experienced even harsher conditions due to affected livelihood and unhygienic living conditions. Ensuring their safety and good health would help the nation become a socially secure entity for one and all.

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FIGURES

Figure 1. Health camp analysis

Numeric representation of healthy and unhealthy children.

Figure 2. Severity of health issues.

Numeric representation of average and acute diseased children.

Figure 3. Areas of concern.

Numeric representation of students in various categories of health issues based on the diseases they are suffering from.

TABLES

Table 1. Hospitals for follow-ups.

List of the government owned hospitals in New Delhi where all the seriously ill children have been referred to.

AUTHOR

Ms. Sonalika Ray has over two years of experience in research areas concerned with child health and development. She has completed her graduation in Chemistry from Ravenshaw University, Odisha, India and her post-graduation in Social Work from Indira Gandhi National Open University, New Delhi. She wants to work further and know more about how child health can be improved and overall development for every child can be ensured.

