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MORBIDITY PATTERN AMONG WOMEN AND CHILDREN LIVING IN AN URBAN SLUM

Community Medicine

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ABSTRACT

This cross-sectional descriptive study was conducted in an urban slum in Thane, Maharashtra, India. Women (n=64) with self-reported morbidity and symptomatic children (40 girls and 36 boys) were clinically examined and treated using the "camp approach". The mean age of girls, boys, and women was 6.04 +/- 4.08 years, 4.49 +/- 2.88 years, and 34.52 +/- 10.01 years, respectively. The health problems in the examined children included upper respiratory infections, fever, loss of appetite, eye and ear-related problems and diarrhoea. out of the 51 under-five children examined, 72.55% were undernourished. Among women, reproductive health problems, anaemia, and musculoskeletal disorders predominated. Specific nutrition and health interventions for under-five children are necessary to combat under-nutrition, while community-based educational interventions for women would help overcome the social taboos attached to reproductive health problems.

KEYWORDS

Child Health, Morbidity, Women's Health, Under-nutrition, Urban slum

INTRODUCTION

According to the United Nations Program on Human Settlements (UN-HABITAT), a slum is a contiguous settlement, where the inhabitants have inadequate housing and basic services. Often, a slum is not recognized by the public authorities as an integral or equal part of the city. [1] The concept of a slum may exhibit national, inter-state and inter-city differences depending on the prevailing socio-economic conditions and social perceptions. [2] Typically, a slum is a cluster of hutments with rundown structures lacking privacy, having public or no toilet facilities, suffering from lack of basic amenities, with inadequate arrangement for drainage and for disposal of solid wastes and garbage. Slums are heterogeneous human settlements. [3] Though slum dwellers experience higher levels of socioeconomic disadvantage as compared to other urban residents, not all families living in slums are poverty-stricken or uneducated. [4]

In India, a notification as a "slum" settlement is a pre-requisite for provision of potable water supply and sanitation. But, many settlements exhibiting slum-like characteristics are never notified [5] As per Census of India (2011), the slum population constitutes about 23% of the total urban population. [6] There would be disparity in data on the distribution and number of slum dwellers in India since the UN data would include all deprived and impoverished areas, and not just those recognized as "slums" by the government. [2] Technically, pavement dwellers do not live in slums and are usually not considered as "slum dwellers". [7]

MATERIAL AND METHODS

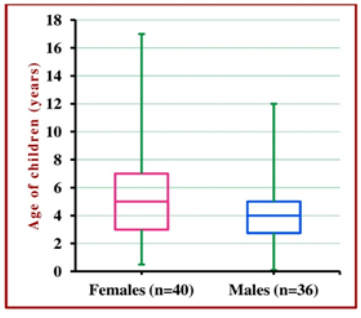
This cross-sectional descriptive study was conducted in April 2018 in an urban slum in Thane, which is located about 30 kilometres from Mumbai city in the state of Maharashtra, India. In addition to an Urban Health Post that provides both clinic-based and outreach health care services in this slum area, primary level health care and pre-primary level education services are also provided by a non-governmental organization (NGO). Staff members from the NGO, who regularly visited the slum inhabitants at their homes, asked women with self-reported morbidity and mothers of symptomatic children to report to a pre-primary school in the same slum area, where they were clinically examined and treated using the "camp approach". If necessary, patients were referred to a municipal hospital located about 4 km from the slum area.

Categorical data were presented as frequencies and continuous data as Mean and Standard deviation (SD). The 95% Confidence Interval (CI) was expressed as: "[Mean – 1.96*Standard Error] - [Mean + 1.96*Standard Error]". The data were analyzed using EpiInfo Version 7.0 (public domain software package from Centre for Disease Control and Prevention, Atlanta, GA, USA).

RESULTS

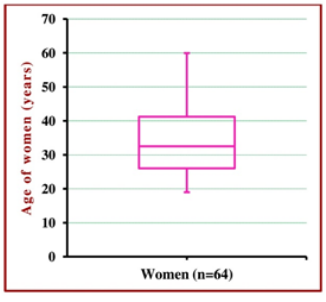
Age distribution of children: In all, 76 children were examined. The mean age of girls (n=40) was 6.04 +/- 4.08 years (95% CI: 4.77-7.30 years) and that for boys (n=36) was 4.49 +/- 2.88 years (95% CI: 3.55-5.44 years). Age-wise, the third quartile, median and first quartile for females in this study was much higher than that for males (Figure-1).

Figure-1: Age distribution of children



Age distribution of women: In all, 64 women were examined. Their mean ages were 34.52 +/- 10.01 years (95% CI: 32.06-36.97 years). Age-wise, the third, second (median) and first quartiles were 41.25 years, 32.5 years, and 26 years, respectively. (Figure-2)

Figure-2: Age distribution of women



Morbidity profile in children: The clinical manifestations in the examined children (n=76) included upper respiratory infections (43.42%), fever (17.1%), loss of appetite (11.84%), eye and ear-related problems (10.4%), and diarrhoea (3.9%). The weight-for-age among the under-five children (n=51) was below 2 standard deviations in 43.13% and below three standard deviations in 29.42%.

Morbidity profile in women: The clinical manifestations in the

examined women (n=64) primarily pertained to reproductive health problems (25%), anaemia (14%), and musculoskeletal disorders (12.5%). 17.1% non-pregnant women and 4.68% pregnant women had come for routine check-up though they were asymptomatic.

DISCUSSION

Urban slums are characterized by overcrowding, poor housing, choked drains, high density of insects and rodents, lack of garbage disposal facilities and poor hygiene. Self-perceived morbidity includes conditions that are perceived and reported by an individual in response to inquiries regarding illness or symptoms over a defined time period. [8] Since morbidity data may be biased by personal predisposition in the perception of illness, measuring both self-perceived and observed morbidity is recommended in order to depict a full range of morbidity. [9]

Morbidity profile in women: A study conducted in a slum area in New Delhi reported that 88% had reproductive health problems that included vaginal discharge, menstrual problems, and urinary complaints. [10] Women from lower socio-economic strata of society carry a heavy burden of reproductive morbidity due to the restrictive social structure that curbs women's independence in a male-dominated society. The social taboos attached to reproductive health problems create a "culture of silence" that can adversely affect women's health. [11] An Ahmedabad-based study reported that 19% of females aged 15-44 years were clinically anaemic, [12] which is close to the finding in the present study (14%). In a Chennai-based study, 30% of slum-dwelling women aged 20 years and above were anaemic. [13] Studies have shown that the sensitivity of clinical examinations for anaemia ranges from 19-70% while the specificity ranges from 70-100%. [14-17]

Morbidity profile in children: In a slum area of Ahmedabad, respiratory tract infections and diarrhoea were found in 15% and 10.6% of 0-4 year age group children, respectively. [12] Respiratory illness was present in 17.2% of the studied population in a Chennai slum, [13] while a study conducted in Delhi slums had reported that the one-month period prevalence of acute respiratory infections among under-fives was about 4.5%. [18] The causes of death in urban slum children include poor neonatal care, [19] diarrhoea, and respiratory infections. [19,20] In the present study, out of the 51 under-five children examined, 72.55% were undernourished. Malnutrition, a "silent emergency", [21] is often part of a vicious cycle that includes poverty and disease. This vicious cycle can be broken by specific nutrition and health interventions for under-five children by establishing Nutritional Rehabilitation Centres. Community-based health educational interventions are necessary to overcome the social taboos attached to reproductive health problems among women.

CONCLUSION

The women mainly reported reproductive health problems, anaemia and musculoskeletal disorders, while the examined children chiefly suffered from upper respiratory infections, fever, loss of appetite, eye and ear problems, diarrhoea, and under-nutrition. There is a need for specific community-based educational and health interventions in the slum area.

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