



Research Paper

# Health and Hygienic Practices of Slum Children: A Sociological Study on Biseswar Slum, Bhubaneswar, Odisha

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## Abstract:

**The word 'slum' refers to casual settlement in which the condition of houses is dreadful and living conditions are very poor. Slums are usually created city places where people suffers from lack of basic facilities of life like sanitary conditions, fresh drinking water, proper sanitation and drainage etc. people endure from many problems in slum areas such as high incidences of diseases like typhoid and cholera and the most affected people are women and children. In this paper the researcher uses the simple random sampling and data collected from 100 respondents. In this paper the researcher tries to explore the socio-economic background of the respondents and to find out the health issues affecting slum children. The study show that the major health problems in slum are diarrhea, fever, cough, typhoid, skin diseases and scabies, tuberculosis, ringworm, jaundice, tumors, asthma, eye problems and dental complication. There were seasonal variations in diseases, but fever, diarrhea and jaundice were common around in the slum children.**

## **I. Introduction**

In third-world countries, slums are a typical characteristic of any developing city. Slums are also seen as a view of life; apathy and social alienation are attributed to a sub-culture within the collection of norms and values that are expressed in inadequate sanitation and health practices, deviant actions and features. In a swampy, shanty and shadow region where sub human conditions prevail, slums are characterized by illiteracy, ignorance, ill health, inertia, indebtedness and insanitation. The slum dwellers believe that they struggle with friction, insecurity, drunkenness and other deviant habits and are social cast-offs. Slum dwellers can be economically valuable citizens, because by accepting low wages and rendering essential services to the urban community, they contribute to the overall growth of the city without making any special demand on the frightening financial resources of urban local bids. Nevertheless, there should be public intervention to monitor the growth of slums and improve the living conditions of slum dwellers, leading to programs for slum improvement. The growth of the population in the aftermath of industrialization in the city is one of the main reasons behind slum growth (Bhuiyan, A. 2017). The existence of slum is a worldwide phenomenon. It is a result of industrialization. In the quick spread of slums, resulting not only from shortage of housing but also from the low earning of workers engaged in less productive activities has become a widespread attribute of the urbanization process in growing nations. As per census 2011 (Government of India) the whole population of slum in India is 65,494,604 in which the male population is 33,968,203 and the female population is 31,526,401. Around 1 in 6 Indian lives in slums. Maharashtra has recognized by government of India as vastly slum populated state and it is known as the slum capital of India. It consist 9% of the total slum populations of the country. It was followed by Andhra Pradesh, West Bengal and Uttar Pradesh are highly slum populated states of India. In Odisha 5, 54,507 people live in slum in which male population is 306811 and female population is 2, 79,156. In India emergence of slums began during the previous three decades of last century because of crumbling of land in rural areas and speedy growth in population. This led to unprovoked unemployment, dearth, floods, epidemic, and social class fight & caste tensions which caused for the surfacing of slums in a vicious sphere. The additional crucial factors that 3 regulate the growth of slums are immigration, industrialization informal sector employment & others. When people are coming to cities to get income resources they are makes temporary houses in the side cities & staying in it. A slum taking birth from this types of temporary living habits.

### **Meaning of Slum**

The word 'slum' refers to casual settlement in which the condition of houses is dreadful and living conditions are very poor. The slum areas are often crowded and many people inhabit into huddle areas within the city. Therefore, slums are usually created city places where people suffers from lack of basic facilities of life like sanitary conditions, fresh drinking water, proper sanitation and drainage etc. people endure from many problems in slum areas such as high incidences of diseases like typhoid and cholera and the most affected people are women and children. Further, informal housing conditions, lack of basic services, clean drinking water are the basic disadvantages in slum areas. (Bisai et al.2009).

### **Types of Slum**

The 2011 census has established three slum forms. They are informed, recognized and identified. Notified slum may be referred to as any notified area in a town or city notified by federal, union territory or local government as a slum under any act including a 'slum act.' All areas recognized defined by state administration as 'slum', union territories or local government, housing and slum board, not officially notified as slum under several acts. A compact area of at least 300 population or about 60-70 poorly built congested tenement households, lack of adequate sanitation and drinking water, inadequate access to sanitation and other infrastructure, poor housing quality, overcrowding and insecure residential status in unhygienic environments. (Geetha,S.etal.1996)

### **Major Health Problems among Slum Children**

Rapid urbanization has been accompanied by the development of slums in the 20th century. In the least developed countries, nearly one-third of the world's population and more than 60% of the urban population live in slums, including hundreds of millions of children (Bhuiyan, A. 2017). Because of severe poverty, overcrowding, inadequate water and sanitation, poor infrastructure, restricted access to basic health and education facilities, and other difficulties, slums are places with large social and health disadvantages for children and their families (i.e, high unemployment, violence). Despite the severity of this problem, relatively little is known about the possible health effects of slum life.

Disease is a common cause of slum children's crisis, but the type of health problem varies. Diarrhea, fever, cough, typhoid, skin diseases and scabies, measles, ringworm, jaundice, tumors, asthma, eye disorders and dental complications are the main health concerns in the slum. There were seasonal differences in diseases, but in the slum children there were widespread fever, diarrhea and jaundice. During winter, coughs, fevers, measles, chicken pox, scabies, and asthma were more prevalent. During the summer months, fever, diarrhea and chicken pox were common. In the rainy season, fever, diarrhea, cholera, scabies, coughs and colds are common. Jaundice, typhoid, measles, and tuberculosis were popular acute diseases, while asthma, stomach, cancer, tumors, and heart disease were common chronic diseases. Sixty-two percent and 31 percent of all deaths in Africa and South Asia, respectively, are attributed to infectious diseases. Communicable diseases continue to be the largest contributor to global morbidity and mortality. It is estimated that 3.8 million children under the age of five die per year from diarrhea and acute respiratory tract infections, according to WHO (2003). An approximate 88% of worldwide diarrheal deaths are due to contaminated water, insufficient sanitation and inadequate hygiene (Gupta, I., et al 2015). Clean water and hand washing are considered to be the most cost-effective diarrheal disease prevention intervention. Various studies have shown that diarrhea, acute respiratory infections and skin infections may be avoided by simple acts of hand washing and basic hygiene behavior. Despite a great deal of research supporting the importance of personal hygiene behavior, it is not yet commonly practiced. It is found that in developed countries, young children and their mothers struggle to wash their hands properly after contact with each other. In urban slums with inadequate access to clean water and sanitation, the severity of the problem is greater.

Children from the poorest urban areas are three times more likely than children from the richest urban and rural regions to die before the age of five. A study conducted in the Mumbai slum shows that water-related infections can account for 30 percent of all morbidity. An important basis for a program to improve sanitation, hand hygiene and water quality is the awareness of normal hand-washing (Usmani, G., et al 2017). However, limited data, especially in slums, evaluated the hand hygiene behavior of children and their mothers. In view of this, the present study was carried out to understand the understanding, actions and behaviors of hand-washing by urban slum children and their mothers. The purpose of the study was to assess the hand washing behavior of the participants in order to identify and overcome barriers to good hand hygiene practices.

Despite being preventable, water and sanitation-related diseases remain one of the most important children's health issues worldwide. Bad water and sanitation result in an immense economic burden in terms of expenditure on health, loss of production and diversion of labor. In August 2015, the World Health Organization (WHO) launched a global strategy to further align water, sanitation and hygiene services (WASH) with four other public health initiatives to accelerate progress towards the elimination and eradication by 2020 of neglected tropical diseases (NTDs). "Millions suffer from devastating NTDs associated with WASH, such as soil-transmitted helminthiasis, trachoma, and schistosomiasis (Kamruzzaman, M., et al 2016)." The key solutions are access to safe water, the management of human excrement, improvement of hygiene and improvement of targeted environmental management.

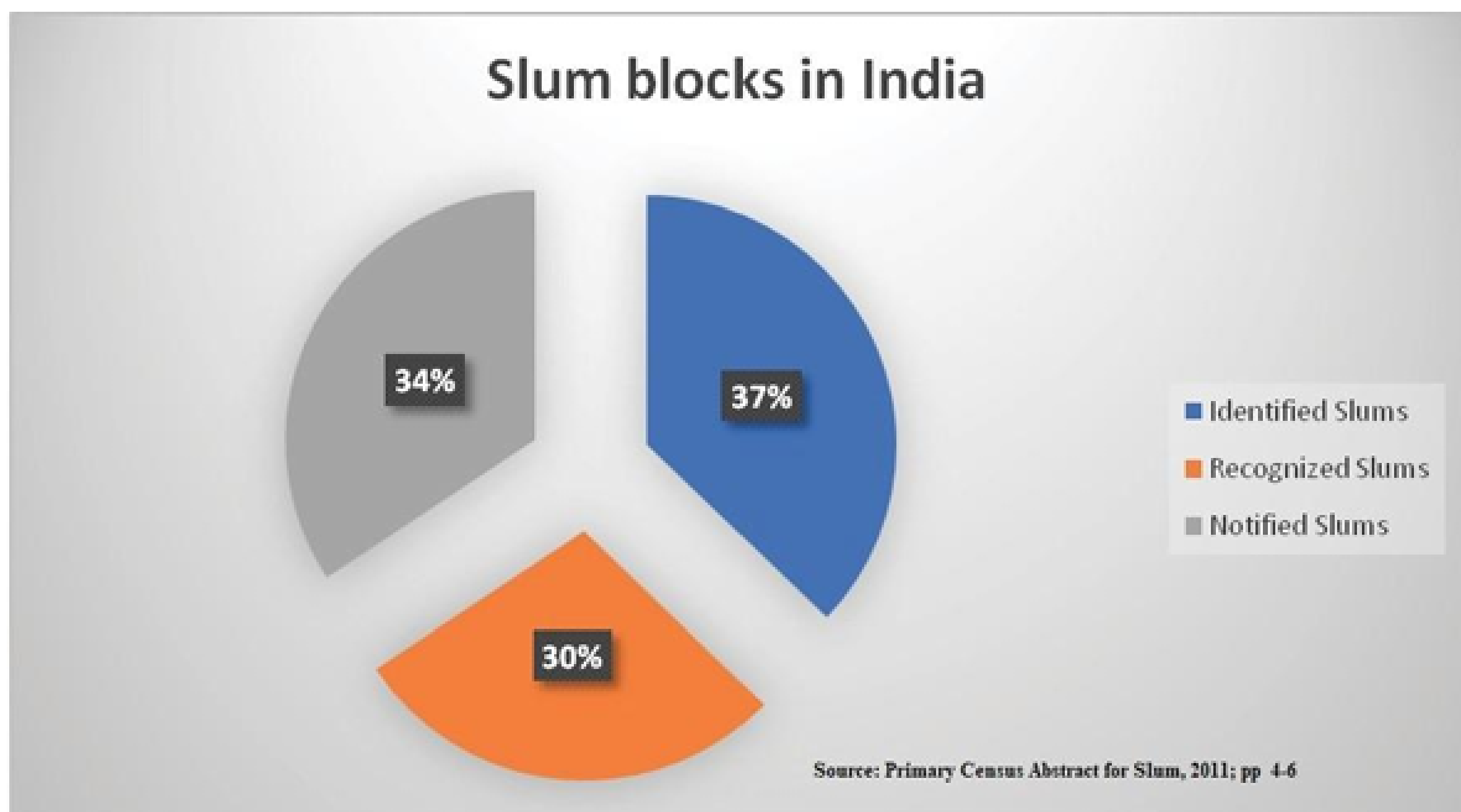
A recent report showed that more than 660 million people had no access to improved sources of water in 2015. The study of the WHO/UNICEF Joint Water Supply and Sanitation Monitoring Program also found that approximately 2.5 billion people lacked access to better sanitation. Among the important risk factors for the transmission of many NTDs are open defecation and lack of hygiene. As a result of NTDs, over half a million lives are lost each year. Water and sanitation prioritization will address the determinants of many NTDs and support WHO's drive for universal health coverage that is equitable and sustainable. Targeted water and sanitation initiatives are projected to sustain ongoing efforts to resolve 16 out of 17 NTDs, affecting more than 1 billion of the world's poorest and most vulnerable communities, especially in impoverished regions such as slums (Mberu, et al 2016). The slum population remained poor, particularly in terms of health, Education and facets of socio-economics. The 2011 census reported 1.3 crore urban slum households and showed that the problem is rising, as it shows that the percentage of people living in slums is increasing in smaller towns with a population of less than one million. Healthy drinking water, proper sanitation, hygiene, and immunization, adequate child feeding, and enabling environments will prevent a large proportion of deaths. The WASH practices in India are well documented and key measures of the Swachh Bharat Abhiyan, government of India, a massive movement that seeks to create a clean India.

The dream to live a healthy life full of new opportunities in urban areas motivates people to migrate from rural to urban areas to make this a reality. World Health Organization has allocated large budgets for improving the health of people of the world irrespective of caste, class, creed, and location. This mission has somewhat been restricted to the global arena due to the inconsistent percolation at

the state and local level. The slums are the areas where we can find this marked difference. We observed that slum areas are neglected due to the deficient transition of the facilities and services from the state to the local level, not because of the government or the concerned authorities' lack of resources but because the slums lack proper hygiene and sanitation on a regular basis. Further, migration of the rural poor class to urban areas normally increases the urban slum populations in and around the vicinity and limits the access to various basic civic amenities and services in terms of sanitation, potable water, electricity, and education among others. This situation added deteriorating living conditions in the slums and thereby creating problems in maintaining minimum public health. In the urban areas, there often exist both public and private health services that are not always uniform, accessible and adequate. This has further prompted the urban life measurably (Sinha, et al 2016).

Slums are residential areas physically and socially disintegrated and the acceptable family life becomes impossible according to the definition of Encyclopedia Britannica. It includes unsustainable housing for a living, which is a major index of slum conditions, under such conditions, the dwellings are having insufficient air, light, bathing, and toilet facilities, these are not repaired rather dumped and improperly heated, and don't even have family privacy. They are subjected to fire hazard and overcrowded land, no living space for recreational use.

As per UN-Habitat in 2013a slum characterized by a lack of durable housing, insufficient living spaces have no access to clean water, improper sanitation, and unsecured land tenure. UN-Habitat, (ibid) defines slums as a place of contiguous settlement of people having inadequate housing without any basic services.



(Source: Primary abstract for slum, 2011)

Slum dwellers also lack basic knowledge of general health issues, such as boiling water before and after meals for drinking soap, washing hands after defecation, etc. Some age-old practices, superstitions, societal standards, and beliefs also function as resilience to modern health services. This also contributes to carelessness and neglect of the timely use of healthcare facilities. Rapid urbanization is also associated with many health challenges related to the environment, water, violence and injury, non-communicable diseases (NCDs) and their related risk factors such as unhygienic and unhealthy diets; tobacco chewing and smoking; lack of physical activity, alcoholisms well as disease outbreaks risks . This will directly affect their health status and health-seeking behavior. The overcrowding of people living in cities may lead to some global health hazards of the 21st century. On the contrary, the developing world has failed to maintain a balance between the pace of urbanization and the ability of governments to build essential infrastructure. Cities manage over half of the world's population. By 2030, 6 out of every 10 people will be city dwellers, rising to 7 out of every 10 people by 2050. (Kamruzzaman, M et al.2016). There exist schemes at the state and national level but at the ground zero level, there is a need to spread awareness among the slum dwellers about their health

status regarding mortality, morbidity, maternal and child health, fertility etc. They should know how to avail of the healthcare facilities and services.

## **II. Review of Literature**

Here the researcher examined that slum is high density of population characterized by low general sex ratio, high child sex ratio, high growth rate of population, large share of scheduled caste and scheduled tribe population, low level of literacy, low income with high poverty, high work participation with large share of working population in informal sector of urban economy (Prabhakar al 2016).

Here, the investigator investigated that living conditions in slums have a direct effect on the health of residents. In terms of public health, family planning and reproductive health services, their poor socio-economic status, low level of education and high fertility and mortality all mean that they require special attention (Goswami, S. et al 2013).

Most of the children of the school-age slum had low nutritional status. Among children living in common homes, children whose mother's education was sixth standard and children with working mothers, the risk of malnutrition was significantly greater (Anurag Srivastava, et al 2012).

Due to the lack of basic social facilities, slum dwellers are poor: functional skills, proper education, and source of income, health and hygiene services (Bhuiyan, Akram, 2017).

The study found that most of them could not afford nutritious food that was costly to them; socio-economic factors such as wages, spending and education also influenced food security in slums (Tahera Akter 2008). Different health and hygiene issues were faced by the slum people with low socio-economic conditions. Among the slum population, the morbidity rate was very high (Kamruzzaman, et al 2016).

## **III. Methodology**

In the present study exploratory and descriptive research design was used by the researcher to examine and describe the health challenges and hygiene practices of slum children. Here the Simple random sampling was used for this research. The simple random sampling technique applied for the research work to select the respondents. In this research total 100 samples under the 3-10 age groups of children's mothers are taken as the respondents. Both observation and interview scheduled method was used for the data collection. Data was collected both from primary and secondary sources.

### **Statement of the Problem**

Slum is a worldwide social problem and because of the impact of industrialization and urbanization, the problem is also going rapidly in Odisha. Slum is the worst place a child survives because of lack of basic human rights such as health, education, housing and psychological etc. Thus this study will highlight the real health conditions and hygiene practices of slum children. There seems to be a lack of availability of government health facilities in the vicinity in this current report, these findings suggest continued vulnerability of the urban poor and also suffer from various types of diseases such as dengue, malaria and typhoid etc due to the lack of drainage facilities slum dwellers. Here also lack of safe drinking water children's are suffering in different type's kidney diseases. The present study was conducted in Biseswar slum Bhubaneswar.

### **Objectives**

1. To study the socio-economic background of the respondents.
2. To find out the health issues affecting slum children.

## **IV. Data Analysis and Discussion**

### **Age of the Respondents**

Age	Frequency of respondents	Percentage
1- 5	46	46 %
6- 10	54	54 %
<b>Total</b>	<b>100</b>	<b>100</b>

**Source –Field Survey 2020 Biseswar Slum, Bhubaneswar**

The above table shows that out of total 100% respondents , 46% respondents belongs to 1-5 age group and 54% respondents belongs to 6-4 age group .

#### **Annual income of the Respondents Household**

Annual Income	Frequency of respondents	Percentage
Below 40000	15	15 %
40001-60000	28	28 %
60001-80000	34	34 %
80001-1,000,00	23	24 %
<b>Total</b>	<b>100</b>	<b>100</b>

**Source –Field Survey 2020 Biseswar Slum, Bhubaneswar**

This above table analyzed that 15% respondents have 40000 annual incomes, 28% respondents have 40001-60000 annual income, 34% respondents have 60001-80000 annual income and 24% respondents have 80001-100000 annual income.

During the time of data collection, the researcher observes that environment of slum is really unhygienic. They have drains in front of their houses. Even they are not aware of their children's health and hygiene. They are using regular municipal water without proper water purification. Most of them uses community washroom, which are not in proper condition. Even most of them are not using hand wash. Due to lack of knowledge they are not aware of good health and hygiene. Parents can't take their children from good hospital due to lack of money. Most of the children suffer from higher rates of diarrheal and malnutrition. Mothers residing in slums are more poorly educated. Majority of respondents belongs to 54% respondents belongs to 6-4 age group. Majority of 53% respondents belongs to male category. Majority of 53% respondents belong to SC category. Majority of 94% respondents belongs to Hindu category. Majority of 69% respondents have semi pukka house. Majority of 76% respondents belong to nuclear family. Majority of 34% respondents have 60001-80000 annual income.

Disease is a common cause of slum children's crisis, but the type of health problem varies. Diarrhea, fever, cough, typhoid, skin diseases and scabies, measles, ringworm, jaundice, tumors, asthma, eye disorders and dental complications are the main health concerns in the slum . Seasonal variations in diseases have occurred, but fever, diarrhea and jaundice are prevalent in slum infants.

#### **Different types of fever**

Typeo of Fever	Frequency Of Respondents	Percentage
Viral fever	73 (N=100)	73 %
Malaria	68 (N=100)	68 %
Typhoid	47 (N=100)	47 %
Dengue	35 (N=100)	35 %
Chikungunya	12 (N=100)	12 %
Pneumonia	00 (N=100)	00 %
Jaundice	55 (N=100)	55 %

**Source –Field Survey 2020 Biseswar Slum, Bhubaneswar**

This above table examined that 73% children suffer from viral fever,68% suffer from malaria,47% suffer from typhoid ,35% suffer from dengue,12% suffer from chikungunya and 55% suffer from jaundice ,because due to lack of proper drainage facility ,waste management leads to the unhygienic environment and unhealthy living condition which cause different types of diseases .

#### Different types of skin diseases

Type ofskin diseases	Frequency of respondents	Percentage
Scabies	54 ( N = 100 )	54 %
Ringworm	62 ( N = 100 )	62 %
Allergy	75 ( N = 100 )	75 %
Fungal infection	64 ( N = 100 )	64 %

**Source –Field Survey 2020 Biseswar Slum, Bhubaneswar**

This above table examined that 54% children suffer from scabies,62% children suffer from ringworm,75% suffer from allergy and 64% suffer from fungal infection because lack of proper maintenance daily life such as not taking bath regularly and don't clean the clothes and poor environment.

#### Name of the infected diseases

Sl .No	Name of the infected Disease	Frequency of Respondents (N=100)		
		Yes	No	Total
1	Infected With Swine Flu	5(5%)	95(95%)	100%
2	Nutritional Deficiency	23(23%)	77(77%)	100%
3	Water Borne Disease	69(69%)	31(31%)	100%

**Source –Field Survey 2020 Biseswar Slum, Bhubaneswar**

This above table revealed that only 5 % children suffer from swine flu, and 23% suffer from nutritional deficiency such as iron deficiency, obesity. This above table also shows that 69% children suffer from water borne diseases such as diarrheal and 31% don't suffer from any water borne disease. Children suffer from diarrheal due to unhygienic condition of slum. The health condition of slum children is not good. Many of the children (65%) go to the hospital more than 15 times in a year. Mostly children (95%) are suffering from occasional illness due to climate change.

## **V. Findings and Conclusion**

The major health problems in slum are diarrhea, fever, cough, typhoid, skin diseases and scabies, tuberculosis, ringworm, jaundice, tumors, asthma, eye problems and dental complication. There were seasonal variations in diseases, but fever, diarrhea and jaundice were common around in the slum children. The study shows that majority of children suffering from various fevers. 73% of children suffering from viral fever. Majority of 68% of children suffering from malaria. Total 47% of children suffering from typhoid. Also 35% of children suffering from dengue. About 12% of children face chikungunya. Around 55% of children suffering from jaundice. The study indicates that the scope of slum clearance should be extended to include slum enhancement by providing them with minimum facilities such as sanitary latrines, sanitation, uncontaminated water supply, preventing them from degrading both the physical and social environment and also uplifting them from a degrading quality of life. Slum dwellers are more prone to disease because of the subhuman conditions, which prevail due to unawareness and neglect. We found that hand washing practices before and after taking meals were irregular. Diseases like diarrhea, dysentery, common cold and flu were also prevalent among the children in most areas. Health and hygiene practices in urban slums were not satisfactory. As a result, the slum dwellers struggle to improve their living and health conditions.

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