

# MORBIDITY STATUS OF SLUM DWELLING CHILDREN OF LUCKNOW CITY

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*The present study was carried out to find out the level of morbidity among slum children aged 5-14 years. It was found that 46.4% of children were ill at the time of study. The prevalence of various illnesses was studied. An analysis of morbidity with social variables was not found to be significant. 19.3% children have dental disorders and 45.8% children have parasites infestation of the GI Tract. 57.6% of children were having one or the other behavioural problems.*

## INTRODUCTION

50's million people in India live in slums. The slum children of school going age group are the most neglected one who are in a phase of rapid growth and stress and strain.

The present study was carried out to identify the leading causes of illnesses, their prevalence and its relationship with associated social factors.

## MATERIAL AND METHODS

There are approximately 105 slums in Lucknow city. Of these two were chosen at random which were representative of the slum population. One Mewa Nursery was situated in Trans Gomti Area and the other Bevindriya Tola was in Cis Gomti area. Out of a total of 367 families residing in these slums, 136 were in the former slum and 231 were in the latter. Over all 256 families could be studied. In these families a total of 524 children were studied who belonged to the age group between 5-14 years. The family was the unit of sampling. Two different types of schedules - Family interview schedule and Individual Interview schedule were used after pre-testing. Data was collected by door-to-door home visit during the period April 1990 to March 1991. The information so collected was analysed and tabulated.

## RESULTS

Out of the total, 367 families were in the study area, only

256 could be studied due to one or the other reasons. Thus the response rate was 69.9%. An analysis of the demographic and socioeconomic status of the families showed that it could not be studied since they were not much different from those not studied.

It was found that 46.4% of the children were suffering from one or the other illness at the time of survey. 12.2% children had only one illness whereas in 34.1% children the number of illnesses was more than one. The average number of illnesses per child was 0.93 (Table 1).

Table 1  
Prevalence of illness in children at time of examination. (n=524)

Illness	No. of children	Percentage
Absent	281	53.6
Present	243	46.4
One illness	64	12.2
Two illnesses	119	22.7
Three illnesses	53	10.1
Four illnesses	7	1.3

Nutritional deficiencies were found in 18.1% children, diseases of the eye in 18.3% children, diseases of skin in 6.7% diseases of GI tract in 11.2% diseases of respiratory tract in 16.9% diseases of circulatory system in 0.41%, diseases of tonsils and lymph nodes in 25.9%, diseases of CNS in 0.4%, Ear diseases in 9.7%, injuries in 1.5% congenital anomalies in 6% and speech disorders in 2.1% of children. A total of 101 children (19.3%) had dental disorders. 11.1 had diseases of the Gums and 8% had carious teeth (Table 2)

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**Table 2**

**Prevalence of various illnesses in children studied.**  
(n=524)

Diseases/ Conditions	No. of children	Percentage
Diseases of Tonsils & lymphodes	136	25.9
Diseases of Teeth & gums	101	19.1
Nutritional Deficiencies	95	18.1
Siseases of the Eye	96	18.3
Diseases of Respiratory system	89	16.9
Diseases of GIT	59	11.2
Diseases of Ear	51	9.7
Diseases of skin	35	6.7
Diseases of Circulating system	2	0.4
Diseases of cardiovascular system	2	0.4
Injuries	8	1.5
Congenital anomalies	3	0.6

An analysis of per capita income and morbidity profile showed that the difference between the various income groups was not statistically significant ( $X^2=1.44$  d.f.3,  $p(0.05)$ (Table 3).

**Table 3**

**Prevalence of illness in relation to per capita income.**

Per capita income (Rs.) per month	Children examined	Children with diseases	Prevalence Percent
200 & +	36	14	38.8
100-199	158	67	42.4
50-99	225	106	47.1
Below 50	105	56	33.3
Total	524	243	46.3

The relationship of family size and morbidity among slum children was studied but the difference among the various group was not statistically significant ( $X^2=1.65$ , d.f.2,p)(Table 4).

**Table 4**

**Prevalence of illness in relation to family size**

Family size	Children examined	Children with diseases	Prevalence Percent
Up tp 4	12	4	33.3
5-8	393	181	46.0
9 & +	119	58	46.8
Total	524	243	46.3

An analysis of occupation of father to the morbidity

profile also showed no statistical significant ( $X^2=1.69$ d.f.=3,p)(Table 5).

**Table 5**

**Prevalence of illness in relation to occupation of father.**

Occupation	Children examined	Children with diseases	Prevalence Percent
Labourer Petty	208	104	50.0
Business	174	80	45.9
Service	47	17	36.1
Others	95	42	44.1
Total	524	243	46.3

The problem of parasitic infestation of the GI tract was considerable (Table 6) with 246 of the children (45.8%) having parasitic infestations in the analysis of stool samples.

**Table 6**

**Distribution of parasitic infestations among slum children. (n=524)**

Parasitic Infestation	Children with infestation	Percent
Ascariasis	83	15.8
Ankylostomiasis	51	9.7
Amoebiasis	62	11.8
Giardiasis	33	6.3
Mixed infection	11	2.1

Out of the 524 children examined. 302 i.e. 57.6% were having one or the other behavioural problems commonest being nail biting and other (Table 7).

**Table 7**

**Prevalence of some behavioural problems in slum children. (n=524)**

Behavioural Problems	Children with problems	Prevalence percent
Thumb sucking	28	5.3
Nail biting	93	17.3
Enuresis	19	3.6
etjargy	79	15.0
Aggressiveness	66	12.5
Others	17	3.2



## DISCUSSION

This study reveals illnesses in 46.4% of slum children while the school health committee (1961) reported 79% among urban children of Baroda, 84% among urban children of Delhi and 78% in urban children of Uttar Pradesh<sup>1</sup>. This low prevalence of illnesses may be due to improvements in antenatal, postnatal and medical care as well as the impact of immunisation services. This may be due to regional variations in socio-economic status and the impact of various social welfare programmes for the upliftment of slum dwellers<sup>2</sup>.

The relationship between morbidity and per capita income, family size and occupation of father is not so clear. In all these, the differences were not statistically significant. This is perhaps because of the fact that slum dwellers share a common environment which seems to operate irrespective of the social variables.

In the present study the low prevalence of dental caries as compared to an earlier studies-- reflects that this is primarily a problem the affluent classes attributable to increased consumption of sugary articles.

The problems of gastrointestinal parasitic infestations was of considerable proportion which reflects the poor

sanitary condition prevailing in the slums and the lack of personal hygiene and knowledge among slum dwellers and their children.

In the present study it was found that behavioural problems affected significant proportion of slum children. Out of 524 children examined, 302 i.e. 57.6% presented one or the other behavioral problem. The maximum prevalence was nail/biting while another study-- found aggressiveness and temper tantrums, 3.6% of children were suffering from enuresis. This higher prevalence of behavioural disorders need further exploration.

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